



# Survey of Mental Health Providers

## SUMMARY OF FINDINGS



The survey was conducted within the Veteran Reintegration Program implemented by IREX. The survey was coordinated and supported by Veteran Hub, the Ministry of Veterans' Affairs, Lifeline Ukraine, International Fund of Social Adaptation, and Development Foundation. The survey was made possible with support from the U.S. Department of State.

# Goal and Approach

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## GOAL

IREX conducted a survey of mental health (MH) workers to complement a nationwide survey of veterans and to design program activities to support mental health provision.

## APPROACH

- Mental health providers included psychologists, psychotherapists, psychiatrists, social workers, consultants and trainers who provide mental health support. 12% of respondents are veterans themselves.
- Mental health providers who have not worked with veterans could take the survey and were analyzed as a subgroup.
- Direct mailing and the snowball method were used for data collection.
- This exploratory survey sought to gather data on:
  - work experience in general
  - experience of work with veterans and their families
  - needs for additional skills, information, and knowledge
  - networking between mental health professionals
  - barriers to providing support to veterans

**Survey should **not** be viewed as a representative of all mental health providers or mental health providers who work with veterans.**

# Highlights

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- Most mental health providers that work with veterans have significant work experience. More than half of them started their work with veterans from the beginning of war (2014-2015).
- 78% of MH providers reported that they have been trained to work with veterans.
- 88% would like to be trained to work with veterans. The main areas in which MH providers want to be trained is cognitive behavioral therapy (CBT), psychotherapy, psychology, and eye movement desensitization and reprocessing (EMDR).
- Mental health providers mention that they lack professional literature (including Ukrainian translations), certified methodologies and protocols, questionnaires and other diagnostic tools for veterans.
- Providers said that the main challenge for them in working with veterans are financial issues. Most do not charge veterans for their services. Other barriers to working with veterans are providers' own trauma, burnout, emotional tension, and lack of training and experience.
- The main reasons why veterans seek mental health support are problems in family relationships, effects of PTSD, and consumption of alcohol and other substances. Many MH providers report that veterans are a closed group; they have low levels of trust in mental health providers, and low motivation to contact them.
- Some providers acknowledge that tackling the MH needs of veterans to be broader in scope: employment, benefits, and the self-fulfillment of veterans are important prerequisites for veterans' mental health.

# Data description

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- A link to the online survey link was sent to MH providers in the databases of Veteran Hub, Lifeline Ukraine, International Fund of Social Adaptation, Development Foundation, and IOM in Ukraine. Respondents were asked to share the link with their colleagues.
- Fieldwork lasted from May 25 to June 9, 2020.
- 166 forms were accepted to analysis.
- **In this report subsamples that are smaller than 30 cases should be viewed as small and percentages calculated from them as not statistically reliable but as a possible trend in the respective subgroup.**

## Number of returned forms

Group of respondents	Direct reach	Online reach	Total
Worked with veterans in the last 12 months	101	19	120
Has not worked with veterans in the last 12 months	26	20	46
Are not MH providers (not included into analysis)	37	7	44

# Respondent characteristics

Most survey respondents are psychologists and have higher education in psychology. Only 3% have education in military psychology. 64% of respondents have more than 5 years of experience.

## Profession (n=160, top 5 answers)



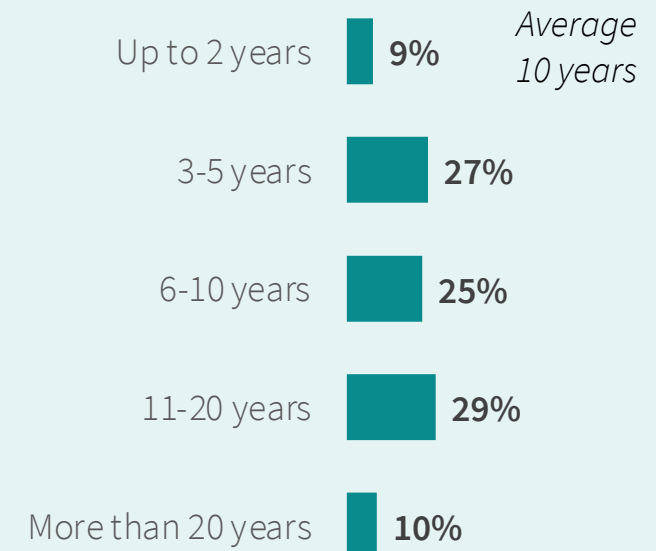
## Case study

Among the respondents there was a chaplain who is himself a veteran.

He has been helping other veterans since 2014 and opened a club for veterans where they have regular meetings. On average, each veteran attends these meetings about 40 times. He uses different forms of counseling, including work with the spouse and the family. He also provides mental health support for veterans via a hotline and has helped approximately 1,000 veterans.

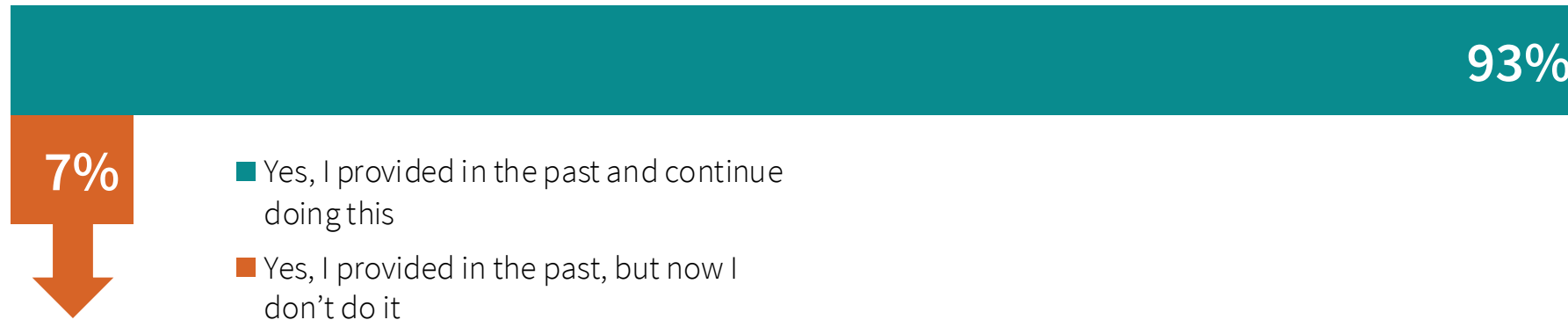


## Years of Experience (n=160)



# Respondent groups

Have you ever provided psychological support (individual or group), mental healthcare services or psychology-related training to veterans? (n=166)



## Why did you stop?

- Lack of experience and training
- Quarantine
- Exhaustion
- Lack of motivation, their own and veterans
- Project funding ended

## Would you return to this activity? (n=12)

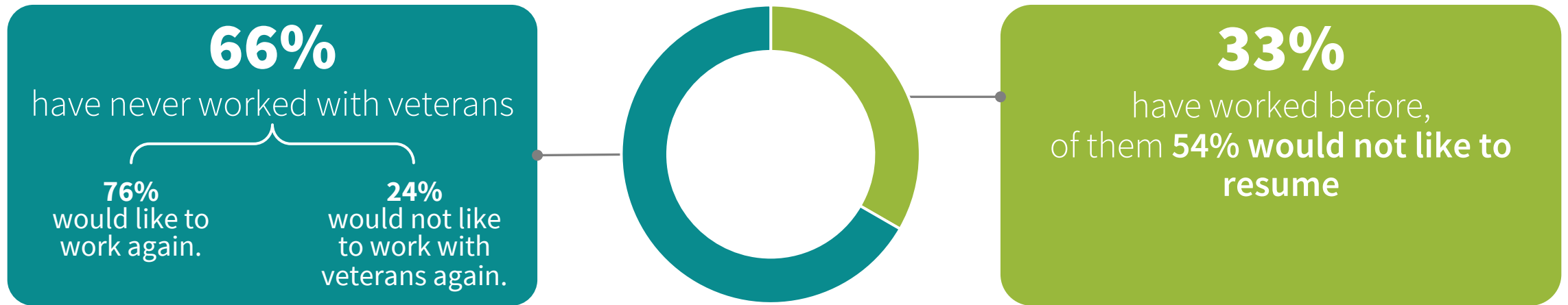
Yes 50%

No 50%



# Barriers to working with veterans

Of the 38 respondents who have not worked with veterans in the previous 12 months ...



Reasons for not wanting to start work with veterans:

- Not enough training or experience.
- No personal resource for this type of work.
- Veterans are not able to pay.
- Dislike of veterans, bad understanding of military people.

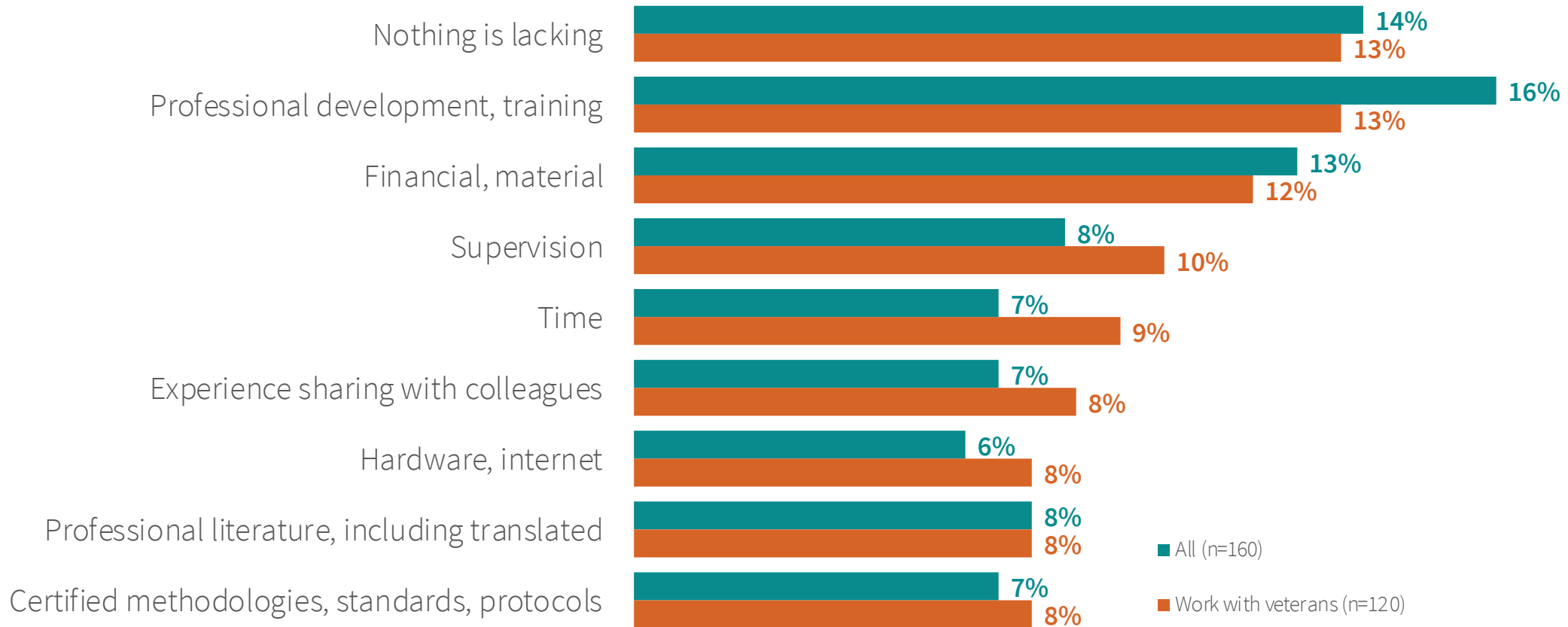


Reasons for not wanting to resume work with veterans:

- Trauma, burnout, emotional difficulties.
- Little experience for helping veterans.
- Their methodology is not suitable.
- Personal reasons
- They helped at the beginning of the war when there was a lack of professional care

# Resources and Skills that are lacking

## OQ: What resources are you lacking in your work? (top 9)



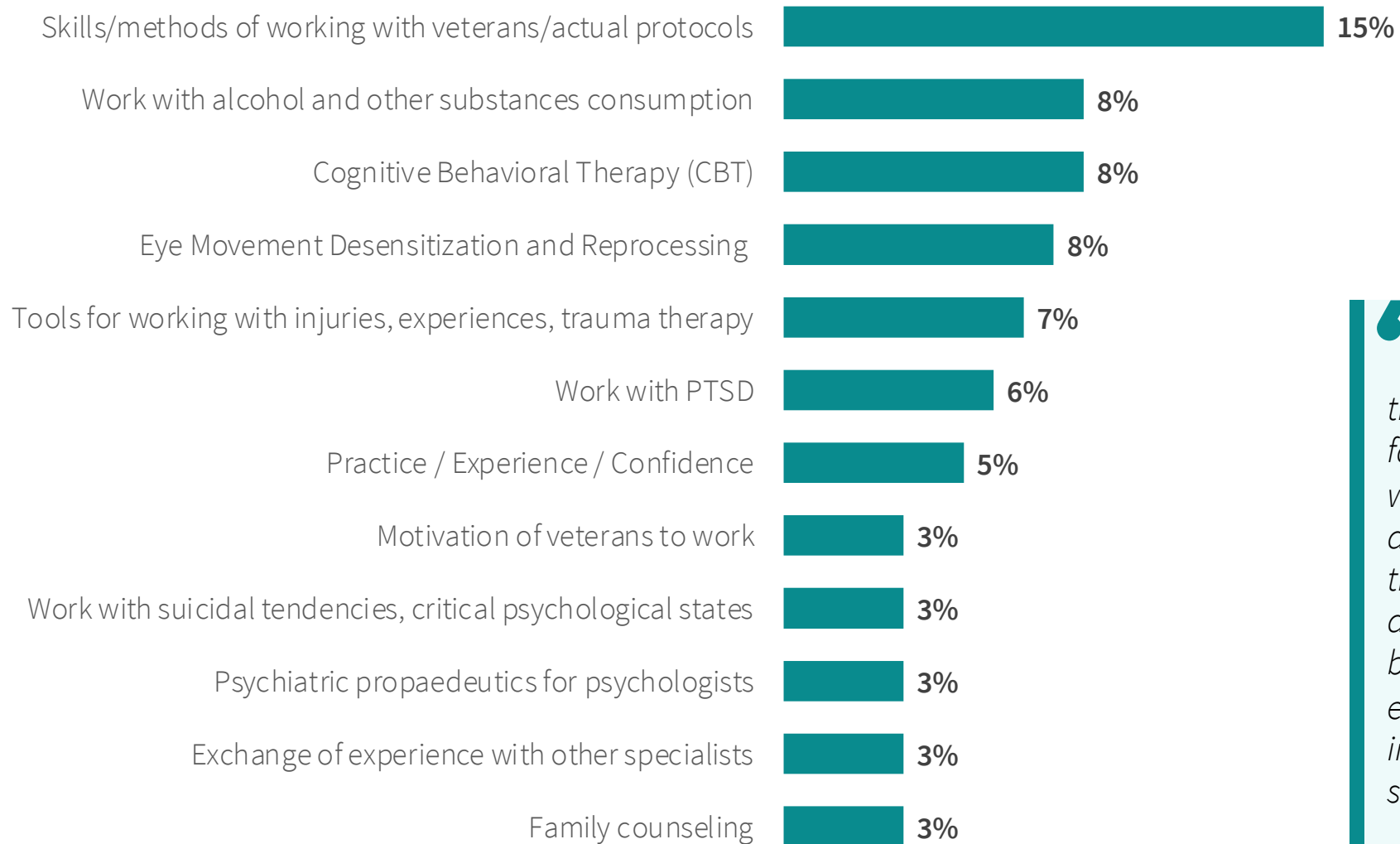
- Those who work with veterans mentioned that they lack **training, financial and material resources, and supervision**.
- Respondents mentioned that they **lack professional literature** (in Ukrainian), **methodologies for working with veterans and trauma**, certified methodologies and protocols, questionnaires and other diagnostic tools for veterans.

- Psychologists report gaps in their knowledge of specific skills, methods and protocols for working with veterans. They also reported that they need more techniques how to work with alcohol addiction and PTSD.



# Resources and Skills that are lacking

OQ: What knowledge or specific skills do you lack in your work with veterans? (n=120, top 12)

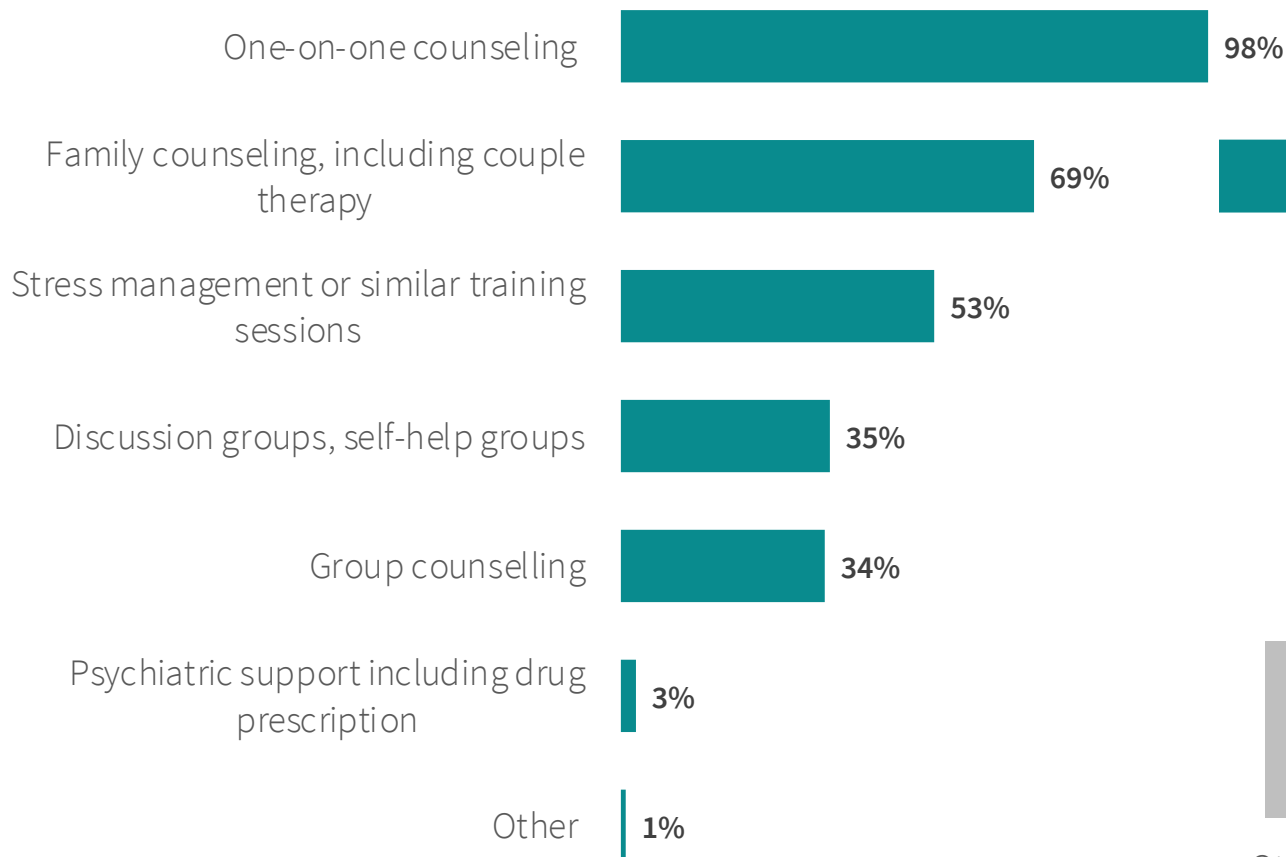


*“Resources for family therapy, especially for families with children where veterans have PTSD and other consequences of trauma, including diagnostic tools for stress, books on living traumatic experiences, lack of interactive tools and software for telemedicine”*

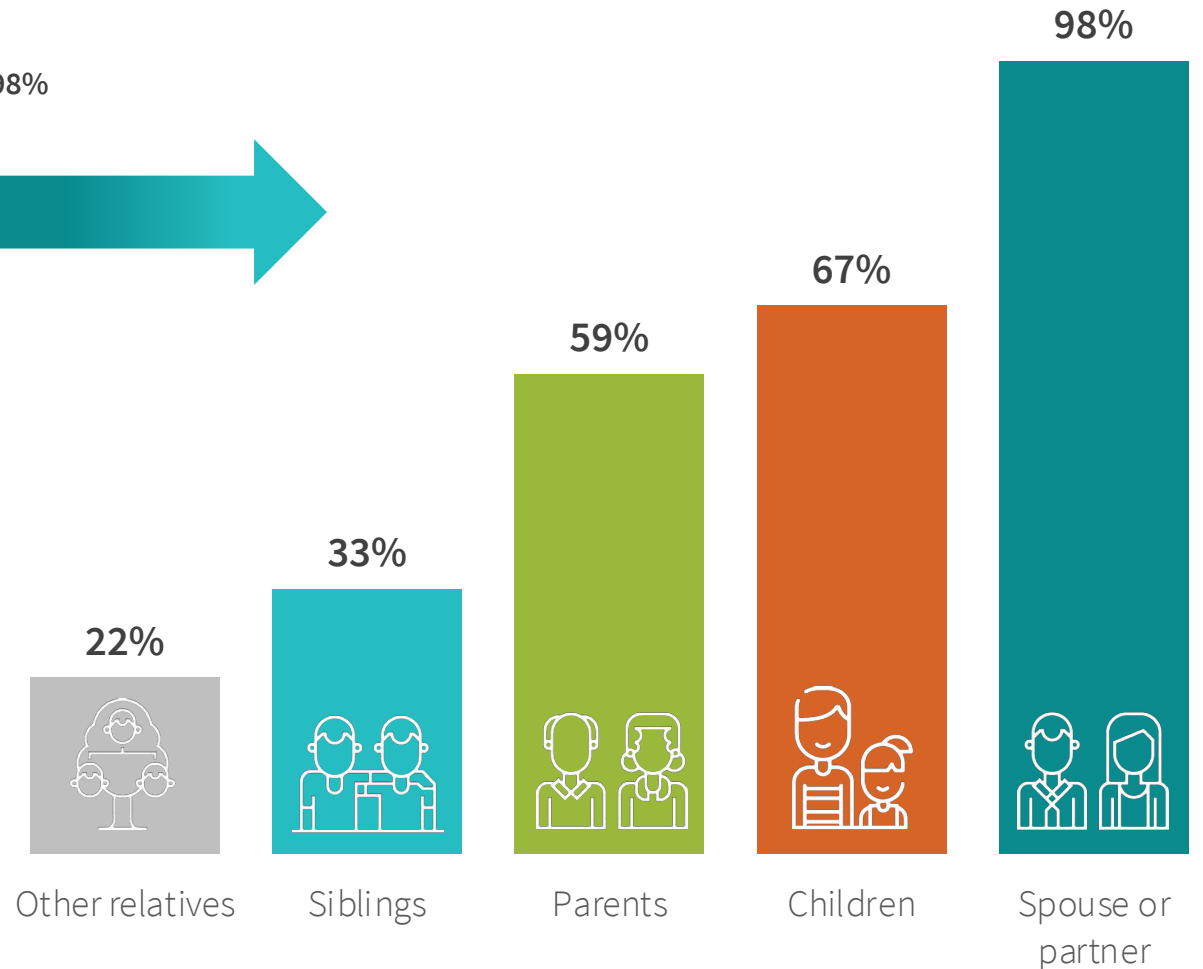
# Formats of work with veterans

- One-to-one counseling and family counseling are most frequently used forms for those who work with veterans.
- The vast majority of family counseling happens with spouse/partner.

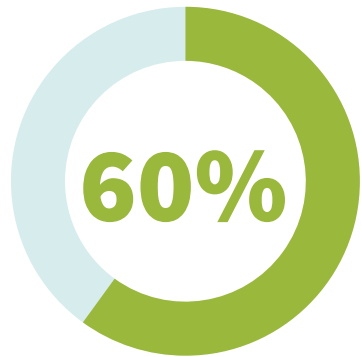
## Formats that you use (n=120)



## With which family members? (n=83)



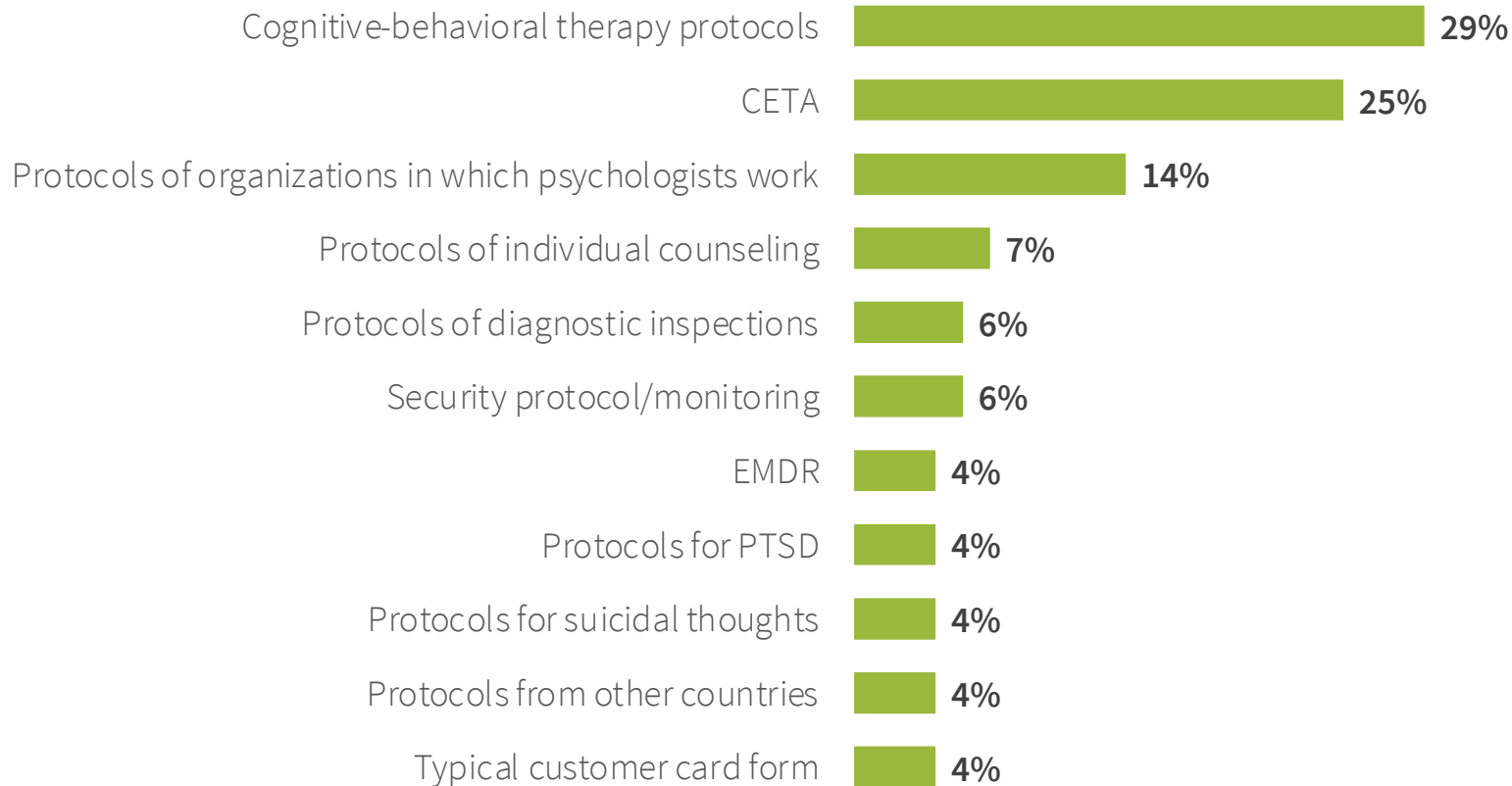
# Protocols for working with veterans



of psychologists reported that they follow specific protocols when working with veterans?



OQ: Which protocols? (n=72, top 11)

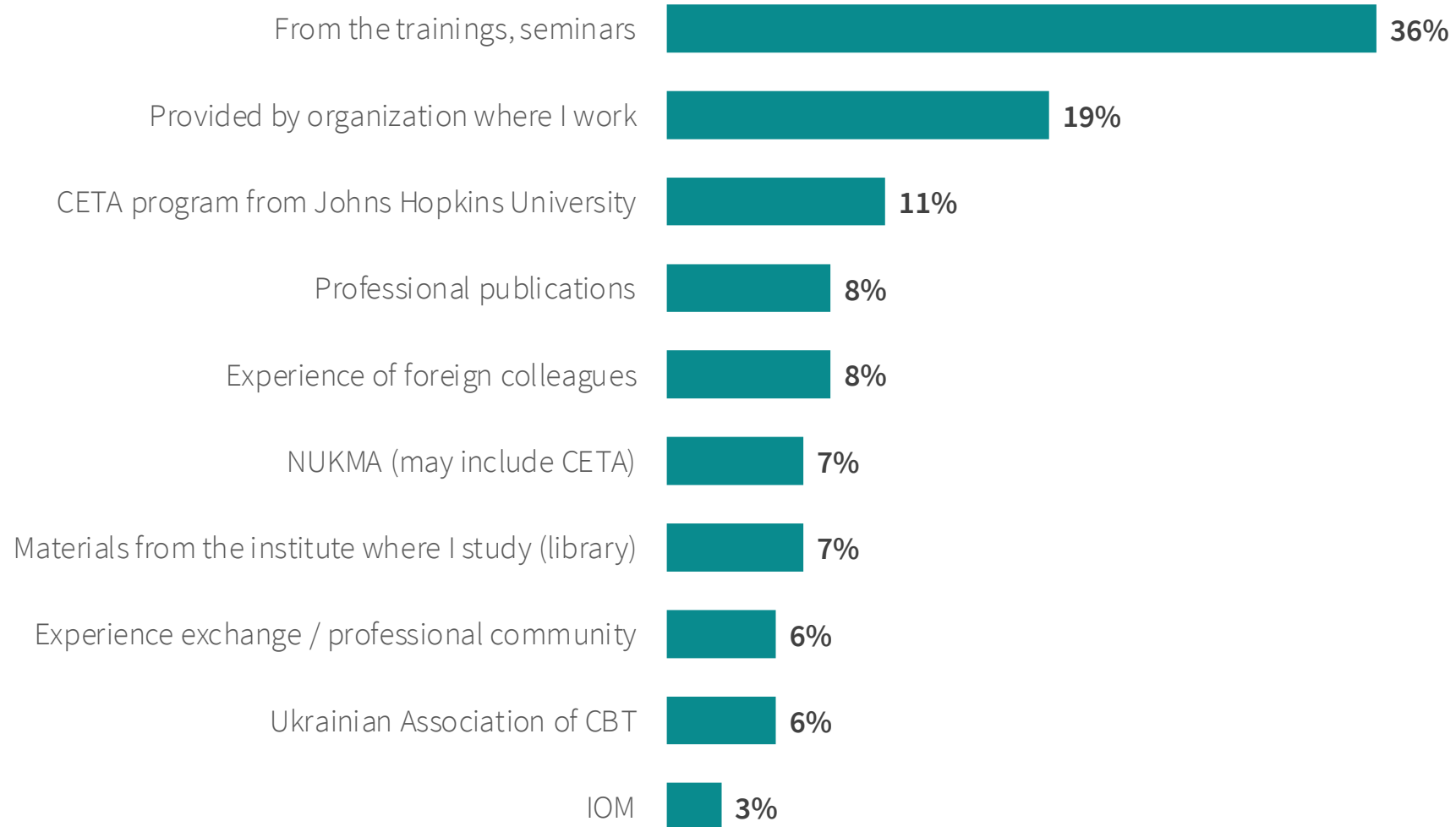


- **60% of MH providers follow specific protocols** when working with veterans. 99% used protocols in Ukrainian, 51% in Russian and 29% in English. Cognitive-behavioral therapy protocols and CETA are the most mentioned protocols that mental health specialists follow when working with veterans.
- Mental health providers learnt protocols mostly from **training, seminars, CETA program**, and from the organizations where they work.

# Protocols for working with veterans

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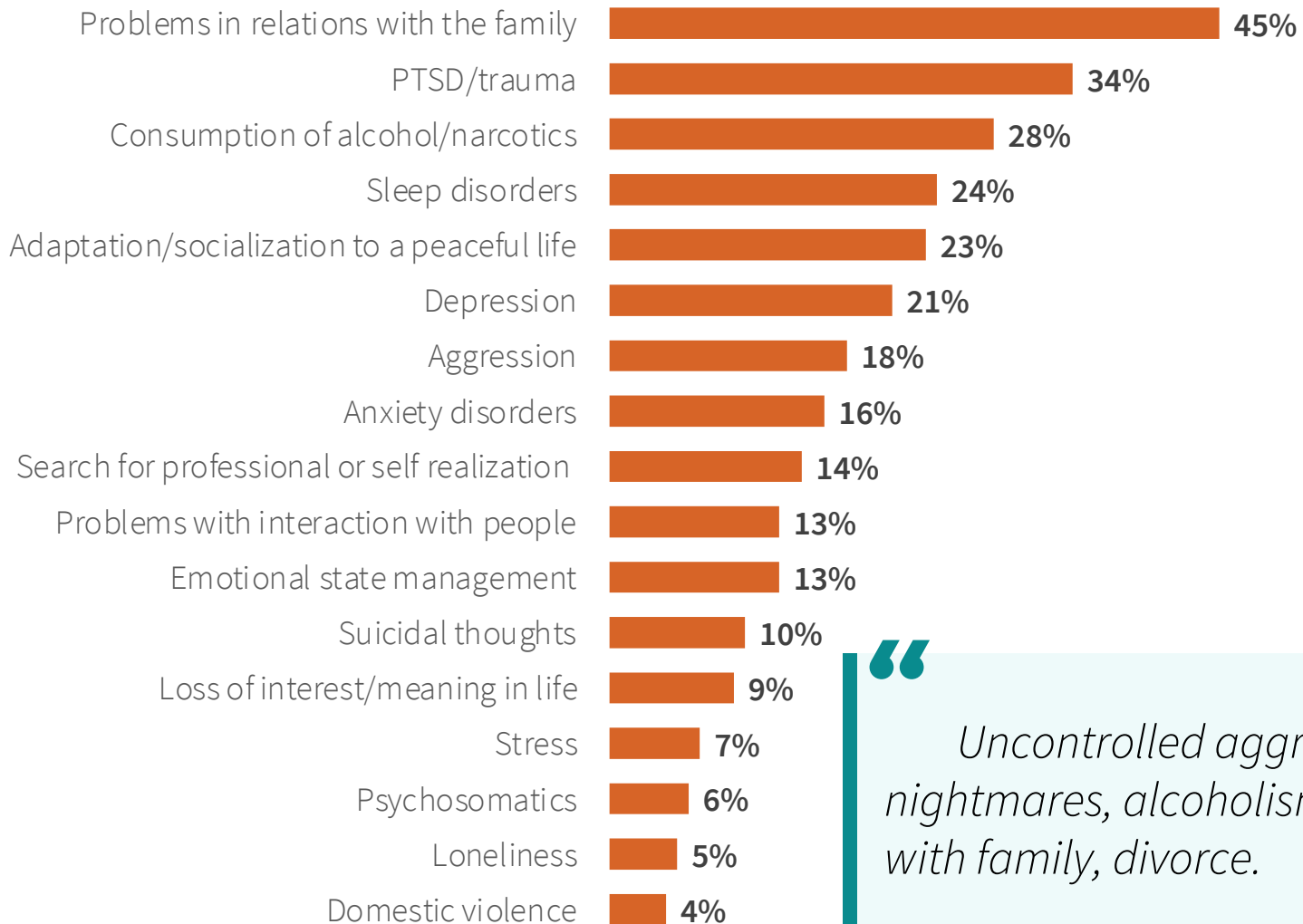
**OQ: Where do you find or receive these protocols (n=72, top 10)**



# Issues of veterans

OQ: What are the main issues of veterans you deal with?

(n=120, top 17)



- Problems in relationships with the family, effects of PTSD and consumption of alcohol and other substances are the main reasons for which veterans came to psychologists.
- **One in ten** mental health professional deals with suicidal thoughts in veterans.
- On average veterans attend **6.7 sessions.**

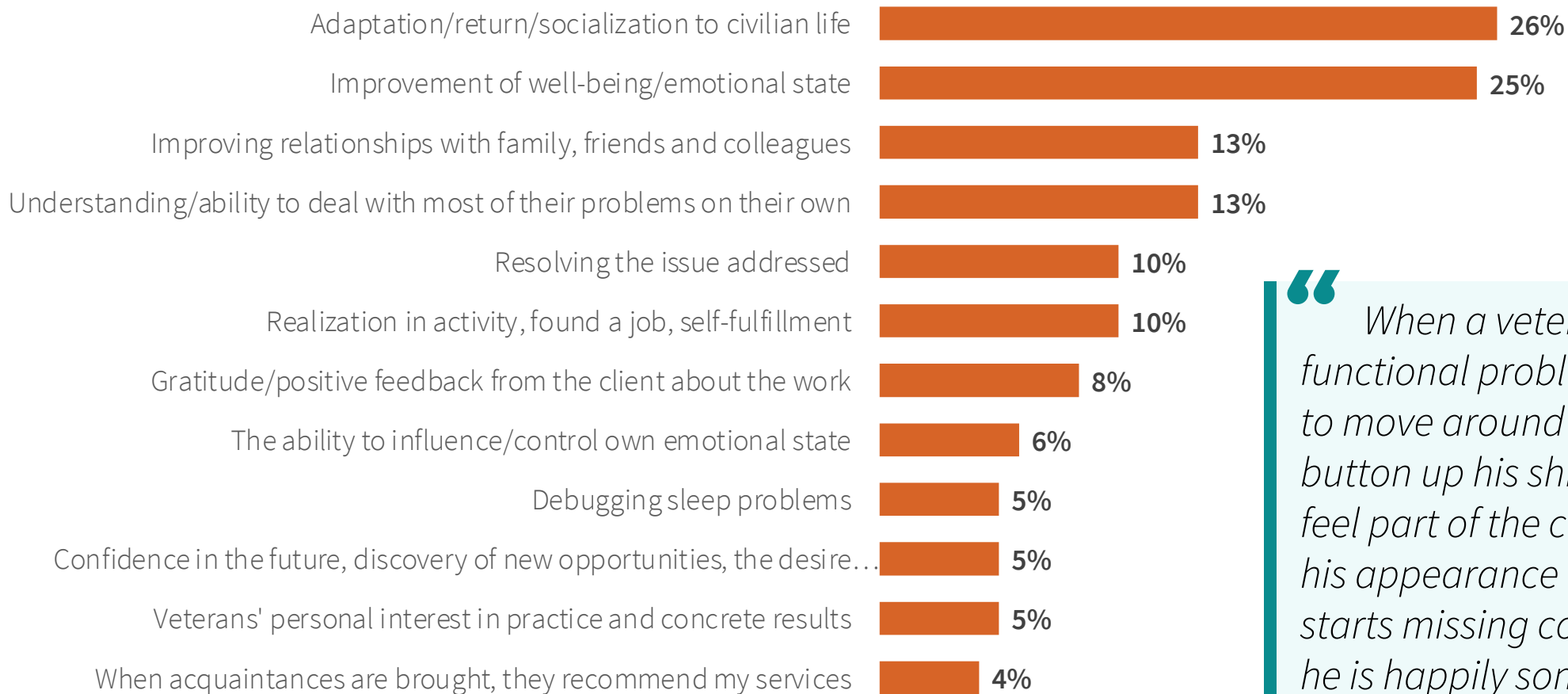
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*Uncontrolled aggression, nightmares, alcoholism, problems with family, divorce.*

“  
*Loss of meaning in life. Survivor's guilt. Aggression. Family conflict.*

# Successful result in work with veterans

Adaptation or returning to civilian life and improvement of well-being of veterans are the most commonly mentioned successful results in work with veterans.

## OQ: What would you consider successful result in work with veterans? (n=120, top 12)



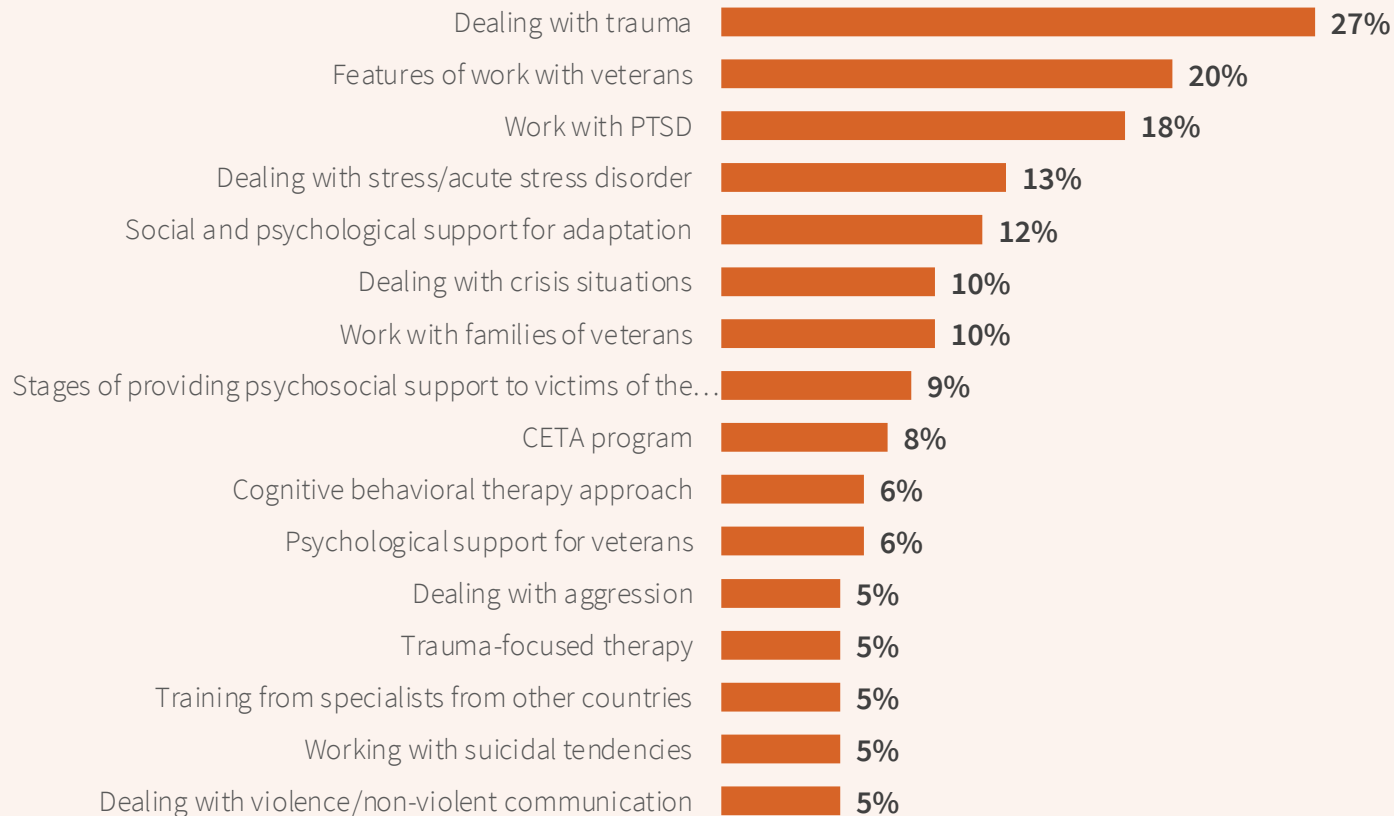
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*When a veteran stops having functional problems, becomes able to move around and help himself... button up his shirt, go to people and feel part of the community, and when his appearance changes and he starts missing consultations because he is happily somewhere else.*

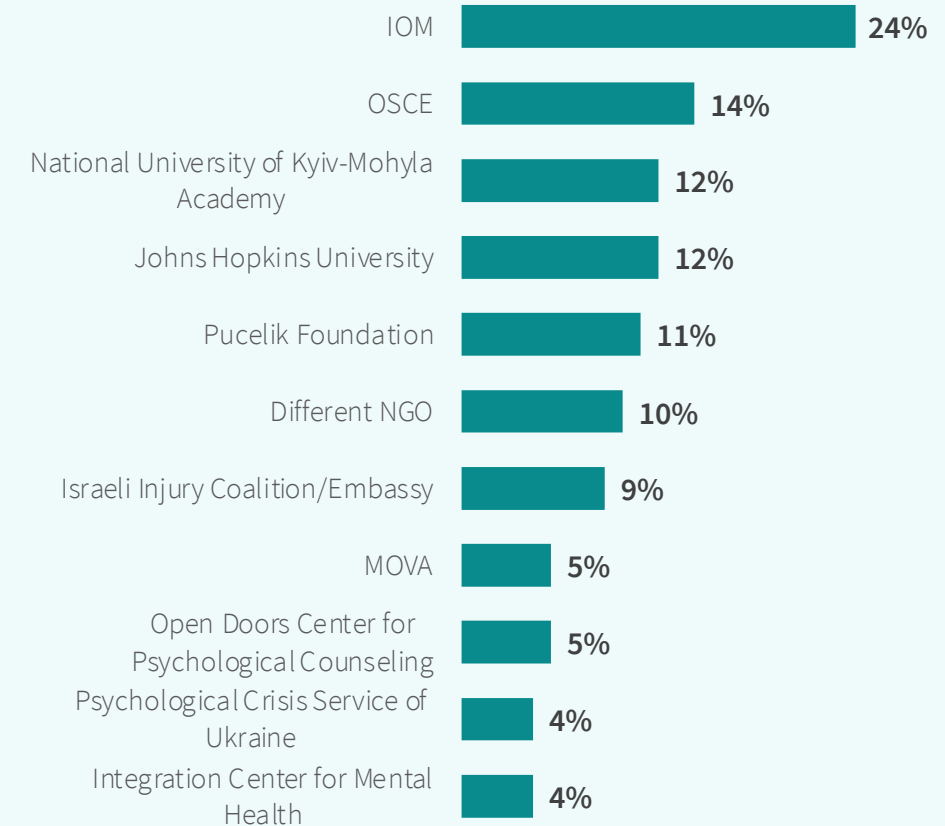
# Training to work with veterans

- 78% have been trained to work with veterans, of those the most often mentioned topics for trainings were how to work with trauma, PTSD, stress, and aspects of work with veterans.
- IOM is the most frequently mentioned organization that has conducted training. OSCE, NAUKMA, Johns Hopkins University (CETA) and are other mentioned organizations.

## OQ: What was this training about? (n=93) TOP-16



## OQ: Who conducted training? (n=93, top 11)



# Peculiarities in work with veterans

## OQ: What are the peculiarities in your work with veterans (as a group)? (n=120) TOP-18



- MH specialists reported that work with veterans required more personal qualities and skills from them, such as honesty, emotionality, sincerity and involvement in solving problems, accessibility because veterans have a keen sense of justice and are sensitive to falsehoods.
- During the work with them it is very difficult to establish contact and built up a relationship of trust.

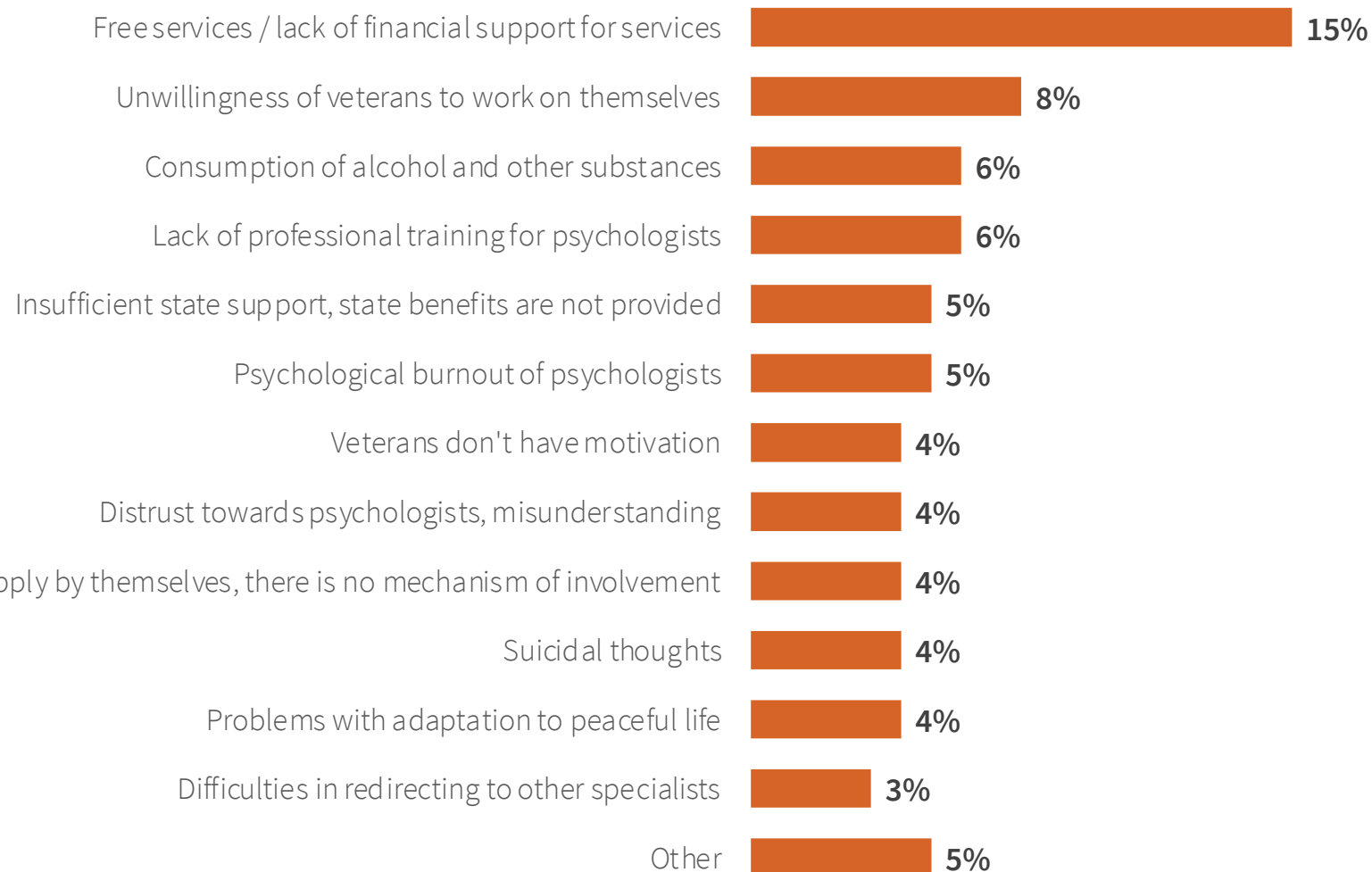
“ It is difficult. It is better to work in pairs with another specialist.

“ Need for a comprehensive solution to their domestic and psychological problems.



# Challenges in work with veterans

## OQ: What are main challenges of your work related to providing support to veterans? (n=120)

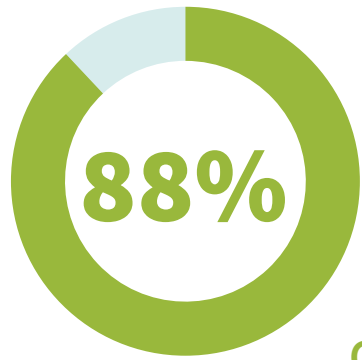


- Psychologists said that the main challenge for them is financial issues, as they usually do not charge veterans.
- Other challenges are unwillingness of veterans to receive mental help and veterans consuming alcohol.

“Lack of proper funding, no opportunity to improve skills”

“I work with veterans who are hospitalized - this is a short period of therapy. The topic of veterans, in the media has a negative color, I see it as an attempt to devalue the importance of state protection.”

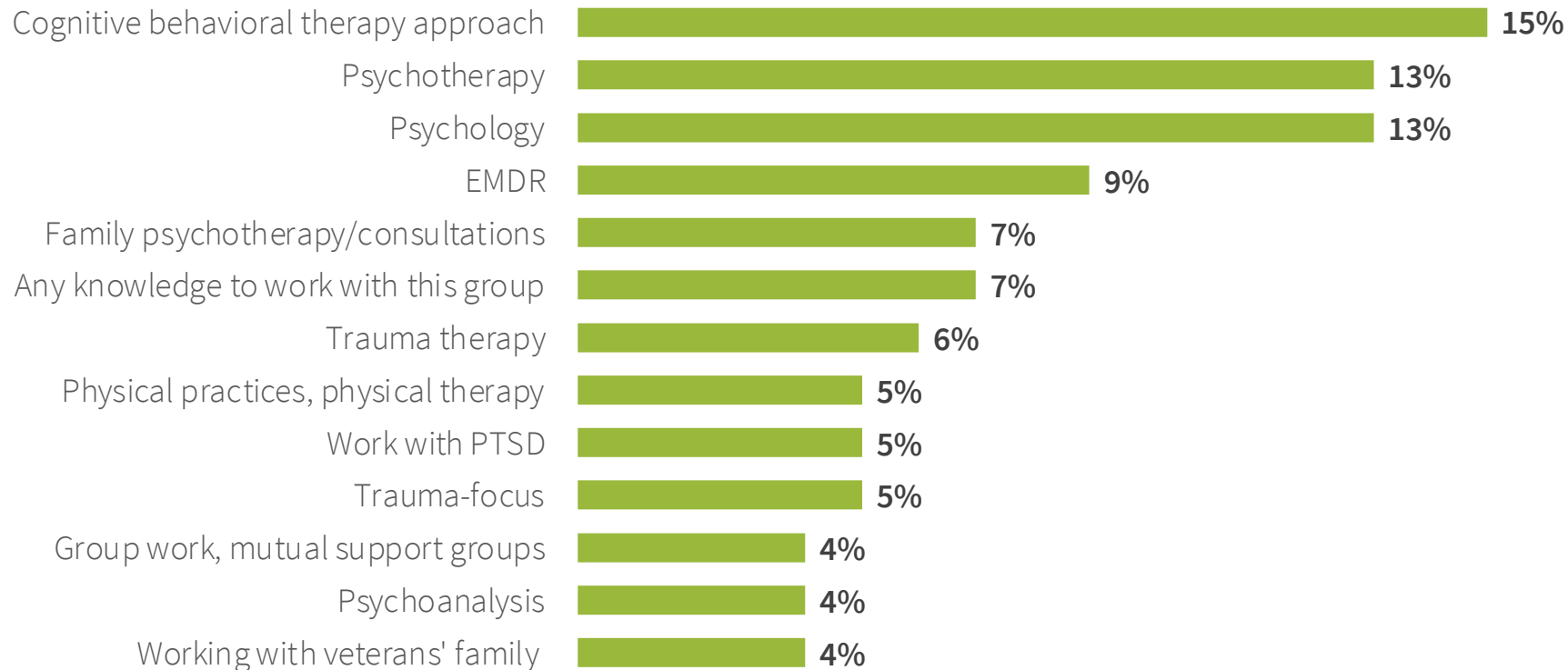
# Areas that psychologist would like to be trained to work with veterans



of psychologist reported that they would like to have training on work with veterans?



OQ: What areas would you like to be trained at? (n=105, top 13)



- The main areas in which mental health specialist would like to be trained is cognitive behavioral therapy, psychotherapy, psychology, EMDR technique.
- Other important areas are how to work with families of veterans, trauma therapy, and general knowledge about working with veterans.



*It is important for me to gain knowledge and expand the tools to work with this category of people to help even more effectively*

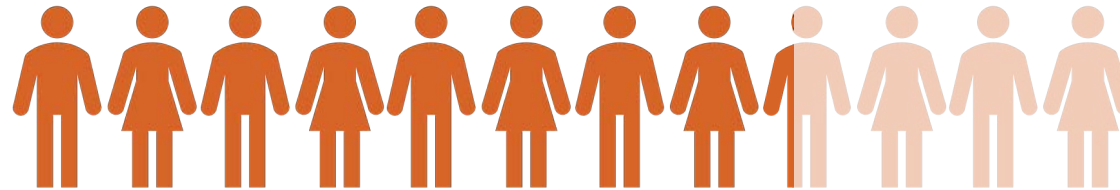
# Best practices sharing

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Do you have opportunities for sharing best practices on work with veterans with other colleagues in your field?

Yes 62%

No 38%



Of them (n=46):

**11%** would like to share their best practices with others

**85%** would like to receive best practices from others

**4%** would not like to share/receive best practices

# Recommendations

- 1 Translate and/or adapt** foreign protocols and methodologies for working with veterans and for specific MH problems (alcoholism, suicidal thoughts, depression, PTSD, and others).
- 2 More training.** Specifically on techniques for working with addiction, trauma, depression, PTSD, working with veterans in general, work with families of veterans, aggression, sleep problems, dealing with grief, returning prisoners, survivor's guilt. Training on cognitive behavioral therapy (CBT), eye movement desensitization and reprocessing (EMDR), working online or by phone, working during quarantine.
- 3 Organize support groups.** For example, support for families of veterans, groups for mental health workers who work with veterans (supervision and intervision groups, seminars, webinars, etc.).
- 4 Improve quality of state mental health services.** Including advocating for mental health services for veterans on the state level, revising state budgets for mental health services for veterans, and advocating for mental health services as a benefit for veterans.
- 5 Advocacy campaign** for veterans to reduce barriers such as mistrust and low motivation, for receiving MH support.
- 6 Small grants** for psychologists for providing mental health services for veterans.