Mental Health and Primary Care in Ukraine since 2022: Lessons learned form Health Emergencies
EFPC and EUCOMS Position Paper

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Abstract

The war in Ukraine, since the full-scale invasion in 2022, has triggered not only a humanitarian and medical crisis but also a widespread and sustained mental health emergency. Millions have been affected by trauma, anxiety, and stress-related disorders—particularly among children, internally displaced persons, and frontline communities. This position paper by EFPC and EUCOMS explores the central role of primary care in addressing mental health needs during such emergencies, with a specific focus on Ukraine's evolving experience. It underscores how family doctors, nurses, and community health workers have become de facto mental health responders amid systemic disruptions.
Despite enormous strain, Ukraine launched the national "How Are You?" mental health initiative, trained over 400,000 providers, and embedded psychosocial support across health, education, and workplace systems. However, challenges remain acute: stigma, lack of provider training, inadequate funding, burnout, and fragmented care pathways hinder full integration. Drawing from both the Ukrainian context and global evidence, the paper highlights how integrating mental health into primary care strengthens resilience and promotes holistic care. It outlines essential principles—universal health coverage, rights-based approaches, community engagement, and task-shifting—and offers practical recommendations, such as embedding mental health in emergency planning,

enhancing provider training (e.g., mhGAP and psychological first aid), leveraging digital tools, and promoting intersectoral collaboration.
Ultimately, the paper argues that mental health integration is not an optional reform but a foundational strategy for societal recovery and long-term health system resilience. Ukraine's response offers a globally relevant model for embedding mental health in primary care during conflict and other emergencies—where healing, trust, and continuity begin at the frontlines.
Key words: mental health, primary care, war in Ukraine, psychosocial support, integrated care, health system response, community-based mental health

Introduction

When the full scale invasion broke out in Ukraine in 2022, hospitals overflowed, supply chains collapsed, and health workers faced relentless pressure. But beyond visible wounds, a quieter crisis emerged: trauma. War is not only physical—it's deeply psychological. It affects children fleeing their homes, mothers woken by sirens, and elders reliving past conflicts. Ukraine's mental health toll is chronic and cumulative, shaped by years of unrest. Yet mental health is often sidelined in emergencies. We treat injuries, but rarely ask: how are people coping?

Mental health care in present day Ukraine is essential. One in five people in conflict zones develop conditions like depression, anxiety, or PTSD. In Ukraine, that's millions. A 2024 Lancet study found over half the population suffers from PTSD; 21% report severe anxiety; 18% face constant stress. Nearly 80% now live with chronic psychological distress (Lushchak 2024, Kurapov 2023). Children, the displaced, and those exposed to violence are particularly affected, while access to care remains fragmented and inconsistent. Primary care providers, often untrained in psychological support, have become the de facto first responders (Pinchuk 2024).

In a rare and commendable political move, Ukraine launched the All-Ukrainian Mental Health Program "How Are You?" in 2022, integrating mental health into primary care, schools, and workplaces, and training over 400,000 frontline workers ((Pinchuk, 2024. Lancet commission). Still, the scale of need far outpaces available resources.

Depression is rising. In 2023, 27% of Ukrainians felt depressed, up from 20% pre-invasion. A cohort study reported 17.8% experienced suicidal thoughts or helplessness, especially among youth and those exposed to severe violence (An 2025).

Mental health is not ancillary to recovery—it is central to societal resilience and rebuilding. This paper explores the vital role of primary care in meeting mental health needs during conflict, following the full scale invasion to Ukraine in 2022. We begin by examining the interconnectedness of mental and physical health, then assess the impacts of emergencies on psychological well-being, and conclude with an analysis of integration challenges and system-level recommendations.
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Key Principles for Integration mental health into primary care

Mental and physical health are closely linked, each influencing the other (Gómzly 2024). Chronic conditions like diabetes and cancer increase the risk of depression and anxiety, while mental disorders such as PTSD and chronic stress can worsen physical health. This two-way relationship highlights the need to integrate mental health into primary care, especially during emergencies when both burdens intensify (Allemang 2023, Lillehei 2025).

Crises—like pandemics or conflicts—heighten stress and trauma, often with lasting effects. COVID-19, for instance, triggered widespread fear and isolation. In such situations, primary care providers are often the first or only point of help (Ohrnberger 2017). Integrating mental health into primary care ensures a holistic, patient-centered response.

This model not only addresses immediate needs but also builds long-term resilience. In resource-limited emergencies, primary care offers critical access (Infurna 2015). Prioritizing integration improves outcomes and better addresses the dual burden of mental and physical health.

Integrating mental health into primary care is essential for ensuring accessible, high-quality, and holistic healthcare (Sørensen 2017, Hoeft 2019). Key principles guiding this integration include universal health coverage, human rights protection, evidence-based practices, and a life course, people-centered approach. Additionally, a multi-sectoral strategy and the empowerment of individuals with mental health conditions are crucial for effective implementation.

Core Principles

- ***Universal health coverage***
  Ensuring access to quality mental health services when and where people need them, without financial hardship, is fundamental to an inclusive healthcare system.
- ***Human rights***
  Mental health strategies must uphold human rights, protect the dignity and independence of individuals with mental health conditions, and align with international human rights frameworks.
- ***Evidence-based practice***
  Mental health interventions should be grounded in scientific evidence and best practices while also considering cultural and contextual factors.
- ***Life course and people-centered approach***
  Mental health services should address needs across all life stages and provide

integrated, whole-person care that considers both mental and physical well-being.

- ***Multi-sectoral collaboration***
  Successful integration requires partnerships between healthcare, education, social services, justice systems, and private-sector stakeholders to provide comprehensive support.
- ***Empowerment***
  Individuals with mental health conditions should be actively involved in decision-making regarding their care, ensuring their voices shape mental health policies and services.

Additional considerations

- ***Parity of esteem***
  Mental health should be valued equally with physical health in terms of access, quality of care, resource allocation, and treatment effectiveness.
- ***Whole-person approach***
  Care models should address an individual's physical, mental, and social needs holistically, rather than treating mental health in isolation.
- ***Extended reach***
  Integration should extend beyond healthcare services to include social care, housing, education, workplaces, and community organizations that influence mental well-being.

Integrating mental health into primary care requires a comprehensive, coordinated, and accessible service model. This approach should be supported by a well-structured health service network that ensures effective coordination, referral pathways, and ongoing monitoring. By embedding mental health into primary care, countries can build resilient healthcare systems that provide holistic, equitable, and high-quality care for all.

Mental Health in Emergencies

Health emergencies—from pandemics to natural disasters and conflicts—deeply affect mental well-being beyond physical health. The COVID-19 pandemic highlighted rising cases of anxiety, depression, PTSD, and substance use disorders (Maruta 2021, Dhuper 2022, Gaiser 2023, McGuinness 2024). These issues are worse in vulnerable populations, especially in LMICs, where mental health services are already limited. Despite growing recognition of mental health's importance, services remain underfunded, understaffed, and poorly integrated into primary care (Dittborn 2022, Hall 2023).

Primary care, as the first point of contact, plays a crucial role in identifying and managing mental health issues, particularly during crises when access to specialists is limited. Yet, barriers such as stigma, a shortage of trained staff, and lack of resources hinder integration—especially in fragile LMIC health systems (Gaiser 2023, The Lancet Regional Health-Western Pacific 2022).

Emergencies evoke a range of psychological responses, from stress to severe disorders, shaped by crisis intensity, exposure, and personal vulnerability (The Lancet Regional Health-Western Pacific 2022). Uncertainty, fear, and misinformation increase distress—evident in "coronaphobia." Prolonged crises can lead to depression from grief, isolation, and economic strain, as seen in Ebola survivors. Traumatic experiences, like loss or frontline exposure, can trigger PTSD, and restricted mourning during COVID-19 caused unresolved grief. Substance use often rises under stress, worsening mental health. Addressing these outcomes must be part of emergency response efforts (van Ommeren 2015, Williams 2020). Beyond individuals, health crises disrupt communities, deepening mental health issues and social barriers (Gómez 2021, Mercado 2024). Tackling these effects demands community-based strategies to reduce isolation, stigma, and family strain (Levine 2021, Benson 2022). Promoting solidarity, awareness, and support systems can aid recovery and resilience.

This paper underscores the urgency of integrating mental health into primary care, especially in emergencies. It calls for early intervention, cross-sector coordination, and community engagement to overcome systemic barriers, reduce stigma, and build inclusive, resilient healthcare systems.

Long-Term Mental Health Effects of Emergencies

The mental health impacts of health emergencies often outlast the immediate crisis, with effects that can persist for years or even decades (Ryan 2023, Gaiser 2023, Xie 2024). These long-term consequences include chronic mental disorders, reduced quality of life, and heightened vulnerability to future crises. Understanding these lasting effects is crucial for effective, long-term mental health support (Zhou 2023).

1. Chronic mental health conditions

Emergencies often lead to lasting disorders like depression, anxiety, and PTSD. These conditions impair daily life and strain healthcare systems. For instance, years after the 2004 Indian Ocean tsunami, many survivors still suffered from PTSD and depression.

2. Diminished quality of life

Chronic psychological distress can disrupt work, relationships, and daily activities, leading to disability and reduced productivity. This adds to the broader social and economic burden, making mental health recovery vital to post-crisis rebuilding.

3. Increased vulnerability to future crises

Trauma and prolonged stress weaken psychological resilience, making individuals more prone to mental health issues during later emergencies. This creates a cycle of vulnerability and long-term risk.

4. Intergenerational impact

The mental toll of crises can affect future generations. Children exposed to trauma may face elevated risks of mental illness later in life, with long-term implications for community well-being and stability. Severe or chronic stress and trauma can have a detrimental impact on health. The effects of trauma are

psychologically and biologically embedded and persist across generations (Zhou 2023) .
These enduring effects call for sustained mental health care, community support, and resilience-focused policies long after the crisis ends (Sprung 2023). Prioritizing recovery helps break cycles of distress and build healthier, more resilient societies.

The Role of Primary Care

Primary care (PC) is the backbone of resilent health systems, offering comprehensive, continuous, and coordinated care (Hoeft 2019, Rugkåsa 2020). During public health emergencies, including conflict and displacement, PC becomes the first line of defense for detecting and responding to mental health conditions. Yet despite this potential, mental health remains insufficiently integrated within PC structures, particularly in low- and middle-income countries (Sørensen et al., 2017; Ayano et al., 2018).).
In war-affected Ukraine, primary care has emerged as both a lifeline and a model of adaptive capacity. From trauma-informed consultations in mobile units to digital triage for displaced populations, PC providers have stepped into expanded roles amid a collapsing referral system.
Growing political momentum now support the mainstreaming of mental health in the priamary care. The 2025 Paris Statement on Mental Helath in all Poicies, sigend by 31 European ministers recognizes primary care as essential for early detection, prevention, and ongoing mental healthcare. (Paris Statement) The statement calls for:

- Scaling up mental health services within primary healthcare settings
- Training general practitioners and PHC teams using tools like mhGAP-IG
- Integrating mental health with non-communicable disease care
- Strengthening multidisciplinary collaboration (e.g. social workers)

We have seen 4 roles of PC in the health emerency in Ukraine since 2022:

Early detection and holistic care: Family doctors often first identify mental health conditions, infections, and chronic illnesses during crises - integrating physical and mental health in a single encounter.
Task-shifting: Delegating routine care to nurses and community workers relieves hospitals, as seen in HIV and chronic disease management.
Digital tools: Telemedicine platforms, health apps, and mobile communication strategies have ensured service continuity for IDPs and remote populations — especially during COVID-19 and subsequent attacks on health infrastructure.
Community engagement: Trusted PC networks support communication, surveillance, and psychosocial care, enabling communities to participate in recovery.
In Ukraine, since 2022, PC providers—especially family doctors and nurses—have faced extraordinary challenges. They support displaced families, manage chronic conditions in shelters, and help patients process trauma in a fractured system (Deac 2024, Korzh 2025). When hospitals are damaged or inaccessible, PC remains the only available care—sometimes without power, water, or medications.

Mobile clinics in areas like Kharkiv and Zaporizhzhia bring PC directly to isolated villages, offering vaccines, screenings, and mental health support. For many, these are the only healthcare services available. Teleconsultations, enabled by digital platforms, allow family doctors to stay connected with patients across borders despite conflict (Malakhov 2023).

The mental health toll of war does not always arrive with visible wounds. Silent trauma—sleeplessness, anxiety, grief—is now part of daily practice. Family doctors, often trained in psychological first aid, are increasingly taking on mental health roles. Longstanding trust between doctors and patients becomes a form of care itself.

Ukraine's experience demonstrates a critical lesson: **investing in resilient, flexible primary care systems before a crisis enhances emergency responsiveness.**. Pre-war reforms in family medicine and digital tools made a difference—but sustained support is crucial. In conflict, PC is often not just the first, but the only care available. It is where healing begins, trust endures, and the future of healthcare quietly holds together.

Strengthening Mental Health in PC During Emergencies

In crises, the demand for mental health support becomes urgent. Health emergencies impact not only physical health but also cause widespread psychological distress, including stress, anxiety, and trauma (Belson 2020, Schick 2022). To ensure effective mental health care in such times, integration into primary care must be prioritized.

Training primary care providers is essential, as they are often the first contact for individuals in distress. Many lack adequate skills to manage mental health conditions. Training in assessment, intervention, and Psychological First Aid (PFA) enables timely, compassionate care. Building competencies among both specialized and community-based workers further extends support (Schick 2022).

For true integration, mental health must be part of routine primary care—strengthening existing systems, using standardized screening tools, and ensuring access to evaluation and treatment (Lewis 2023, Pragholapati 2024). Mental health should be treated as a core aspect of overall well-being.

Community involvement enhances responses. Strengthening ties between providers and populations fosters effective, localized support. Task-shifting to trained community health workers and establishing peer support groups can help close service gaps.

Collaboration is key. Governments, healthcare systems, social services, and mental health professionals must coordinate efforts, ensuring clear referral pathways and inclusive mental health and psychosocial support (MHPSS) strategies.

For success, adequate resources are essential. Emergencies stretch healthcare systems, often sidelining mental health. Without sufficient funding, trained staff, and essential medications, services suffer. Increasing investment and expanding the mental health workforce in primary care are crucial to building resilient systems for future crises (Breslau 2018, Belson 2020, Choi 2024).

Challenges and Barriers

While primary care plays a pivotal role in addressing mental health during health emergencies, numerous challenges and barriers hinder the effective integration of mental health services into primary care systems. These obstacles must be addressed to ensure comprehensive and equitable mental health care during crises. Key challenges include:

1. ***Stigma and discrimination***
   Stigma and discrimination surrounding mental health remain significant barriers, particularly in low- and middle-income countries (LMICs). Stigma can deter individuals from seeking help, while discrimination can limit their access to care. To combat this, primary care providers must be trained to recognize and address stigma, promote mental health literacy, and foster supportive environments that encourage individuals to seek care without fear of judgment or exclusion (Durbin 2016, Baker 2021).
2. ***Lack of training and resources***
   Many primary care providers lack the necessary training, knowledge, and resources to effectively identify and manage mental health conditions. This includes limited understanding of mental health disorders, insufficient access to mental health specialists, and inadequate funding for mental health services (Baker 2021). Investing in training programs and capacity-building initiatives is essential to equip primary care providers with the skills and tools needed to address mental health issues during emergencies (Lai 2016).
3. ***Fragmented healthcare systems***
   In many countries, mental health services are siloed and operate independently of primary care, leading to fragmented and disjointed care. This separation creates gaps in service delivery and reduces access to comprehensive care (Durbin 2016, McSherry 2024). Integrated care models that combine mental health and primary care services are crucial for ensuring coordinated, holistic care during health emergencies. Such models can streamline referrals, improve communication between providers, and enhance patient outcomes.
4. ***Health system overload***
   Health emergencies often overwhelm healthcare systems, placing immense pressure on primary care providers. The surge in demand for services can lead to provider burnout, reduced quality of care, and limited capacity to address mental health needs (Baker 2021). Strengthening primary care systems by ensuring adequate staffing, resources, and support is critical for maintaining the ability to deliver mental health care during crises. This includes providing mental health support for healthcare workers themselves, who are often at risk of burnout and trauma.
5. ***Emotional toll and burnout***
   The war has been a serious challenge for the entire national healthcare system of Ukraine, particularly its primary care segment. However, we still

do not know the exact impact of this factor on the most critical component—doctors in direct contact with patients. Caring for patients with mental health needs—especially in times of crisis—can be emotionally taxing. Primary care doctors hear stories of grief, violence, loss, and fear, often without the space or support to process their own emotions. Many experience secondary trauma, compassion fatigue, or moral distress when they cannot offer adequate help. An additional destabilizing factor for family doctors' mental well-being is the high workload—one doctor may see up to 30–35 patients per day. Rapid mental health reforms, which directly affect primary care, add stress as doctors must quickly absorb new educational materials and, in essence, acquire a new medical specialty. Without institutional support or self-care mechanisms, the mental health burden becomes shared between provider and patient.

6. ***Readiness of Individual Providers within the Primary Care System***
   When we state that the primary care system is ready to take on the task of recognizing, assessing, and even managing the most common mental disorders, especially those related to trauma, we cannot be certain that a specific family doctor within the system is equally capable of doing so. The effectiveness of a provider working in mental health largely depends on personal traits such as emotional intelligence, tolerance, and the ability to build trusting therapeutic relationships. We acknowledge that not all primary care providers equally possess these traits. Therefore, before moving forward with decentralizing mental health services—shifting them from large specialized institutions to the "periphery" into primary care—we recommend studying a limited group of family doctors to assess their personal readiness to manage patients with mental disorders.

7. **Lack of motivation**
   Undoubtedly, the genuine desire to help people is the main motivating factor for physicians in their professional activities. When choosing a future specialty after graduation, every doctor defines how they will help others. We are convinced that those who choose to become family doctors may not be prepared for the fact that their tools will include not only a stethoscope, a blood pressure monitor, and a thermometer, but also empathetic listening, stress-coping strategies and motivational interviewing. This significantly diverges from their expectations and can lead to frustration and burnout.
   Financial compensation also plays a key motivational role. Currently, the Medical Guarantee Program does not provide additional funding for mental health services at the primary care level, and bonuses from facility administrations are rare.

Recommendations

To effectively integrate mental health into primary care during health emergencies, it is crucial to address various barriers and challenges (Keet 2019). The following recommendations are proposed:

1. **Enhance mental health training for primary care providers.** Primary care providers must be equipped with the necessary knowledge and skills to recognize, assess, and manage mental health conditions effectively. Training should focus on early detection of common mental health disorders, crisis intervention, and providing psychosocial support. These training programs should be incorporated into undergraduate medical curricula and ongoing professional development, and ensuring that primary care providers are proficient in delivering patient-centered, culturally sensitive care. Train PHC providers in the WHO mhGAP (Mental Health Gap Action Programme) to identify and manage common mental, neurological, and substance use disorders. Integrate Psychological First Aid (PFA) and trauma-informed care training and ensuring that all frontline providers are trained in Psychological First Aid. Enhance continuous professional development through workshops, e-learning modules, and supervision.
2. Mental health must be embedded within national emergency preparedness and response plans. Too often, psychological support is treated as a secondary priority. National legislation should mandate mental health components within all emergency protocols, with standardized templates and referral pathways tailored for local implementation through primary care teams.
3. **Increase investment in mental health services.** Adequate funding is a cornerstone of successful mental health integration into primary care. Governments, international organizations, and stakeholders must prioritize mental health funding, particularly in Low- and Middle-Income Countries (LMICs), to provide primary care providers with the necessary resources. Funding should support not only mental health specialists, but also telehealth initiatives, mobile health applications, and community-based mental health programs that can extend services to underserved and remote populations. It is essential that mental health funding is seen as an investment in overall health system resilience, especially during crises.
4. **Mobilize European and Global support for PC**
   To strengthen systemic resilience and promote sustainable mental health integration, the European Forum for Primary Care (EFPC) and the European Community Mental Health Service Providers Network (EUCOMS) should be actively engaged to advocate for the institutionalization of mental health within primary care frameworks across Europe. (Keet) Leverage EU and international funding to strengthen PHC infrastructure, workforce, and mental health service delivery. Moreover, structured cross-border mechanisms for peer learning, policy exchange, and dissemination of best practices should be established to ensure that

innovations in mental health and primary care integration are both transferable and scalable within and beyond Ukraine.

5. **Promote and scale integrated care models.** Integrated care models that combine mental health and primary care services are essential for delivering comprehensive and holistic care. Such models enable seamless collaboration between primary care providers and mental health professionals, bridging the longstanding divide between physical and mental health services. National and local policies should create enabling environments—through regulatory frameworks, workforce incentives, and financing mechanisms—that support the implementation of these models at scale, and tailored to the specific needs of each health system, particularly in emergencies.
6. **Combat stigma and discrimination.** Stigma and discrimination are substantial barriers to mental health care access, particularly during health emergencies. Primary care providers must be trained to recognize and challenge stigma, both within themselves and in the communities they serve. They should promote mental health literacy and engage in open dialogues to reduce fear and misconceptions. Community engagement campaigns should be evidence-based, culturally sensitive, and co-designed with service users and should focus on emphasizing the importance of mental health, increasing help-seeking behavior, and addressing cultural barriers to mental health care.
7. **Strengthen primary care systems.** The capacity of primary care systems must be reinforced to ensure they can adequately respond to the mental health needs of populations during health emergencies. This includes increasing workforce capacity, providing adequate physical and digital infrastructure, and ensuring a continuous supply of essential medications and services. Primary care systems must also be adaptable, with mechanisms in place to rapidly scale up services and redirect resources in response to emerging mental health challenges during crises.
8. Supervision and intervision mechanisms must be embedded as core components of any sustainable mental health service integration at the primary care level. These mechanisms are not optional add-ons, but essential structures to ensure the quality, consistency, and ethical integrity of psychosocial support services. Equally, attention must be systematically directed to the mental well-being of primary care providers themselves. Preventing burnout, fostering psychological resilience, and building a culture of peer support are fundamental to maintaining a healthy and effective workforce, especially in crisis and post-crisis context.
9. **Leverage technology and innovation.** Digital health tools should be fully leveraged to expand the reach and continuity of mental health care. Telemedicine platforms, mobile health applications, and AI-assisted screening tools must be scaled across Ukraine's eHealth infrastructure, especially to support displaced populations and isolated communities. These technologies should not replace human care but enhance it. Governments and organizations should prioritize investments in health

technology infrastructure, ensuring that primary care providers have the tools they need to effectively manage mental health issues remotely and in person.

10. **Foster community engagement and support.** Engaging communities in mental health efforts is critical for reducing the impact of health emergencies on mental health. Primary care providers should collaborate with community organizations, local leaders, schools, and other relevant stakeholders to promote mental health awareness, deliver psychosocial support, and reduce stigma. Community health workers, peer support groups, and local NGOs must be empowered through formal recognition, training, and funding. This bottom-up approach will help ensure equity and contextual relevance in mental health care.
11. **Establish comprehensive Monitoring and evaluation systems.** Continuous monitoring and evaluation are essential to ensure that mental health services are effectively addressing the needs of populations during health emergencies. Governments and organizations must implement robust systems to collect data on mental health outcomes, service delivery, and patient satisfaction. Accountability mechanisms must be embedded within these monitoring systems, ensuring that results are transparently reported, openly reviewed, and directly used to inform resource allocation, policy adjustments, and system-wide corrective actions. By closely tracking the effectiveness of mental health services, we can foster a culture of continuous improvement, equity, and resilience in care delivery

Conclusion

Ukraine is not just enduring a war—it is redefining what a health system can and must be in times of crisis. The country's experience since 2022 offers vital lessons for global health systems confronting conflict, displacement, and trauma. Amid devastation, Ukraine has begun to chart a path that centers mental health as an essential component of primary care, and not as an optional add-on.

Mental health is a fundamental component of overall well-being, yet it is often neglected in the context of health emergencies. We describe the urgent need to integrate mental health into primary care systems, particularly during crises when psychological distress is widespread. As the first point of contact for many individuals, primary care providers play a crucial role in detecting mental health concerns early, delivering holistic care, and offering continuous support.

This position paper has demonstrated that integrating mental health into primary care during emergencies is not only technically feasible—it is morally and politically necessary. The trauma inflicted by war does not end when the fighting stops; it lingers in minds, families, and institutions. Without addressing this psychological burden, there can be no meaningful recovery, no restoration of trust, and no pathway to long-term societal resilience.

Primary care serves as a critical entry point for mental health services, offering accessible, community-based care. By adopting key principles, implementing evidence-based strategies, and addressing systemic barriers, healthcare systems can strengthen mental health support within primary care and promote resilience in the face of adversity. When mental health is embedded in primary care, the entire system becomes stronger, more inclusive, and more capable of responding to future crises.

However, achieving this integration is not without challenges. Stigma, inadequate training for healthcare providers, and insufficient resources continue to hinder efforts to embed mental health into primary care. Overcoming these barriers is essential for building resilient healthcare systems that can effectively respond to the mental health needs of populations during crises. The recommendations outlined in this paper provide a strategic roadmap for policymakers, healthcare professionals, and stakeholders to strengthen mental health services within primary care, fostering a system that is comprehensive, equitable, and sustainable.

Bold reforms require more than declarations. They demand political will, long-term investment, and structural accountability. Ukraine has the opportunity—and the responsibility—to lead by example, setting a new global standard for how countries can respond to the mental health consequences of war.

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