Understanding Ukrainian adolescents' attitudes to Mental Health and Psychosocial Support in Poland

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Acronyms

BDM   Behavioral Drivers Model

BeSD   The Behavioral and Social Drivers

CAWI   Computer Assisted Web Interviewing

RCT   Randomized Controlled Trial

FGD   Focus Group Discussion

MHPSS   Mental Health and Psychosocial Support

SBC   Social and Behavior Change

KII   Key Informant Interview

Background

Since the start of the war in Ukraine in February 2022, Poland has been on the frontline of the refugee crisis. Following the March 2022 approval of the EU Temporary Projection Directive, more than 1.7 million Ukrainian refugees have registered for temporary protection in Poland. Currently, around 950,000 Ukrainian refugees remain registered in the system. 55% of those registered are women, 7% are older persons, and 38 % are children[1].

UNICEF's holistic approach to mental health supports children, adolescents, caregivers, and wider communities. By the end of 2023, UNICEF in Poland had reached more than 700,000 children and caregivers through various Mental Health and Psychosocial Support (MHPSS) interventions. These initiatives include providing Psychological First Aid during the initial days of the conflict escalation at reception centers and entry points, implementing community-based psychosocial support in schools and in collaboration with municipalities hosting Ukrainian refugees, and offering targeted, non-specialized support in partnership with the Institute of Mother and Child. This support involves training health professionals on early childhood mental health, conducting psycho-educational workshops with Ukrainian adolescents, and delivering positive parenting sessions for caregivers. UNICEF also supports the provision of specialized services through MHPSS professionals and child psychologists who speak Ukrainian and Russian.

Recognizing the unique needs of adolescents, this research focused specifically on understanding their special requirements and behaviors. We used UNICEF's Behavioral Drivers Model[2] to analyze the social, psychological and environmental factors that influence their mental health and well-being. This model provided a comprehensive understanding of the various influences on their decisions and behaviors, helping us to tailor our interventions more effectively.

However, it is important to acknowledge that our research's scope is limited. It primarily covers adolescents' perceptions of mental health topics and some analysis of demand-side barriers. It does not address the prevalence of mental health issues or the broader psychosocial support needs within this population. Additionally, the study does not thoroughly explore supply-side barriers, which could also significantly impact access to MHPSS.

Additional insights from the online research conducted in 2022 "Sytuacja ukraińskiej młodzieży i rodziców lub opiekunów w pierwszym roku pobytu w Polsce Zdrowie, zasoby i potrzeby w zakresie wsparcia psychospołecznego." (Eng. "The situation of Ukrainian youth and parents or guardians in the first year of stay in Poland – health, resources and needs in the field of psychosocial support.") conducted by the Institute of Mother and Child in cooperation with the UNICEF Refugee Response Office in Poland revealed critical aspects of the health and well-being of Ukrainian adolescents at the beginning of the conflict escalation. The WHO-5 Well Being Index indicated that about a quarter of Ukrainian teenagers (24%) reported low well-being, with girls experiencing lower levels of well-being than boys. Almost half of the adolescents felt lonely most of the time after arriving in Poland (43%), with a higher incidence among girls (49%) compared to boys (33%).

The Cohen Stress Scale highlighted that a significant number of adolescents experienced high stress levels, and the Cantril Ladder indicated that more than a third were dissatisfied with their lives (38%), with only a small percentage feeling very satisfied (13%).

Additionally, emotional and social loneliness scores were higher among girls than boys, emphasizing the need for targeted interventions. More than half of the adolescents reported frequent psychosomatic symptoms such as fatigue (62%), irritability (55%), and nervousness (52%). Over half of the adolescents (59%) believed they could usually solve problems if they tried hard enough, and a similar proportion (53%) felt capable of following through with their resolutions. These findings underscore

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[1] Situation Ukraine Refugee Situation (unhcr.org)

[2] https://www.unicef.org/mena/reports/behavioural-drivers-model

the importance of addressing both demand and supply-side barriers to MHPSS, taking into account the distinct experiences and challenges faced by Ukrainian adolescents in Poland.

In order to gain a deeper understanding of the well-being of Ukrainian children and adolescents living in Poland, we conducted further consultations, which are summarized in the report "It is cool here, no doubt about it... but home is home."[3] This research explored their subjective well-being amidst the war in Ukraine. Key insights revealed children's feelings of nostalgia for the people, pets and places they had left behind. Many children and adolescents became apathetic and resorted to excessive sleeping and eating when overwhelmed by stress. More than half

of the participants expressed a desire to talk to a professional about their mental health. Those attending Polish schools faced challenges such as language barriers and adapting to a new education system but found that school provided a helpful routine. Studying at a Ukrainian online school was considered tiring due to excessive screen time and poorly organized classes.

This report aims to offer valuable insights into the specific mental health and psychosocial support needs of Ukrainian adolescents in Poland. By understanding their attitudes and behaviors and identifying the appropriate behavioral tools to enhance communication, stakeholders can develop more targeted and effective interventions to support this vulnerable population.

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[3] https://www.unicef.org/eca/reports/it-cool-here-no-doubt-about-it-home-home

Key Findings

Highlighting critical insights into the needs, attitudes, and barriers to accessing mental health and psychosocial support among adolescents from Ukraine residing in Poland.

Close Circle:

When adolescents believe that people they care about have a negative view of mental health services, they are less likely to seek help themselves.

> "My parents think that I don't have any stress at all and that I am making things up. So I don't think my parents would want me to go to a psychologist." Adolescent from Ukraine living in Poland

Social Norms:

Adolescents who strongly agree that talking about mental health is a sign of weakness and who believe that people who use mental health services are seen as inferior by others tend to experience higher levels of self-stigma.[4]

> "Many people are ashamed, afraid. There are many different reasons why people don't want to go. Although they need support, (...) due to our, let's say, upbringing and not being taught since childhood that such problems need to be solved." Parent from Ukraine living in Poland

Perceived Benefits of MHPSS:

A significant proportion of respondents (42%) strongly agreed with the statement "Integrating mental health and psychosocial support into my life would improve my wellbeing".

> "Anyway, I went to a psychologist, worked with him, and he, I don't know, lifted a stone from my soul, I felt much better." Adolescent from Ukraine

Peer Influence:

Adolescents who have friends who are currently involved in MHPSS report less self-stigma.

> "I think that if such information (about available MHPSS) is passed on, for example by friends, then probably yes, they would take advantage of such a chance." Adolescent from Ukraine

Gender Differences:

Female adolescents report less self-stigma compared to male adolescents. Gender differences in self-stigma may be influenced by different social expectations and norms.

> "Yes, it's very important to talk about gender culture, gender stereotypes, identification, who is a woman, who is a man, how family roles were formed." Psychologist from Poland

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[4] Self-stigma refers to the internalization and acceptance of negative stereotypes and prejudices associated with a stigmatized group to which one belongs. It involves self-devaluation and the fear of enacted stigma—being treated poorly or discriminated against because one's membership in this group.

Methodology

This report summarizes the findings of a mixed-methods research approach designed to understand the factors influencing Ukrainian adolescents in Poland towards mental health, as well as their needs and barriers to accessing mental health and psychosocial support. The research methodology is described in detail below.

QUALITATIVE RESEARCH METHODOLOGY

Type	Target group	Gender	Location	Number of participants	Total
FGD	Ukrainian adolescent 16-19 y.o.	F | M	Warszawa	6 x 8 per group (3: female only; 3: male only)	9 FGD (72 interviewees)
			Wrocław		
			Kraków		
	Ukrainian caregivers of adolescents 16-19 y.o.	Mixed	Warszawa	3 x 8 per group	
			Wrocław		
			Kraków		
KII	MHPSS professionals, including psychologists, working with Ukrainian adolescents (16-19 y.o.)		Warszawa	3 per city	9 KII (9 interviewees)
			Wrocław		
			Kraków		

Key Informant Interviews (KIIs):

Interviews were conducted with Ukrainian-speaking psychologists in Warsaw, Wrocław and Kraków in July/August 2023. The aim was to gather expert insights on the mental health challenges faced by Ukrainian adolescents in Poland, their needs, the effectiveness of current psychosocial support systems, and strategies to improve access to mental health services and psychosocial support. All participants, practicing psychologists specializing in adolescent mental health, gave informed consent. The interviews were structured to allow in-depth discussions, focusing on both difficulties and successes in addressing the mental health needs of Ukrainian adolescents in Poland. Ethical guidelines were strictly followed to ensure the confidentiality and privacy of all interviewees.

Focus Group Discussions (FGDs):

Focus Group Discussions (FGDs) were conducted with adolescents aged 16-19 and caregivers of adolescents to explore the experiences and challenges of Ukrainian adolescents with mental health and psychosocial support (MHPSS) in Poland. These interviews aimed to assess the awareness and attitudes of both groups towards mental health issues and the accessibility of support services, as well as their willingness to engage with these services. Informed consent was obtained from all participants prior to the discussions. The facilitator ensured confidentiality and handled sensitive topics with care, providing a safe and open environment for participants to share their experiences and concerns.

Behavioral Drivers Model (BDM)[5]:

To analyze the barriers and facilitators affecting access to mental health and psychosocial support (MHPSS) among Ukrainian adolescents in Poland, the research team used the Behavioral Drivers Model (BDM) introduced by UNICEF. This analytical framework guided in-depth discussions during both Key Informant Interviews (KIIs) with psychologists and Focus Group Discussions (FGDs) with adolescents and their caregivers. These methods were crucial in gathering both professional and personal perspectives on the challenges and strategies for improving the accessibility of MHPSS.

QUANTITATIVE RESEARCH METHODOLOGY

Online Survey:

Sampling and Recruitment: The survey, conducted using the Computer Assisted Web Interviewing (CAWI) method focused on the mental health and psychosocial support needs and access barriers of Ukrainian adolescents living in Poland, with a special focus on those who moved to Poland after the escalation of the war in 2022. Participants in the study were adolescents from Ukraine aged 18 to 19 years old and recruitment took place in March and April 2024 and was conducted by a research company (Rating Group). The survey invitation was distributed to the target groups through various channels, including Big Data from Kyivstar and Vodafone, messengers, and social networks. The gender distribution was 477 women, 161 men, 7 identified as other, and 32 preferred not to say. The respondents came from different settlements: 8% from villages, 14% from towns of up to 20,000, 17% from towns of 20,000-100,000, 18% from towns of 100,000-500,000, 33% from towns of 500,000, 7% were unsure, and 2% found it difficult to answer. The final sample consisted of 677 completed questionnaires.

Informed Consent and Language Accessibility:

In accordance with ethical research practices, informed consent was obtained from all respondents. To ensure comprehension and comfort, the survey and study information were available in both Ukrainian and Russian (94% chose Ukrainian and 6% Russian). Ethical approval was obtained from the Institute of Mother and Child Bioethical Committee.

Randomized Controlled Experiment:

The study used a randomized controlled trial (RCT) to present four different interventions the difference was whether or not social norm messages were included and who was the messenger. RCT is a scientific method widely used by social scientists to test the effectiveness of behavioral change interventions. Each intervention consisted of a different video that either included or did not include specific behavioral intervention techniques such as social norms and/or messaging strategies. Each participant had an equal chance of being assigned to one of the four interventions, ensuring the integrity of the randomization process.

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[5] Petit, V. (2019). The Behavioural Drivers Model: A Conceptual Framework for Social and Behaviour Change Programming.
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Qualitative Research Findings

The qualitative research phase, using the Behavioral Drivers Model (BDM), provided rich insights into the personal experiences and perceptions of Ukrainian adolescents and their caregivers. Through Key Informant Interviews and Focus Group Discussions, the study explored the willingness to engage in MHPSS and the various behavioral drivers that influence this engagement. This comprehensive approach highlighted the nuanced barriers and facilitators that influence the use of MHPSS in this community.

PSYCHOLOGICAL FACTORS[6]

Our discussions focused on identifying psychological factors that influence attitudes and behaviors towards mental health and psychosocial support (MHPSS) among Ukrainian adolescents in Poland. These factors are crucial because they shape individual motivations and biases regarding mental health decisions.

Through interviews conversations with adolescents and their caregivers, we uncovered several important reasons that explain why accessing MHPSS can be challenging for these young people from Ukraine in Poland. These findings suggest that individuals' decisions to seek mental health and psychosocial support are influenced by their emotional state, the people around them and their current life situation. It is clear that we need to think carefully about how we provide mental health services to these adolescents. The approach must take into account their emotional needs, their cultural background and the practical challenges they face on a daily basis.

Psychology

COGNITIVE BIASES	The information my brain is willing to consider.
INTEREST	What I want; how appealing change is.
ATTITUDE	My opinion about a behaviour; how I feel about it.
SELF-EFFICACY	What I think I can do.
INTENT	What I plan on doing; what I am ready for.
LIMITED RATIONALITY	The reasons why I don't do what I should.
PERSONAL CHARACTERISTICS	Who I am.

[6] The Behavioral Drivers Model (BDM) covers various psychological factors influencing behavior. We include the BDM graphic to show the range of influences but focus on the most relevant factors for our study, such as attitudes, social norms, and self-efficacy.

Attitude:

Attitudes play a crucial role in how Ukrainian adolescents and their caregivers' approach mental health and psychological support. Attitudes combine cognitive and emotional elements, shaping an individual's predisposition to respond to ideas or changes, and are influenced by socio-economic background, religion, and other personal characteristics.

Among adolescents, there is a general understanding of the importance of mental health, but barriers such as stigma and fear hinder their willingness to seek support. There are gender differences, with female adolescents more open to discussing and seeking help for mental health problems, while males may recognize the need but are less likely to seek help themselves.

Parents play an important role in shaping these attitudes. While they recognize the need for mental health support and education, their own scepticism about mental health services can limit their children's access to these resources.

> **"We have a post-Soviet mentality, basically, that this is not taken seriously, and many people are ashamed, afraid. There are many different reasons why people don't want to go. Although they need support, they understand this deep down, that they need some kind of psychological support, but due to our, let's say, upbringing and not being taught since childhood that such problems need to be solved, many people simply won't go, even if it's free and it's a Ukrainian."** Parent from Ukraine living in Poland

Intention:

Intention is a key factor in the individual change process, characterized by readiness to adopt new practices and willingness to make changes. When adolescents are willing to seek help and open to trying new approaches to managing their mental health problems, the likelihood of meaningful change increases. This willingness is evident in some of the adolescents who seek MHPSS, relying on different coping mechanisms, peer support and sometimes online resources to manage their mental health problems. They often prefer to seek support by talking about their feelings and problems with peers.

However, parents' views on their adolescents' independence in seeking help vary, affecting how these intentions are supported or hindered within the family.

> **"From my observation, teenagers are more interested, and they come to me and say: I see that my mother needs support, it is teenagers who come to me, not parents who bring teenagers, but it comes from teenagers, then I contact the parents there if necessary."** Psychologist from Poland

Interest:

Interest in mental health and psychosocial support among adolescents and parents involves both emotional appeal and practical considerations. Adolescents' interest varies: some are open to MHPSS, others preferring to talk to peers or family, and a few showing little interest, often based on perceived benefit versus effort. Preferences for therapy modes vary, with introverted adolescents preferring online sessions. Supportive parenting is crucial, especially when therapy involves collaboration between adolescents, parents and psychologists, which facilitates the process and improves outcomes.

"[...] all this time I was studying, studying, studying, preparing to enter somewhere here in Poland, (…) I had a problem, I had a very strong burnout, just a complete burnout. (…) I asked my parents to see a psychologist. Here in Warsaw (…) Anyway, I went to a psychologist, worked with him, and he, I don't know, lifted a stone from my soul, I felt much better. That's it. Because burnout is a very strong thing, and I also had depression, and it's really a very unpleasant thing." Adolescent from Ukraine living in Poland

SOCIOLOGICAL FACTORS

Sociological elements, in particular social influence, and cultural biases prejudices, have a significant impact on adolescent and caregivers' attitudes towards seeking support and MHPSS.

Sociology

SOCIAL INFLUENCE	How others affect what I think, feel and do.
COMMUNITY DYNAMIC	The group's collective capacity to change.
META-NORMS	What defines and maintains the satisfaction, roles and power in a society.
CONTEXT	The context in which I live.

Social Influence

Social influence has a significant impact on individual behaviors and decision-making, especially among adolescents who face the challenge of adapting to a new social environment. In the context of Ukrainian adolescents in Poland, the social norms and group identities they encounter can have a profound impact on their mental health and actions. Adolescents often struggle with language and cultural differences, which can lead to feelings of social exclusion, more noticeably among male adolescents.

The effectiveness of social influence through "word of mouth" shows mixed results. While some adolescents actively seek mental health information from their peers, others are deterred by fear of social stigma, a concern that appears to be unrelated to gender. Socialization plays a crucial role in improving mental health, where adolescents who have engaged with MHPSS services can change the perceptions of their peers and encourage more to seek help. Online activities, such as sharing information through social media, also have a positive impact on perceptions of MHPSS services.

"I think this is the problem. Some people may have bad experiences with psychologists, many people don't want to go. Word of mouth works (…) – by telling everyone, you know, that it's just a waste of time and basically reinforces the doubt that psychologists are not really necessary." Parent from Ukraine living in Poland

"I think that if such information (about available MHPSS) is passed on, for example, by friends, then probably yes, they would take advantage of such chance." Adolescent from Ukraine

For parents, the language barrier is a significant barrier that affects not only their children's social integration but also their overall well-being. Some parents stress the importance of their adolescents learning Polish to better integrate into society and believe that language skills are crucial for their children's success.

"They really feel very acutely this loss of their world view, the loss of the opportunity to realize their hobbies, their interests, (…) because the environment here is still a little bit different culturally and socially. They very often face bullying, shaming, some kind of signs or isolation, which they experience so painfully. That is, they are ignored, not included in their circle by local adolescents. (…) a child needs to somehow cope with a rather heavy curriculum, many of our children study at two schools at once and this is really a lot of pressure on them from the educational requirements, and not just online learning of native language, and of course with the language where the discipline is already highly specialized in terminology, chemistry, mathematics and so on. It is really difficult for them." Psychologist from Poland

Cultural Norms

Cultural norms and metanorms, deeply rooted in societal ideologies and unwritten rules, significantly shape attitudes towards mental health among Ukrainian adolescents in Poland. These norms influence both direct actions and societal expectations, such as gender ideologies and power dynamics. Older generations often fail to acknowledge mental health issues, contributing to stigma, especially towards psychiatry. This stigma affects adolescents' willingness to seek help.

"Yes, it's very important to talk about gender culture, gender stereotypes, identification, who is a woman, who is a man, how family roles were formed." Psychologist from Poland

14 Parental support is crucial in encouraging adolescents to seek mental health services. However, adolescents are often an expected to manage their mental health independently and fear of judgement can inhibit their willingness to seek help. Despite these challenges, attitudes towards mental health services are improving and the younger generation is becoming more aware of the importance of mental health support. Continued parental influence and understanding is essential to facilitate access to these services.

"[...] our countries are very skeptical about these situations, and that his parents, especially his grandparents who grew up in the Soviet Union, he approaches them, says that he feels bad in his heart, and they tell him that he just worked himself up and that the problem is in his head." Adolescent from Ukraine living in Poland

"My parents think that I don't have any stress at all and that I make things up. So, I don't think my parents would want me to see a psychologist. Even when I had tics, as they are called... tics, when my eye was twitching and my mom took me to a neurologist, and he said that just don't be so nervous and everything will be fine, and listen to your mom, everything will be fine with you" Adolescent from Ukraine living in Poland

The information, opinions, arguments, and stories we are exposed to play a significant role in shaping our attitudes and interests, and ultimately the parenting behaviors.

Environment

COMMUNICATION ENVIRONMENT	The information and opinions I can be exposed to.
EMERGING ALTERNATIVES	Those who don't think or behave like the majority; new things out there.
COVERING ENTITIES	How institutions influence what I do.
STRUCTURAL BARRIERS	Concrete things that prevent me from acting.
CONTEXT	The context in which I live.

Communication Environment

The communication environment significantly shapes attitudes interests, and behaviors towards mental health and psychosocial support (MHPSS). Mass and social media, personal interactions, and community discourse influence how individuals and communities engage with mental health issues.

For Ukrainian adolescents and their parents in Poland, MHPSS information is disseminated through various channels. Adolescents often rely on word of mouth, valuing its personal connection and credibility. Parents access information through social media platforms such as Facebook, Instagram, Telegram, and Viber, as well as formal settings such as schools and universities.

Preferences for receiving MHPSS information vary: parents value the breadth of information on social networks, while adolescents trust face-to-face interactions more than digital sources. Although online therapy is convenient, some adolescents find it less effective than face-to-face sessions due to privacy, security and expression issues. This highlights the need for a balanced approach that meets the different preferences and needs within the community.

"Probably Facebook, probably posting flyers like this works, because when I go to another project I have flyers, if there are no flyers, I can write my number and then the person calls, I mean, it's transferred through registration, because usually some people are adults, well, they are adults who decide what to do." Psychologist from Ukraine

"Well, since nowadays life is more on the phone, I think that social networks, especially Telegram and quite... I don't know, 99% of people use Instagram, so I think it's the most convenient." Adolescent from Ukraine

"Perhaps the most popular is Telegram channel. In addition, it has other social networks: Facebook, Instagram. It's also word of mouth, which means that when a person invites a person, they invite their friend, who recommends them to someone else, and people come together in this way." Parent from Ukraine

Quantitative Research Findings

The quantitative analysis took into account psychological aspects that often appeared in qualitative analyses. In the study, we measured a number of variables that indicate of willingness to use MHPSS services, as well as variables that could potentially influence these aspects: perceptions of social norms regarding MHPSS among other Ukrainians, self-stigma related to seeking psychological help, and basic demographic variables. In addition, we included a questionnaire based on the Theory of Planned Behavior[7] to verify which factors – attitudes, subjective norms or perceived behavioral control — have the greatest influence on the intention to use MHPSS services.

Language proficiency

The survey reveals varying levels of Polish language proficiency among Ukrainian adolescents living in Poland. A small but significant proportion (14%) have low proficiency (levels 1 and 2)[8], indicating communication barriers. A significant 51% have reported moderate proficiency (levels 3 to 5), indicating that they can communicate but may struggle with complex interactions. Encouragingly, 32% rated their proficiency as high (levels 6 and 7), facilitating better access to services and integration into Polish society.

How would you assess your level of Polish language proficiency?
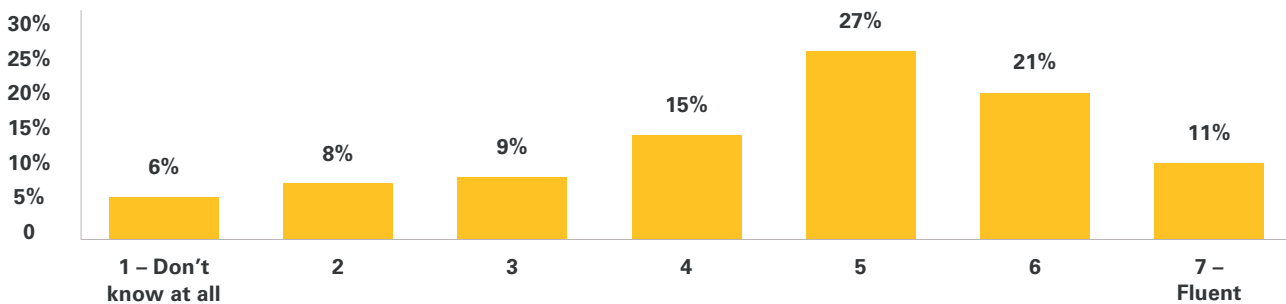
3% of respondents claimed it's "Difficult to answer"

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[7] Fishbein, M., & Ajzen, I. (2010). Predicting and changing behavior: The reasoned action approach. New York: Psychology Press.

[8] In the questionnaire, respondents rated their answers on a scale from 1 to 7. For example, for language proficiency, 1 indicated 'Don't know at all' and 7 indicated 'Fluent.' This scale was similarly used for other questions to measure varying levels of agreement or proficiency

The survey looked at both the length of stay in Poland and the current educational situation of Ukrainian adolescents. While a small percentage have been in Poland for less than a year, the majority (64%) have been in Poland for over 18 months.

How long have you been living in Poland?
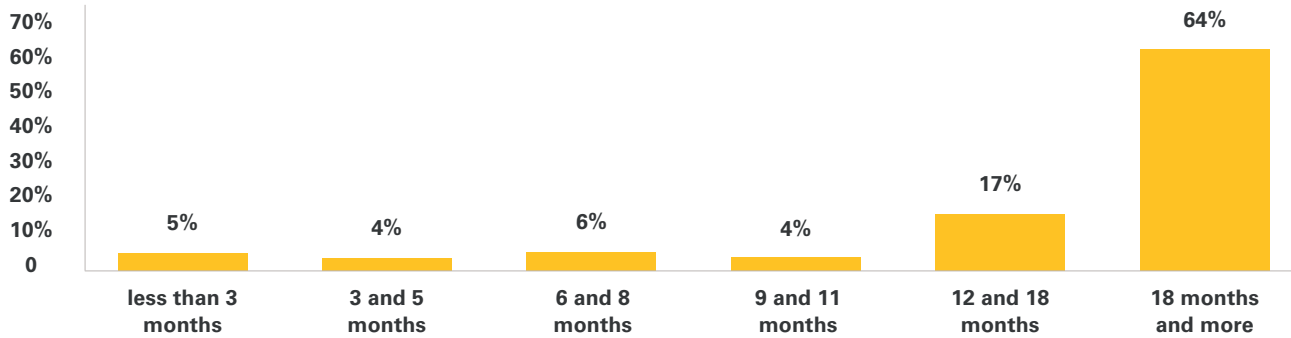
The findings on education show that 11% follow only the Polish curriculum, 26% the Ukrainian curriculum, 41% both, and 22% neither.

Although many adolescents have been living in Poland for over a year, their educational integration into the local community appears to be limited. Half of respondents are fully integrated into the Polish education system, while a significant number continue with the Ukrainian curriculum or are not involved in any formal education. Although some of these adolescents may already be working, the significant number not participating in the Polish education system suggests that they are not fully integrated into the local community.

Current education situation
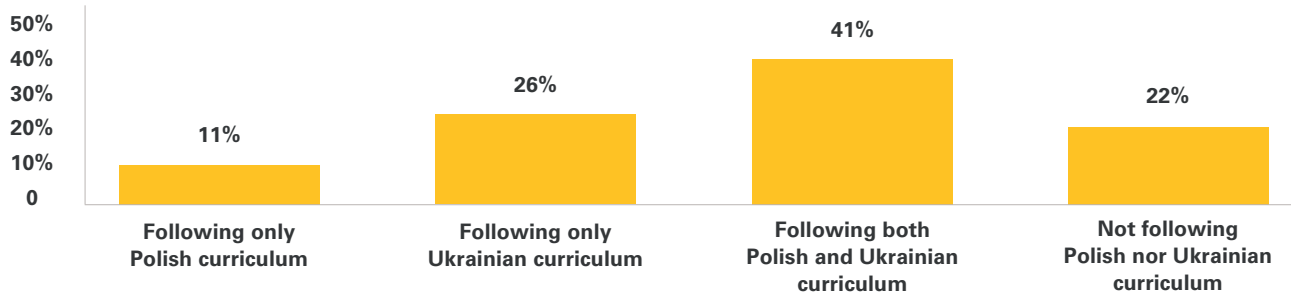
Current and Past Usage of Mental Health and Psychosocial Support (MHPSS) Services

The survey assessed the current and past use of various mental health and psychosocial support services among Ukrainian adolescents. Respondents were asked whether they had used any of the following services: Psychotherapy, Support Groups, Psychiatric Services, Community Mental Health Programs, Online Counseling, Peer Mediation, Crisis Intervention Services, Art and Music Therapy, Movement/Psychomotor Therapy, Mindfulness and Relaxation Techniques, Workplace Wellness Programs, Family/System Therapy, Educational Workshops, and other psychosocial services.

Past Usage:

In terms of past use, 53% of respondents reported that they had not used any MHPSS services. The most commonly used services in the past were Psychotherapy (20%), Online Counseling (14%), and Music or Art Therapy (14%).
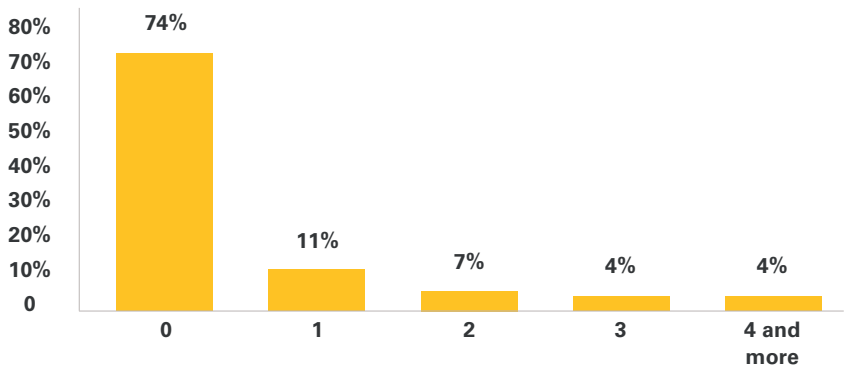
Number of psychosocial support services used in the past

53%	21%	9%	8%	9%
0	1	2	3	4 and more
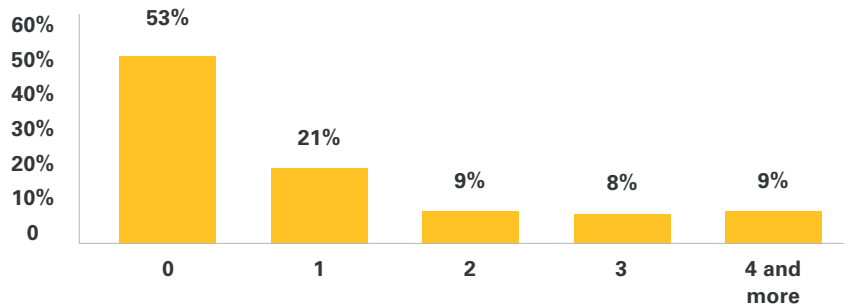
Current Usage:

In terms of current use, the data shows that 74% of respondents are not using any MHPSS services, which is a decrease from past use. Of those currently using services, the most common are Psychotherapy (9%), Music or Art Therapy (9%), and Online Counseling (8%).

Number of psychosocial support services currently used

|				
74%	11%	7%	4%	4%
0	1	2	3	4 and more

Involvement of friends in Mental Health and Psychosocial Support Services

The survey explored whether respondents' friends were currently using MHPSS services. Almost half of respondents (46%) reported that their friends were using these services, indicating a significant level of peer engagement. Conversely, 20% reported that their friends are not using MHPSS services. In addition, 30% of respondents were unsure about their friends' engagement. It is interesting to note that more respondents reported that their friends are using MHPSS services than reported their own use, where 74% said they didn't use any services. This discrepancy highlights a potential perception gap or under-reporting of personal service use.

Do any of your friends currently engage in Mental Health and Psychosocial Support (MHPSS) services?

|			
46%	20%	31%	4%
Yes	No	I don't know	Difficult to answer
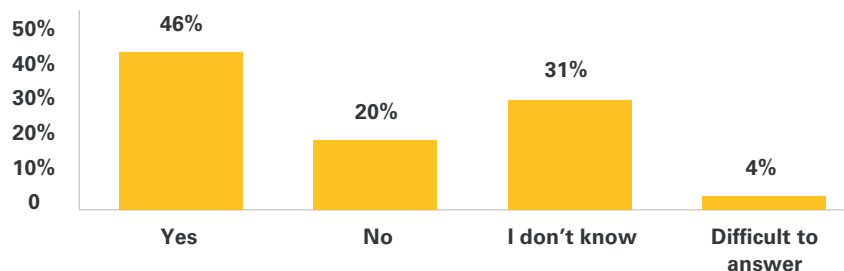
Perception of MHPSS Benefits

A significant proportion of respondents (42%) strongly agreed with the statement "Integrating mental health and psychosocial support into my life would improve my wellbeing". In addition, 21% strongly agreed, and 17% somewhat agreed, indicating a generally positive perception of MHPSS. Only a small percentage of respondents (7%) disagreed, with 2% strongly disagreeing, 2% disagreeing and 3% somewhat disagreeing. A further 14% of respondents were neutral.

How much you agree with the following sentence: "Integrating mental health and psychosocial support into my life would improve my well-being"?
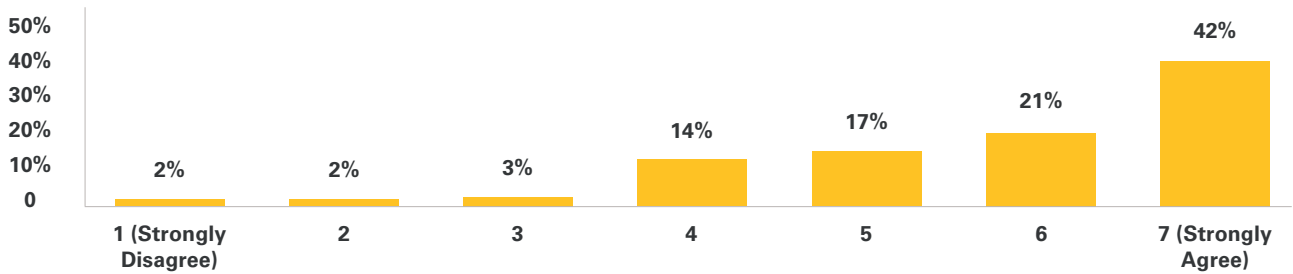

Intention to Seek Mental Health and Psychosocial Support (MHPSS)

The results show a mixed intention to seek MHPSS. While 25% of respondents said they were unlikely to seek support (rating of 1), a further 13% said they were very likely to seek support (rating of 7). The remaining responses are distributed across the scale, with 11% at level 2, 10% at level 3, 14% at level 4, 14% at level 5 and 12% at level 6. Although many respondents recognize the benefits of integrating MHPSS into their lives, as seen in the previous finding, their intention to actually use these services varies. This suggests that while awareness of the benefits is high, other factors may influence the decision to seek support.

**I intend to seek mental health and psychosocial support**
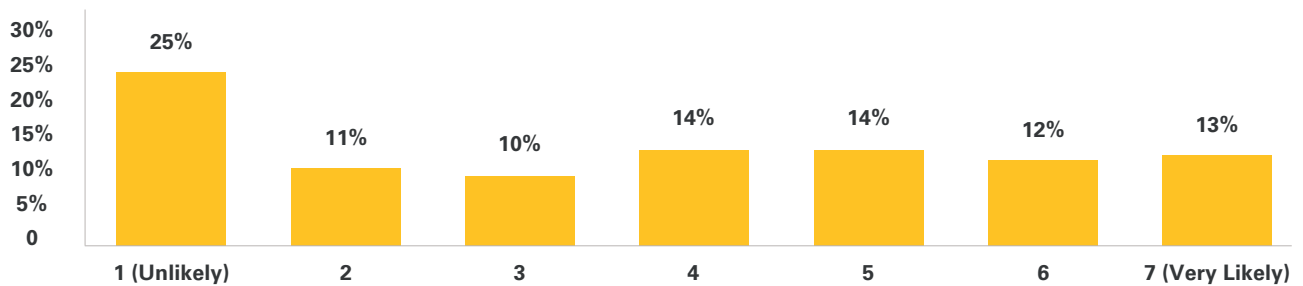
Social Norms Regarding Mental Health Services (people who are important)

The results show mixed perceptions of social norms. While 28% of respondents strongly disagree that important people in their lives have negative view of mental health services, a significant proportion still perceive a negative view. Some 17% of respondents rated their agreement at level 4, with smaller groups indicating varying levels of agreement. This perception of negative social norms could be a barrier to seeking mental health support, as indicated by the mixed intentions to seek MHPSS in the previous finding. Our qualitative study also highlighted that parents often stigmatize mental health services and may not fully support adolescents who use them. This stigma from important figures in their lives may discourage adolescents from seeking the support they need, despite recognizing its benefits.

**Most people who are important to me view mental health services very negatively.[9]**

1 (Disagree)	2	3	4	5	6	7 (Agree)
28%	17%	15%	17%	12%	6%	5%
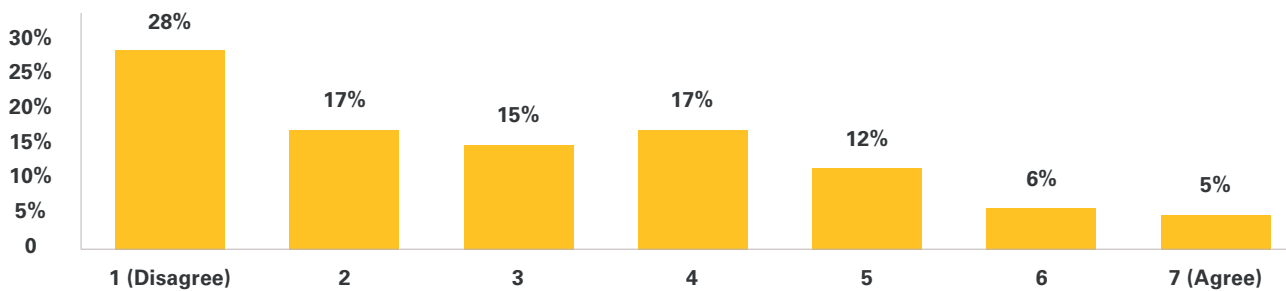
Social Norms Regarding Mental Health (Community in general)[10]

The results show mixed opinions. While 22% of respondents strongly disagree, indicating they do not see talking about mental health as a sign of weakness, a substantial number still hold this belief to varying degrees, with 17% rating their agreement at level 5 and others distributed across the scale. These findings connect with the previous result, where many adolescents feel their important social circles view mental health services negatively.

Most Ukrainians believe that talking about their mental problems is a sign of weakness.

| 1 (Disagree)	2	3	4	5	6	7 (Agree)
22%	12%	11%	14%	17%	13%	12%
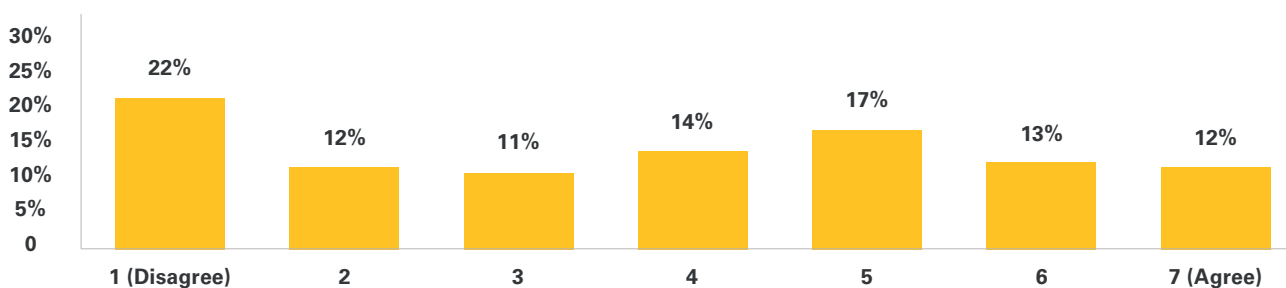
[9] This histogram was created for illustrative purposes. The scale is longer.

[10] This histogram was created for illustrative purposes. The scale is longer.

Self-Stigma

The survey assessed respondents' self-stigma about seeking professional help for unresolved problems. For the statement "My self-confidence would remain the same if I sought professional help for a problem I could not solve," 26% strongly agreed, while 35% moderately agreed, suggesting that many adolescents do not feel that seeking help would damage their self-confidence.

My self-confidence would remain the same if I sought professional help for a problem I could not solve

	1 (Strongly disagree)	2	3	4	5 (Strongly agree)
%	5%	14%	21%	35%	26%
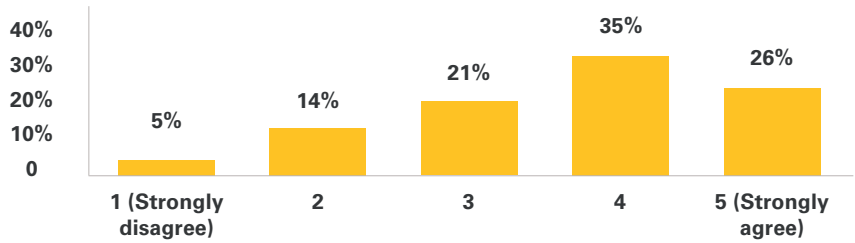
In contrast, for the statement "I would feel worse about myself if I could not solve my own problems," 40% strongly or moderately agreed (levels 4 and 5), showing that many adolescents experience self-stigma if they cannot solve their problems independently.

These findings highlight that self-stigma is an important issue. While some adolescents believe that their self-confidence would remain intact if they sought help, many still feel worse about themselves if they are unable to solve problems on their own.

I feel worse about myself if I could not solve my own problems.

	1 (Strongly disagree)	2	3	4	5 (Strongly agree)
%	14%	23%	23%	29%	11%
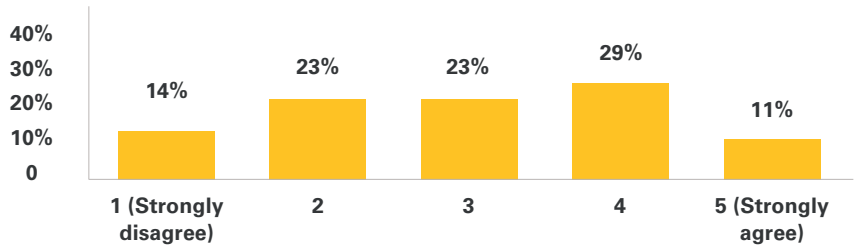
Correlation and regression analysis:

In our study, we aimed to understand various factors influencing the mental health and psychosocial support needs of Ukrainian adolescents living in Poland. Specifically, we wanted to analyze their intentions to seek mental health support, their attitudes towards mental health services, perceived stigma, and other related factors. To achieve this, we used statistical methods such as regression models and correlation analysis.[11]

ANALYTICAL APPROACH

Correlation Analysis:

Correlation analysis was used to explore the relationships between different variables in our study. This method helps us understand how closely two variables are related by showing whether changes in one variable are associated with changes in another.

Regression Models:

We used regression models to analyze how different factors described outcomes such as intention to use mental health services, attitudes towards these services and perceived stigma. In this type of analysis, we treat these outcomes as dependent variables and various influencing factors as independent variables. Regression models help us to identify significant predictors and quantify the strength of their impact.

Purpose of the Analysis

By using these statistical methods, we aimed to gain a comprehensive understanding of the factors influencing the mental health and psychosocial support needs of Ukrainian adolescents in Poland. Regression models allowed us to identify significant predictors of various outcomes, such as intentions, attitudes and stigma. Correlational analyses helped us explore the relationships between these factors, providing a detailed picture of the dynamics at play. This approach allows us to develop targeted interventions that address the specific needs and barriers identified through our analysis.

FACTORS THAT ARE RELATED TO INTENTION:

Our analysis shows that both attitudes towards mental health services and perceived social norms are related to the intention of Ukrainian adolescents in Poland to seek mental health support.

1. **Attitude Towards Mental Health Services**

The data show that a positive attitude towards mental health services is strongly associated with a higher likelihood of intending to seek help. The more positive adolescents are about mental health services, the more likely they are to consider using them.

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[11] The demonstration of the strength of the relationship will be in further presented in-depth articles, which will follow this publication.

2. **Perceived Social Norms**

If adolescents believe that people who are important to them have a negative view of mental health services, they are less likely to intend to seek help themselves. The statistical findings support this with a significant relationship, indicating that social norms have a meaningful effect on the intention to seek mental health services.

FACTORS THAT ARE RELATED TO SELF-STIGMA:

Our study investigated the factors influencing self-stigma associated with seeking mental health and psychosocial support (MHPSS) among Ukrainian adolescents living in Poland. Self-stigma refers to the internalized shame and negative self-judgment that individuals may feel when considering seeking help for mental health problems.

1. **Social Norms and Stigma:**

Adolescents who strongly agree that talking about mental health is a sign of weakness and who believe that people who use mental health services are seen as inferior by others tend to experience higher levels of self-stigma. Programmes aimed at reducing self-stigma should focus on changing these negative perceptions and promoting a more supportive environment for discussing and seeking mental health support.

2. **Attitudes Towards Mental Health Services:**

Adolescents with a more positive attitude towards mental health services report lower self-stigma. Positive personal beliefs about the benefits and acceptability of mental health services can reduce self-stigma. Efforts to improve attitudes towards mental health services, such as education and awareness campaigns, can be effective in encouraging adolescents to seek help.

3. **Peer Influence:**

Adolescents who have friends who currently engage in MHPSS report lower self-stigma. Peer influence plays a crucial role in shaping attitudes and behaviors. If adolescents see their friends engaging positively with mental health services, they may be more likely to do the same without feeling stigmatized. Promoting peer support networks can be a powerful tool in reducing self-stigma.

4. **Gender Differences:**

Female adolescents report lower self-stigma compared to male adolescents. Gender differences in self-stigma may be influenced by different social expectations and norms. Interventions should be sensitive to these differences and aim to address the specific needs and challenges faced by both male and female adolescents.

5. **Impact of Migration Timing:**

Adolescents who arrived in Poland before the recent invasion experience higher self-stigma compared to those who arrived after. Those who have been in Poland longer might have faced different integration challenges or experienced different levels of support. Understanding the specific experiences and needs of these groups can help to tailor interventions more effectively.

FACTORS THAT ARE RELATED TO NORMS:

Past Use of MHPSS Services

Adolescents with a history of using MHPSS services are slightly more likely to perceive that social norms around mental health support are negative. This may indicate that those who have sought help are more aware of the stigma associated with it. A history of using mental health services slightly increases the perception of negative social norms, possibly due to increased awareness of societal attitudes.

Summary:

The analysis reveals that attitudes towards mental health services and perceived social norms significantly influence the intention of Ukrainian adolescents in Poland to seek mental health support. Adolescents with positive attitudes towards these services are more likely to seek help, while those who perceive negative social norms are less likely. Self-stigma is influenced by societal norms and personal attitudes; those who see mental health issues as a sign of weakness experience higher self-stigma. Peer influence and gender also play roles, with friends' engagement in MHPSS reducing self-stigma and females reporting lower self-stigma compared to males. Adolescents who have used MHPSS services are more aware of the associated stigma, indicating a need for targeted interventions.correlation analyses.

Experiment: Testing Different Behavioral Interventions

Our study involved a randomized controlled trial (RCT) to assess the effectiveness of different behavioral science principles in encouraging Ukrainian adolescents living in Poland to take a first step in caring for their mental health. The trial aimed to test the impact of social norms and the type of messenger in delivering the message. We chose to focus on social norms and messengers based on initial qualitative research and consultations with experts, which suggested that these interventions might be effective in this context.

METHODOLOGY

The RCT was conducted by showing each participant one of four different short videos. These videos were designed in the format of short social media videos, as previous research suggests that youth are comfortable consuming media in this way. Respondents[12] were randomly assigned to one of four experimental conditions, with each group receiving one of the following video interventions:

Video 1A:
Delivered by a psychologist and containing a social norm message.

Video 1B:
Delivered by a psychologist without a social norm message.

Video 2A:
Delivered by an adolescent and containing a social norm message.

Video 2B:
Delivered by an adolescent without a social norm message.

INTERVENTIONS

Each video invited participants to take the first step in caring for their mental health by visiting a website for more information about available support. The main differences between the videos were:

Messenger:
- Psychologist (1)
- Adolescent (0)

Social Norm Message:
- With Social Norm (A): Including "Many young people from Ukraine benefit from taking care of their mental health, and their numbers continue to grow." and plural form.

- Without Social Norm (B)

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[12] Out of 677 participants, 387 met inclusion criteria, based on control questions, ensuring that respondents understood videos attentively in the absence of technical issues

By ensuring that each participant had an equal chance of being allocated to one of the four interventions, we maintained the integrity of the randomization process. This method allowed us to isolate the effects of the messenger and the social norm message on participants' behavior and attitudes towards seeking mental health support.

PURPOSE AND DESIGN

The purpose of using an RCT was to test the effectiveness of these behavioral change interventions, a method widely used by social scientists. By systematically varying the messenger and the inclusion of a social norm message, we aimed to understand which combination would be most effective in encouraging adolescents to engage with mental health resources.
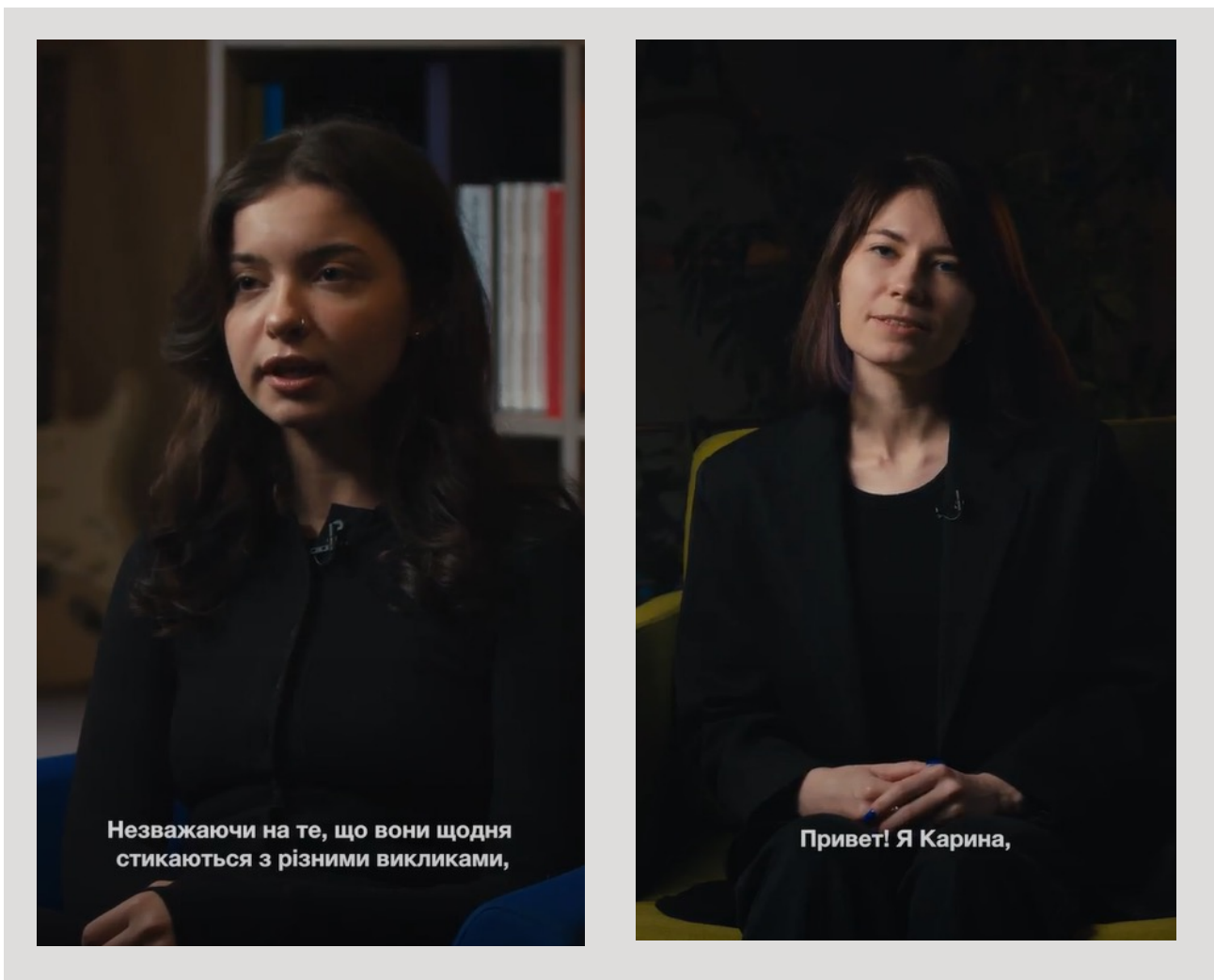
Snapshots of the videos used during experiment

The bar graph illustrates the interaction between the type of messenger (adolescent vs. psychologist) and the presence of a social norm message on the intention to seek mental health and psychosocial support (MHPSS) among Ukrainian adolescents in Poland.

The graph shows the estimated mean intention to seek MHPSS for four experimental conditions:

Norm Absent + Adolescent

A young person delivers the message without a social norm. The intention to seek MHPSS is relatively low (mean = 3.22).

**Norm Present + Adolescent**

A young person delivers the message with a social norm. This condition shows the highest intention to seek MHPSS (mean = 4.14).

Norm Absent + Psychologist

A psychologist delivers the message without a social norm. The intention to seek MHPSS is also relatively high (mean = 4.06).

Norm Present + Psychologist

A psychologist delivers the message with a social norm. The intention to seek MHPSS.

This visual representation helps to understand that the effectiveness of the message depends on who delivers it and whether a social norm is included.

Interaction of Exp Norm and Exp Messenger on TPB Intention

Norm Absent Adolescent	Norm Present Adolescent	Norm Absent Psychologist	Norm Present Psychologist
3.22	4.14	4.06	3.65
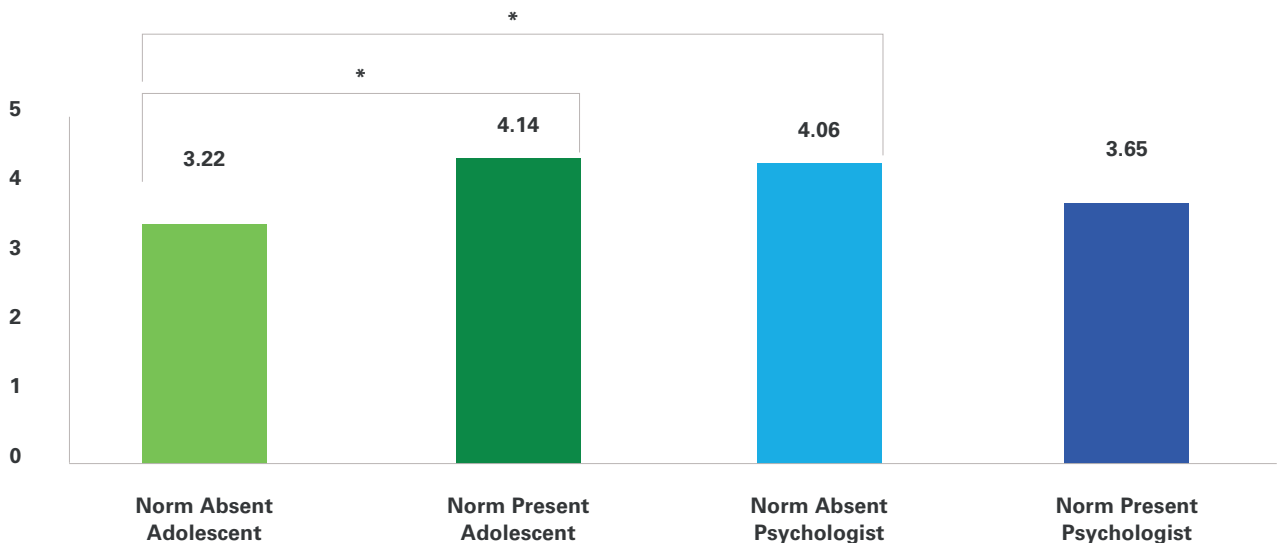
Results show that including social norms in the message and using an authority figure (psychologist) improves the intention to use MHPSS. However, these factors interact in specific ways:[13]

When a psychologist delivers the message:

A direct, straightforward message without the social norm statement worked better as compared to conditions where the message did not mention social norm and was delivered by an adolescent.

Adolescents may see psychologists as experts who don't need to use additional social proof. A simple, direct message from a psychologist is enough to encourage them to seek help.

When an adolescent delivers the message:

Including a social norm statement increased the effectiveness of the message.

Adolescents might find it easier to relate to someone their own age. If they hear from another young person that many of their peers are also seeking help, it feels more natural and acceptable. This peer influence makes them more likely to consider seeking help themselves.

Conclusions:

By understanding and using the interaction between different behavioral science principles, MHPSS programmes can more effectively promote mental health awareness and support among Ukrainian youth living in Poland.

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[13] The p-value (< .005) indicates that this interaction is statistically significant, meaning that the observed effect is unlikely to have occurred by chance alone. Thus, the combination of these two factors together has a statistically significant impact on the intention to seek mental health support.

Recommendations

FOR PUBLIC INSTITUTIONS, ORGANIZATIONS AND NGOS DESIGNING MHPSS PROGRAMS FOR REFUGEE COMMUNITIES:

Individual benefits: Enhance the image of MHPSS among adolescents by highlighting its personal relevance and the enjoyable, self-enhancing experience it provides. Emphasizing the "individual benefits," such as personal growth and enjoyment, can significantly increase their intention to use these services.

Parental Education: Inform parents, starting at an early age, that MHPSS benefit their children and that discussing and agreeing to these services at home increases the likelihood that their child will use them. Highlight the availability of free programmes and the positive impact these services have on children's well-being.

Gender-Sensitive Promotion of MHPSS Awareness: Girls who are less affected by self-stigma, can play a key role in disseminating information about MHPSS among their peers. However, there is a need for targeted communication with boys. Developing tailored strategies to engage boys directly in the promotion of MHPSS is essential to overcome gender barriers and ensure wider uptake and use of these services.

Effective Intervention Design: Before implementing interventions, assess whether persuasion methods may have unintended consequences, preferably through pilot studies.

Community-Based Support Programs: Implement programmes that include peer support networks to reduce self-stigma.

Targeted Support: Design programmes to meet the specific needs of different groups, ensuring gender-sensitive approaches. For example, consider including gender-appropriate psychologists in MHPSS programmes, including mental health in the curriculum, reducing communication barriers, addressing sensitive topics, and providing relatable role models to reduce self-stigma and encourage ongoing support.

Training for Educators and Healthcare Providers: Provide training to help recognize signs of mental distress and refer adolescents to appropriate services.

Ongoing Research: Support research to further identify effective strategies to promote mental health and reduce self-stigma.

FOR ALL STAKEHOLDERS

Create Supportive Environments: Encourage open discussions about mental health in schools and communities.

FOR COMMUNICATORS AND ADVOCATES

Strategic Messaging: Use evidence to create effective messages, such as using psychologists to deliver simple, professional messages and using adolescents to deliver messages that incorporate social norms. convey messages that include social norms.

Combating self-stigma: Involve ambassadors such as artists, athletes and influencers in promotional activities to change perceptions. Use messages that show changing times where seeking MHPSS is seen as a strength and emphasize that a large proportion of Ukrainians view it positively.

Media Engagement: Disseminate information through popular platforms to reach adolescents and challenge negative social norms.

LIMITATIONS:

This study has several limitations that should be considered when interpreting the results. Firstly, the sample size was 677 adolescents (477 women, 161 men, 7 who identified as other, and 32 who preferred not to answer), and recruitment took almost five weeks. The recruitment process was challenging as it relied on online channels and SMS. This method may have introduced selection bias, as only those with access to these technologies could participate.

In addition, the sample group was not representative of Ukrainian youth living in Poland. The age group of participants was limited to 18–19 due to informed consent requirements. It was not possible to obtain consent on a larger scale from parents of younger adolescents. Therefore, the results may not be generalizable to younger adolescents, who may have different experiences and needs. However, the quantitative analyses serve as proof of concept for the phenomena described and were derived from psychological theory. It can be assumed that the phenomena described are not specific to the group of adolescents who participated in the study.

Another limitation is related to the data presented in the bar charts. The bar charts in this report are based on responses to questions that came after the experimental manipulation. Consequently, these responses may have been slightly influenced by the experimental conditions, potentially affecting the generalizability of these specific findings. This means that while the histograms provide useful insights, they should be interpreted with caution given the potential impact of the experimental context on participants' responses.

In addition, limitation of our study is that the video clips used only featured actresses, which may not fully capture the impact of gender-balanced approaches. This is important because boys were generally less willing to engage in MHPSS. Future research should explore how messages from male figures might influence attitudes and behaviors, potentially increasing boys' willingness to engage in MHPSS.

Furthermore, the study's reliance on self-reported data may introduce response biases, such as social desirability bias, in which participants may respond in ways they perceive as favorable rather than truthfully. The cross-sectional design of the study also limits the ability to draw causal inferences from the data.

Despite these limitations, the study provides valuable insights into the mental health and psychosocial support needs of Ukrainian adolescents living in Poland to guide future research and interventions.

Tested Messages

Young person, no social norm	Psychologist, no social norm	Young person, social norm	Psychologist, social norm
Hello, I'm Karina.	Hello, I'm Karina.	Hello, I'm Karina.	Hello, I'm Karina.
I am 18 years old, and I have been living in Poland for a year	I work as a psychologist in Poland, and I have been living here for a year	I am 18 years old, and I have been living in Poland for a year	I work as a psychologist in Poland I have been living here for a year
		Many young people from Ukraine are benefiting from taking care of their mental health, and their number continues to grow.	Many young people from Ukraine are benefiting from taking care of their mental health, and their number continues to grow.
Even though you might face different challenges every day, taking care of your mental health is extremely important	Even though you might face different challenges every day, taking care of your mental health is extremely important	Even though they face different challenges every day, they realize that taking care of mental health is extremely important	Even though they face different challenges every day, they realize that taking care of mental health is extremely important
You can get started on your own, because taking the first step has never been easier.	You can get started on your own, because taking the first step has never been easier.	You can join them, because taking the first step has never been easier.	You can join them, because taking the first step has never been easier
Visit our website on your own and find out what you can do for your mental health today.	Visit our website on your own and find out what you can do for your mental health today.	Visit our website and find out how you, like other people from Ukraine, can take better care of your mental health.	Visit our website and find out how you, like other people from Ukraine, can take better care of your mental health.

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