



NO PEACE OF MIND

The looming mental health
crisis for the children of Ukraine

About this report

This report is based on desk research and World Vision's experience working in humanitarian contexts for over 70 years. It also highlights results from a series of Rapid Needs Assessments conducted by World Vision's Ukraine Crisis Response between March and April 2022. The needs assessments spoke to displaced parents in Chernivtsi, Ukraine, as well as refugee families in Bucharest and Constanta, Romania. Additional information was gathered from assessments conducted by other humanitarian agencies.

Cover photo: Like so many Ukrainians, Anna and her girls left behind her husband, her parents, and the girls' grandparents in Ukraine. © 2022 Laura Reinhardt/ World Vision

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Ivanya fled Ukraine with his mother and sister. He is making the journey to Poland with his mother and sister after spending about a week taking cover in his family's basement, as the bomb shelter was too far away for them to reach safely. © 2022 Brianna Piazza/ World Vision

EXECUTIVE SUMMARY

This report warns that, because of the conflict in Ukraine, millions of children are likely to suffer from mental health impacts now and into the future. World Vision is concerned that the war is subjecting children to constant fear and hopelessness, increasing their immediate stress responses and increasing their risk for specific mental disorders such as PTSD, depression, and anxiety. We are doing what we can, but we know from experience in places like Syria and South Sudan that proper investment in mental health and other services is vital if children are to overcome the impact of such distressing experiences.

Children are resilient and can cope if provided with adequate support.¹ However, if left unattended, their symptoms will have mid- and long-term impacts; in 15-20 years' time, a large percentage of the country's workforce will be suffering from some sort of emotional or mental disorder. On top of what this will mean for individuals, families, and Ukrainian society at large, it will also inevitably have long-term economic impacts on the country and the region.

Key statistics and facts include:

- Previous studies have shown that more than 22% of conflict-affected people may end up with some form of mental health disorder. In the context of Ukraine, that would mean 4,595,591 people, 1,531,864 of them childrenⁱ, and the number is growing daily.
- In a rapid assessment of needs amongst displaced families in Ukraine, parents' biggest worry for their children was their mental health (45%). Worryingly, more than a quarter (26%) of parents in the same area had no knowledge of mental health services that they could make available to their children.²
- Investing just US\$50 per person³ now could prevent over 1 million people affected by the conflictⁱⁱ from developing more complex mental health issues such as anxiety, depression, schizophrenia, bipolar disorder and other mental health disorders.

Alongside a plea for an end to hostilities, this report calls for mental health and psychosocial support to be sufficiently prioritised and funded for the children of Ukraine and their communities.



Due to the conflict in Ukraine, there are 4,595,591 people, 1,531,864 of them children, at risk of mental health disorders.

45%

parents' biggest worry for their children is their mental health.



Investing US\$ 50 per person now could prevent over 1 million people affected by the conflict from developing more complex mental health issues.

ⁱ Assuming prevalence of 22.1% in conflict affected populations per *The Lancet* and using the figure of 15.7 million in need inside Ukraine, 5,094,531 refugees as of 14 June, and a household size of 3.

ⁱⁱ 1,060,521 people, assuming prevalence of 5.1% in conflict affected populations for severe mental health disorders per *The Lancet*, and using the figure of 15.7 million in need inside Ukraine and 5,094,531 refugees as of 14 June.

INTRODUCTION

The war in Ukraine exploded on 24 February 2022, but for five million people living in Donetsk and Luhansk areas in the Donbas region of Eastern Ukraine, conflict had already been raging for eight long years. The grinding conflict in eastern Ukraine was well documented as increasingly affecting the mental health of boys and girls, causing nightmares, social isolation and panic attacks, even before its recent escalation⁴.

In the past four months, more than 3 million children have fled the country seeking refuge in neighbouring countries. Inside Ukraine, more than 700 children⁵ have been killed or injured, with over 2 million displaced.⁶ People are trapped in areas with continuous bombardment and escalating conflict, and with little to no access to basic services, including safety, shelter, food and water.

The use of artillery, mortars and military force puts children at risk of death and injury, but the ongoing military operations are not only threatening the physical health of children in Ukraine, but also their mental and emotional wellbeing. Exposure to airstrikes, bombing and other forms of the violence of war can destroy a child's sense of security, which is fundamental for healthy childhood development. Their schooling is interrupted by bomb raids or displacement, and in some areas, they have lost access to basic services or food, and been separated from family members.

Studies show that in conflict-affected areas, one person in five (22.1%) are estimated to develop depression, anxiety, post-traumatic stress disorder (PTSD), bipolar disorder or schizophrenia.⁷ In the context of Ukraine, that would mean 4,595,591 people, 1,531,864 of them children.ⁱⁱⁱ One in 11 people (9%) will experience moderate to severe mental disorder.⁸

A child experiencing distress is at risk of permanent changes to brain architecture, epigenetic alteration, and modified gene function. Implications for long-term health and developmental effects are critical, including increased risk for stress-related diseases. Witnessing violent conflict results in distress, overwhelms the victims and has a profound impact on many areas of a child's life. This often leads to toxic stress, with lifelong ramifications.⁹

ⁱⁱⁱ Assuming prevalence of 22.1% in conflict affected populations per *The Lancet* and using the figure of 15.7 million in need inside Ukraine, 5,094,531 refugees as of 14 June, and a household size of 3.

Before the conflict

In comparison to other countries, Ukraine already carried a high burden of mental illness and a particularly high prevalence of depression, alcohol use disorder, and suicide.¹⁰ Mental health disorders are the country's second leading cause of disability burden and affect up to 30% of the population.¹¹ Major barriers to mental health care in Ukraine include lack of trust in the psychiatry system, stigma and lack of awareness and understanding of mental health conditions.¹²

Before the conflict, Ukraine's orphanages, boarding schools and other institutions for youngsters housed more than 91,000 children, around half with disabilities.¹³ These children are particularly vulnerable, as they are at increasing risk of being left behind or being permanently separated from family members as the war continues.

According to UNICEF¹⁴, thousands of children living in institutions were hastily returned to their families at the beginning of the war. Many more were left in hospitals. This was done without providing them with necessary care and protection, especially in the case of children with disabilities. Children suffering from neurological disorders, such as epilepsy, have also been left with little to no access to vital medication. If left unattended, a child with epilepsy is at risk of premature death up to three times higher than for the general population. Furthermore, social work in Ukraine is stretched as child psychologists and social workers are equally impacted by the war. Scaling up investments in local mental health providers and MHPSS programmes is critical to ensure vulnerable children do not fall through the cracks.

Globally, war and conflicts have led to the forceful displacement of 33 million children and their respective families, as of 2020. Children make up a less than a third of the world's population, but nearly half of all global refugees.

The stress of displacement often creates its own costs; in 2021, *World Vision* and *War Child* found that 70% of refugee and displaced children in six conflict-affected contexts wanted psycho-social care, and more than 1 in 10 were at high risk of developing mental health disorders, such as depression and anxiety.¹⁵

WHY INVEST IN MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT?

There is, however, some good news when it comes to the mental health of Ukraine's children. The Ukraine crisis is currently the only major humanitarian response besides Madagascar and Libya that is more than 50% funded; its Humanitarian Response Plan is 61% funded and growing.¹⁶ In contrast, globally current requirements are just 20% funded across all humanitarian crises.¹⁷ Ukraine, unlike so many other crises around the world, therefore offers a unique opportunity to actually deliver the mental health and psychosocial support (MHPSS) so desperately needed by people worldwide who have suffered conflict and displacement to survive and thrive.

A crisis like the one taking place in Ukraine will not only impact individuals today, but an entire nation tomorrow. A recent analysis by the World Economic Forum estimated that the cumulative global impact of mental disorders in terms of lost economic output will amount to US\$ 16 trillion over the next 20 years.¹⁸ Such an estimate marks mental health out as a highly significant concern not only for public health but also for economic development and societal welfare.

Investing in prevention and support for children and families affected by the conflict in Ukraine now is not only a clear humanitarian imperative, but a good investment in the country's future. For every \$1 invested in scaled-up treatment for common mental health issues, there is a return of around \$4 in improved health and productivity.¹⁹ Nevertheless, national investment in addressing mental health is still too low across the board. While global cases of depression and anxiety rose by 25% during the pandemic, governments spent just 2% of their health budget on mental health.²⁰ Some experts have suggested that national investment should be at least 10% of health budgets, with others saying it needs to be much more - even as much as 50%, given WHO's projected global rise in depression²¹

Based on a WHO literature review published in the Lancet, we can estimate that 5.1% of conflict-affected

¹⁶ 1,060,521 people, assuming prevalence of 5.1% in conflict affected populations for severe mental health disorders per *The Lancet* and using the figure of 15.7 million in need inside Ukraine and 5,094,531 refugees as of 14 June.

¹⁹ Estimated savings of US\$1,636,718,986.29. The mean annual cost for treating severe mental conditions is approximately €2,400 to €4,500 annually in Italy, Sweden, Spain. We have taken the lowest number to provide the most conservative estimate of €2,545,250,594.40 (US\$2,676,445,536.29) for treatment. Prevention of the development of severe mental health disorders costs an estimated US\$50 per person in high-income countries, which would be US\$1,039,726,550 for the 20,794,531 people in need in Ukraine or living as refugees in neighbouring countries.

populations will go on to develop severe disorders, including schizophrenia, bipolar disorder, severe depression, severe anxiety, and severe PTSD.²² As of the middle of June, this would mean 1,060,521 people^{iv} who will suffer from severe mental health disorders as a result of their experiences during the conflict in Ukraine. If children and parents receive community-led support and preventative measures to the initial symptoms they experience as a result of the conflict, children and adults alike are likely to bounce back. However, if left unattended as we have seen in Syria and elsewhere, then these symptoms will fester and develop into more psychiatric conditions that require medical intervention. Prioritising community-led support for mental health is much more effective in preventing mental health problems (e.g., anxiety, stress) from becoming 'disabling disorders' (e.g., PTSD, bipolar, severe depression). Investing early in this kind of community-led approach could save a recovering Ukraine up to 1.6 USD billion.^v



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Investing early in community-led support for mental health could save a recovering Ukraine up to US\$ 1.6 billion.



Simona and grandmother Iryna, who are staying in a church office building in Chernivtsi. © 2022 Jack Rintoul/World Vision

Case study: Displaced within Ukraine

Even as a toddler, Simona was accustomed to the sounds of war. She grew up in Ukraine's hard-hit east, where children can name the different weapons as they explode.

When war arrived at their doorstep again in February this year, her family made the difficult decision to leave their town of Sloviansk.

They found refuge in the state's west, in a bid to protect their lives – and the mental health of the children.

"When the airport was being shot, it was really difficult," says her grandmother Iryna. "For me personally it was like a push to evacuate kids in order to protect their mental health. My granddaughter woke up at night, and we couldn't calm her down for a long time. The explosion happened just a few kilometres from where we were staying. If it was only about me, I wouldn't have left. But the kids had to be evacuated."

On February 26, they packed their bags and left, taking refuge in a church office block run by World Vision's partner Arms of Mercy, in the town of Chernivtsi. They are staying with about 40 other families in the building, which is also doubling as a warehouse for supplies for displaced people.

Iryna said the most worrying sign for her was watching her children become numb to the conflict.

"They had lived in a war zone for eight years. You look at the way they behave. At first, children were scared. They had trauma. But then I noticed that the children they were not even reacting to bombings. And it was a shock to me. I couldn't understand how children could not react. They could exactly say what weapon it was. And you are looking for a safe place to flee to - but the children don't even care. You see children getting hurt because they got used to such situations. And that's the scariest thing - that the kids are getting used to it."

She said while their own city was not being bombed at the time they left, it was on the border of attacks, and the children were aware a war was raging.

"When there was shooting, we had to explain that the city may be bombed and that evacuation was vital," she said.

"Nowadays when we are listening to the news we just explain to them that the war is on here. So they do understand that it is war."

However, together in the relative safety of Chernivtsi, the family is staying strong and hopeful. "Maybe they are following our example. We are calm. We do see that the world is helping us."

THE IMPACT OF LIVING IN CONSTANT FEAR

No child should have to endure the psychological pain of wars waged by adults. Living in constant threat of injury, death, bereavement, displacement and more subjects them to significant psychological and social stresses that weaken their ability to fend for themselves. Sadly, their caregivers fare little better and their ability to attend to their children's emotional needs are compromised.

The war in Ukraine has violated a myriad of children's rights. The sheer scale of destruction to communities, schools, hospitals and critical infrastructure is devastating. The conflict has destroyed their access to social and economic services, making it difficult to get food or water. For many children still inside Ukraine, their movement has been restricted to bunkers.

Toxic Stress

Children from Ukraine have now been exposed to the horror of violent war – this includes threats to them and their families and friends of being killed and injured. Those experiences can haunt a child for years. War results in an immediate and pervasive response in children leading to toxic stress - a type of stress exhibited when faced with frequent, intense, and prolonged adversity with minimal to no support. This prolonged exposure to high levels of stress can disrupt the development of major organs and lead to lifelong social and emotional impairments.^{23 24}

War in Ukraine has exposed children to experiences that affect children's ability to form secure attachments. Babies and young children who have attachment issues may be more likely to develop behavioural problems such as attention deficit hyperactivity disorder (ADHD) or conduct disorder.²⁵ Children who have attachment issues can also find it difficult to form healthy relationships when they grow up. This is particularly a risk to children who were already living in institutions.

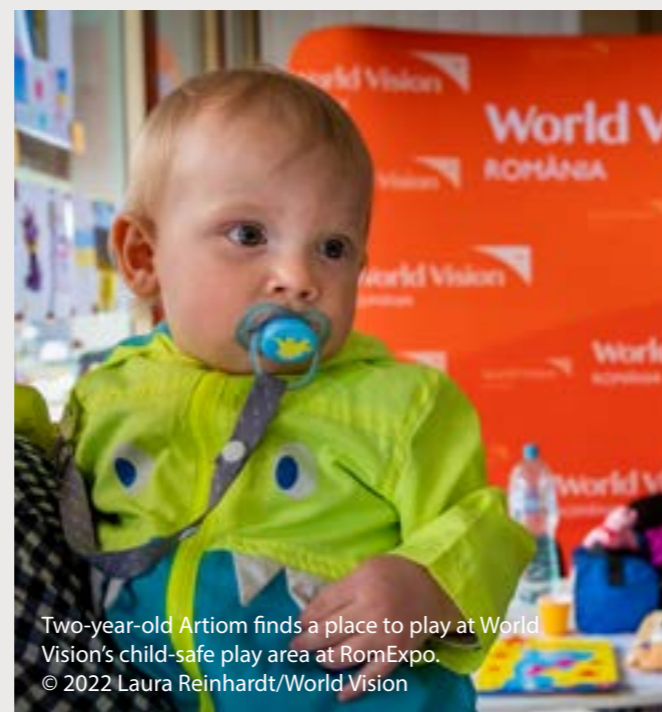
Experts have long confirmed²⁶ that negative early life experiences result in adverse health effects including maladaptive coping skills, unhealthy lifestyles, poor stress management, mental illness and long-term effects on brain development.²⁷ The activation of stress hormones over a long period of time results in reduced neural connections in the brain, which in

turn will affect learning and reasoning for an entire generation.

In a rapid assessment of needs amongst displaced families in Ukraine, parents' biggest worry for their children was their mental health (45%), more so than their risk of missing or dropping out of school (30%) or being exposed to inappropriate content on the internet (18%). Worryingly, more than a quarter (26%) of parents in the same area had no knowledge of mental health services that they could make available to their children.²⁸

Disrupted support networks

When a child is forced to live in areas that are bombarded or besieged, their sense of safety and coping mechanisms are destroyed. For those who have fled abroad while their fathers have been forced to stay behind, the separation from a parent can lead to intense anxiety, fear and sadness. Children's social and emotional development and their sense of identity depend on the consistent presence of a caring adult. Real and perceived insecurity, uncertainty and fear of the future are common factors of anxiety and distress for children in conflict.



Two-year-old Artiom finds a place to play at World Vision's child-safe play area at RomExpo.
© 2022 Laura Reinhardt/World Vision



Alexander has seen the changes in his son Denis compared to before the war. He cries a lot, sleeps poorly and is difficult to calm down. © 2022 Brianna Piazza /World Vision

Paul Kinuthia, World Vision's Chernivtsi Hub Manager, said that little children are terrified beyond measure at the sound of missiles: "I accidentally leaned on a light switch in a kid's bunker at a school, and it went dark. One little boy started crying and he said, 'Why, oh why, God? Why is this happening again? Is this missile on its way to hit a house with children in it?'"

Given that, in any conflict setting, 22.1% of people suffer from anxiety or PTSD²⁹ it is likely that the prevalence of mental health disorders among caregivers of displaced children is also extremely high. This is worrying, especially since in a previous study conducted by World Vision and War Child Holland, almost 80% of young children and adolescents said they depend on someone in their families or communities for emotional support.³⁰

The most important factor that determines whether children will recover from the effects of war is whether they have a consistent adult presence in their lives, who can engage and respond to their needs. If a child's caregiver is suffering mental distress due to conflict or displacement, this can undermine their ability to provide proper care when children need it most. In Ukraine, with mandatory conscription, men are forced to stay behind to fight, while women carry the burden of care and support alone as they flee their homes. When we spoke to displaced families arriving to Chernivtsi, 23% of respondents told us that their main stressor was travelling with young children.³¹ All of this increases the likelihood that displaced families in Ukraine will develop mental health disorders.

Forced displacement

Forced migration increases a child's negative feelings, despair and hopelessness, resulting in long-term cycles of psychological distress and the risk to their mental health.³² This is more pronounced when unaccompanied or separated from their caregivers, increasing the risk of anxiety and depression, stress, and suicidal ideation—which studies estimate was prevalent in 30% of Ukrainian adolescents even before the war.³³

Experience from the war in Croatia³⁴ found direct shelling, displacement, loss of loved ones and shelter resulted in a high prevalence of stress among children. The effects of stress and distress³⁵ caused by war can include early symptoms such as prolonged crying, sleeping and eating disorders, separation fear,³⁶ withdrawal, aggressive behaviour and psychosomatic symptoms. It is estimated that one in four children was in need of psychosocial support services in Eastern Ukraine in 2020.³⁷

Alexander, a father of nearly two-year-old Denis, said that he can gauge the effects of the stress on Sacha after seeing him change considerably since the war scaled up in February. The family became displaced when heavy fighting broke out and they narrowly survived a projectile crashing through their house, rendering it uninhabitable. He said of Denis, "He cries all the time, he no longer sleeps well and is grizzly most of the time. Sometimes he is inconsolable."

Studies have shown that children are particularly sensitive to an accumulation of stressors; in fact, there is considerable evidence³⁸ that there's a relationship between the number of stressors experienced by children and their mental health outcomes. For a forcibly displaced child, the accumulation of stress generally comes from three main contributors:

1. In their home country, many may have witnessed or experienced violence, torture and the loss of family and friends;
2. The journey to a country of refuge can also be a time of further stress. Displaced children may experience separation from their parents, either by accident or as a strategy to ensure their safety;
3. The final stage of finding respite in another country can be a time of additional difficulty as many have to prove their asylum claims and also try to integrate into a new society. This period is being increasingly referred to as a period of "secondary trauma" to highlight the problems encountered. On arriving, a refugee child will need to settle into a new school and find a peer group. Children might have to prematurely assume adult roles, for example, as a vital language link with the outside world.

Refugee children suffer both from the effects of coming from a war zone and of adjusting to an unfamiliar culture. These stressors³⁹ also affect their families, which in turn has an adverse effect on them. And the longer wars go on, the worse it is for children.

Already, 3 million children from Ukraine have experienced the triple blow of conflict, displacement and a foreign context. In interviews with Ukrainian children and carers crossing the border into Romania, children repeatedly expressed being scared and distressed every time they heard an airstrike.

"It was scary, very scary," says Polina, 12, from Mariupol. "Every day we heard the sounds of airplanes, tanks and shooting in the streets. A rocket blew up near our garden. One house was on fire and the walls fell. There was ash all over the city. It was time to leave."

Longitudinal studies,⁴⁰ during which children are examined at different points of their lives, tend to show these mental health issues persist over time, while also creating increased susceptibility to other psychological issues. Adolescents with cumulative exposure to war and those with PTSD resulting from



Polina, 12, escaped Mariupol through a humanitarian corridor with her mother and pet dog. © 2022 Brett Tarver/World Vision

war events have been found to have significantly higher rates of substance abuse.⁴¹ Children who have witnessed war and conflict have higher rates of depression and anxiety long into adulthood. Specifically, the prolonged activation of stress hormones in early childhood can reduce neural connections in areas of the brain dedicated to learning and reasoning, affecting children's abilities to perform later in their lives. In this way, conflict imposes a huge social cost⁴² on future generations.

Mental health costs

The intense fear and distress experienced by children who have been directly impacted by violence, especially the six grave violations as identified by the UN,⁴³ stand in harsh contrast to their developmental needs and their right to grow up in a safe and predictable environment.⁴⁴

A 2019 review of conflict-affected populations published in the Lancet found that 13% will suffer from anxiety or PTSD⁴⁵. However, a 2021 study of Syrian refugees and displaced families found that a shocking 88% of people had experienced at least one symptom of PTSD and one life-threatening event.⁴⁶ This is a worrying indicator for children and families who have fled homes in Ukraine, a country with a similar level of development to pre-war Syria, and who are currently experiencing similar examples of brutal urban warfare.

Our experience tells us that mental health scars will last long after physical wounds are treated. The need for mental health and psychosocial support, including psychiatric support, will inevitably grow even as the acute phase of the emergency subsides, and it is important that the international community work with civil society and local practitioners now, to ensure that children can receive the care and support they need to avoid developing these disorders.

Given the significant levels of humanitarian response funding for the crisis in Ukraine, there is a unique opportunity to deliver the mental health and psychosocial care so desperately needed by children and families affected by the conflict. Spending \$50 per person now⁴⁷ could prevent over 1 million people affected by the conflict from developing mental health disorders (such as anxiety, depression, schizophrenia, bipolar) which were already the country's second leading cause of disability burden, affecting up to 30% of the population. Grounded in the current Inter-Agency Standing Committee (IASC) Guidelines on MHPSS in Emergency Settings, World Vision's interventions are based on four increasing levels of need, starting with basic services and security; then increasing community and family support; focused, non-specialised support; and finally specialised mental health care services.

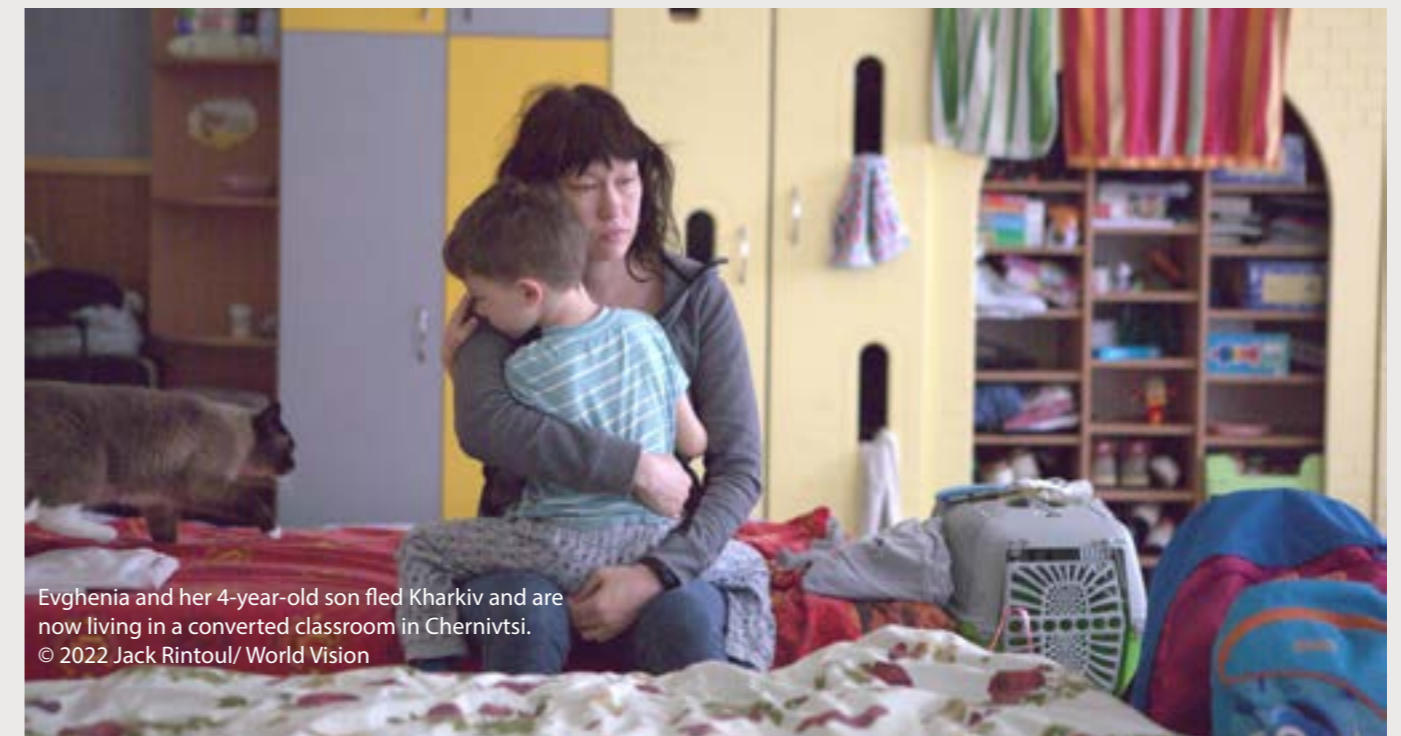


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The treatment of severe mental health disorders later will cost an estimated US\$ 2.7 billion. Prioritising mental health in the initial stages of the response to the crisis could save US\$ 1.6 billion later on.

Any treatment gap will cause knock-on effects later, as a battered populace attempt to rebuild. The treatment of severe mental health disorders later will cost an estimated 2.7 billion USD. Prioritising mental health in the initial stages of the humanitarian response to the crisis in Ukraine could save 1.6 billion USD later on.^{vi}



Evghenia and her 4-year-old son fled Kharkiv and are now living in a converted classroom in Chernivtsi. © 2022 Jack Rintoul/ World Vision

^{vi} Estimated savings of US\$1,636,718,986.29. The mean annual cost for treating severe mental conditions is approximately €2,400 to €4,500 annually in Italy, Sweden, Spain. We have taken the lowest number to provide the most conservative estimate of €2,545,250,594.40 (US\$2,676,445,536.29) for treatment. Prevention of the development of severe mental health disorders costs an estimated US\$50 per person in high-income countries, which would be US\$1,039,726,550 for the 20,794,531 people in need in Ukraine or living as refugees in neighbouring countries.

Julia, Ruslan and Diana in April in Chisinau.
© 2022 Brett Tarver/ World Vision



Case study: **Refugees in Moldova**

Julia and her family have now been displaced twice due to conflict in Ukraine. In 2014, she fled her home in Donetsk, leaving her mother and grandmother behind and building a new life for herself in Odesa.

However, when the conflict escalated and the bombings started in Odesa this March, there was no question in Julia's mind; she was ready to leave again. She packed up her two-year-old daughter Diana, and son Ruslan, 6, and came to Moldova. As they joined the rush of other people, "it was extremely scary," Julia said, "especially hearing everyone talk about the bombing and explosions, it made it all very sudden and real."

They're now staying in an impromptu shelter that was set up at a football club in Chisinau, the country's capital. Most refugees stay for just one or two nights before moving on, but when we spoke with her in April, Julia still wasn't sure what they should do.

"Being here, I just feel like a burden. It is very hard to receive everything for free, we want jobs, we want to work to rebuild our lives. I am very afraid for my future, but I also feel guilty because I am here and people back in Ukraine have it much worse. It's so hard to talk to people back home who are just trying to survive. I'm very worried about my mother back in Donetsk who has little food or water."

"Ukrainians need psychological help to help them adapt to what has happened, with so many living through this war in basement and all the emotional trauma and the anger of having our country taken from us."

"The separation [from my husband] will also be very hard," Julia finished sadly. "My daughter is so young, she won't remember her father when we see him again."

CONCLUSION

Children demonstrate an incredible resilience even in the most extreme of circumstances. However, the war in Ukraine is a tragedy for an entire generation; more than two-thirds of Ukraine's pre-war population under the age of 18 were displaced in the first two months of the war.⁴⁸

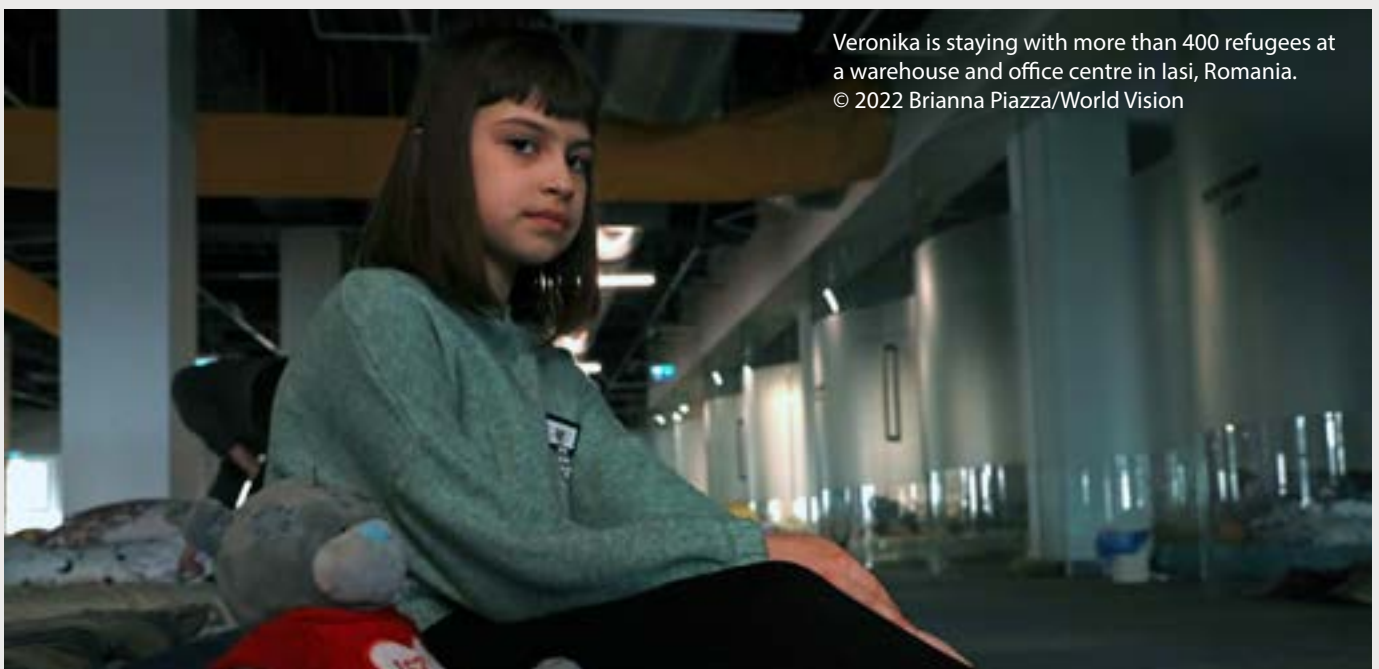
The only definitive answer to addressing the threats to children's mental wellbeing is for the conflict to end. Peace must be everyone's ultimate aim. Where the international community is unable to protect children from war, then support needs to be provided to help children recover. The current humanitarian response to the Ukraine crisis is 61% funded, with funding for mental health and psychosocial care split between health (86.5% funded) and protection (46.4%).⁴⁹ A rapid assessment carried out by International Medical Corps in late April 2022 found significant gaps at every stage of mental health and psychosocial interventions in Ukraine; from addressing basic needs, all the way up to specialised care.⁵⁰

It is important to recognise that there are steps to psychological wellbeing and recovery that begin with children and young people finding a safe haven with their basic needs met; being reunited with their families; and having access to community-based support, such as schools. Appropriate mental health and psychosocial interventions for children should be multilevel and aim to address their mental and psychosocial wellbeing.

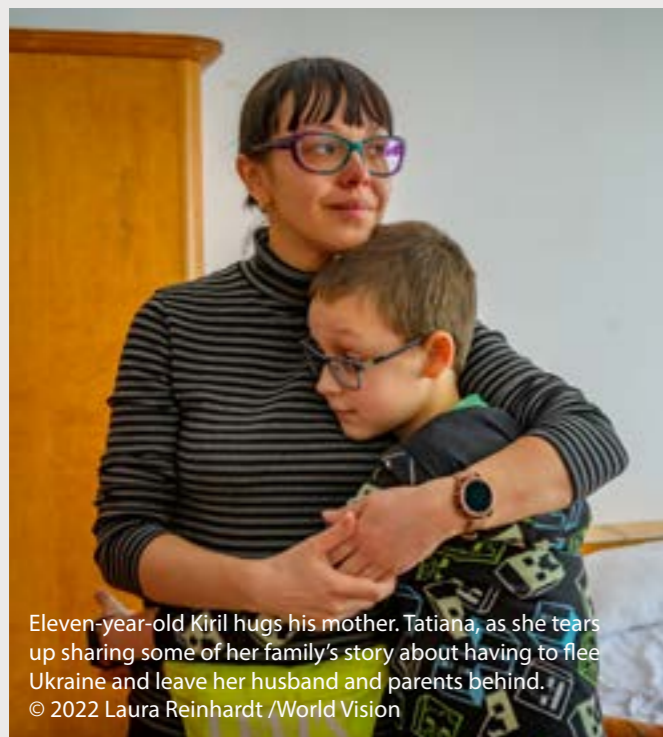
Programmes that involve a layered support system and strengthen family and community support, provide focused interventions by trained and supervised helpers like teachers or doctors, and link affected populations to specialised services (e.g., psychological or psychiatric support for people with severe mental health conditions) are the most effective ways of helping displaced and refugee children on a journey back to good mental health.

Education, another sector which is crucial to support children's mental health and wellbeing, is just a quarter funded at 25.4%.⁵¹ Child refugees are often at increased risk of not attending school. But getting children back to school is only half of the solution. Learning is closely linked to one's emotional wellbeing. A child who has suffered intense fear and prolonged high levels of stress and anxiety requires adequate psychosocial support, to prevent the risk of them falling even further behind in their already fragmented education. It is essential to include mental health promotion and preventative interventions in schools and informal education environments in a way that mitigates the harmful effects of exposure to conflict.

World Vision is investing in mental health and psychosocial care across our multi-country response to the conflict in Ukraine, Moldova, Romania and Georgia.⁵² Just a few examples include supporting hospitals inside Ukraine with equipment and training faith leaders to provide psychosocial care to their communities. World Vision has also incorporated the training of trainers in psychological first aid throughout our response and has already trained almost 70 partner staff members in recent weeks in Vinnytsia and Moldova.



Veronika is staying with more than 400 refugees at a warehouse and office centre in Iasi, Romania.
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Eleven-year-old Kiril hugs his mother, Tatiana, as she tears up sharing some of her family's story about having to flee Ukraine and leave her husband and parents behind.
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Forging a way forward: calls to action

More than five million Ukrainian children have been displaced and require urgent protection and physical health and psychological wellbeing support. The current situation and likely mental health impacts, as evidenced by experiences from previous conflicts, calls for urgent mental health intervention.

We call on:

Parties to Conflict

The most important, critical step in addressing the rising mental health crisis faced by children and adults in Ukraine and beyond is to bring an end to the conflict, as well as ensuring affected people get all the emergency help and protection they need.

1. Take immediate measures to end the conflict through peaceful, diplomatic and political solutions.
2. Practice restraint and respect International Humanitarian, Human Rights Law, and Refugee Law and facilitate safe, rapid, and unimpeded passage for humanitarian relief actors, medical personal bringing supplies, equipment, and personnel to civilians in need.
3. Respect the rights of children during conflict and ensure that no violations are committed by those participating in the hostilities.

United Nations

MHPSS must be incorporated into all humanitarian appeals, including for Ukraine, with set targets for beneficiaries, funding and reporting. This allows the international community to highlight and prioritise the MHPSS needs of conflict-affected populations and track allocated funding and gaps.

1. Standardise the inclusion of MHPSS needs assessment data and analysis in Humanitarian Needs Overviews, and in inter-agency, multi-sector needs assessment tools.
2. Amend the OCHA Financial Tracking Service to include space for reporting MHPSS donor commitments and related budget spending by implementing partners. Introduce a marker to improve the transparency of MHPSS funding (regarding actual appeals, funds received and expenditures) in humanitarian settings.

Donors

Adopt MHPSS as a priority in aid strategies, recognising it as a right for children and their families, and as a life-saving intervention in emergency responses and in long-term recovery and development work, as well as a critical component in peacebuilding initiatives.

Increase expenditure on mental health to the recommended **10%** of total health expenditure would increase service coverage by **40%-80%**. This would represent substantial growth in resources committed to mental health.

1. Continue to support the immediate provision of humanitarian assistance to refugees and the internally displaced, including by providing timely, sufficient, flexible, and quality funding. Policies must be fast-tracked to help local communities play their part in supporting integration efforts that are safe and protective of children and the vulnerable.
2. Children's needs must take a central part in donor's aid strategies. Funding should be increased for MHPSS as a matter of immediate and urgent priority across all sectors. Step up financial commitments for Humanitarian Response Plans and ensure funding prioritisation to meet children's immediate, medium and long-term mental health and psychosocial needs. Funding should be provided to both children inside Ukraine and in neighbouring countries.

3. International funding needs to be committed to ensure refugees have access to shelter, health care, education and social services that promote physical, social, and emotional well-being. Policies must be fast-tracked to help local communities play their part in supporting integration efforts that are safe and protective of children and the vulnerable.

Government of Ukraine

Ensure that strong national mental health strategies are in place that centralise children's mental, and their carers' health and psychosocial wellbeing. This includes specific budget lines in health, education and child protection budgets to support the implementation of locally led MHPSS services.

1. Work in collaboration with local NGOs and faith-based groups to support community based, multi-disciplinary team services and interagency coordination across sectors in order to promote the early detection, response and prevention of MHPSS concerns among children and their caregivers.
2. Do everything possible to ensure children in institutions, and those returned to their parents have sufficient medical provision and mental health and psychosocial support now and beyond the end of the conflict.

Refugee Host Countries

Most vulnerable children in the host countries are at high risk of having unmet mental health needs, especially given immense constraints on child protection systems following the influx of refugees from Ukraine:

1. Invest, strengthen and expand child protection services and the development of integrated, responsive mental health and social care services in community-based settings
2. Work in collaboration with the UN and NGOs to support community-based, multi-disciplinary team services and interagency coordination across sectors in order to promote the early detection, response and prevention of MHPSS concerns among children and their caregivers.
3. Ensure children are enrolled in local education systems, with appropriate MHPSS monitoring and support so as to be able to quickly identify and address any needs, and provide community level care to prevent further mental health needs occurring.



Tania's 3-year-old son, Alexander holds the door open at RomExpo in Bucharest, Romania. His mother came to pick up food and hygiene supplies for the family.
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Humanitarian Actors

Integrate MHPSS across all sectors, including protection, education, livelihoods and nutrition.

1. Ensure that children, youth, caregivers, families and communities play a role in determining and designing the services needed to support their individual and collective wellbeing.
2. Invest in training for local health actors in psychological first aid, building on what is locally available. Support the wellbeing of teachers and social workers in formal and non-formal settings, and build their capacities to support their students' healthy psychosocial development.

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