

THE RESILIENCE OF THOSE WHO HELP:

Challenges and Systemic Needs of Helping Professionals in Ukraine, Burnout and the Role of Supervision in the Context of War



“The Resilience of Those Who Help: Challenges and Systemic Needs of Helping Professionals in Ukraine, Burnout and the Role of Supervision in the Context of War” / Rybak V. V., Rattske-Rybak I. V. NGO Human Rights Vector — Kyiv: NGO Human Rights Vector, 2026. — 104 p.

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This publication provides an overview of the needs of Ukrainian providers of psychological, legal, social, medical, and other assistance, the challenges they face in the context of russia's war against Ukraine, their experience with supervisory support, as well as their vision of what it should be, feedback on the state of professional burnout, and legislation in the field of mental health support in Ukraine.

The information was prepared based on the results of surveys conducted by the NGO Human Rights Vector at the end of 2025 among representatives of the state, municipal, public, and private sectors who provide psychological and/or legal, social, medical, and other assistance in wartime conditions following russia's full-scale invasion of Ukraine. This publication will be useful for psychologists, psychotherapists, representatives of the medical community, social workers, lawyers, mediators, representatives of Ukrainian and foreign non-governmental organizations, state authorities, local self-government bodies, donor organizations, researchers, and all interested parties.

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The views expressed by the authors in this publication do not necessarily reflect the views of the Friedrich Ebert Foundation in Ukraine.

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INTRODUCTION

This year's survey of specialists in the helping professions on the needs and challenges of working during russia's war against Ukraine is a continuation of the annual research conducted by the NGO Human Rights Vector in this area. We already have the opportunity to track the dynamics of processes occurring with specialists who provide psychological, psychiatric, social, and legal assistance to war victims.

This study focuses on issues of professional burnout and supervisory support. Most of those who participated in the survey indicate this as one of the main problems and one of the most important tools for prevention. Therefore, since the first year of full-scale war in Ukraine, the NGO Human Rights Vector has devoted considerable effort to supporting the professional community assisting others. To this end, we have launched the "Helping Helpers" initiative, which combines training programs, experience-sharing events, supervision, and other types of support.

One of the main conclusions illustrated by the current study is that professionals in the helping professions are an element of national resilience. It is important not only to remember this, but also to take active steps to protect our country and the people who create it.

We believe that only through joint efforts can we win this terrible war, show our true humanity, and build an even stronger society.

We express our sincere gratitude to the people who support our activities with warmth and care, with whom we are walking this difficult path in wartime, and who we believe share our values.

We would like to thank the Friedrich Ebert Foundation in Ukraine, Olena Davlikanova and Bohdan Basii, project coordinators at the Friedrich Ebert Foundation in Ukraine, for their many years of cooperation, professionalism, reliability, and support in this and other projects of the NGO Human Rights Vector.

To Svitlana Shcherban, sociologist at the Kharkiv Institute for Social Research, for her help in developing the survey methodology, the results of which are presented in this report, and for her prompt and professional response.

To all participants of the supervision group of the project “Helping Helpers: Supervision Support,” who found the strength to present their complex cases of helping others, reveal their feelings, accept the support of colleagues, and help each other in our group to continue their path of support in their daily professional activities.

To the NGO Human Rights Vector team, whose daily work implements bold ideas for supporting and protecting human rights.

METHODOLOGY

The survey of professionals in the helping professions regarding their professional needs and challenges has already become the third, and in fact, annual survey since the start of russia's full-scale war against Ukraine and the launch of the NGO Human Rights Vector initiative called "Helping the Helpers." This year, we added a focus on supervisory support for professionals.



The **aim of the study** is to analyze the current experience, needs, and vision of supervisory support for professionals in the helping professions working in the conditions of war in Ukraine, particularly in the field of mental health, as well as to identify other key needs and challenges related to assisting victims of russia's war against Ukraine, including the risks of professional burnout and opportunities for specialists to continue their professional activities. Particular attention is paid to identifying priority areas for developing supervision in the private, public, municipal, and government sectors in 2025.



The **survey was conducted** from September 24 to October 12, 2025.



The online using a **questionnaire** available at: <https://forms.gle/51MzoV38qAEXSnEx5>.

Respondents completed the questionnaire independently.

Respondents were asked to answer 37 closed and open-ended questions, which were grouped into the following sections:

- Professional experience
- Supervision experience
- Vision of supervisory support

- Professional burnout
- Legislative regulation
- Challenges and needs
- Statistical information

Respondents' answers are used exclusively in aggregate form without disclosing personal data. Respondents could provide their contact details and first and last names if they wished. This information may assist the NGO Human Rights Vector and may be used solely to invite specialists to other events organized by the Organization.

The study is quantitative and qualitative, descriptive and analytical in nature.

In the report, we will provide quantitative data as percentages, with 100% representing all questionnaires. If the percentages were calculated from a different value, this is indicated in the text. The survey does not contain duplicate responses: each questionnaire was completed by a separate respondent.

In total, we received 96  completed questionnaires.

We combine the analysis of statistical indicators with a thematic analysis of respondents' open-ended answers, working with the content, meanings, and experiences they reveal. They had the opportunity to comment on closed questions, describe their experiences, and express their views on supervision, providing assistance to victims, etc.

The study describes the current state of supervisory support and the needs of professionals in the helping professions. Differences in access to supervision depending on the sector of activity and other factors were analyzed.

Comparisons with data from previous surveys conducted by the NGO Human Rights Vector in 2023–2024 were also used to analyze the data and draw conclusions:

- Online psychological and legal assistance during the first year after the full-scale invasion of Ukraine by the Russian Federation. A brief overview of the needs of providers of psychological and legal assistance. Part 1. / Rybak V. — Kyiv: NGO Human Rights Vector, 2023. — <https://hrvector.org/zviti/23-03-15-1>
- Overview of the needs and challenges of professionals in the helping professions who provide assistance to victims of war / Rybak V. — Kyiv: NGO Human Rights Vector, 2024. — <https://hrvector.org/zviti/24-05-31-zvit>

The **questionnaire was distributed** on the information platforms of the NGO Human Rights Vector on Facebook, Telegram, on the website¹, and by email to all participants of relevant thematic events of the NGO Human Rights Vector.

The study does not provide a complete sample of the Ukrainian population but focuses on the professional community involved in the topic of supervisory support. Respondents represent the public, private, municipal (communal), and government sectors. Analysis of their responses enables identification of key trends and comparison with previous years, particularly in questions related to the challenges and needs of providing assistance to victims of the war in Ukraine. At the same time, the issue of providing supervisory support in Ukraine for professionals in the helping professions requires further research, both to delve deeper into certain aspects and to verify the data in dynamics. Thus, it is essential to conduct additional research and make it annual.

¹ Facebook page of the NGO Human Rights Vector – <https://bit.ly/47a9b9r>
Telegram page of the NGO Human Rights Vector – <https://t.me/HumanRightsVector/606>
NGO Human Rights Vector website – <https://hrvector.org/podiyi/25-09-23-superv-surv>

SURVEY RESULTS

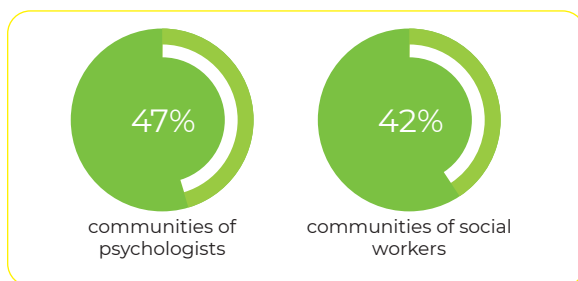
1. PROFILE AND PROFESSIONAL EXPERIENCE OF RESPONDENTS

1.1. Professional identity and community affiliation

Respondents represent a wide range of helping and related professions, which indicates the interdisciplinary nature of the study. Since the question allowed multiple-choice responses, many participants identified with several professional communities at once.

The largest share is represented by:

- community of psychologists — 47 people (49%);
- community of social workers — 42 people (44%).



The respondents also included:

- psychotherapists — 12 people (13%);
- medical community — 6 people (6%);
- volunteer community — 9 people (9%);
- teaching community — 5 people (5%);
- legal community — 3 people (3%);

- students — 3 people (3%);
- psychiatrists — 2 people (2%).

Five respondents (5%) indicated that they did not belong to any of the proposed communities.

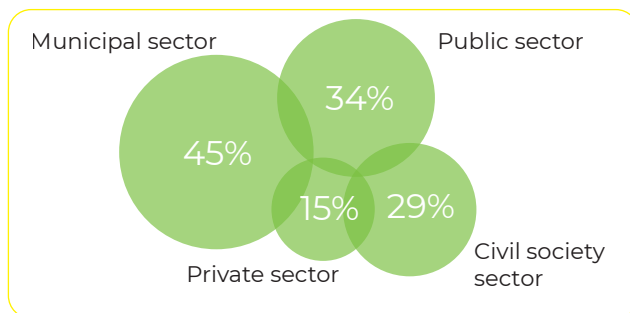
In the “Other” option (7 people, 7%), participants additionally indicated the following professional roles:

- local government employees, in particular social protection departments;
- Ukrainian Armed Forces service members;
- practicing philosophers;
- specialists in supporting veterans.

This highlights the broader understanding of helping professions in the context of war.

1.2. Sectors of professional activity

Respondents mostly work in the municipal (communal) and public sectors, as well as in civil society and the private sector, often combining several forms of employment.



The most common are:

- local self-government bodies, self-organizations of the population, communal enterprises, institutions, organizations — 43 people (45%);
- state bodies, institutions, enterprises, organizations — 33 people (34%);
- public organizations and charitable foundations — 28 people (29%).

Also, 14 respondents (15%) indicated that they were self-employed.

None of the participants indicated employment in the private business sector or unemployment at the time of the survey.

1.3. Professional experience in the helping professions

The study involved mainly experienced specialists.

The distribution by work experience is as follows:

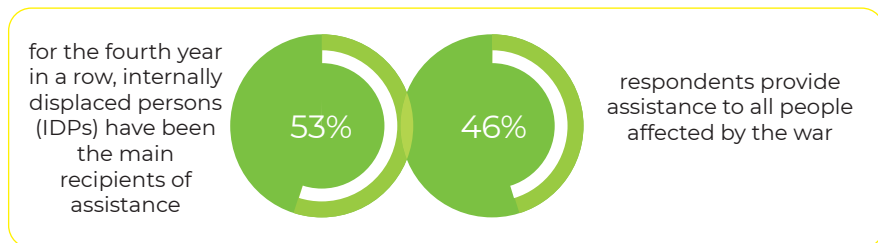
- over 10 years — 39 people (41%);
- 6–10 years — 21 people (22%);
- 2–3 years — 16 people (17%);
- 4–5 years — 11 people (11%);
- up to 1 year — 5 people (5%);
- 1 to 2 years — 1 person (1%).

Additionally, 3 respondents (3%) reported 20 or more years of experience.

In total, more than two-thirds of participants have more than 6 years of experience, which reinforces the expert nature of the responses received.

1.4. Target audiences with whom respondents work.

Most respondents work directly with people affected by Russia's war against Ukraine, often covering several target groups at the same time.



The most frequently mentioned audiences were:

- internally displaced persons — 51 people (53%);
- people with disabilities — 45 people (47%);
- military families — 45 people (47%);
- families of those killed in the war — 43 people (45%);
- older adults — 42 people (44%);
- veterans — 39 people (41%);
- children — 39 people (41%);
- people in difficult life circumstances — 39 people (41%);
- families of veterans — 40 people (42%);
- military personnel — 34 people (35%).

Respondents also work with:

- people who have lost their homes — 26 people (27%);
- people who have suffered injuries as a result of hostilities — 25 people (26%);
- people with reduced mobility — 22 people (23%);
- victims of gender-based violence — 20 people (21%).

Forty-four respondents (46%) said that they do not target specific audiences, but provide assistance to all people affected by the war. Only two people (2%) reported that they do not work with war victims.

The “Other” option (5 people, 5%) additionally included:

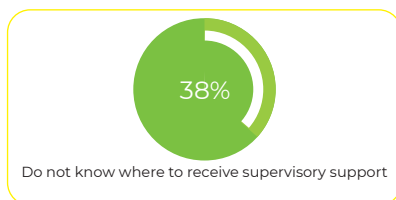
- families of persons missing under special circumstances;
- military personnel and civilians who returned from captivity;
- families with young children.

2. EXPERIENCE OF RECEIVING SUPERVISORY SUPPORT AND AWARENESS OF OPPORTUNITIES TO RECEIVE IT

2.1. Awareness of supervisory support organizations and platforms

When asked about well-known organizations and platforms where supervisory support can be obtained, respondents cited a wide range of initiatives from the public, state, and international sectors, as well as individual private specialists.

At the same time, 36 respondents were unable to name any organizations or did not provide an answer, which is 38% of the total number of participants. It indicates that a significant proportion of specialists have limited awareness of the available supervisory support opportunities.



Respondents did not provide active links to resources, so all organizations mentioned were additionally verified through open sources (official websites and social media pages via Google search engines). Only those organizations and initiatives for which information could be confirmed were included in the list².

Public sector

- NGO Institute of Health Psychology
<https://ipsyhealth.site/>
- Charity Foundation Caritas-Spes Ukraine
<https://caritas-spes.org/ua>
- UNFPA, the United Nations Population Fund, has created an online platform for psychotherapeutic assistance called Aurora
<https://avroa-help.org.ua/>
<https://www.facebook.com/watch/?v=930259625056161>
- Charitable Foundation Rokada
<https://rokada.org.ua/>
- Religious Organization Caritas Spes Ukraine
<https://caritas-spes.org/ua> 2
- Charitable Organization Rinat Akhmetov Foundation
<https://akhmetovfoundation.org/>
- Psychosocial Support Center Zelenyi Gudzyk
<https://zelengudzyk.com/>
- Resilience Center within the mental health program “How are you?” by Ukraine’s First Lady Olena Zelenska
<https://suspilne.media/770773-v-ukraini-zapracuvali-100-centriv-zittestijkosti-minsocpolitiki/>

2 We apologize if an organization that was not mentioned by respondents was accidentally included in the list, or if some are missing, as exact references were not specified in the questionnaires.

- Triangle Génération Humanitaire Ukraine
https://www.facebook.com/TriangleGenerationHumanitaireUkraine/?locale=uk_UA
- “Vseosvita. National Educational Platform”
<https://vseosvita.ua/>
- “Tell Me” — a free online platform for psychological counseling
<https://tellme.com.ua>
- NGO Family Wings
<https://familywings.com.ua/>
- NGO Divchata
<https://divchata.org/>
- The Complex Trauma Institute (CTI)
<https://www.completraumainstitute.org/about-us>
- National Psychological Association (NPA) —
<https://npa-ua.org/>
- LLC Center of Health and Development “Family Circle”
<https://k-s.org.ua/>

International, foreign

- World Health Organization (WHO)
<https://www.who.int/>
- Norwegian Refugee Council (NRC)
<https://needaaid-ua.nrc.no/uk>
- Danish Refugee Council (DRC)
<https://drc.ngo/where-we-work/europe/ukraine/>

State

- State Institution “Probation Center”
<https://www.probation.gov.ua/>

- Mental Health Centers

<https://moz.gov.ua/uk/centri-mentalnogo-zdorov-ya-bilshe-mozhlivostej-dlya-kontraktuvannya-ta-pidtrimki-pacijentiv>

- Social Service Centers

An analysis of open sources showed that the vast majority of the organizations mentioned focus on providing psychological or psychosocial assistance to various target audiences. At the same time, information about the systematic provision of supervisory support to professionals in the helping professions is usually absent or not clearly articulated on their resources.

There are a few examples where supervisory support is explicitly mentioned as an area of activity. In particular, the NGO Human Rights Vector lists the implementation of projects providing supervisory support in the “About Us” section as part of its organizational mission.

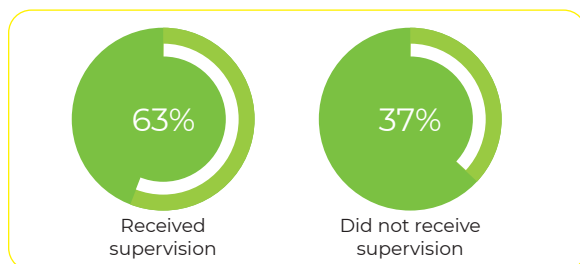
In general, the list of organizations mentioned includes:

- public and charitable organizations;
- international humanitarian structures;
- state institutions and centers;
- professional associations and educational platforms.

This indicates the fragmented nature of the supervisory support system and the lack of a single, clearly marked space for professionals seeking such assistance.

2.2. Experience of receiving supervisory support.

When asked about their experience with supervisory support, 60 respondents (63%) answered affirmatively, while 36 people (37%) indicated that they had not received supervision.



Among those who had experience of supervision:

- 20 people (33% of specialists with experience of supervision) received supervisory support at their place of work;
- 22 people (37%) received supervision support in various organizations or individually;
- 13 people (22%) received supervision support in various organizations, including the NGO Human Rights Vector;
- 5 people (8%) received supervision support exclusively at the NGO Human Rights Vector.

Thus, supervision experience is often unsystematic and depends on specific projects or organizational capabilities.

2.3. Participation in supervision during the last year

Over the past year:

- had no experience of supervision or did not participate in it — 37 respondents (39%);

- participated in supervision on a regular basis — 24 people (25%);
- participated several times — 16 people (17%);
- from time to time, as needed — 12 people (13%);
- once — 4 people (4%);
- did not respond — 3 people (3%).

The data obtained show that **regular supervision is available to less than a third of specialists**, while a significant proportion either have no such experience or are involved in it only occasionally.

2.4. Most useful aspects of supervisory support

Among those who had experience with supervision, respondents most often mentioned the following useful aspects:

- the opportunity to review their own work cases— 24 people (25%);
- sharing experiences with colleagues and supervisors — 23 people (24%);
- support (professional, group, emotional, individual psychological support, support from the supervisor) — 19 people (20%);
- prevention of professional burnout and emotional relief — 6 people (6%);
- strengthening of confidence, sense of belief in one's strengths and abilities — 6 people (6%);
- professional development and acquisition of new information — 4 people (4%).

38 respondents (40%) did not answer this question, which may be due to both a lack of supervision experience and difficulties in verbalizing the effects obtained.

A qualitative analysis of open-ended responses and quotes shows that supervision is perceived not only as a professional tool, but also as a safe space where the following are possible:

- acceptance of mistakes without judgment;
- containment of difficult emotions;
- gain an outside perspective on work situations;
- receive support in working with vulnerable groups;
- achieve professional growth and reduce doubts about one's own competence.

Here are some examples of quotes:



“The experience of others, support, and the opportunity to gain strength, the belief that everyone has the right to make mistakes, and that this is quite normal. The confidence that helping others is always important.” — psychologist, non-governmental sector, Kyiv region



“Exchanging experiences is one of the key components of supervision, the opportunity to discuss complex cases, mistakes, and doubts without fear of being judged, different approaches to working with clients, techniques, crisis scenarios, the ability to recognize one's own emotional reactions and their impact on working with clients,” a psychosomatologist, non-governmental sector and private sector, Dnipropetrovsk region.



“Support from the supervisor, containment of negative experiences.” — psychologist, non-governmental sector and public sector, Sumy region.



“The opportunity to be heard, such communication highlighted areas for growth, my work was not devalued,” a psychologist, public sector, Odesa region.



“Discussion of the action algorithm.” — social worker, public sector, Zhytomyr region.



“An outside perspective on the situation, understanding my strengths and shortcomings.” — psychologist, non-governmental sector, Kyiv.



“Acceptance, professional growth through case discussions, a sense of support.” — psychologist and a volunteer, non-governmental sector, Rivne region.



“Support, dispelling doubts in my work, strengthening confidence in my own strengths and abilities.” — psychologist, public sector, Khmelnytskyi region.



“Its regularity, multimodal approach (because I combine several approaches and areas of work in my own work), supervisor’s comments after group discussions, the opportunity to observe the reflection of the case under consideration in the dynamics of the group process.” — psychologist, private sector, abroad.

2.5. Reasons for not participating in supervision

Among respondents who did not participate in supervision during the last year or participated to a limited extent, the following reasons were cited:

- lack of free programs — 25 people (26%);
- lack of time — 15 people (16%);
- lack of supervisors who meet expectations — 10 people (10%);
- high cost — 9 people (9%);
- lack of need — 5 people (5%);
- lack of previous supervision experience — 5 people (5%).

These responses indicate a combination of structural (accessibility, finances) and individual barriers.

2.6. Current need for supervisory support.

The vast majority of respondents reported a current need for supervision:

- 79 people — 82% — need supervision;

- 15 people — 16% — said they did not need it;
- 2 people — 2% — were unsure.

Qualitative comments emphasize that supervision is considered a necessary **component of professional activity**, even in the absence of acute difficulties: *“Yes, I really need it,” “Yes, it is important as part of an active work process, even if there are no personal difficulties at work.”*

2.7. Preferred formats and frequency of supervision

The most popular formats for supervisory support are:

- online format — 64 people (67%);
- group supervision — 61 people (64%);
- individual supervision — 44 people (46%);
- offline format — 29 people (30%).

Regarding frequency:

- as needed — 49 people (51%);
- once a month — 46 people (48%);
- once every two weeks — 9 people (9%);
- weekly — 5 people (5%).

Thus, the most acceptable model for most specialists is **flexible, accessible online supervision**, with the possibility of using it **once a month or on an ad hoc basis**, depending on the professional workload and the complexity of the cases.

2.8. Need for supervision at different stages of professional development

The lowest, but still very high, rate was recorded among specialists with **up to 1 year of experience, 80%**. At this stage, supervision is primarily related to the need for training,

professional development, building confidence, and support in working with the first complex cases. In the group with **2–5 years of experience (85–88%)**, the need increases: specialists already have practical experience, but are faced with an increase in the number of complex cases, secondary traumatization, and a need for a deeper understanding of their professional role.

The peak need for supervision is observed among respondents with 6–10 years of experience, 90%. This period can be seen as a stage of increased professional workload and risk of burnout, when accumulated experience is combined with high responsibility and a large number of complex cases. It is here that supervision performs not only an educational function but also a supportive and preventive function regarding emotional exhaustion.

Among specialists with more than 10 years of experience, the indicator also remains very high, 86%. For this group, supervision is a tool for professional development, reflection on complex cases, maintaining service quality, and preventing chronic exhaustion, rather than just assistance at the stage of development.

Therefore, this indicates that the need for supervision is universal across the helping professions. Still, it is most acute among professionals with moderate professional experience (6–10 years) — a group that is also characterized by an increased level of burnout. It underscores the need for systematic, regular, and accessible supervision as an element of professional standards in the field of mental health and social assistance.

➔ Key findings for this section

- A significant proportion of professionals in the helping professions have **limited awareness** of organizations and platforms where they can receive supervisory support: more than a third of respondents were unable to name a single such resource.
- The available opportunities for supervisory support in Ukraine are **fragmented and unsystematic**. Most of the organizations mentioned by respondents provide psychological or psychosocial assistance to target groups, but **do not declare supervision as a separate and permanent area of activity**.
- Despite this, **most respondents have experience of receiving supervisory support**, but for a significant proportion of them, it is sporadic and contingent on specific projects or organizational capabilities.
- Regular supervision over the past year has been available to **less than a third of respondents**, indicating structural limitations in access to this form of professional support.
- The main barriers to participation in supervision remain the **lack of free programs, lack of time, high cost, and shortage of supervisors who meet the professional requirements of specialists**.
- At the same time, supervision is perceived by respondents as an **important resource for professional resilience**, combining casework, professional development, emotional support, and burnout prevention.
- The vast majority of the specialists surveyed **declare a current need for supervisory support**, preferring an **online format, group work**, and flexible frequency (once a month or as needed).

3. VISION FOR SUPERVISORY SUPPORT IN UKRAINE.

3.1. Group of specialists who require mandatory supervision

Respondents clearly indicate the need for **mandatory supervisory support for a wide range of professionals** who work with people, especially in crisis and vulnerable contexts.

We asked respondents to select which professional groups should receive mandatory supervisory support. Respondents were able to select multiple options and indicated the following:

- Psychologists — 60 responses (63%)
- Social workers — 46 (48%)
- psychotherapists — 40 (42%)
- psychiatrists — 28 (29%)
- rehabilitation specialists — 25 (26%)
- medical professionals in general — 24 (25%)
- teachers — 24 (25%)
- lawyers — 21 (22%)
- volunteers — 20 (21%)
- students — 8 (8%)

At the same time, a significant proportion of respondents (46 people — 48%) chose the option “Everyone needs it,” indicating that supervision is perceived as a universal professional standard rather than a tool only for certain specialties.



In open responses, this view is reinforced by the argument that supervision should be a **mandatory component of the work of all professionals in the helping professions**, especially those who work with people in difficult life circumstances, war victims, military personnel, and their families.



“The supervision support system in Ukraine should be multi-level, accessible, and systematic, covering social workers, psychologists, doctors, teachers, and other specialists who work with people in crisis situations. Supervision should be conducted regularly — for example, monthly — in various formats, such as individual and group, offline and online, to ensure accessibility for professionals from different regions. It is essential to involve professional supervisors with practical experience and to integrate supervision into the system of professional development and burnout prevention. Institutional support, funding, and integration with state and local programs are necessary for effectiveness, which will improve the quality of service provision, preserve the psychological health of specialists, and prevent staff losses, as is practiced in European countries,” — social worker, public sector, Kyiv region.



“Mandatory group supervision of specialized professionals who provide support and services in the field of mental health and education. Supervision should be carried out by qualified supervisors based in community organizations with financial support from the state and interested donors,” — psychologist, private sector, Kherson region.

3.2. Model for organizing a supervisory support system

The results of quantitative and qualitative analysis demonstrate a clear demand for a **combined model of supervision support** that brings together different sectors.

According to the survey results, respondents believe that supervisory support in Ukraine should be:

- combined (in cooperation between the state and public sectors) — 63 responses (66%);
- public — 36 (38%);
- developed by civil society organizations — 15 (16%);
- provided by specialized associations — 13 (14%);
- private — 6 (6%).

At the same time, respondents emphasize in their comments that supervision should be provided if the specialist is unable to provide it independently. For example, low wages in the public sector make it impossible for specialists to finance supervision on their own, but they feel an acute need for it due to high levels of emotional exhaustion.

The open responses indicate the need for:

- financial and institutional support;
- advisability of combining public, civil society, and private models, as well as cooperation with professional associations, educational institutions, and donors.
- combination of public, civil society, and private expertise.
- interest and responsibility of organizations and institutions in providing supervision for their employees.



“I believe that organizations and state institutions should be interested in providing supervision services for psychologists who work for them in order to provide psychological services to clients professionally,” — psychologist, public sector, Poltava region.

3.3. Basic principles for building a supervision system

Summarizing the respondents' answers, we can identify the key principles on which, in their opinion, the supervision support system should be based:

Systematicity and regularity

One of the most frequently voiced positions is the view of supervision as a mandatory, regular, and systematic practice, rather than a one-time or formal activity. Respondents emphasize that supervision should be:

- integrated into daily professional activities;
- enshrined in state policy or internal organizational policies;
- not carried out “for show,” but has real content and impact.



“The supervisory support system in Ukraine should be multi-level and structured, taking into account the challenges of war, the high level of professional burnout among specialists, and the need to provide quality psychological and social services. It should also be accessible via online platforms, as not everyone has the opportunity to be offline. It is crucial to have a regulatory framework that will allow for regular supervision of all professions that work closely with victims, military personnel, families, etc.” — psychologist, public sector, Kharkiv region.



“A professional group of supervision specialists has been created. It is accessible to every specialist. It is free twice a year. More than that, or for specialization, is paid.” — psychologist, public sector, Ivano-Frankivsk region.

Mandatory

A number of responses emphasize that supervision should be a mandatory element of the work of specialists who work with people in crisis situations, particularly in the public and civil sectors, emergency services, and the social and mental health spheres.



“In my opinion, supervision should be a mandatory component of the activities of organizations that provide emergency assistance and help to people in difficult life circumstances (DLC) and be one of the priorities in the activities of all other specialists in the helping professions (regular attendance should be encouraged, it should influence the specialist’s rating, and be recorded as an important factor in professional certification for work in state structures and organizations).” — psychologist, private sector, abroad.



“The specialist should be interested in finding support for themselves and increasing their level of awareness.” — psychologist, public sector, Kyiv.

Accessibility and financial fairness

There is a very clear demand for accessible supervision, in particular:

- free supervision for public sector specialists and young specialists;
- combination of free and paid formats depending on experience, specialization, and needs;
- cost of supervision should be commensurate with the income level of specialists;
- cost of supervision should be included in employment contracts, organizational budgets, or project budgets.

Respondents emphasize that a lack of financial resources should not be a barrier to receiving supervisory support.

At the same time, respondents understand the complexity of supervisors' work and the importance of ensuring they receive decent, appropriate pay, so they emphasize the possibility of attracting various types of funding.



“For young professionals, it should be free or affordable,” — psychologist and psychotherapist, private sector, Kharkiv region.



“First, it needs to be developed and made accessible, and then it can be improved,” — teaching community, social workers' community, medical community, and practicing philosophers, public sector, Kyiv region.

Diversity of formats

Respondents emphasize the importance of combining:

- individual and group supervision;
- online, offline, and mixed formats;
- regular meetings and supervision “as needed.”

Some respondents also suggest supplementing supervision with retreats, restorative formats, and elements of physical and psycho-emotional support.



“In state institutions, where there is a constant flow of people, a multimodal supervisor should be part of the team on a permanent basis, even online,” — psychologist and psychotherapist, public sector, Vinnytsia region.



“It is necessary to provide accessible, high-quality, and ethical supervision for psychologists, psychotherapists, social workers, and related professions. This can be done through professional associations and unions, as well as educational institutions. Various formats are needed (online, offline, mixed), including individual and group supervision,” — psychologist, public sector and private sector, Dnipropetrovsk region.



“Online meetings once every two weeks and a retreat outside of one’s permanent place of residence/work to recharge and recover. Some people need to express their thoughts, others need massage therapy but cannot afford it due to the cost (it would be valuable to allocate such funding to pay for this service). Thank you,” — psychologist and social worker, public sector and private sector, Odesa region.

Quality and professionalism

An important set of responses concerns the requirements for the quality of supervision, namely:

- involvement of qualified supervisors with practical experience;
- adherence to ethical principles, confidentiality, and a safe space;
- professional, specialized supervision in accordance with the field of activity;
- ability of specialists to choose their own supervisor.



“Regular, with confidentiality, focus on professional tasks, respect and safety, competent supervisor,” — social worker, public sector, Khmelnytskyi region.



“Accessible to all people in the helping professions, conducted by high-level practitioners,” — psychologist, public sector and civil sector, Dnipropetrovsk region.

3.4. Supervision as a tool for sustainability and quality of care

In both quantitative and open-ended responses, supervision is seen not only as a professional tool for case analysis, but also as:

- a mechanism for preventing professional burnout;
- a way to maintain the mental health of specialists;

- a condition for ensuring the quality of psychological and social services;
- a factor in professional development and increasing confidence in one's own competencies.

Respondents also emphasize the need to develop **a culture of supervision** and a serious attitude towards it at the level of the state, organizations, and professional communities.



"I would like supervision to be taken more seriously in Ukraine because it is one of the first and most important components of an effective support system for social workers." — social worker, public sector, Khmelnytskyi region.



"Individual supervision is necessary for personal support of specialists and resolution of professional and emotional difficulties." — social worker, public sector, Khmelnytskyi region.

Key findings for this section

- The data obtained indicate a clear demand among specialists for a **multi-level, accessible, high-quality, and institutionally established system of supervisory support in Ukraine** that covers all helping professions. Respondents consider the most acceptable model a **combined system** implemented in cooperation among the state, the public sector, and professional associations, with mandatory consideration of the financial and professional realities of specialists.

4. PROFESSIONAL BURNOUT AMONG SPECIALISTS IN THE HELPING PROFESSIONS.

4.1. Frequency of feelings of professional burnout

All 96 respondents answered the question “*How often do you feel signs of professional burnout?*” (one answer option).

The results indicate **a high prevalence of burnout** among respondents:

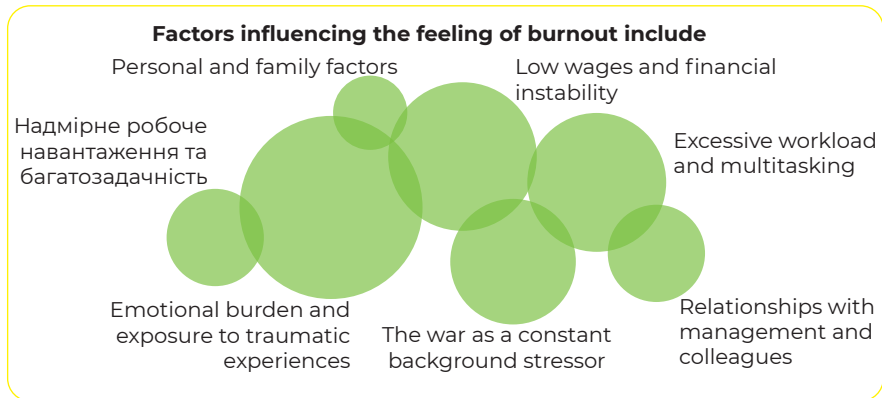
- sometimes — 52 respondents (54%);
- often — 30 (31%);
- constantly — 7 (7%);
- rarely or never — 7 (7%).



Thus, **92% of respondents** experience signs of professional burnout to one degree or another, and **38%** experience it frequently or constantly. It indicates that the problem is systemic in nature, rather than isolated cases of individual exhaustion.

4.2. Factors that most influence feelings of professional burnout.

73 respondents (76%) answered the open-ended question, **“What most influences your feelings of burnout, if any?”** Analysis of the responses revealed several interrelated thematic areas.



❶ Excessive workload and multitasking.

Most often, respondents mention an excessive number of tasks, **a large volume of work**, the need to work with different target groups simultaneously, the urgency of tasks, and the lack of clearly defined functional responsibilities.

The responses mention:

- multitasking working mode;
- lack of days off or irregular working hours;
- constant switching between cases;
- additional workload not provided for by the position.

This creates **chronic exhaustion** that is not compensated for by opportunities for recovery.



“Multitasking, the number of patients, and the lack of proper working conditions, violations of job responsibilities, devaluation of the status and importance of the work of a psychologist.” — clinical psychologist, psychotherapist, municipal institution, Vinnytsia region.



“Multitasking mode, a wide range of target categories (requires constant switching).” — psychologist, public and government sectors, Dnipropetrovsk region.



“Excessive workload, inability to study during working hours, lack of funding for office equipment and training, inability to rest as I want and when I want and need to, and not just on vacation, because it is difficult to predict and plan for the level of workload and exhaustion, unlike vacation. I currently live in an area close to the fighting, so it is not always possible to simply sleep.” — psychologist, psychotherapist, public sector and municipal sector, Sumy region.

② Emotional stress and contact with traumatic experiences.

A significant number of responses relate to **emotional exhaustion** associated with constantly working with clients' pain, loss, grief, and traumatic stories.

Respondents note:

- working with military personnel, veterans, and families of the deceased;
- regular contact with human grief;
- feelings of helplessness in situations where it is impossible to help;
- emotional burden of responsibility for others.

This factor is particularly acute in conditions of war and prolonged social crisis.



“Communication with military personnel/veterans and people experiencing grief,” — specialist in supporting war veterans and demobilized persons, municipal institution, Ternopil region.



“The biggest factors contributing to my burnout are the high level of emotional stress and constant work with people in crisis situations. Daily contact with the painful stories and problems of those in my care leads to emotional exhaustion. The heavy administrative workload (reporting, documentation, coordination between institutions) also plays a significant role, distracting me from working directly with people and increasing stress,” — social worker, municipal institution, Kyiv region.

② War as a constant background stressor.

A separate cross-cutting factor in the responses is **war**: shelling, anxiety for loved ones, sleep disturbances, living in regions close to combat operations, and information overload.

Respondents describe a state **of constant tension** in which there are no conditions for full recovery even outside of work.



“Workload, war, and human suffering,” — community of social workers, municipal institution, Poltava region.



“Fatigue, lack of sleep, the situation in the country, worrying about loved ones during shelling,” — psychologist, public sector and private sector, Dnipropetrovsk region.

④ Low salaries and financial instability.

Many responses indicate an **imbalance between the level of responsibility, workload, and pay**. The following are mentioned:

- low wages;
- inability to financially support recovery;
- need to seek additional sources of income;
- a feeling that their work is not valued by the state or their employer.

Financial instability exacerbates emotional burnout and reduces motivation.



“No opportunity for a proper break (financial and time constraints),” — community of social workers, municipal institution, Khmelnytskyi region.



“Short vacation, low salary level,” psychotherapist, public sector and private sector, Donetsk region.



“Martial law, interrupted sleep due to explosions, information flow at work that makes it impossible to plan, and low financial motivation in public educational institutions. Ridiculous salaries that are difficult to reconcile with the minimum subsistence level. And a specialist in the helping professions should be a resource, not looking for ways to earn extra money to feed their children and pay for utilities... something like that,” — practical psychologist and teacher, public sector, Dnipropetrovsk region.

⑥ Bureaucracy, administrative pressure, and inconsistency in the system.

Respondents also associate burnout with:

- excessive reporting;
- bureaucratic procedures;
- inconsistency between institutions;
- systemic problems in the field of mental health;
- legislative vulnerability of specialists.

The administrative burden is often perceived as **distracting from providing real help to people**.



“Systemic problems in the field of mental health support; resolutions, laws, or unspoken rules that cause people with mental health problems to find themselves in hopeless situations and unable to receive adequate help in such situations,” — psychologist, private sector, abroad.

⑥ Relationships with management and colleagues.

The responses highlight the following problems:

- devaluation by management;
- toxic atmosphere in the workplace;
- lack of support;
- unfair management decisions.

This reinforces feelings of alienation, demotivation, and emotional insecurity in the workplace.



“Disrespect from management, no safe places to recover at work, multitasking and multivectorality,” — community of social workers, municipal institution, Rivne region.

⑦ Personal and family factors.

Some respondents note that burnout is exacerbated by:

- health problems;
- family circumstances;

- IDP status;
- unresolved psychological difficulties.

These factors often overlap with professional stress, deepening the state of exhaustion.

The results of the study show that professional burnout among helping professionals is a **widespread and multifactorial phenomenon**. It is shaped by a combination of individual, organizational, and systemic factors, significantly exacerbated by the conditions of war.

The data obtained confirm the **critical need for systematic supervisory support**, as well as broader mechanisms to maintain professional resilience, prevent burnout, and support professionals who work with war victims.

4.3. Professional burnout depending on the sector of employment: a comparative analysis

Analysis of respondents' answers shows that manifestations of professional burnout have both **sectoral characteristics and common systemic features** inherent in all categories of employment. The most intense burnout is associated with excessive workload, constant work with human pain and traumatic experiences, the impact of war, and limited opportunities for recovery.

At the same time, the nature of the workload and sources of stress vary depending on the sector. The public sector is typically characterized by instability and inconsistency in the support system; the government sector and municipal sector are characterized by bureaucratic pressure, low pay, and devaluation of the role of specialists; and the self-employed are characterized by irregular schedules and a lack of external support. Employees who combine several sectors are at

increased risk due to a combination of high expectations and structural constraints.

The data obtained indicate that professional burnout is **systemic in nature**, and its manifestations depend not only on the individual characteristics of specialists, but also on the **structural conditions of work in different sectors**. At the same time, the commonality of key factors underscores the need for **universal solutions**, in particular the development of accessible supervision, support for professional communities, and institutional mechanisms to preserve the mental health of specialists.

① **Public sector (non-governmental organizations, charitable foundations).**

Respondents who work **exclusively in the public** sector are characterized by the following burnout factors:

- **Systemic inconsistency and fragmentation of the aid sector:** lack of coordination between actors, unsystematic requirements, and legislative insecurity.
- **Emotional and physical exhaustion** related to the war: lack of sleep, anxiety for loved ones, and living under shelling.
- **A feeling of lack of results**, which reduces motivation and increases emotional exhaustion.
- **Financial instability** due to the project-based nature of the work.
- **Personal factors** that do not allow for recovery due to intense involvement in work.

For this category, burnout is often associated not only with the volume of work but also with a **sense of systemic injustice and instability in the aid sector itself**.

② Combination of the public sector and local government/municipal institutions.

Respondents who work at the **intersection of the public sector and private sector** show a specific burnout profile that combines features of both systems:

- **Excessive workload without the possibility of flexible recovery**, in particular, the inability to take breaks when really needed.
- **Lack of resources for professional development** (training, workspace equipment).
- **Devaluation of labor** is felt both by institutions and the system as a whole.
- **Physical exhaustion**, exacerbated by living in regions close to combat operations.

This group demonstrates **dual pressure**: high expectations and flexibility of the public sector are combined with the limitations of municipal institutions.

③ Combination of the public sector and government sector.

Respondents who work simultaneously in **public and state structures** are characterized by:

- **High emotional stressis** associated with working with traumatic stories, grief, and people's pain.
- **Constant multitasking** and working with a wide range of target groups.
- **Feelings of powerlessness and devaluation** — both from clients and from the state.
- **Low salary level and limited vacation** opportunities that do not correspond to the level of responsibility.

- **Bureaucratic burdens** that distract from providing direct assistance to people.

This group clearly shows a **conflict between professional motivation to help and systemic constraints** that make it impossible to fulfill this role fully.

④ **State institutions and organizations.**

Respondents employed **exclusively in the public sector** most often associate burnout with the following factors:

- **Excessive workload with low salary level**, which is perceived as a structural injustice.
- **Administrative and managerial pressure**, including unclear or inadequate job responsibilities, orders to work outside the scope of their job description.
- **High level of bureaucracy** (reporting, forms), which takes up a significant part of working time.
- **Toxic work environment**, lack of support from management.
- **Impact of war**: insomnia, anxiety, regular contact with burials, and working with the military.
- **Low level of funding.**
- **Personal crisis circumstances** (IDP status, illness of loved ones) compounded by professional stress.

The public sector is characterized by the **accumulation of multi-level stress**, where work itself is not the only factor contributing to burnout but becomes a catalyst when combined with war, resource shortages, and organizational problems.

⑤ Local government bodies and municipal institutions.

In this category of respondents, burnout is most often associated with:

- **Multitasking and unclear roles**, in particular, violate job responsibilities.
- **Devaluation of the status of a psychologist or helping professional.**
- **Heavy administrative workload** and interagency coordination.
- **High emotional exhaustion** due to working with military personnel, veterans, and families in crisis.
- **Low wages and a lack of safe spaces for recovery.**
- **Difficult relationships with management and colleagues.**

This sector is distinguished by a combination of **high responsibility to the community** and **limited institutional resources** to support the specialists themselves.

⑥ Self-employed specialists.

For self-employed respondents, the key factors contributing to burnout are:

- **Irregular working hours** and blurred boundaries between work and personal life.
- **Emotional exhaustion from the volunteer component of the work** and client ingratitude.
- **Systemic gaps in mental health care** make it impossible to provide effective assistance to clients.
- **Lack of time for self-care and recovery.**

Unlike in institutional sectors, burnout here is more **individualized**, but it is also caused by systemic problems in the field.

Table. Main factors of professional burnout depending on the sector of employment

Sector of employment	Key factors of burnout
Non-governmental organizations, charitable foundations	Lack of systemization in the field of assistance; lack of legal protection; emotional and physical exhaustion; financial instability; feeling of lack of results
Public sector and local government/municipal institutions	Excessive workload; lack of resources for training and recovery; devaluation of work; living in conditions close to combat operations
Public and state sector	Working with difficult cases; multitasking; feeling of powerlessness; low pay; limited vacation time; bureaucratic burden
State institutions	High workload with low pay; bureaucracy; unclear or inadequate responsibilities; toxic climate; impact of war; personal crisis circumstances
Local government bodies, municipal institutions	Multitasking; devaluation of professional role; administrative pressure; intensive work with crisis groups; lack of conditions for recovery
Self-employed specialists	Irregular working hours; blurred boundaries between work and personal life; emotional exhaustion; systemic gaps in mental health care; lack of time for resourcing

Common features for all categories

Regardless of the sector of employment, the responses reveal common cross-cutting factors:

- Excessive work and emotional stress;
- Constant contact with human pain, trauma, and grief;
- The impact of war as a background stressor;
- Low pay or financial instability;
- Bureaucratic and administrative barriers;
- Devaluation of the professional role;
- Lack of opportunities for full recovery and supervisory support.

4.4. Dynamics of professional burnout depending on length of service

The lowest rate of frequent burnout was recorded among specialists with **less than one year of experience (45%)**. Despite the significant workload, new specialists may have higher levels of motivation and professional enthusiasm and have not yet accumulated secondary trauma. At the same time, after **2–3 years of work**, the rate increases to **50%**, indicating a gradual accumulation of stress, responsibility, and emotional exhaustion.

A further increase is observed in the group with **4–5 years of experience (55%)**, when specialists are in the active phase of their professional activity and have a deeper understanding of the complexity of systemic constraints, bureaucratic processes, and the scale of clients' needs. **The highest level of burnout is recorded among specialists with 6–10 years of experience, 60%**, which can be defined as a “**mid-career crisis**”. This group combines long-term experience with

complex cases, chronic workload, and insufficiently developed or systematically supported self-recovery strategies.

After **10 years of work**, the rate drops to **50%**. This can be explained by the fact that the most experienced specialists have either developed effective mechanisms of self-regulation and professional boundaries, or some of the specialists who could not cope with the workload left the profession earlier (the “attrition” effect).

Thus, the frequency of burnout remains high in all seniority groups, but the **peak of emotional and professional exhaustion occurs during the period of 6–10 years of work**. This indicates the need for targeted support programs specifically for professionals with medium professional experience, including regular supervision, psychological support, reduction of workload, and improvement of organizational working conditions.

➔ Key findings for this section

1. **Professional burnout is a widespread phenomenon, not an isolated one.** 92% of respondents experience signs of burnout to some extent, and 38% experience it frequently or constantly. This indicates that it is not a matter of individual difficulties experienced by individual specialists, but **rather a systemic problem in the functioning of the helping professions** under current conditions.
2. **Burnout is multifactorial in nature and develops at the intersection of several levels.** Its causes lie simultaneously:
 - at the **individual level** (exhaustion, secondary traumatization, personal life circumstances),
 - at the **organizational level** (excessive workload, multitasking, bureaucracy, role inconsistency, team problems),

- at the **systemic level** (underfunding of the sector, devaluation of the professional role, policy instability, gaps in service organization),
 - and at the **societal level**, where war is a constant background stressor.
3. **War is not an isolated factor, but a context that amplifies all other risks.** Sleep disturbances, lives under threat, anxiety for loved ones, information overload, and massive demand for crisis assistance create a situation where professionals work in a state of chronic stress without adequate conditions for recovery. In such conditions, even a “normal” workload becomes a factor in accelerated burnout.
4. **The key structural issue is the imbalance between responsibility and resources.** Respondents consistently point to the gap between:
- the complexity and emotional weight of the work,
 - the volume of administrative requirements,
 - and the level of pay, material support, personnel support, and opportunities for recovery.

This imbalance creates a sense of injustice, devaluation of work, and powerlessness, which is one of the central psychological mechanisms of burnout.

5. **Sectoral differences exist, but the core problems are common.** Despite different organizational conditions (public, state, municipal sector, self-employed), the same basic factors are repeated in all groups:
- excessive workload;
 - constant exposure to human suffering and trauma;
 - the impact of war;

- financial constraints;
- bureaucratic pressure;
- lack of opportunities for recovery.

This means that not only are targeted solutions for individual sectors needed, but **also systemic changes**.

6. **The most vulnerable group is professionals with moderate professional experience (6–10 years).** It is in this group that the peak of frequent burnout (60%) is recorded. This is a period when:

- significant experience in working with complex cases has already been accumulated,
- responsibility is high,
- but recovery and support resources are not sufficiently systematic.

In other words, this is a “critical point in the professional trajectory” where, without external support, the risk of chronic exhaustion and leaving the profession increases.

7. **Burnout is directly related to the quality of assistance provided to the population.** An emotionally exhausted specialist has fewer resources for empathy, stability, and long-term work with complex cases. Therefore, the problem of burnout is not only a matter of employee well-being, but also **a matter of the quality and sustainability of the psychosocial support system as a whole**.

8. **The data obtained justify the need for institutional solutions, not just individual self-help strategies.** Individual self-regulation techniques are important, but they cannot compensate for:

- structural overload,
- systemic underfunding,

- administrative pressure,
- lack of organized professional support.

Therefore, burnout prevention should be considered an **element of professional policy** in the field of mental health and social assistance.

9. **Supervision is one of the key protective mechanisms.**

The nature of the identified factors (emotional stress, working with trauma, feelings of helplessness, complex cases) directly indicates the need for regular supervisory support as a tool for:

- emotional relief,
- professional reflection,
- improving the quality of care,
- preventing chronic burnout.

5. RESPONDENTS' AWARENESS OF THE LAW OF UKRAINE "ON THE MENTAL HEALTH CARE SYSTEM IN UKRAINE" AND ASSESSMENT OF ITS PRACTICALITY

A significant step has been taken in the development of the mental health system in Ukraine. On **January 15, 2025, the Verkhovna Rada of Ukraine adopted** the [Law of Ukraine "On the Mental Health Care System in Ukraine" \(No. 4223-IX\)](#). The law came into force on February 8, 2025. As of early 2026, the document is in force but will be implemented on February 7, 2026. In fact, the legislator was given time to prepare the basis for subordinate legislation and make management decisions so that it could fully come into effect.

A recent survey conducted at the end of 2025 shows that this law still raises many questions among the professional community.

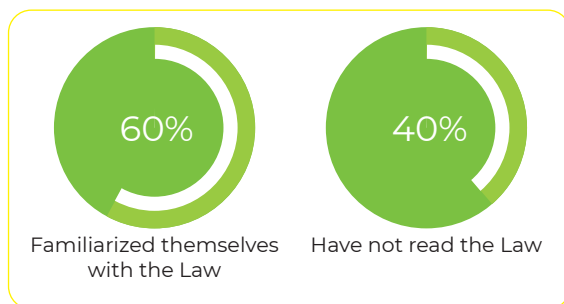
It should also be noted that the current study was primarily devoted to issues of developing supervision and other support for professionals in the helping professions. The quality of the implementation of the Law of Ukraine "On the Mental Health Care System in Ukraine" requires further research, especially after it comes into force.

5.1. Level of familiarity with the text of the Law

To better understand respondents' answers regarding the practicality of the Law of Ukraine "On the Mental Health Care System in Ukraine," it is important to analyze their prior awareness of the text of the regulatory document.

When asked, "*Have you read the text of the Law of Ukraine 'On the Mental Health Care System in Ukraine'?*" (one answer option), respondents gave the following answers:

- **Yes** — 50 people (**52%**);
- **No** — 12 people (**13%**);
- **Just read it** — 8 people (**8%**);
- **Plan to read it later** — 26 people (**27%**).



Thus, **60% of respondents** (those who had already familiarized themselves with it or had just done so) had direct contact with the text of the Law at the time of the survey, while **40%** indicated that they had not read it or only planned to familiarize themselves with it, and some of them were not aware of its existence.

5.2. Assessment of the practicality of the Law

The data obtained directly correlates with the answers to the question **“Do you consider the Law of Ukraine ‘On the Mental Health Care System in Ukraine’ to be practical?”** The question was open-ended and did not contain any answer options, which helped to reveal not only the overall assessment of the Law, but also the arguments, doubts, and expectations of the respondents.

The answers demonstrate a **cautious and critical attitude towards the Law of Ukraine “On the Mental Health Care System in Ukraine”**. Experts recognize its importance as a

framework document, but emphasize that without funding, subordinate legislation, and personnel policy, it risks remaining declarative.

All responses can be divided into three broad categories:

1. No substantive response — 40 respondents (42% of all respondents): respondents indicated that they found it difficult to answer, had not read the law, did not have sufficient information, or skipped the question.
2. Short answers without explanations — 25 people (26%):
 - “Yes” — 14
 - “No” — 10
 - “To some extent” — 1

These answers record the position, but do not allow for analysis of the motivation or evaluation criteria.

3. Detailed, meaningful answers — 31 people (32%).

In turn, the answers of those who expressed their position can be grouped into several meaningful categories. Note that the answers overlap between categories, as one answer could contain several meaningful aspects.

① Mostly positive assessment of the Law as a framework and a necessary document.

Some respondents consider the law to be practical or generally appropriate, emphasizing its importance as a systemic basis for the development of mental health, the protection of the rights of patients and professionals, and the approximation to European standards.

Key arguments:

- The law sets out a framework, standards, and principles;
- It recognizes mental health as a priority of state policy;

- It expands the range of care providers (including non-medical professionals);
- It promotes a cross-sectoral approach and decentralization of services.



“The law makes sense — it provides a framework and standards for the mental health system that can improve access to services, enhance quality, and protect patients’ rights. However, its practical implementation depends on adequate funding, coordination between agencies, training of staff, and the creation of user-friendly information systems,” — psychologist, public sector and private sector, Dnipropetrovsk region.



“Yes, the Law of Ukraine ‘On the Mental Health Care System’ is practical because it aims to create an accessible, cross-sectoral support system. It brings assistance closer to the community level, reduces stigma, and provides for the protection of the rights of people with mental disorders,” — psychologist, public sector, Khmelnytskyi region.



“The Law of Ukraine “On the Mental Health Care System in Ukraine” is practical because it forms the legal basis for the creation of a modern mental health care system. Its value lies in recognizing mental health as a priority of state policy and implementing approaches that meet European standards. At the same time, the practical

implementation of the law requires additional mechanisms — sufficient funding, staff training, and the establishment of interagency cooperation. For example, there is a shortage of qualified psychiatrists and psychologists at the local level, which complicates the accessibility of services for the population,” — social worker, municipal institution, Kyiv region.

② **Conditionally positive assessment: “theoretically yes, but...”**

The most common position is that the law **is considered important and correct in its intent, but not practical enough in its current form** due to the lack of clear implementation mechanisms. Respondents emphasize that its effectiveness directly depends on:

- funding;
- subordinate legislation and clear mechanisms;
- staffing;
- interagency coordination;
- feasibility of implementation in the regions and in wartime conditions.

They also express reservations about:

- gap between the declared principles and the actual conditions on the ground;
- unclear regulations on supervision, certification, and quality control.

The quotes in the previous paragraph demonstrate these reservations, and we can add more examples.



“I think that in theory, yes, but in practice, there are many questions. The methods of providing services are clearly defined, but I have not found any more detailed information on supervision,” — psychologist, psychotherapist, public sector and government sector, Kyiv region.



«...It's well written. However, how will it be implemented as orders without additional funding and without involving additional specialists who will work only in this area? My prognosis is negative. It's like the healthcare reform. Every office requires payment, even though there is a declaration with the doctor...” — psychologist, teacher, the public sector, Dnipropetrovsk region.



“Overall, yes, the main thing is whether it will be implemented and, if so, whether it will be practical,” — lawyer, military officer, public sector, Sumy region.

③ **Critical position: the law as a formal or impractical document.**

A separate group of respondents directly states that they **do not consider the law to be practical**, or consider it to be predominantly declarative, not corresponding to the realities of the work of specialists.

Key arguments:

- lack of real implementation tools;

- risk of shifting responsibility to specialists and clients without providing resources;
- danger of formal control without support;
- failure to take into account the realities of war, staff shortages, and low salaries.



“I don’t think many practical issues have been taken into account, and the mechanisms for implementing its provisions have not been regulated,” — psychologist, public sector and government sector, Dnipropetrovsk region.



“In my opinion, without the relevant subordinate legislation, it looks like another formal document that is difficult to apply in practice and with which it is difficult to regulate processes in the field of mental health. There are a few specifics and many general phrases,” — psychologist, private sector, abroad.

④ **Financial, human resources, and infrastructure risks.**

A recurring theme in most responses is the **issue of resources**. Respondents emphasize that without funding, trained personnel, and working conditions, the law cannot be implemented effectively.

The main problems mentioned are:

- low wages, especially in municipal and state institutions;
- shortage of qualified specialists in the regions;

- high cost of training and certification at one's own expense;
- difficulty of ensuring supervision, especially in a military context.



«50/50, there are pros and cons.

Pros: 1. The law establishes a framework for systematic mental health care: rights, responsibilities, types of assistance, standards, and cross-sectoral cooperation. This is important because the field was previously very fragmented.

2. Expansion of mental health care providers. Not only are traditional medical institutions recognized, but also psychologists, psychotherapists, social services, and the non-governmental sector.

3. Certification and standards. The law provides for the certification of specialists, the establishment of standards, and attestation. This provides an opportunity to improve quality, unify requirements, and ensure that there is no “anything goes” approach.

Cons: The law outlines financial support and “infrastructure development.” But the question is: where will the funds come from for all these standards, for certification, for access to remote regions, for military units? For example, it is very difficult for me to provide supervision, training, materials, or time if the budget does not cover these needs.

The law sets out principles, but it is very important to have clear regulations, resolutions, and

methodologies — how exactly it should work in reality: how to certify, who will control, how to coordinate between agencies, how to pay or compensate for services, etc.

To implement the law, many specialists with relevant education and experience are needed, especially in the regions and in special contexts (military, remote areas), but unfortunately, many specialists have left or are serving, and they are being replaced by a large number of people who have completed one-year courses and consider themselves specialists, thereby causing even more trauma to the military.

The law provides for control and supervision, but real control is something else: will there be enough inspectors, will there be mechanisms for responding to complaints, will patients be “sent” to less qualified specialists due to a lack of resources, will standards be met?” — psychologist of a military unit, public sector, Kharkiv region.

⑤ Reservations about certain provisions and potential risks.

Some respondents draw attention to **specific provisions of the law** that raise concerns from a human rights, ethical, or practical application perspective.

Examples of comments:

- risk of removing the state’s responsibility for the availability of assistance;
- vagueness of the provisions on working with minors;
- potential formalization of control without real protection of patients’ rights.



“Issues regarding the provision of assistance to minors and obtaining personal consent for the hospitalization of mentally ill persons,” — psychologist, public sector, Kyiv.



“Paragraph 6 of Article 4 of the Law is alarming: “Persons receiving mental health services, their legal representatives, and their family members are required to:

- 1) take care of their mental health;*
- 2) follow the instructions, guidance, and recommendations of mental health professionals.”*

It sounds like a release from responsibility. Overall, it is a good idea to help people maintain their mental health,” — psychologist, public sector, Dnipropetrovsk region.

Key findings for this section

The Law of Ukraine “On the Mental Health Care System in Ukraine” is generally perceived by specialists as an **important, timely, and conceptually correct document**.

At the same time, the prevailing view of the law is that it is a **framework** whose effectiveness depends entirely on:

- the availability of subordinate legislation;
- real funding;
- staffing;
- accessible supervisory and educational infrastructure.

Much of the argumentation focuses not on the content of the Law as such, but on the **conditions for its implementation** — staffing, financial, and institutional.

The combination of a high percentage of those who are unfamiliar with the Law “On the Mental Health Care System in Ukraine” (40%) and were unable to answer questions about its practicality in general (42%) or provided short answers without explanations (26%), and numerous reservations in detailed answers indicates the **need for additional clarification of the Law and its practical algorithms for specialists**.

Without systematic support at the practical level, there is a risk that the law will remain declarative, and the burden and responsibility will be shifted to specialists without adequate resources.

6. CHALLENGES AND NEEDS OF HELPING PROFESSIONALS IN THE CURRENT WAR CONDITIONS

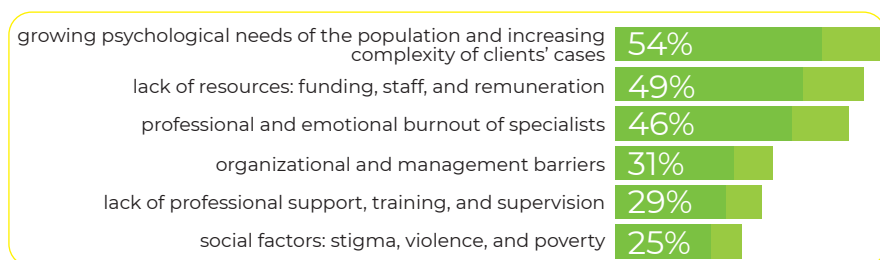
Without systematic investment in people in the helping professions, their education, support, and decent working conditions, it will be impossible to overcome the consequences of war for society.

Respondents' answers show that professionals in the helping professions are at the limit of their resources, while remaining one of the key pillars of Ukrainian society in war-time. The lack of systematic support for specialists creates a risk of **exhaustion and loss of professional potential**, while investment in supervision, training, decent working conditions, and cross-sectoral cooperation can significantly increase the resilience of the support system in the short and long term.

Below are the answers to several open-ended questions. We analyzed them using thematic grouping; one answer could be assigned to several categories, as respondents drew attention to several aspects or issues in their answers.

6.1. What are the biggest challenges you see for your work in the current conditions?

Answers were provided by 89 respondents, representing 93% of all responses; 7 people did not respond (7%).



① Increased psychological needs of the population and more complex client cases (48 responses (54% of those who responded)).

Respondents most often mention a sharp increase in the number of people who need psychological, psychiatric, and social assistance, as well as the increasing complexity of requests: PTSD, secondary traumatization, undefined loss, war-related disability, working with veterans, their families, IDPs, children, and adolescents.

Typical highlights:

- permanent stress and anxiety in society;
- complex, multi-layered cases;
- working with military personnel, prisoners of war, and families of missing persons;
- increased aggression, violence, and addiction.



“A large number of people and children with secondary trauma,” — psychologist, public and government sector, Dnipropetrovsk region.



“The war has increased the number of mental traumas and problems many times over. Lack of or insufficient support from the state for the prevention of mental trauma and problems. Insufficient attention and funding from the state for educational measures to support mental health among schoolchildren, students, couples, and families planning to have children,” — psychologist, private sector, Khmelnytskyi region.



“Working with clients who are experiencing uncertain loss. When their relatives have the status of ‘missing persons,’” — psychologist, public sector, Poltava region.

② **Lack of resources: funding, staff, remuneration (44 responses (49%)).**

Respondents overwhelmingly point to a **shortage of financial and human resources**, low wages, and a decline in the prestige of the profession.

Typical highlights:

- staff shortages, dismissal of specialists;
- low wages and excessive workloads;
- insufficient funding for programs for IDPs, veterans, and persons with disabilities;
- Departure of humanitarian actors from Ukraine.



“Lack of funding, shortage of qualified personnel,” — clinical psychologist, public sector, Poltava region.



“Heavy workload, low pay, and devaluation of work,” — psychologist and social worker, public sector and private sector, Odesa region.



“Growing needs of the population for limited resources, lack of qualified personnel due to low wages. In addition, an important challenge is the need to adapt to the realities of war, working with the military and their families,” — social worker, public sector, Khmelnytskyi region.

③ Professional and emotional burnout of specialists (41 responses (46%)).

A significant proportion of respondents directly point to **exhaustion, fatigue, loss of resources, and the risk of burnout**, which complicates their ability to provide quality assistance.

Typical highlights:

- working with a large amount of pain, loss, and crisis;
- lack of time for recovery;
- need to “hold resources” when they are lacking;
- danger when help is provided by specialists with their own PTSD.



“Ensure a constant internal resource so that there is something to give to others,” — practical psychologist, municipal institution, Ivano-Frankivsk region.



“A person with PTSD cannot provide psychological assistance at the proper level,” — psychologist, public sector, Odesa region.



“Emotional exhaustion and risk of burnout,” — community of social workers, municipal institution, Khmelnytskyi region.

④ **Organizational and managerial barriers (28 responses (31%)).**

Some of the responses relate to **inefficient work organization**, a formal management approach, and excessive bureaucracy.

Typical highlights:

- management’s lack of understanding of the real working conditions;
- large amount of paperwork;
- weak inter-institutional cooperation;
- lack of support from administrations.



“Misunderstanding and a formal approach by institution managers to the organization of mental health professionals’ work, failure to take into account working conditions, including in areas close to combat zones,” — psychologist, psychotherapist, public sector and private sector, a municipal institution, Sumy region.



“War combined with bureaucracy. The latter, in principle, should protect us in a certain way, but in practice, it stifles and takes away time from life,” — teacher, practicing philosopher, public sector, Kyiv region.



“Heavy workload, lack of support from management,” — community of social workers, municipal institution, Volyn region.

⑥ **Lack of professional support, training, and supervision (26 responses (29%)).**

Respondents emphasize the lack **of accessible, high-quality training, certification, and supervisory support**, which is especially critical in wartime.

Typical highlights:

- high cost of self-funded training;
- lack of free or systematic programs;
- difficulty of certification in recognized methods;
- lack of professionalism among some colleagues after short-term courses.



“Supervision and support from colleagues. It is not always possible to obtain quality supervision or collegial support, especially in small towns. Professional growth. Requires financial capacity,” — community of psychologists and social workers, municipal institution, Khmelnytskyi region.



“The unprofessionalism of colleagues in various projects doubles the workload,” — psychotherapist, public sector and private sector, Kyiv region.



“There are few places to study and get certified in recognized psychotherapy methods. There is no regulation of short introductory courses or serious, responsible, and often several years of additional training in a specific approach or method, which is currently only available through informal education,”
— psychologist, private sector, abroad.

6 Social factors: stigma, violence, poverty (22 responses (25%)).

Some of the challenges are related to the **broader social context**: stigmatization of mental disorders, gender-based violence, and low purchasing power of the population.



“Stigma in society towards people with mental disorders,” — psychotherapist, public sector and private sector, Donetsk region.



“Gender-based violence, psychological and physical,” — psychologist, public sector, Khmelnytskyi region.

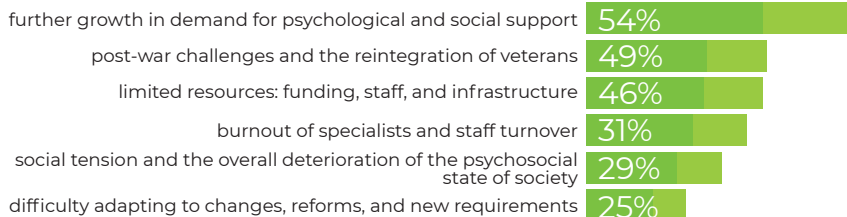


“Low purchasing power of the population,” — psychologist, psychotherapist, private sector, Kharkiv region.

Thus, we can summarize that **war is a systemic factor** that simultaneously increases the needs of the population and exhausts the specialists themselves. The main gap is between the **scale of requests** and the **available resources** — human, financial, and organizational. **Professional burn-out** is becoming systemic and directly affects the quality of care. The lack of **consistent supervision and educational support** increases the risks of unprofessional care. A significant part of the challenges lies **beyond the individual level of the specialist** and requires state and cross-sectoral solutions.

6.2. What challenges do you expect in the future, and what might they be related to?

85 respondents (89%) provided answers, while 11 people (11%) did not respond or indicated that it was difficult for them to assess future challenges.



➊ **Further growth in the need for psychological and social assistance (56 responses (66%) of respondents who answered).**

The most common prediction is a **sharp increase in the number of people who will need help**, as well as a more complex nature of requests. Respondents expect an increase in the number of people with severe mental health conditions, PTSD, addictions, suicidal risks, and chronic stress.

Typical highlights:

- exponential growth in mental disorders;
- more complex cases and the need for multidisciplinary work;
- increased burden on the system with unchanged or reduced resources.



“Given the current situation and the ineffectiveness of some measures to help the population in many cases, the further development of disorders will grow exponentially. What is needed now are not psychologists, but psychotherapists and psychiatrists,” — clinical psychologist and psychotherapist, municipal institution, Vinnytsia region.



“In the future, challenges are expected related to the further growth of the need for psychological and social support for the population, especially veterans, IDPs, and families in difficult life circumstances. Difficulties are also predicted due to insufficient funding, staff shortages, the need to introduce new rehabilitation techniques, and the adaptation of infrastructure to barrier-free access. An additional challenge may be the intensification of the war’s impact on the mental health of the population and the growing burden on the social services system,” — psychologist, public sector and government sector, Khmelnytskyi region.

② Post-war challenges and reintegration of veterans (38 responses (45%)).

Almost half of the respondents associate future challenges with the **post-war period**: the return of military personnel to civilian life, the reintegration of veterans, and working with their families and the children of those killed or missing in action.

Typical highlights:

- PTSD, addictive, and suicidal behavior;
- interfamily conflicts;
- society's unpreparedness for the return of veterans;
- difficulties with adaptation and reintegration.



“Return of military personnel to civilian life,” — community of social workers, municipal institution, Kyiv region.



“Challenges in interacting with military personnel, war veterans, family members of veterans, missing persons, Heroes. Difficult adaptation and reintegration of today’s military personnel into society after returning from the front,” — psychologist, municipal institution, Khmelnytskyi region.



“Working with veterans, PTSD, interfamily relationships, suicidal behavior, addictive behavior,” — psychologist, public sector and government sector, Dnipropetrovsk region.



“The end of the war will reveal even more psychological trauma and problems that are ‘masked’ by psychological mobilization in wartime,”
— psychologist, private sector, Khmelnytskyi region.

③ **Limited resources: funding, personnel, infrastructure (37 responses (44%)).**

A significant proportion of responses indicate the **risk of a deepening resource crisis**: lack of funding, specialists, accessible programs, and infrastructure solutions (particularly accessibility).

Typical highlights:

- reduction in public funding;
- shortage of staff due to low salaries;
- difficulty in scaling up services;
- dependence on humanitarian aid.



«I expect an increase in the burden on the social services system due to the growing number of people who will find themselves in difficult life circumstances. The challenges may be related to economic instability, lack of funding, and the need to scale up existing support programs,” — community of social workers, municipal institution, Kyiv region.



“Search for a permanent client base, funding, and professional support for the community,” — psychotherapist, public sector, abroad.



“An increase in the number of people who need support. A decrease in state funding,” — social work specialist, municipal institution, Kyiv region.



“A large number of people affected by the war, orders to work outside their field due to management decisions and a lack of necessary specialists,” — psychologist, municipal institution, Poltava region.

④ **Burnout of specialists and staff turnover (34 responses (40%)).**

Respondents predict an **increase in professional burn-out**, specialist resignations, and staff shortages, which will directly affect the availability and quality of services.

Typical highlights:

- general fatigue among representatives of the helping professions;
- resignations due to overload and low salaries;
- a decrease in the number of qualified specialists.



“Emotional burnout and resignation of specialists,” — specialist in supporting war veterans, municipal institution, Ternopil region.



“The brain drain in social work is linked to a lack of motivation to provide professional assistance (low pay, increased workload, etc.),” — representative of the management team, municipal institution, Khmelnytskyi region.



“General fatigue and burnout among helping professions,” — psychotherapist, the public sector, Kyiv region.

5. Social tension and general deterioration of the psycho-emotional state of society (29 responses (34%)).

Respondents predict an **increase in anxiety, depression, aggression, and loss of meaning in society**, which will complicate both work with clients and the overall social climate.



“Depressive mood, loss of meaning and value of life in the majority of the population,” — child psychologist, private sector, Khmelnytskyi region.



“Anxiety, stress, panic attacks,” — psychologist, public sector, Odesa region.

⑥ **Difficulty adapting to changes, reforms, and new requirements (21 responses (25%)).**

Some respondents expect challenges related to **new legislative requirements, reforms, and certification**, as well as the need to adapt quickly to changes in their professional activities.

Typical highlights:

- unclear certification mechanisms;
- additional training costs;
- contradictory or unclear management decisions;
- need to adapt to new standards.



“Uncertainty about how certification will be carried out for individuals who provide mental health services outside of organizations and have private practices,” — consulting psychologist, private sector, abroad.



“The new law will lead to additional training costs,” — psychologist, psychotherapist, private sector, Kharkiv region.

To sum up this section, we note that respondents directly link future challenges to the war and its long-term consequences, **particularly the post-war period**. Demand for assistance **is expected** to continue to grow, **outpacing the system's capacity**. Burnout and staff turnover **are seen as one of the key threats to the sustainability of the helping professions**. Without investment in funding, training, supervision, and support for professionals, **the risks of the crisis deepening will increase. The future will require** systemic, cross-sectoral, and long-term solutions, rather **than just responding to individual cases**.

6.3. Needs of helping professionals for effective work in the current conditions

89 (93%) respondents answered the question about the needs for optimal performance in professional duties. The survey participants outlined a wide range of needs that can be grouped into several key areas.

Analysis of the responses shows that the **central need** is for systematic professional support for specialists, primarily in the form of regular supervision, intervision, and support groups. A significant proportion of respondents emphasized the need for **regular and accessible supervisory support**, which is considered a basic condition for preventing burnout and maintaining service quality.

The second most important block is **financial and material support**. The responses repeatedly emphasize the low level of remuneration, which does not align with the level of education, responsibility, and the increasing workload, as well as the need for adequate material and technical equipment, transportation, workrooms, and barrier-free space.

The need for **burnout prevention and resource restoration for specialists** is highlighted separately: rest, psychological assistance for specialists themselves, adherence to occupational health and sleep hygiene, and reduction of overload and bureaucracy.

Another important area is **professional development and methodological support**, including training in working with military trauma, PTSD, and psychiatric conditions, as well as explaining changes in legislation related to the new Mental Health Act and issues of certification and private practice.

Generalized categories of current needs

Category of needs	Number of mentions, % of total responses ³
Supervision and professional support (regular supervision and intervision (including free of charge), support groups for psychologists and social workers, professional discussion of complex cases)	43 answers (48%)
Financial security and decent pay (salary increases, financial stability, material incentives, funding services for clients who cannot pay)	39 (44%)
Prevention of burnout and resource recovery, care for the mental health of specialists (rest, psychological assistance to specialists, reduction of workload, support for psycho-emotional state, occupational health)	28 (31%)

³ One respondent could indicate several needs, so the sum of percentages exceeds 100%.

Category of needs	Number of mentions, % of total responses ³
Professional development and training (training, training on military trauma, PTSD, psychiatry, pathology diagnostics, new working methods, exchange of experience)	26 (29%)
Staffing and workload reduction (increasing the number of specialists, reducing staff turnover, attracting qualified social workers and psychologists)	22 (25%)
Material and technical working conditions (equipped offices, equipment, transport, stable internet, barrier-free space, shelter)	21 (24%)
Reducing bureaucracy and clarity of management decisions (clear division of responsibilities, reducing bureaucracy, stability of legislation, coordinated planning)	17 (19%)
Methodological and legal support (methodological materials, legal advice, explanations of the provisions of the new Law, and mechanisms for its implementation)	11 (12%)
No or minimal needs/self-sufficiency	7 (8%)
No response	7 (8%)



“Regular high-quality supervision on a pro bono basis. Support groups for psychologists and psychotherapists. Higher salaries,” — psychologist, public sector and private sector, Ivano-Frankivsk region.



“An increase in the number of professional colleagues on site helps to survive and not burn out with super-intervisions,” — clinical psychologist, psychotherapist, municipal institution, Vinnytsia region.



“High-quality, systematic, highly professional multimodal supervision,” — psychotherapist, public sector and private sector, Kyiv region.



“Appropriate attitude towards specialists with higher non-medical education, personnel assistance in innovations (portfolio, training, certification, specialization). The attitude that we are different staff and that we ourselves have to look for where to get certified and everything related to the new mental health law. It is unethical to hear every time that we are different staff, even though we have specializations, higher education, and over 18 years of work experience,” — clinical psychologist, public sector, Poltava region.



“Material and technical resources, professional development of employees,” — management, municipal institution, Khmelnytskyi region.



“To do our job well, we need additional staff, adequate funding, modern equipment and rehabilitation methods, barrier-free spaces and shelters, as well as opportunities for staff training,” — psychologist, public sector and government sector, Khmelnytskyi region.



“Clear division of responsibilities, recognition of the importance of our work not only on professional holidays, adequate financial support,” — management, municipal institution, Rivne region.



«We need a more balanced and coordinated flow of information. Right now, it's like in the fairy tale about the swan, the crab, and the pike. Each governing body seems to be acting independently, pushing tasks, orders, reports, and separate planning requirements down the chain, while assuming that the person at the very bottom, earning 6,500 UAH per month, is somehow not doing enough. And the “hub” itself does not understand how to complete the volume of tasks that are assigned to it because there are only 24 hours in a day. What is truly needed is joint annual planning across all higher-level authorities. With coordinated planning in place, frontline specialists would not be overwhelmed by chaotic information overload. Instead, they would have the capacity and resources to provide quality support to adolescents, children, parents, and fellow professionals.» — practical psychologist, teacher, and public sector employee, Dnipropetrovsk region.

Thus, the data obtained shows that the effectiveness of the work of specialists in the helping professions during war-time directly depends not only on their professional training, but also on the **systemic support of the specialists themselves**. The demand for supervision, financial stability, and mental health care is widespread and should be considered a **strategic element of the sustainability of the psychosocial support system**.

6.4. Expected needs in connection with future challenges

Of the 96 respondents, 74 provided substantive answers (77%), while 22 (33%) did not respond or indicated that it was difficult for them to answer. Analysis of the responses shows that experts are well aware that **future challenges will be more significant than current ones**, particularly in the context of the post-war period, the return of veterans, accumulated psychological trauma, and staff burnout within the system.

The expected needs largely **overlap with the current ones**, but are **more systemic and long-term in nature**: it is not only about support “here and now,” but about **building a sustainable infrastructure for professional assistance**.

Generalized categories of expected needs

Category of expected needs	Number of mentions,% of respondents (74 responses) ⁴
Supervision and intervention support (regular, accessible, offline/online, support groups)	28 (38%)

⁴ Open-ended responses; one respondent could mention several needs, so the total percentage exceeds 100%.

Category of expected needs	Number of mentions,% of respondents (74 responses) ⁴
Professional development and training (education, certification, new methods, CBT, trauma therapy)	26 (35%)
Funding and decent pay (salaries, diversification of funding sources, co-financing of programs)	24 (32%)
Staffing and workload reduction (shortage of specialists, expansion of staff)	20 (27%)
Prevention of professional burnout and resource recovery (rest, psychological relief, workload balance)	18 (24%)
Material, technical, and spatial working conditions (premises, equipment, mobility, online infrastructure)	15 (20%)
Development of a system of services for veterans, military personnel, and their families (PTSD, reintegration, domestic violence)	14 (19%)
Cross-sectoral interaction and coordination (social + medical sphere, protocols, cooperation)	11 (15%)
Security and basic conditions for stability (physical security, uncertainty about the future)	6 (8%)
No expectations/needs not specified	9 (12%)



“Regular high-quality supervision on a pro bono basis. Support groups for psychologists and psychotherapists,” — psychologist, public sector and private sector, Ivano-Frankivsk region.



“The opportunity to undergo training in a scientifically based method that would definitely provide grounds for professional certification,” — psychologist-consultant, private sector, abroad.



“More professional training related to helping people after the end of the war,” — psychologist, public sector and private sector, Rivne region.



“Funds, funds, funds. A change in attitude towards educational and preventive measures and programs related to the mental health of the population for the better,” — psychologist, private sector, Khmelnytskyi region.



“Increase in wages for social workers (social service providers) to attract qualified personnel for the high-quality and timely provision of services,” — community of social workers, public sector, Khmelnytskyi region.



“To shift from customer focus to human-centeredness, real punishment for domestic violence, at least not to eliminate institutions for combating addiction, development of veteran centers,” — management, municipal institution, Rivne region.



“The ability to combine at least some of the material needs of military personnel and their families with psychological needs. Also, work on domestic violence, to the extent that this problem is likely to arise in the near future,” — psychologist, municipal institution, Khmelnytskyi region.

Thus, the **expected needs are strategic in nature**: specialists see the need to move from fragmented solutions to systemic support. **Supervision and training** are seen as key tools for the survival of the helping professions in the medium and long term. **Financial instability and staff shortages** remain among the main risks for the future, directly affecting the availability and quality of services. Respondents clearly predict a **post-war surge in complex psychosocial needs**, for which the system is currently insufficiently prepared. The demand for a **human-centered approach, safety, and respect for the profession** indicates a need not only for resources but also for a change in the managerial and social paradigm.

6.5. What, in the opinion of specialists, will help solve existing problems?

Of the 96 respondents surveyed, **74 (77%) provided answers, while 22 (33%) did not respond or indicated that they did not see a solution/had no answer.** In general, the responses are **practical and systematic in nature** and reflect the expectations of specialists not only from themselves but, above all, **from the state, employers, donors, and management structures.**

Generalized solutions proposed by respondents:

Proposed solutions	Number of mentions,% of respondents (74 responses) ⁵
Increased and stable funding (state, local, grant)	33 (45%)
Supervision, intervision, mentoring (regular, high-quality, accessible)	26 (35%)
Increased pay and prestige of the profession	22 (30%)
State policy, strategy, and government responsibility	20 (27%)
Professional development, training, and access to knowledge	19 (26%)
Staff reinforcement and teamwork	15 (20%)
Cross-sectoral cooperation and partnerships (government–NGOs–donors–trade unions)	14 (19%)
Professional and emotional support for specialists (reducing workload, preventing burnout)	13 (18%)

⁵ Each respondent could indicate several solutions.

Proposed solutions	Number of mentions,% of respondents (74 responses) ⁵
Changes in legislation, standards, and regulations of activities	11 (15%)
End of war/security/peace	7 (10%)
Information and methodological infrastructure (resources, platforms, protocols)	9 (12%)
No answer/“no problem”	6 (8%)

Here are some quotes from respondents.

On funding and the role of the state:



“A state program and transparency of actions. The interest of all parties,” — clinical psychologist, psychotherapist, municipal institution, Vinnytsia region.



“Adequate funding for social work,” — community of psychologists, community of social workers, public sector, Odesa region.



“State strategy, grants, interaction with professional communities,” — psychotherapist, public sector, abroad.

On supervision and support for specialists:



“Individual supervision every month,” — community of social workers, municipal institution, Khmelnytskyi region.



“Live communication and support from specialists and scientists,” — community of psychologists, social workers, and students, public sector, Dnipropetrovsk region.

On the status and respect for the profession:



“Increasing the prestige of the profession and increasing funding,” — social work specialist, municipal institution, Kyiv region.

Therefore, it is worth noting that **specialists clearly identify systemic solutions**, rather than just individual survival strategies, assigning a key role to the state and administrative structures. **Funding** is a basic prerequisite for the implementation of all other changes: personnel, educational, and supervisory. **Supervision and professional support** are seen not as a bonus, but as a mandatory element of safe and high-quality work. **Increasing the prestige of the profession** is directly linked to staff retention and reducing professional burnout. A significant portion of the responses demonstrates a **demand for honesty, responsibility, and fulfillment of obligations on the part of the state**. There

is an expectation that the war will end, but it is **not dominant** — specialists are prepared to work in conditions of prolonged crisis, provided they receive adequate support.

➔ Key findings for this section

This section shows that professionals in the helping professions are at the limits of their resources, yet remain one of the key pillars of Ukrainian society in wartime. The lack of systematic support for specialists creates a risk of **exhaustion and loss of professional potential**, while investment in supervision, training, decent working conditions, and cross-sectoral cooperation can significantly increase the resilience of the support system in the short and long term.

➔ **War as the basic and long-term context of professional activity**

War is a **key background factor** that determines all other challenges: an increase in the number of people in difficult life circumstances, more complicated cases (PTSD, uncertain losses, addictions, domestic violence, secondary traumatization), increased social tension and aggression. At the same time, respondents emphasize that even after the active phase of hostilities ends, the **burden on the mental health and social support system will only increase**.

➔ **Rapid growth in demand with limited resources**

Experts note an **imbalance between the number and complexity of requests and the available resources** — human, financial, time, and institutional. The lack of qualified specialists, low wages, and staff turnover lead to overload for those who remain in the system, which directly affects the quality of services and increases the risk of professional burnout.

→ **Professional burnout as a systemic rather than an individual problem**

Professional and emotional burnout is a **recurring theme in all sections of the questionnaire**. At the same time, respondents do not view it exclusively as a personal weakness or lack of individual resilience. On the contrary, it is perceived as a **consequence of systemic conditions**: excessive workload, lack of supervisory support, devaluation of work, bureaucratic pressure, and lack of recognition from management and the state.

→ **Supervision and professional support are critical to service quality**

The responses clearly show a consensus that **regular, accessible, and high-quality supervision** (including offline) is one of the key conditions for retaining professionals in the profession and ensuring safe client care. Supervisory support is not seen as an additional option but as a **necessary standard of professional practice**, especially when working with war trauma.

→ **Demand for systematic training and clear professional guidelines**

Respondents demonstrate a high demand for **professional development**, training in working with military trauma, PTSD, addictions, and crisis situations, as well as **clear rules for certification and professional development** in the context of new mental health legislation. The lack of clear explanations and accessible educational pathways creates additional anxiety and uncertainty.

→ **Funding and remuneration as a factor in preserving the system**

The financial security of specialists and institutions is identified as a **basic condition for the survival of the support**

system. Low salaries, unstable funding, and dependence on short-term projects undermine the motivation of specialists and make long-term planning impossible, both at the individual and institutional levels.

→ **Expectations from the state and cross-sectoral cooperation**

Experts clearly articulate their expectations for the **state to play an active role**: developing strategies, providing stable funding, creating uniform standards, and coordinating between sectors. At the same time, the role of civil society organizations, donors, and professional communities, in particular programs aimed at supporting the specialists themselves, is viewed positively. Respondents emphasize that **only cross-sectoral cooperation** can provide an adequate response to the scale of the challenges.

→ **Specialists in the resource — the key to rebuilding society**

Summarizing the responses, it can be said that respondents are aware that the **quality of assistance directly depends on the condition of the specialists themselves**. Support for the helping professions is seen not as an expense but as an **investment in the mental health of the population, social cohesion, and Ukraine's post-war recovery**.

7. COMPARATIVE ANALYSIS OF CHALLENGES AND NEEDS OF SPECIALISTS IN THE HELPING PROFESSIONS (2022–2025)

The NGO Human Rights Vector systematically works to support professionals in the helping professions and, since the start of Russia's full-scale war against Ukraine, has conducted surveys among them to identify their current needs and challenges. As a result, we can already track the dynamics of these processes during this difficult period.

The current results of the study section “Challenges and needs of professionals in the helping professions in war-time” demonstrate the evolution of the difficulties faced by professionals and, at the same time, the high degree of continuity of the key problems identified in previous studies by the NGO Human Rights Vector:

2022/2023 “Psychological and legal assistance online during the first year after the full-scale invasion of Ukraine by the Russian Federation. A brief overview of the needs of providers of psychological and legal assistance. Part 1.»⁶

2023/2024 Review of the needs and challenges of professionals in the helping professions who provide assistance to war victims»⁷

6 Online psychological and legal assistance during the first year after the full-scale invasion of Ukraine by the Russian Federation. A brief overview of the needs of providers of psychological and legal assistance. Part 1. / Rybak V. — Kyiv: NGO Human Rights Vector, 2023. — 36 p. Access mode: <https://hrvector.org/zviti/23-03-15-1>

7 Overview of the needs and challenges of professionals in the helping professions who provide assistance to victims of war / Rybak V. — Kyiv: NGO Human Rights Vector, 2024. — 49 p. Access mode: <https://hrvector.org/zviti/24-05-31-zvit>

7.1. Dynamics of key challenges

Group of challenges	2022 (first year of full-scale war)	2023–2024	2025 – (current study)	Dynamics
Professional burnout and psycho-emotional exhaustion of specialists	One of the central challenges (burnout, team motivation)	Remains among the leading difficulties	Becomes even more significant, combined with chronic fatigue, secondary traumatization, and exhaustion due to the duration of the war	Transition from acute reaction to chronic professional exhaustion
Increasing complexity of client requests	Increase in referrals, including people with psychiatric diagnoses	Complications of conditions and multi-level needs are being recorded	Further complications of cases, more comorbidities, traumatic losses, PTSD, and long-term legal cases are expected	From quantitative growth to qualitative complications of cases
Organizational and resource challenges	Power outages, technical issues, and communication about activities	The issue of team and resource stability is added	System resilience , not just technical survival, comes to the fore	Shift from technical to systemic resource challenges
Coordination and cross-sectoral interaction	Need to establish multi-level assistance	Emphasis on partnerships	In the current study, demand for systemic support models (in particular, supervisory ones)	From situational cooperation to the need for institutionalization of interaction

7.2. Evolution of the specialists' needs

Group of needs	2022	2023–2024	2025 – (current study)	General trend
Training and professional development	Important need (team training)	Remains	Supplemented by the need for specialized knowledge on complex traumatic cases	Constant need, but with deeper specialization
Support for specialists (prevention and/or mitigation of burnout)	Mentioned as a need	More clearly formulated	Reaches the systemic level through the request for supervision as a mandatory element of work	Transition from “help for specialists” to structural professional support
Funding and technical support	Essential	Essential	Remains, but is no longer the only key factor — alongside professional support	Consistently important, but no longer dominant
Institutional support for the assistance system	Almost not articulated as systemic	Appears in the context of coordination	Clearly formulated request for a public-private support model , including supervision	↑Growth of systemic vision

7.3. Key change: from emergency response to systemic exhaustion

While the **2022** report focused on the challenges of **emergency operations in a crisis** (organizing work, technology, a sharp increase in calls, and the first power outages), then:

- in **2023**, the focus shifts to stabilizing operations and retaining teams,
- in the **current study**, we see a stage of **chronic stress**: specialists work long hours in a traumatic environment, which leads to:
 - secondary traumatization,
 - exhaustion,
 - the risk of staff turnover,
 - a decline in the quality of care without systemic support.

That is why the current study places particular emphasis on:

- **supervision as a mandatory professional practice**,
- the need for a **combined support model** (government and public sector, professional associations),
- the need for long-term, rather than project-based, solutions.

➔ Key findings for this section

- ➔ **The problem of burnout has transformed from an individual one into a systemic one.** While in the report “Psychological and legal assistance online during the first year after the full-scale invasion of Ukraine by the Russian Federation. A brief overview of the needs of providers of

psychological and legal assistance. Part 1,⁸ burnout is presented as a challenge in the work, but in the current study, it is considered a factor that threatens the stability of the entire aid system.

- **Client requests have become more complex and long-term.** Compared to 2022, when there was a sharp increase in requests, now there is accumulated trauma among the population, which requires more in-depth, interdisciplinary assistance.
- **The focus has shifted from technical support to professional support for specialists.** In the early years of the war, the priority was “**how to work technically**”; now it is “**how to cope professionally**”.
- **There is a clear demand for the institutionalization of support.** Unlike in 2022, in the current study, respondents see support (in particular, supervision) not as an additional opportunity, but as **a mandatory element of the mental health care system and the helping professions.**

8 Online psychological and legal assistance during the first year after the full-scale invasion of Ukraine by the Russian Federation. A brief overview of the needs of providers of psychological and legal assistance. Part 1. / Rybak V. — Kyiv: NGO Human Rights Vector, 2023. — 36 p. Access mode: <https://hrvector.org/zviti/23-03-15-1>

GENERAL CONCLUSIONS

1. The support sector operates under extremely high and multi-level pressure.

Assistance to war victims is provided by a broad interdisciplinary community — psychologists, psychotherapists, social workers, medical professionals, educators, lawyers, volunteers, social protection specialists, veterans' support workers, etc. Most of them have significant professional experience, but they work simultaneously with numerous highly traumatized target groups (IDPs, families of military personnel and the deceased, veterans, people with disabilities, children, and older adults).

This creates **chronic emotional stress of a systemic nature**, which is not situational but has become a permanent condition of professional activity.

2. Professional burnout has become systemic, almost normative.

92% of respondents experience signs of burnout to some extent, and more than a third experience it frequently or constantly. Burnout is no longer an individual problem of adaptation but a **structural characteristic of working conditions** in the field of assistance in wartime.

It is formed at the intersection of four levels of risk:

Level	Manifestations
Individual	secondary traumatization, chronic fatigue, personal crises, health problems
Organizational	overload, multitasking, unclear roles, toxic teams, lack of support

Level	Manifestations
Systemic	underfunding, low salaries, bureaucracy, staff shortages, lack of quality management
Social	war as a constant backdrop of danger, loss, information, and emotional overload

Therefore, this is not a matter of “professional weakness,” but rather **accumulated multi-level stress** that exceeds the resources of individual self-recovery.

3. War intensifies all other factors, creating a regime of constant tension.

Specialists work in an environment where there are no adequate conditions for recovery, even outside of work (shelling, anxiety, lack of sleep, worry for loved ones). In such conditions, any work overload is multiplied by the general state of danger and accelerates exhaustion.

4. The key mechanism of burnout is an imbalance between responsibility and resources.

The most recurring theme is the gap between:

- the emotional and social complexity of the job,
- administrative requirements, and
- the level of pay, support, and opportunities for recovery.

This imbalance creates feelings of devaluation, powerlessness, and injustice — the central psychological triggers of burnout.

5. Burnout peaks among the “core of the system” — specialists with 6–10 years of experience.

This group has the most practical experience and bears a high level of responsibility, while also demonstrating the highest level of frequent burnout. This indicates the risk of losing the most resourceful part of the workforce without external support.

6. Sectoral differences exist, but the problem is common.

The sources of tension vary (bureaucracy in government agencies, instability in the public sector, isolation among self-employed specialists), but the key factors are the same across all sectors. Burnout is a consequence of the state of the entire field of psychosocial support.

7. Supervision is recognized as a professional standard, but remains unsystematic.

Despite high awareness of its value:

- significant proportion of professionals do not know where to obtain it,
- many have not had supervision during the year,
- only a minority receives regular support.

There is a gap between the need and the system’s structural capabilities.

8. The need for supervision is universal.

It is necessary:

- for beginners — for professional development,
- for mid-career specialists — for burnout prevention,
- for experienced specialists — for quality and sustainability.

The peak need coincides with the group at highest risk of burnout.

9. Supervision performs the function of professional mental hygiene.

It is perceived as:

- a space of psychological safety,
- a mechanism for “containing” complex emotions,
- support when working with war trauma.

10. The main barriers are structural rather than motivational.

Specialists do not refuse supervision because of unwillingness. The obstacles are financial, organizational, and personnel-related.

11. The professional community is forming a vision of a national supervision model.

A combined system (state, public organizations, and professional associations) is described and integrated into labor relations, professional development, and burnout prevention.

12. Supervision is seen as a tool for preserving the country’s human resources.

It is linked to reducing burnout, improving the quality of care, and retaining professionals in the profession.

13. The demand for institutionalized support is clearly defined.

Support is now perceived not as a project activity, but as a structural element of the system.

14. The helping professions are in a phase of chronic overload.

There has been a shift from the emergency response phase to a phase of long-term systemic exhaustion.

15. A key shift in the thinking of professionals.

Support for professionals is seen as a **condition for the system's survival**, rather than as an individual resource.

16. Implementation of the Mental Health Care System Act without resources may exacerbate burnout.

Expanding requirements without expanding resources may increase the burden on specialists.

17. Key strategic conclusion.

The helping professions in Ukraine have reached a critical point: without a transition to a systemic support model (supervision, funding, personnel policy, organizational conditions), there is a risk of losing human resources and reducing the quality of assistance to the population.

Specialists in the helping professions are an element of national resilience.



More information about the NGO «Human Rights Vector» can be found at the following links:

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