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A MENTAL HEALTH NEEDS ASSESSMENT OF UKRAINIAN COMBATANTS, VETERANS AND THEIR FAMILIES DURING THE WAR IN UKRAINE

Supported by
Fairfax Financial (Canada)
the Canada-Ukraine Foundation

2025

FOREWORD

In October 2024, Canadian General Romeo Dallaire and his wife Marie-Claude Michaud visited Ukraine for the first time on a fact finding mission to get a firsthand understanding of the consequences of Russia's relentless war of destruction against Ukraine. Considering their own personal background, it was natural that both had a keen interest in the mental health consequences. However, in the course of their visit, first in Kyiv and subsequently near the frontline in Donetska oblast, they realized that care for the families of military and veterans needed a strong impulse and that this would be the area in which their support would carry the best possible results.

Having worked in this field for over a quarter of a century in Canada, Marie-Claude Michaud decided to focus her support for Ukraine on this area. She decided to raise funds and start the process of conceptualizing a plan of action.

The underlying report is the first result of that effort. We would like to thank the authors of the report, the advisors and critical readers and also those who helped with gathering the data on basis of which it was written: Svitlana Kaminska, Dane Miller, Olha Myshakivska, Irina Pinchuk, Nataliia Stepanova, Rachel Thibeault, and Yulia Yachnik. And, of course, our deep gratitude goes to Marie-Claude Michaud and her husband.

We hope the report will contribute to the development of a nationwide program for families of military and veterans, who at home bear the brunt of the secondary consequences of the service of their loved ones to Ukraine, waiting and hoping for their safe return, and subsequently helping them to return to civilian life.

Robert van Voren

Chief Executive of the Federation Global Initiative on Psychiatry (FGIP)

SCIENTIFIC RESEARCH
PUBLISHED BY THE VETERAN'S MENTAL HEALTH CENTER OF EXCELLENCE
OF THE INSTITUTE OF PSYCHIATRY OF THE TARAS SHEVCHENKO
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DESIGN

This survey was made possible by the financial support of Fairfax Financial (Canada) and the Canada-Ukraine Foundation.

Fairfax is a holding company which, through its subsidiaries, is primarily engaged in property and casualty insurance and reinsurance and the associated investment management.



Founded in 1995 during the 18th Ukrainian Canadian Congress (UCC), the Canada-Ukraine Foundation (CUF) was established to coordinate, develop, and deliver humanitarian assistance from Canadians to Ukraine.

CUF continues to play a vital role as a national charitable foundation, working to monitor, promote, and support humanitarian aid initiatives. Its mission includes evaluating projects, fostering collaboration among aid providers, setting strategic priorities, and ensuring resources are directed where they can have the greatest impact. CUF also serves as a forum for individuals and organizations—across community, private, and public sectors—committed to supporting Ukraine.

In addition to its work abroad, CUF also supports related initiatives within Canada. To learn more: cufoundation.ca



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SUGGESTED CITATION:

Myshakivska O, Kaminska S, Stepanova N, Yachnik Y, Pinchuk I, Michaud MC, Thibeault R. A mental health needs assessment of Ukrainian combatants, veterans and their families during the war in Ukraine. Kyiv: Veterans Mental Health Center of Excellence, Institute of psychiatry of Taras Shevchenko National University of Kyiv; 2025.

ACKNOWLEDGEMENTS:

We express our sincere gratitude to Fairfax Financial (Canada) and the Canada-Ukraine Foundation (CUF) for their financial support, which made this research possible. Their generous contribution has been instrumental in advancing our work and achieving meaningful results, and we truly appreciate their commitment to supporting initiatives that promote collaboration and development.

To “Have to Live”, a space for connection and support for the loved ones of fallen Ukrainian Heroes, and to all the wives, mothers, and partners who generously shared their time with us — we sincerely thank you for offering your insights, thoughts, and ideas.

We also thank the Institute of Psychiatry at KNU, the Federal Global Initiative on Psychiatry (FGIP), Center of Psychology “Shining Way,” Civil Organization “Public Movement For Empowering Women in Ukraine,” CO “Veteran’s Hut,” and all the organizations involved in conducting this study, as well as all the study participants for their valuable contributions. Additionally, we would like to express our gratitude to Hanna Miroshnychenko, President of the Foundation Union.

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LIST OF ABBREVIATIONS:

PTSD: Post-Traumatic Stress Disorder

MHPSS: Mental health and psychosocial support

WHO: World Health Organization

KNU: Taras Shevchenko National University of Kyiv

FGIP: Federal Global Initiative on Psychiatry

NGO: Non-Governmental Organization

EXECUTIVE SUMMARY

Given the ongoing war in Ukraine, which contributes to the increasing number of military personnel and veterans each year, as well as the growing number of families with members involved in military actions, effective mental health interventions within the national healthcare system have become extremely important.

However, it is crucial to collect data that accurately reflects the real needs of this population in order to make informed decisions about how existing services can be improved and what gaps need to be addressed.

Current study was aimed to examine the mental health needs of combatants, veterans, and their families during wartime in Ukraine, with a focus on planning and improving mental health services by identifying issues early to address them effectively in future.

This was a nationwide mixed-methods study. 25 participants took part in three focus groups, and 588 individuals responded to an anonymous and confidential questionnaire conducted between May 1st and July 1st, 2025. The results were assessed based on the following outcomes: qualitative data from focus group discussions were analyzed using thematic analysis, and quantitative data were obtained from 487 completed online questionnaires and analysed with descriptive statistics (frequencies and percentages), chi-square tests of independence to explore associations between service access and sociodemographic or military-related factors, and visualized through maps (via mapchart.net) and heatmaps for significant results ($p < 0.05$).



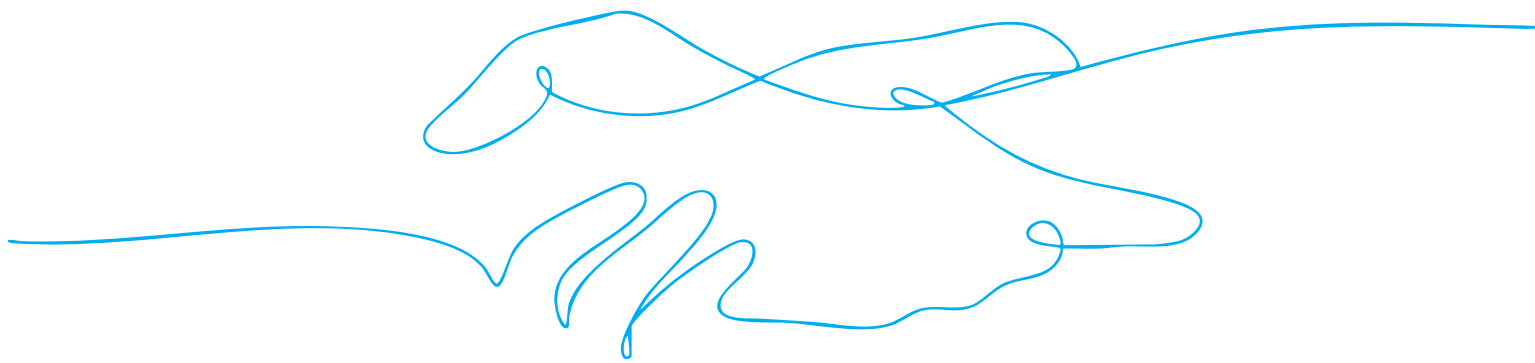
KEY SURVEY FINDINGS:

MILITARY RESPONDENTS

- The majority of respondents with a military background were from Kyiv city (29.4%) and the Kyiv region (14.7%). Most military-affiliated respondents (active-duty personnel and veterans) were male (82%) and between the ages of 25 and 44 (65.3%). A relatively higher proportion of active-duty personnel were under 25 compared to veterans (15.7% vs. 4.4%), while veterans had a significantly larger share of respondents over 45 (39.1% vs. 14.9%). Most participants with a military background had higher education degrees. Over half were married (53.5%), and 47.6% reported having no children, with veterans more likely to have children than active-duty personnel. Additionally, one-third (33%) of military respondents reported having household members currently living abroad due to the war.
- Most military respondents (66.5%) joined the army voluntarily, with a higher rate among veterans (71.7%) than active-duty personnel (64.5%). Mobilization at short notice was more common among those currently serving (15.7%) than among veterans (8.7%). Among active-duty personnel, 35.5% had served over three years. Most veterans (43.5%) served one to three years, while 8.7% were still in active service. Front-line deployment was frequent (64.1%), with most deployments lasting either less than five months (36.7%) or more than a year (39.5%). 38.2% of respondents with a military background reported having received formal training in mental health or psychological resilience, with no substantial differences between active-duty personnel and veterans.
- Disabilities were reported by 52% of veterans and 5% of active-duty personnel. Physical conditions were most common, followed by sensory and mental health issues (each 4.7%). About 37% of those with disabilities had more than one type.

SEEKING SUPPORT AND IDENTIFYING NEEDS

- 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. In contrast, active-duty personnel showed a higher rate of full dissatisfaction (21.7%) but also a greater proportion whose needs were fully met (34.8% vs. 13%).



- Veterans prioritized rehabilitation, healthcare, housing, employment, disability, and mental health support, while active-duty personnel emphasized rehabilitation, housing, employment, disability, grief counseling, education, and peer support. Counseling for families and couples was a low priority among veterans. Post-war priorities across respondents included employment (47.1%), mental health (45.9%), medical care (45.3%), and housing (40%). Most respondents selected multiple areas of need. Active-duty personnel most frequently identified employment and mental health as top needs (46.2% and 45.4%), while veterans prioritized medical care (56.5%) and employment (50%). For military families, mental health (46.5%) and housing (41.2%) were the most cited needs. Housing and mental health were consistently top concerns across both veterans and active-duty personnel.

FACTORS ASSOCIATED WITH SUPPORT SEEKING BEHAVIOR

- Support-seeking behavior was significantly associated with duration of military service, disability status, and person group. Service utilization was notably higher among individuals with disabilities and among veterans compared to active-duty personnel.
- The highest likelihood of support seeking was observed in those who had served 10–12 months, while a negative association was found among those with service durations exceeding three years.
- No significant associations were observed with other sociodemographic or military-related variables, including age, gender, family status, children's education, duration of residence in the current location, military rank, front-line deployment, redeployment, disability type, resilience training, or education level.

FAMILY MEMBERS OF MILITARY PERSONNEL

- The majority of respondents were from nuclear families (78.9%), with the rest from extended families (21.1%). Most were women (77.9%) aged between 25 and 44 (63.1%). A large proportion were married (69.4%) or living with a partner (11.4%). About 65% had children, most commonly one or two. Children were mostly in primary (17.7%) or secondary school (25.2%), with 11% attending university. Most respondents (82%) had lived in their current community for over five years. 15.8% reported being internally displaced due to the war, with 10% displaced for three years or more. A high level of education was common: 37.9% held a specialist degree, and 31.5% had a master's degree.
- Most participants were spouses of military personnel or veterans (61.2%), with smaller numbers being parents (7.9%), siblings (8.8%), or extended relatives. Some held multiple roles within military families.

- Over half (51.4%) had a relative currently deployed to a combat zone, and 33.1% said their relative had been deployed for over 18 months. Additionally, 66.3% reported that their family member had been deployed more than three times.
- About 23% lived with a family member who is an active military personnel or veteran, and 47.6% had daily contact with them. A small proportion had not been in touch recently (12%), while 2.5% reported their relative as missing. Emotionally, respondents most often reported anxiety (14.8%), sadness (10.6%), and fear (10%). Around 16.1% had lost a relative due to the war, including close and extended family members.
- Key challenges included high stress, loneliness, anxiety and depression, single parenting, and a lack of support. Nearly two-thirds (65.3%) said their stress levels were much higher than usual, and 39.1% reported a significant impact on their relationships.
- Children of military families often experienced anxiety and stress (31.9%), but many also showed resilience, becoming more responsible (21.5%), growing closer to parents (25.2%), and expressing pride in their military parent (27.1%).
- To cope, respondents commonly watched TV or movies (51.7%), spent time with loved ones (43.2%), read (42.6%), or cooked and baked (32.2%).

SEEKING SUPPORT

- About 34.1% of relatives sought help from military-related, community, or charitable organizations due to the impact of military life. Most were looking for mental health and social care services (56.5%), followed by support to connect with other military families (24.1%), legal aid (23.1%), and family-related assistance (22.2%).

- Support was mainly accessed through community organizations (58.3%) and charities (30.6%), with minimal use of military health services (0.9%) or public veteran services (8.3%). Satisfaction varied: 27.8% were fully satisfied, 49.1% partially satisfied, and 8.3% dissatisfied. Only 12% were involved in local social or informal support groups, while 30.2% did not answer this question.

FACTORS ASSOCIATED WITH SUPPORT SEEKING BEHAVIOR

- Support-seeking was significantly linked to marital status and family relationship. Divorced and nuclear family members were more likely to access services, while single and extended family members were less likely. Deployment length showed a possible but non-significant effect. Other factors, including age, gender, and education, were not associated with service access.

NEEDS

- Family members of military personnel and veterans prioritize services such as rehabilitation, mental health support, disability assistance, healthcare, grief counseling, and support groups. Lower priority needs include help with debt, the criminal justice system, and spiritual support.
- For post-war needs, mental health support is the top priority for both individuals (66.9%) and families (55.2%), followed by healthcare services. Many respondents reported multiple needs, with some (13.6%) viewing all needs as equally important, while others (around 10%) focused solely on mental health support



KEY FINDINGS FROM FOCUS GROUP DISCUSSIONS:

Since the start of the war in Ukraine, participants have observed a significant deterioration in the mental health of veterans, their families, and widows.

Veterans described being deeply affected by combat experiences or prolonged military actions, the loss of comrades, difficult social reintegration, economic instability, uncertainty about the future, dismissive attitudes toward their problems by the state, and the demonization of military personnel in the eyes of society. These pressures have led to symptoms such as Post-Traumatic Stress Disorder (PTSD), fatigue, fear, and sleep disturbances.

For wives and widows, mental health deterioration was linked to the constant anticipation of news from the front, the experience of loss or having a loved one missing in action, prolonged grieving, disruption of family harmony, emotional and physical exhaustion from new responsibilities, low levels of social support, lack of opportunities to openly share their experiences, stigma surrounding psychological help, and the feeling of isolation from those who do not understand the experience of war.

COPING STRATEGIES

Veterans identified two distinct coping strategies: during combat, they focused on task completion, self-regulation, support from comrades, collective responsibility, humor, a family-like atmosphere, and hope for victory. After demobilization, coping involved understanding from loved ones, rehabilitation programs, group activities (sports, creative projects, peer meetings), and physical recovery through sleep, ecotherapy, and environment changes.

Women who lost husbands or faced prolonged separation coped by learning to live with grief, engaging in education and work, caring for their children, seeking psychological help, joining peer support groups, participating in recovery programs, and making independent efforts to overcome emotional struggles.

FACTORS INFLUENCING THE DECISION TO SEEK OR NOT SEEK PSYCHOLOGICAL SUPPORT FROM MENTAL HEALTH PROFESSIONALS.

REASONS FOR SEEKING HELP

Among veterans: recognition of personal maladaptation, encouragement or pressure from loved ones or peers, changes in attitude through rehabilitation programs, and interest in understanding psychological processes more deeply.

Among family members: a perceived “resource for overcoming grief”, desire to communicate with a professional, commitment to maintaining mental well-being, and interest in engaging in long-term therapeutic work.

REASONS FOR NOT SEEKING HELP

Among both groups were similar: negative first experiences with specialists, lack of accessible, qualified professionals with an understanding of the realities of war, belief in self-help. For family members, an additional factor was relying on alternative “therapy” from close friends or family.

ACCESS TO MENTAL HEALTH CARE

Veterans and their families face common challenges in accessing mental health care, including fragmented support, limited information about services, and reliance on informal or private networks perceived as more effective than public options. Persistent barriers include stigma, poor-quality care, a shortage of qualified professionals, and the absence of personalized support.

ATTITUDE OF THOSE AROUND YOU AND SOCIETY TOWARDS YOUR MENTAL STATE AND THE NEED FOR PSYCHOLOGICAL SUPPORT

Both veterans and their families face stigma, misunderstanding, and a lack of empathy from society, making it difficult to seek psychological help.

Veterans experience miscommunication with civilians, and low trust in professionals, often turning to peer support instead. They highlighted demonization after demobilization, ambivalence toward psychological support, and as a result better “shut ourselves off from society not to scare people”.

Families reported minimal emotional support and, in many cases, experienced humiliation, belittled grief, and toxic curiosity instead of compassion. Communication gaps and the lack of individualized, sensitive responses, especially from institutions, that led many to self-isolate as a form of protection. The most meaningful help often came from grassroots initiatives and peer support networks.

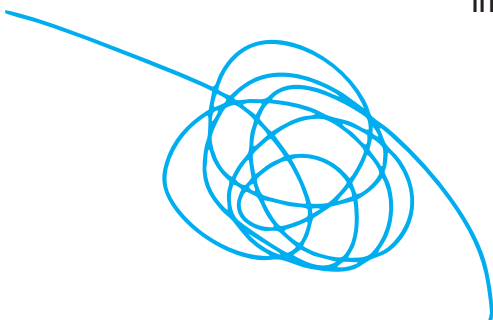
SUGGESTED CHANGES TO IMPROVE ACCESSIBILITY AND EFFECTIVENESS OF MENTAL HEALTH SERVICES FOR WAR VETERANS IN UKRAINE

Both veterans and their families identified a range of necessary reforms to improve access to and the effectiveness of mental health services.

A key priority is genuine social and professional reintegration, supported through community networks, employment opportunities, and veteran-specific infrastructure.

They also stressed the importance of capacity building, including psychological training for military leadership, short-term educational programs for veterans, and grief and trauma counseling for professionals.

Calls for personalized support models highlighted the need for flexible, individualised care, better service coordination, and improved logistical systems.



RECOMMENDATIONS

The development of individualized, trauma-informed mental health services for military personnel and their family members is essential, with treatment and rehabilitation plans created collaboratively, based on both professional assessments and the specific needs of each individual and their family.

A structured transition period following demobilization should provide time for rest, evaluation, and access to tailored care. To ensure continuity, integrated, long-term support systems must be established, linking medical, psychological, legal, and social services, with particular attention to expanding access in rural and underserved areas. A multidisciplinary team approach, including peer support specialists, should address not only mental health needs but also other healthcare issues. To improve accessibility, centralized information channels and community-based peer support networks should be strengthened for veterans and their families, especially for those affected by loss or uncertainty. Specialized training for mental health professionals and military personnel is critical to improve early identification of distress and appropriate referral. Finally, efforts to reduce stigma and promote respectful, inclusive public discourse combined with comprehensive reintegration programs covering employment, housing, education, and social inclusion are vital to support long-term recovery and wellbeing.

BACKGROUND AND CONTEXT

With the prolonged war initiated by Russia in 2014 and the full-scale invasion that began in 2022, Ukraine has faced entirely new challenges in reorganizing its healthcare system to address evolving needs.

The increasing number of combatants estimated at 1,260,000 in 2024¹, along with a growing veteran population – approximately 1.2 million in 2023² and projected to rise to 5–6 million including family members after the war³ has necessitated the launch of various veteran initiatives across the country. According to various data sources, an estimated 40–50% of veterans require mental health support^{4, 5}. Experts from the Ministry of Health of Ukraine estimate that this includes approximately 1.8 million individuals among military personnel and veterans⁶. The number of civilians, family members of combatants, veterans, and those who have lost relatives or loved ones as a result of the war remains unclear. However, in the eleventh year of the ongoing war, this number may approach the population of Ukraine. A sociological survey conducted in June 2023 showed that an overwhelming

majority of Ukrainians (78%) have close relatives or friends who were injured or killed due to the Russian invasion⁷. One in five children in Ukraine has lost a relative or friend since the escalation of war three years ago⁸.

Ukraine's mental health care for military personnel and veterans is mainly provided by the state institutions and is divided based on ministerial oversight. Combatants receive psychological support in the institutions under the Ministry of Defence, or directly on the battlefield⁹. Veterans, however, as well as combatants and their family members referred for care, are treated within general and specialized healthcare facilities under the Ministry of Health.

¹Financial Times. (2024, March 13). Ukraine needs 500,000 military recruits. Can it raise them? <https://www.ft.com>

²Folke Bernadotte Academy. (2023). Ukraine's critical journey: Effective veteran reintegration. <https://fba.se/en/newspress/News/2023/ukraines-critical-journey-effective-veteran-reintegration/>

³Pravda. (2024, May 27). Ukraine mental health crisis: Huge challenges for veterans and civilians. <https://www.pravda.com.ua/eng/news/2024/05/27/7457854/>

⁴Singh, N. S., Bogdanov, S., Doty, B., Haroz, E., Girnyk, A., Chernobrovkina, V., Murray, L. K., Bass, J. K., & Bolton, P. A. (2022). Experiences of mental health and functioning among conflict-affected populations: A qualitative study with military veterans and displaced persons in Ukraine. *Frontiers in Psychiatry*, 13, Article 9724216. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9724216/>

⁵Volunteering Ukraine. (n.d.). The color of losses: Supporting mental health in Ukraine. <https://www.volunteeringukraine.com/en/post/the-color-of-losses-supporting-mental-health-in-ukraine>

⁶The Kyiv Independent. (n.d.). A lesser-known casualty of war: Ukrainians' mental health. <https://kyivindependent.com/lesser-known-casualty-of-war-ukrainians-mental-health/>

⁷Kharkiv International Institute of Sociology (KIIS). (n.d.). Survey reports. <https://kiis.com.ua/?lang=eng&cat=reports&id=1254&page=1>

⁸UNICEF. (2024, March). One in five children in Ukraine has lost a relative or friend since escalation of war three years ago. <https://www.unicef.org/press-releases/one-five-children-ukraine-has-lost-relative-or-friend-escalation-war-three-years-ago>

⁹Sprotyv G7. (2022). <https://sprotyvg7.com.ua/wp-content/uploads/2022/05/16-%D0%86%D0%BD%D1%81%D1%82%D1%80%D1%83%D0%BA%D1%86%D1%96%D1%8F-%D0%9F%D1%80%D0%BE%D1%82%D0%BE%D0%BA%D0%BE%D0%BB%D0%B8.pdf>

The Ministry of Veterans operates psychological rehabilitation institutions and programs¹⁰, while the Ministry of Social Affairs provides psychosocial support and is responsible for various prevention measures (e.g substance use, home violence)¹¹. Since 2014, there has been a rise in national-level initiatives, often led by civil society organizations or peer networks. Funded by the state, community budgets, or international donors, these initiatives primarily offer various forms of support for military personnel, veterans, and their families. Many of them also provide psychological support¹². This report aims to explore the mental health needs of combatants, veterans, and their families during wartime in Ukraine, with a focus on planning and improving mental health services by identifying issues early to address them effectively in future.

Available needs assessment publications indicated that veterans were experiencing high levels of psychological stress symptoms and faced issues related to social isolation¹³. In general, the Ukrainian population lacked awareness about the availability of mental

health and psychosocial support (MHPSS) services. Additional barriers included beliefs in their ability to cope independently, concerns about being negatively perceived, the perception that others might need help more, and the stigma associated with using such services¹⁴. Veterans 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.”¹⁵,¹⁶ Male veterans in Ukraine often report that they only want to process their trauma with male psychotherapists who also have seen combat¹⁷. Despite such an attitude towards MHPSS, the psychosocial support program implemented in Ukraine in 2023 reached only 30% of veterans in need, primary due to limited access¹⁸. The World Health Organization (WHO) Country Office in Ukraine and the Ministry of Health of Ukraine estimate that between 10 and over 15 million Ukrainians will require professional psychological support as a result of ongoing hostilities¹⁹,²⁰.

¹⁰Ministry of Veterans Affairs of Ukraine. Centers for socio-psychological rehabilitation. <https://mva.gov.ua/tsentri-sotsialno-psihologichnoi-reabilitatsii-1>

¹¹Cabinet of Ministers of Ukraine. (n.d.). Social support for defenders: Clarification by the Ministry of Social Policy. <https://www.kmu.gov.ua/news/minsot-spolityky-nadaie-roziasnennia-shchodo-sotsialnoi-pidtrymky-dlia-zakhysnykiv-ta-zakhysnyts>

¹²Ministry of Veterans Affairs of Ukraine. (2023). Veterans’ recovery spaces. <https://mva.gov.ua/storage/app/sites/1/%D0%9F%D0%A0%D0%9E%D0%A1%D0%A2%D0%9E%D0%A0%D0%98/%D0%92%D0%B5%D1%82%D0%B5%D1%80%D0%B0%D0%BD%D1%81%D1%8C%D0%BA%D1%96%20%D0%B-F%D1%80%D0%BE%D1%81%D1%82%D0%BE%D1%80%D0%B8.pdf>

¹³Singh, N. S., Bogdanov, S., Doty, B., Haroz, E., Girony, A., Chernobrovkina, V., Murray, L. K., Bass, J. K., & Bolton, P. A. (2022). Experiences of mental health and functioning among conflict-affected populations. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9724216/>

¹⁴HIAS Ukraine. (2023). Mental health and psychosocial support (MHPSS) needs assessment 2.

¹⁵<https://documents1.worldbank.org/curated/en/310711509516280173/pdf/120767-WP-Revised-WBGUkraineMentalHealthFINALwebvpdfnov.pdf>

¹⁶Bandura, R., & Reynal, P. (2023, August 21). Investing in mental health will be critical to Ukraine’s economic future. Center for Strategic and International Studies. <https://www.csis.org/analysis/investing-mental-health-will-be-critical-ukraines-economic-future>

¹⁷<https://www.village.com.ua/village/city/eng/346849-ukrainian-war-veterans-on-life-after-service-rehabilitation-and-relationships-with-civilians>

¹⁸World Health Organization. (2022, October 24). Accessing health care in Ukraine after 8 months of war: The health system remains resilient, but key health services and medicine are increasingly unaffordable. <https://www.who.int/europe/news/item/24-10-2022-accessing-health-care-in-ukraine-after-8-months-of-war--the-health-system-remains-resilient--but-key-health-services-and-medicine-are-increasingly-unaffordable>

¹⁹World Health Organization. (2022, October 24). Accessing health care in Ukraine after 8 months of war: The health system remains resilient, but key health services and medicine are increasingly unaffordable. <https://www.who.int/europe/news/item/24-10-2022-accessing-health-care-in-ukraine-after-8-months-of-war--the-health-system-remains-resilient--but-key-health-services-and-medicine-are-increasingly-unaffordable>

²⁰Cabinet of Ministers of Ukraine. The impact of war on mental health is enormous – Viktor Liashko. <https://www.kmu.gov.ua/news/vpliv-vijni-na-psi-hichne-zdorovya-kolosalnij-viktor-lyashko>

The need for health services among veterans was the highest in the Centre (31%), North (32%), and Kyiv City (33%). In some cases, perceived need may be influenced by barriers to accessing and affording care in certain regions, as well as the increased vulnerability of households containing chronically ill members. For example, in the North macro-region, veterans living in households with at least one chronically ill member were more likely to report a need for medication (53%)²¹.

Compared to general population (26%), veterans, especially those with war-related injuries, reported significantly higher availability of medicine, psychological support and counselling services in their local areas (76%)²². However, female veterans reported lower availability of mental health and psychosocial support services and faced greater difficulty in accessing these services compared to male veterans, with only 33% reporting sufficient access compared to 48% of male veterans²³. This highlights a clear gender gap in access to both general medical and mental health services.

Only 48.4% of respondents were aware that they had access to transition to civil life support services through the Ministry of Veterans Affairs. Overall, veterans were more likely to report health-related needs than non-veterans. 40% of veterans reported needing health

services, such as consultations, treatment, or rehabilitation, compared to 30% of non-veterans²⁴.

Understanding the needs of veterans' families in Ukraine is a crucial aspect of support and reintegration for those defending the country. According to various studies and reports, veteran families face a range of challenges, including psychological, social, economic, and healthcare issues. Additionally, secondary traumatization of family members occurs through understanding what their loved ones have experienced and empathetically sharing in their struggles²⁵.

Only half of the veterans' families were aware of MH services, and 70% expressed a desire for more information about them. In terms of which type of psychological assistance veteran families would like to receive, 77% preferred individual counseling with a psychologist, 67% felt they would benefit from family consultations with psychologists, 52 % believed the stress management training sessions would be useful, and 41% felt that it would be valuable to meet with other veterans' family members. The top reasons why family members may not seek out psychosocial support were reported to be that the family members may

²¹International Organization for Migration. Ukraine response. <https://dtm.iom.int/responses/ukraine-response>

²²Score for Peace. Returning home: Understanding the perspectives of veterans in Ukraine after the 24th of February 2022 [PDF]. <https://api.scorefor-peace.org/storage/pdfs/Veterans-Report.pdf>

²³HIAS Ukraine. (2023). Mental health and psychosocial support (MHPSS) needs assessment 2.

²⁴New Lines Institute. The importance of aiding Ukrainian veterans. <https://newlinesinstitute.org/state-resilience-fragility/the-importance-of-aiding-ukrainian-veterans/>

²⁵Ukrainian Veteran Fund. (2023). Путівник: Інформація про послуги для ветеранів [Guide: Information on services for veterans]. <https://veteranfund.com.ua/wp-content/uploads/2023/10/putivnik.pdf>

not be aware that he or she needs help. They do not wish to show their problems and that there is a lack of qualified specialists available to handle the specific issues faced by veterans and their families²⁶.

According to the survey results conducted by the United Nations in Ukraine in collaboration with the Government of the Kingdom of the Netherlands - 47% of surveyed family members of veterans required legal assistance after a relative's discharge from military service (disappearance or capture). This indicates a significant level of legal challenges and issues faced by families in such situations. Another common request is to appeal decisions made by military units or government agencies, highlighting the need for support in defending their rights and interests. The next most frequently mentioned need, especially among female respondents, is psychosocial, social, and informational support²⁷.

The needs assessment conducted inside Ukraine sheds light on MHPSS needs among children and their caregivers. Prioritize MHPSS as a reported need for both children and parents/caregivers - 59% of local parents and 38% of internally displaced parents (IDP) reported noticing increased psychosocial distress in their children. Additionally, many parents expressed a strong need for psychosocial support services to help cope with ongoing stress and trauma. The assessment

also highlighted gaps in access to mental health services, especially in conflict-affected areas²⁸. Nearly two-thirds of parents (61%) believe their children have signs of stress and poor sleep; 24% of young people ages 14–24 believe their psychological state has deteriorated; and 11% believe they need psychological help²⁹. This overall situation highlights the urgent necessity to develop broader, accessible, and tailored mental health and psychosocial programs to address the mounting mental health crisis among children and their families affected by ongoing hostilities in Ukraine.

This study was conducted by the Research Department of the Veterans Mental Health Center of Excellence at Taras Shevchenko National University of Kyiv (KNU), in collaboration with the Institute of Psychiatry at KNU and the Federal Global Initiative on Psychiatry (FGIP), with financial support from Fairfax Financial (Canada) and the Canada-Ukraine Foundation. This report includes the results of a survey conducted among combatants, veterans, and their family members, as well as an analysis of three focus group discussions with combatants, veterans, and relatives who either lost loved ones due to the war or are unaware of their current living status.

²⁶International Organization for Migration. (2024, January). Veterans' social reintegration in Ukraine. https://ukraine.iom.int/sites/g/files/tmzbd11861/files/documents/2024-01/veterans-social_reintegration_eng.pdf

²⁷Komersant-Ukraine. (n.d.). Study on the needs of veterans and their families in Ukraine. <https://www.komersant.info/en/v-ukraini-doslidyly-potreby-veteraniv-ta-ikhnikh-simey/>

²⁸World Vision. (2022, July). Ukraine rapid needs assessment: Final summary report. https://www.wvi.org/sites/default/files/2022-07/FINAL%20Ukraine%20Rapid%20Needs%20Assessment%20Report_Final%20Summary.pdf

²⁹United Nations Population Fund (UNFPA). (2023). Impact of the war on the youth in Ukraine.

METHODOLOGY

Mixed methods were used: a combination of quantitative and qualitative approaches to ensure a comprehensive understanding of mental health needs.

Data was collected between May 1st and July 1st, 2025. As part of the qualitative component of the study, the next information was gathered: demographics, military engagement, employment and education status, and the impact of deployments and war on families. Additionally, participants' experiences with the access to military-associated organizations, Non-Governmental Organizations (NGOs), community services, charitable organizations, public services and other associations that offer help or advice related to the military life and its impact were evaluated.

The qualitative data was collected through focus group discussions to gain in-depth insights into the lived experiences of various groups including veterans, wives, partners and mothers of combatants, women who lost their loved ones. In total, 25 participants took part in three focus groups. The first group included 7 veterans (6 men and 1 woman); the second group included - 9 widows and 1 wife of a missing person; the third group included 5 wives and 2 mothers of combatants as well as 1 wife of a veteran.

Open-ended questions explored experiences on the following themes:

- Personal experiences and coping strategies
- Factors influencing support-seeking behaviour
- Availability, accessibility, and effectiveness of mental health services
- Social and cultural attitudes toward mental health
- Suggested improvements and future perspectives of mental health services

DEFINITIONS USED IN THIS STUDY:

Combatant: An active-duty service member or reservist of the Armed Forces of Ukraine.



Veteran: An individual who has participated in the defense of Ukraine or in hostilities in other countries. This includes participants in hostilities, individuals with war-related disabilities, and other war participants. In this study, the term 'veteran' refers to any military personnel who have ended their service in the Armed Forces of Ukraine or other official armed formations, regardless of the reason (e.g medical discharge or voluntary resignation).

Family members: Relatives of combatants or veterans.

Descriptive statistics are presented as absolute frequencies (N) and percentages (%). Maps illustrating geographical patterns in service access and needs were created using [mapchart.net](https://www.mapchart.net). To explore associations between service access and various sociodemographic factors (including age, gender, family status, presence and education of children, educational background, and duration of residence in the current location) as well as military-related characteristics (such as rank, duration of service, front-line deployment, disability status, and exposure to resilience training), a series of chi-square tests of independence, given the categorical nature of all variables were conducted. To explore associations in the Family members group categorical variables were used covering demographic characteristics, family situation, military-related factors, and stress or displacement indicators, including but not limited to age, gender, family composition, education, deployment status, displacement, and current stress levels. Additionally, a chi-square comparison was conducted between subjective satisfaction with services and the type of support received, as well as the organisations contacted. For each variable,

contingency tables were generated, and chi-square statistics, degrees of freedom, and p-values were calculated using Python 3.11. Significance was determined at the $p < 0.05$ threshold. For significant associations, heatmaps were generated to visualize actual and expected frequencies, as well as their differences.

To explore and visualize the complex patterns of personal and family needs following the war, as well as the types of disabilities reported by respondents, UpSet plots were utilized using Python 3.11. UpSet plots allow for effective visualization of intersections among multiple categorical variables, providing a clear representation of how different needs and disability types overlap within the sample. Each set in the plot represents one specific need or disability type, and the UpSet plots illustrate both the prevalence of individual needs or disabilities and their co-occurrence in various combinations.

ETHICAL CONSIDERATIONS

Participants informed consent was obtained prior to beginning of any study interventions. The informed consent form and questionnaire were provided in Ukrainian. All procedures were conducted in accordance with the ethical standards of The Declaration of Helsinki (1964) and its amendments. This research was reviewed and approved by the Bioethics Committee for Scientific Research at Taras Shevchenko National University of Kyiv (Protocol No. 3, 10.04.2025).

NEEDS ASSESSMENT FINDINGS:

UNDERSTANDING THE MENTAL HEALTH NEEDS OF COMBATANTS, VETERANS, AND THEIR FAMILIES IN UKRAINE

Two different survey flows were tailored – one for combatants, and veterans; and a separate one for their family members.

Respondents with military background (active-duty military personnel and veterans).

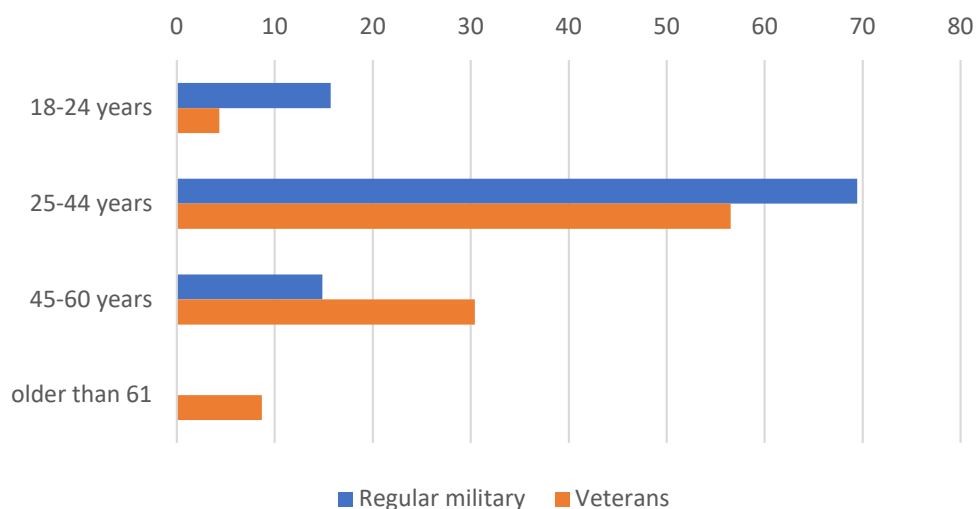
DEMOGRAPHICS

The majority of our respondents were active-duty military personnel (regular military) (n = 121), followed by veterans (n = 36). Only three participants identified as reservists; due to this small number, they were excluded from the graphical analysis.

Among participants with a military background the majority were male (82%), while females accounted for only 10%. The proportion of women among respondents from regular forces and veterans was approximately the same (9.9% and 8.7%, respectively).

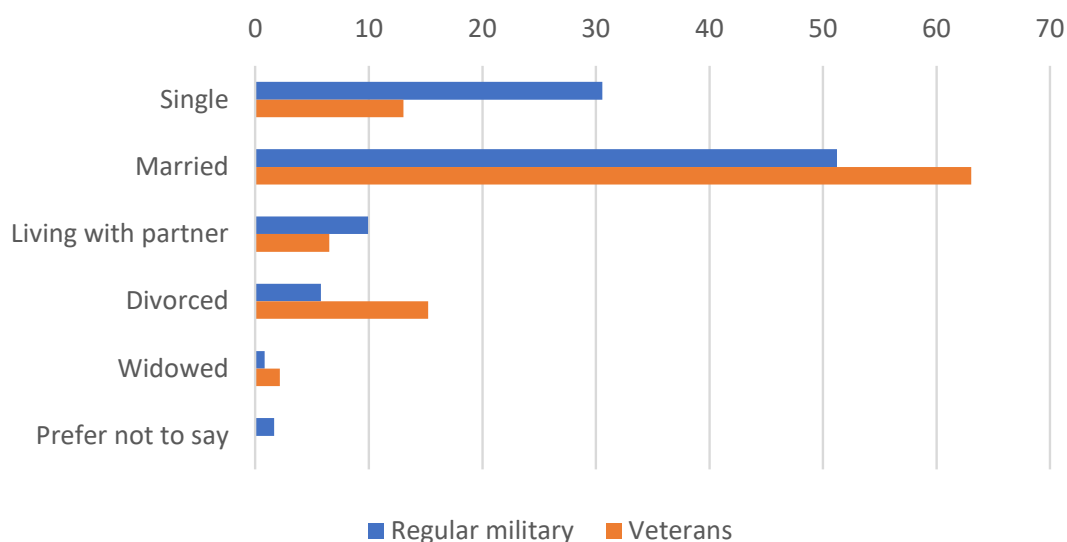
The majority of military respondents were between the ages of 25 and 44 (65.3%). Among active-duty personnel, there was a relatively higher proportion of younger participants under 25 compared to veterans (15.7% vs. 4.4%). Conversely, veterans had a noticeably larger share of respondents over the age of 45 (39.1% vs. 14.9%).

AGE OF RESPONDENTS WITH MILITARY BACKGROUND



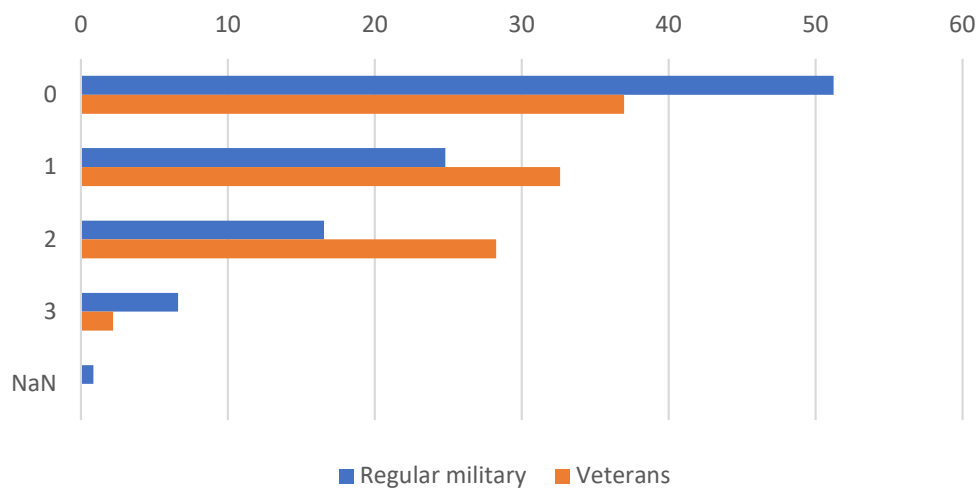
Over half of respondents with military background were married (53.5%), followed by 26.5% single participants. Respondents from the regular military had a relatively higher proportion of unmarried individuals compared to veterans (30.6% vs. 13%), whereas veterans were relatively more frequently married (63% vs. 51.2%) or divorced (15.2% vs. 5.8%)

MARITAL STATUS

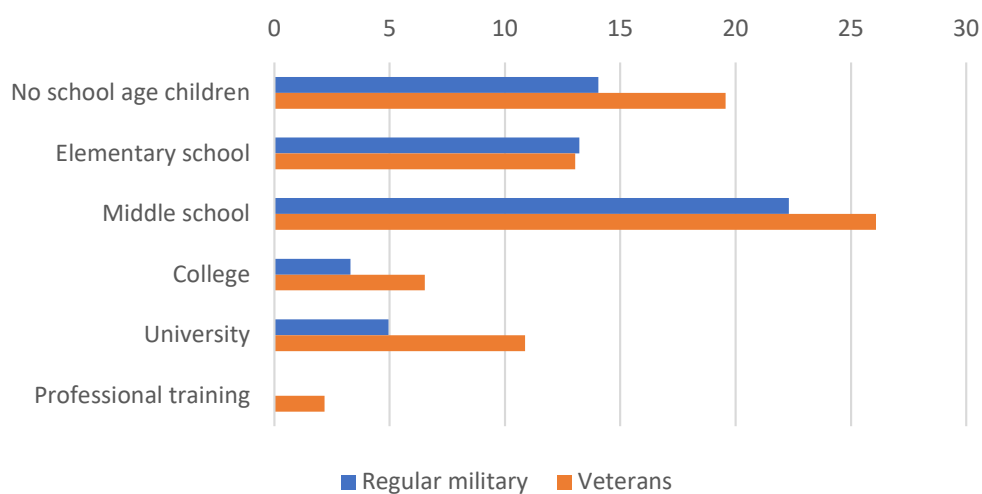


Among respondents with a military background, 47.6% reported having no children, 27% had one child, and 19.4% had two children. Veterans were more likely to have children compared to active-duty personnel (32.6% with one child and 28.3% with two children vs. 24.8% and 16.5%, respectively). Most of the children were of school age, primarily middle school (24%) or elementary school age (13%).

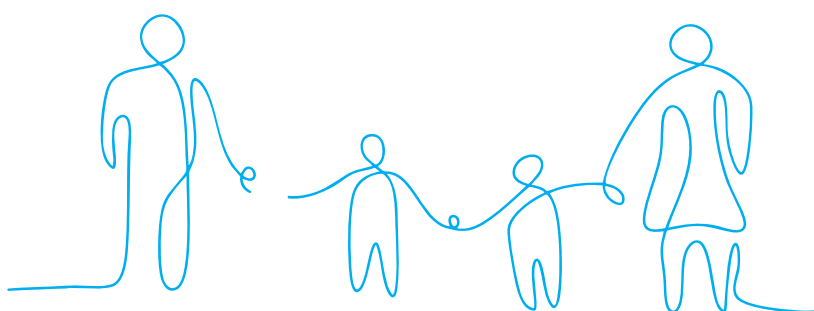
NUMBER OF CHILDREN



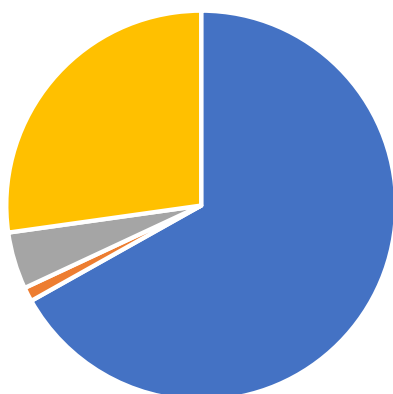
EDUCATIONAL LEVEL OF CHILDREN



One-third (33%) of military respondents reported having household members living abroad due to the war. In most cases, these relatives had been outside the country for more than three years (80.7%).

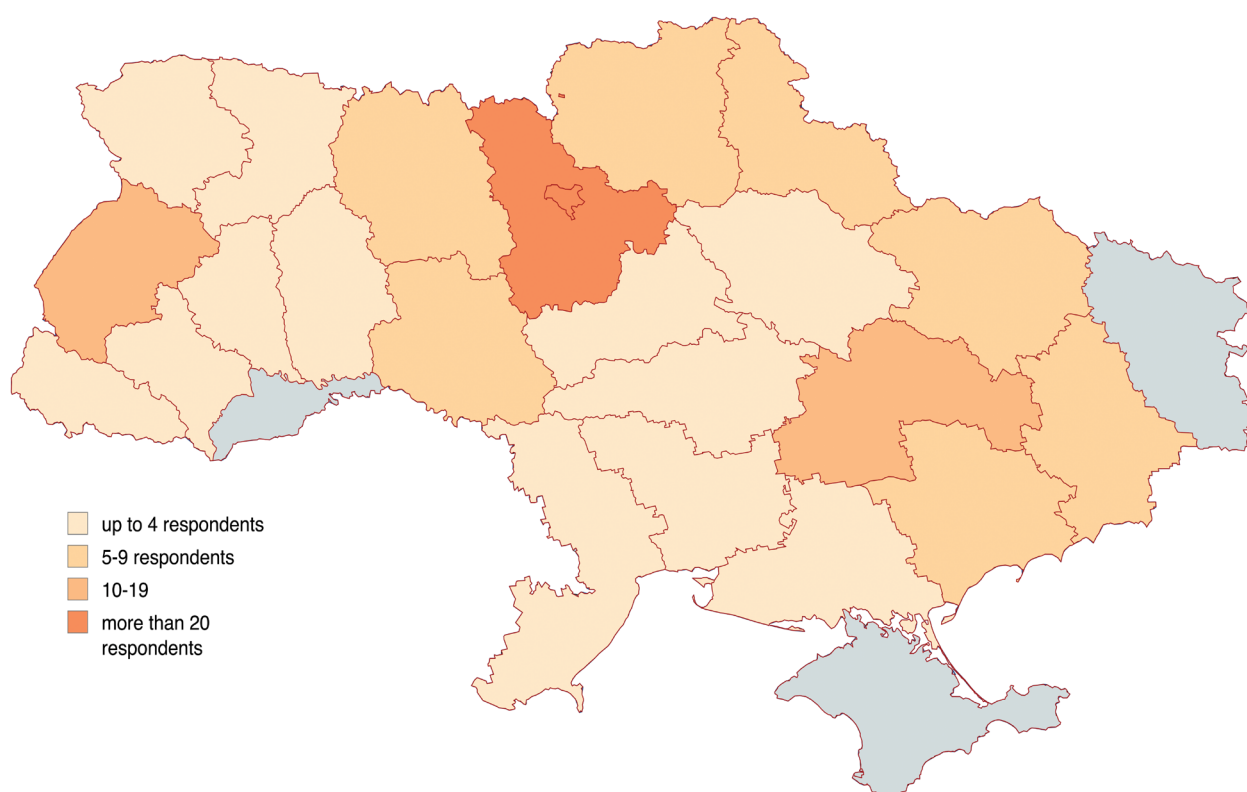


HOUSEHOLD MEMBERS LIVING OUTSIDE UKRAINE



The majority of respondents with military background were from Kyiv city and Kyiv region (29.4% and 14.7%, respectively), followed by Lviv region (8.2%) and Dnipropetrovsk region (5.9%).

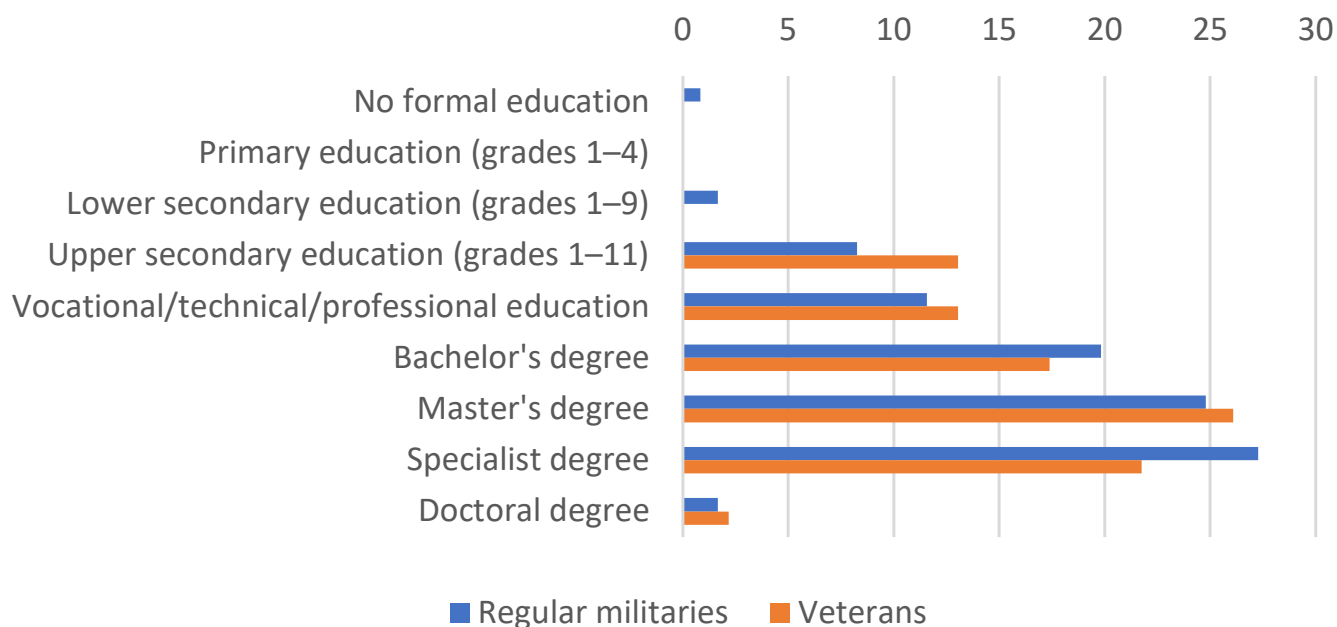
■ No ■ Less than 1 year ■ 1-2 years ■ 3 years and more



Among military respondents, 55.3% had not changed their place of residence in the past five years, while 18.2% had been living in their current community for less than a year.

The majority of participants with a military background possessed higher education degrees. Specifically, 24.7% held a master's degree, 19.4% a bachelor's degree, and 25.3% a specialist qualification.

EDUCATION LEVEL

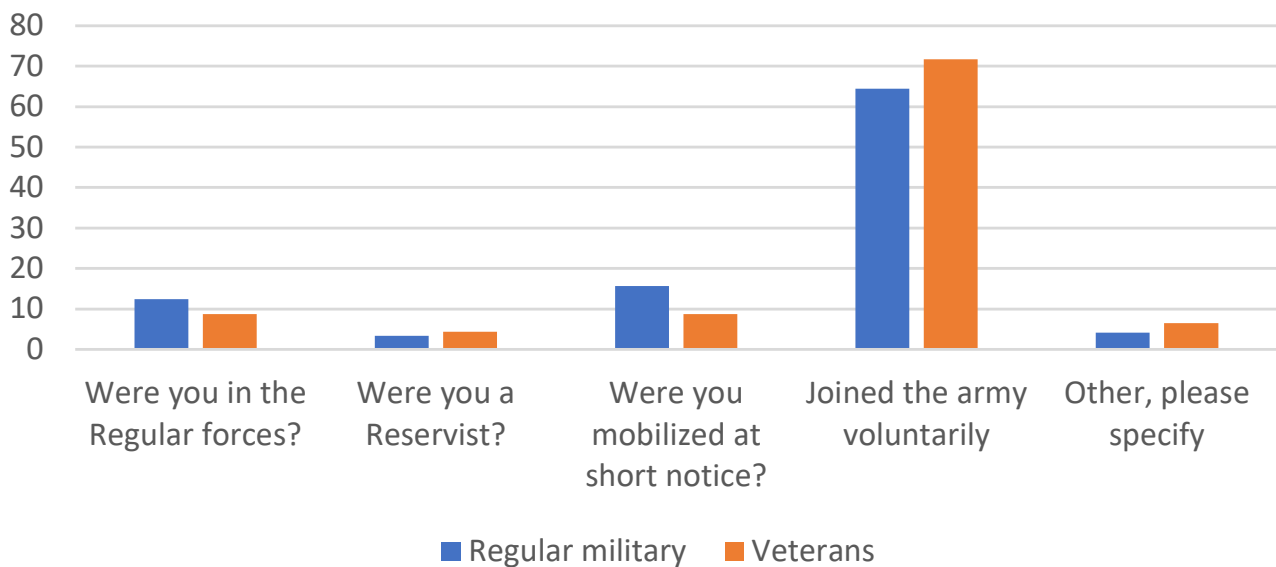


Regarding civilian occupations or professions held by respondents prior to joining the military, we received a wide range of responses that covered diverse spheres of life — from health and social care to engineering and technical professions, construction, manufacturing, and skilled trades, as well as business, management, and finance, transport and logistics, education, and media.

MILITARY EXPERIENCE

The majority of military respondents joined the army voluntarily (66,5%), 13,5% were mobilized on short notice, and 11,8% served in the regular Ukrainian forces. A relatively higher proportion of those currently serving in the regular military were mobilized at short notice compared to veterans (15.7% vs. 8.7%), although the overall number remains low. At the same time, voluntary enlistment was more common among veterans (71.7% vs. 64.5%), though the difference is modest.

ORIGIN OF MILITARY ENGAGEMENT (% REGULAR MILITARY AND VETERANS)

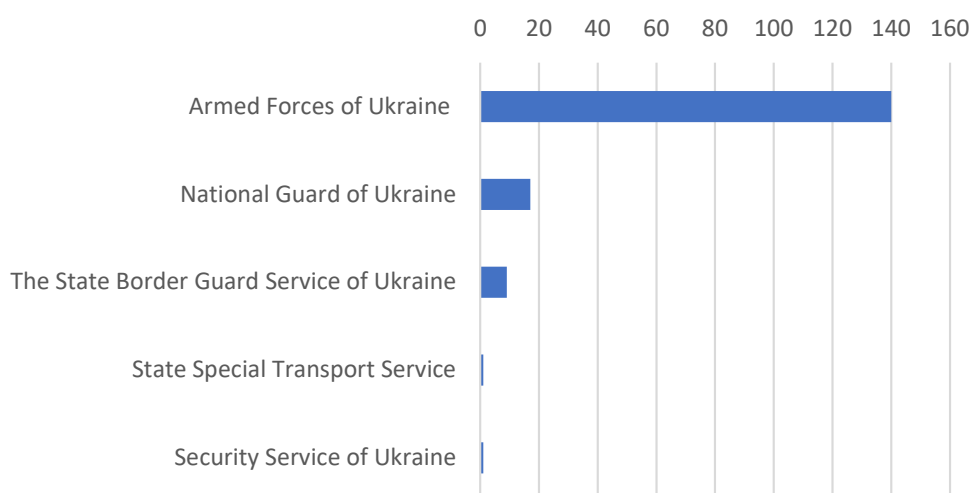


Describing their current position within the military service, respondents were categorized as follows:

- Combat and command roles – including senior officer, squad commander, external pilot, senior rifleman, and soldier, operator;
- Officers and leadership positions – such as staff officer, veterans center director, and logistics head;
- Non-combat specialist roles – including accountant, technician, psychologist, and platoon inspector.

While analysing respondents' affiliation with branches of the military and received the following responses (Image 1).

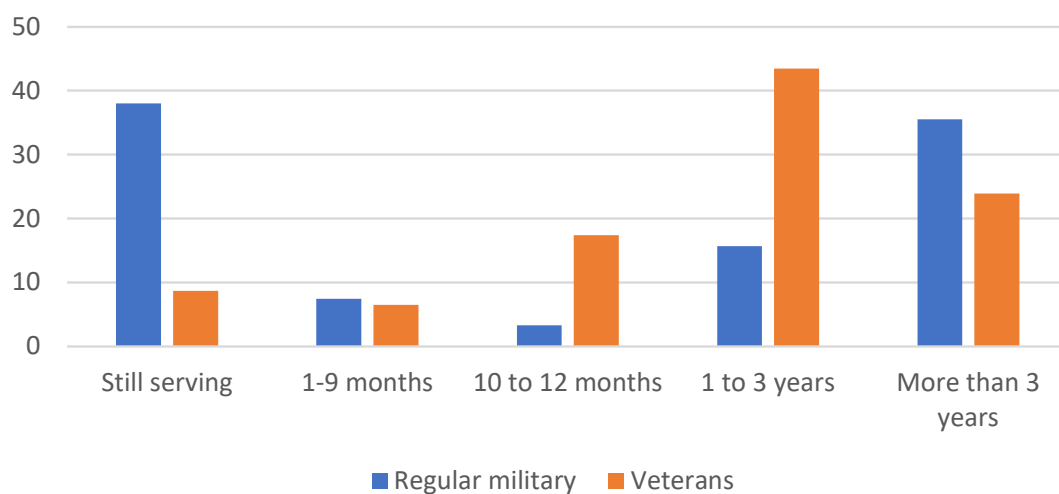
RESPONDENTS WITH MILITARY BACKGROUND



One-third of active-duty military personnel (35.5%) reported having served for more than three years, 15.7% for one to three years, and 10.7% for less than one year. Additionally, 38% indicated they were currently serving but did not specify the length of service.

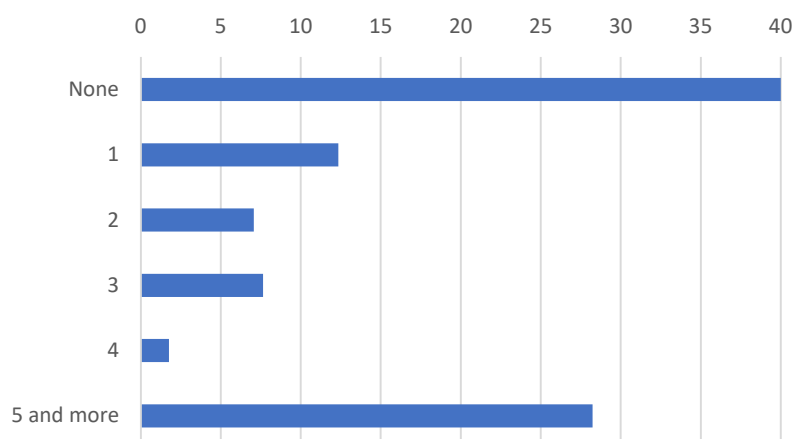
Among veterans, the majority (43.5%) reported having served for one to three years, 23.9% for more than three years, and 8.7% of veterans stated that they were still in active service.

DURATION OF SERVICE (% OF REGULAR MILITARY AND VETERANS)

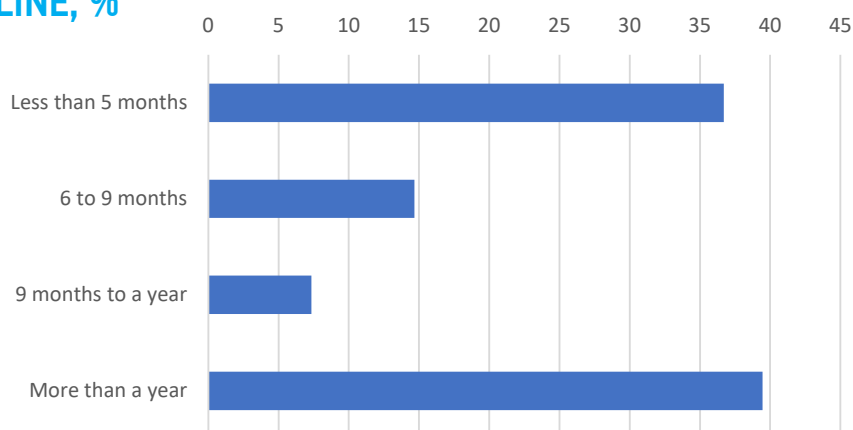


More than half (64.1%) of respondents with a military background were deployed to the front line. Among them, the most frequently reported durations of deployment were less than 5 months (36.7%) or more than a year (39.5%).

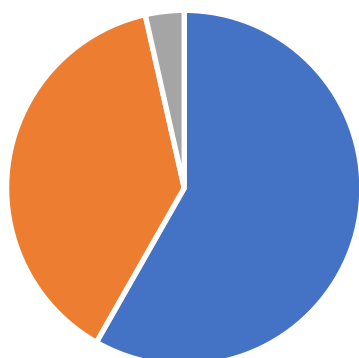
FREQUENCY OF DEPLOYMENT TO THE FRONT LINE, %



DURATION OF DEPLOYMENT TO THE FRONT LINE, %



FORMAL TRAINING IN MENTAL HEALTH OR PSYCHOLOGICAL RESILIENCE



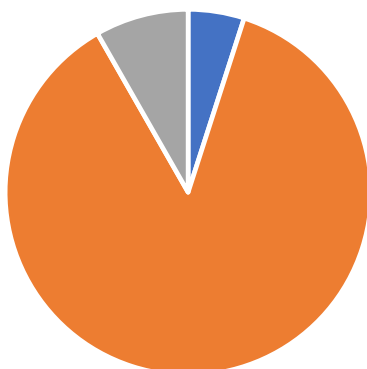
Only 38.2% of respondents with a military background reported having received formal training in mental health or psychological resilience, with no substantial differences between active-duty personnel and veterans.

■ No ■ Yes ■ No answer

DISABILITY

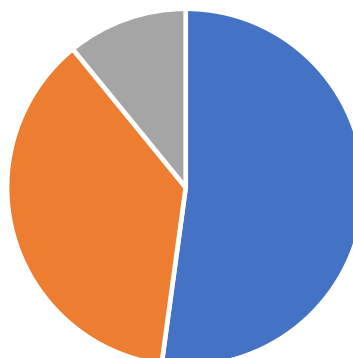
52% of veterans and 5% of active-duty military personnel reported having a disability.

DISABILITY AMONG REGULAR MILITARY



■ Yes ■ No ■ Prefer not to say

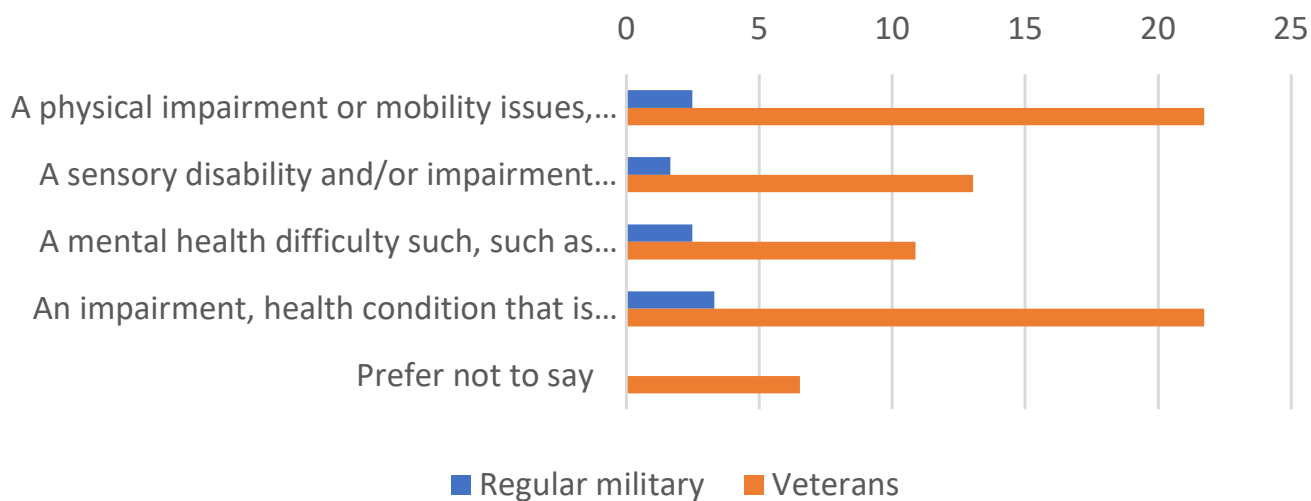
DISABILITY AMONG VETERANS



■ Yes ■ No ■ Prefer not to say

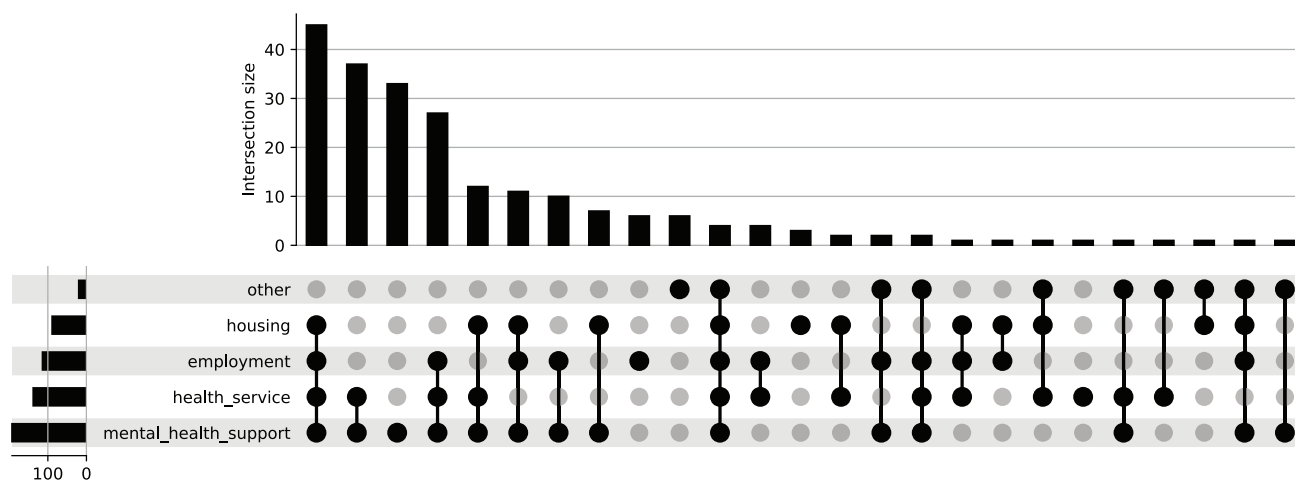
A physical impairment or mobility issue — such as difficulty using one's arms or the use of a wheelchair or crutches—was reported by 7.7% of respondents. An additional 8.2% reported other physical health conditions, including neurological disorders, concussions, cancer, or serious infectious diseases. Physical causes of disability were the most commonly reported both among veterans and active-duty military personnel. A sensory disability or impairment (e.g., deafness, hearing loss, or vision-related issues) was reported by 4.7%, while 4.7% also reported a mental health difficulty such as depression, anxiety disorder, operational stress injury, or PTSD.

TYPES OF DISABILITY, %



Sensory and mental health disabilities were rarely reported on their own, in contrast to physical disabilities related to mobility or other physical challenges. Notably, 10 out of 27 respondents (approximately 37%) reported having two or more types of disabilities.

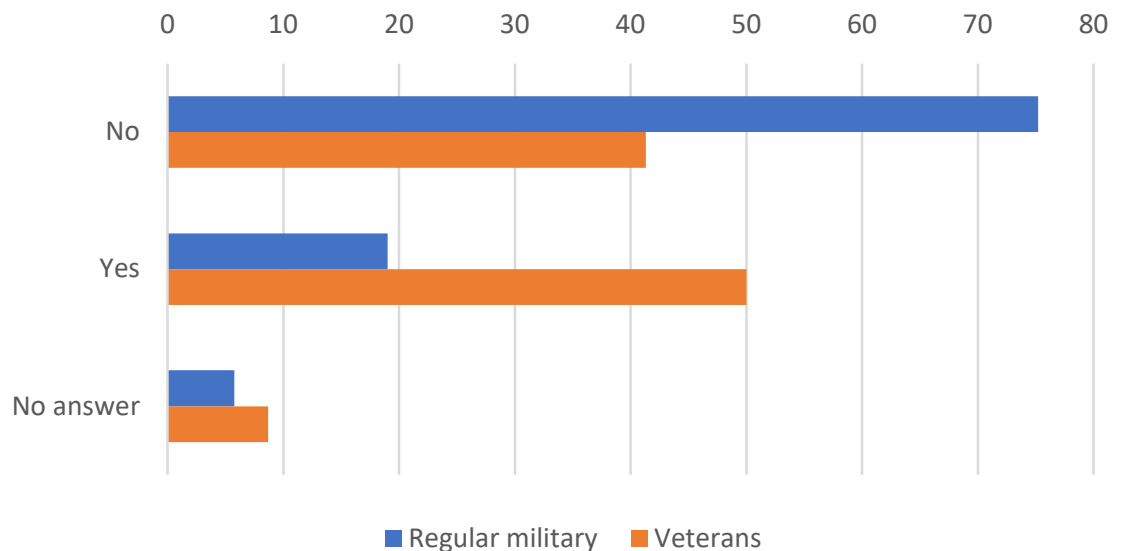
Upset plot “personal needs after”



SEEKING SUPPORT

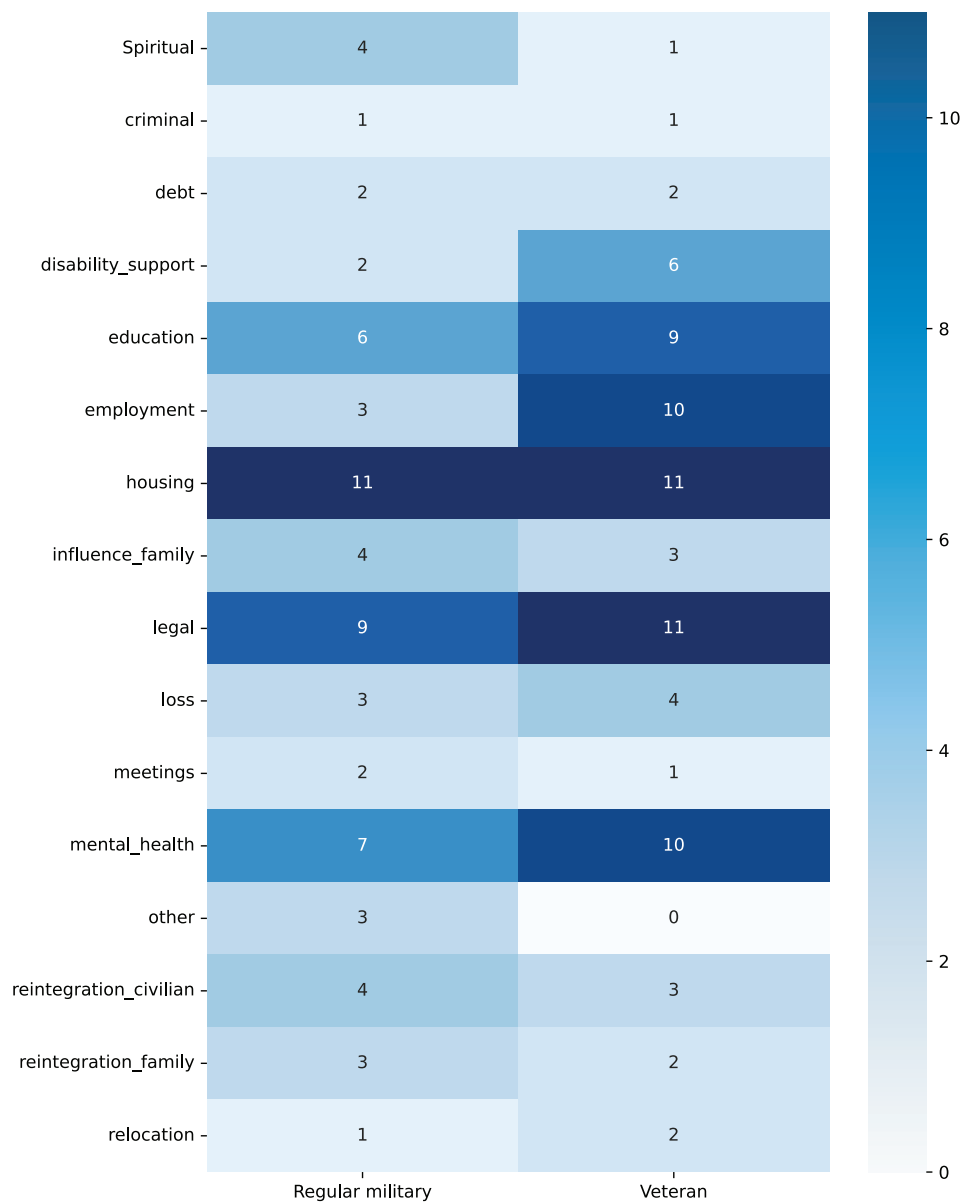
In total, 27.1% of respondents reported having accessed a military-associated organization, NGO, community service, charitable organization, public service, or association for help or advice related to their military experience and its impact. However, a comparison between active-duty personnel and veterans reveals a substantial difference: half of the veterans (50%) sought such support, compared to only 19% of those currently serving.

ACCESSED SERVICES



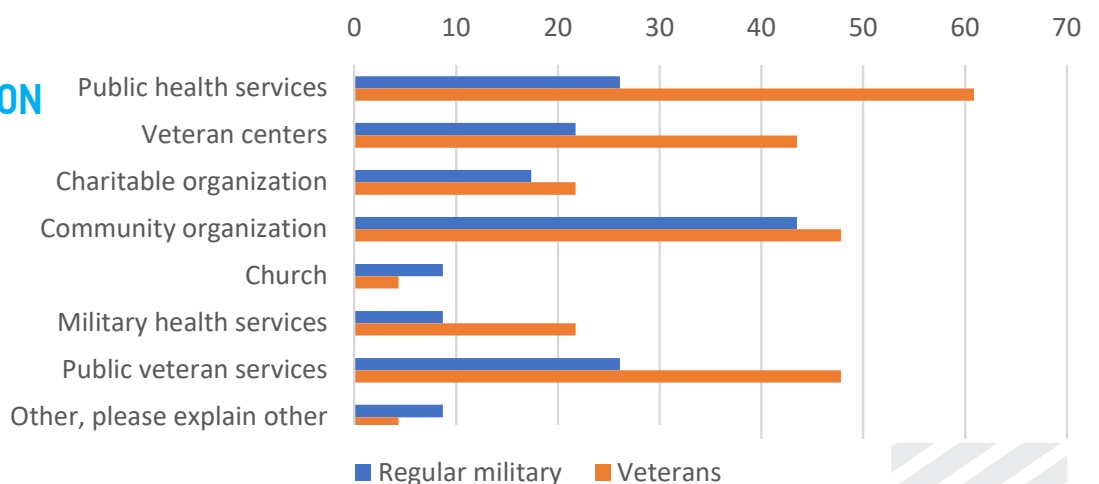
Veterans most frequently sought support related to housing (47.8%), legal assistance (47.8%), mental health (43.5%), employment (39.1%), education and training (39.1%), and disability services (26.1%). The least frequently mentioned areas of support were spiritual care (4.4%), assistance with criminal justice or probation-related issues (4.4%), and help connecting with other families (4.4%).

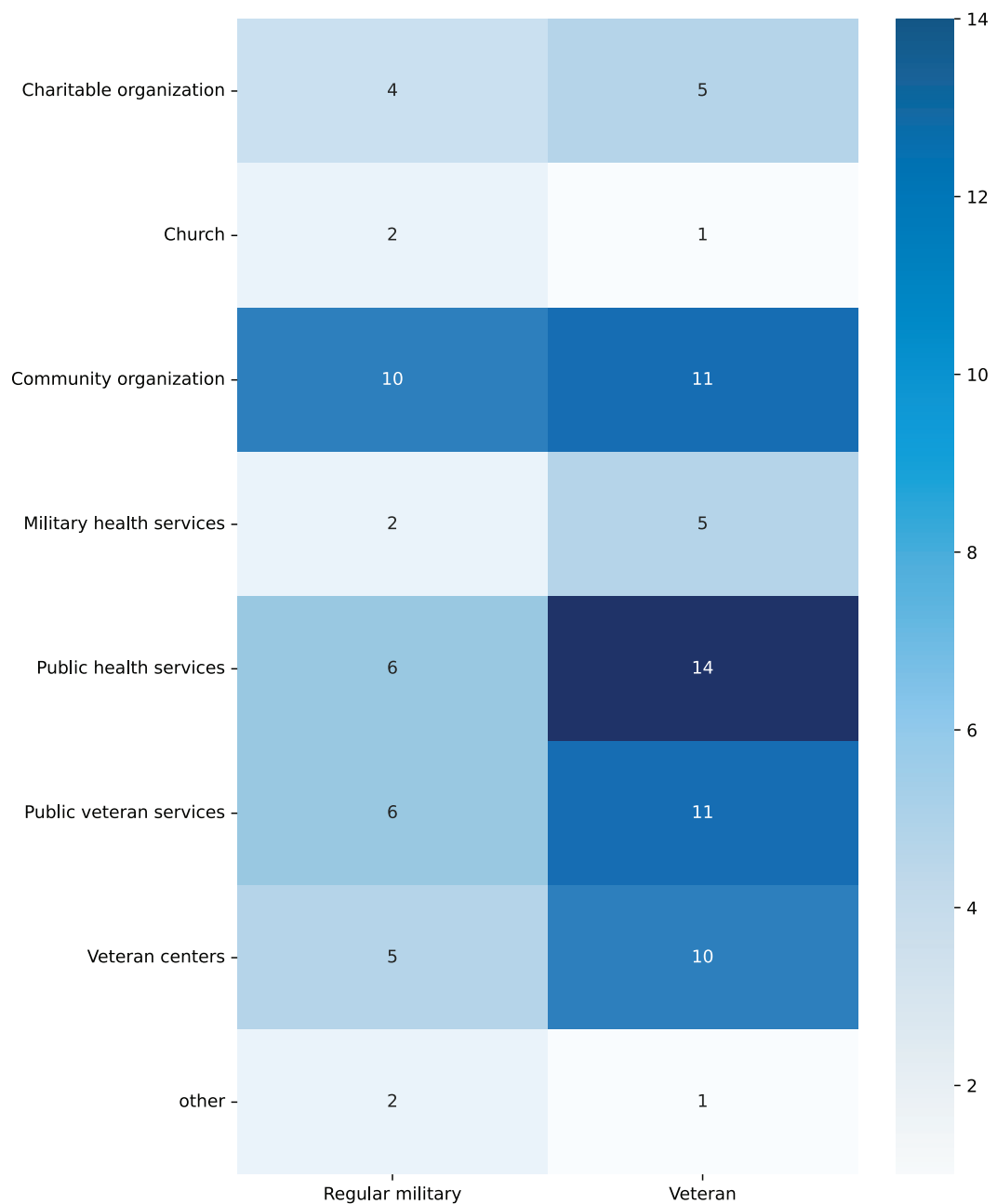
Active-duty military personnel most commonly sought support related to housing (47.8%), legal assistance (39.1%), and mental health (30.4%). The least frequently reported area was assistance with criminal justice or probation-related issues (4.4%). Neither active-duty personnel nor veterans reported seeking help for addiction services.



Veterans primarily sought support from public health services (60.9%), community organizations (47.8%), public veteran services (47.8%), and veteran centers (43.5%). Active-duty military personnel most commonly turned to community organizations (43.5%).

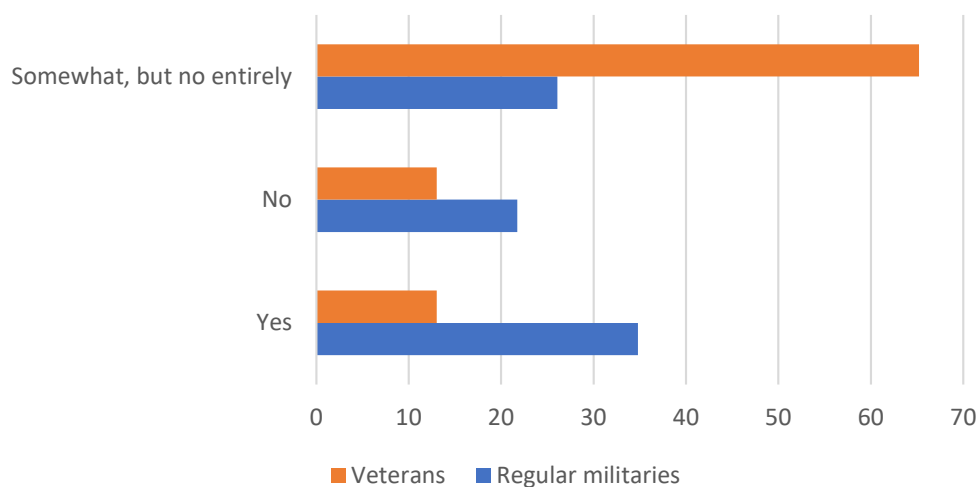
TYPE OF ORGANIZATION ACCESSED, %





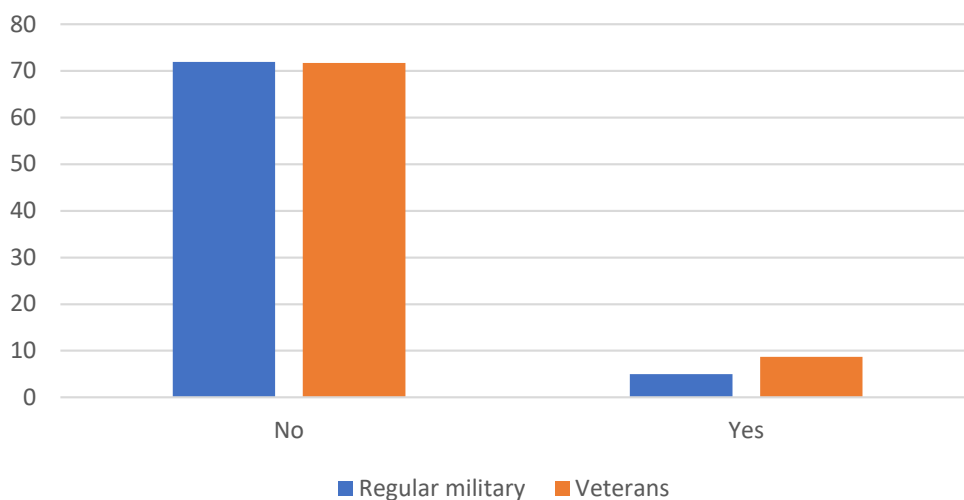
Among veterans, 65.2% indicated that the services they accessed only partially met their needs, while 13% were completely dissatisfied with their experience. Among active-duty military personnel, a relatively higher proportion were fully dissatisfied with the services received (21.7%), but there was also a greater share whose expectations were fully met (34.8% vs. 13%).

SERVICE MEETS NEEDS



Only 8.7% of veterans and 5% of active-duty military personnel reported accessing or being members of any local social groups, such as associations or informal support networks.

ACCESS TO INFORMAL SUPPORT GROUPS, ASSOCIATIONS

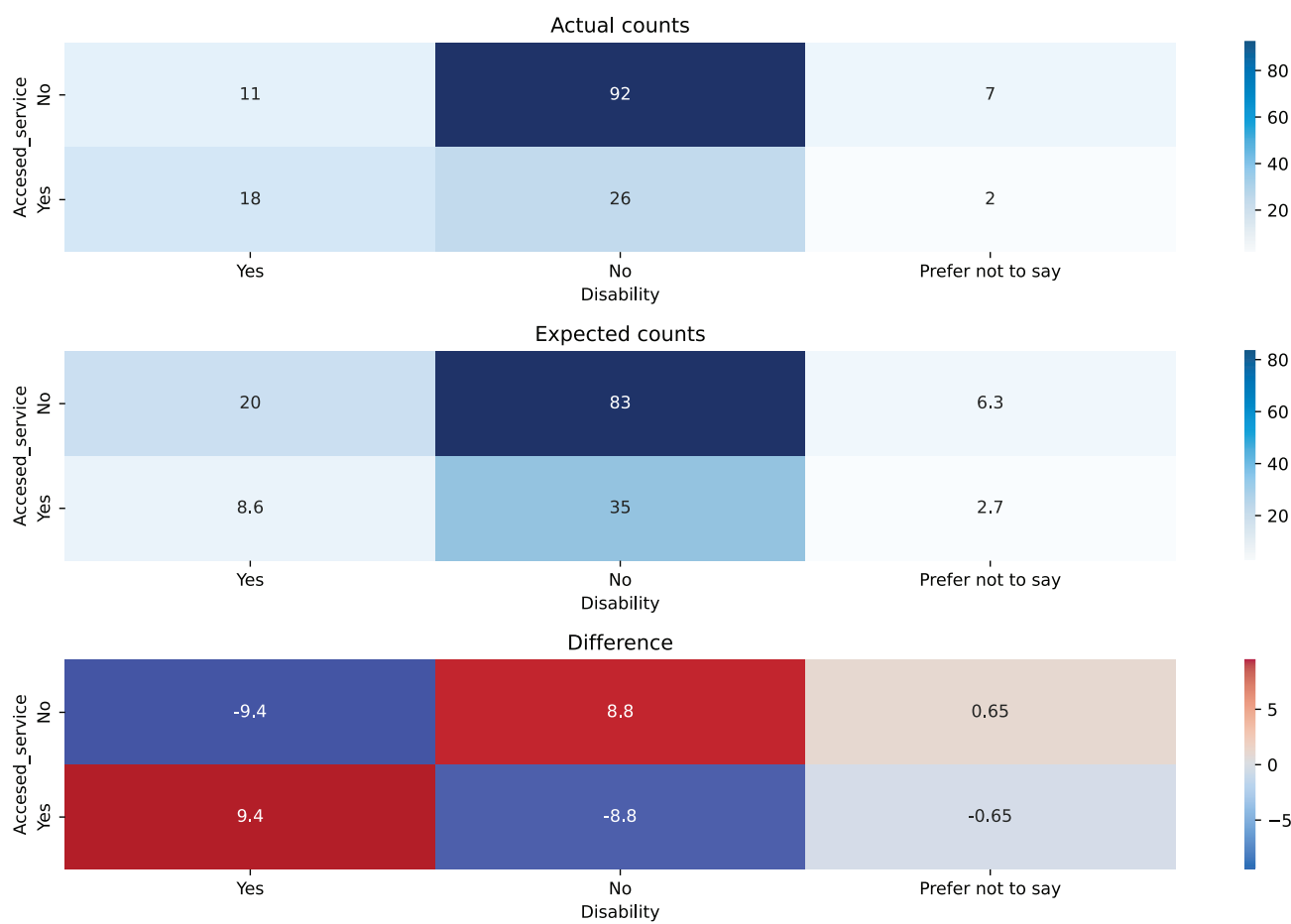


FACTORS THAT ARE ASSOCIATED WITH SUPPORT SEEKING BEHAVIOR

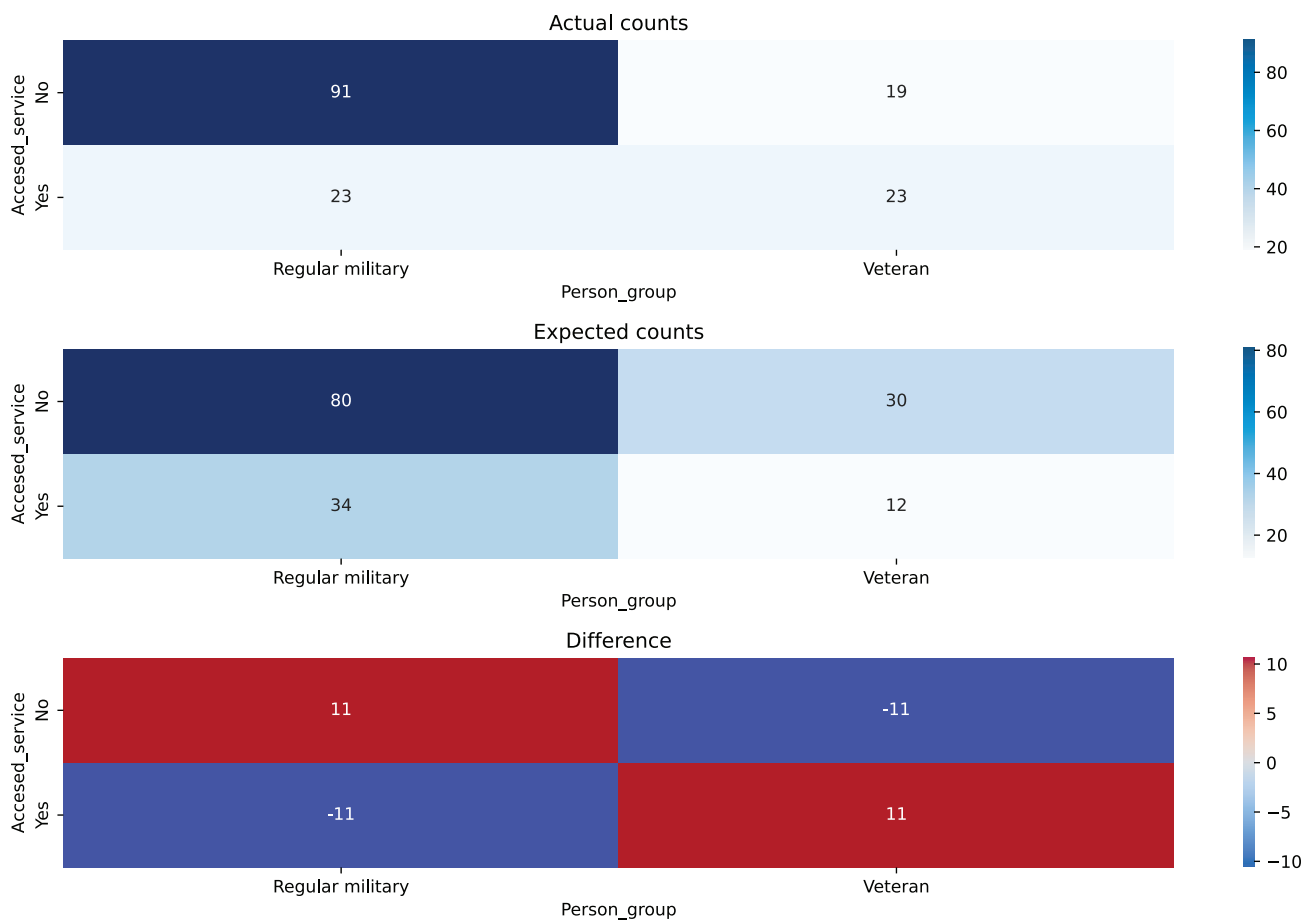
CHI-SQUARE TESTS REVEALED STATISTICALLY SIGNIFICANT ASSOCIATIONS BETWEEN SERVICE ACCESS AND THREE VARIABLES: DURATION OF MILITARY SERVICE ($X^2(4) = 11.31, P = 0.023$), DISABILITY STATUS ($X^2(2) = 18.19, P < 0.001$), AND PERSON GROUP ($X^2(1) = 16.03, P < 0.001$).

As expected, the presence of a disability was associated with higher service utilization. This finding likely relates to the additional significant association observed with person group, where veterans were more likely to access services compared to active-duty military personnel.

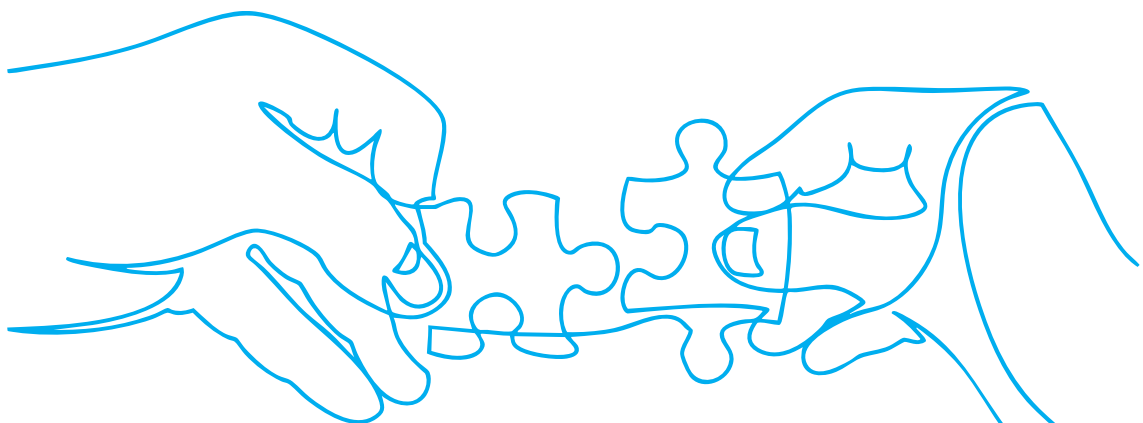
Chi-square test for col = “Disability”



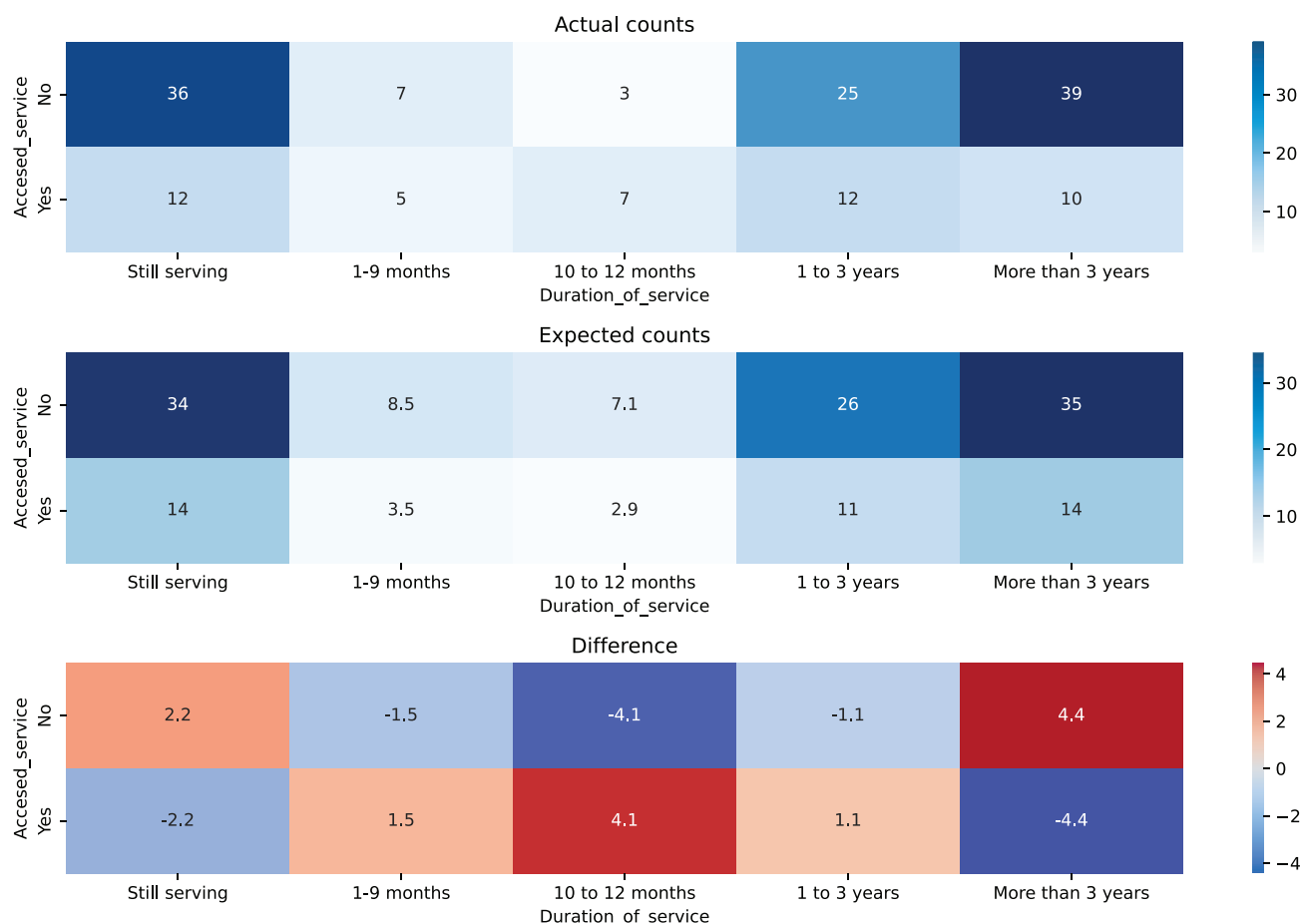
Chi-square test for col = "Person_group"



Regarding duration of service, the strongest positive association with service utilization was found among those who served 10–12 months. Interestingly, a negative association was observed for those with a service duration exceeding three years.



Chi-square test for col = "Duration_of_service"



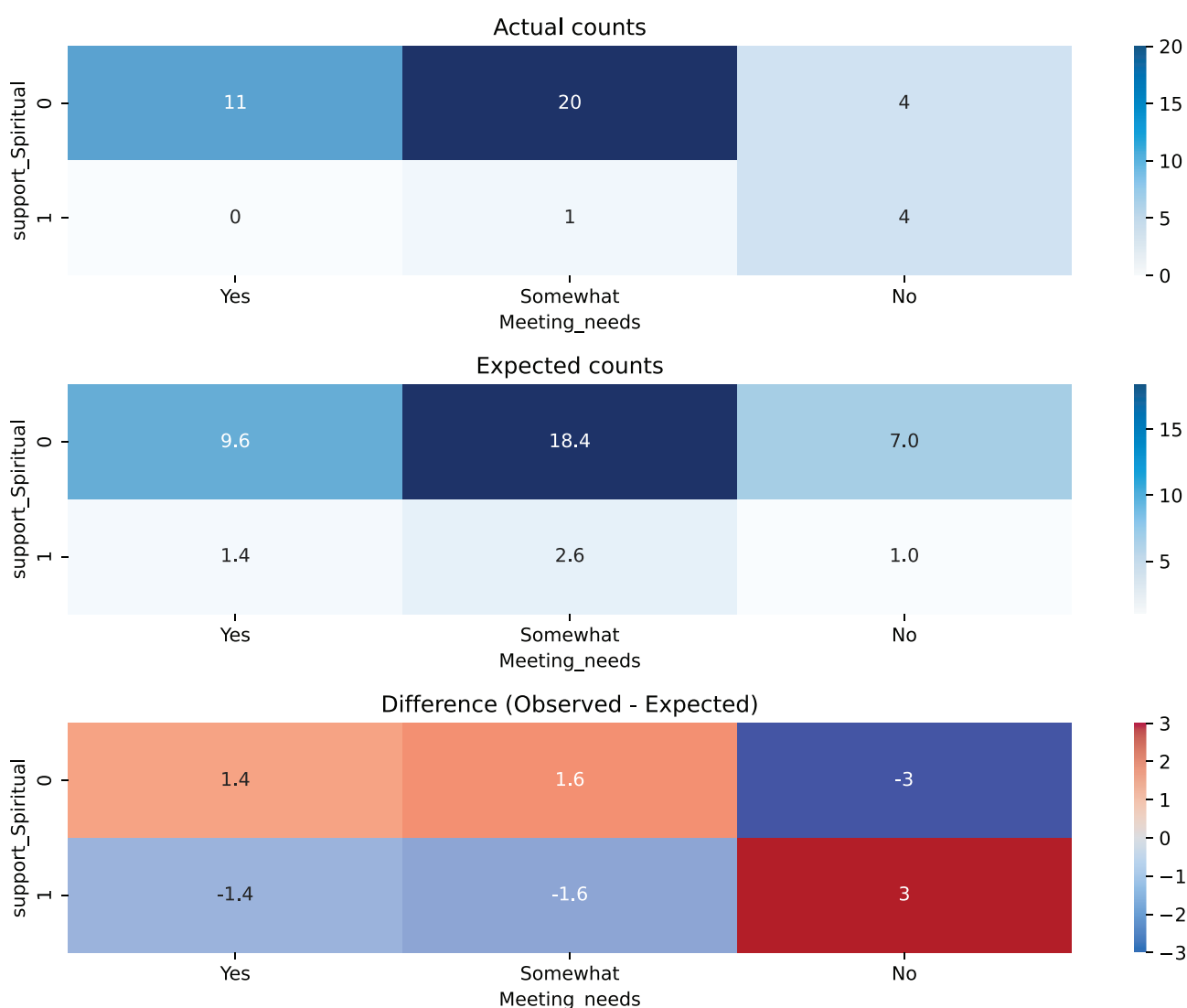
NO SIGNIFICANT ASSOCIATIONS WERE FOUND WITH OTHER SOCIODEMOGRAPHIC OR MILITARY-RELATED VARIABLES, INCLUDING AGE, GENDER, FAMILY STATUS, PRESENCE AND EDUCATION OF CHILDREN, DURATION OF RESIDENCE IN THE CURRENT LOCATION, MILITARY RANK, FRONT-LINE DEPLOYMENT, REDEPLOYMENT, DISABILITY TYPE, RESILIENCE TRAINING, OR EDUCATION LEVEL.

SATISFACTION WITH SERVICES

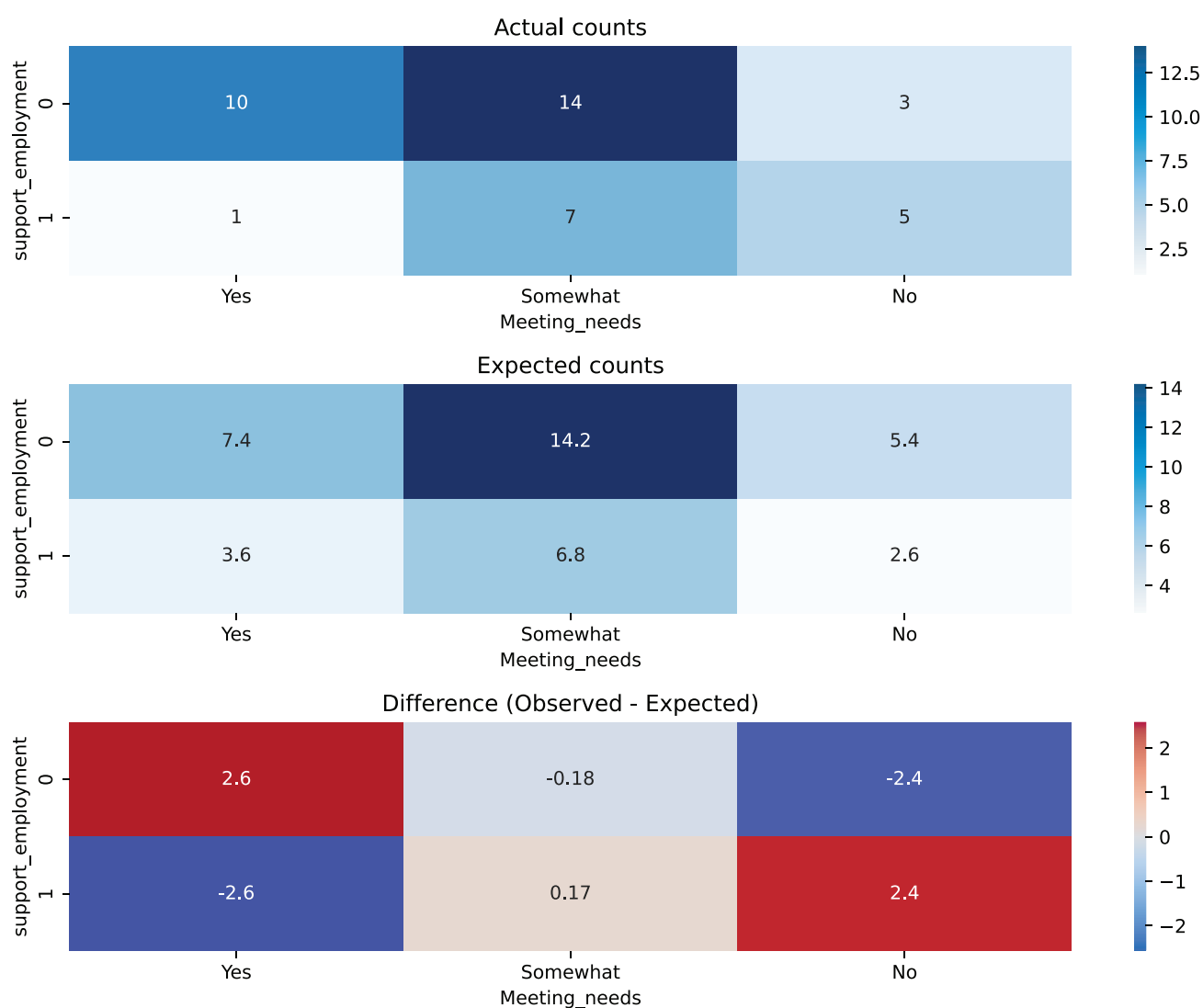
The chi-square test revealed a significant association between receiving spiritual support and satisfaction with service needs ($\chi^2(2) = 13.01$, $p = 0.0015$). Respondents who accessed spiritual support were more likely to report dissatisfaction with how their needs were met than expected by chance.

There was also a significant association between receiving employment support and satisfaction with service needs ($\chi^2(2) = 6.04$, $p = 0.0489$). Those who received employment support were more likely to report unmet needs than expected, indicating potential gaps in the effectiveness or relevance of employment-related services for this group.

Chi-square test for support spiritual

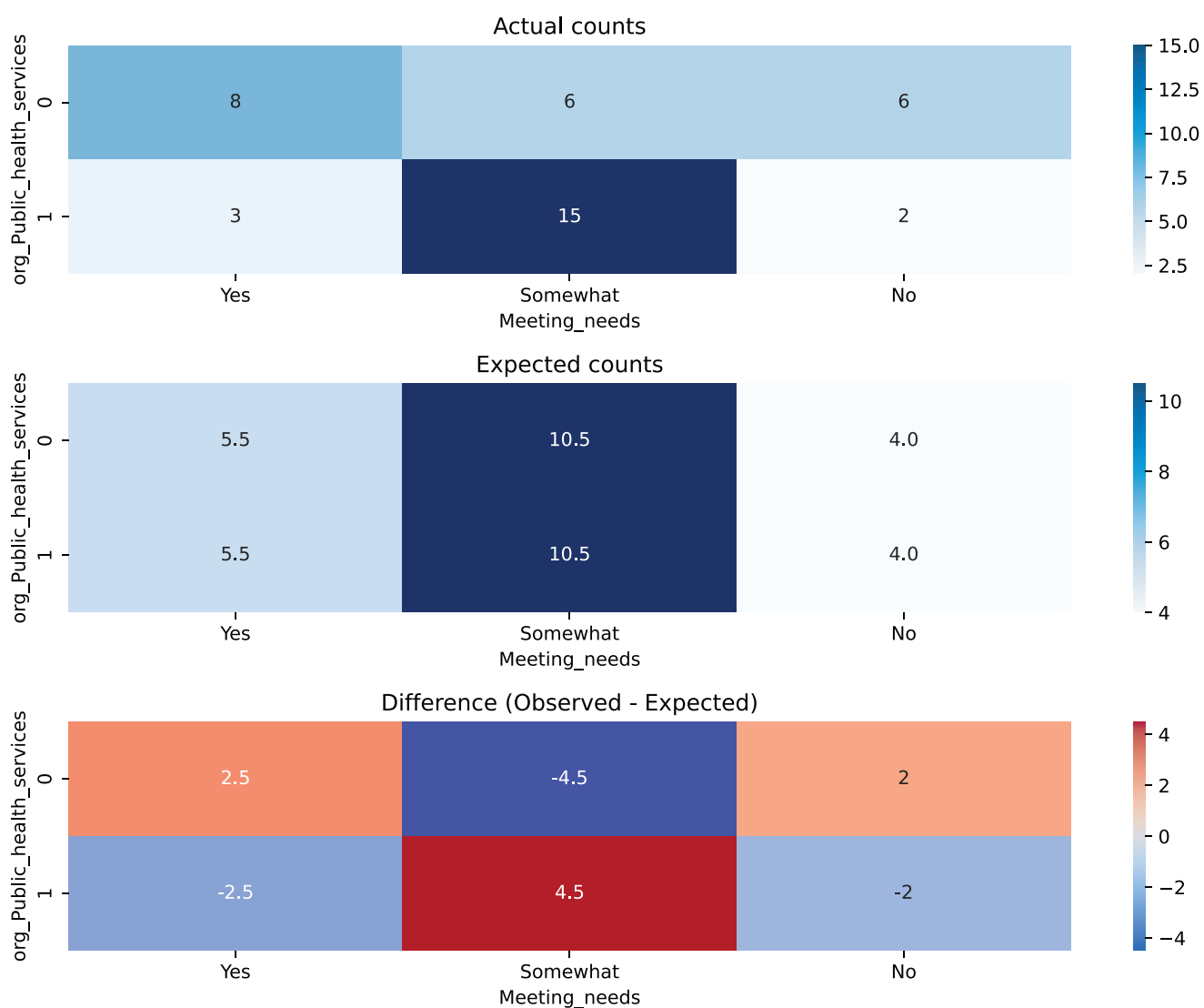


Chi-square test for support employment



Additionally, Chi-square indicates a significant association between contacting state medical institutions and satisfaction levels ((dof=2): 8.13, P-value: 0.017). Specifically, those who used state medical services showed a higher-than-expected proportion of partial satisfaction with the services received compared to expected values.

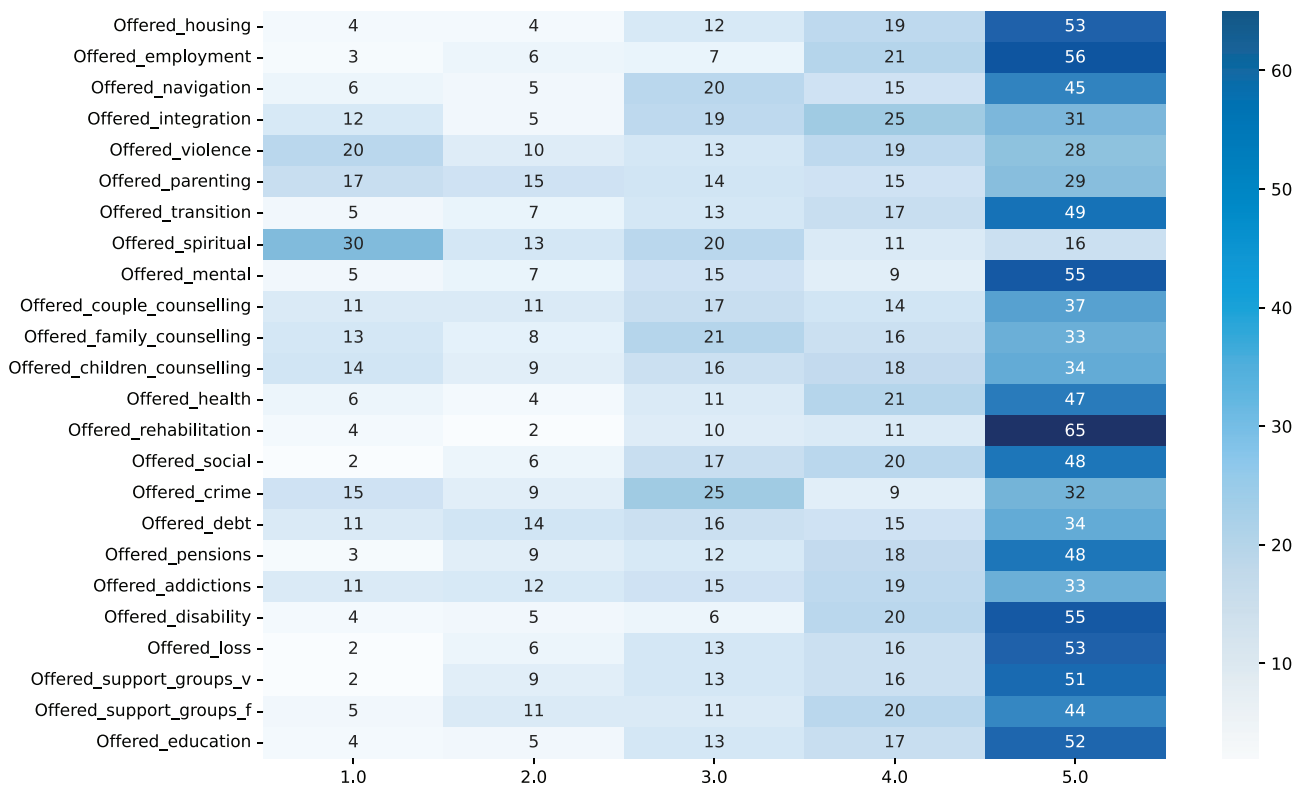
Chi-square test for org public health services



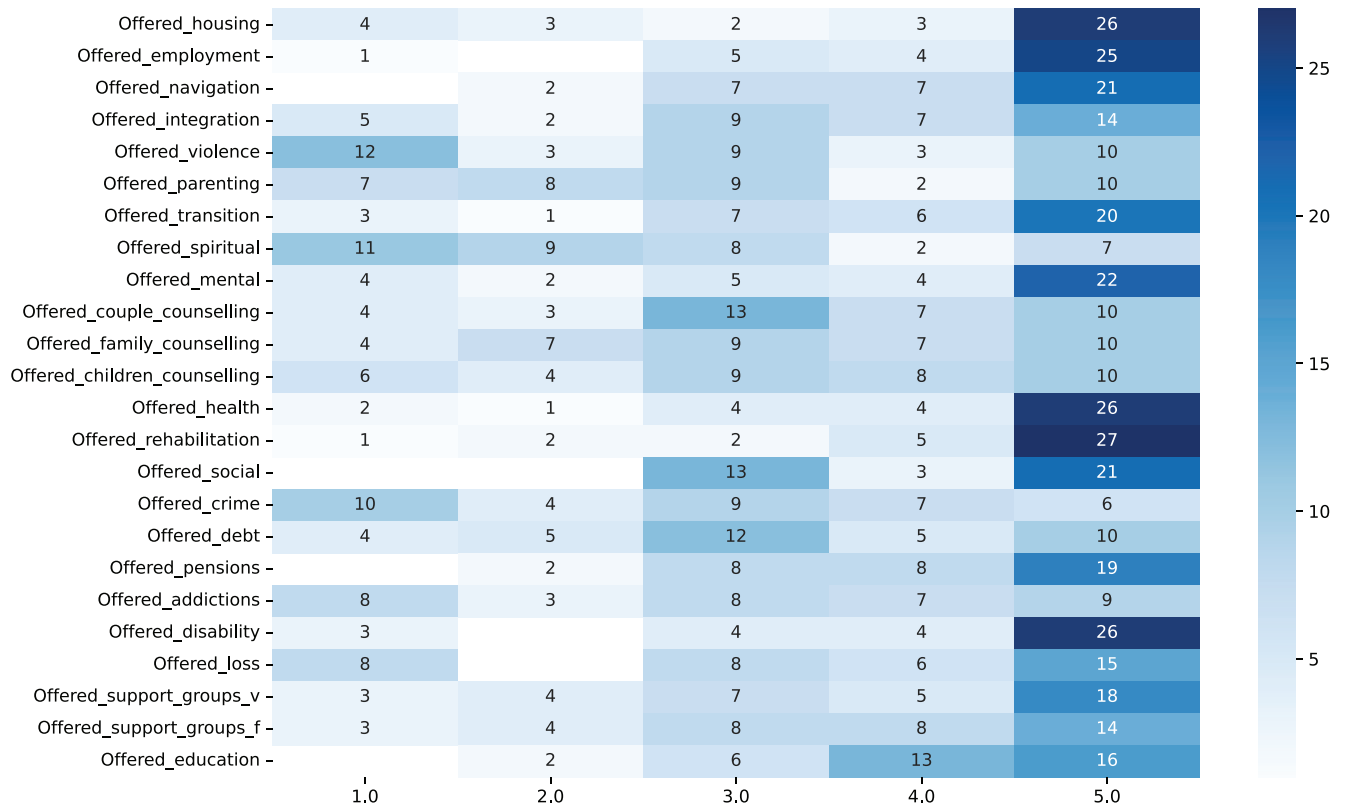
NEEDS

Among the most needed services veterans prioritize rehabilitation, healthcare, housing, employment, disability support, and mental health support. For active-duty military personnel, the priorities include rehabilitation, housing, employment, disability support, grief counseling, education, and support groups for veterans. Spiritual support, assistance with parenting, and support related to violence issues and problems with criminal justice are comparatively less relevant for both veterans and active-duty personnel. Regarding addiction care, regular military personnel tend to view this issue as more important than veterans do; however, it still ranks low in overall priority compared to other concerns. Interestingly, among veterans, counseling services — whether for couples, families, or parenting — are also considered relatively low in priority.

Services that should be offered group - “Regular military”

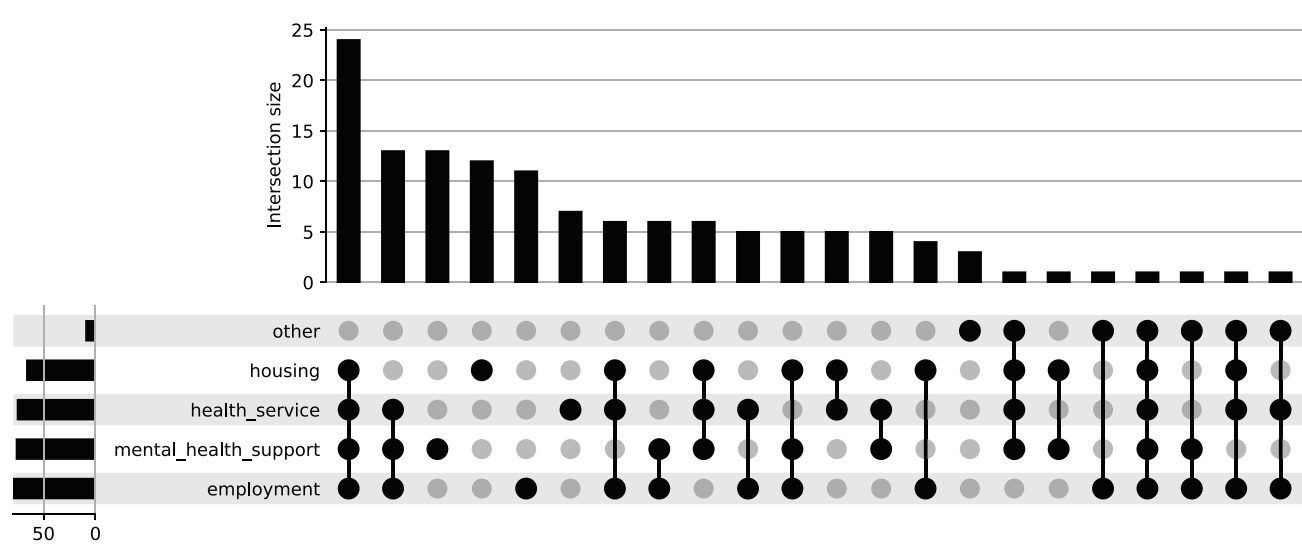


Services that should be offered group - "Veteran"



Regarding post-war needs, 47.1% of respondents with military experience identified employment as a priority, followed by 45.9% who chose mental health support, 45.3% who selected medical care, and 40% who indicated housing support. Most respondents selected multiple areas of need. For instance, 14% identified all four as relevant, while 7.7% chose employment, mental health support, and medical care. At the same time, some respondents indicated only a single area of need — 7.7% selected only mental health support, while 7.1% chose either housing support or employment as their sole priority.

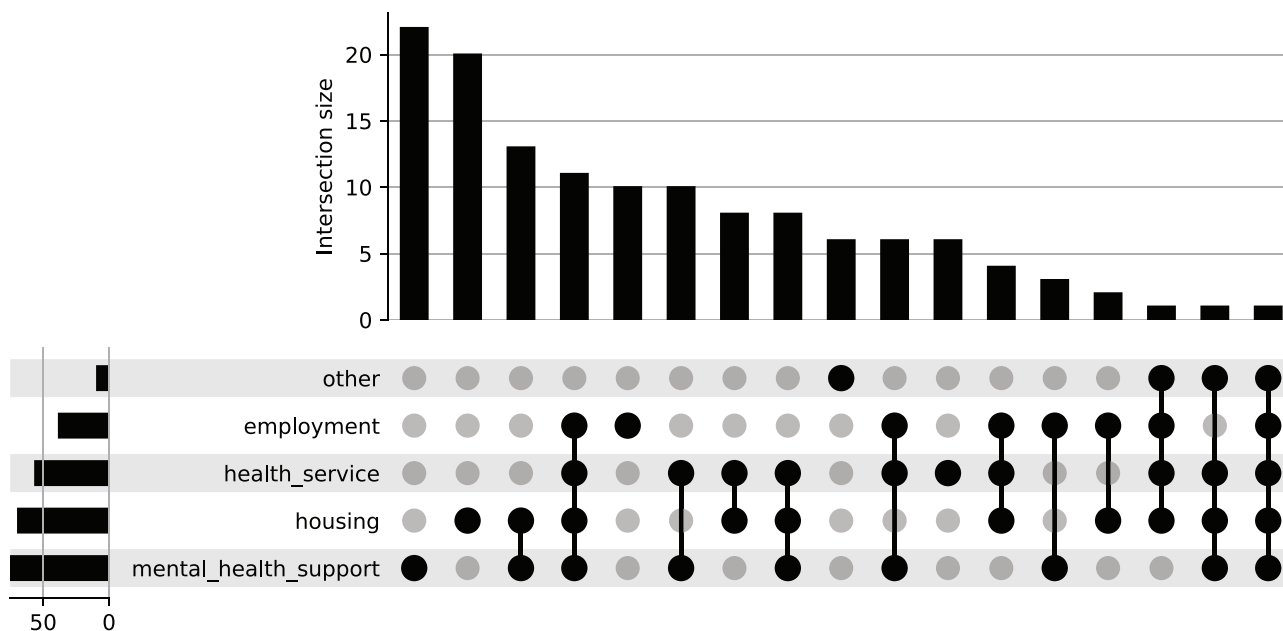
Upset plot “Personal needs after”



When comparing the needs of veterans and active-duty military personnel, mental health support and employment emerged as the top priorities among those currently serving (45.4% and 46.2%, respectively). In contrast, veterans identified medical assistance (56.5%) and employment (50%) as the most relevant areas of need.

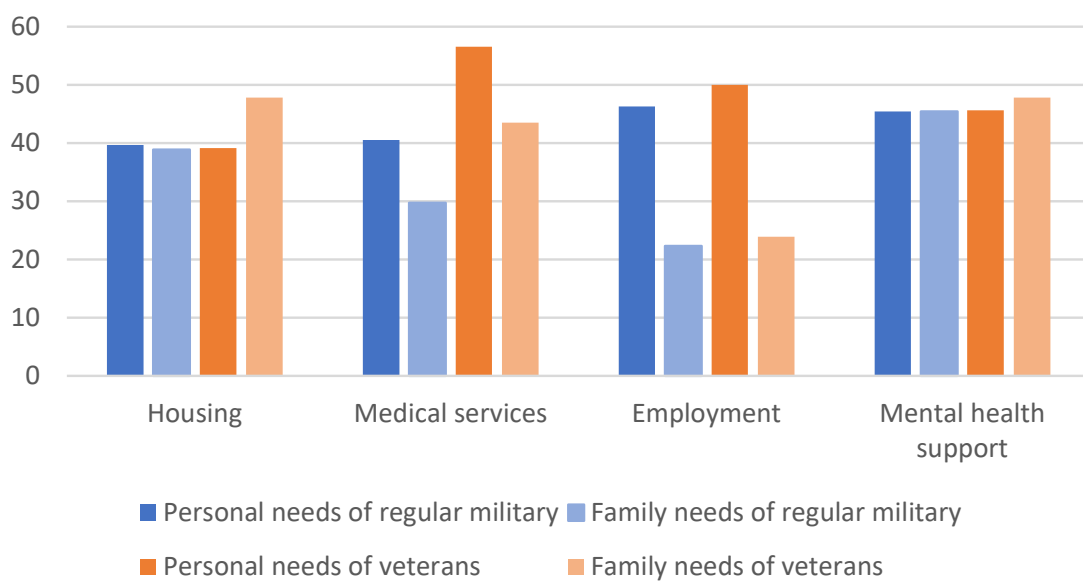
When it comes to family needs, respondents with a military background prioritized mental health support most frequently (46.5%), followed by housing support (41.2%), medical care (33.5%), and employment (22.4%). While combinations of different needs were common, the most frequently selected option was mental health support as a single area of need (12.9%), followed by housing support as the sole priority (11.8%), and then a combination of these two needs (7.7%).

Upset plot “Family needs after”



When comparing the needs of veterans and active-duty military personnel, housing (47.8% for veterans and 38.8% for active-duty personnel) and mental health support (47.8% and 45.5%, respectively) ranked highest for both groups.

NEEDS AFTER THE WAR



FAMILY MEMBERS OF PEOPLE WITH MILITARY BACKGROUND

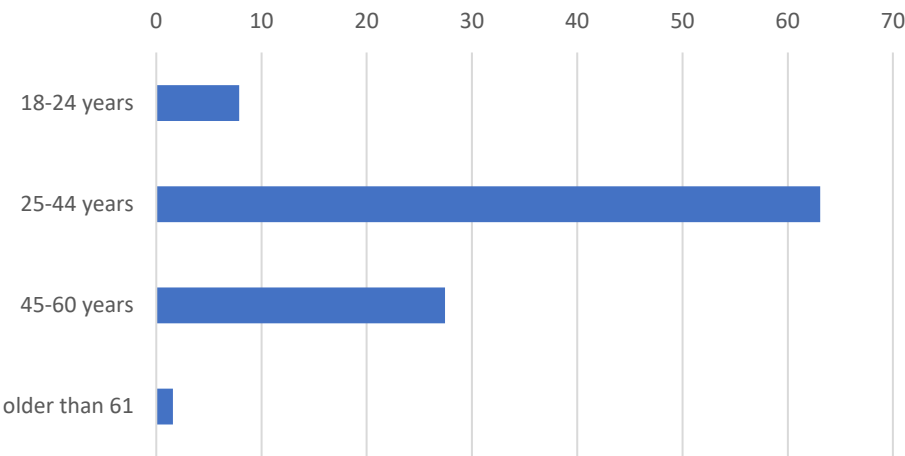
DEMOGRAPHICS

THE GROUP OF RESPONDENTS WHO WERE FAMILY MEMBERS OF VETERANS CONSISTED PRIMARILY OF MEMBERS OF A NUCLEAR FAMILY (INCLUDING PARTNERS, SPOUSES, PARENTS, AND SIBLINGS) — 78.9%, WHILE 21.1% WERE PART OF THE EXTENDED FAMILY (SUCH AS PARENTS OR SIBLINGS OF A VETERAN OR CURRENT ARMED FORCES PERSONNEL).

The majority of respondents were between the ages of 25 and 44 (63.1%),

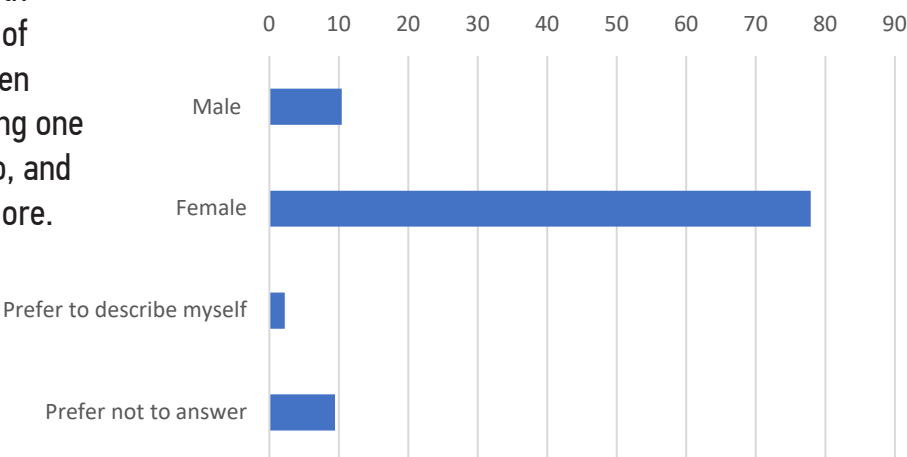
followed by those aged 45 to 60 (27.4%). In terms of gender, most family members of military personnel and veterans who participated in the survey were women (77.9%).

AGE (FAMILY MEMBERS GROUP), %

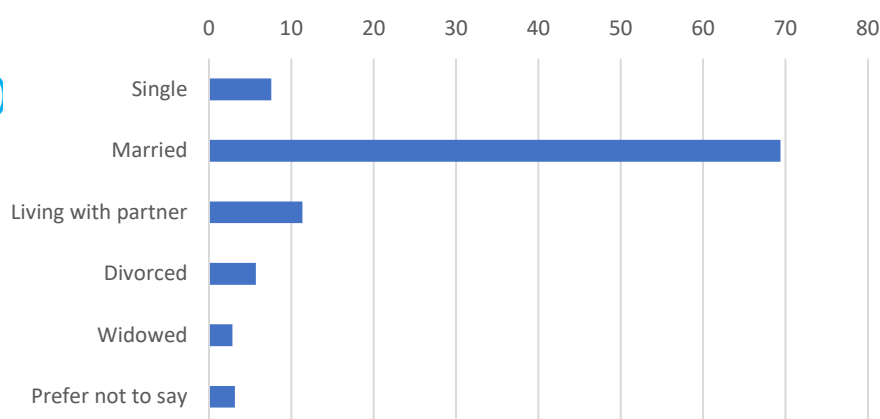


A total of 69.4% of respondents reported being married, and 11.4% indicated that they were living with a partner. The majority of respondents had children (65%), with 31.2% having one child, 27.1% having two, and 6.3% having three or more.

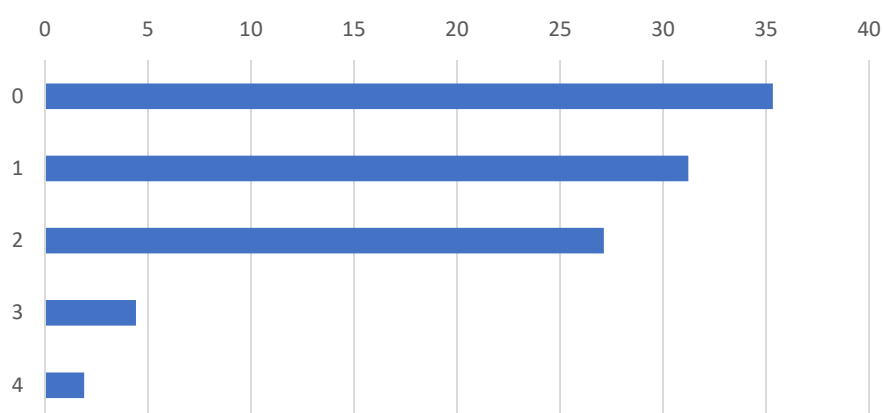
GENDER (FAMILY MEMBERS GROUP), %



MARITAL STATUS (FAMILY MEMBERS GROUP)

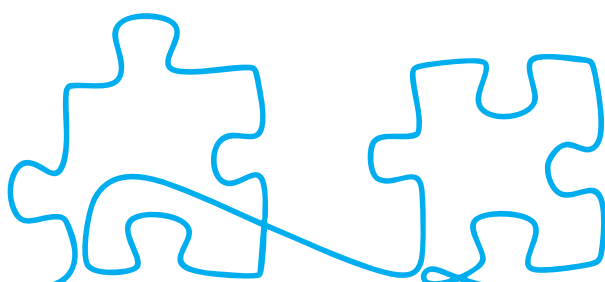
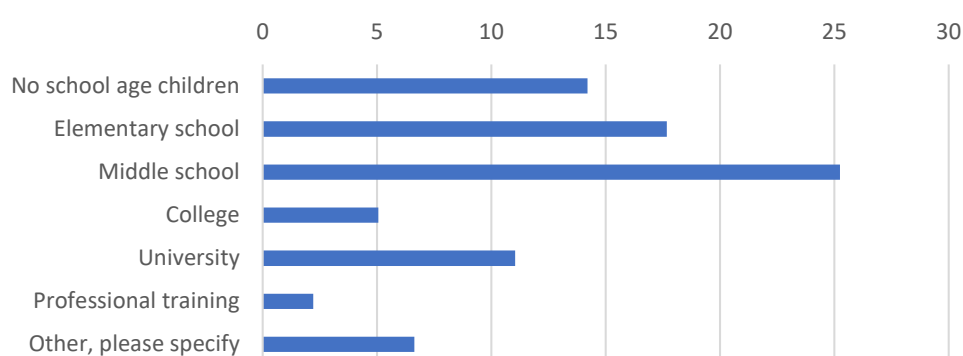


NUMBER OF CHILDREN (FAMILY MEMBERS GROUP), %



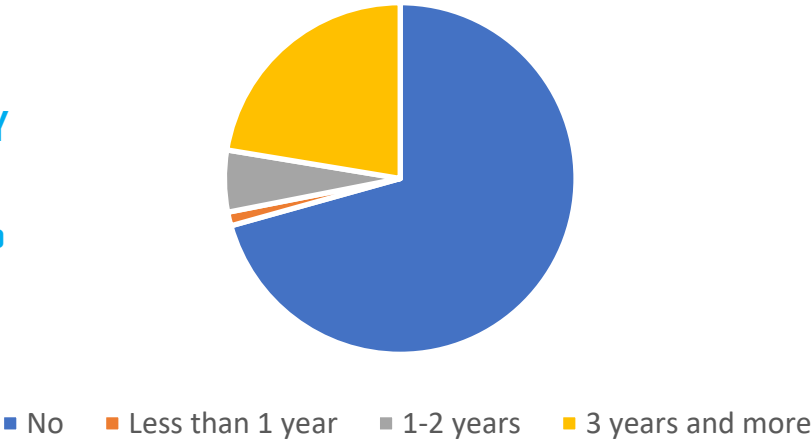
Most of the respondents' children were in primary (17.7%) or secondary school (25.2%), while 11% reported that their children were enrolled in university.

EDUCATION LEVEL OF CHILDREN (FAMILY MEMBERS GROUP), %

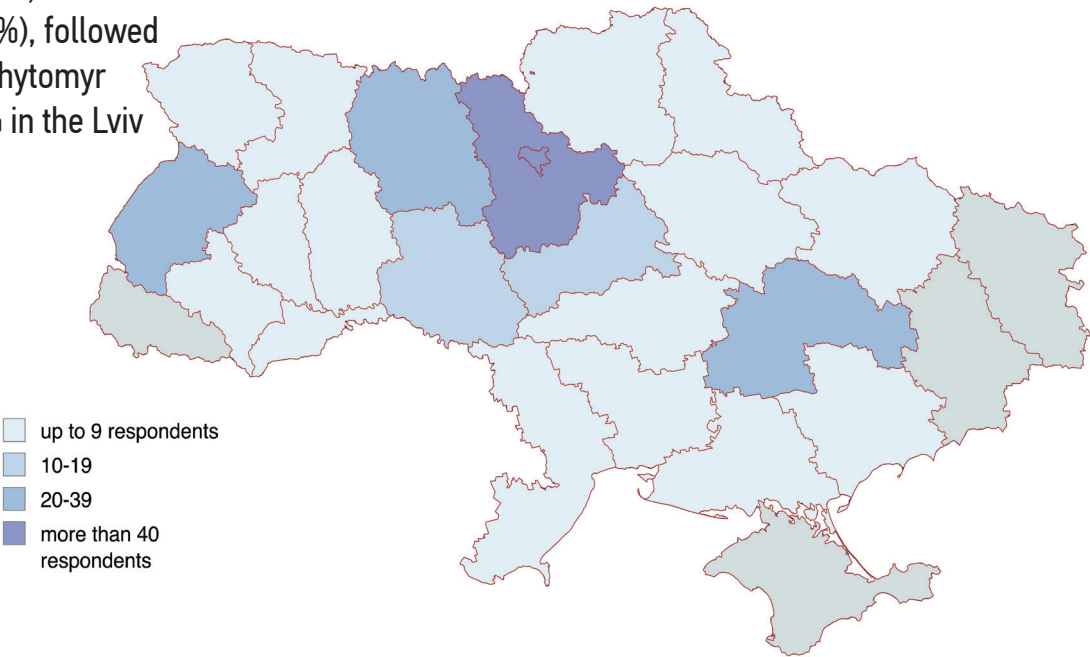


70.7% of respondents indicated that they do not have household members living outside the country because of the war, while 22.4% stated that their family members have been living abroad for more than three years.

HOUSEHOLD MEMBERS
LIVING OUTSIDE THE COUNTRY
BECAUSE OF THE WAR
(FAMILY MEMBERS GROUP), %

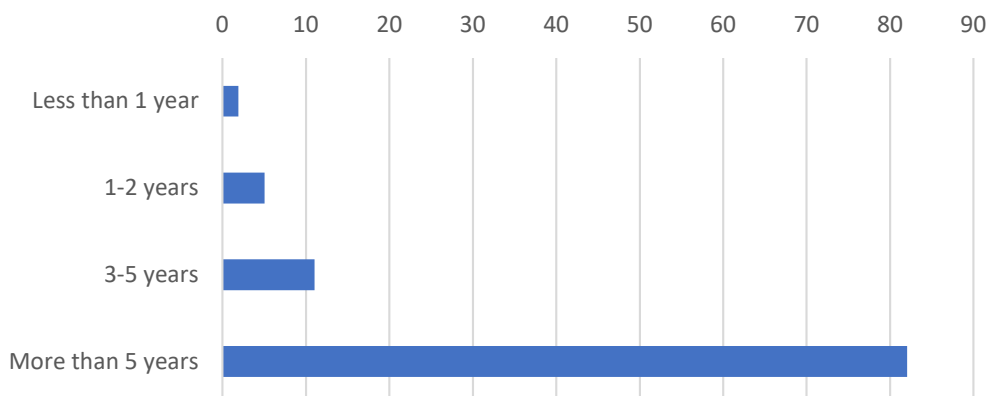


The majority of respondents lived in Kyiv (27.4%) and the Kyiv region (15.5%), followed by 11.4% in the Zhytomyr region and 10.7% in the Lviv region.

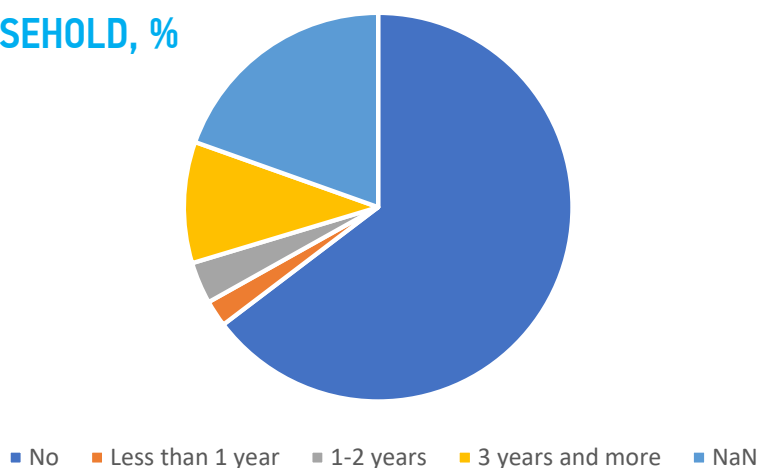


82% of respondents reported that they have been living in their current community for more than five years. 15.8% indicated that their household had been internally displaced because of the war, with 10% reporting displacement lasting three years or more.

LIVING IN CURRENT COMMUNITY (FAMILY MEMBER GROUP), %

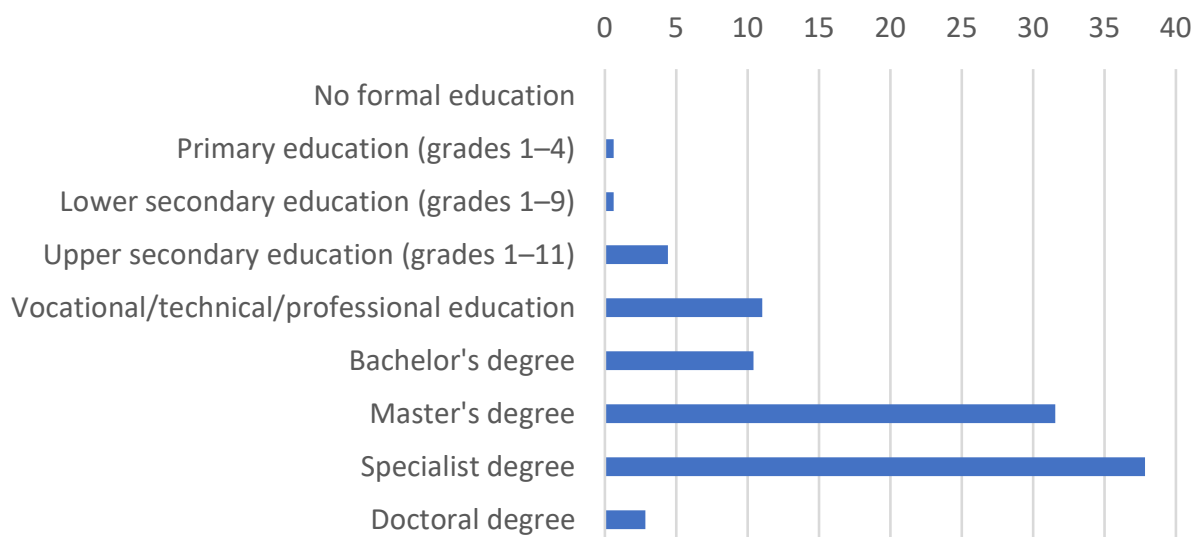


INTERNALLY DISPLACED HOUSEHOLD, %



A large proportion of respondents had a high level of education, with 37.9% holding a specialist degree and 31.5% a master's degree.

EDUCATION (FAMILY MEMBERS GROUP), %

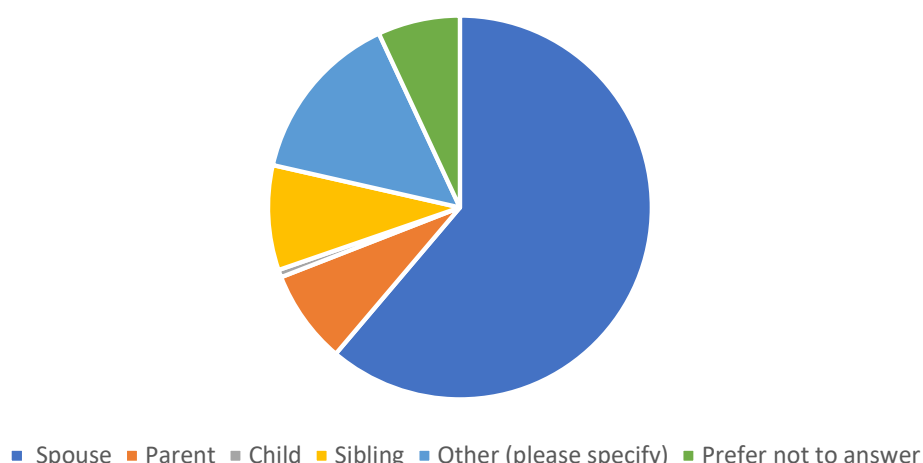


IMPACT OF DEPLOYMENT ON FAMILIES (TO BE ANSWERED BY SPOUSES, PARTNERS, PARENTS OF A VETERAN OR CURRENT ACTIVE MILITARY PERSONNEL)

Among the surveyed family members of military personnel and veterans, 61.2% were spouses, 7.9% were parents, and 8.8% were siblings.

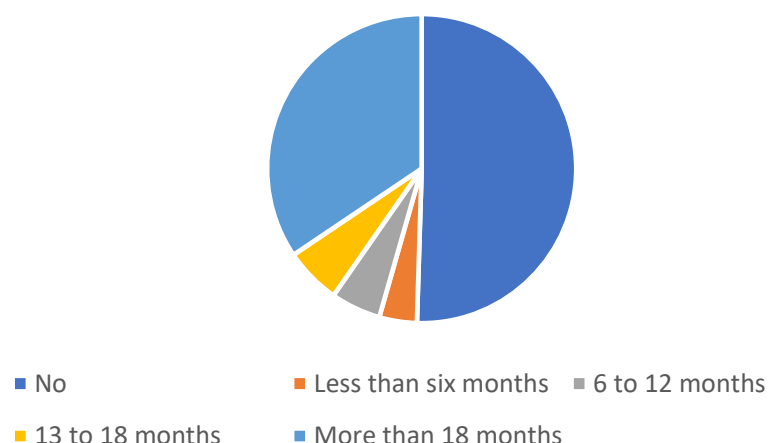
Those who selected 'Other' included relatives such as uncles, aunts, cousins, and relatives from the spouse's side. In some cases, respondents reported multiple roles within the same family—for example, being both the mother and the wife of different military members—indicating that some families have several members serving in the military.

RELATIONSHIP TO THE MILITARY SERVICE MEMBER



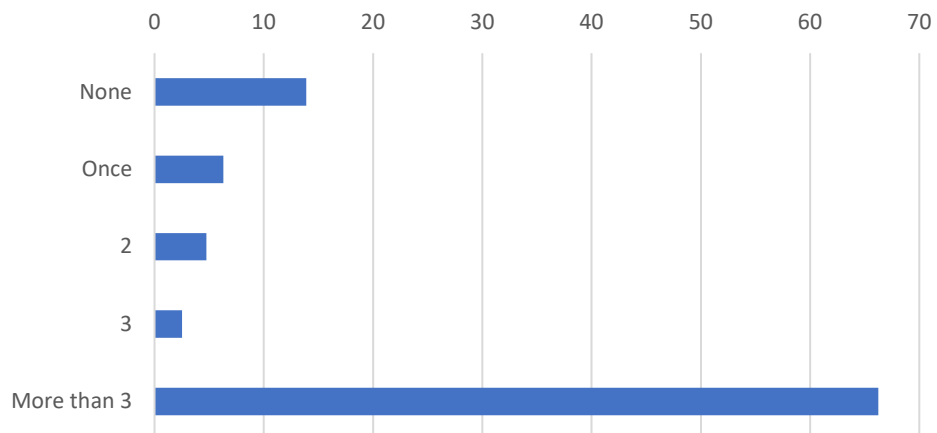
51.4% of respondents have a relative who was deployed to a combat zone at the time of the survey, with 33.1% indicating that their relative has been in the combat zone for more than 18 months. Respondents whose family member is a discharged veteran also most frequently (27.8%) reported that their family member had been deployed for more than 18 months.

CURRENT DEPLOYMENT OF FAMILY MEMBER TO A COMBAT ZONE

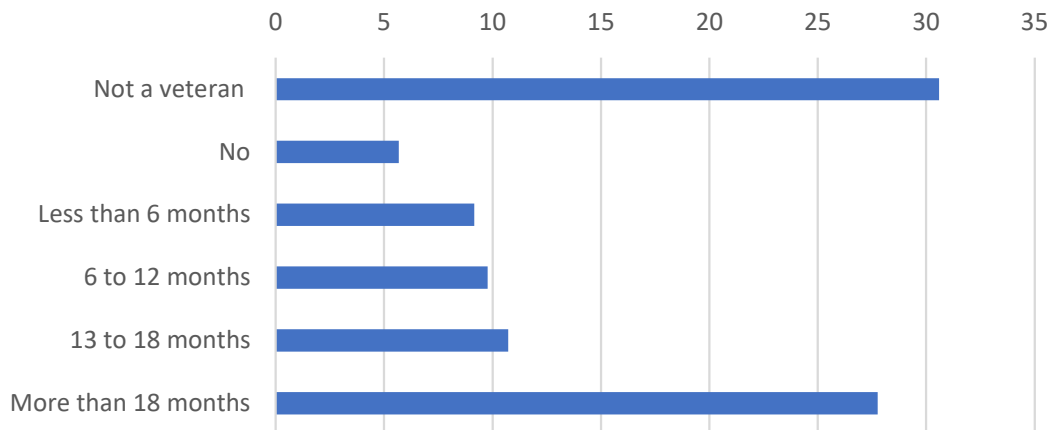


At the same time, 66.3% indicated that a family member who is an active military personnel or veteran had been deployed more than three times.

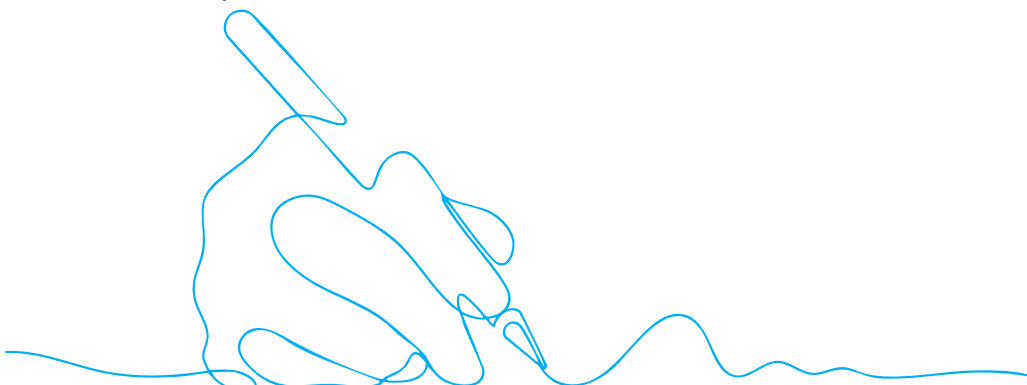
HOW MANY TIMES FAMILY MEMBER WAS DEPLOYED, %



DURATION OF DEPLOYMENT OF VETERAN FAMILY MEMBER, %

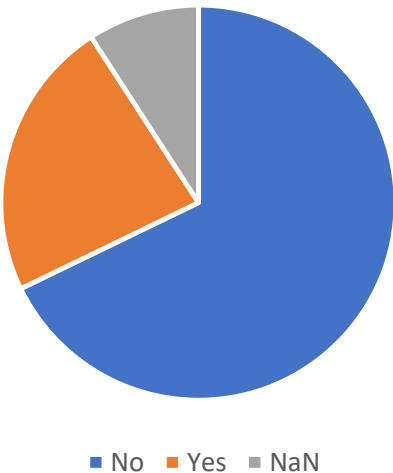


23% of respondents reported living with a family member who is an active military personnel or a veteran.

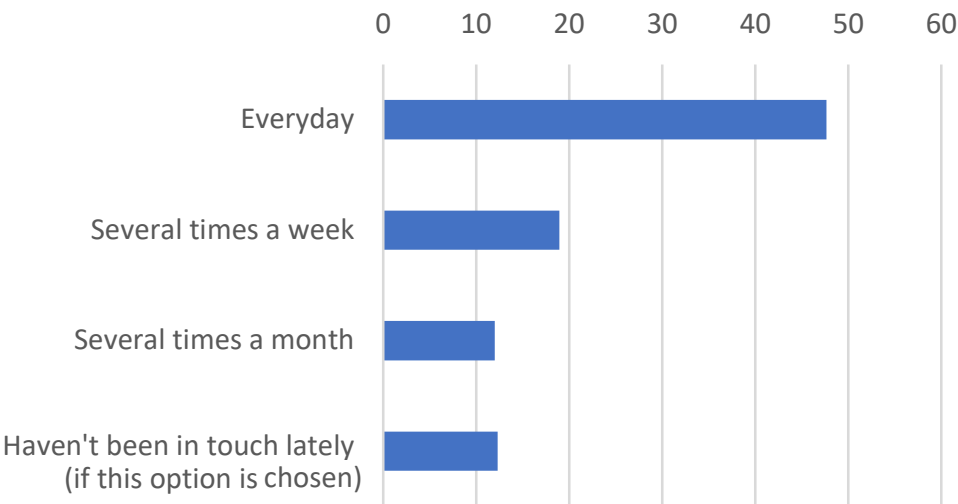


47.6% of respondents have contact with their military family member every day, while 12% have contact several times a month, and 12% have not been in touch recently. Additionally, 6% stated that their relative was not in contact and they had no further information, and 2.5% reported that their relative was missing.

LIVING TOGETHER WITH MILITARY / VETERAN FAMILY MEMBER, %

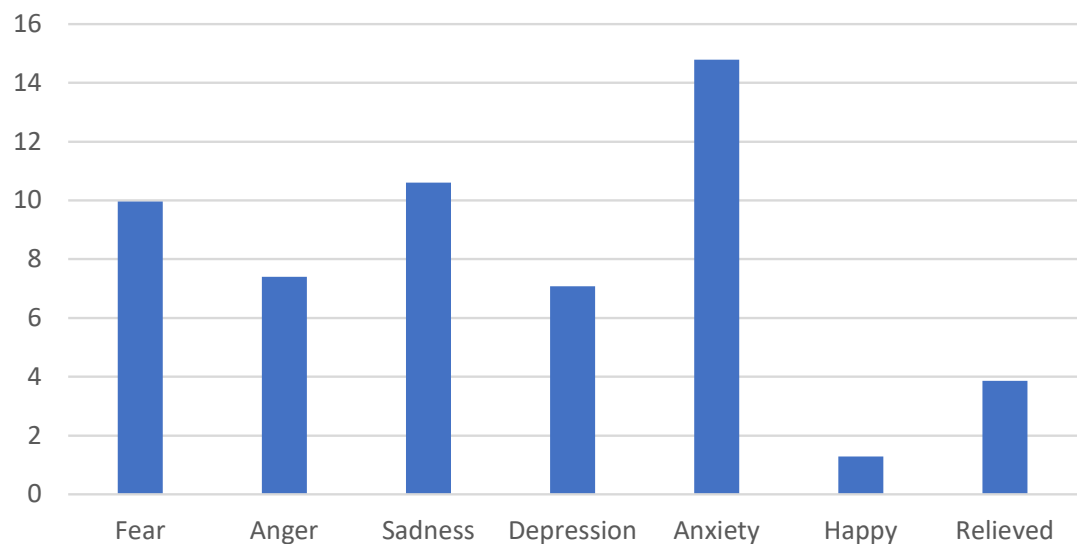


CONTACT FREQUENCY WITH MILITARY FAMILY MEMBER, %



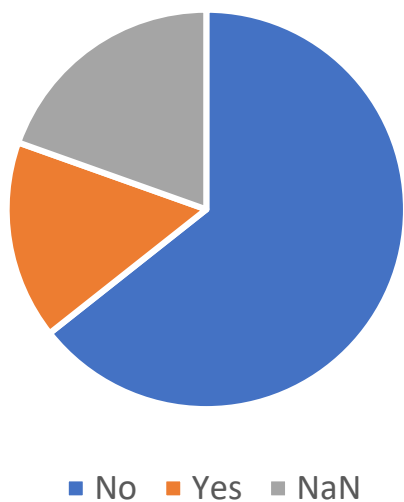
In describing their emotional state, the most commonly reported feelings were anxiety (14.8%), sadness (10.6%), and fear (10%).

CURRENT FEELINGS (FAMILY MEMBERS GROUP), %



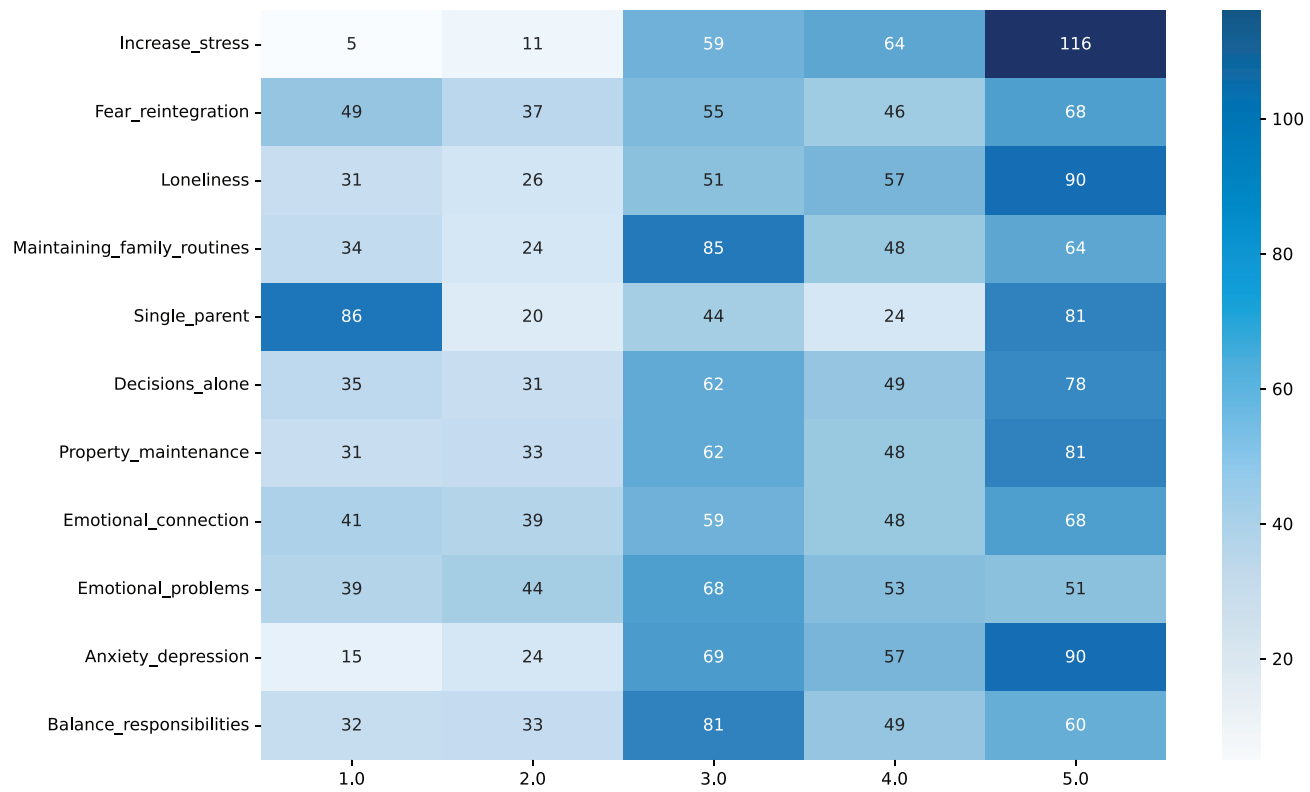
16.1% reported having lost a relative due to the war. Among the specified relationships were: parents (N=7), siblings (N=3), spouses or partners (N=7), cousins (N=10), relatives of the spouse or partner (N=7), a child (N=1), uncles (N=5), and nephews (N=3).

EXPERIENCE OF A LOSS OF A CLOSE RELATIVE DUE TO COMBAT ACTIONS OR OTHER ATROCITIES RELATED TO THE WAR



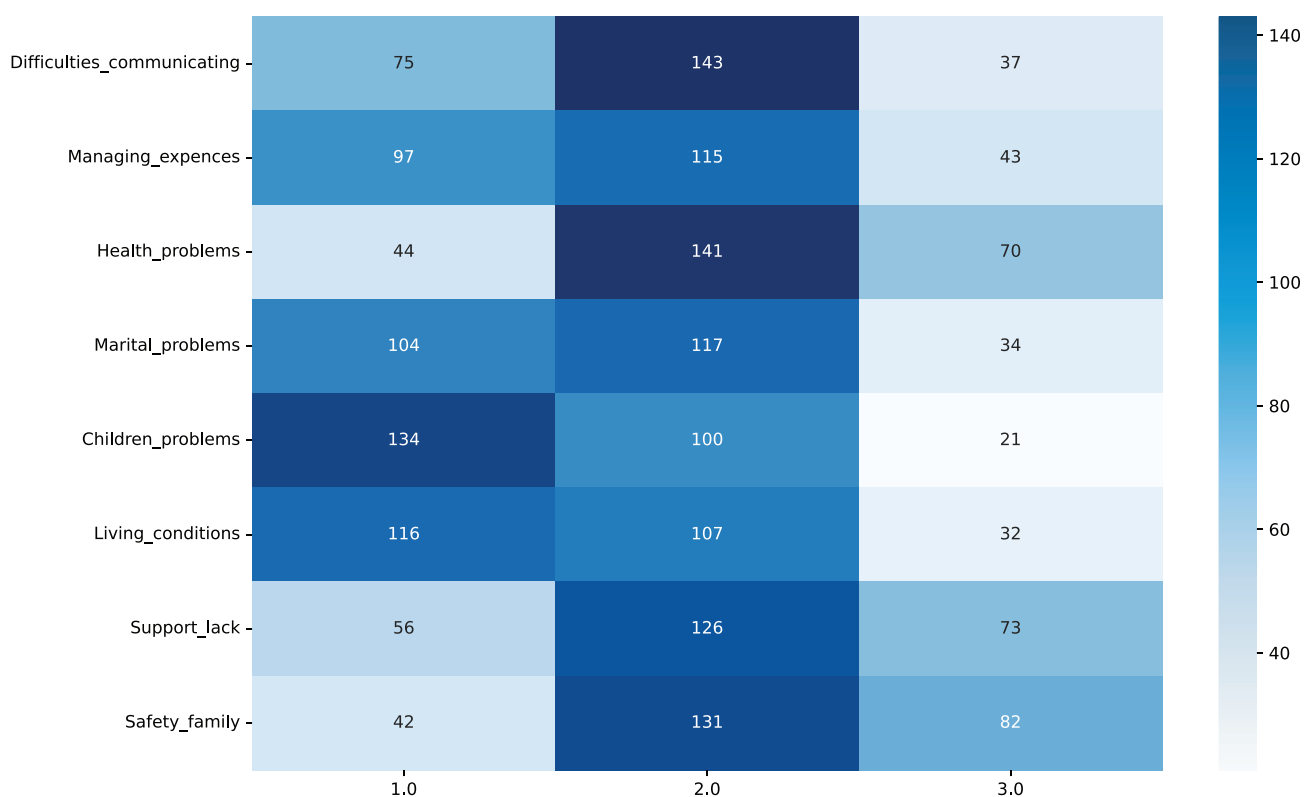
Among the main issues reported by family members of military personnel and veterans were increased stress, loneliness, anxiety and depression, being a single parent, and having to maintain or repair property alone.

ISSUES ENCOUNTERED BY FAMILY MEMBERS



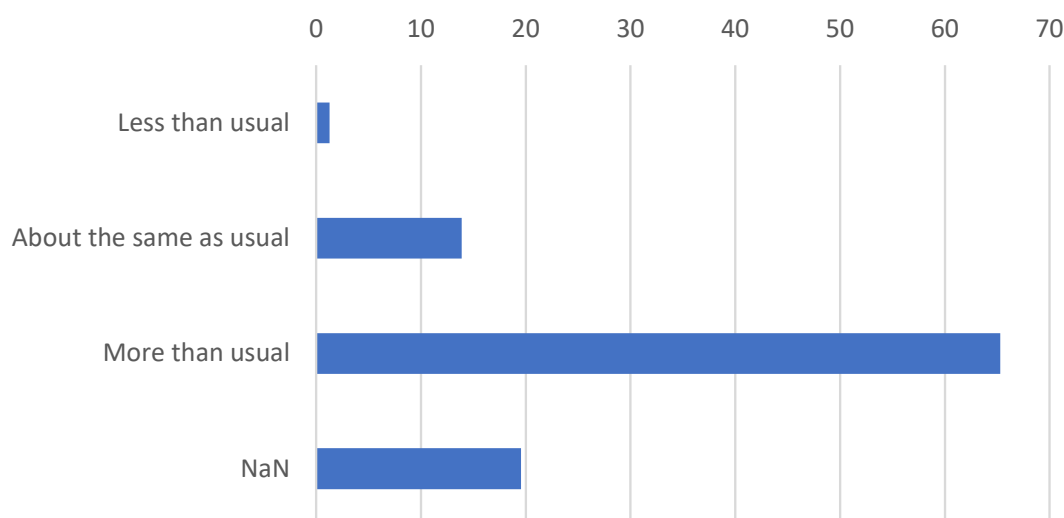
Among the problematic situations, the most pressing were technical difficulties in communicating with a spouse or partner, health problems in the family, lack of formal or informal support for themselves or their family, and concerns about their family’s safety.

SITUATIONS ENCOUNTERED BY FAMILY MEMBERS

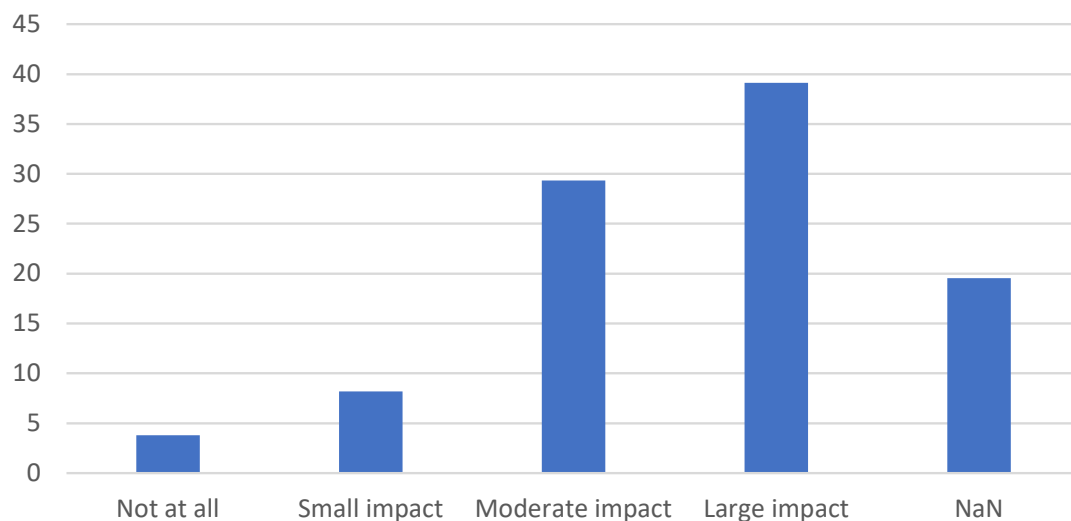


The majority of respondents (65.3%) indicated that their current level of stress in their personal life is much higher than usual, and that the war has had a moderate (29.3%) or significant impact on their relationships (39.1%).

CURRENT LEVEL OF STRESS IN PERSONAL LIFE, %

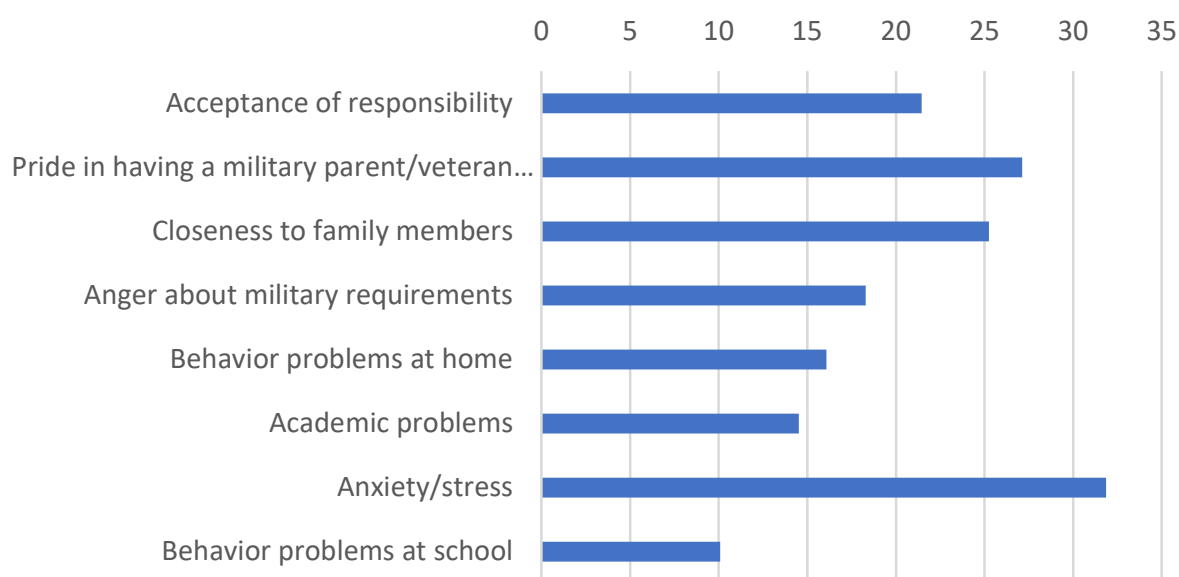


IMPACT OF WAR/MILITARY SERVICE ON RELATIONSHIP, %



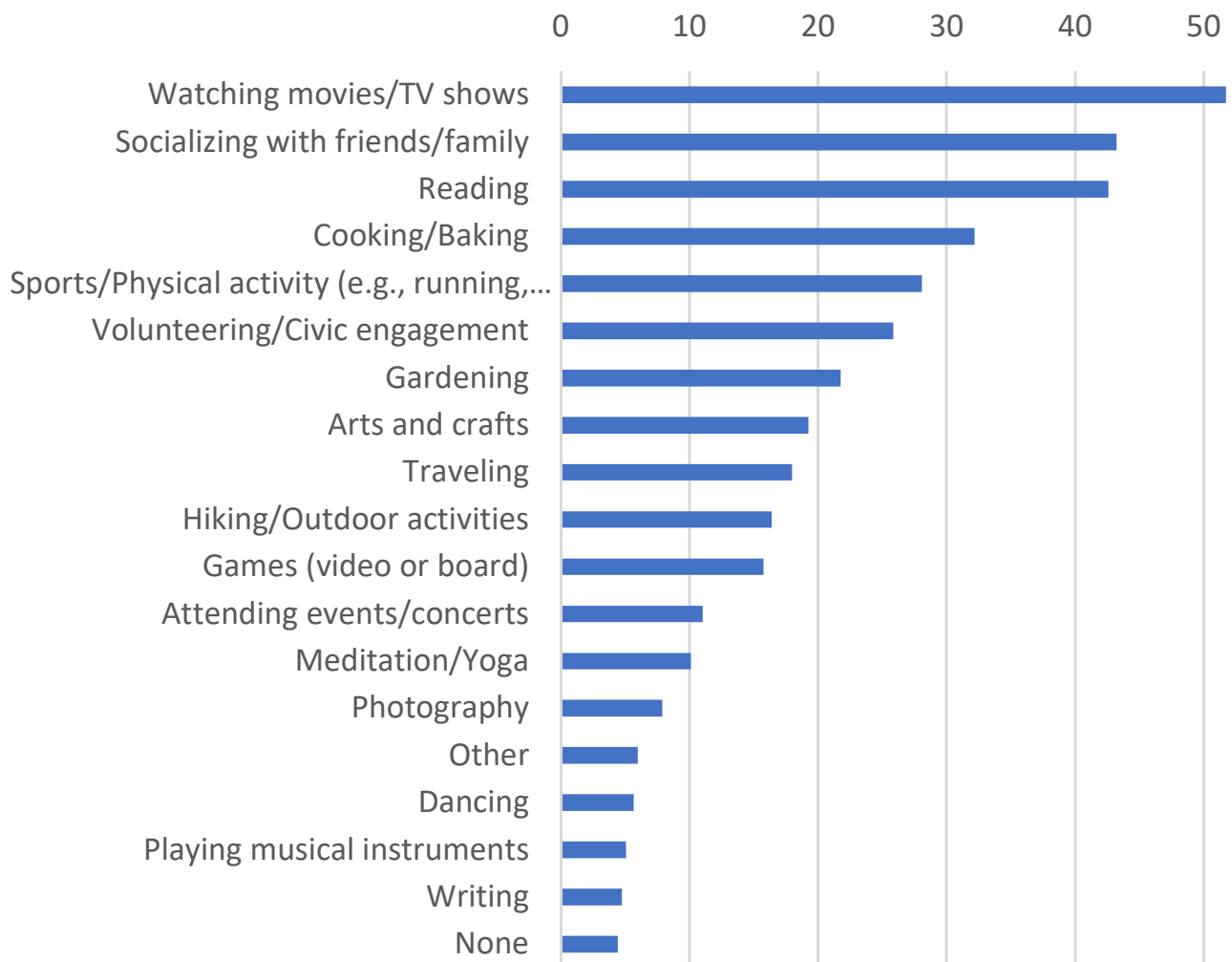
Regarding the challenges their children faced in the past 12 months, respondents most frequently reported anxiety and stress (31.9%). At the same time, 21.5% noted that their children have become more responsible, 25.2% observed that their children have grown closer to their parents, and 27.1% reported that their children feel greater pride in having a military or veteran parent.

CHILDREN EXPERIENCE, %



When asked about the types of social activities or hobbies they engage in during their free time, 51.7% of respondents said they watch movies or TV shows. Additionally, 43.2% reported spending time with friends or family, 42.6% mentioned reading, 32.2% enjoy cooking or baking, and 28.1% participate in physical activities such as running, cycling, or going to the gym.

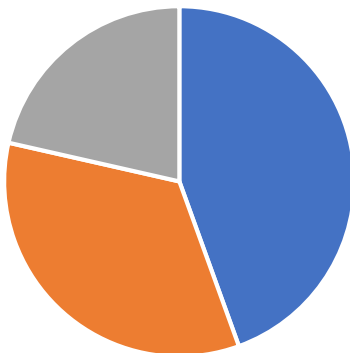
SOCIAL ACTIVITIES, %



SEEKING SUPPORT

Among the entire group of relatives, 34.1% reported having sought assistance from military-associated organizations, NGOs, community services, charitable organizations, public services, or associations for help or advice concerning issues related to their military life experience and its impact.

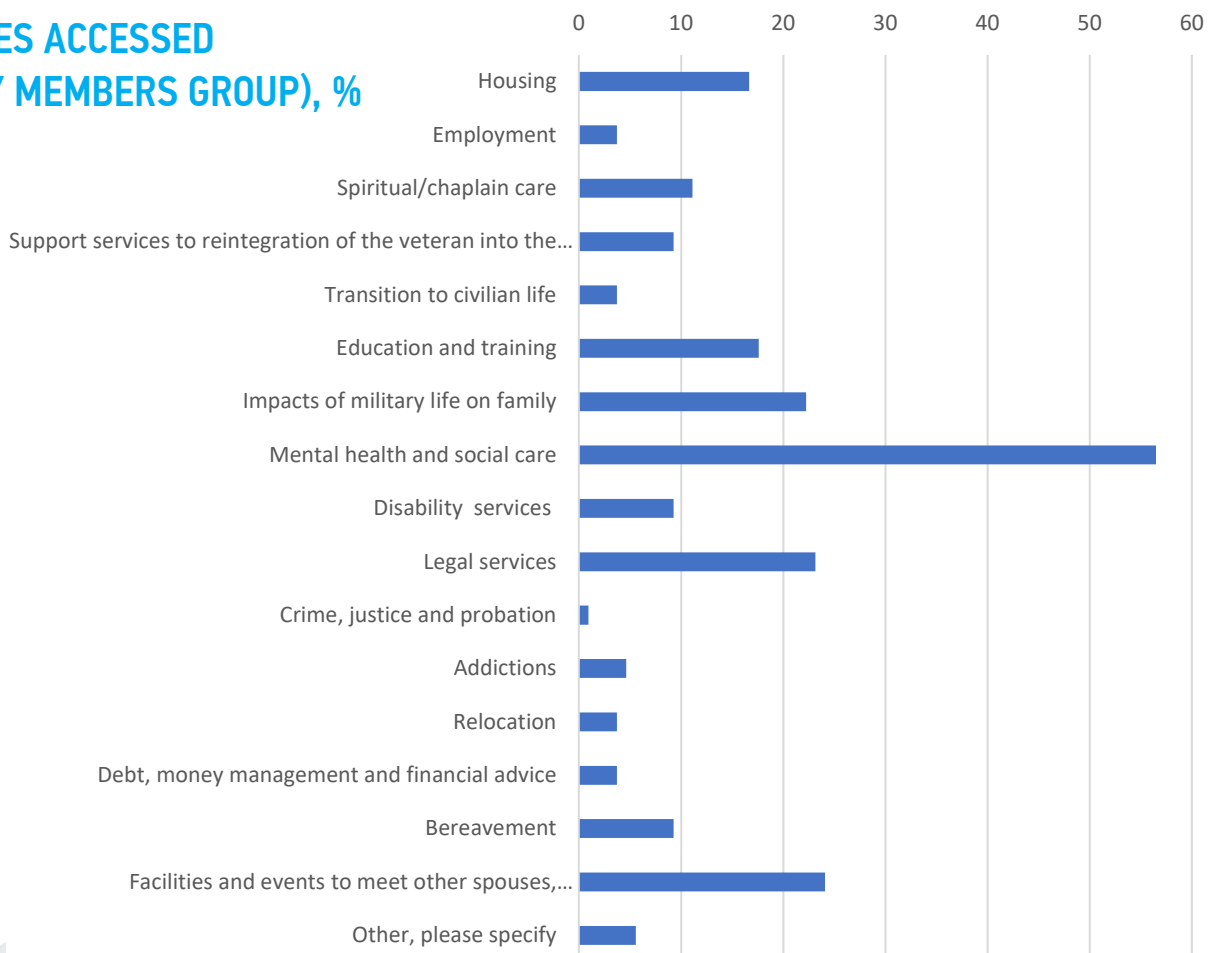
SEEKING SUPPORT (FAMILY MEMBERS GROUP), %



■ No ■ Yes ■ NaN

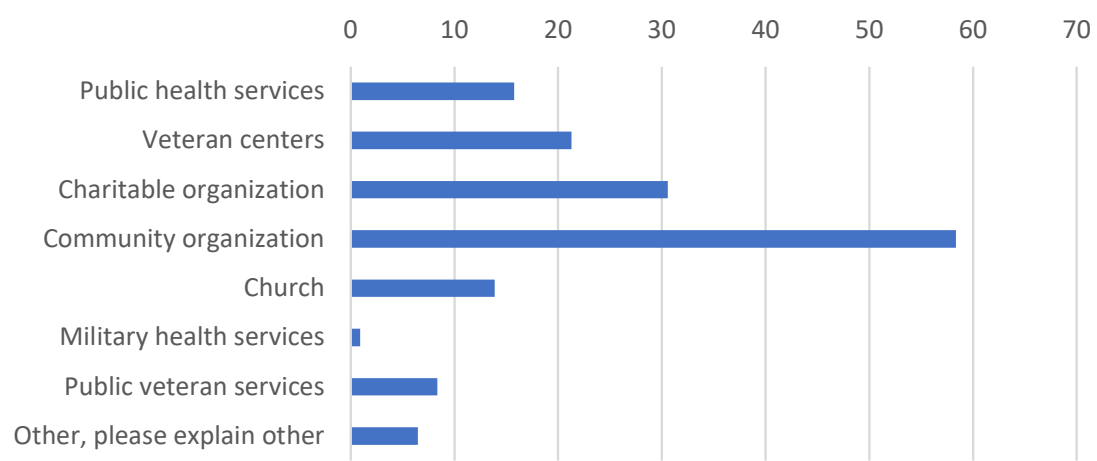
The majority of those who sought help were looking for mental health and social care services (56.5%). Other types of preferred assistance included facilities and events to meet other spouses, partners, or families (24.1%), legal services (23.1%), and support related to the impacts of military life on family (22.2%).

SERVICES ACCESSED (FAMILY MEMBERS GROUP), %



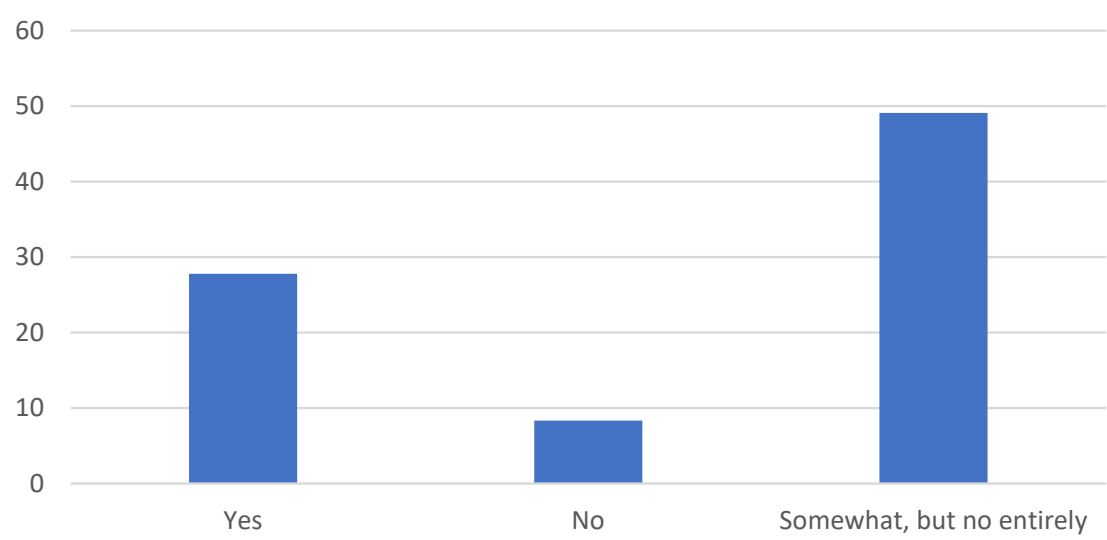
The majority of respondents (58.3%) accessed support through community organizations, whereas 30.6% utilized charitable organizations. Services least frequently used included military health services (0.9%) and public veteran services (8.3%)

ORGANISATIONS ACCESSED (FAMILY MEMBERS GROUP), %



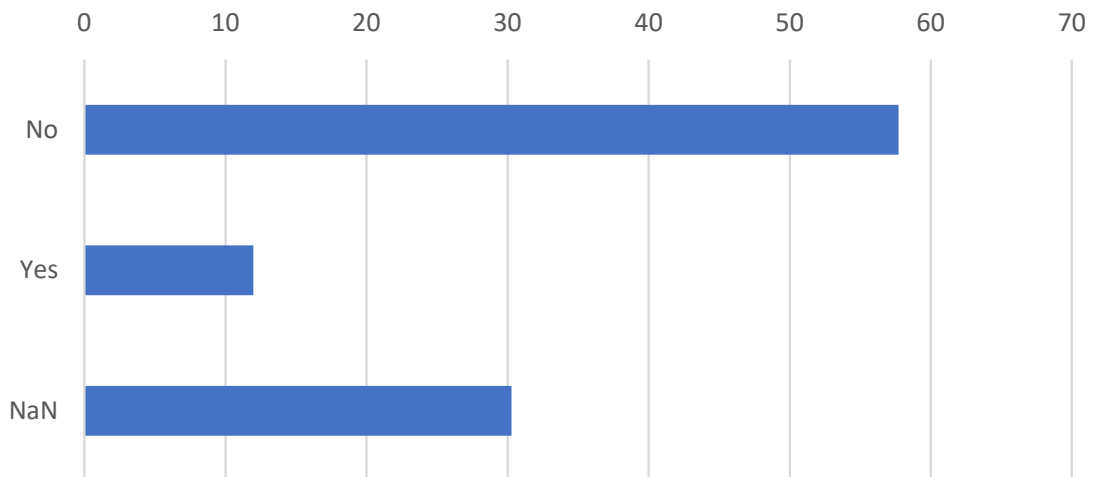
At the same time, only 8.3% were completely dissatisfied with the assistance received, 49.1% were partially satisfied, and 27.8% were fully satisfied.

MEETING NEEDS (FAMILY MEMBERS GROUP), %



Only 12% of respondents access or are members of any local social groups, such as associations or informal support groups. 30.2% chose not to answer this question.

ACCESS TO INFORMAL SUPPORT (FAMILY MEMBERS GROUP), %



FACTORS THAT ARE ASSOCIATED WITH SUPPORT SEEKING BEHAVIOR

Chi-square tests revealed statistically significant associations between service access and two variables: marital status ($\chi^2(5) = 12.02$, $p = 0.034$) and person group ($\chi^2(1) = 7.10$, $p = 0.008$).

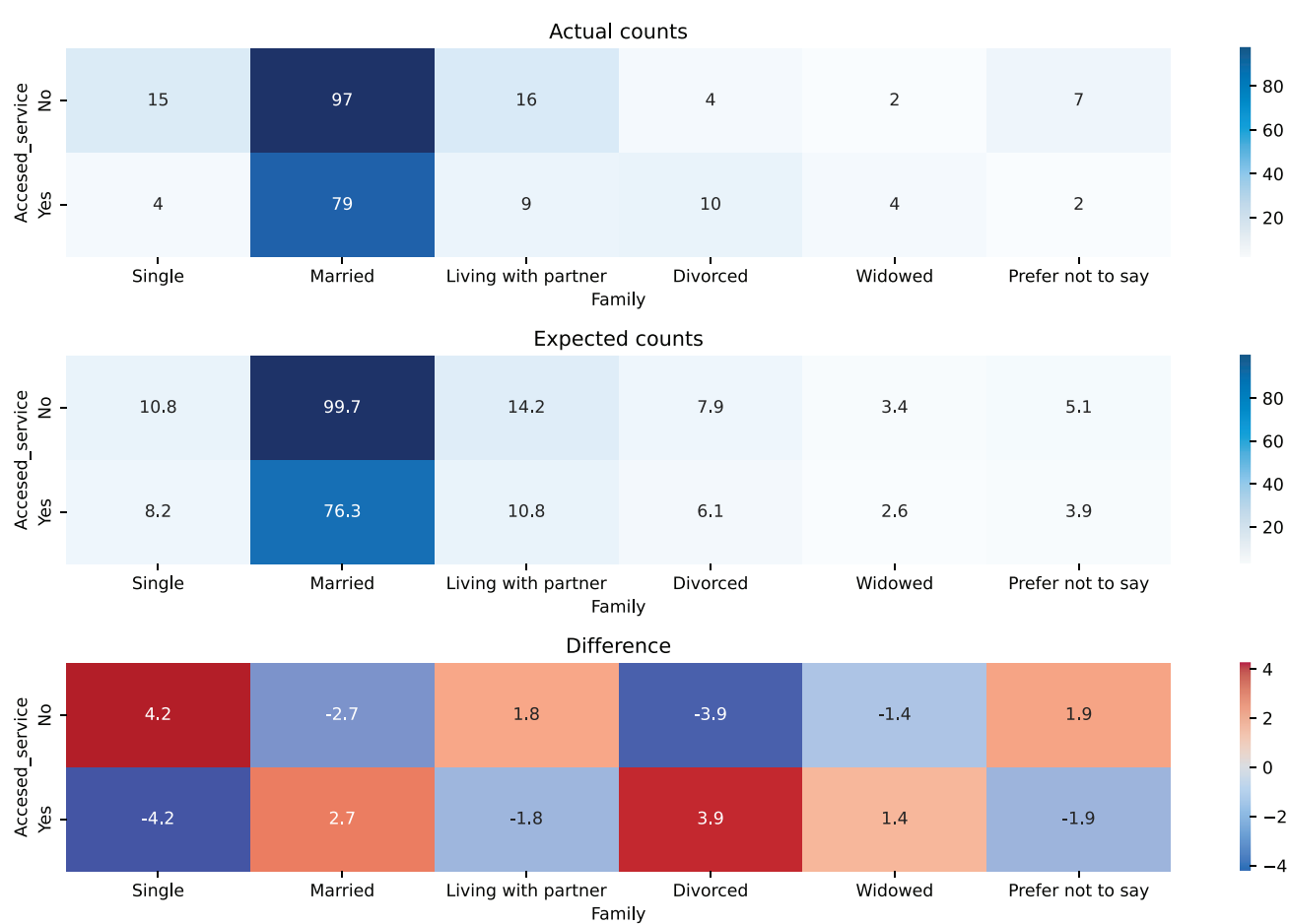
Within the Marital status variable, single respondents accessed services less frequently than expected, divorced respondents accessed services more frequently than expected, and married respondents showed a slight increase in accessing services compared to expectations.

Regarding Person group variable, members of the nuclear family tended to access services more frequently than expected, whereas members of the extended family accessed services less frequently than expected.

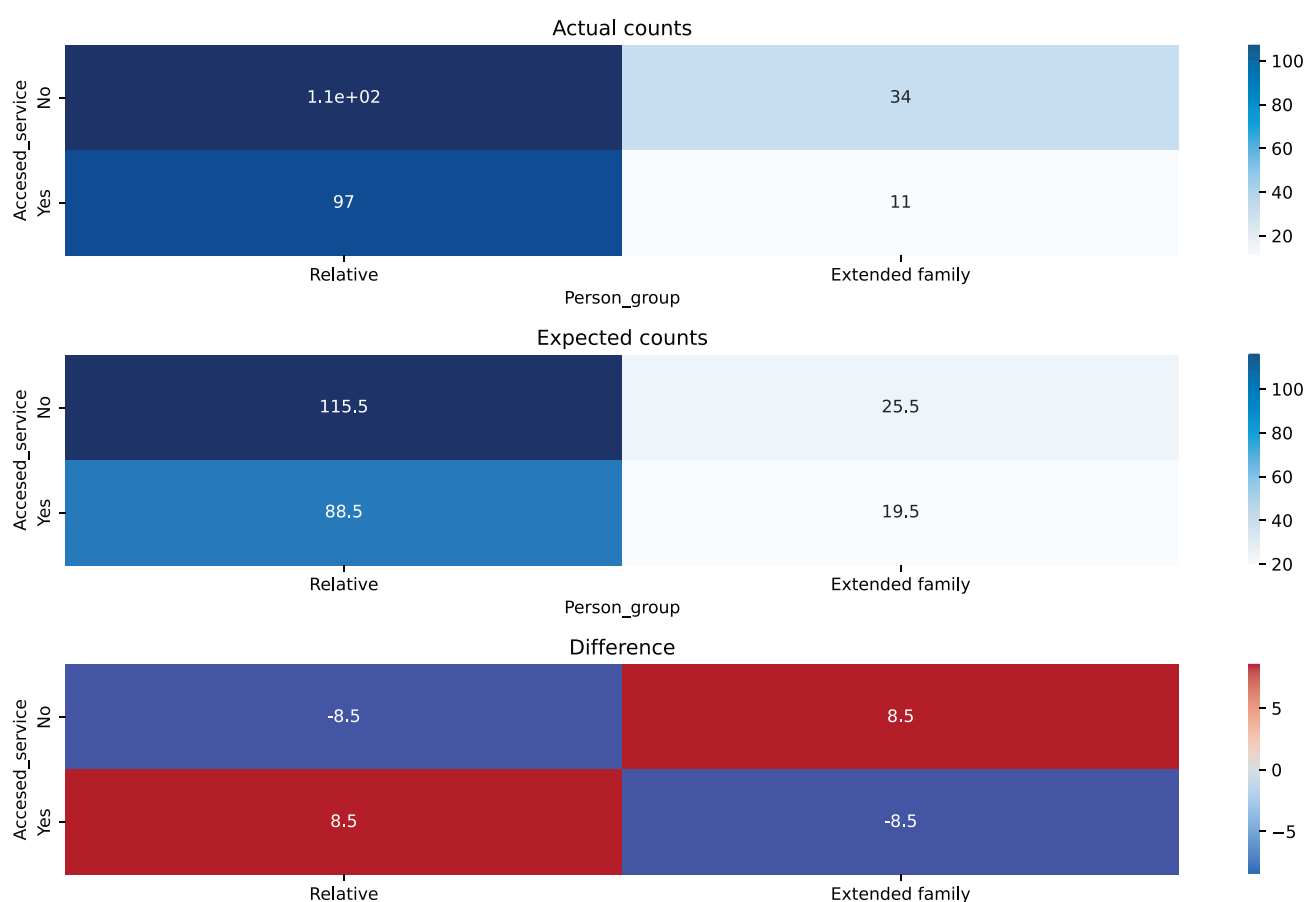
The variable Duration of current deployment showed a marginal association with service access ($\chi^2(3) = 7.64$, $p = 0.054$), suggesting that the length of current deployment may influence help-seeking behavior, though this did not reach conventional statistical significance.

Other variables, including Age, Gender, Children, Education, Employment, Relationship to military personnel, Displacement, and various deployment-related factors, did not show statistically significant associations with service access (all p-values > 0.05). These results indicate that these factors are less likely to influence help-seeking behavior in the studied sample.

Chi square test for cool "Family"



Chi square test for cool "Person group"



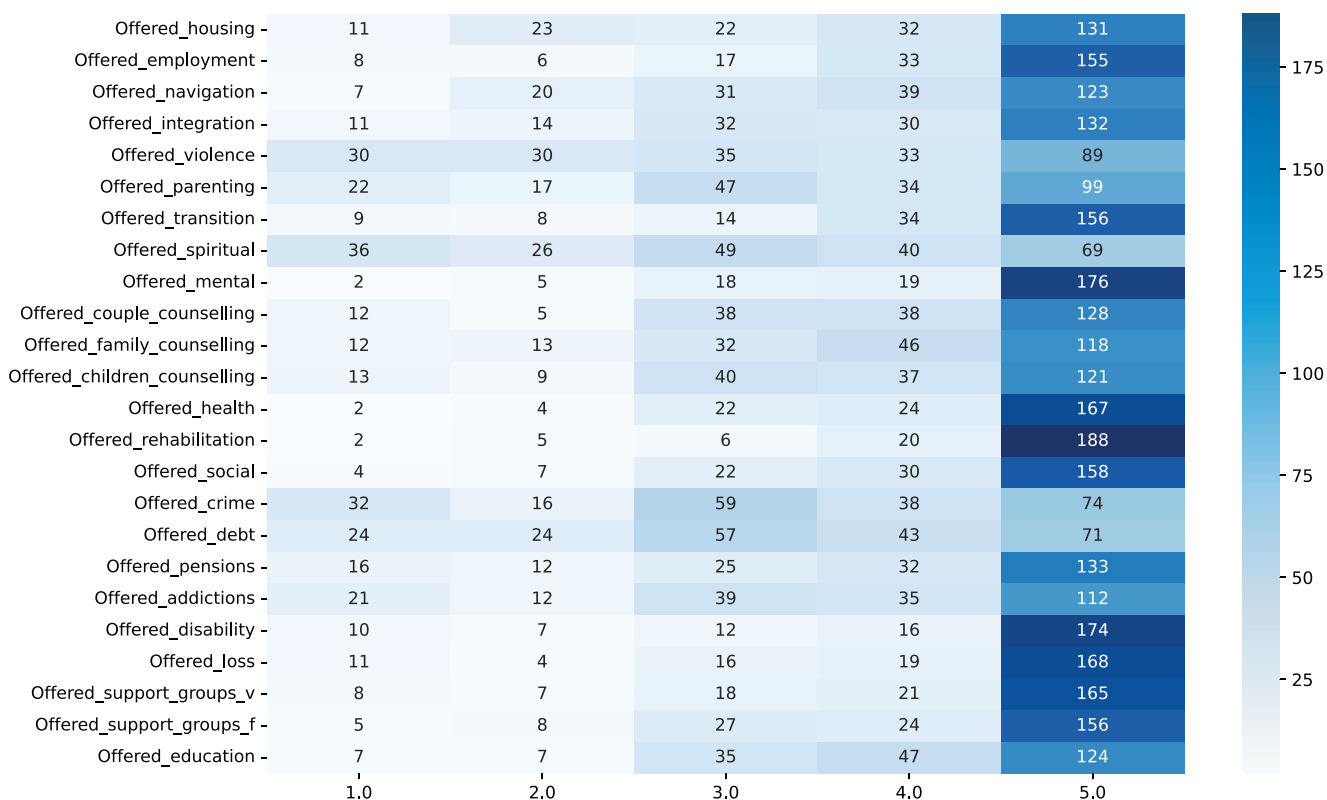
Satisfaction with services

A chi-square comparison was conducted between subjective satisfaction with services and the type of support received, as well as the organisations they contacted. None of the support types or organisations showed a significant association with level of satisfaction (all p-values > 0.20). This suggests that other factors not included in this analysis may influence satisfaction in this group.

NEEDS

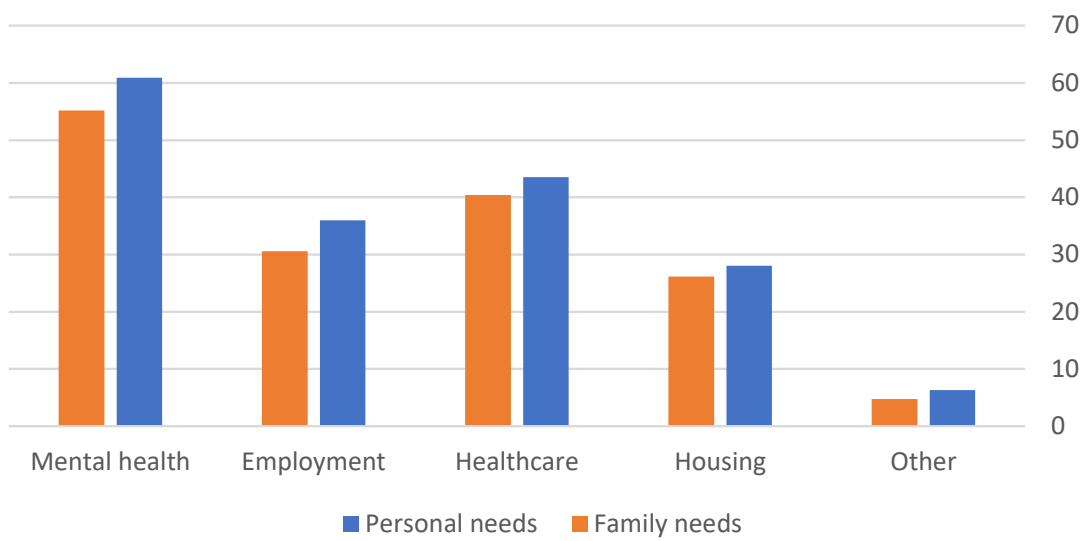
Among the services that should be offered, the highest priorities for family members of militaries and veterans appear to be rehabilitation, mental health support, assistance related to disability, healthcare, grief counseling, and support groups for veterans and their families. The lowest priorities are assistance related to debt, the criminal justice system, and spiritual support.

SERVICES THAT SHOULD BE OFFERED ACCORDING TO FAMILY MEMBERS



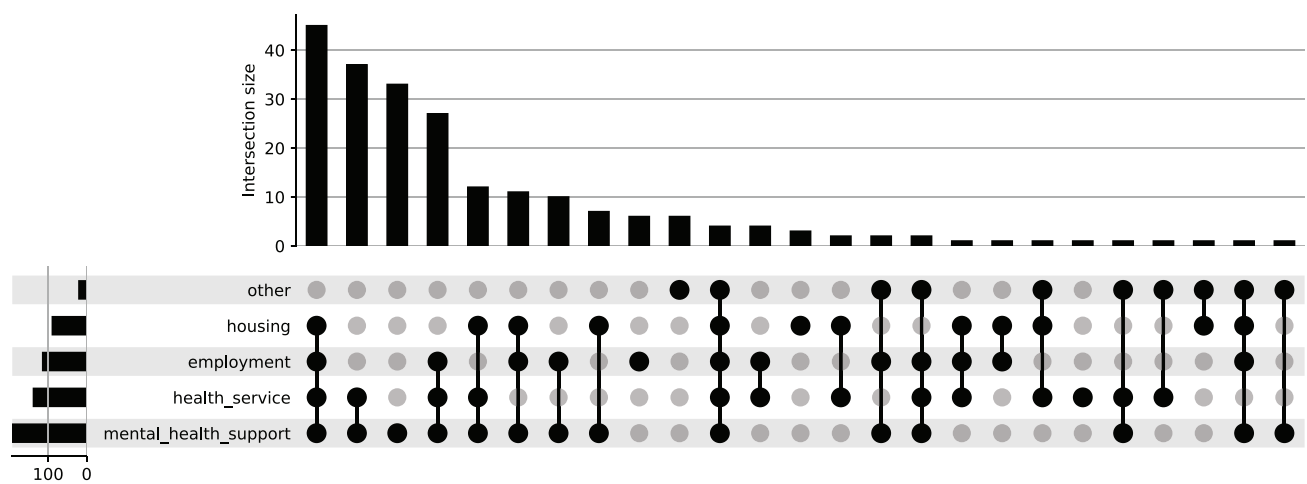
In terms of post-war needs, mental health support ranks as the highest priority both for individual (66.9%) and family needs (55.2%). This is followed by healthcare services, cited by 43.5% for individual needs and 40.4% for family needs.

NEEDS AFTER THE WAR



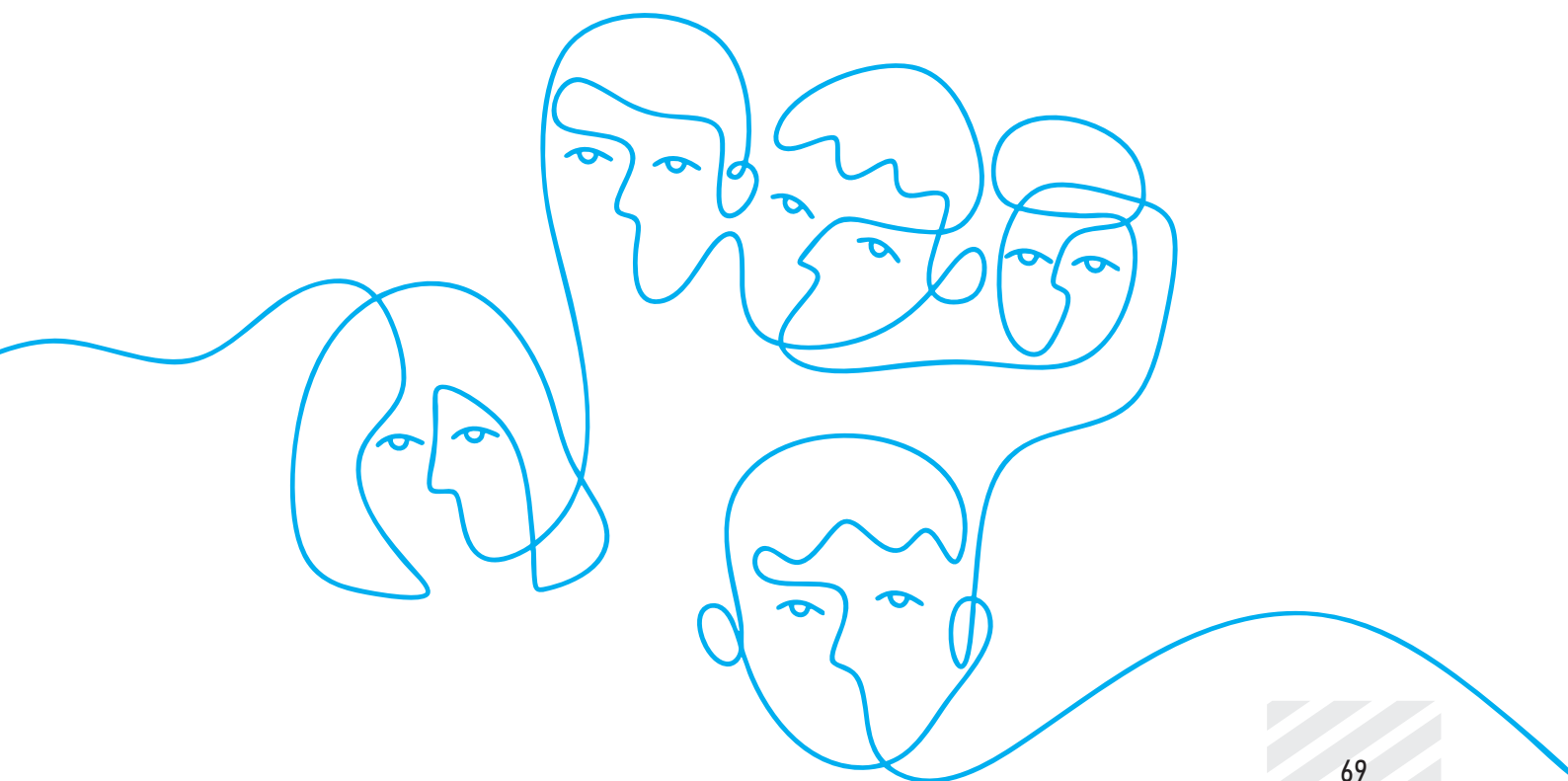
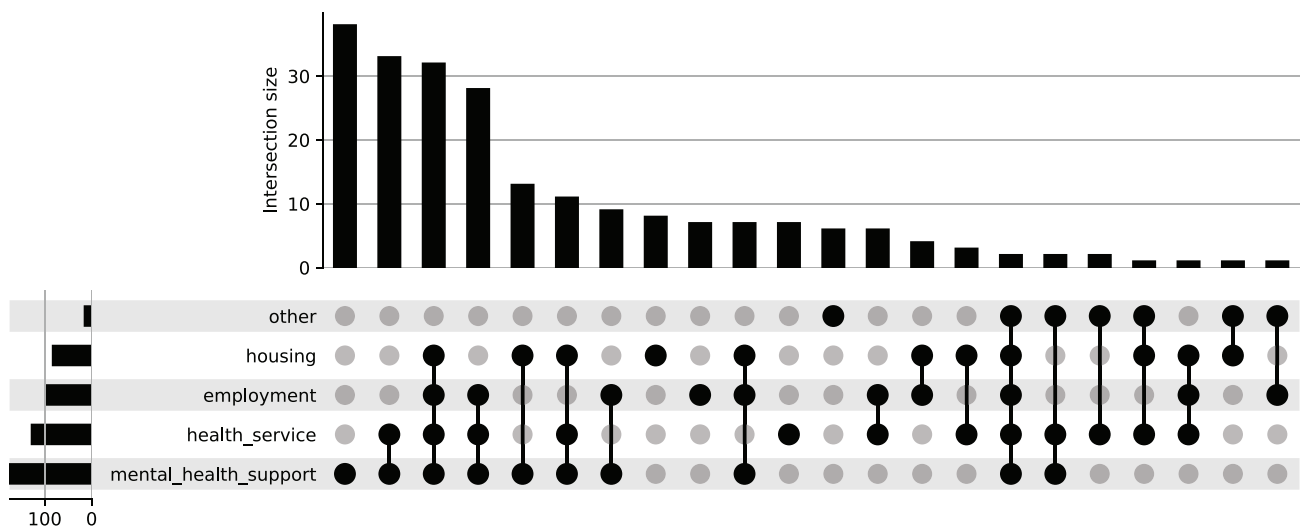
Many respondents indicated multiple personal needs simultaneously. Among them, 13.6% considered all listed needs to be equally important, while 10.1% identified mental health support as their sole priority.

Upset plot “Personal needs after”



With regard to family needs, the most common responses involved a combination of various needs with mental health support, or mental health support being identified as the primary need (10.7%).

Upset plot “Family needs after”



FOCUS GROUP DISCUSSION FINDINGS

Based on the results of the focus group study, all participants unanimously noted that the mental health of both veterans and their family members and widows has significantly deteriorated since the beginning of the war in Ukraine.

Most of them emphasized that this deterioration is closely linked to the impact of prolonged and intense stress.

The main stress factors for veterans include the experienced combat exposure or prolonged military actions, loss of comrades, difficult social reintegration, economic hardships, uncertainty about the future, dismissive attitudes toward their problems by the state, and the demonization of military personnel in the eyes of society.

A.: "After a difficult path — Hostomel, Moschun, Bakhmut, Vuhledar — people were mentally breaking down."

O.: "When we return from the combat zone, even our close ones look at us with fear and see us as unstable."

S.: "Civilians believe we are a threat; they demonize us."

The deterioration of the mental health of widows and wives of combatants is significantly influenced by the constant anticipation of news from the front, the experience of loss or having a loved one missing in action, prolonged grieving, disruption of family harmony, the additional burden of fulfilling traditionally male responsibilities leading to emotional and physical exhaustion, low levels of social support culture, the lack of opportunities to openly share their experiences, the stigma surrounding psychological help, and the feeling of "isolation" from those who do not understand the experience of war.

N.: "Waiting is one of the heaviest burdens."

O.: "After hearing the news of the loss, I lay flat for two weeks; my mother took care of the children."

A.: "Society is not ready to provide support."

O.: "We face judgment from others: when these women seek psychological help, they are stigmatized."

The above-mentioned stressors, as emphasized by the participants, lead to the development of mental health issues such as anxiety, depressive states, post-traumatic stress disorder, sleep disturbances, emotional exhaustion, and reduced capacity for self-regulation. Even when the symptoms do not

reach a clinical level, they significantly affect individuals' quality of life, interpersonal relationships, and social functioning.

Below is a brief summary of the responses provided by the focus group participants to our questions.

Question 1: “How has your participation in combat affected your mental health, and could you share your personal experience in overcoming psychological challenges?”

The most significant impacts on mental health included fatigue, fear, PTSD, sleep disturbances, stress related to post-demobilization adjustment, uncertainty about the future, and social stigmatization.

Veterans identified two distinct sets of coping strategies: those used during combat and those applied after demobilization.

Coping strategies during combat:

- Focusing on task completion
- Practicing self-regulation
- Support from comrades
- A sense of collective responsibility
- Humor
- Maintaining a family-like atmosphere
- Thoughts of loved ones and the hope for victory

A.: “Professional ‘action algorithms’ become a kind of source of stability.”

O.: “A friendly and family-like atmosphere is key to providing psychological support on the front line.”

Coping strategies after demobilization:

- Understanding from loved ones
- Participation in rehabilitation programs
- Engaging in group activities such as sports, creative projects, and peer meetings
- Physical recovery through sleep, ecotherapy, and a change of environment

O.: “When we return from the front, it feels like a new life, and what matters most is the understanding of our loved ones.”

A.: “Ecotherapy in the Carpathians — a week without connection, without the internet, and you feel revived.”

Question 2: “How has the loss of a loved one in the war, or your husband’s participation in military actions, affected your mental health, and what helps you cope with psychological challenges?”

During the focus group discussion, women who had lost their husbands or experienced prolonged separation described the impact on their mental health as including acute emotional pain, grief, loneliness, feelings of abandonment, a lack of support from the state and society, and unpreparedness within the community for communication.

M.: “Why don’t many women seek help? Because they don’t know where to go or who to turn to, and they’re also afraid of being judged by others. It would be helpful if social services could guide us on where to seek support — otherwise, you wander around like a blind kitten.”

I.: “People started pretending they didn’t see me — it was incredibly painful.”

N.: “At some point, you realize: you have to get through it on your own.”

The participants identified several coping strategies for dealing with psychological challenges:

- Learning to live with grief
- Engaging in education and occupational activities
- Finding strength in caring for their children
- Seeking help from psychologists and psychiatrists
- Joining peer support groups for those who have experienced loss
- Participating in private recovery programs
- Making independent efforts to overcome emotional struggles

O.: “I allowed myself to grieve — that made it easier.”

A.: “What helped was that I started studying to become a psychologist — it served as a distraction.”

A.: “I cried, pulled myself together, and through my actions, I show my children how to carry on.”

I.: “An incredible source of strength is the community of fallen soldiers’ wives — there, you realize: if others managed, so can I.”

Both veterans and their families face similar mental health challenges, including prolonged and intense stress, increased anxiety, emotional exhaustion, and feelings of social isolation. To cope, they often turn to group therapy, remain socially engaged, and rely on the support of loved ones and peers.

Question 3: What influenced your decision to seek or not seek psychological support from mental health professionals?

Across both groups—veterans and family members—the decision to seek or avoid psychological support was influenced by similar factors. These include personal attitudes toward psychotherapy, the nature of their initial interaction with a mental health professional, the availability of appropriately trained specialists, and the presence of informal support systems, including peer-to-peer support.

Factors that influenced veterans' decisions:

Reasons for seeking help:

- Recognition of personal maladaptation
- Encouragement or pressure from loved ones or peers
- Changes in attitude through rehabilitation programs
- Interest in understanding psychological processes more deeply

S.: "It was my wife who advised me—she saw that I couldn't control myself."

Reasons for not seeking help:

- Negative first experiences with specialists
- Lack of understanding from professionals about the realities of war
- Reliance on personal coping strategies
- General distrust of mental health professionals

O.: "That's the problem — a psychologist with no combat experience."

A.: "After taking antidepressants, I couldn't speak — I just mumbled and bleated, with drool running down my beard. Now I turn to doctors only as a last resort."

Factors that influenced families' decisions:

Reasons for seeking help:

- A perceived "resource for overcoming grief"
- Desire to communicate with a professional
- Commitment to maintaining mental well-being
- Interest in engaging in long-term therapeutic work

N.: "From the very first days of the loss, I had the desire to talk to a professional and was actively looking for one."

Reasons for not seeking help:

- Unhelpful or discouraging first contact with a specialist
- Lack of accessible, qualified professionals
- Belief in self-help
- Alternative “therapy” from close friends or family

M.: “The psychologist tried to prescribe antidepressants — that’s when the contact ended.”

M.: “I don’t seek help anymore because I’ve realized that no matter how much I talk, it won’t take the pain away.”

Question 4: Which mental health support services were you aware of or able to access, and how effective did you find their support?

Both veterans and their families face similar challenges in accessing mental health services. Support is often fragmented and limited, with a notable lack of systematic information about available resources. As a result, many turn to informal networks or private initiatives, which are generally perceived as more helpful than public services. However, persistent obstacles remain for both groups, including stigma, low-quality care, a shortage of qualified professionals, and the lack of personalized support.

Availability and effectiveness of mental health services (for veterans):

- Some guidance is available through government or municipal programs.
- Most advice comes from veteran organizations.
- A prevailing attitude can be summed up by the saying: “A drowning person’s problem is their own.”
- The most common recommendation: if you need help, search the internet yourself.
- There is widespread skepticism about remote or online services.
- Many veterans feel that civilian psychologists lack an understanding of combat-related trauma.
- Some participants noted that alcohol is sometimes seen as more effective for stress relief than professional support.

O.: “I reached out, and they said: ‘Tell me something about the combat?’ ‘What exactly do you want to hear?’”

Availability and Effectiveness of Mental Health Services (for families):

- There is a lack of systematic information from government sources.
- “Word of mouth” is often the most effective way to learn about available support.
- Local services are scarce, especially in rural areas.
- Access to psychologists is inconsistent and often limited.
- Participants reported experiencing unethical or unprofessional attitudes from some specialists.
- The overall quality of support is perceived as low.
- Finding a qualified professional often takes a considerable amount of time.

A.: “There is no sense of informational support from the state.”

M.: “In villages, the judgment of others holds you back — otherwise, it’s a lifelong stigma.”

M.: “In the army, psychologists are evaluated not by results, but by the amount of paperwork they complete.”

Question 5: How do you perceive the attitude of those around you and society towards your mental state and the need for psychological support?

Participants from all groups reported that societal attitudes, characterized by stigma, prejudice, blame, a lack of supportive skills and communication culture, as well as indifference and limited understanding, contribute to a shortage of empathy. These factors create an environment that feels unsafe and unwelcoming for those seeking help.

Society’s attitude towards the need for psychological support (veterans):

- Ambivalence
- Demonization of demobilized individuals
- Low awareness and lack of a culture of psychological support
- “We shut ourselves off from society - we don’t want to scare people”
- “Childish support - a lack of understanding of how deep the problems go”
- Communication with civilians is often marked by

- misunderstanding and speaking ‘different languages’
- Self-help efforts emerge amid distrust of psychologists
- “Therapy is about comradeship, close conversations without judgment”

O.: “When we return from the frontline, it feels like a void.”

A.: “There seems to be support, but it feels somewhat childish.”

Society’s attitude towards the need for psychological support (families):

- Low levels of support from those around them
- Instead of support, families often experience humiliation and the belittling of grief
- Lack of communication skills
- Toxic curiosity
- Formal expressions of sympathy
- Self-isolation as a means of psychological self-protection
- Lack of compassion and sensitivity in government institutions
- Absence of individualized support or guidance
- The most meaningful support comes from community initiatives and peer-to-peer groups

Kh.: “For many, it was just curiosity—whether you receive payments after your husband’s death.”

M.: “Most people are not taught how to offer support and don’t know how to.”

A.: “The phrase ‘they don’t know how to help’ is really frustrating. There are plenty of books and videos available, but people don’t want to learn—they just don’t care.”

Question 6: What changes or improvements would you suggest in Ukraine to make mental health services more accessible and effective for war veterans?

Both veterans and their families emphasized the need to implement flexible models of psychosocial support that provide differentiated and personalized psychological assistance.

Veterans proposed the following improvements to optimize mental health support:

- Genuine integration into social life
- Mandatory medical and psychological check-ups
- A pause period after demobilization
- Psychological training for military command staff

- Promotion of psychological self-help practices
- Short-term educational psychological programs for demobilized veterans
- Reform of the social and professional reintegration system
- Development of economic support tools to aid employment
- Creation of veteran settlements
- Opening of a specialized center for veterans

A.: "Today, a soldier has to go through seven circles of hell to access rehabilitation, whereas with personalized support, everyone would receive what they actually need."

O.: "The state must work to minimize the risks of undiagnosed mental health conditions."

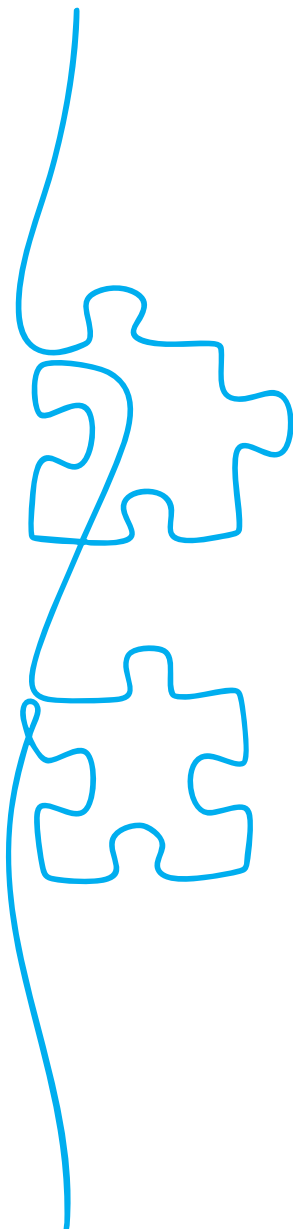
O.: "Create conditions where employers are waiting at the train stations, competing for the veterans stepping off the trains."

Women, family members of combatants, veterans, and widows suggested the following improvements, particularly focusing on psychological support:

- Developing a clear algorithm to inform people about available help
- Ensuring accessibility of social and psychological assistance
- Treating clients with dignity and respect within institutions
- Offering free psychological services through social agencies
- Improving logistics and communication among different support services
- Establishing systematic, long-term psychological support
- Training specialists in grief and loss counseling
- Working to dismantle stigmatizing attitudes and beliefs
- Promoting active awareness and publicizing psychological services

M.: "It shouldn't be us spending days going from office to office and waiting in lines for months, we should be guided through the process."

R.: "Specialists need to be more accessible, because the search takes a long time, and the women are already exhausted."



LIMITATIONS

Several limitations of this study should be acknowledged

The sample size was relatively small and consisted predominantly of male participants, which may have reduced the statistical power and limited the generalizability of the findings. Moreover, data could not be collected from all regions of Ukraine; specifically, information from Crimea, Luhanska, and Chernivetska regions was not included in the analysis.

Potential biases may also have arisen during data collection, particularly due to the reliance on self-reported information and the anonymous, confidential nature of the questionnaire. Additionally, as the war in Ukraine is ongoing and the situation continues to evolve, some findings may require revision over time to remain accurate and relevant.

CONCLUSION

The ongoing war in Ukraine has had a profound impact on the mental health of veterans and their families.

Veterans reported experiencing significant psychological distress resulting from combat exposure, the loss of comrades, economic instability, and a lack of institutional support. Family members, particularly wives and widows, suffer from grief, chronic stress, emotional exhaustion, and social isolation often compounded by single parenting and limited access to resources.

Both veterans and their families frequently avoid seeking professional help due to distrust, stigma, poor first experiences, and a lack of qualified specialists who understand the realities of war. As a result, they often prefer peer support and informal networks over institutional care. Existing services were described as fragmented and difficult to access, with poor coordination, limited information, and inadequate public infrastructure.

Veterans and active-duty personnel emphasized the need for comprehensive support, including access to healthcare, mental health services, housing, employment, education, training, and disability-related assistance. Social and professional

reintegration was seen as essential for long-term recovery. Families, in turn, emphasized the urgent need for accessible mental health care for themselves and their children, as well as grief counseling and support groups. Mental health services were identified as the top priority, both for individual (66.9%) and family needs (55.2%), followed by healthcare, rehabilitation, and emotional support.

This need is especially pronounced among nuclear families, women aged 25–44, and those with young children, many of whom are facing the dual burden of emotional distress and practical challenges like single parenting and limited access to support. The relatively low engagement with formal support networks and local social groups, alongside partial satisfaction with existing services, further underscores the urgent need for accessible, community-based mental health and social care systems tailored to military families.

The likelihood of seeking psychological support among veterans was influenced by service duration and disability status. Veterans with disabilities or those who served for a medium-length service (10–12 months) were more likely to seek help, whereas those with longer service periods (over three years) were less likely to do so.

Participants in this study strongly advocated for individualized and flexible mental health support, improved training for military and healthcare personnel, veteran-centered infrastructure and policy reforms, better communication and awareness, destigmatization efforts, and the development

of long-term, integrated services that are accessible to both veterans and their families.

Although needs related to the criminal justice system, violence, and debt were reported less frequently, they are nonetheless present and should not be overlooked. From a service delivery perspective, this indicates the importance of establishing clear referral pathways and strong connections with relevant services that can address such issues.

Given the relatively low frequency of requests in these areas from veterans, military personnel, and their families, such services should be made available to the broader population, rather than being exclusive to the military community. In contrast, services related to healthcare, education, and employment may be more appropriately tailored specifically to veterans and service members, due to higher demand.

It is also important to pay attention to the quality of existing services, especially those related to veteran employment, as these are associated with higher levels of dissatisfaction. Regarding dissatisfaction with spiritual support, this may reflect not only the quality of services but also the expectations associated with such assistance, given its specific nature.

Finally, the large number of soldiers deployed underscores the scale of support required both during and after deployment for veterans and their families alike.

RECOMMENDATIONS

Based on the results of our study, the following recommendations were identified:

- **Develop individualized mental health services for military personnel**, where treatment and rehabilitation plans are created collaboratively with the client. These plans should be informed not only by assessment results but also by the individual's and their family's needs. A structured "transition period" after demobilization should be provided, offering rest, assessment, and access to tailored rehabilitation services.
- **Create integrated, long-term support systems** that connect medical, psychological, legal, social services and community services (NGOs) in a coordinated manner. Public infrastructure should be improved by expanding the availability of services, especially in rural and underserved areas. Clear, centralized information channels should be established to help veterans, and their families navigate available resources.
- **Implement a multidisciplinary team approach** when working with military personnel and their families in Ukraine. This team should include a peer support specialist.
- **Incorporate trauma-informed approaches** into available services.
- **Strengthen community-based peer support networks** for veterans, active-duty personnel, and their family members, including spouses, children, parents, and those who have lost loved ones or are uncertain about the status of their relatives.
- **Provide specialized training for mental health professionals** in war-related trauma, grief, and military culture. In addition, military command staff should be trained to recognize early signs of psychological distress and refer personnel to appropriate services.

- **Raise public awareness about mental health to reduce stigma** on a community and state levels. Promote respectful and inclusive communication with military personnel, people with disabilities, those who are grieving, or those who have
- **Develop comprehensive reintegration programs** that address employment, housing, education, and social inclusion alongside psychological recovery.

VETERAN MENTAL HEALTH CENTER OF EXCELLENCE



The Kyiv-based Veteran Mental Health Center of Excellence (VMHCE) was established in early January 2024 with the goal to become a state-of-the-art knowledge and training center on veteran mental health in Ukraine. It is a joint initiative of the Taras Shevchenko National University, together with its international partners the Federation Global Initiative on Psychiatry and the King's Centre for Military Health Research (KCMHR) at King's College in London. It is financially supported by the Ministries of Foreign Affairs of The Netherlands and United Kingdom.

The academic base of the Center has been chosen on purpose, to allow the center to provide services to all governmental and non-governmental institutions in Ukraine that seek our support and guidance. A core multi-disciplinary staff works on the further development of the center, partnering with Ukrainian organizations and seeking further international collaboration.

The VMHCE focuses on three key areas: training, methodology and research. The target audience of the Center are all those who work with military and veterans, their families and communities, ranging from those active in peer-to-peer support and community leaders to the full range of mental health professionals.

In the field of training, it is developing an e-learning platform that will provide online courses for those working in the field of veteran mental health. In addition, the platform will be a resource bringing together the already vast number of materials on these issues that are available in Ukrainian.

An International Scientific Board consisting of a dozen internationally renowned experts provide guidance in identifying methods of mental health treatment and support to veterans and military that have proven to be effective.

The VMHCE premises will, after reconstruction, encompass a personnel and research department, a day treatment center, a training center and a small clinical unit, both for treatment of specific target groups and as an on-the-job training base for future specialists.

Also, carefully selected books and literature are translated into Ukrainian and made available to the specific target groups.