


Support of the Population Within the Russian-Ukrainian war: Insider's Perspective

Chronic Stress
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In a view of Population Mental Health (and even Global Mental Health) the Russian-Ukrainian war could be considered in various aspects. This war is not limited only by political and combatant circumstances. We are currently faced with new significant social and psychological phenomena.

In contrast to other recent wars (eg, with Afghanistan, Saudi Arabia, Palestine), Russian-Ukrainian war has a larger global impact. This war affects daily lives of populations in different countries all over the world. Almost each population (on a global scale) is currently facing changes in social interactions, activities in virtual/informational space, and socio-economic wellbeing. In addition to these, we are faced with Global Fear: fear regarding potential nuclear attacks and nuclear war.

The Russian-Ukrainian war did not appear suddenly. Psychosocial “pre-history” of this war is also lying in COVID-19 pandemic. Long-termed social restrictions established since 2020 led to aggravation of social aggression on personal, group, national and global levels.^{1,2} Conflicts between couples, family members and relatives, anti-restrictions protests, strikes of anti-vaccinators, “new breath” of military conflicts (Israel-Palestine, Azerbaijan-Armenia, Saudi Arabia-Yemen), big social conflict in Kazakhstan, and now Russian-Ukrainian war—all of these could be considered as one chain, one thread of events.

The Russian-Ukrainian war has had many effects on the mental health of the Ukrainian people. We can consider these effects as stages in impacts on mental health: acute reactions—acute disorder—chronic stress/disorder both on personal and societal levels.

First stage was associated with shock, feeling of “situation of uncertainty”, “wreck”/ “downfall” of personal ideas and opinions, personal worldview. Particularly, for majority of Ukrainians, this war happened as “a remarkable turn of events”. Most of Ukrainians were suddenly met with unpredictable changes in their lifestyle, in their attitudes towards society and politics, new faces/images in front of them

(new “spectrum” of personal behavioral reactions) of relatives, friends, colleagues, other people. Traffic jams, military troops, explosions, attacks, official and unofficial news/information, bomb shelters, restrictions and new rules ... all of these became a new reality of their life. How long this war will continue? What should they do? What is “right” and what is “wrong” in many aspects of their life?

Second stage was associated with acute reactions, active searching (searching of new personal senses and values, searching of new forms of social interactions), and rapid changing conditions. They were met with new phenomena: active volunteer movement and self-organization movement in communities. Territorial self-defense organizations, local community patrols (apartment/condominium, house, living district, city/amalgamated territorial community), local community volunteer movements, national and international volunteer movements, charity initiatives from business environment, civil society sector and private persons (sharing of any kinds of own resources for Ukrainian Army Force, for refugees, for anyone who needed help), organization of different hotlines for first psychological aid - all of these were arising among Ukrainians. Many civilians left their homes and jobs to go to other places/cities and joined local volunteer movements and organizations. But the main issue, main challenge of this stage could be called “needs in proper coordination and management”. Extensive increasing number of refugees (eg, 35-40,000 new refugees daily in

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one of the regional cities of Western Ukraine), increasing burden on urban infrastructure, urgent needs in extending of social services and social infrastructure for refugees, lack of proper services for people with disabilities, urgent needs in delivering foods to occupied and blocked cities, and emotional and physical drain. The situation looked like humanitarian catastrophe. It was a huge challenge on how to coordinate and manage it. Most of national and international organizations were not prepared for or able to answer the call of such a catastrophe.

The third stage was associated with emotional burnout and disappointment. Psychological providers (doctors and volunteers) are being met with ever increasing needs of population. Unforeseen, an increasing number of refugees are coming back to Ukraine after having left to other countries when the war started—they are coming back to the houses they left even to their cities under bomb attacks! They are coming back for many reasons including psychological burden in the “away” space: many of these refugees had lack of comfort in shelters, lack of private spaces for them and/or their children, lack of sufficient social infrastructure, and aggravation of conflicts with neighbors and relatives. Additionally, one of the biggest challenges right now—refugees have too much free time and spend it reading news about war situation. This fuels their fears and their stress.

The fourth stage could be called as “Diversification of Reality”. The new general situation within this stage could be described in following keywords: “retreat of Russian troops in the North direction”, “liberation of some Ukrainian towns and villages”, “release and exit of people from shelters and basements”, “mass casualties among the civilian population”, “tortures, violence...”. The titles of following Ukrainian towns became internationally recognized: Bucha, Irpin, and Mariupol. This stage refers to both socio-psychological processes: changing of traditional values, and widening of interpretations, widening of “alternative trust” and “alternative reality”. On one side, we are met with an increasing number of “points of view” among Ukrainian population: internally displaced people (who came to Western Ukraine from combatant zones), refugees abroad (who crossed the border and are staying in Poland, Romania, Hungary, etc), people who are staying in the cities/villages with “light” combatant activities, people who are/were living “under the bombs and attacks”, people who lived in the shelters and basements for a long time, victims of violence, soldiers—all of these social categories have different and ambiguous interpretation of the reality. A lot of conflicts are arising between relatives, friends, and colleagues for this reason.

On other side of the spectrum, we are met with a new phenomenon of “virtual expertise”: people are relying on social media (FaceBook, Instagram, etc) to inform them of news and “reality” so to speak. It is thought that these virtual interactions, which may not report the realities of war, may be used as self-preservation. However, at the same time, these

differences of interpretations of reality or avoidance of reality may lead to aggravation of social aggression and worsen mental state.

What is needed now are new approaches for crisis intervention because of increasing number of patients and aggravation of social situation in Ukraine. Since the war started, there have been many agencies and individuals involved in trainings of volunteers and professionals in first aid psychological response; supervisions for volunteers with related training; local hot lines for first psychological aid; participation in local self-organization movement; participation in activities of national and international organizations; and volunteer shifts in the centers for refugees. More such efforts are needed as the crisis is escalating.

It is difficult to write a conclusion to this editorial, as the war has yet to conclude and many initiatives and collaborations have yet to fruit. We would like to highlight the current needs of the Ukrainian people and reach out to the mental health community of both clinicians and researchers. The needs include novel ways to approach crisis interventions, provide psychosocial support and healthcare needs to mitigate spread of infections, coordinating and management of care and safety. The community is welcome to write to either of the co-authors.

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