

ANALYSIS OF GAPS IN DEMAND AND PROVISION OF PSYCHOLOGICAL ASSISTANCE OF THE MILITARY

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The war conflict in Ukraine has drawn considerable attention to the mental health problem, including the probability of the occurrence and consequences of mental health issues. The circumstances of service and the conditions of military personnel in the areas of active hostilities have a significant impact on the deterioration of their mental health. Significant gaps in the provision of psychological assistance and between potential and actual demand for psychological assistance have been identified. The specifics of the military as a target category for various providers of psychological assistance and the characteristics of the military's demand for psychological assistance are identified. The priority and importance of forming the actual demand of the military are determined. Based on the analysis of psychological assistance providers, the article identifies a gap in addressing the mental health problems of military personnel during the most vulnerable and peak periods of their service. The formation of factual demand of the military for psychological assistance on the spot is important and can be met due to digital advancements. It is offered to develop and use the digital tool that would help reduce the gap between the potential and actual demand of the military for psychological assistance and its targeted provision by the most relevant specialists.

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Introduction

Currently, the Ukrainian military is the most vulnerable category of people to mental health problems due to several affecting severe traumatic circumstances, which necessitates the development of a systematic solution for remote support and normalization of their psychological state. The prolonged deployment of the Armed Forces of Ukraine in active combat zones in the east and south of country after Russian invasion in 2022 is still accompanied by a multitude of psychological stressors, including traumatic events, separation from family and social circles, a change in lifestyle, stigma against seeking psychological assistance, a low percentage of requests for psychological help among the male population, and a predominant age among the military population (Kokun & Pishko, 2019). Additionally, there is a lack of psychological support and an unworked mechanism of psychodiagnosis at the locations of military units. The lack of a sufficient number of psychologists in the places of deployment of military units and low intensification of their practical work leads to a lack or low efficiency of the necessary psychological support for the military on the spot of service (Maschak & Vyhory, 2023). The insufficiently developed mechanism of psychodiagnostics of military personnel at the places of deployment, i.e. in the primary environment

of traumatic events, appears as the factor limiting early detection and effective management of psychological difficulties of this category of population. These aspects complicate even the possibility of timely intervention and rehabilitation. Foreign scientists also testify that the mental health of military and other public safety staff is exposed constantly to trauma and stress, which requires a dynamic, sustainable and affordable therapy building resilience (Voth M, Chisholm S. et al., 2022). The research also showed that severity of post-traumatic stress disorder, insomnia, and depression attributed to mental health of the military can be reduced with app-based interventions (Farzandipour, Sharif & Anvari, 2024). These aspects make this problem relevant and requires further research and a system solution.

Diversity of psychological assistance providers

The term “provision” is used in the context of providing existing and accessible psychological assistance and mental healthcare to the military population (the military). Provision is performed by individual psychologist and institutional service providers (i.e. organizations, foundations, nodes, centers, and relief funds) that provide psychological, psychosocial, and psychodiagnostic help. The first branch of the military mental healthcare system consists of the relevant departments and services of the Armed Forces of Ukraine. These are the commanding officers, psychological staff, moral and psychological support staff, medical staff, psychological staff, and chaplaincy staff.

Importance of the actual and important character of psychological support of the military population is primarily ensured and organized by the moral and psychological support structures of the Armed Forces of Ukraine (AF), including psychologists who are locally deployed to temporary locations as assigned by the military units of the AF (Dovidnyk MPZ, 2022). Developed methodological support for the work of a psychologist is believed to support and alleviate the moral and psychological state of a military person (Ministry of Defense of Ukraine, 2016). However, the circumstances and stressors of the current war in Ukraine differ from the conditions for the approval of some methodological guidelines and psychological rehabilitation from 2016, while the role of a psychologist has been redefined by the military themselves.

At various stages of military service, there may be a potential and subsequently actual demand for psychological assistance, which should be met by the providers of mental healthcare. During professional-psychological selection, nervous and mental peculiarities or complaints of citizens who are called up for military service may be revealed; psychological diagnostics of military staff are conducted. Psychological diagnosis and reporting to a commander take place during the psychological training of personnel (Ahayev et al. 2016). However, under the influence of stress factors during or after the completion of a combat mission, the potential or actual demand for mental healthcare or psychological assistance becomes more pronounced.

Clinical observations of the mental state of the military can be conducted when they undergo rehabilitation in a medical institution. This may shape direct mental healthcare provision due to the physical availability of a patient, identification of neuropsychological problems, diagnosis, and further rehabilitation by professional specialists. Such mental healthcare is provided post facto already together with general medical care. However, researchers and practitioners find some shortcomings during common clinical treatment:

- the system of psychological care and departmental psychological services need to revise assessment and intervention models (Matiash M., 2023);

- insufficient implementation of a patient-centered approach, in particular, lack of awareness of military patients of their health status due to insufficient information and emotional support from doctors (Tkalenko et al., 2023);

- depressive, anxiety, and other syndromes of mental health disorders were not detected and included in individual clinical diagnoses during the main medical help or main course of treatment [Tkalenko et al., 2023, Tkalenko, 2023) and others.

Psychological support is very often provided non-officially by volunteers and novice psychologists (civil psychologists) at a casual, non-professional level without prior clinical professional experience or professional education (Vidkrytyi, 2023) despite the official position of a psychologist and scope of responsibilities on this position in a military unit. However, such initiatives have no payment options and security guarantees, which significantly limits the professional mental healthcare supply. According to expert opinion, there is experience gap between the well experienced professional psychologists and young generation of new specialists without significant necessary experience, especially of working with war trauma and in dangerous conditions (Vidkrytyi, 2023). In general, there are professional, employment and age-related factors influencing the gap between potential and factual demand as well as between demand and supply of mental healthcare.

Other projects, which include psychological help in the composition of social services, are the experiment projects of social recovery (a psychologist was included in an experiment team) and support of the military (veterans) and their families (a social worker is included). The findings of sociological research of communities where the military and war veterans should be provided with social services showed that there were suicides committed by the military and veterans. The community people believe these cases could have been prevented if these individuals had received psychological assistance in time (Pryncyp, 2024). Moreover, the local authorities and communities tend to invest in the development of already existing services with factual demand rather than in the prospectively demanded services.

Another potential source of psychological assistance could be so-called "self-help groups" developed by the "peer-to-peer" principle. This social initiative is offered mostly for the war veterans by charitable organizations and veteran hubs supported by the Ministry of Veterans Affairs at the community level to provide all kinds of support to veterans, mostly for psychological support, problem-solving communication with each other as war veterans and participants of hostilities have much in common. The National Psychological Association of Ukraine and Ukrainian-Swiss project "MH4U" (Mental Health for Ukraine) justifies the feasibility and provides methodological and common organizational recommendations of such groups (MVA, 2023). Military psychologists can be part of the group, but veterans with experience in rehabilitation and running self-help groups are preferred as leaders. This initiative aims to overcome territorial limitations for the target audience, but it is not a widely implemented program outside of large cities with a high level of civic engagement. This limits the demand for the program among other military or veterans who live in rural areas.

The lists of the most popular and officially verified contacts and hotlines of psychological help are provided on the official website of the All-Ukrainian Mental Health Program "How are u?" (Howareu, 2024). Through the establishment of high-quality services and convenient pathways, it is imperative to recalibrate low statistics of visits and cultivate a culture that prioritizes mental health care (National Police of Ukraine, 2024.). However, the dominant part of these contacts provides short-term services by civil psychologists without specific treatment of combat-related psychological

trauma, possible symptoms of acute stress disorder (ASD) or post-traumatic stress disorder (PTSD), and other context-reasonable obstacles.

According to my empirical studies, the specificity of the military as a target audience for psychological assistance and mental healthcare services includes but is not limited to the following:

- Confidential character of military deployment and length of stay on military mission, which lead to the low and time-limited regularity of communication with families and usual social contact;
- Covertness in expressing feelings, fears, and expressions conditioned by war circumstances;
- Volatility of the information field, in which the military are exposed to for a long time during their service;
- A constant sense of fear for health and life even in different war zones, including active hostilities;
- Risk of captivity and abuse;
- Long-term dissatisfaction with material and combat equipment, as well as irregular rotation for rest and recuperation;
- Categorizing individuals into civilians and military personnel, including psychologists; into experienced and non-experienced in combat missions;
- Stigmatization of seeking psychological help and implicit demand for psychological assistance;
- Low psychological preparedness of a person for military service and combat tasks execution; short period of training before military service, which can be mentally traumatic;
- Lack or absence of psychological preparedness or even military experience during internal rotation between various military units or due to deployment change in different combat zones, which is accompanied by stress;
- Expectations that the return to peaceful (civilian) life and/or the end of the war will improve psychological well-being;
- Possible war-related trauma before the start of a full-scale invasion (in case of war veterans);
- Highly demanded concentration and sustainability, which may be congenital or atypical for a person, etc.

Low demand for mental healthcare or psychological assistance in Ukraine

The demand for psychological assistance in the Armed Forces of Ukraine originates from the civilian trend of seeking professional help for personal mental health issues, since the military personnel originates from the civil population, especially after February 2022. Therefore, military personnel retain life patterns from civilian life and close ties to families, which is reflected in their mental healthcare habits.

A survey of the general population has shown that Ukrainians have neither a prior history nor a shaped culture of wide practice of psychological assistance (Gradus, 2024). Among the respondents ($n \approx 2423$), 91% had not visited a psychologist/psychotherapist, including those who did not know how to answer this question definitely (Gradus, 2024). Potential demand for visits in case of a problem appearance gave more encouraging forecasts – up to 7%. Potentially, 34% admitted they did not rule

out seeing a doctor despite the prior absence of such visits (Gradus, 2024). The survey conducted in the first half of 2024 revealed a significant disparity between individuals who recognized the need for professional help and those who sought it: 40% and 8% respectively (Figure 1).

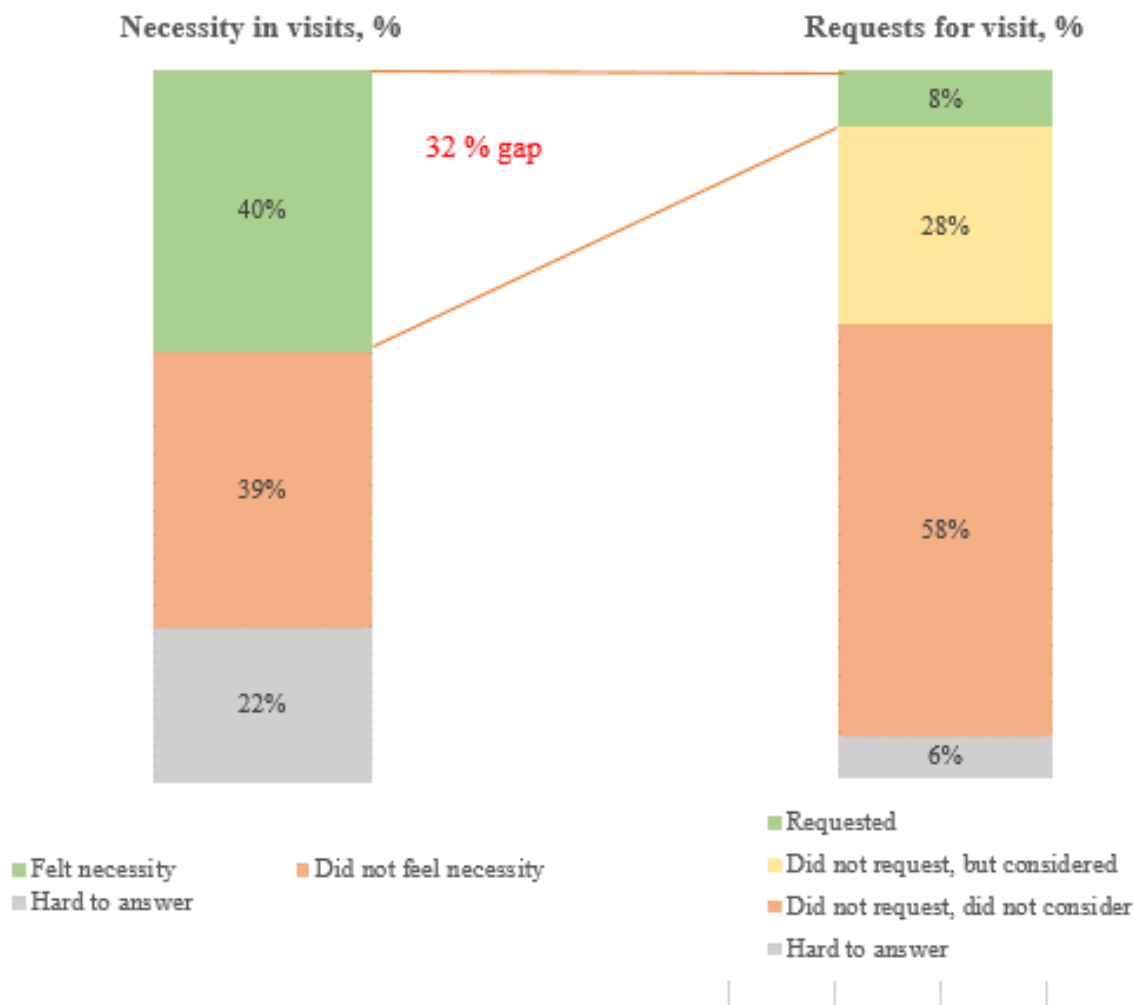


Figure 1. Conscious necessity vs. factual request for psychological assistance, semiannual period 2024 [based on (Gradus, 2024)]

The explicit, directly expressed demand for psychological assistance is higher than the factual number of requests for visits. This creates a 32% gap between actual and potential demand in the semiannual period explained by the barriers to seeking psychological help. The same survey showed 37% in 2022 (Gradus, 2022). Potential demand growth could reduce the gap. If people with a defined need and intention to visit a psychologist, this gap would be reduced from 32% to 4% (the 2022 potential gap was 10%) (Figure 2).

The gap between potential and factual demand is caused among other things by a lack of awareness, low number of qualified specialists, and stigmatization of psychological appeals. These reasons became especially acute for the military along with the existing problems of psychological assistance provision. Therefore, expansion of the provision, increase of accessibility of psychological assistance as well as study of incentives to increase potential and actual demand are vital for military mental healthcare.

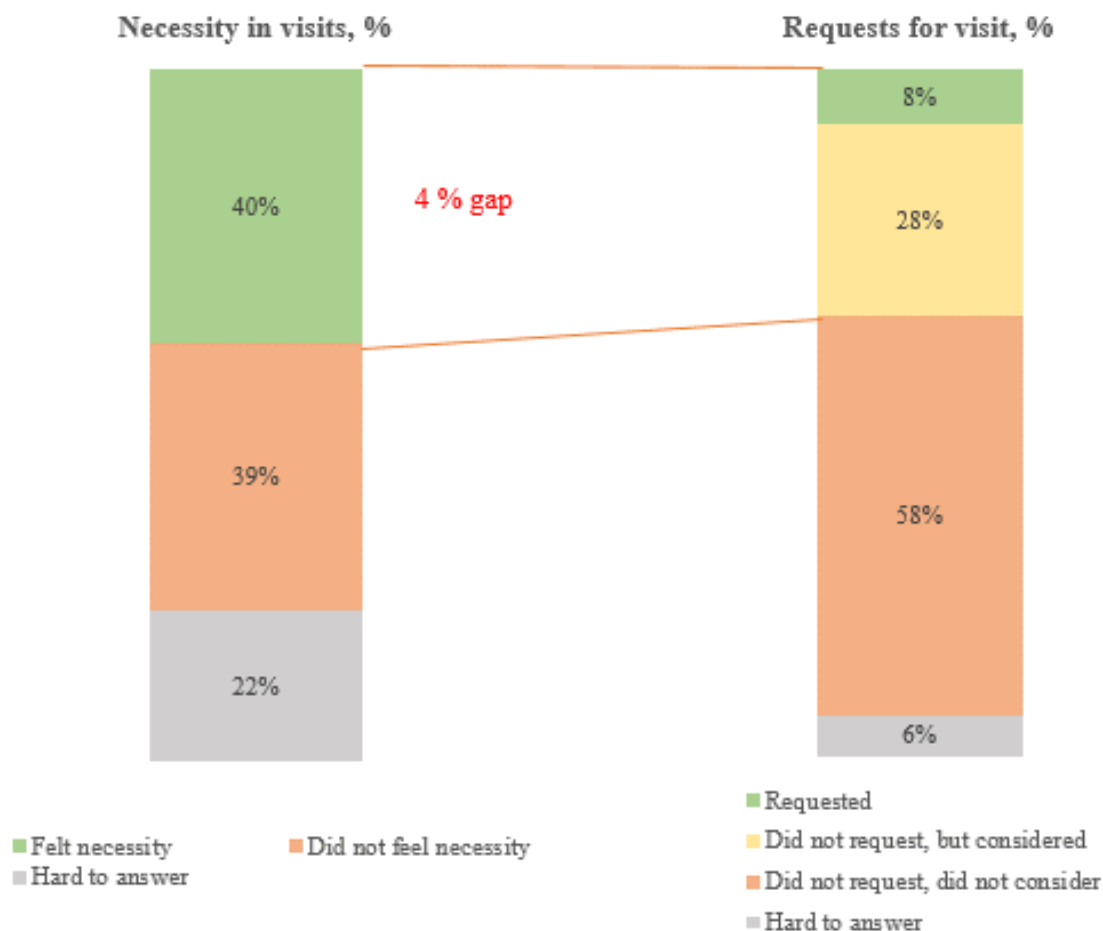


Figure 2. Potential demand gap for psychological assistance, semiannual period 2024 [based on (Gradus, 2024)]

Importance of actual demand for psychological assistance on the spot

Studies conducted earlier during anti-terrorist operation in Ukraine have showed that the military staff (n=192) who took an active part in combat operations had a relatively higher rate of PTSD and a higher incidence of various mental health problems (Kokun & Pishko, 2019). Based on the interview feedback from military psychologists and volunteers, it appears that military personnel who have been involved in combat operations are becoming more self-sufficient in seeking psychological help, and their requests are increasingly including civilian issues. However, the exhaustion rate has increased, which affects the ability and desire to continue military and professional activities (Kokun & Pishko, 2019). At the same time, military people tend to avoid contacting psychologists and not show their helplessness while experiencing stress reactions or PTSD. Therefore, the formation of potential and factual demand for psychological assistance on the spot will timely prevent the development of ASD and PTSD due to regular monitoring of mental health and wellness.

Since the stress of the military population correlates with depression, aggressiveness, irritation, hostility, and guilt, the formation and stimulation of explicit demand for mental healthcare services is necessary (Maschak & Vyhory, 2023; Tkalenko, 2023). Between 60% and 80% of soldiers who witnessed the death of their colleagues, civilians, or corpses were found to have symptoms of

acute trauma. Younger soldiers aged 18-24 who have symptoms of depression or alcohol abuse problems are at particularly high risk of mental health symptoms (Ministry of Health of Ukraine, 2022). Male stigmatization of psychological assistance is stronger, whereas military personnel are predominantly male. The share of men in the Armed Forces of Ukraine was estimated as app. 92,7% compared to 7.3 % of female share in October 2023 (Ukrinform, 2023), even though the latter has increased by 40% since 2021 (Barsukova, 2023). It can cause problems with explicit demand in military mental healthcare.

Since the outbreak of hostilities in eastern Ukraine in 2014, there has been an increased focus on PTSD and other war-related trauma experienced by combatants and civilians in or near the war zone (Globsec, 2023). Around 80% of military personnel who took part in the Anti-Terrorist Operation (ATO) and later the Joint Forces Operation (JFO) in eastern Ukraine have experienced combat stress. In around 25% of cases, this stress subsequently developed into PTSD. Between 20% and 30% of the soldiers who suffered from psychological trauma in combat operations were unable to cope with their psychological problems without seeking outside help. Despite this, the PTSD issue has not been properly and fully addressed in Ukraine. Consequently, mental healthcare concerns should be anticipated and addressed in a comprehensive manner by qualified mental healthcare professionals and supporting system organizations.

The following needs were identified during the audit of the resources of psychological service of the Armed Forces of Ukraine:

- 1) Developing a dedicated infrastructure of mental health recovery centers for the military, which has been lacking since 2014.
- 2) Enhancing the professional skills of military psychologists by utilizing established recovery protocols;
- 3) Developing material support to enable military psychologists to practice (Mosondz, 2023).

Planning for future improvement measures includes a psychological recovery programme, reintegration activities, and improvements to the System of Psychological Recovery for Military and their families. However, there is no significant focus on ongoing support for the military on the spot. Despite the stated staffing of the psychological service at 70%, the training process is still ongoing (Mosondz, 2023). This is due not only to the need of wider implementation and alignment with NATO standards, but also to the need to take into account more complex psychological problems and ways to address them systematically.

The factual and potential demand gap is influenced by the level of trust to the providers of psychological assistance, because contacting a psychologist is still a sensitive issue under stigmatization. According to personal interviews and empirical evidence, the most reliable individuals to assist military service personnel in reducing stress levels are those with prior military experience. This is confirmed by a survey of the military personnel (n= 130; 63% male and 37% female), who in case of problems with their moral and psychological state were more likely to seek advice from a unit commander (50% of respondents), a military unit psychologist (21%), a military chaplain (9%) and a civilian psychologist (5%) (Makovskiy & Makovska, 2023). These results indicate both the formation of a psychological culture among soldiers and the priority given to the target individuals to improve their mental health.

Specific features of psychological assistance which is the background for the current gap between factual and potential demand among the military are the following:

- Stigma for psychological assistance, especially among men (Gradus, 2022), whose psychological discomfort is not relieved by factual practical assistance; their uncertain or rejecting position regarding psychological assistance request.
- Low interest of the military unit commanders in researching or testing potential acute stress reaction or PTSD, including appropriate procedures.
- Insufficient level of on-site psychological assistance for the military and number of psychologists in the composition of military units.
- Low supply but specific preference of military psychologists with prior military experience.
- Relatively low level of trust to civilian psychologists due to their lack of personal military experience.
- Identified and unidentified probable brain injuries due to concussion or wounds in the areas of active hostilities.

The cumulative effect of these factors and prioritization of primary needs push to delay or ignore psychological help, which may contribute to low demand and latent period of mental health disorders. Moreover, the military population may less prioritize psychological assistance or do not recognize it as a necessity.

According to the survey results conducted by sociological NGO “Gradus” by among the wounded military population and veterans (n=436) who have applied for services being in the rear, psychological assistance was listed among their top five current needs (Gradus, 2023). For 33% of these respondents, this issue remains currently open, including concerns about informing, explanations of treatment/rehabilitation processes, etc. Moreover, 40 % of all respondents admitted they will necessitate psychological assistance along with legal, financial and employment assistance in the near future. According to the survey conducted by state-owned institution “The Ukrainian Veterans Foundation” (UVF) among veterans and active military personnel (n=1247), 7.1 % of respondents currently need psychological assistance, which follows immediately after material, medical, and informational ones (Veteranfund, 2023). For 20 % of all respondents, this necessity will remain relevant in the future. Even this explicit elicitation of demand shapes a certain gap between factual target audience and existing mental healthcare providers (both physical and legal entities).

Shaped demand also can be traced within age groups. The greatest demand for psychological assistance in the future will be among the wounded military population with injuries aged 18-30 (58%) and 31-40 (46%) along with the need for further rehabilitation and financial assistance. This may indicate a fully formed need to improve mental health and appropriate demand on psychological assistance from the relevant competent persons or services. Still, 31 % and 24 % of respondents aged 41-50 and 51+ appropriately demonstrated less demand for psychological assistance, which means either their relatively sustainable mental health condition or less priority of mental health improvement.

Such different time and age distribution in psychological care may influence the formation of different episodes of seeking or not seeking psychological help due to the latent period of potential PTSD several months after the trauma or not seeking help due to the normalization of the psychological state, gradual resolution of socio-economic rehabilitation needs, etc. This requires an individualized approach to the psychological adaptation of military population and veterans, wide

access and actualization of psychological assistance on the spot, its enhanced integration into the system of improving the socio-economic conditions of the military on the spot it, i.e. reducing the gap between even implicit demand and offer of psychological assistance. This enables the anticipation of PTSD-related symptoms, long-term psychological deterioration, and disruption of social ties. It also contributes to improving the availability of psychological assistance services, increasing trust in civilian psychologists, and reducing the stigmatization of psychological assistance among military personnel and veterans. Additionally, active and regular psychological assistance should be provided at the locations of military services and to address other problems related to the provision of psychological assistance for this category of the Ukrainian population.

Digital Solutions

Despite the developing All-Ukrainian program of mental health support, internal and internationally adapted protocols of diagnostics and treatment of ASD and PTSD, international experience exchange in war-related traumas treatment, and institutionalized methodological developments, empirical observation of some military of some military units, as well as volunteers who constantly deal with active military personnel, including military veterans, indicates supply-demand imbalance in physical assistance and general mental healthcare.

Hands-on assistance for individuals displaying signs of stress disorders improves existing psychodiagnostic approaches and tools and imports foreign practice of working with traumatic experiences and working with PTSD. Nevertheless, these advancements will necessitate the use of express tools to work with a significant number of individuals, using them in limited time conditions and on the spot; stimulating the military to self-diagnosis of psychological state; using a straightforward and easy-to-use toolkit to get a significant amount of information about potential patients in the shortest amount of time. The use of telemedicine and mobile technologies can help to address these issues, providing access to psychological support and diagnosis even in remote areas, as well as reducing stigma and raising awareness of available resources for psychological assistance among the military population. Ongoing psychological support and / or formation of psychological/emotional data serves as the background for further diagnosis with the help of basic scales for symptoms of post-traumatic stress disorder, anxiety or depression.

One of the operational tools of telemedicine and digitalization of medical data is a mental healthcare platform. Online therapy platforms (e.g. BetterHelp, Talkspace, MindDoc, Clevermind) based in the U.S. and Europe facilitate remote therapy sessions, thereby enhancing the accessibility of mental health services. Such platforms as Rozmova and Mindly are popular in Ukraine. Users of such platforms can engage with licensed therapists through a variety of communication channels, which provides flexibility and reduces the stigma and in-person inconvenience (MSMP, 2024).

Another digital tool is mobile technology for psychological support. Mental health apps have become increasingly popular in recent times, arguably due to their accessibility and ease of use. These apps offer a range of functional features, including mood tracking, mindfulness exercises and cognitive behavioural therapy (CBT) techniques. The U.S.-based and international apps for mental healthcare include BetterHelp, Talkspace, Headspace, Calm, Worry Watch and others (MSMP, 2024; Verywellmind, 2024). They offer support for a range of mental health concerns, including depression, low mindfulness, anxiety, bad sleep, negative thinking, and other issues. In Ukraine, mHealth is represented by BetterMe, Rozmova, Teplo.app, Mindly and international access of the abovementioned apps. However, they are designed for a wide range of mental health problems of the

civilian population and do not specifically address the characteristics and demand of the military for psychological assistance.

The design, development and use of a mental health app primarily for the military is among the future prospects of this research. The digital solution will collect and analyse psychological anamnesis, and make recommendations based on the findings. Consequently, it yields individualized statistical data for prospective collaboration with a licensed psychologist. It is anticipated that the proposals for the utilisation of the mobile application by military and civilian personnel will stimulate demand for psychological services, which will in turn lead to an increase in the supply of such services. The mobile application for collection and analysis is expected to stimulate demand for psychological care and meet it with barrier-free access to practicing psychologists.

To ascertain the demand and potential applicability of such mobile technology in the context of mental health, the survey of military veterans (n=63) was conducted to determine the relevance of developing a specific mobile application as a fast and comprehensive mHealth decision to improve psychological assistance for the military. Most respondents (95% of those surveyed) felt the need to seek psychological counselling/assistance at any time during their service. All respondents indicated that their military comrades would need psychological services. This indicates an extremely high potential demand. Interest of the surveyed military in the psychologists' contacts reaches 67%. The results of this interview and other empirical studies show that the military is more inclined to turn to a military psychologist (66%), that is, a person with his/her own combat experience. In consequence, future research on this topic will encompass the development of a practical mobile application for monitoring psychological state and facilitating communication with military psychologists.

Conclusions

There is a significant gap between the actual and potential demand for psychological assistance among the military throughout various stages of their service. It may be influenced by stigma and lack of trust in civilian psychologists among the military population as well as the external challenges in addressing mental health needs, such as insufficient implementation of patient-centered approaches and the informal provision of psychological assistance by different providers. The Ukrainian military suffers from the multifaceted impact on mental health of active hostilities, as well as from individual psychological triggers to socially significant factors, including a low culture of seeking psychological help. Despite the establishment of national mental health programmes and international practical digital tools, there exists a notable disparity between the supply and demand for physical assistance among military personnel and veterans in Ukraine. This prompts the need for enhanced psychodiagnostic tools and the adoption of foreign practices, with the hands-on digital tools to stimulate demand for psychological care and to satisfy the requirement of remote therapy of the military.

Conflict of interest

The author states no conflict of interest.

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