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Psychologists

Initiatives to support mental health of Ukrainian refugees in Estonia

Temporary measures or strategic adaptation of the health care system?

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Mental health services in Estonia

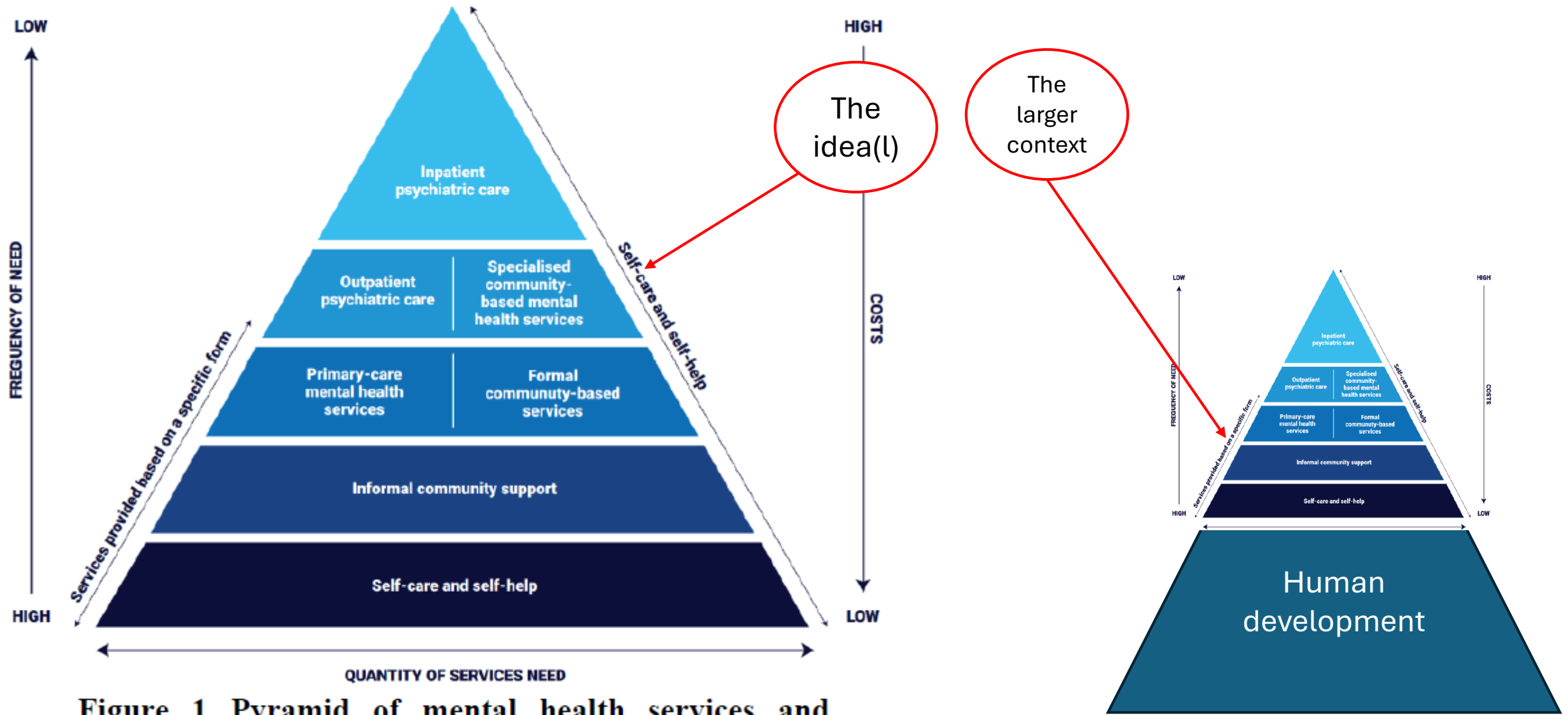
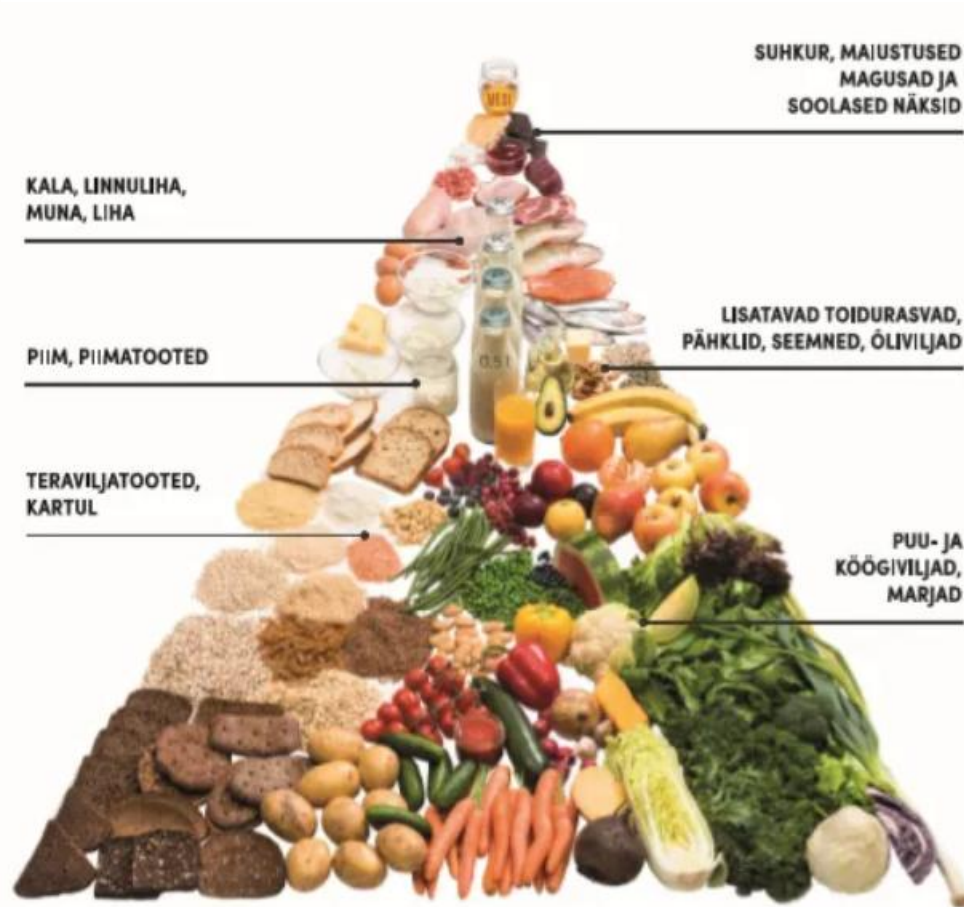
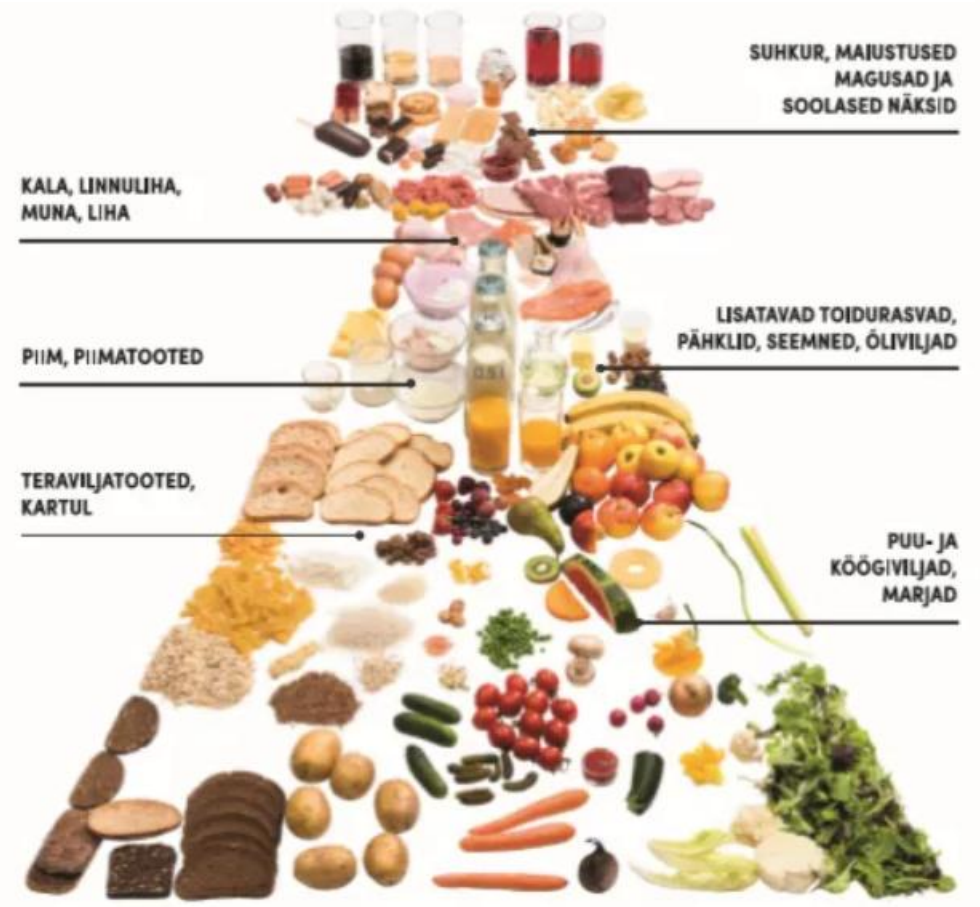


Figure 1 Pyramid of mental health services and supporting activities (Source: Green Paper on Mental Health - Sotsiaalministeerium 2020a)

Food pyramid: recommended vs. actual

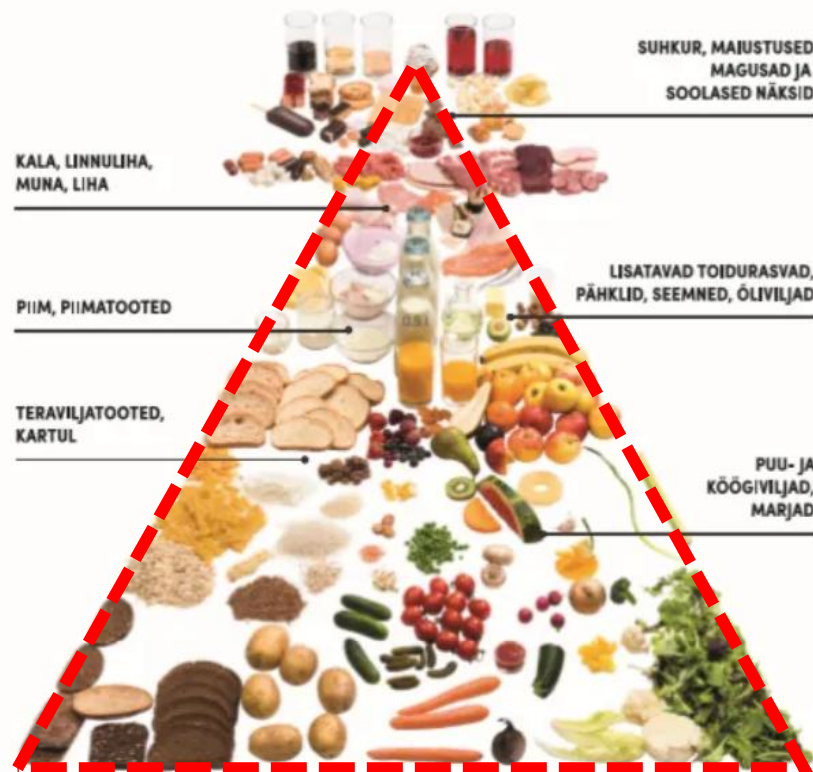


Nädala näitlik toidukogus 2000 kcal energiavajaduse korral



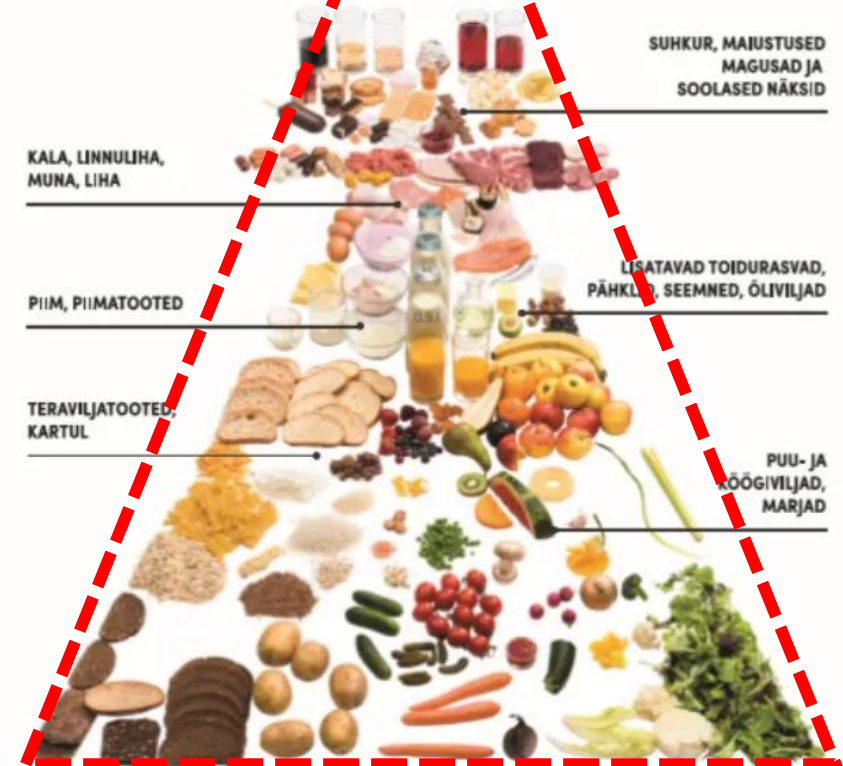
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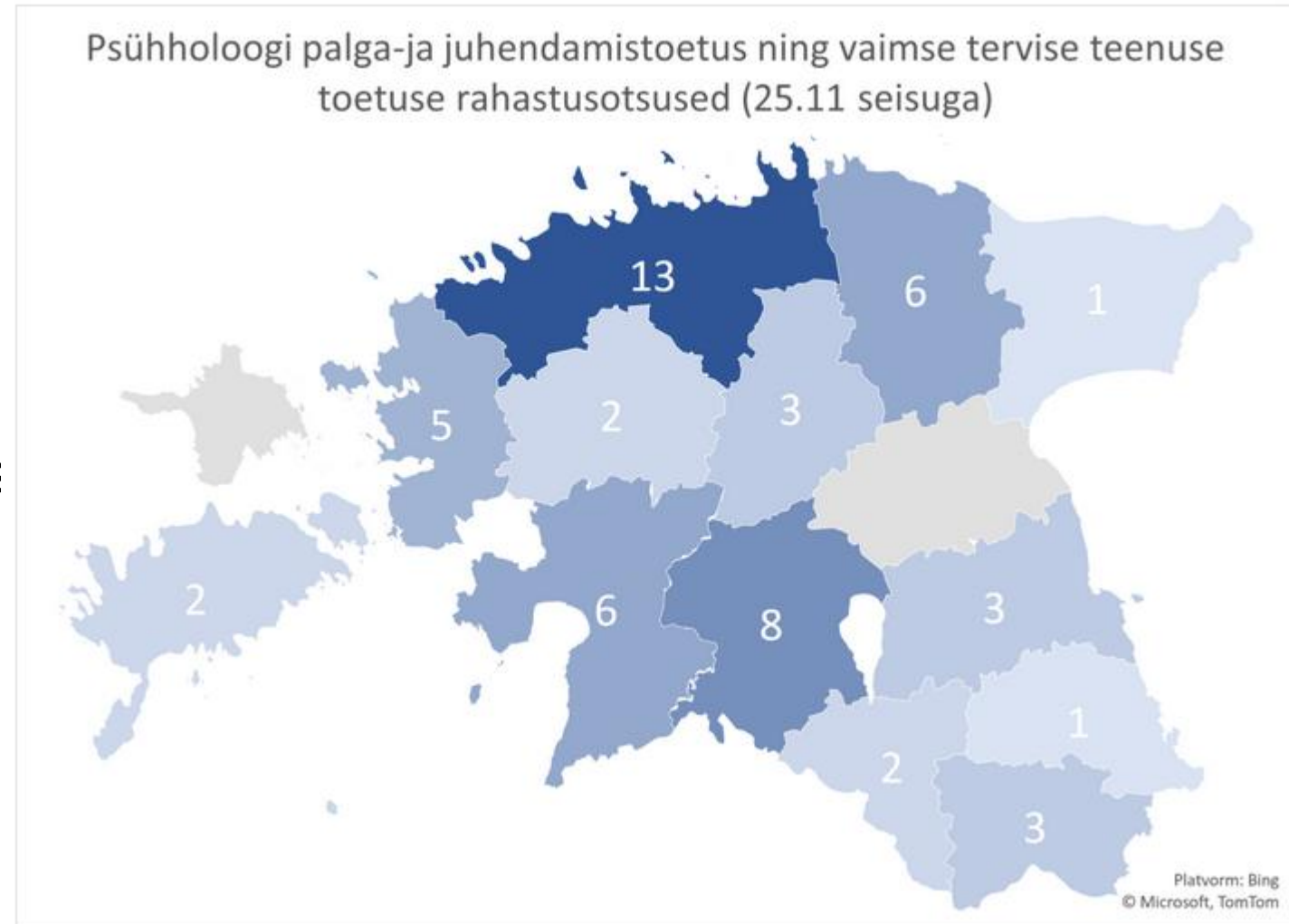
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The default way

- Refugees can receive mental health help on the same grounds as the Estonian residents
- For this, they need to apply for temporary protection, which comes with a residence permit for 1 year (renewable)

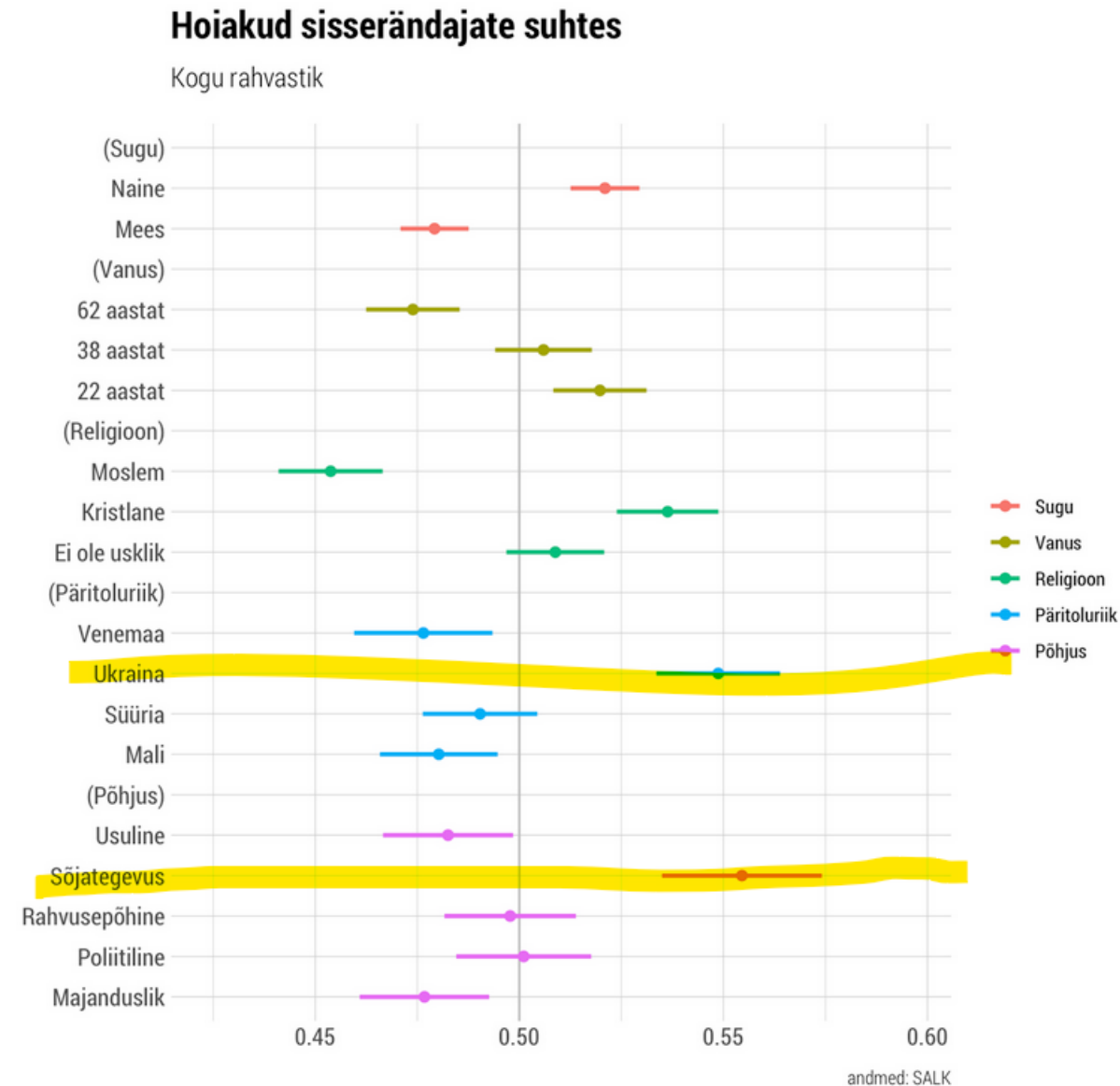
Beyond the default

- There has been a discussion, whether any extra measures are necessary, and/or can be afforded
- In 2022, the state has offered temporary support schemes, including the ones for communities to hire psychologists to work with war refugees
- The future of these support schemes is questionable



Beyond the default: voluntary activities and NGO's

- In 2022, the general attitude towards receiving the war refugees from Ukraine was rather favourable (esp. comparing to refugees from other countries, and for other reasons)
- Several voluntary and NGO-based activities (often “õhinapõhine” = based on enthusiasm)



Voluntary / NGO activities

Source: report from the Ministry of Social Affairs

- Spreading information in
- Raising awareness about MH and psychosocial support
- Support to communities
- Safe places for children
- Psychosocial support in schools
- Psychological first aid
- Individual psychological consultations

Case history 1: Support group for Ukrainian psychologists (Estonian Union of Psychologists)

- Gathering information about psychologists among war refugees (informal call distributed in social media, reception centres, etc.) in February/March 2022
- Idea: help with adaptation in Estonia, find contacts, if possible, find job
- First e-meeting of the support group: 24th of March 2022 (Inga Ignatieva)
- At the beginning: weekly meetings on different topics (getting acquainted; living conditions; MH care system in Estonia; possibilities of work; etc.)
- Mailing list and Facebook group “Ukraina psühholoogid Eestis/Українські психологи в Естонії”(still active)



Case history 1 (cont'd)

- Thematic e-meetings in the support group: school psychology, psychiatry
- Other events IRL (organized by Kätlin Konstabel): visit to addiction treatment unit in Viljandi, meeting with a prosecutor specialized in domestic violence, short (1 day) course in MI, meeting with the President of Estonia, informal meeting of the Estonian ambassador to Ukraine
- Practical help (e.g., finding an apartment or rooms for work)
- Informal gatherings: Christmas (+ visit to ethnographic museum), St. John's day, BBQ

Case history 1 (now and future)

- The activities were supported by a small (but much appreciated!) grant from the Ministry of Social affairs in 2022.
- The support group is not meeting regularly anymore (instead, there is an informal network, and an FB group with occasional activity)
- There may be a need to “reuptake” some of the activities (e.g., psychologists among new refugees, continued training, adaptation → integration)

Case history 2: Collaboration to hire a Ukrainian psychologist in Tartu

- Background:
 - (1) Olha Kohtenko: well qualified psychologist, refugee from Zaporizhzhya, looking for job in Tartu
 - (2) No immediate job opportunities for her in 2022
 - (3) Many refugees in Tartu in need for psychological help
- Solution:
 - EPL (mostly, Kätlin Konstabel) negotiated with different partners
 - Tartu City Council provided rooms
 - Rotary club provided financing for 4 months; Tartu continued the financing later on (using the support scheme of Ministry of Social Affairs)
 - Lahendus.net hired the psychologist (as they were able to receive the Rotary's donation exempt from taxes)

Major MH issues in refugees

- Anxiety, depression, panic attacks
- War trauma; fears
- Loss of productivity
- Survival guilt
- Men feeling guilty of not being in the army
- Worry about close ones in Ukraine (e.g., family members being missing; children being displaced in occupied areas)
- Fear of future; uncertainty
- Identity
- Sleep problems (esp. in children)
- Attending to school (many issues: language, bullying, different cultural background)
- Finding job (+ being able to keep it)

Barriers to seeking MH help

- Lack of knowledge
- Loong waiting time (same for everyone). Case: appointment with child psychologist in April but the decision needed now
- Language barrier; attending Russian speaking MH professionals is sometimes problematic because of their attitudes
- Cost of services
- Stigma
 - Maybe less for children
 - Being afraid that seeking MH help seems “weird” to others
 - Fear of appearing in a (hypothetical) list of mentally ill people, which could ruin one’s career opportunities
 - Need to stay “strong” (esp. men and parents)
 - Case: at the reception of a very small hospital, the help seeker gives the receptionist a sealed envelope with the kind of help they need (so that nobody would see it)

Major issues for UA psychologists

- Struggling with the same issues as their clients
- Need for supervision (esp. local supervisors)
- Need for additional training (esp. trauma)
- Doing voluntary work (or at a symbolic price) after work hours (risk of burnout)
- Different qualification systems; very diverse educational background
- Perspective of losing one's temporary job (could open a private practice but most of the clients would not be able to afford it; help from charity organizations could be a temporary solution)

Q1: Integration vs. adaptation

- Language issues
- Identity issues
- ...

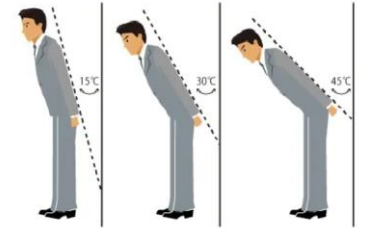
Q2: Difficulties in Estonian system

- Long queues
- “Lower level” of the pyramid: sparsely populated, uncertain quality of services
- Coordination of different efforts (Refugee council, Unemployment insurance fund, Social insurance board incl. Victim Support, school psychologists, social workers, community psychologists, clinical psychologists, psychiatrists, police [in case of, e.g., child abuse or family violence],): let your right hand know what your left hand is doing
- Many temporary projects; fragmentation

Q3: Scalability

- How to scale up the MH help in times of crises?
 - Volunteer help
 - NGO's and charity organizations
 - Temporary programmes by the state
 - Coordination (left vs. right hand?)
 - ...

Many thanks: Inga, Karyna, Kätlin, Maris,
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