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Mental health care in humanitarian crisis settings

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When Ukraine became independent in 1991, it inherited a psychiatric system built around large hospitals, with little help close to home and a long shadow of stigma and human rights violations. Many people simply stayed away: up to three in four of those living with common mental disorders never reached care. Reform began before the full-scale invasion, as the Mental Health Concept Note 2018–2030 started moving care out of hospitals and into communities and primary care. Then, almost overnight, the scale of need changed. Since February 2022, more than 8.1 million Ukrainians have been recorded as refugees across Europe, and 5.6 million have been displaced inside the country (UNHCR, OCHA, 2023). By 2024, almost half of people in Ukraine (46%) said they were experiencing mental health problems. Ukraine did not meet the full-scale war empty-handed. The war in the east, which began in 2014, had already taught hard lessons, and by 2022 the country had NGOs, international partners, training materials and people who knew what to do. In the first days of the invasion, help went to where people were: railway stations crowded with families fleeing the fighting, shelters, and centres for displaced people. National leadership grew alongside this work, from the all-Ukrainian initiative “How are you?” in 2022 to a Coordination Center for Mental Health at the Cabinet of Ministers in 2023 and the Law “On the Mental Health System in Ukraine”, in force since February 2026. Lessons learned include:

- Know and apply the IASC MHPSS principles and WHO guidance, including the Comprehensive Mental Health Action Plan 2013–2030, and reflect on experience.
- Leadership and a shared vision are needed at national and local levels; local authorities must understand what MHPSS is.
- Coordination across public sectors and sustained communication between international and local actors must follow the real needs of affected people.
- Invest in people and skills before buildings.
- Build networks of professionals, service users and families, and involve service users and displaced people in decisions.
- Stay flexible: evidence-based, trauma-informed, rights-based and recovery-oriented care needs openness to learning and innovation.

Emergencies do not wait for the right specialist to arrive. One day, any of you may be the only person with medical training in a shelter, on a station platform or on a street after a missile strike. Or you may be the only clinician in a room where officials must decide, quickly, what to do. What helped most in Ukraine was rarely a single technique. It was knowing the basic principles of crisis response, working with others rather than alone, and speaking with patients, frightened families, authorities and partners in a way each of them could hear. These skills are part of being a doctor. The IASC MHPSS guidelines, WHO Psychological First Aid and the mhGAP Intervention Guide are good places to start, because the moment you need them may come without warning.