

# MH4U Project Phase I External review Report

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## 1. Acknowledgement

From the external review team, we would specifically like to acknowledge our appreciation to:

- All the people who shared their views, ideas, and stories by taking time out for their busy days to contribute to group sessions, complete the surgery and or participate in an individual interview. You are very inspiring, and we felt very humbled by your passion and commitment, especially during very challenging and complex time in Ukraine.
- MH4U Team for their amazing support in organizing group stakeholder sessions. You are an amazing team, and we wish you the very best for this and the next phase.
- MH4U project for organizing and funding the translation services. They were critical for enabling people to share their stories and perspectives.
- To SDC for inviting us to do this external review. It is life changing work.

### 3 Key messages from stakeholders

*“Thank you very much for your faith in small organizations. Thank you very much for having faith in the fact that it's also possible to implement projects and initiatives in high risk or hazardous areas. Because it's also a risk that you as project managers assume because we can never predict potential missile attacks, we can never have certainty that we will be able to successfully complete something, we are never sure whether that space will be able to continue functioning, but you take chances there, you are ready to assume that risk. I'm talking about that, and my eyes are tearing up so I'm sending you my big heart.”* **NGO partner**

*“We really experienced a great influence of MH4U initiatives because working together, it helps us to persuade our psychologists that they can change something, that they can have influence to different areas, example, legislation, standards, education standards and so on... and the number of members of the National Psychological Association is growing very fast in part thanks to the collaboration with MH4U.”*

**Professional association representative**

*“As far as I know, the Ambassador Program is the first opportunity to provide a public platform for people with mental disorders to speak publicly and invite them to participate in decision-making, because the important principle is nothing about us without us and not making decisions about our lives without us.”*

**Mental Health Ambassador**

## 2. Abbreviations

SDC	Swiss Agency for Development and Cooperation
GFA	GFA Consulting Group GmbH
Implemental	Implemental Worldwide C.I.C
MH4U	Mental Health for Ukraine Project
WHO	World Health Organization
MoH	Ministry of Health of Ukraine
NHSU	National Health Service of Ukraine
UCU	Ukrainian Catholic University
SWOT	Strengths, Weaknesses, Opportunities, and Threats Analysis
TOWS	An extension of the SWOT Analysis framework that goes further in looking to match up the Strengths with Opportunities and the Threats with Weaknesses
Ambassadors	People with lived experience
LIT	Local Implementation Team
OCC	Oblast Coordination Committee
NGO	Non-Governmental Organization
MHPSS	Mental health and psychosocial support
mhGAP	WHO Mental Health Gap Action Programme for family doctors

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#### 4. Executive Summary

This external review conducted on the MH4U project, aimed to assess its implementation and impact on Ukraine's mental health system. The evaluation process involved a thorough desk review of relevant documents, engaging stakeholders through interviews and group sessions, and administering a survey questionnaire.

The external review of MH4U Phase One highlights notable achievements, challenges encountered, and provides recommendations for Phase Two. Stakeholders have expressed positive feedback, emphasizing the project's significant impact on destigmatizing mental disorders, improving service provision, and enhancing the overall quality of life for individuals and their families. The project's effectiveness is evident in its accomplishments, such as building capacity, raising awareness, promoting integration, and empowering individuals with lived experience through the Ambassador Program. (Please see Appendix 1 for recent summary of achievements).

The collaboration assessment of the MH4U project highlights its success in effectively coordinating with international bodies, establishing strong local partnerships, and fostering collaboration at strategic, regional, and community levels. Achievement have been reaches through various collaborations, including the successful delivery of training programs and the implementation of small grant initiatives. The project demonstrates a strong commitment to long-term sustainability and local ownership.

The external review process identifies crucial areas for scaling up and diversification. Factors that facilitate successful scaling up, such as relevance and effectiveness, are carefully considered. Recommendations include the selection of innovative approaches, phased scaling up, alignment with national institutions, and prioritizing effective dissemination. The importance of empowering individuals through comprehensive training and ongoing support is emphasized.

The review examines the sustainability of the project, addressing structural, relational, and transformative changes within the field of mental health. The project advocates for mental health policies, builds capacity through training initiatives, aligns resource flows, establishes meaningful relationships with stakeholders, strategically addresses power dynamics, and challenges existing mental health beliefs.

The report also highlights the significant impact of the MH4U project on policy dialogue and systemic changes in mental health. Through technical assistance, the project has successfully influenced national and regional policy discussions. Moving forward, it is recommended that the project continues to actively engage in policy dialogues and provide evidence-based advice to further drive positive change.

Emphasizing the need for a cohesive planning process, the report underscores the importance of prioritizing and scaling up innovations in alignment with national priorities. A robust data strategy is deemed essential, with a specific focus on community and primary care. Consolidating key components and aligning training accordingly are also highlighted. Additionally, the review emphasizes the significance of advocacy, awareness raising, and strengthening support for ambassadors.

Overall, despite facing challenges such as shifting government priorities, the MH4U project has successfully improved mental healthcare in Ukraine. Through its comprehensive approach, which includes capacity building, community-based approaches, and strategic policy engagement, the project has made significant progress. Navigating these challenges remains an ongoing task, but with continued support and a commitment to sustainability, the project has the potential to further strengthen Ukraine's mental health system.

## 5. Introduction and Background

The mental health system in Ukraine has made significant progress in recent years, recognizing the importance of addressing mental health issues and improving services and support for individuals with mental health conditions. Previously, mental health services in Ukraine were primarily provided through psychiatric hospitals and clinics, with a focus on treatment and management of mental illnesses. However, the country has taken steps to modernize and reform its mental health system.

In the early 2000s, Ukraine introduced the Law on Psychiatric Care, providing a comprehensive framework to regulate psychiatric care and formalize mental health services. This was followed by the State Target Complex Program for the Development of Mental Health in Ukraine in 2006, which laid the groundwork for future initiatives. The involvement of the Swiss Agency for Development and Cooperation (SDC) in 2007 further supported mental health projects and provided resources to enhance services and infrastructure.

Ukraine initiated a health system reform in 2015, aiming to improve population health outcomes and financial protection. This included modernizing service delivery, changing provider payment arrangements, and enhancing care quality. The Law on Financial Guarantees for Health Care Services in 2017 established the Program of Medical Guarantees and the National Health Service of Ukraine (NHSU) as the strategic purchaser, expanding coverage and shifting towards patient-centered financing.<sup>1</sup>

The Cabinet of Ministers of Ukraine's Concept Note of State Targeted Mental Health Program in 2017 provided a long-term vision for mental health development until 2030<sup>2</sup>, ensuring sustained progress in mental health services. The revision of the Law on Psychiatric Care in 2018<sup>3</sup> introduced new protective measures for individuals with severe mental disabilities during hospitalization, emphasizing the rights and well-being of individuals with mental health conditions.

The MH4U project, supported by the SDC started the implementation phase in late 2019. The project is implemented by GFA Consulting Group GmbH in partnership with Implemental Worldwide C.I.C, University Hospital of Psychiatry Zürich, and Ukrainian Catholic University (UCU) with the Ministry of Health of Ukraine (MoH) as direct beneficiary. The overall goal of MH4U is to improve the quality of and access to care and psychosocial support for people living with mental health disorders in Ukraine. The intervention was planned for Lviv, Luhansk, and Donetsk oblast that were still under government control after the Russian invasion in Eastern Ukraine in 2014. The project was initially planned to have 3 Outcomes: Outcome 1 (institutions) aimed to support national and oblast authorities to deliver an adequate legal framework, institutional support, coordination and leadership for community-based mental health care; Outcome 2 (service delivery) was designed to support mental health service providers to deliver evidence-based services which are accessible and coordinated across sectors and levels of care; Outcome 3 (people) focuses on awareness raising so that Ukrainian people are more aware of ways to prevent mental health disorders and are more open to use mental health services.

However, the outbreak of the COVID-19 pandemic in 2020 had a significant impact on mental health services worldwide, including Ukraine. Adjustments were made to provide robust mental health support during times of

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<sup>1</sup> World Bank report on Health Financing Reform in Ukraine Progress and Future Directions

<sup>2</sup> Order of the Cabinet of Ministers of Ukraine dated December 27, 2017, No. 1018, Kyiv

<sup>3</sup> Judgement of the Constitutional Court of Ukraine, in the case on the constitutional petition of the Commissioner of the Verkhovna Rada of Ukraine for Human Rights regarding the compliance of the Constitution of Ukraine with the provisions of the sixth sentence of part one of Article 13 of the Law of Ukraine 'On Psychiatric Care'

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crisis within specified outcomes within additional credit proposals aligned with the SDC Cooperation Programme.<sup>4</sup>

Starting in 2021, the MoH and the NHSU initiated a phased expansion of primary healthcare services covered by the PMG, explicitly including mental and behavioral disorders. The National Mental Health Action Plan for 2021–2023<sup>5</sup> provided a roadmap for mental health development, addressing the evolving needs of the population.

The invasion by the Russian Federation in 2022 further strained the mental health system, leading to emergency responses and additional credits received by the MH4U project to scale up support and services. After the full-scale invasion, Donetsk and Luhansk became inaccessible and MH4U extended its field activities to the regions Chernivtsi, Rivne, Dnipro, and Kyiv.

The adverse effects of the war put an acceleration mode to the mental health reform in Ukraine. The establishment of inter-agency coordination for mental health care by MoH in collaboration with the Office of the First Lady and other partners, the launch of the National Mental Health and Psychosocial Support Program, and Ukraine's acceptance as a candidate member of the European Union further emphasized the commitment to aligning mental health development with international standards and integrating mental health into broader healthcare systems.

The MoH introduced a plan in June 2022 to restore the country's healthcare system from the effects of the war, covering the period from 2022 to 2032 and an Operational Roadmap<sup>6</sup> was established to guide mental health and psychosocial support efforts.

The MH4U project received additional credit in 2023, including the provision of supported living arrangements and the establishment of mental health centers, aimed to address the ongoing mental health challenges faced by the population in Lviv, Rivne, Chernivtsi, Dnipro, and Kyiv.

The external review of MH4U Phase One of the project was initiated by SDC and aims to assess achievements, challenges, and provide recommendations for shaping Phase Two within this report.

## **6. Evaluation Design and Methodology**

### **3.1 Approach**

The primary objective for the end of Phase One external review was to complete a pragmatic external evaluation/review of MH4U project implementation and impact on the development of Ukraine's mental health system. This included:

- Description of practical implementation achievements by the MH4U project and new resources, including specific changes and achievements related to the current full-scale invasion by Russia.
- An assessment of the factors that have positively and adversely impacted overall implementation Including impact of COVID-19 pandemic and the full-scale invasion of Russia.
- Assessing the collaboration between the project, its partners, and stakeholders.

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<sup>4</sup> Swiss Cooperation Programme Ukraine 2020–23

<sup>5</sup> Order of the Cabinet of Ministers of Ukraine dated October 6, 2021, No. 1215-r Kyiv.

<sup>6</sup> Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap, December 5, 2022



- Providing a high-level analysis, the project's capacity to influence systemic changes and contribute to policy dialogue at different levels, national and local.
- Providing recommendations for scaling up the project's interventions and ensuring their sustainability including scaling up considerations for Phase 2 in the context of ongoing war.

The review process was designed around a triangulated assessment process: desk review of relevant documentation; stakeholder engagement and feedback process; review of MH4U data.

The evaluation framework was designed to align to the External Review Terms of Reference key domains and questions. These included: Relevance; Effectiveness; Impacts and Outcomes; Alignment and Harmonization; Lessons Learnt and Recommendations for a Phase 2. The domains are a standard framework used for all SDC project reviews.

Following completion of data collection, a narrative summary of analysis insights was developed including SWOT followed by TOWS analysis to assist in collating all three arms of assessment.

## 3.2 Process

3.2.1 Selection of data sources: SDC National Programme Officer (Petri Ilkiv) and MH4U / GFA Project Manager (Heiko Königstein) provided relevant documents for the desk review and assisted in finalizing the stakeholder lists in the first week.

3.2.2 Desk Review: The review team were provided with a range of project specific and general background documents: (full available upon request). A total of 22 documents were reviewed as part of the Desk Review process: Context Documents (n=8) included documents that informed development of project and described Ukraine mental health system context and assessment of need. Project Documents (n=14) included reports and documents that were directly linked to project design, implementation, evaluation, and monitoring.

3.2.3 Quantitative Data: We prioritized reviewing existing data where it was available. The primary sources of data were found in annual Operational reports (monitoring and evaluation data on project outputs), Credit proposals (financial investment), recent research report on impact of mental health awareness campaigns <sup>7</sup>.

3.2.4 Design of stakeholder engagement process: Three different modes of engagement were undertaken between 28<sup>th</sup> July and 18<sup>th</sup> August 2023 in an approach focused on wide engagement of the diverse beneficiaries, partners, and perspectives. All face-to-face engagement was over Zoom, recorded using an AI tool (Fathom), with a full transcript provided.

The three modes of engagement included:

- *Individual interviews with key leadership roles*: One completed interview had translation service.
- *Group sessions* for each Outcome cluster plus specific group sessions for Ambassadors and other Projects. All group sessions had translation service available over zoom.
- *Survey questionnaire* for those who were not able to participate in a group or individual session or were not able to share all they had wanted to in those sessions. Survey tool was Google survey and provided in Ukrainian language.

70 people participated in at least one of the engagement opportunities to provide feedback. A challenge for engagement was the short timeframe, the impact of the current context of Ukraine and the full-scale invasion of people's priorities and availability, and it being August. (See Appendix 2 List of Stakeholder Participants).

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<sup>7</sup> An end-line study of awareness and perception about mental health and mental disorders: Masiyenko/Zagryvenko Hub for One Health. June 2023



**Table 1: Breakdown of Stakeholder engagement**

<b>Stakeholder Group workshops</b>	Total 45 people	<ul style="list-style-type: none"> <li>Ambassadors (n=6)</li> <li>Outcome 1: Policy &amp; national coordination (n=3)</li> <li>Outcome 2: Service Delivery (n= 12)</li> <li>Outcome 3: Population (n=7)</li> <li>Outcome 4: Emergency Response (n=15)</li> <li>Outcome 5: Supported Living (n=5)</li> <li>Other projects: (n=3). MED Project, Act4Health, World Bank Ukraine. No response from WHO or USAID</li> </ul>
<b>Individual Interviews</b>	N=7 interviews (8 People) out of 9 planned)	<ul style="list-style-type: none"> <li>SDC &amp; MH4U Project key people (n=4):</li> <li>National Institutions- (MoH and Coordination Centre on Mental Health at the Cabinet of Ministers of Ukraine) n=2</li> <li>University Zurich n=1</li> <li>Institute of Mental Health (n=1)</li> <li>Institute of Psychiatry: The interview fell over technical issues after Lviv bombing:</li> <li>No response to invitations from Min Social Policy or with NHS</li> </ul>
<b>Survey</b>	n= 19	A range of regional/ oblast partners and providers (see appendix 2)

3.2.5 Sampling of stakeholders: Given the current context in Ukraine and a short timeline for the review, a decision was made to prioritize interviews and engagement with a cross section of beneficiaries including representatives of:

- National institutions/ committees (MoH, Coordination Centre on Mental Health at the Cabinet of Ministers of Ukraine)
- International donor and humanitarian agency partners (WHO, World Bank, USAID and other SDC projects).
- MH4U Steering Group - Project Implementing partners including GFA, Implemental Worldwide: Zurich University, Institute of Mental Health.
- Ambassadors (people with lived experience).
- MH4U project team along with people, organizations linked to each Outcome area.

A direct invitation was sent to potential individual interviewees. MH4U component leads were asked to invite stakeholders to link to their outcome area for the group sessions. An invitation to complete the survey was sent out in the MH4U newsletter (7 Aug) in addition to sharing that as an opportunity through group sessions and to participants, and those who were not able to join an interview.

3.2.6 Voice of lived experience and families: Meeting with members of the Ambassador programme was a priority. Some of that group also joined other group sessions. Family members participated in the Supported Living component (Outcome 5). A pragmatic decision was taken not undertake direct open engagement with individuals, and or families, who had personally used services where MH4U was involved in supporting implementation or set up. This was due to the focus of the review being on project implementation not on quality of services delivered directly to the public, the stage of development of those services and complex situation in Ukraine during these hard times both for the population and for the implementation process.

3.2.7 Design of questionnaire tool: Three questionnaires were developed by the review team (available upon request) with a focus on getting input related to Terms of Reference OR domains. Questions were kept as

consistent as possible for each of the three modes of engagement: Individual interviews: Group sessions and the Survey.

In summary the questionnaires were designed to elicit feedback on:

- Practical implementation achievements (what was put in place), the alignment with the original intention of MH4U, and impact to date on the local mental health system:
- Strengths and challenges of the implementation process given the context of past 3-4 years:
- Recommendations to be considered for shaping Phase 2 (from January 2024) in terms of scaling up and ensuring sustainability.
- Key messages for MH4U project

## 7. Review of Achievements and Contributions to Overall Goal

### 4.1 Relevance

MH4U has made a significant contribution to advocacy for change, provided regular technical advice, and supplied tools and resources to support the ongoing Mental health reform in Ukraine. The project has been recognized by stakeholders as having had a significant contribution to developing capacity of primary care, Community and NGO providers to respond to mental health needs in their communities. (See Appendix 1)

There is clear evidence from stakeholders, and in its project reports, that MH4U has assisted with responding to the escalating mental health need as result of COVID-19 (Feb'20) and the impact of full-scale invasion by Russia (Feb24, 2022) through its training and skill development programs, supporting implementation of humanitarian responses and MHPSS programmes through coordination activities and the small grants.

MH4U has helped to articulate and communicate a more hopeful, positive future direction and life for people living with mental health issues, one that strongly aligns and supports living with dignity, and respect for human rights; this may not always feel comfortable for those in institutional roles.

The project has invested a strong focus in building population awareness, knowledge and attitudinal change to tackle stigma, attitudes about mental health, foster greater self-management and help-seeking. This is an essential foundation to country wide reform and building better outcomes for people.

Despite the challenges of the past four years, MH4U has achieved many of its original stated objectives. The full-scale invasion in Eastern Ukraine meant that some of the initiatives there had to be put on hold, but others have developed in other parts of the country. The project has also diversified its implementation scope through two new clusters: i) supporting emergency response (Component 4) and ii) Supporting Living pilots (Component 5). Much of the training and skill development has strengthened clinical and non-clinical awareness and skills in responding to impacts of war.

#### Summary of feedback from stakeholders included:

The project is relevant to the current context and should continue to move forward. It has had a positive impact on destigmatizing mental disorders, improving the provision of psychiatric and psychological assistance, and enhancing the quality of life for individuals with mental disorders and their families.

MH4U is building a strong change platform that should be sustainable into the future, and resilient to current context. Building skills, capacities and motivation for communities and professionals to develop their own improved mental health eco-systems.

Overall, the project is **relevant, important, and effective**. It has made significant strides in the field of mental health and **deserves recognition for its professional competence, support, and understanding**.

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### 4.3 Effectiveness

The MH4U project has proven to be effective in its endeavors to advocate for mental health, build capacities of specialists in the field of mental health, unite local community actors to proceed in planning a multidisciplinary approach in the field of mental health, empower individuals, and raise awareness at various levels. These conclusions can be drawn from both the desk review and interviews with stakeholders. According to stakeholders, the project has achieved significant results and addressed several concerns, as outlined below:

#### *United Network and Legislative Impact:*

- Successfully united individuals in Ukraine who share common values and visions for the future of the mental health system.
- Facilitated discussions and clarified possible ways forward for the mental health system in Ukraine.
- Played a significant role in developing draft changes to mental health legislation in Ukraine.
- Aimed to allow family doctors to provide mental health care and garnered collaboration with the National Health Service of Ukraine.
- Prompted national authorities to consider financing and training for primary individuals with mental health issues.

#### *Capacity building and service delivery Impact:*

- Increased knowledge and understanding of mental health among professionals.
- Established strong contacts at community levels.
- Aims to bring a human approach to psychiatry and promote the integration of people with mental health disorders into social and normal life.
- Expanded operations to more regions and continues to produce excellent materials and products.
- Developed Mental Health Centers at the community level and Youth Friendly spaces with initiatives such as camps for children that can be scaled up.

#### *Awareness Campaigns and Online Impact:*

- Launched an anti-stigma campaign addressing societal issues surrounding mental health problems in Ukraine.
- Had a positive impact on the online space, inspiring other independent initiatives and campaigns related to mental health.
- Became the third most important information source for Ukrainians regarding mental health.
- Increased understanding and reduced stigma surrounding mental health.
- Developed well-designed platforms, including the MH4U website, for information on mental health.
- Collaborated with partners and used by many public organizations to discuss mental health.
- Bridged the gap between mental health and communication, developing the right language and strategies.
- Contributed to destigmatizing mental health at the community level and launched various initiatives and projects.

#### *Emergency Response:*

- Redesigned plans to respond to the increased need for mental health interventions caused by COVID-19 and the conflict in Ukraine.
- Adapted to the war situation by providing online trainings and tools for psychological recovery.
- Provided emergency support for internally displaced people, addressing their mental health needs.

- Piloted the "Living in Waiting" and "Near the Family" initiative to support families and create unity within the community.
- Increased visibility and impact through professional campaigns and the COVID-19 pandemic and war.
- Supported NGOs and local initiatives in various regions.

*Supported Living and Ambassador Program:*

- Made progress in supported living initiatives and changing attitudes towards people with disabilities.
- Established a community of ambassadors who promote mental health awareness and help overcome stigma.
- Provided a platform for individuals to share personal experiences and advocate for mental health.
- Organized support group meetings and engaged ambassadors in various activities.

While the project has achieved significant success, there are areas where improvements could have been made:

- At the policy level, greater efforts could have been made to engage partners and individuals from the Ministry of Health and other governmental bodies.
- In terms of service delivery and capacity building, it would be helpful to have more specific information on the impact of these activities and the extent to which evidence-based services have been delivered and coordinated across sectors and levels of care.
- More support for the mental health ambassador program and increased involvement in policy dialogues could have been beneficial.
- Improving communication with partners, state bodies, and public organizations is also an area that could have been addressed.

The project has demonstrated a high level of professional competence in its approach to mental health. The team has been praised for possessing excellent knowledge and expertise in the field, and they have effectively utilized a combination of local and international expertise to drive the project's success. The project's trainers are highly regarded, delivering modern topics with clarity, and providing valuable training and support to professionals. Training and support have been integral components of the project's success. The project has invested in training psychologists and facilitators, equipping them with the necessary skills to provide effective care.

Partnerships and collaboration have been key strengths of the project. The project has established strong partnerships with local organizations and has actively engaged various stakeholders, encouraging community involvement. This collaborative approach has helped create a supportive network and fostered a sense of openness within the communities it serves.

The project has shown great adaptability and responsiveness to changing circumstances. Despite the challenges posed by the COVID-19 pandemic and the ongoing war situation, the project has been able to adjust its activities and continue providing mental health support. This adaptability reflects the project's commitment to meeting the evolving needs of the community and ensuring that mental health services remain accessible.

In conclusion, the MH4U project has made commendable efforts in advocating for mental health, empowering individuals, and raising awareness. Its effectiveness in engaging stakeholders, adapting to changing circumstances, and addressing concerns provides valuable insights for further enhancing its impact on mental health in Ukraine.

The effectiveness and efficiency of the expenditures is not possible to determine in the current report, without a financial audit report (not part of this review).

The original Credit Proposal for the MH4U project, which included the Inception Phase, spanned from April 1, 2018, to September 30, 2023. The budget allocated for this phase was CHF 3,375,000.

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Subsequently, several additional credits were approved for different periods.

- The first additional credit covered the period from January 1, 2022, to September 30, 2023, with a budget of CHF 450,000.
- The second additional credit, known as Additional Credit II, was approved for the period from May 1, 2022, to April 30, 2023, with a budget of CHF 1,285,000.
- Additional Credit III was approved for the period from January 15, 2023, to December 31, 2023, with a budget of CHF 2,000,000.
- Lastly, Additional Credit IV was approved for the period from June 1, 2023, to December 31, 2023, with a budget of CHF 965,000.

When considering all the credit proposals, the total project costs amount to CHF 8,075,000.

### 4.3 Alignment and Harmonization

MH4U is overall well aligned with current plans of the Ukrainian Government in relation to reform of the mental health system. The review team received positive feedback on the project's contribution in providing trusted and valued technical advice strategically. It is also well aligned with international best practice, UN Sustainable Development Goals, and the strategy of SDC.

The future work of MH4U needs to continue to ensure strong alignment with *Ukrainian Prioritized multisectoral mental health and psychosocial support actions during and after the war: Operational Roadmap (2022<sup>8</sup>)*. There is also an invitation to be more involved with the Coordination Centre on Mental Health at the Cabinet of Ministers of Ukraine, and their regional coordination centers.

It was stated by the MH4U project that there was good collaboration with WHO, although we were unable to affirm that through direct conversation with WHO representatives. Positive feedback was received from other SDC projects and World bank on the impact of MH4U and the working relationship with desire for increased alignment to reduce duplication and strengthen impact going forward.

#### **Summary of feedback from stakeholders included:**

Overwhelming positive and with very appreciative feedback, changing lives and careers. Keep a strong focus on collaboration and coordination with local communities, Oblasts, Regional and national. Even if at times not all are on the same page, stick with it.

The project is full of innovation. Without it, changes in the industry would have taken much longer to occur. It has enabled open discussions about mental health in the community, which is crucial for progress.

The project is cost-effective and serves as the voice of the voiceless. It focuses on working with the families of missing and deceased individuals, as well as providing support to soldiers. It also emphasizes training psychologists and aims to be inclusive, particularly for veterans and families of war victims.

*"I think the most important thing that the project has achieved is to unite the people who have the same sort of values and principles and visions for the future of the mental health system in Ukraine into one broad network."*

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<sup>8</sup> Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap, December 5, 2022

## 8. Factors Influencing Achievement Levels

A SWOT analysis was conducted to evaluate the factors that have impacted the achievements of the MH4U project. This analysis combined all three aspects of the assessment. Based on the SWOT analysis it was possible to develop the TOWS analysis in Table 2.

		Internal Factors	
		Strengths (S)	Weaknesses (W)
		<p><b>Strong advocacy and awareness-raising efforts:</b> MH4U has been successful in advocating for mental health reform in Ukraine and raising awareness about mental health issues. The project has created a platform for change agents and provided a public platform for people with mental disorders to speak and participate in decision-making processes.</p> <p><b>Effective networking and collaboration:</b> The project has established strong partnerships and collaborations with various stakeholders, including government bodies, NGOs, and international organizations. The team's flexibility and willingness to support ministries' requests have been highly appreciated.</p> <p><b>Capacity building and training:</b> MH4U has focused on capacity building and training across various stakeholder groups, including primary care providers, mental health specialists, and NGOs. The project has provided training that has positively impacted the approach and work of participants.</p>	<p><b>Data collection and monitoring:</b> The project has faced difficulties in collecting data and implementing indicators to measure impact. Obtaining data has been challenging due to external factors such as the COVID-19 pandemic and the war. Strengthening data collection methods and monitoring frameworks is essential.</p> <p><b>Communication challenges:</b> Some stakeholders have highlighted challenges with communication, including overwhelming requests and confusion on the project's website. Improving communication strategies and expanding partnerships can address these challenges.</p> <p><b>Limited engagement with Ambassador Program:</b> While the project has engaged the mental health ambassadors there is a need for greater involvement and support. Clear communication channels and guidance should be provided to ambassadors to ensure their motivation and active participation.</p>
External factors	Opportunities (O)	<p><b>SO (Strengths-Opportunities) Strategy:</b></p> <p><b>Leverage strong advocacy and awareness-raising efforts (S)</b> and capacity building (S) to expand the project to other regions (O) and address mental health needs in different areas, or to expand into other communities of the covered project regions.</p> <p><b>Utilize effective networking and collaboration (S)</b> to strengthen the integration of policy and awareness-raising work (O) and mobilize community support.</p> <p><b>Capitalize on capacity building and training initiatives of the team (S)</b> as well as the team's effective networking and collaboration (S) to document evidence and implementation process guides (O) for advocacy and future implementation efforts.</p>	<p><b>WO (Weaknesses-Opportunities) Strategy:</b></p> <p><b>Address data collection and monitoring challenges (W)</b> and integrate data into policy and awareness raising work (O) as well as to expand the project to other regions (O) by implementing improved data collection methods and monitoring frameworks.</p> <p><b>Improve communication strategies and partnerships (W)</b> through documentation of evidence and implementation of communication process guides (O) to address communication challenges.</p> <p><b>Enhance engagement and support for the Ambassador Program (W)</b> to leverage the opportunity of integration of policy and awareness-raising work of people with lived experience (O) by providing clear communication channels and guidance to ambassadors.</p>
	Threats (T)	<p><b>ST (Strengths-Threats) Strategy:</b></p> <p><b>Use strong advocacy and awareness-raising efforts (S)</b> to address the threat of the escalation of the war (T) by advocating for mental health support in conflict-affected areas.</p> <p><b>Leverage effective networking and collaboration (S)</b> to address the lack of understanding and support from national or local government (T) by building stronger relationships and engaging with government officials at different levels.</p> <p><b>Utilize capacity building and training initiatives (S)</b> to address the threat of an insufficient number of qualified mental health professionals (T) by providing training and support to build their capacity as well as build capacities of other community specialists, such as social workers and teachers.</p>	<p><b>WT (Weaknesses-Threats) Strategy:</b></p> <p><b>Address data collection and monitoring challenges (W)</b> to mitigate the impact of the escalation of the war (T) by collecting relevant data to understand the mental health needs and support creation of services to meet the mental health needs in conflict-affected areas.</p> <p><b>Improve communication strategies and partnerships (W)</b> and actively engage the Ambassadors of mental health (W) to address the lack of understanding and support from national or local government (T) by effectively communicating the project's goals and impact and involve Ambassadors into awareness raising at community level.</p> <p><b>Enhance engagement and support for the Ambassador Program (W)</b> to mitigate the threat of an insufficient number of qualified mental health professionals (T) by involving ambassadors in advocacy efforts to address the shortage as well as build their capacities to act as peer support and integrate them into the multidisciplinary teams.</p>

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## 9. Collaboration Assessment (360° Assessment)

MH4 was acknowledged by partners the review team heard from as having made a notable practical difference with coordination of international bodies at strategic, regional level and community levels. In response to the full-scale invasion, they have been supporting and contributing to the coordination of humanitarian MHPSS response particularly in areas where they had established effective local partnerships through Local Implementation Teams (LITs) or Oblast Coordination Committee (OCC).

There are specific examples of where collaboration has resulted in tangible impacts e.g., supporting delivery of mhGAP training to family doctors; Small Grant initiatives with NGOs: Child Friendly spaces, LITs as local coordination and collaboration focal point for cross agency working to develop community services and local mental health action plans.

The ambassador program was highly regarded by many stakeholders as an excellent example of coordination and collaboration with people with lived experience.

MH4U implementation approach is strongly aligned with scaling up and sustainability guidance, demonstrating a clear commitment to long term approach and building transformation that is generated and sustained over time from within. The strategies for building local ownership through LITs, OCC, and small grants appear to have been successful and received positive feedback from stakeholders. These are valuable practical examples for scaling up and contribute strongly to sustainability.

Overall, the feedback was that MH4U is well respected, flexible, agile, with a quick response in providing technical assistance/ advice. There was a sense that MH4U is a trusted partner for institutions along with many accolades about the MH4U team. This included recognition that team members put 100% into delivering project objectives often at their own personal expense, highly skilled with a strong sense of purpose. There was recognition of the supportive leadership of SDC and GFA, being flexible in their focus and providing fantastic support to team members during challenging times. (See Appendix 3 for quotes from stakeholders)

## 10. Recommendations on Scaling Up Interventions

### 7.1 *What has the external review process identified as key areas to consider scaling up and or diversify?*

Recommendations for vertical and horizontal scaling up are noted in Tables 4 & 5 (pages 19-21)

The review process identified 'innovations' and or initiatives that were well regarded and cited as being important to carry on and or scale up. There was a preference to consolidate existing innovations and expand geographical coverage, rather than diversify and expand to many new initiatives.

Factors that facilitate likelihood of successful scaling up as cited by Jordans & Khort 2020<sup>9</sup> have been considered (see table 3 below). Relevance and effectiveness are the most important areas to understand to inform scaling up decision making.

Limited availability of data on effectiveness, in terms of outcomes and impact, meant the review team mostly recommend 'innovations and initiatives' based on stakeholder feedback, level of activity or outputs achieved,

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<sup>9</sup> Mark J. D. Jordans and Brandon A. Kohrt (2020) Scaling up mental health care and psychosocial support in low-resource settings: a roadmap to impact. *Epidemiol. Psychiatr.* 2020; 29: e189. Published online 2020 Nov 26. doi: [10.1017/S2045796020001018](https://doi.org/10.1017/S2045796020001018) PMID: PMC7737188



and alignment with Ukrainian national plans for reform (primarily *Ukrainian Prioritized multisectoral mental health and psychosocial support actions during and after the war: Operational Roadmap (2022)*). Outcome data availability has been impacted of the full-scale invasion on logistics of data collection.

**Table 3 Factors that facilitate likelihood of successful scaling up.**

<b>Relevance</b>	Indicator – <b>Population need.</b>	Indicator- <b>Cultural and context fit</b>
	<i>Does the MH4U innovation/ initiative fill a clear need?</i>	<i>Are MH4U innovations a good fit to Ukrainian context generally (and for specific Oblast)?</i>
<b>Effectiveness</b>	Indicator – <b>Mental Health Outcome</b>	Indicator – <b>Mechanism of Action</b>
	<i>Will the proposed innovation/s or initiative contribution to better mental health outcome for the population?</i>	<i>Have any of active ingredients associated with positive outcomes been identified?</i>

The priority continues to be multi-level capacity development in the mental health eco-system (for standard primary/community services and emergency response), supported by the application of focused team expertise, effective engagement and communication processes, the availability of tools, guides, and resources.

- 1) **Continued strengthening of an enabling environment** through,
  - Proactive policy and legislative advocacy and technical assistance while strengthening partnerships with national institutions and collaboration committees.
  - Targeted and innovative population based mental health awareness, stigma reduction, and knowledge building campaigns designed for Ukraine context.
  - Nurturing local ownership of needs assessment and development activities (LITS, Small Grants): '*transformation that is generated and sustained over time from within*', supported by strong partnership with MH4U and SDC.
- 2) **Developing organizational effectiveness** through consolidating and expanding primary care, community, and NGO models of care with appropriate internal structures, policies, and procedures in place to best support innovative modern service delivery and collective workforce development workforce (particularly leadership, management, quality improvement & quality assurance capabilities).
- 3) **Enabling individuals** (non-specialist and specialist) through facilitating opportunities for training, experiential learning, and ongoing support/supervision to acquire, enhance and sustain skills, knowledge, and experience to be the best they can be in delivering modern, evidence based mental health treatment and support.

## **7.2 Is a further phase and scaling up feasible in the current context?**

**Yes.** Further scaling up of these innovations with is feasible and desirable in the current context but some consolidation effort, significant planning and preparation for dissemination is required. Continued focus on 'development' alongside 'humanitarian' is critical for the future of Ukraine's health and support system.

## **7.3 How can we enable successful scaling up of prioritized innovations to maximize positive outcomes and reduce the impact of potential challenges?**

We suggest some areas below for further consideration and action below. They draw on research in successful scaling up in low to middle resources counties experiencing humanitarian challenges, WHO ExpandNet guidance (Refer Annex 3) for scaling up health interventions, the international experience of the external reviewers.

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**Considerations include:**

**7.3.1** The **selection of “innovations” and or initiatives** to be scaled should be considered in terms of:

- *Fully understanding Relevance and Effectiveness* to assess readiness for scaling, and whether it is appropriate to scale or diversify.
- *Quality and feasibility factors* have been consolidated, endorsed, and documented (see appendix 3)
- *Clarify* - Do innovations come as a package for a particular geographical area or are they indeed independent stand-alone initiatives that new areas can pick and choose which to develop or not, based on their assessment of local need and priorities?
- Ten scaling up recommendations are noted (pg 19-21) with a *balance between vertical and horizontal scaling*; both are required for impact and sustainability.

**7.3.2** Phase 2 scaling up is phased at a **pace and scope that is feasible** considering:

- *Adequate financial resources are available* through the Donor, and potentially from within Ukraine health system funding (NHS packages). Prioritizing how existing resources are deployed for maintenance and support of existing capacity development programmes will be required, alongside deployment into scaling up activities. Need to ensure adequate resources for direct support to initiatives and to support resource team (MH4U).

Currently the proposed MH4U budget drops off significantly for 2024. This needs review or agreement on significantly scaled down work and resourcing programmes.

- *Team capacity to deliver and support scaling up programme*, including potentially how team roles operate and structure of project, may need to be reshaped e.g., as champions with more focus on implementation coaching / supporting more at arm’s length through well documented and endorsed implementation guides, rather than too deeply involved at a hands-on time intensive practical level.

Consideration of risk of burnout of team members, or the temporary reduced capacity of individuals due to poor wellbeing, and or turnover needs to be articulated and responded to. What is needed to support optimal team functioning for the next four years?

- *Need to clarify MH4U priorities of purpose* (function & focus) and then look at designing the right structure to support that (form)- how to best organize itself to deliver that.
- *Appraise prospective new oblasts / areas for implementation*: how ready and motivated are? Have they completed, or are working to complete, a locally generated shared understanding of need and current services / gaps/ priorities. Working with the willing and motivated early adopters considerably helps with successful scaling up.
- *Expansion and scaling up should be well planned and draw on a cohesive process*. Use of existing guidance to help with this process (ExpandNet WHO 9 steps- refer Appendix 4)

**7.3.3. Alignment, influence and advocacy** with national institutions, priorities, policy, and law change. How much should we focus on and stimulate bottom-up change?

- Both are needed.
- Suggest strengthening alignment and partnership with Coordination Center on Mental Health and the Ukrainian Prioritized multisectoral mental health and psychosocial support actions during and after the war: Operational Roadmap:2022); and their regional committees.

- Develop a focused communication campaign that promotes the work and achievements of MH4U using some of your existing data and feedback: Align these with how they help with achieving the cited Operational Roadmap 2022 and other strategic reform objectives. Ensure Ambassadors are part of this community strategy.
- Continue to cultivate community and regional level initiatives through small grant programmes.
- Continue proactive involvement and responses when requested for technical assistance. This was noted as highly regarded.
- There will be times that opinions and priorities differ; focus on long term goal and keep going.

#### **7.3.4 Use and share information from monitoring and evaluation data.**


















- *Find ways to strengthen what you collect* (strengthen effectiveness (impacts and outcomes), quality indicators, and feasibility data- especially cost) despite operational data collection challenges. Anything that is integrated into routine reporting has a higher likelihood of being reported.
- *Diversify how you use it and with whom:* governance and accountability: influence and strategic briefings- promoting the MH4U: feedback loop to Oblasts and LITS:

#### **7.3.5 Articulate and act on your priorities for dissemination, and ensure you have the right resources to support the team to deliver on those priorities?**

- Need to ensure you focus on having robust resources available to support *scaling up of each prioritized component*. Focus on the implementation process to help guide implementation including fidelity requirements where needed, and where flexibility and tailoring to local circumstances is important.
- *Proactively share these for strategic endorsement* with national level institutions/ bodies,
- *Ensure you have the right skills and resources to utilize experts in the team to best effect* – may want to include administration, logistics planning and writing support.

## Tables 4 and 5 - Recommendations on Scaling Up

Table 4 Vertical Scaling-up

<u>Vertical Scaling-up</u>	<u>Relevant Effective</u>	<u>Enabling Environment</u>	<u>Organizational effectiveness</u>	Individual Effectiveness
<b>1. Advocacy, supporting a united network and legislative Impact:</b> Continue to prioritize and strengthen opportunities for advocacy, collaboration, and coordination at all levels through: <ul style="list-style-type: none"> <li>Active engagement in institutional led national planning, policy development and legislative change for Priority areas and initiatives:</li> <li>Co-ordination, facilitation, awareness raising and practical co-working at regional Oblast level through existing regional coordination forums or helping to establish in new geographical areas.</li> <li>Establishing multi-agency local implementation teams (LITS) as an important vehicle for effective scaling up of new service developments and training initiatives</li> </ul>	Relevant, Can be effective.	    		
<b>2. Ambassador Programme:</b> <ul style="list-style-type: none"> <li><b>Improve ambassador involvement and support:</b> The MH4U program should provide more guidance and support to ambassadors, ensuring that they feel motivated and part of a team. Clear communication channels, such as email in addition to Facebook, should be established to accommodate different preferences.</li> <li>Continue to promote mental health awareness as key strategy to contribution to tackling stigma:</li> <li>Diversify communication channels: In addition to Facebook, the program should consider utilizing other communication channels, such as email or a dedicated platform, to ensure that all ambassadors can stay informed and engaged, regardless of their preferred social media platforms.</li> <li>Explore opportunities expand their role in advocacy (at all levels of systems) and potentially in service provision through evolving peer support initiatives.</li> </ul>	Relevant. Can be effective but no local data.  Highly regarded by stakeholders		     	     
<b>3. Awareness Campaigns and Online Impact:</b> <ul style="list-style-type: none"> <li></li> <li>documents.</li> </ul>	Relevant, evidence some	  	  	
<b>4.</b> : <ul style="list-style-type: none"> <li>Grow and nurture <b>peer support in terms of recovery</b> (those with lived experience) and advocacy for <b>community support workforce</b> as non-clinically trained but skills in psycho-</li> </ul>	Relevant			

<p>social community support &amp; recovery for people with mental health needs (tasking sharing/ shifting). These workforce groups both have researched efficacy as effective in providing clearly described packages of support and care with access to ongoing supervision. They are highly valued by those seeking help and contributes to reducing reliance on clinical specialist in a time of global shortage of mental health clinical specialists and no imminent large growth in training numbers of specialist practitioners. They should be closely linked to Community Mental Health Centres/ polyclinics, as part of the team, although necessarily employed by them. Seamless introductions of people from primary care to support workers is important.</p> <ul style="list-style-type: none"> <li>▪ <b>Work in collaboration with universities, training bodies and professional organisations to integrate modern mental health learning into undergraduate training</b> (Medicine (Psychiatry, Family Medicine: General medical training): Nursing: Psychology: Social Work: Occupational Therapy: e.g., training and capacity development of tutors and of learning programmes.</li> </ul>	Effective- international data		✓	✓
			✓	✓

Table 5 Horizontal scaling up

<b>Horizontal scaling up</b>	<i>Relevant Effective</i>	<i>Enabling Environment</i>	<i>Organizational effectiveness</i>	Individual Effectiveness
<p><b>5. Prioritize a phased scaling up into wider geographical coverage e.g.</b></p> <ul style="list-style-type: none"> <li>▪ Focus on areas most directly impacted by Russian full-scale invasion. Priorities noted stakeholders included – Kyiv, Sumy, and Chernihiv Oblasts, Herson, Zaporizhzhia, Odessa oblast e.g., Kyiv underway in 2023, 2 new in 2024, 3 new in 2025 etc.</li> <li>▪ Start as usual with your process of advocacy and awareness raising, consolidating the desire to establish OCC, or LIT to then complete their local mental health action plan. (These groups are noted in <i>Ukrainian Prioritized multisectoral mental health and psychosocial support actions during and after the war: Operational Roadmap 2022</i>)</li> </ul>	<p>Relevant Local feedback positive</p>	<p>✓</p> <p>✓</p>	<p>✓</p>	
<p><b>6. Empower people</b> to provide treatments and support that are proven to achieve better outcomes for people living with poor mental health/ mental illness- (Knowledge, skills, experiences, and availability of a wider workforce):</p> <ul style="list-style-type: none"> <li>▪ Continue to <u>make available and increase access to training, experiential learning, and skill maintenance in modern evidence-based treatments</u> (of non-mental health specialists and specialist mental health workforce).</li> <li>▪ <u>Prioritize workforce development and universal training to align with key scaling up priorities</u> -training and skill development required for innovations being scaled.</li> <li>▪ <u>Prioritize evidence based psychological skills for support &amp; recovery</u> including self-help for people directly impacted by war, especially families with children, front line responders e.g., Skills for Psychological Recovery (SPR) families: Healthy thinking for perinatal support. Universal Mental Health training (not full list)</li> </ul>	<p>Relevant International effectiveness data: need local data in impact/ outcomes</p>			<p>✓</p> <p>✓</p> <p>✓</p>

<ul style="list-style-type: none"> <li>Focus on capacity development that is scalable, impactful, and sustainable (train trainer, supervision /mentoring, and opportunities to use skills within team and aligned with priorities:</li> </ul>				✓
<b>7. Consolidate models of care/ pathways</b> for community generated <i>child and youth focused innovations, once you have fully assessed their key elements for effectiveness</i> and quality assurance i.e., child friendly spaces: Mental Trek, support in schools., Psychological skills for recovery: Care giver skills training for children 2-9 yrs with development delays and disabilities	<i>Relevant</i> <i>No local effectiveness outcome data but highly regarded</i>		✓	✓
<b>8. Cultivate platforms of care from which to develop and deliver modern integrated support.</b> <ul style="list-style-type: none"> <li><u>Primary care and community organisations as the priority focal point</u> for providing decentralized, modern integrated platform of support, and capacity building for evidence based modern services over time. This is particularly relevant in building sustainable capacity to respond to ongoing and growing consequences from war on the mental health and wellbeing of Ukrainian's.</li> <li><u>Expand access</u> to help and support through development new and modernized community-based services, primarily Centres for mental health integrated into Polyclinics. scale to selection of prioritized new geographical areas once the Kiev development has been tested and tested your capacity to scale.</li> <li><u>Implementation process guides</u> are needed and should preferably be endorsed at least by MoH, NHS, but also preferably All-Ukrainian mental health program of First Lady: MHPSS Technical working group of Ukraine (TWG))</li> <li><u>Integrate emergency responses</u> into community platform opportunities to expand coverage.</li> <li>Build capacity and capability of primary and community NGOs to support veterans.</li> </ul>	<i>Relevant</i> <i>Can be effective but no or limited impact / outcome data</i>	✓	✓  ✓  ✓  ✓ ✓	✓  ✓ 
<b>9. Grow role and capacity of NGOs.</b> <ul style="list-style-type: none"> <li>Strengthen capacities with NGOs and key provider in future system (mentorship, guidance, leadership, writing bids)</li> <li>Empower local communities and NGOs: Small grants are a positive strategy to enable local innovation solutions and support</li> </ul>	<i>Relevant</i> <i>International best practice</i>	✓ ✓	✓ ✓ ✓	✓ ✓
<b>10. Consider expansion of Supported Living when pilots have been tested.</b> <ul style="list-style-type: none"> <li>As such a new initiative we cannot comment on whether it is an effective and efficient use of MH4U resource. It needs some more time to test relevance, effectiveness, Quality, and Feasibility criteria for successful scaling up.</li> <li>Internationally there is a strong focus on enabling best life opportunities outside of institutions for people living with enduring mental health conditions, or disabilities.</li> </ul>	<i>Relevant</i> <i>Too early for effectiveness data</i>		✓	

## 11. Sustainability Analysis

Overall, the project demonstrates a comprehensive approach to sustainability by addressing structural, relational, and transformative changes. By focusing on policies, practices, resource flows, relationships, power dynamics, and mental models, the project has the potential to create lasting impact in the field of mental health.

*Policies:* The project should focus on advocating for policies that prioritize mental health and care pathways. It is important to identify the priorities and essentials at the government level and determine what can be delayed. The explicit inclusion of mental health in polyclinics and centers is crucial for structural change.

*Practices:* The project should continue to build capacity and provide training in evidence-based interventions for mental health. This includes incorporating such training into undergraduate and postgraduate programs, as well as offering short courses. Establishing ongoing supervision structures, refreshers, and champions to monitor and maintain motivation for practice change is also important.

*Resource Flows:* It is essential to align resource flows with finance packages at the state level or within the NHS. This ensures that adequate resources are allocated to support mental health initiatives. Additionally, exploring opportunities for small grants and local fundraising can help supplement the available resources.

*Relationships and Connections:* The project should continue its focus on building relationships and connections with institutional leaders, regional bodies, community leaders, and family practitioners. Strengthening NGO networks and establishing linkages with relevant stakeholders will facilitate collaboration and coordination for relational change. Ambassadors can play a crucial role in voicing the importance of mental health.

*Power Dynamics:* Being strategic and compromising on certain aspects while focusing on what matters most is important when dealing with power dynamics. The project should identify key areas where it can have the most impact and prioritize those. Engaging in strategic advocacy events and raising awareness at the local level can help address power imbalances.

*Mental Models:* Transformative change can be achieved by destigmatizing mental health through population and political awareness raising. The project should continue its focus on disseminating knowledge, making information and resources on evidence-based practices available, and sharing qualitative feedback and quantitative data for policy briefings. Challenging existing mental health beliefs and ideologies is crucial for long-term sustainability.

## 12. Policy Dialogue and Systemic Changes

Through stakeholder interviews and review of project documentation it is clear MH4U project has influenced policy dialogue at a national (e.g., technical assistance provided to MoH and All-Ukrainian program on Mental Health of the first lady of Ukraine Olena Zelenska) and regional level (through LITS and advocacy events).

Mental Health is now very much at the top people's agenda. The project has had contributed to this through direct involvement providing technical assistance and support with policy development, enhancing the regulatory framework, and the creation of finance packages. It has worked to raise awareness of mental health, service mapping and information on gaps at regional Oblast level where it is actively engaged with Local Authorities.

There have been several challenges to influencing the dialogue and priorities at national level including:

- Impact of turnover in key Ministerial and MoH leadership roles,
- Priorities for Government level, Regional and Project levels are not always exactly aligned, but this is not unusual.



- Several other international organizations and Donors are also now strongly present in Ukraine given full-scale invasion.

Not all policy and legislative efforts were successful, but some were. Legislative change is potentially a contentious and uncomfortable area to be involved in. Several stakeholders however value the advocacy provided by MH4U as a non-Government voice.

Keeping the influencing dialogues active, and providing sound modern evidence-based advice, will need to be an area the project continues to need to proactively navigate.

*Suggested areas for continued policy dialogue include:*

1. Progressing policy to enable full multidisciplinary working, including agreed modernized standards and scopes of practice for specialists in mental health. Ensuring nurses can contribute to full multi-disciplinary working in needed.
2. Endorsement where necessary for expanding workforce roles i.e., peer support (lived experience) and Community Support workers (non-specialist but trained and support to deliver clear packages of care).
3. Advocating for National Clinical Protocols in Mental Health, approved by MoH.
4. Policy dialogue to incentivize the provision of treatment and support through primary care and community services, through opportunities of to prescribe (through appropriately trained specialists) and supply medication for people with long term mental health disorders.
5. Policy dialogue on including mental health modules into continues education of specialists.

### 13. Prioritization and Focus Sharpening

Table 6 Recommendations on Priorities and Focus Shaping

1.	<p><b>Complete a cohesive, data informed planning process</b> (Expand Net 9 Step process &amp; see also 7.3.1 &amp; 7.3.2 pg) to select and prioritize “innovations”, and or initiatives, to be scaled as noted in tables 2&amp;3 (Pg19-22).</p> <p>Audit and align these against:</p> <ol style="list-style-type: none"> <li>i. Ukrainian Prioritized multisectoral mental health and psychosocial support actions during and after the war: Operational Roadmap:2022).</li> <li>ii. Government Ministries mental health priorities</li> </ol> <p>Where there may not be strong alignment MH4U will need to consider the implications of diverging away from what is likely to be supported in the future from national level institutions.</p>
2.	<p>Invest some thinking and time into a <b>robust data strategy</b>: to use as evidence, a platform for strengthening MH4U influence and promoting what you have achieved.</p> <ul style="list-style-type: none"> <li>▪ Information is powerful tool for influence, and governance.</li> <li>▪ There is some catch up work to do on collection of outcome measures; consider what could you do instead to demonstrate effectiveness and outcomes.</li> <li>▪ How can you better use of the information you already have to raise the profile of what has been achieved, and what should be scaled up?</li> </ul>
3.	<p><b>Priority focus is on community and primary care</b>- they will be the place to support Ukrainian people impacted by the war, and people coming out of institutions.</p>

	<ul style="list-style-type: none"> <li>▪ Consolidate key components of the models want to scale (e.g., LITS, CMHC in polyclinics, models of support and care for Children, Youth and Families etc.)</li> <li>▪ Align training programmes with these models.</li> <li>▪ Build a team structure that most effectively integrates and supports component delivery. Consider aligning policy and communication/ MH awareness as crosscutting enablers for each outcome area going forward rather independent outcomes.</li> <li>▪ Keep your strong focus on Children and Young people.</li> <li>▪ Strong call to action from stakeholders about better support for those returning from front line (Veterans) and families who have relatives fighting in war</li> </ul>
4.	Continue and strengthen <b>advocacy, awareness raising</b> at the population, and policy level: Strengthen <b>support for Ambassadors</b> and look at expanding their role.
5.	Invest time and skills in <b>documenting Implementation process guides</b> that have some MOH endorsement (How to.): <b>resources for public and political consumption</b> on awareness raising and information about MH4U: Publishing. Maybe put in place technical support from Project management office or resource to help with Dissemination and training organisation.
6	Opportunities to diversify exist if MH4U has clear capacity and resources to take these on. Priorities for the future would be Workplaces & Schools as part of recovery, prevention, and promotion strategy

## 14. Conclusion

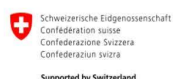
1. The MH4U project is relevant and aligns with international practices in the field of mental health and is well-suited to the country's specific context.
2. The MH4U project has been effective in improving mental healthcare in Ukraine despite challenges such as war, COVID-19, and displacement.
3. Capacity building initiatives, including training and supervision structures, have addressed workforce shortages and advanced evidence-based practices.
4. Community-based and collaborative approaches have enhanced sustainability and local ownership of reforms.
5. Strategic policy engagement has influenced draft policies and regulations and advanced mental health priorities.
6. Operating at both national and regional levels has facilitated multi-level policy dialogue and systemic change.
7. Continued focus on awareness raising, stigma reduction, and data sharing supports evidence-based recommendations.
8. Navigating changing government priorities and a crowded aid landscape poses challenges, but open communication and shared goals can help sustain influence.
9. The project showcases a holistic approach to sustainability by tackling structural, relational, and transformative modifications.
10. With flexible support, the project can further strengthen Ukraine's mental health system and address ongoing needs from war displacement.

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## **15. Annexes**

- Appendix 1: MH4U Ukraine – May 2023 Two pager summary of Achievements
- Appendix 2: List of Stakeholders who participated/ contributed to External Review
- Appendix 3: Quotes from Stakeholders
- Appendix 4: ExpandNet- WHO 9 Step

## Appendix 1: MH4U Ukraine – May 2023 Two pager summary of Achievements



# MH4U Mental health for Ukraine project

## ABOUT THE PROJECT

The Mental Health for Ukraine (MH4U) project was established to assist in the reforming Ukraine's mental health system. It aligns with the Ukrainian government's reform initiatives launched in 2017.

The **OVERALL GOAL** of the project is to improve the quality of and access to care and psychosocial support for people living with mental health (MH) disorders in Ukraine.

## OUTCOMES

**Outcome 1** (policy and national coordination): National and regional authorities are supported to deliver an adequate legal framework, institutional support, coordination, and leadership for community-based mental health care.

**Outcome 2** (service delivery): Mental health service providers are supported to deliver evidence-based services, which are accessible and coordinated across sectors and levels of care.

**Outcome 3** (population): Awareness has been raised among Ukrainian people about ways to prevent mental health disorders and access mental health services.

In 2022 with the new context the project intervention was broadened to cover two additional components:

- **Emergency response** efforts in mental health and psychosocial support, and
- initiatives promoting **supported living** in Kyiv and Lviv, including policy work and awareness-raising.

## POLICY AND NATIONAL COORDINATION

National and oblast authorities are supported in creating an adequate legal framework and institutional support.



- MH4U is recognized as a **reliable source of information** by national authorities in public mental health.
- 62 legal acts were analyzed and a draft **Bill on MH** was created & negotiations with stakeholders are underway
- Two **National action plan on MH** services elaborated
- Technical support offered to authorities lead to the **inclusion of community-based mental health services in the National Health Service of Ukraine**.
- The project shared **98 policy briefs** and recommendations, with **85%** serving as input for creating an enabling environment for mental health services in Ukraine.
- A **regulatory framework and quality standards for rehabilitation services for veterans** was developed and is being implemented by the Ministry of Veteran Affairs.
- The project facilitated the formation of a **working group to develop and implement pathways of care** for individuals with common MH disorders.

## PROJECT AT A GLANCE

**DURATION of I Phase:**  
October 2019 - December 2023

**BUDGET:**  
7.7 million CHF

**BY MANDATE OF:**  
Swiss Agency for Development and Cooperation (SDC)

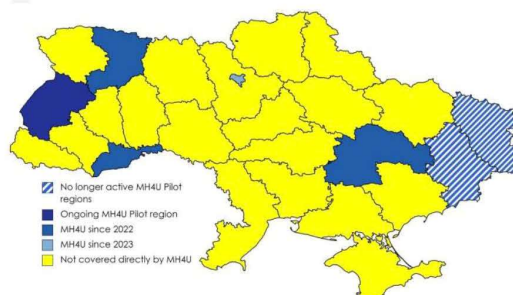
**IMPLEMENTING AGENCY:**  
GFA Consulting Group GmbH

**PARTNERS:**  
Implemental Worldwide C.I.C  
University Hospital of Psychiatry Zürich  
Ukrainian Catholic University (UCU)

**BENEFICIARY:**  
Ministry of Health of Ukraine (MoH)

## MAP OF UKRAINIAN REGIONS COVERED BY MH4U

Before the Russian full-scale invasion in 2022, MH4U pilot areas were in three regions: Lviv region in Western Ukraine and government-controlled territories of Luhansk and Donetsk regions in eastern Ukraine. After the Russian full scale invasion in 2022, Donetsk and Luhansk became inaccessible. MH4U then expanded its pilot area to Chernivtsi, Rivne, Dnipro and Kyiv.



- MH4U created **Quality Assurance guidelines** for both **in-patient institutions** and **community-based services**, currently being considered for implementation by MH services providers.
- As a result of 12 policy briefs related to occupational standards in MH and 2 occupational standards developed by MH4U, one of the **occupational standards for school psychologists** is approved by the Ministry of Education and research (MoER) together with a **road map for psychological support in schools**.
- A **National Road Map on supported living** for people with mental health illness elaborated with Ministry of Social Policy.
- MH4U managed to engage into **multisectoral MH work** during the implementation period **10 Ministries** as well as **National public bodies**.
- The project provided support for the establishment of **8 implementation teams at the local level (LIIs)**. MH4U has shared **61 recommendations** with local community partners for improving the institutional capacity of MH service networks, being implemented in the form of **mental health action plans within LIIs**.





# MH4U Mental health for Ukraine project

## SERVICE DELIVERY

The project engaged in capacity building activities for specialists working in MH.

- 9 types of trainings were made available for both clinical and non-clinical staff and 4.567 professionals were trained until now on evidence-based interventions within 174 trainings provided by the MH4U project both online and offline since 2020.
- In 2023, MoH accepted the WHO mhGAP Intervention Guide as the official training for family doctors. It qualifies them to deliver mental health care at primary care level. MH4U is a key partner in implementing the mhGAP training program. Specifically, MH4U has trained over 440 family doctors.
- 20 international clinical manuals, service standards and treatment protocols translated to Ukrainian are made available by MH4U to mental health specialists, including NICE guidelines and DSM 5.



- MH4U supported 14 mental health projects from NGOs with small grants. The project strengthened 22 NGOs through capacity building and developing services support for people with mental disorders and disabilities.
- MH4U created an online education platform, [www.edu.mh4u.in.ua](http://www.edu.mh4u.in.ua) offering information in the field of mental health. 159 Child and Adolescent Mental Health educational materials were made available to over 10 600 Subscribers. At present there are over 14 courses, 11 webinars in the field of mental health for both specialists and non-specialist, as well as two spring schools and a psychiatric course for providers of mental health services.
- 135 Child and Adolescent Mental Health trainings were conducted, webinars and parenting schools 50 816 people took part in activities.

## AWARENESS RAISING

The project developed MH anti-stigma campaigns.

- MH4U cooperated with journalists to publish online news, TV and Radio items that reached over 52.7 million viewers.
- Local campaigns with events, billboards and leaflets about MH were implemented in target communities.
- MH4U Facebook page achieved to have regular posts with app. 25 000 followers.
- The project website [www.Mh4u.in.ua](http://www.Mh4u.in.ua) has 215.176 users.
- The project engaged 1.527 teenagers in interactive learning activities about MH.
- MH4U trained and empowered 30 MH ambassadors to speak up about MH disorders, they posted a total of 40 publications on social media, and created six videos talking about their experience living with a mental disorder and reached 900 000 views on social media.

## EMERGENCY RESPONSE

Operating in the new context of a full-scale war, MH4U expanded its activities towards the mitigation of negative mental health effects by providing Mental Health and Psycho-Social Support (MHPSS).

- During the initial weeks of the full-scale war, the MH4U project helped provide emergency response at the regional level.
- The project created procedures, provided trainings, offered supervision to volunteers to help them effectively respond to the crisis.
- MH4U is in Lviv and Chernivtsi and inviting humanitarian and public actors. They have also developed standard operational procedures for the Coordination Centers for Humanitarian Aid in Lviv Region, which will be scaled up nationwide in the future with the initiative of the First Lady's Office.
- The project trained 1054 professionals to improve their capacity to provide quality MHPSS services in emergency situations.
- MH4U is supporting families in need through the Near the Family partnership project, where families of people with disabilities receive support including for reintegration of children into the family.
- MH4U collaborated with [www.ucare.me](http://www.ucare.me) and received external financial support to create the Mental Health Navigator, allowing people to request offline and online psychological counselling or psychotherapy. Demand is growing rapidly: from October 2022 to January 2023, 1742 consultations were delivered. Now the services provide 2000 consultations per month.
- MH4U has contributed to the creation of eight spaces designed to be child and youth-friendly in the regions of Dnipro, Rivne, and Chernivtsi.
- MH4U provided support to five policlinics in Lviv to help create sustainable infrastructures for mental health centers. They facilitate the provision of psychosocial and psychiatric care in a community based model of care.

## SUPPORTED LIVING

MH4U is increasing its engagement and piloting supported living services for persons with disability (PDs) in Kyiv and Lviv, while also undertaking policy work and awareness-raising efforts.

One implementing partner has already opened the first supported living service and in the following period the project will focus on building capacities of NGOs that develop supported living initiatives.

## WAY FORWARD

- Advocate and support a favorable legal framework for evidence-based community mental health services.
- Establish inter-sectoral cooperation mechanisms to address mental health issues collaboratively.
- Engage local decision makers through advocacy events to expand intervention areas.
- Support the development of local action plans and enhance the capacity of mental health service providers.
- Continuously promote anti-stigma initiatives in mental health.
- Refine a community model of care for nationwide scalability.
- Advocate for deinstitutionalization and alternative supported living services.
- Drive transformative changes in the mental health system to improve accessibility for individuals with mental health disorders in Ukraine.

## **Appendix 2: List of Stakeholders who participated/ contributed to External Review**

### **Individual interviews:**

Petro Ilkiv	Swiss Embassy / SDC National Programme Officer
Heiko Königstein	GFA Consulting Group– MH4U Project Leader: Steering Group
Erich Seifritz MD	Professor of Psychiatry, Chair Department of Psychiatry, Psychotherapy and Psychosomatics, Psychiatric Hospital University of Zürich - Steering Group
Jonathon Rolfe	Managing Director Implemental: Back stopper: MH4U Steering Group
Tracey Power	Implemental: MH4U Steering Group
Yana Ukrainska	Ministry of Health, lead expert on mental health at the Director at of Medical Services
Orest Suvalo	Executive director of Institute of Mental Health
Iryna Mykychak	Consultant at Coordination Centre on Mental Health at the Cabinet of Ministers of Ukraine (part of all-Ukrainian mental health program of Olena Zelenska), former deputy minister of health

### **Group interviews:**

<b>Mental Health Ambassadors</b>	<ol style="list-style-type: none"> <li>1. Natalia Piskova</li> <li>2. Illia Yeremenko</li> <li>3. Svitlana Kovalenko</li> </ol>	<ol style="list-style-type: none"> <li>4. Olena Vinsent</li> <li>5. Kateryna Torgun</li> <li>6. Anastasia Palko</li> </ol>
<b>Outcome 1:</b>	<ol style="list-style-type: none"> <li>1. Mariya Bachmaha, Expert National Coordination C1</li> <li>2. Vitalii Klymchuk, Policy and capacity building C1&amp;C2</li> <li>3. Valeriia Palii, National Psychological Association of Ukraine</li> </ol>	
<b>Outcome 2:</b>	<ol style="list-style-type: none"> <li>1. Ihor Zastavnyi, Business School of UCU - Leaders for mental health program</li> <li>2. Khrystyna Chemerys, Chervonograd Mental Treck coordinator</li> <li>3. Orest Suvalo, MH4U Coordinator Lviv region</li> <li>4. Oksana Khmelnytska, Head of the Mental Health Support NGO</li> <li>5. Karaush Andriy, Head of the Regional Council Rivne region</li> <li>6. Krystyna Vysotska, MH4U Community mental health service development Advisor</li> <li>7. Irina Brukhovych, Chief specialist of the Department of Social Care of the Chernivtsi Region</li> <li>8. Oksana Matchyshyn - the Drohobych Center for Social Care Head, cooperation in the Near the Family Project</li> <li>9. Morgane Gaschet, Implemental</li> <li>10. Anastasia Khodan – NGO Academy of Family Medicine – implementor of mhGAP</li> <li>11. Alina Druhobych, psychologist in Near the Family project</li> </ol>	
<b>Outcome 3:</b>	<ol style="list-style-type: none"> <li>1. Margarita Tulup, MH4U communication coordinator</li> <li>2. Tetiana Laviniukova, One Health</li> <li>3. Heiko Königstein, MH4U Project Leader</li> <li>4. Halyna Shtohryn, MH4U - Supported Living Regional Coordinator (Lviv city and region); NGO Dream Workshop - Strategic Development Manager</li> <li>5. Майорова Надія, NGO Rodyna</li> <li>6. Nadiia Kalachova, MH4U social media communication specialist.</li> <li>7. Olena Vinsent, MH4U Ambassador Program Coordinator</li> </ol>	
<b>Outcome 4:</b>	<ol style="list-style-type: none"> <li>1. Iryna Herasymiuk, MH4U - regional coordinator, Chernivtsi</li> <li>2. Оксана Панасюк, Head of Mental Health Centre, psychotherapist, Polyclinic #2, Lviv</li> <li>3. Orest Suvalo, MH4U - regional coordinator, Lviv</li> </ol>	

	4. Olha Klymovska, MHPSS officer, NGO "Proliska" 5. Natalia Grinko 6. Oksana Petrynych, regional coordinator of mhGAP implementation, NGO Academy of family medicine of Ukraine 7. Олександра Бєленіннік 8. Мирон Островський, Head of Mental Health Centre, Policlinic #5, Lviv 9. Ольга Півторак, Head of NGO Space of your opportunity, Rivne 10. Olena Mukha, Head of NGO METTA, psychotherapist, Lviv 11. Volodymyr Maksymov, MH4U regional coordinator, Rivne 12. Diana Savenko, MH4U - regional coordinator, Rivne 13. Bohdan Sumariuk, MH4U - regional coordinator, Chernivtsi 14. Maksym Roziaiev, MH4U - regional coordinator, Kyiv 15. Iryna Hryhorash, Head of Mental Health Centre, Policlinic #1, psychiatrist, Lviv 16. Denis Vasiluk, MH4U - regional coordinator, Dnipro
<b>Outcome 5:</b>	1. Halyna Shtohryn, MH4U - Supported Living Regional Coordinator (Lviv city and region); NGO Dream Workshop - Strategic Development Manager 2. Юлія Бойко (Yulia Boiko), Dzherelo NGO 3. Malte Behrendt, MH4U - Component Leader Supported Living 4. Khvorova Hanna, MH4U - Supported Living Regional Coordinator (Kyiv city and region) 5. Yevhen Fedechkin, DESTIGMA NGO
<b>Other Projects</b>	1. Tetiana Chernysh SDC MED Project 2. Dr. Galyna Maystruk SDC Act4Health 3. Olha Fokaf World Bank Ukraine

### Survey Participants

1. Juma Khudonazarov GFA Consulting Group
2. Halyna Lobaschuk Department of Education of the Chervonograd City Council
3. Nazariy Kolacynskiy Department of Health Protection of the Department of Humanitarian Policy of the Lviv City Council
4. Tatyana Chernysh Ukrainian-Swiss project "Development of medical education"
5. Volodymyr Koval Chervonograd city council
6. Iryna Nechitaylo GO "IN-SOCIAL"
7. Oksana Makushynska MEDU
8. Pavel Petrov VOGP
9. Ivan Hutsul Khmelnytskyi Regional Centre for Mental Health
10. Sergey Kulov External expert
11. Yulia Black LMR
12. Taras Kurian Religion and Art
13. Galina Danilova Specialized service of primary social and psychological counselling for persons who have suffered from domestic violence and/or gender-based violence
14. Olga Klymovska Snowdrop
15. Myron Ostrovsky KNP 5MKP, Lviv CPP
16. Ilkiv Oksana BF "Caritas of Stryi Eparchy UGCC"
17. Wonderful Maryan KNP ENT LOKPL
18. Maria Vasyunyk Department of Education and Science of the Lviv Regional State Administration
19. Vita Fair SOS Children's Towns Ukraine



### Appendix 3: Stakeholder Quotes

- *Life changing ....*
- *"Team are amazing, humbled by their motivation, sense of purpose."*
- *"I would like to highlight one main achievement which we would like to scale up for the whole Ukraine, is the creation of Centres for Mental Health on the community level"* MoH Mental Health expert.
- *"There is still a big stigma around going to the psychologist. support literature, books are good, but personal stories and emotional attachment are what work the best."*
- *... they were very flexible and were ready to support Any ministries request.*
- *"I went to my GP for something the other day and he asked about my mental health- that was very nice- For me, it was, let's say, a signal that the system is changing."*
- *"I have noticed people are starting to use our words."*
- *One of the strengths of project is its ability to make those partnership at local level – SMALL GRANTS process in particular.*
- *"What is very positive in MH4U project, that they are not afraid to make a big network of Ukrainian base NGOs."*
- *"I think the most important thing that the project has achieved is to unite the people who have the same sort of values and principles and visions for the future of mental health system in Ukraine into one broad network."*  
MH4U team member
- *"We really experienced a great influence of MH4U initiatives because working together, it helps us to persuade our psychologists that they can change something, that they can have influence to different areas, example, legislation, standards, education standards and so on... and the number of members of the National Psychological Association is growing very fast in part thanks to the collaboration with MH4U."* Professional association representative
- *"I think the most the biggest strength of our project is in comparison to other developmental projects, the entire project is that we are very flexible. So, we can very fast response to any request of the government of ministries, of any ministries."* MH4U team member
- *"There is a fantastic, huge difference in the questions and in the perception from family doctors, if they used to just ask what mental health is, why do we have to deal with it, and we don't have to... Now they ask very specific, clear, understandable questions. That is, the growth of family doctors has been as fast as I have seen it, the growth is fantastic and MH4U was part of that."* Family doctor, trainer of mhGap.
- *"If we talk about this project, it simplified complex matters into simple terms. And it wasn't like they voiced a problem saying, "There is a problem, and we don't know what to do." It was a clear plan, as I am an organized person, so it resonated with me. It suited me and I liked that there was a clear plan, a clear strategy for*

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*implementation, a clear mission for the people who came to me.” Local decision maker*

- *“MH4U is a light at the end of the tunnel and your assistant, an expert in the field of mental health, who is on the one hand an expert, and on the other hand, he simply and clearly conveyed important things about mental health and mental well-being.” Communication partner*
- *“In terms of the dynamic or progress, we can see that relatives are not that ashamed anymore of having relatives or family members with different disabilities... there is better awareness of the fact that a person with disabilities is a human being in the first place, not an invalid as we call them in Ukraine.” Partner NGO for supported living*
- *“When I was just finished my internship as a psychiatrist in my town....I saw an old system where people weren't able to have all their full basic human rights and very old-fashioned methods, somewhere on the border between help and torture sometimes. And for me, it wasn't what I wanted when I decided to become a doctor. And I thought, is this really how I should work? I don't want to do this anymore. And I even thought maybe I don't want to be a doctor.... The project gave me ability to access to information. And for me it was some crucial moment, it was spring school of MH4U 2020 and through this course....it was more than enough for me to understand that in all other countries, there was similar problems in mental health, but different countries find a way to solve this problem and we're not alone in this problem...So it was very inspiring for me and I started moving in this field and find some new info... I wanted to be a doctor. I just don't want to be this old-fashioned doctor. I want something else. And so I'm grateful to the project that right now I have some other view.” Psychiatrist, MH4U team member*
- *“With the mental health Centre, it's all about accessibility and proximity to people. So it's fantastic that we have a team in place that is well coordinated. We understand each other very well. We have support groups, supervision, interventions. We have multiple opportunities to discuss specific cases. We can have individual plans for specific patients.” representative of Mental health Centre*
- *“MhGap trainings for primary health workers really it changes their approach to work. And even one of our participants said that this training changed her whole life, it changed really her total approach to work, to passions, what she does.” Partner NGO representative for MhGap trainings*
- *“I can say thank you to MH4U for staying in Ukraine as we observed that many donors, especially not humanitarian but development donors, said - stop using our money, please return. MH4U said, let's think what is the most important now, now, and before we restart our MHGAP training in other format in April already in few days we started the first psychological aid trainings for volunteers, and it was really important thing because it was most required skills that helped people and not all developmental donors are so flexible and so like quickly reacting to situation” Partner NGO*
- *“MH4U project share the same values with us quality of work, integrity, evidence-based, and commitment or dedication. So, these are the shared values that I believe helped us implement multiple initiatives.” Partner NGO*
- *“MhGap offers knowledge and skills to trainees, but also competencies. And the key component of competence is attitude. And these trainings do change the attitude of doctors and nurses to mental health in general, to mental health disorders, to how they opt for different treatment modalities and techniques and there's more*

*preference for psychosocial interventions. Very often during supervisions doctors tell us, you know what, in the past we thought that our patients just waste our time when they come to us just to talk or cry it out. But now we do understand that it's crucial. It's not just a waste of time, it's part and parcel of their healing process or their recovery.” Partner NGO*

- *“Thank you very much to MH4U team for high-quality communication, rapid and responsive communication over this time. We've had reciprocal feedback. Thank you for helping me become better and feel engaged in these positive changes in the health, mental health system in Ukraine.” Partner NGO*
- *“With the support of MH4U we created a small space where families with children could come and receive some psychoeducation. During one of the sessions, there was a large-scale missile and we received positive feedback from women because they translated some of the game skills into practice. Breathing, we breathed together how to hug your child, what to do with your child during a massive missile attack. So, this is something that came in handy for them. This group continues functioning. The project is over in our town, but this group continues meeting and having discussions. So, it was an amazing experience.” NGO partner for youth friendly space*
- *“Thank you very much for your faith in small organizations. Thank you very much for having faith in the fact that it's also possible to implement projects and initiatives in high risk or hazardous areas. Because it's also a risk that you as project managers assume because we can never predict potential missile attacks, we can never have certainty that we will be able to successfully complete something, we are never sure whether that space will be able to continue functioning, but you take chances there, you are ready to assume that risk. I'm talking about that, and my eyes are tearing up so I'm sending you my big heart.” NGO partner*
- *“Everything is about people; Ukraine is about people”.*
- *“When we handed out sensory boxes with different toys, one psychologist was on the verge of tears and she said, if she had it at the very beginning, she could have changed so many lives. For Ukraine it's a shocker that you don't have to give anything in exchange and you just you know you just give your love” MH4U team member*
- *“As far as I know, the Ambassador Program is the first opportunity to provide a public platform for people with mental disorders to speak publicly and invite them to participate in decision-making, because the important principle is nothing about us without us and not making decisions about our lives without us.” Mental Health Ambassador*
- *“Very important for me during the last years of being ambassador, I feel more validated by people when I say this, because especially when I go into the settings where people are having problems. So I start by saying, okay, I am not someone who came here to teach you or to tell you what to do, I am one of you.” Mental Health Ambassador*
- *“There is still a big stigma around going to the psychologist. support literature, books are good, but personal stories and emotional attachment are what work the best.” Mental Health Ambassador*
- *“Maybe we can treat the future of Ukraine in this project by making people be seen, heard, and loved by doing different interactions in the communities.” Mental Health Ambassador*

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- *“We need to first unite the ambassadors. Because if there is no such unity, everything will be the same again...Until we unite, until we understand what we need to do, what we can do, we will not have a definite result.” Mental Health Ambassador*
  - *“What is very positive in MH4U project, that they are not afraid to make a big network of Ukrainian base NGOs.” Representative of health project*
  - *“Because of the project, people and communities, they start to pay great attention to the areas of mental health...MH4U, started kind of destigmatization of the mental health at the community level, which is lovely to see.” World Bank representative*

#### Appendix 4: Assessing and Planning Scaling up activity.

Mark J. D, Jordans and Brandon A. Kohrt (2020) **Scaling up mental health care and psychosocial support in low-resource settings: a roadmap to impact.** Epidemiol. Psychiatr 2020; 29: e189. Published online 2020 Nov 26. doi: [10.1017/S2045796020001018](https://doi.org/10.1017/S2045796020001018) PMID: PMC7737188

	<b>Indicator – Population need</b>	<b>Indicator- Cultural and context fit</b>
<b>Relevance</b>	<i>Does the MH4U innovation/ initiative fill a clear need?</i>	<i>Are MH4U innovations a good fit to Ukrainian context generally (and for specific Oblast)?</i>
<b>Effectiveness</b>	<b>Indicator – Mental Health Outcome</b> <i>Will the proposed innovation/s or initiative contribution to better mental health outcome for the population?</i>	<b>Indicator – Mechanism of Action</b> <i>Have any of active ingredients associated with positive outcomes been identified?</i>
<b>Quality</b>	<b>Indicator- Adherence</b> <i>Are there any established fidelity levels at which the intervention is effective?</i>	<b>Indicator- Competence</b>
	<b>Indicator - Attendance</b> <i>Are there established minimum attendance needed for effectiveness?</i>	<i>Are there established Establish minimum competency level for effectiveness?</i>
<b>Feasibility</b>	<b>Indicator - Coverage</b> <i>Are there documented proposed recruitment and retention rates for eligible participants?</i>	<b>Indicator - Cost</b> <i>Have Incremental cost-effectiveness ratios establishing added value of novel intervention been calculated?</i>

#### EXPANDNET: Nine steps for developing a scaling-up strategy. WHO 2010

<https://expandnet.net/>

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Step 1.	Planning actions to increase the scalability of the innovation
Step 2.	Increasing the capacity of the user organization to implement scaling-up
Step 3.	Assessing the environment and planning actions to increase the potential for scaling-up success.
Step 4.	Increasing the capacity of the resource team to support scaling up
Step 5.	Making Strategic choices to support vertical scaling up (Institutionalization)
Step 6.	Making Strategic choices to support horizontal scaling up (expansion/ replication)
Step 7.	Determining the role of diversification
Step 8.	Planning actions to address spontaneous scaling up
Step 9.	Finalizing the scaling-up strategy and identifying next steps