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Helping the Helpers: Mental Health Challenges of Psychosocial Support Workers During the Russian-Ukrainian War

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Brief Report

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Abstract

Objective: The ongoing Russian–Ukrainian war has been linked to mental health problems in the Ukrainian general population. To date, however, scarce research has examined the mental health of psychosocial support workers (PSWs) in Ukraine who have a burdensome workload in the context of ongoing conflict. This study aimed to examine the prevalence and correlates of burnout, posttraumatic stress disorder (PTSD), and suicidal ideation (SI) in PSWs in Ukraine during the Russian–Ukrainian war.

Methods: One hundred seventy-eight PSWs in Ukraine completed a survey assessing war exposure, mental health, and psychosocial characteristics.

Results: A total 59.6% of PSWs screened positive for burnout, 38.2% for PTSD, and 10.7% for current SI. Lower optimism was associated with greater odds of burnout. Greater distress from witnessing war-related destruction, lower optimism, lower presence of meaning in life, and lower levels of close social relationships were associated with greater odds of burnout. Lower presence of meaning in life was associated with greater odds of SI.

Conclusions: Results of this study highlight the mental health challenges faced by PSWs in Ukraine during the ongoing Russian–Ukrainian war. They further suggest that interventions to foster meaning in life and promote social connectedness may "help the helpers" during this ongoing conflict.

The most recent Russian invasion of Ukraine in February 2022 has exacted a considerable physical and psychological toll. Indeed, a growing number of studies have assessed mental health challenges in the Ukrainian general population, with 30.8% of Ukrainian civilians reported to have elevated risk for posttraumatic stress disorder (PTSD) since the recent Russian invasion.[1] To date, however, scarce research has examined mental health difficulties of psychosocial support workers (PSWs)—professional and volunteer mental health workers who provide mental health treatment and psychosocial support to individuals affected by war. PSWs are often subjected to demanding workloads in addition to enduring potentially traumatic experiences in conflict settings.[2] Indeed, there were only 34 mental health professionals per 100 000 population in Ukraine in 2020[3]; while no known data are available for the more recent wartime, a recent study found that mental health services in Ukraine have been severely impacted during the recent Russian invasion, as exemplified by reductions in staff.[4] In order to help the helpers (ie, PSWs) amid the war, further attention is needed to understand the mental health challenges in this population.[5]

To our knowledge, only 1 study has examined the mental health of Ukrainian PSWs since the most recent invasion.[6] In this study of 758 PSWs, approximately half of the sample reported poor mental health.[6] While this study provided preliminary data on mental health of PSWs in Ukraine amid the ongoing war, it only assessed participants' perceived mental health in a 4-point scale (Unsatisfactory to Excellent) without any validated measures, which limits understanding of the prevalence of mental health difficulties such as burnout and PTSD in this population. It also did not include protective psychosocial variables (eg, social support), which could help inform targets for interventions to improve the mental health of PSWs.

To address this gap, we analyzed data from a sample of 178 PSWs in Ukraine to: (1) examine the prevalence of burnout, PTSD, and suicidal ideation (SI) in PSWs in Ukraine during the

Russian-Ukrainian war; and (2) identify factors associated with burnout, PTSD, and SI in this population.

Methods

Participants

In total, 178 Ukrainian PSWs completed an online and phone survey administered in Ukrainian. Data were collected via convenience sampling by a Ukrainian non-governmental organization (NGO), *International Platform on Mental Health*, and a local university between July and August 2023. Participants were identified by Ukrainian mental health and psychosocial support service providers that partnered with the NGO and the local university. They were ensured confidentiality and anonymity for their participation and indicated their informed consent before proceeding with the survey.

Assessments

Burnout was assessed using a single-item measure from the Maslach Burnout Inventory (MBI; emotional exhaustion domain) modified for the current war context[7]: "Since the most recent Russian invasion, I have felt burnt out (eg, emotionally exhausted) from my work." Responses were rated on a scale of 0 ("Never") to 5 ("Every day"), with a score of 3 or higher indicative of a positive screen for burnout.

An abbreviated 4-item version of the PTSD Checklist for DSM-5 (PCL-5)[8] was used to assess PTSD symptoms related to the invasion/war. Items include "Repeated, disturbing, and unwanted memories of the invasion/war," "Avoiding external reminders of the invasion/war," "Having strong negative beliefs about yourself, other people, or the world," and "Feeling jumpy or easily startled" in the past month. Participants rated each question on a scale assessing the extent to which they were bothered by each symptom: 0 ("Not at all") to 4 ("Extremely"). Total scores ranged from 0 to 16, with a score of 8 or higher indicative of a positive screen for PTSD.[9] Cronbach's α on these PCL-5 items was 0.79.

SI was assessed using item 9 from the Patient Health Questionnaire-9 (PHQ-9): "Over the last 2 weeks, how often have you been bothered by: Thoughts that you would be better off dead or of hurting yourself in some way."[10] Participants rated this item on a scale of 0 ("Not at all") to 3 ("Nearly every day"), with a score of 1 or higher indicative of current SI.

For sociodemographic variables, participants reported their age (in years), sex (male, female, other), work experience (in months), and occupation. Occupation included health professionals (psychologists, psychiatrists, medical doctors, nurses, and social workers), as well as volunteer workers who served to address the increased number of people in need due to the emergency (see Supplemental Table 1 for further details).

For war-related variables, participants were asked 4 questions that assessed the extent to which the following war-related consequences affected their mental health: (1) physical displacement, (2) witnessing destruction of Ukraine, (3) witnessing death, and (4) uncertainty of the situation (eg, when will the war end?); see Supplemental Table 1 for further details. Each question was rated on a scale of 0 ("No impact") to 10 ("A significant impact").

Additionally, participants completed measures that assessed a broad range of protective psychosocial variables, including optimism (single item), gratitude (single item), presence of meaning in life (single item), search for meaning in life (single item), and close social relationships (2 items; Cronbach's α = 0.90).

Table 1. Sample characteristics and prevalence of burnout, posttraumatic stress disorder, and suicidal ideation among 178 mental health workers during the Ukraine-Russia War

	Mean (SD) or *n* (%)
Sociodemographic variables	
Age	34.8 (9.9)
Female sex	155 (87.1%)
Work experience (in months)	94.9 (88.0)
First quartile	14.7 (6.2)
Second quartile	40.9 (7.3)
Third quartile	99.4 (22.3)
Fourth quartile	229.9 (48.9)
Occupation	
Psychologist	45 (25.3%)
Psychiatrist	10 (5.6%)
Medical doctor	16 (9.0%)
Nurse	5 (3.4%)
Social worker	31 (17.4%)
Volunteer worker	70 (39.3%)
War-related variables	
Distress from displacement	5.1 (2.8)
Distress from witnessing destruction	7.7 (2.1)
Distress from witnessing death	7.9 (2.1)
Distress from uncertainty	7.6 (2.1)
Protective psychosocial variables	
Optimism	4.8 (1.2)
Gratitude	4.8 (1.2)
Presence of meaning in life	4.7 (1.4)
Search for meaning in life	4.6 (1.4)
Close social relationships	7.1 (2.3)
Mental health variables	
Burnout	106 (59.6%)
Posttraumatic stress disorder	68 (38.2%)
Suicidal ideation	19 (10.7%)

Supplemental Table 1 provides a detailed description of assessments.

Statistical Analysis

Data analyses were performed in 3 steps. First, descriptive analyses were conducted to summarize participant characteristics and the prevalence of burnout, PTSD, and SI. Second, bivariate correlations were computed between sociodemographic, war-related, and protective psychosocial variables, and burnout, PTSD, and SI. Third, a series of multivariable logistic regressions were conducted to identify factors that were independently associated with burnout, PTSD, and SI; these analyses only included variables that were significantly correlated ($P < 0.05$) with each mental health variable in bivariate analyses.

Results

Table 1 shows sample characteristics and the prevalence of positive screens for burnout, PTSD, and SI. The majority of the sample was female (87.1%). Most participants had professional training in mental health (60.7%) and the remainder were volunteers (39.3%). On average, the sample was 34.8 years of age (SD = 9.9) and had 94.9 months (nearly 8 years) of work experience (SD = 88.0). On

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Table 2. Results of bivariate analyses and multivariable logistic regression analyses

	Burnout		Posttraumatic stress disorder		Suicidal ideation	
	r	Odds ratio (95% CI)	*r*	Odds ratio (95% CI)	*r*	Odds ratio (95% CI)
Sociodemographic variables						
Age	−0.06	–	−0.12	–	−0.15*	0.93 (0.85-1.01)
Female sex	0.05	–	0.11	–	0.01	–
Work experience (in quartiles)	−0.02	–	−0.03	–	−0.01	–
Volunteer status	−0.02	–	0.10	–	0.11	–
War-related variables						
Distress from displacement	0.09	–	0.13	–	0.18*	1.08 (0.84-1.39)
Distress from witnessing destruction	0.20**	1.12 (0.87-1.45)	0.18*	1.23 (1.03-1.48)*	0.10	–
Distress from witnessing death	0.17*	1.05 (0.84-1.32)	0.12	–	0.09	–
Distress from uncertainty	0.18*	1.09 (0.88-1.35)	0.10	–	0.01	–
Protective psychosocial variables						
Optimism	−0.31**	0.52 (0.36-0.74)**	−0.27**	0.63 (0.45-0.89)**	−0.23**	1.12 (0.65-1.93)
Gratitude	0.12	–	−0.12	–	−0.27**	0.81 (0.37-1.81)
Presence of meaning in life	−0.18*	0.77 (0.58-1.02)	−0.33**	0.57 (0.42-0.77)**	−0.54**	0.17 (0.08-0.40)**
Search for meaning in life	0.15	–	0.02	–	−0.25**	0.60 (0.34-1.07)
Close social relationships	−0.04	–	−0.26**	0.76 (0.63-0.91)**	−0.17*	1.45 (0.92-2.30)

*$p < 0.05$.
**$p < 0.01$.

average, participants reported moderate-to-high levels of distress from witnessing or experiencing death (mean = 7.9, SD = 2.1), destruction (mean = 7.7, SD = 2.1), uncertainty (mean = 7.6, SD = 2.1), and displacement (mean = 5.1, SD = 2.8). The prevalence of burnout, PTSD, and SI was 59.6%, 38.2%, and 10.7%, respectively.

Table 2 shows results of multivariable logistic regression models predicting positive screens for burnout, PTSD, and SI. Results revealed that: (1) Higher levels of optimism were associated with lower odds of burnout; (2) greater distress from witnessing war-related destruction, lower optimism, lower presence of meaning in life, and lower levels of close social relationships was associated with greater odds of PTSD; and (3) lower levels of presence of meaning in life were associated with greater odds of SI.

Discussion

To our knowledge, this study is one of the first to characterize the prevalence of burnout, PTSD, and SI of PSWs in Ukraine during the ongoing Russian–Ukrainian war. Results revealed that more than half of the sample (59.6%) screened positive for burnout, whereas more than one third of the sample (38.2%) screened positive for PTSD. Furthermore, 1 in 10 PSWs (10.7%) reported current suicidal ideation. While the prevalence of burnout and suicidal ideation during the recent Russian invasion is not available among general population, a recent study found that 30.8% of a national sample of Ukrainian civilians had elevated risk for PTSD.[1] On top of that, while the pre-invasion estimates of these mental health outcomes in PSWs would have allowed further understanding on the impact of the war, to our knowledge, such information was not available. Regardless, these results collectively highlight the high burden of mental health challenges faced by PSWs in Ukraine amid the ongoing conflict.

The finding that optimism was associated with reduced odds of burnout and PTSD is consistent with prior work showing that optimism is inversely associated with mental health outcomes in trauma-exposed populations. For example, a longitudinal study of individuals exposed to a terrorist attack found that optimism moderated the effect of trauma exposure on PTSD symptoms.[11] The inverse association between optimism and PTSD may be explained in part by the adaptive coping strategies that optimism can help promote during stressful situations. For example, individuals higher in optimism may be more likely to perceive distress as temporary in nature, which makes it less threatening and reduces the likelihood of developing dysfunctional intrusive thoughts.[12] Related, these individuals may also reappraise crisis situations in a more adaptive manner, which can help promote distress tolerance and buffer them from experiencing burnout.[13] Alternatively, it is possible that higher levels of burnout and PTSD contribute to an erosion of optimism.

Higher presence of meaning in life was associated with reduced odds of PTSD and SI. This finding aligns with prior studies showing consistent associations between meaning in life and better mental health outcomes, including lower severity of PTSD, depression, and anxiety symptoms,[14] suggesting meaning in life may buffer against distress during war and other high-conflict situations. However, it is possible that higher PTSD and SI from distressing life situations such as war-related conflict disrupt and challenge one's meaning in life. Nevertheless, it is worth noting that there is evidence that individuals can develop new meaning following traumatic experience through both autonomous and deliberate meaning-making processes.[14] Accordingly, in addition to engaging in evidence-based treatments for PTSD, PSWs may benefit from activities or interventions that help them to make sense of, and potentially find benefit in, their experiences of providing care, which may help bolster mental health.[14] Given the cross-sectional nature of the data, however, longitudinal

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examinations are warranted to establish the causal pathways of the observed associations. Further research is also needed to examine the efficacy of evidence-based, meaning-making interventions in PSWs.

Having close social relationships was also associated with reduced odds of PTSD. This finding aligns with a previous systematic review on social support and PTSD in war veterans.[15] One interpretation of this finding is that PSWs under distressing and chaotic situations may mobilize their social relationships to obtain supportive resources such as emotional comfort or financial support. This may, in turn, serve as an adaptive coping strategy to cope with challenging times, which may help buffer negative consequences such as PTSD. While further research is needed to elucidate the directionality of this association, building supportive social networks among PSWs can potentially help protect against ongoing distress.[16] Further research is needed to evaluate this possibility.

Limitations

This study has several limitations. First, participants were recruited via convenience sampling, thereby limiting generalizability to other PSWs and trauma-exposed populations. Nevertheless, this recruitment strategy was reasonable and appropriate given the ongoing humanitarian crisis. Second, data were cross-sectional, which precludes causal interpretation among study variables. Longitudinal studies are needed to establish temporal associations between identified correlates and mental health outcomes. Third, self-report instruments were used to assess study variables and may be subject to biases (eg, social desirability). Fourth, for ethical reasons, variables related to trauma exposure during the war—such as whether close family and friends were injured or killed during the Russian invasion—were not included in the survey. Additionally, while PSWs often experience demanding workloads and difficult relationships with service recipients (eg, mental health patients),[17,18] work-related distress was not assessed, despite the likely increasing number of individuals in need of mental health and psychosocial support service during the war. Such information may have provided additional insight into factors that contribute to adverse mental health outcomes in PSWs.

Conclusions

Notwithstanding the limitations noted above, results of this study suggest that 6 of 10 Ukrainian PSWs screened positive for burnout, 4 in 10 screened positive for PTSD, and 1 of 10 for current SI. Given the relative lack of understanding of the mental health needs of this population, these findings underscore the mental health challenges faced by PSWs and the need of interventions to help them adapt to their high-risk roles amid the ongoing conflict. Specifically, interventions leveraging modifiable psychosocial factors such as social connectedness and meaning in life amid the war may "help the helpers" during the ongoing conflict. Further research is needed to examine the longitudinal trajectories of mental health outcomes and their associations with identified correlates, develop evidence-based interventions based on modifiable factors to address the mental health challenges of PSWs, and examine the impact of improved mental health in these workers on the overall mental health of the broader Ukrainian population.

Supplementary material. To view supplementary material for this article, please visit https://doi.org/10.1017/dmp.2024.68

Competing interests. None.

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