



Research results

2025



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## Project objective

The project “**Conscious Choice**” was initiated by the Charitable Organization “Charity Fund “National Agency for Humanitarian Aid “ZDOROVİ” (CO “CF “NAHA “ZDOROVİ”) to promote a responsible attitude towards mental health and the consumption of psychotropic medicines in Ukraine. The project advocates for changes in treatment approaches, especially in the context of the ongoing war. The survey focused on assessing the impact of the war on the mental health of both patients and healthcare professionals. It also aimed to identify barriers to accessing psychological and psychiatric help, analyse the practices of self-medicating with psychotropic medicines, explore the denial of mental disorders among patients, and assess

changes in the mental health of healthcare professionals in 2024.

To gather comprehensive and objective information about current challenges in the field of mental health, **an online survey was conducted among healthcare professionals of various specialties.** The result of this survey is an analytical report intended to serve as a foundation for an advocacy strategy aimed at fostering a culture of responsible attitudes toward mental health and the consumption of psychotropic medicines in Ukraine.

## Project Initiator

ZDOROVİ was founded in July 2013 as an organization dedicated to implementing educational and research projects in the healthcare field, closely aligned with healthcare reform. ZDOROVİ has launched innovative projects in collaboration with UNICEF, USAID, GIZ, Renaissance, Global Giving, and the EBRD, commissioned by Ukrainian government agencies, including the Ministry of Health of Ukraine, the Ministry of Digital Transformation of

Ukraine, and the National Health Service of Ukraine. Today, ZDOROVİ is recognised as a leader in the verification of needs and procurement for hospitals’ medical support, including maternity wards, and is instrumental in the development of the post-crisis medical system as well as promoting behavioural changes in the healthcare sector in Ukraine.

## Partners of ZDOROVİ

The Ministry of Health of Ukraine and over 75 international partners and donors, including Global Giving, International Renaissance Foundation, ISAR Ednannia, Snitching Vluchteling,

MedGlobal, GIZ, CMMB, MedShare, International Rescue Committee, Razom for Ukraine, Nova Ukraine, USAID, Americares.

## Research methodology

The report outlines the findings of a survey focused on evaluating the impact of the war on the mental health of both patients and healthcare professionals. It **aims** to identify barriers to accessing psychological and psychiatric care, analyse the prevalence and nature of self-medicating with psychotropic medicines, and explore the denial of mental disorders among patients. It also includes a survey that evaluates changes in the mental health of healthcare professionals in 2024.

Research method: an online survey where respondents filled out a questionnaire independently via the KoboToolbox platform.

This survey wave utilized a questionnaire developed with input from medical experts and healthcare facility leaders, while also considering the experiences from the critical response of the CO "CF "NAHA "ZDOROV".

A total of **130 healthcare professionals** participated in the survey.

### Limitations of the Survey:

The survey relied on a panel of healthcare professionals who had previously collaborated with the National Agency for Humanitarian Aid ZDOROV. Additionally, Doctor Eleks and specialized organizations in the field of Mental Health and Psychosocial Support (MHPSS) assisted in distributing the questionnaire. However, the sample is not representative of the entire population of healthcare professionals in Ukraine.

The survey results reflect only the viewpoints and experiences of the participating healthcare professionals.

The field stage of the survey was conducted from April 16 to April 25, 2025.



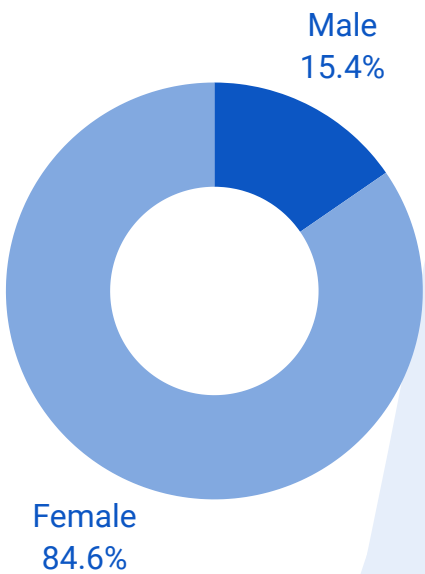
# SECTION 1: SOCIAL CHARACTERISTICS OF RESEARCH PARTICIPANTS

## 1. Portrait of Respondents

### 1.1. Gender of Healthcare Professionals

The survey had a significant participation of female healthcare professionals, accounting for 84.6%, while male participants represented only 15.4%.

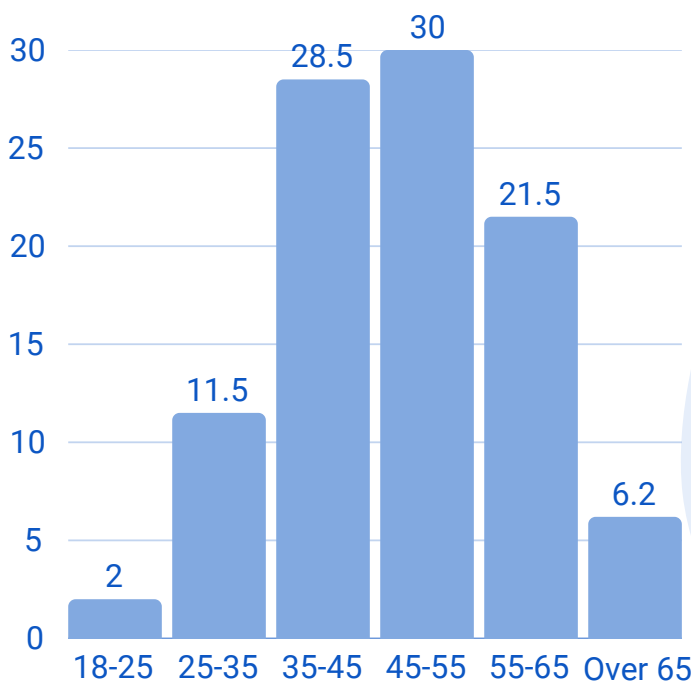
*Figure 1: Gender of Healthcare Professionals  
[% of responses from all respondents].*



### 1.2. Age Categories of Healthcare Professionals

The majority of respondents fell into middle-aged categories: 30.0% were aged 45–55, and 28.5% were 35–45 years old.

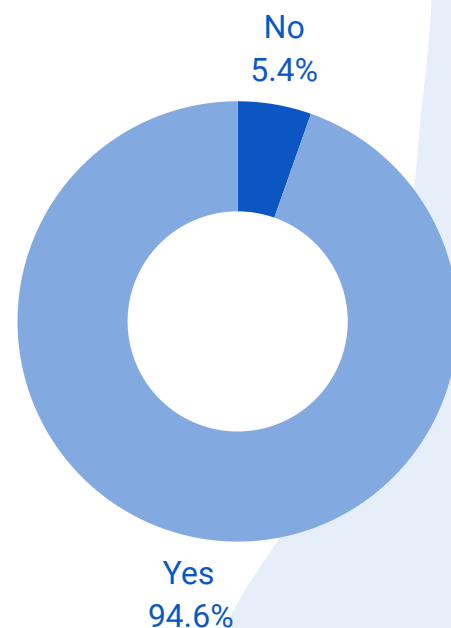
*Figure 2: Age Categories of Respondents  
[% of responses from all respondents].*



### 1.3. Medical Education of Healthcare Professionals

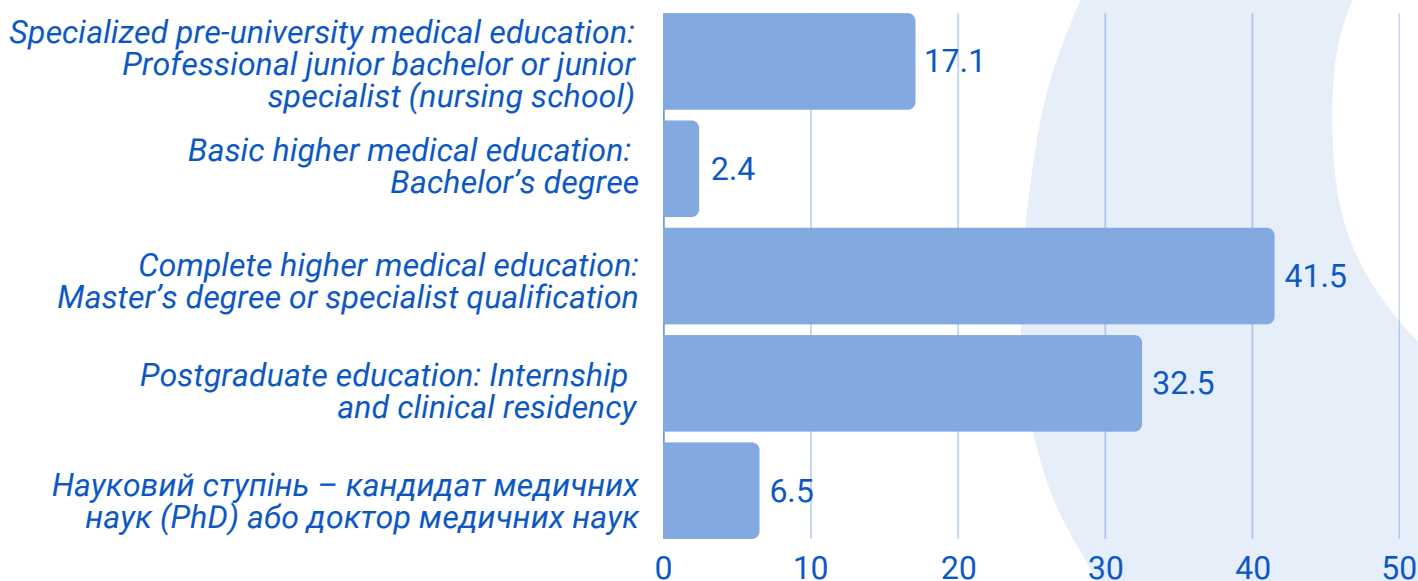
A high percentage of respondents, 94.6%, held a medical education, while 5.4% did not.

*Figure 3: Availability of Medical Degree Among Respondents  
[% of responses from all respondents].*



Among those with medical degree, most had qualifications ranging from complete higher medical education to advanced degrees: 41.5% held complete higher education at the master's or specialist level, 32.5% had postgraduate education (internship or clinical residency), and 6.5% held a Candidate of Medical Sciences (PhD) or Doctor of Medical Sciences's degree.

*Figure 4: Level of Medical Education of Respondents  
[% of responses from all respondents].*



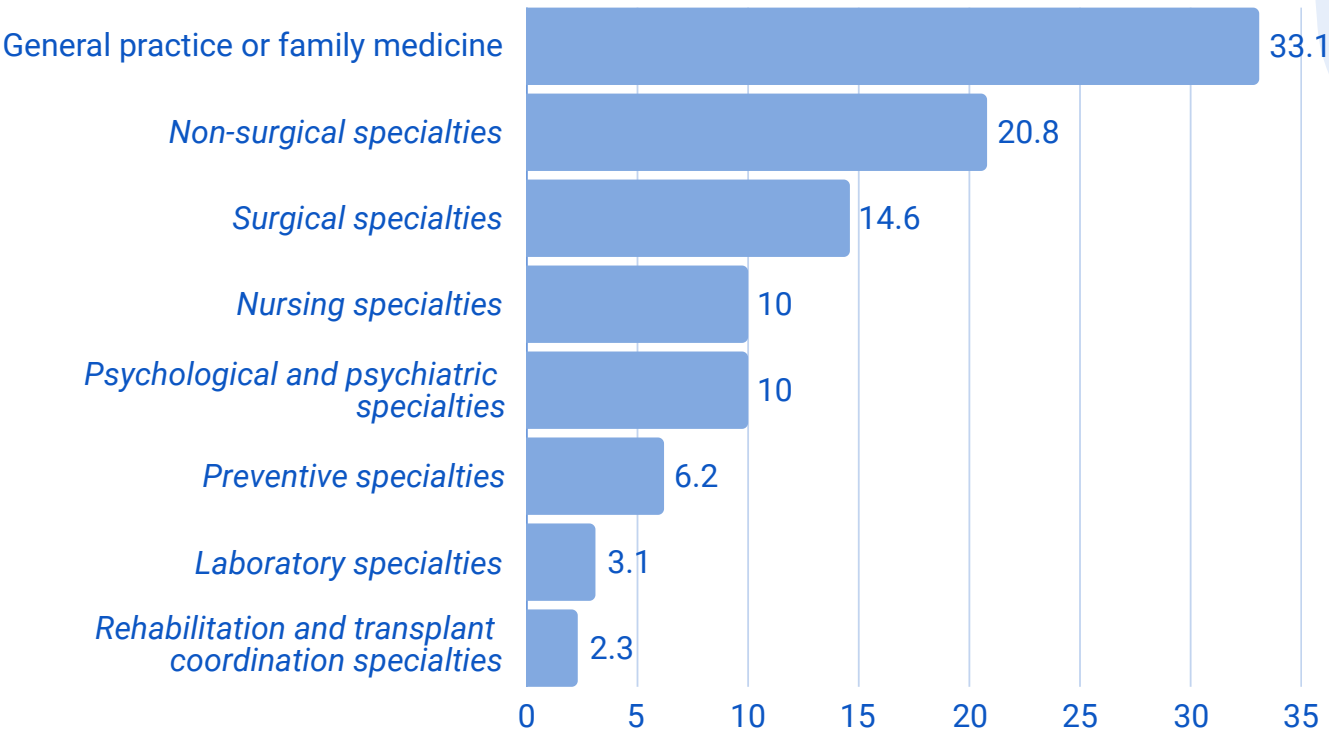
### 1.4. Specialties of Healthcare Professionals

In terms of specialties, the largest share of respondents was in general practice and family medicine (33.1%), followed by medical specialties in the non-surgical profile (20.8%) and surgical profile (14.6%).

Nursing specialties and medical specialties in psychological and psychiatric fields each constituted 10.0% of respondents. Preventive specialties were indicated by 6.2% of respondents, while laboratory specialties accounted for 3.1%. Rehabilitation and transplant coordination specialties made up 2.3%.

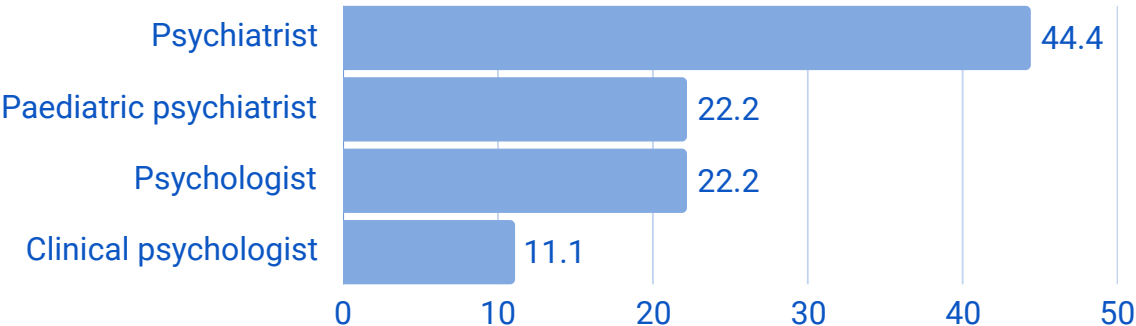


*Figure 5: Main Medical Specialty of Respondents  
[% of responses from all respondents].*



Among psychological and psychiatric specialists, psychiatrists make up the largest group at 44.4%. Child psychiatrists and psychologists each account for 22.2%, while clinical psychologists represent 11.1%.

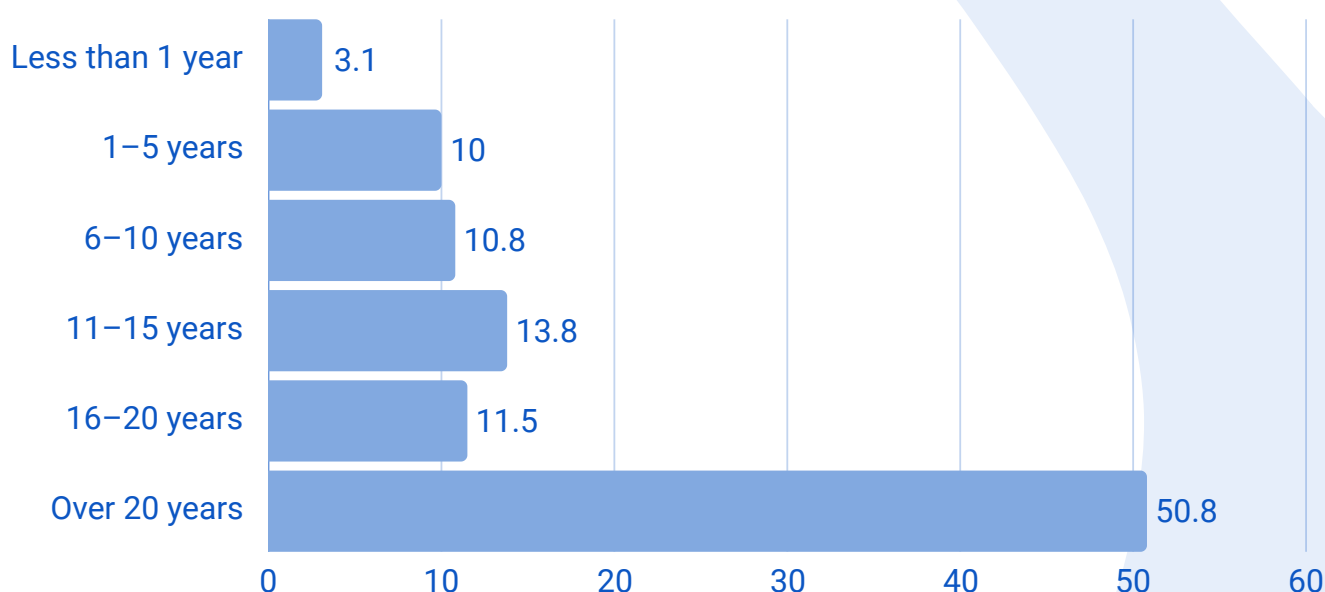
*Figure 6: Psychological and Psychiatric Medical Specialties  
[% of responses from those who indicated that their main specialty is psychological or psychiatric].*



## 1.5. Work Experience of Healthcare Professionals

In terms of experience in their main medical specialty, slightly more than half of respondents have extensive experience, with over 20 years in the field (50.8%). Another 25.3% have between 11 and 20 years of experience. Only 13.1% of respondents have 5 years or less of experience.

*Figure 7: Respondents' Work Experience in Their Main Medical Specialty [% of responses from all respondents].*



## 1.6. Positions of Healthcare Professionals

The survey included healthcare professionals in the following positions within their facilities:



Physicians: 57.7%

Directors or deputy directors (medical, finance, etc.): 17.0%

Specialists: 10.8%

Heads of department: 10.0%

Directors of nursing, clinical nurse managers, and senior nurses: 4.6%

## 1.7. Characteristics of Health Facilities

To determine the profile of respondents based on the characteristics of the health facilities where they work, they were asked to indicate the region and type of settlement where the health facility is located, as well as its level of medical care.

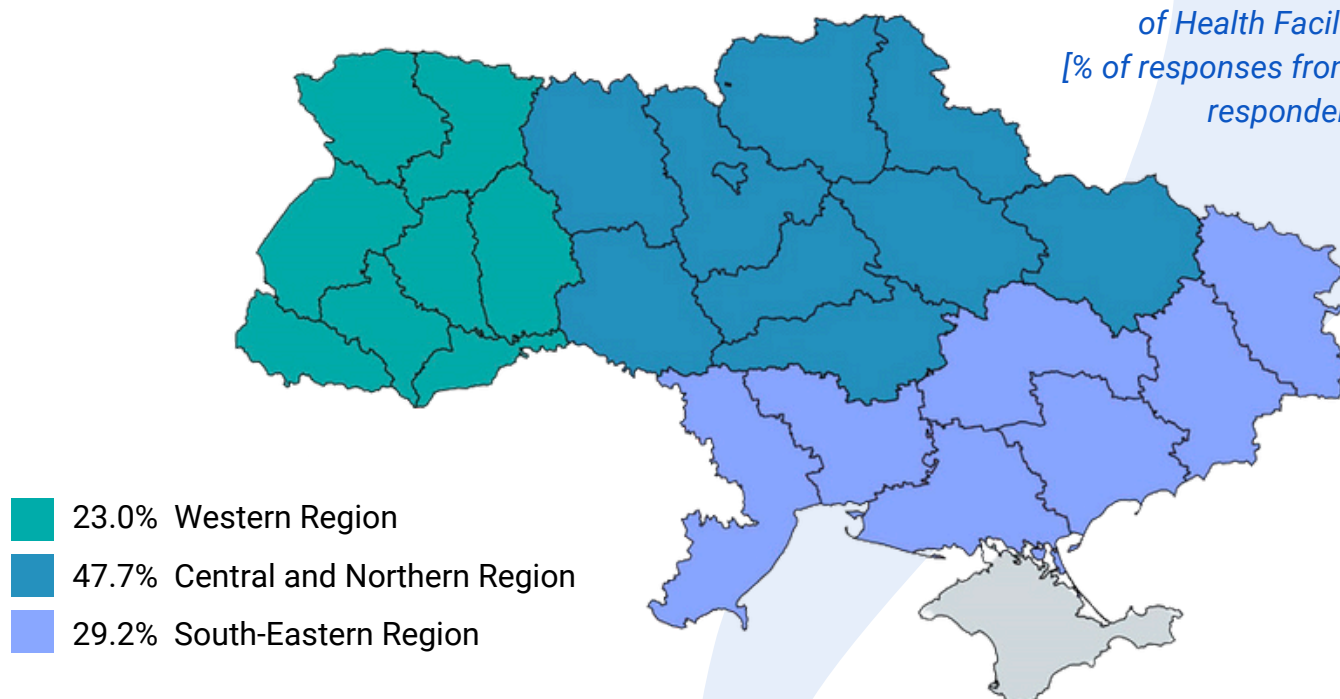
### 1.7.1. Region of Location of Health Facilities

Respondents represent health facilities in three macro-regions:

- Western Region (Khmelnyskyi, Volyn, Rivne, Ternopil, Ivano-Frankivsk, Chernivtsi, Lviv, Zakarpattia Oblasts) – 23.0% of facilities.
- Central and Northern Region (Kyiv, Zhytomyr, Chernihiv, Kirovohrad, Poltava, Sumy, Kharkiv, Cherkasy, Vinnytsia) – 47.7% of facilities.
- South-Eastern Region (Donetsk, Luhansk, Zaporizhzhia, Kherson, Mykolaiv, Dnipro, Odesa) – 29.2% of facilities.



*Figure 9: Region of Location of Health Facilities  
[% of responses from all respondents].*

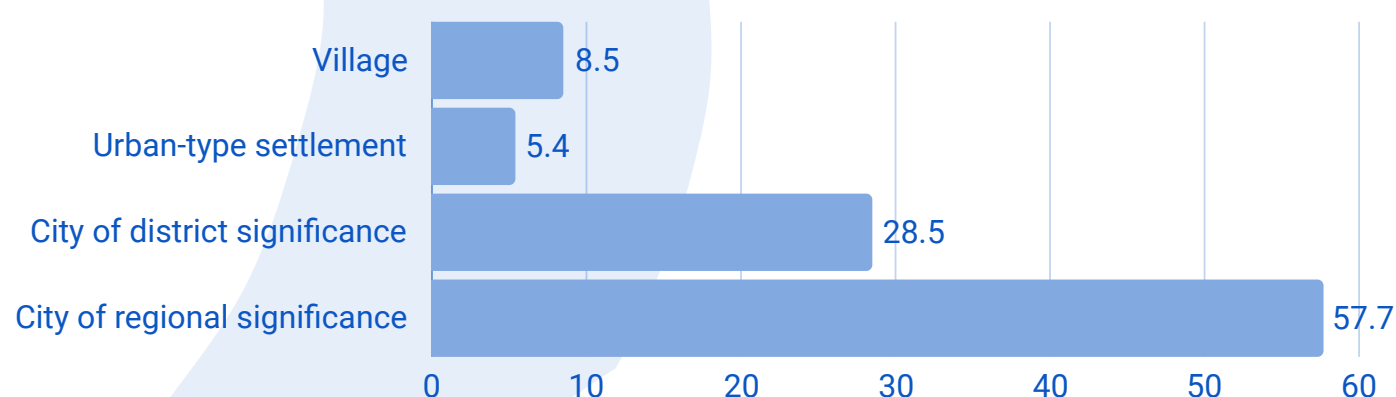


## 1.7.2. Type of Settlement of Health Facilities

By type of settlement where the respondents' health facilities are located, the vast majority of respondents (57.7%) work in cities of regional significance. Almost a third (28.5%) are in cities of district significance. Fewer respondents work in villages (8.5%) and urban-type settlements (5.4%).



*Figure 10: Type of Settlement of Health Facilities  
[% of responses from all respondents].*

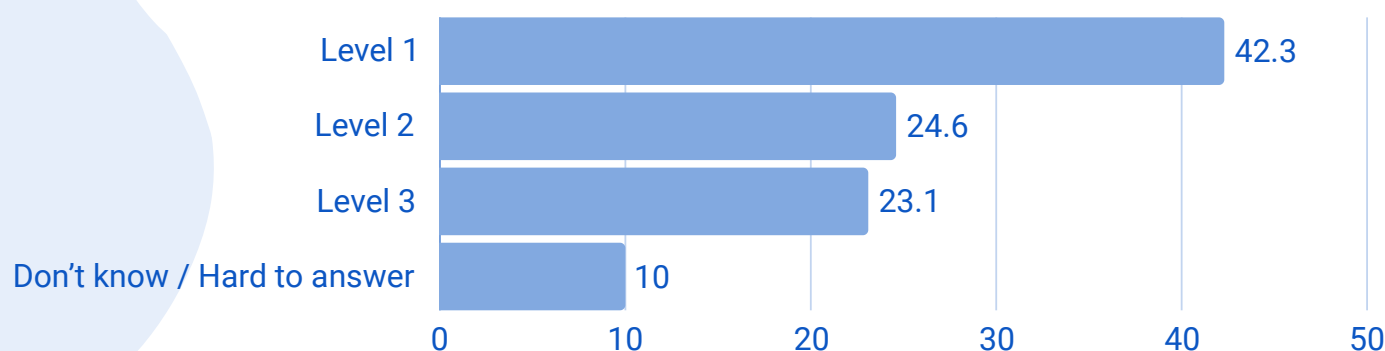


## 1.7.3. Level of Care

За рівнем надання медичної допомоги найбільше респондентів працюють в закладах I рівня – 42,3%. До II рівня належать 24,6% медичних закладів, а до III рівня – 23,1%.



*Figure 11: Level of Care  
[% of responses from all respondents].*



## SECTION 2: IMPACT OF WAR ON PATIENTS' MENTAL HEALTH

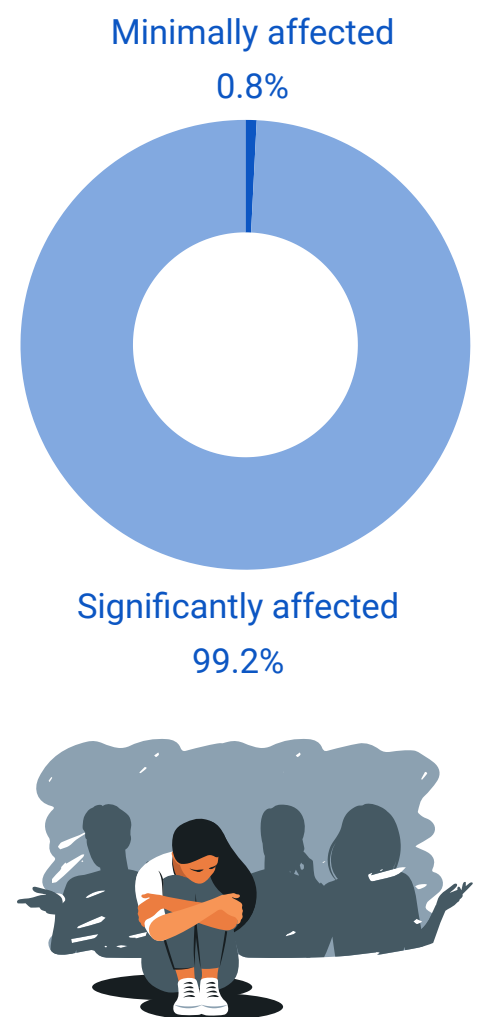
To assess the impact of war on patients' mental health, healthcare professionals were asked to evaluate changes in their patients' psycho-emotional states, the dynamics of referrals to mental health specialists, the reasons for those referrals, and their own experience in referring patients with signs of psycho-emotional disorders (psychologists, psychotherapists, psychiatrists).

### 2.1. Impact of War on Patients' Mental Health

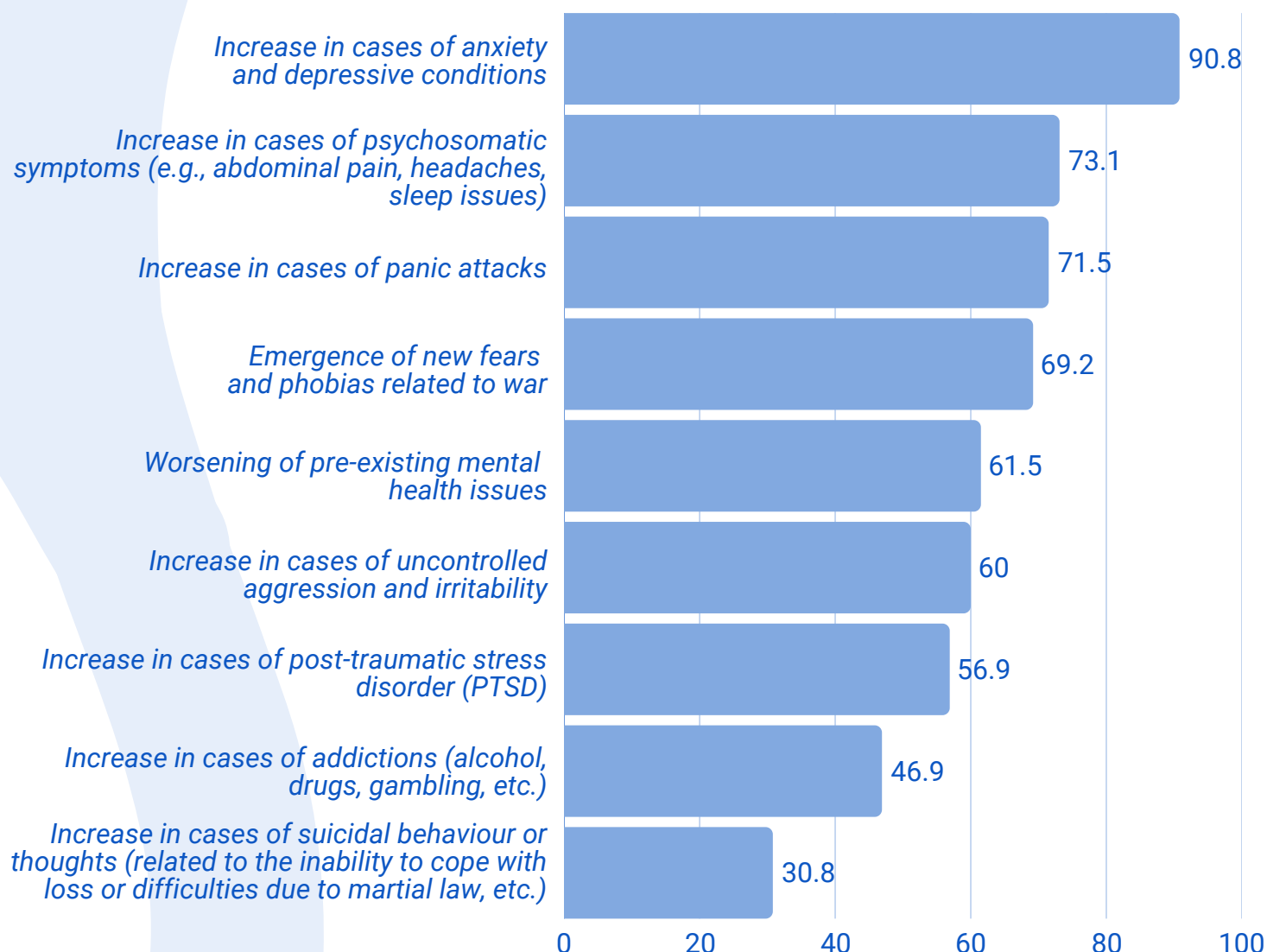
According to the collected data, an overwhelming majority of respondents (99.2%) reported that the war significantly affected patients' mental health. Only 0.8% noted a minimal impact, and no one indicated that the war had no effect at all on patients' mental health.

In terms of specific consequences, respondents identified an increase in anxiety and depression (90.8%), psychosomatic manifestations (73.1%), and panic attacks (71.5%). Respondents frequently reported the emergence of new fears and phobias (69.2%), worsening of pre-existing mental health issues (61.5%), and a rise in aggression and irritability (60.0%). To a lesser extent, they observed an increase in cases of PTSD (56.9%), addictions (46.9%), and suicidal behaviour (30.8%).

*Figure 12: Impact of War on Patients' Mental Health [% of responses from all respondents].*



**Figure 13: The Most Significant Consequences of War on Patients' Mental Health**  
[% of responses among those who indicated that the war affected patients' mental health].

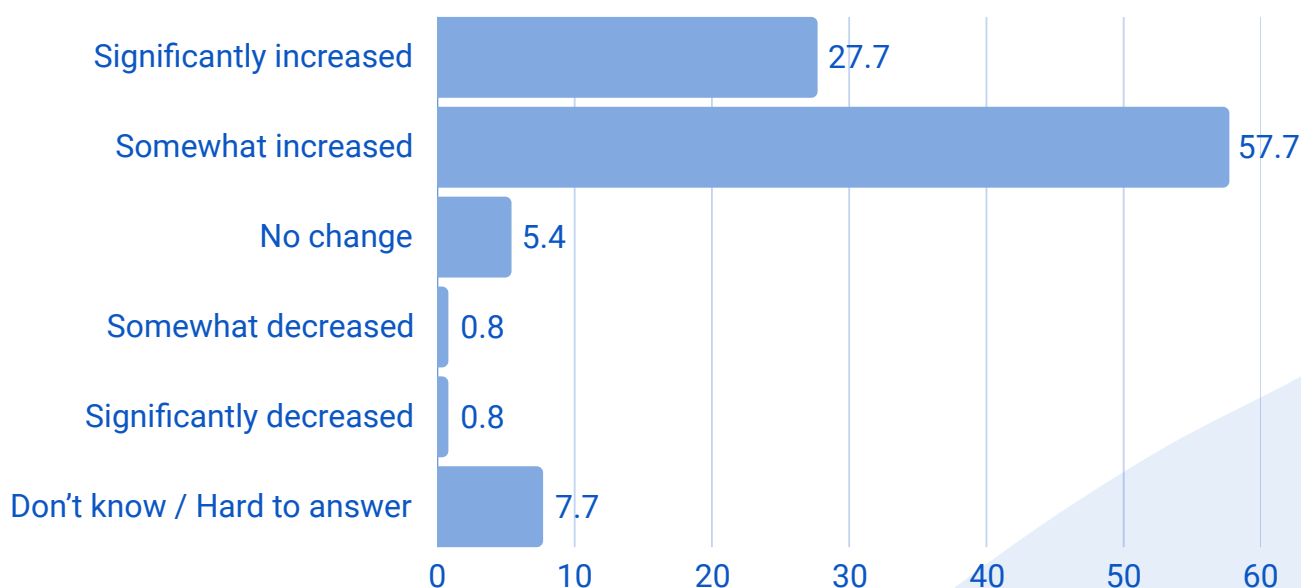


## 2.2. Patients' Experiences with Mental Health Professionals in 2024

Regarding the increase in the number of patients contacting mental health professionals at the facilities where respondents work, the survey showed that 85.4% of respondents noted an increase in such contacts in 2024. Specifically, 57.7% reported an increase, while 27.7% indicated a significant increase. Only 1.6% of respondents reported that the number of contacts decreased, either slightly or significantly.

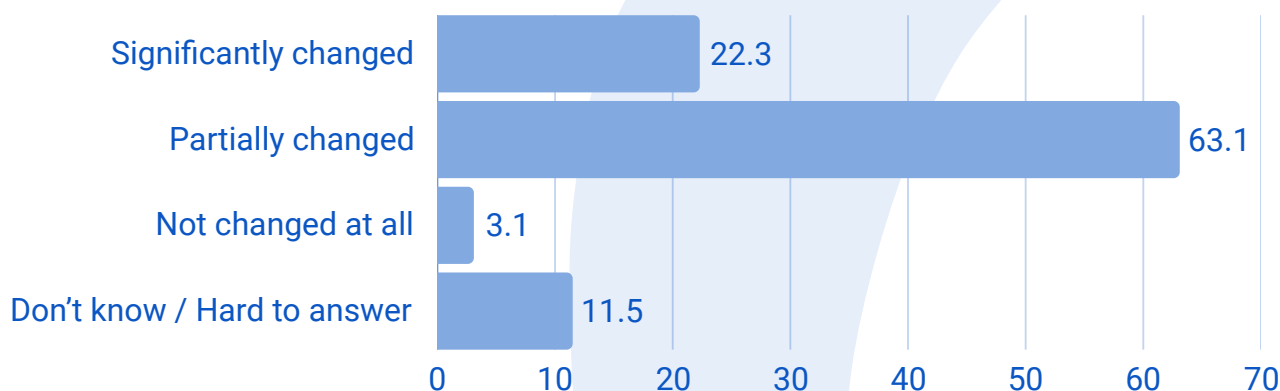


*Figure 14: Dynamics of Referrals to Mental Health Professionals in 2024*  
[% of responses from all respondents].



In addition to the increase in referrals, the reasons for these referrals also changed. A total of 63.1% of respondents indicated that the reasons had partially changed, while 22.3% stated that they had changed significantly. Only 3.1% noted that the reasons had not changed.

*Figure 15: Changes in the Reasons for Referrals to Mental Health Professionals*  
[% of responses from all respondents].

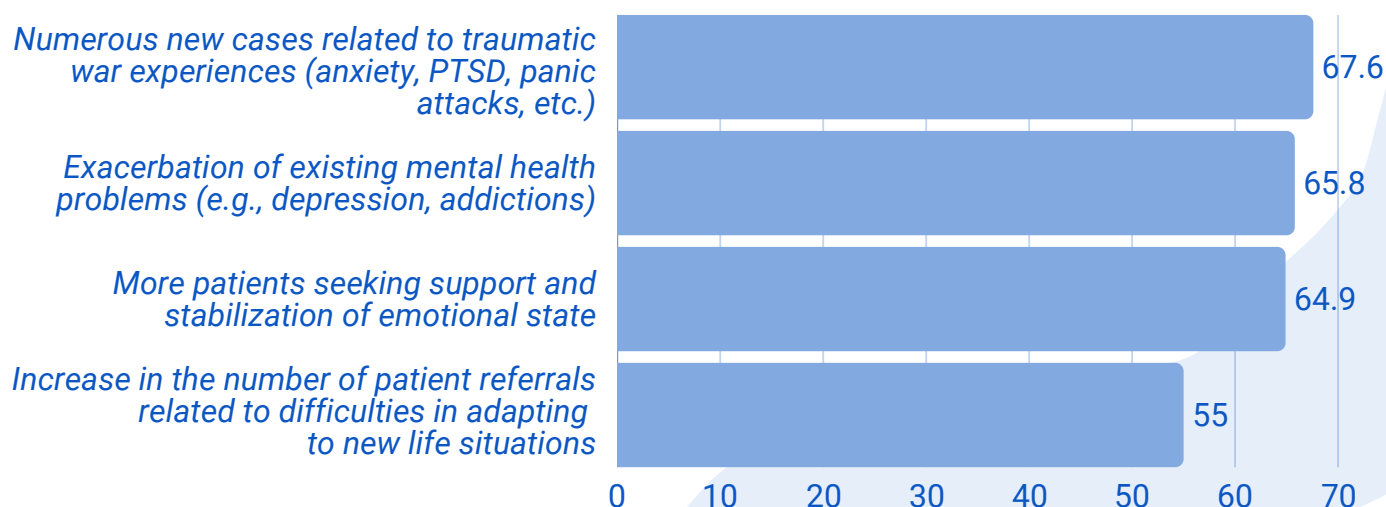


The most common changes in the reasons for referrals included an increase in cases related to traumatic war experiences (67.6%), the exacerbation of existing mental health problems (65.8%), and a rise in the need for emotional support and stabilization (64.9%). Additionally, 55.0% of respondents reported increasing difficulties faced by patients in adapting to new life situations.



**Figure 16: Changes in Reasons for Seeking Mental Health Care**

[% of responses from respondents who indicated a change in referral reasons in 2024 compared to 2023].



## 2.3. Healthcare Professionals' Experience in Referring Patients with Psycho-Emotional Disorders

Regarding healthcare professionals' experiences in referring patients with signs of psycho-emotional disorders to mental health professionals (psychologists, psychotherapists, psychiatrists), over 90% of respondents indicated that they would refer patients when such signs are detected: 42.3% always do so, while 52.3% do so depending on the situation. Only 3.8% reported having no experience in referring patients.



**Figure 17: Referral of Patients with Signs Of Psycho-Emotional Disorders to Mental Health Professionals.** [% of responses from all respondents].



## SECTION 2 CONCLUSIONS

**An overwhelming majority of respondents (99.2%) reported that the war significantly affected patients' mental health.** Only 0.8% noted a minimal impact, and no one indicated that the war had no effect at all on patients' mental health.

**In terms of the most common consequences of the war on patients' mental health, respondents identified an increase in anxiety and depression (90.8%), psychosomatic manifestations (73.1%), panic attacks (71.5%), and the emergence of new fears and phobias (69.2%).**

**A significant majority of respondents (85.4%) noted an increase in the number of patients contacting mental health professionals in 2024 compared to 2023:** 57.7% reported an increase, while 27.7% indicated a significant increase. Only 1.6% of respondents reported that the number of contacts decreased. This trend suggests a growing demand for mental health services, potentially leading to an increased workload for mental health professionals.

**In 2024, the reasons patients sought help from mental health professionals changed compared to 2023.** Most professionals (63.1%) indicated that the reasons had partially changed, while 22.3% stated that they had changed significantly.

**The most common changes in the reasons for referrals included an increase in cases related to traumatic war experiences (67.6%), the exacerbation of existing mental health problems (65.8%), and a rise in the need for emotional support and stabilization (64.9%).** Additionally, 55.0% of respondents reported increasing difficulties faced by patients in adapting to new life situations.

**The vast majority of healthcare professionals reported that if they notice signs of anxiety, depression, or another psycho-emotional disorder in a patient, but the patient does not express a need for help, they would refer the patient to a mental health professional.** Specifically, 42.3% always do so, while 52.3% do so depending on the situation. Only 3.8% reported having no experience in referring patients. This practice is crucial for the early detection of psycho-emotional disorders, helping to prevent their worsening and ensuring timely access to specialized care for patients.

## SECTION 3: BARRIERS PREVENTING PATIENTS FROM SEEKING PSYCHOLOGICAL HELP

To identify the primary barriers that prevent patients from seeking psychological and psychiatric help, respondents were asked to assess various reasons for not seeking assistance. This included the frequency of refraining from seeking help due to fear of judgment and the lack of awareness regarding effective treatment methods. Respondents were separately asked about how the full-scale war affected the level of stigma, as well as patients' awareness of effective treatment methods and their need to seek help.

### 3.1. Patients' Failure to Seek Psychological or Psychiatric Help

#### 3.1.1. Most Common Reasons for Not Seeking Psychological or Psychiatric Help

According to healthcare professionals, the predominant reason patients fail to seek psychological or psychiatric help is the belief that they can cope on their own (80.0%). Other significant reasons include fear of judgment or negative reactions from others (61.5%), the perception that seeking help is a sign of weakness (46.2%), and insufficient knowledge about how to seek help (42.3%). Other factors such as insufficient funds, concerns about confidentiality and past negative experiences with treatment, were also common reasons for patients not seeking psychological or psychiatric help.

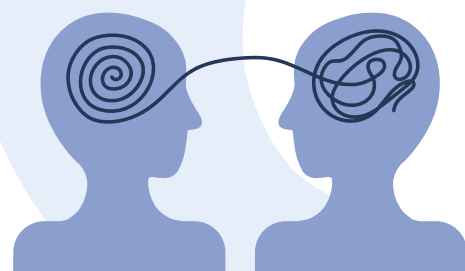
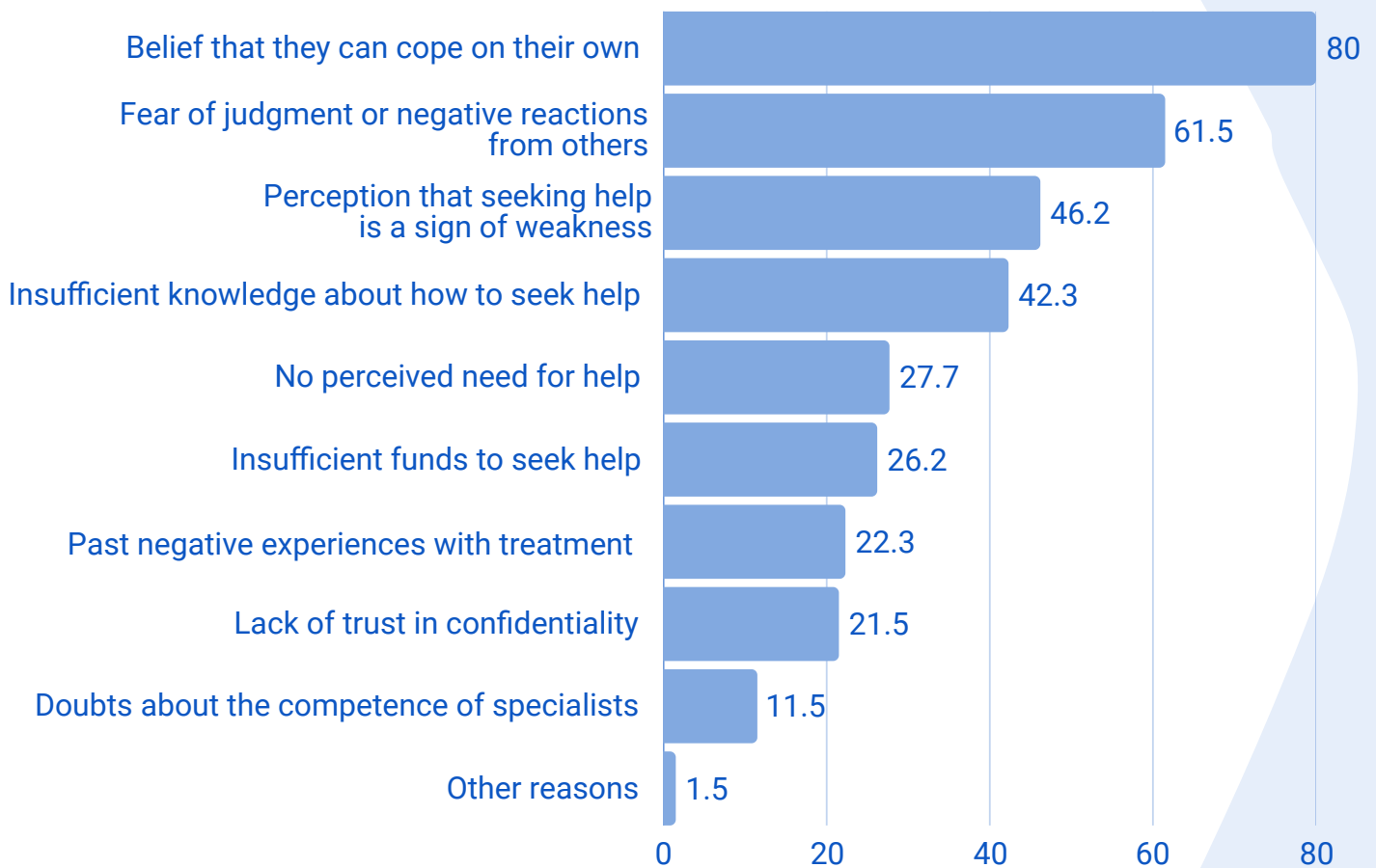


Figure 18: Most Common Reasons for Not Seeking Psychological or Psychiatric Help  
[% of responses from all respondents].



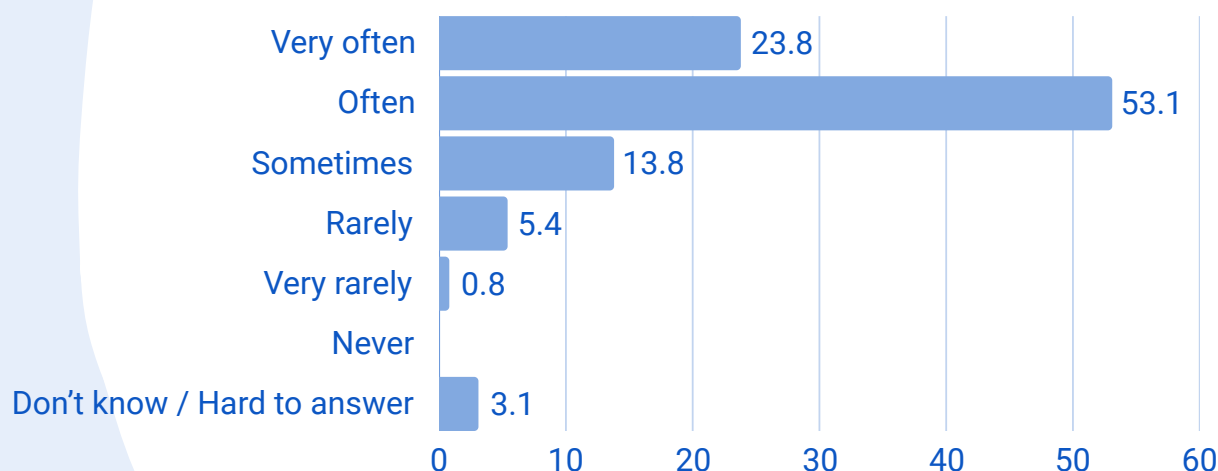
### 3.1.2. Frequency of Not Seeking Help Due to Fear of Judgment or Negative Reactions from Others

To assess how often fear of judgment affects patients' decisions to seek psychological or psychiatric help, respondents evaluated the frequency with which patients refrain from seeking assistance due to this fear. Slightly over half of respondents (53.1%) believe that patients often do not seek help for fear of judgment, while 23.8% indicated that this occurs very often. Only 13.8% thought patients sometimes refrained from seeking help for this reason. Rare or very rare instances were cited much less frequently (5.4% — rarely, 0.8% — very rarely).



*Figure 19: Frequency of Patients Not Seeking Psychological or Psychiatric Help Due to Fear of Judgment*

*[% of responses from all respondents].*



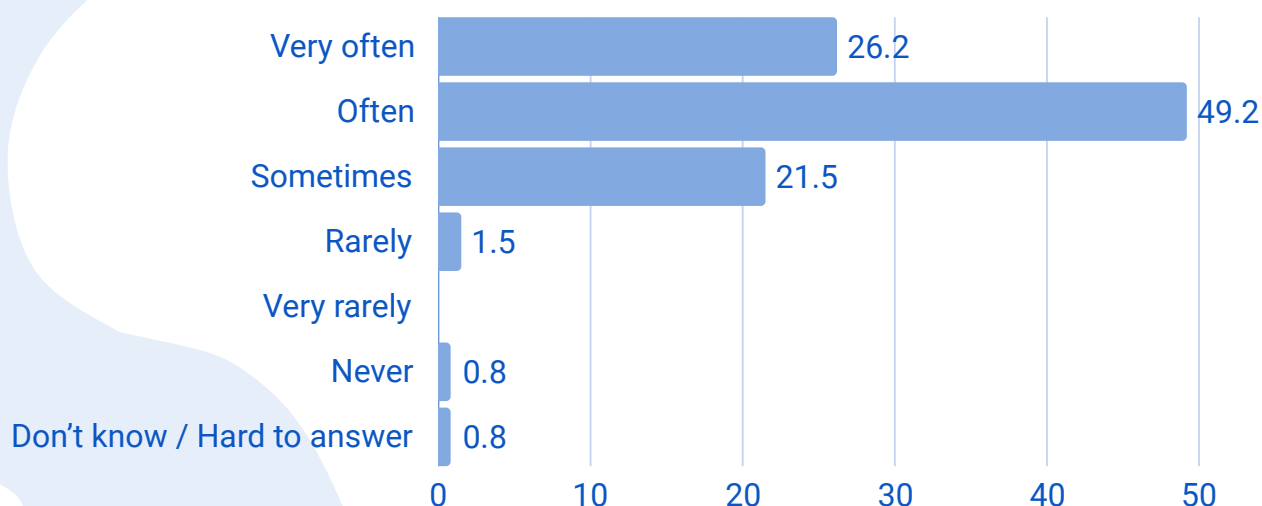
### 3.1.3. Frequency of Not Seeking Help Due to Lack of Awareness of Its Importance

Respondents were also asked to estimate how often patients do not seek psychological or psychiatric help due to a lack of awareness regarding the importance of such help. Slightly less than half (49.2%) believed that patients often refrain from seeking help for this reason, while 26.2% thought it happens very often. Additionally, 21.5% of respondents indicated that this occurrence is sometimes the case. Rare or very rare instances of lack of awareness were mentioned much less frequently.



*Figure 20: Frequency of Not Seeking Help Due to Lack of Awareness of Its Importance*

*[% of responses from all respondents].*

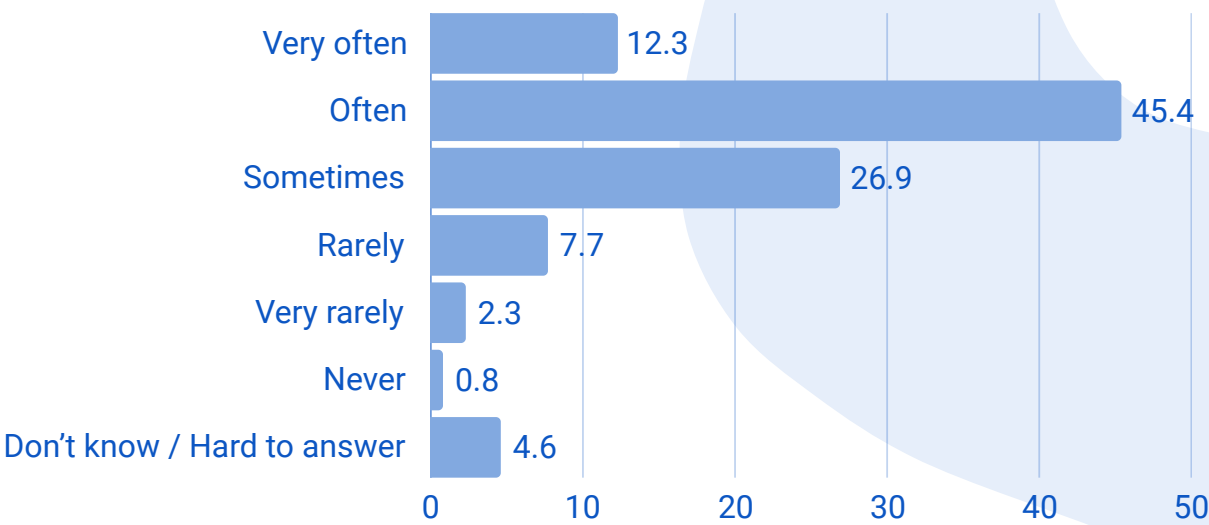


### 3.2. Frequency of Patients Refusing Pharmacological Treatment of Mental Disorders

According to the respondents' estimates, most patients frequently or very frequently refuse pharmacological treatment of mental disorders. Specifically, 45.4% indicated that refusal is a frequent occurrence, and 12.3% said it happens very frequently. Slightly over a quarter of respondents (26.9%) noted that patients sometimes refuse pharmacological treatment. Rare or very rare instances of refusal were reported by only 10.0% of respondents (7.7% labelled it as rare, and 2.3% as very rare). Only 0.8% of respondents stated that patients never refuse pharmacological treatment.

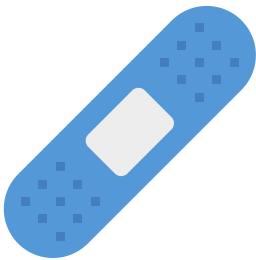


Figure 21: Frequency of Patients Refusing Pharmacological Treatment of Mental Disorders [% of responses from all respondents].



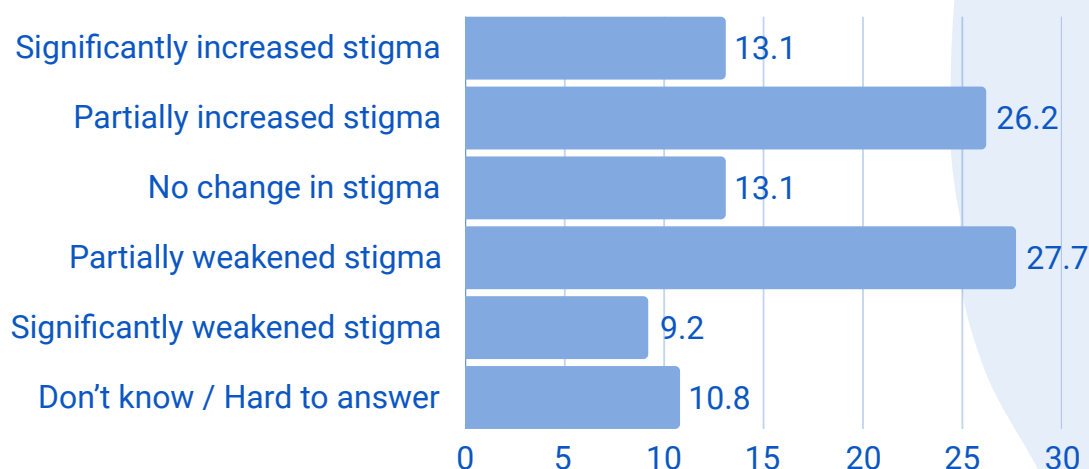
### 3.3. Impact of the Full-Scale War in Ukraine on the Level of Stigma Associated with Seeking Psychological or Psychiatric Help

In the next question, respondents were asked to assess how the full-scale war affected the stigma associated with seeking psychological or psychiatric help.



The results showed a divided opinion among respondents regarding the war's effect on the level of stigma: 39.3% believe that the war has significantly or partially weakened the stigma, while 36.9% think it has partially or significantly strengthened it. An additional 13.1% of respondents noted that the war neither strengthened nor weakened the level of stigma.

*Figure 22: Impact of the Full-Scale War in Ukraine on the Level of Stigma Associated with Seeking Psychological or Psychiatric Help  
[% of responses from all respondents].*

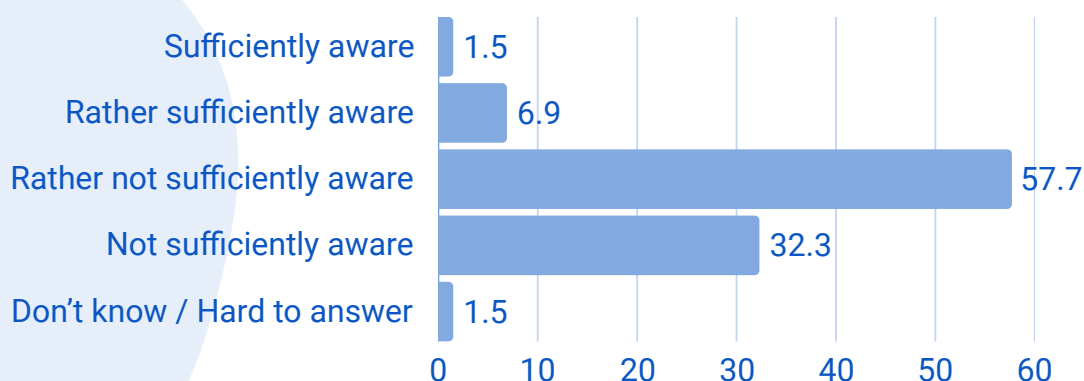


### 3.4. Patient Awareness of Effective Treatments for Mental Disorders

Regarding patient awareness of effective treatments for mental disorders, the vast majority of healthcare professionals (90.0%) believe that patients are not sufficiently informed or rather insufficiently informed.



*Figure 23: Patient Awareness of Effective Treatments for Mental Disorders  
[% of responses from all respondents].*

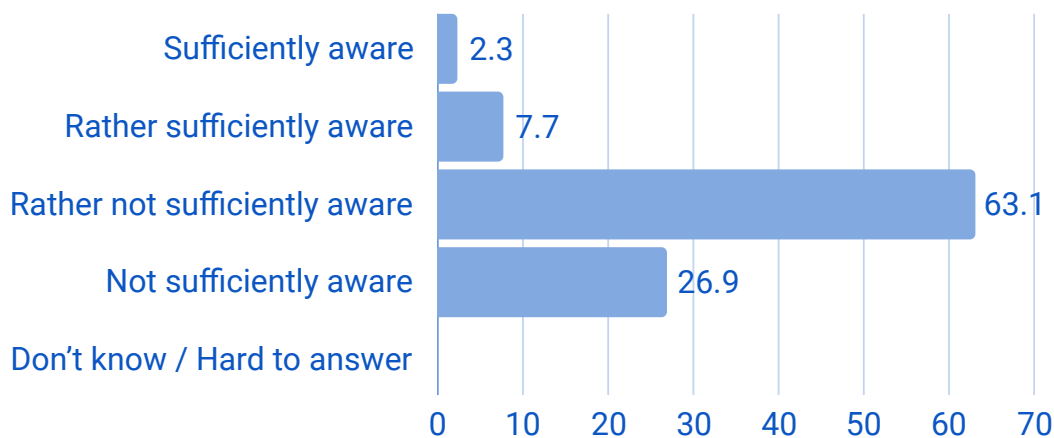


### 3.5. Patient Awareness of When to Seek Psychological or Psychiatric Help

In response to the question about patient awareness of when to seek psychological or psychiatric help, the vast majority of healthcare professionals (90.0%) reported that patient awareness is either insufficient or rather insufficient.



Figure 24: Patient Awareness of When to Seek Psychological or Psychiatric Help  
[% of responses from all respondents].



## SECTION 3 CONCLUSIONS

**The most common reason cited for patients not seeking psychological or psychiatric help is the belief that they can cope on their own (80.0%).** Other prevalent reasons include fear of judgment from others (61.5%) and the perception that seeking help is a sign of weakness (46.2%).

**Most respondents believe that patients do not seek psychological or psychiatric help due to fear of judgment or negative reactions from others.**

Specifically, 53.1% indicated that this often occurs, while another 23.8% noted that it happens very often. Only 13.8% thought patients sometimes refrained from seeking help for this reason. Rare or very rare instances were cited much less frequently (5.4% — rarely, 0.8% — very rarely).

**The vast majority of respondents believe that patients frequently or very frequently avoid seeking psychological or psychiatric help because they are unaware of its importance.** In fact, 49.2% indicated that this occurs often, with another 26.2% saying it happens very often. This suggests a significant need to enhance public awareness regarding the importance of seeking mental health assistance.

**Most respondents also noted that patients often or very often refuse pharmacological treatment of mental disorders, with 45.4% indicating frequent refusal and 12.3% indicating very frequent refusal.**

**Opinions among respondents regarding the impact of the war on the stigma associated with seeking psychological help were divided.** Specifically, 39.3% believed that the war has weakened the stigma, while 36.9% felt it has increased.

Additionally, 13.1% of respondents noted that the war has not affected the level of stigma at all.

**A striking 90.0% of respondents indicated that patients are not sufficiently informed or rather insufficiently informed about effective treatments for mental disorders.**

Similarly, 90.0% also reported that patient awareness is either insufficient or rather insufficient about when it is appropriate to seek psychological or psychiatric help.



## SECTION 4: SELF-MEDICATING AND UNCONTROLLED USE OF PSYCHOTROPIC MEDICINES

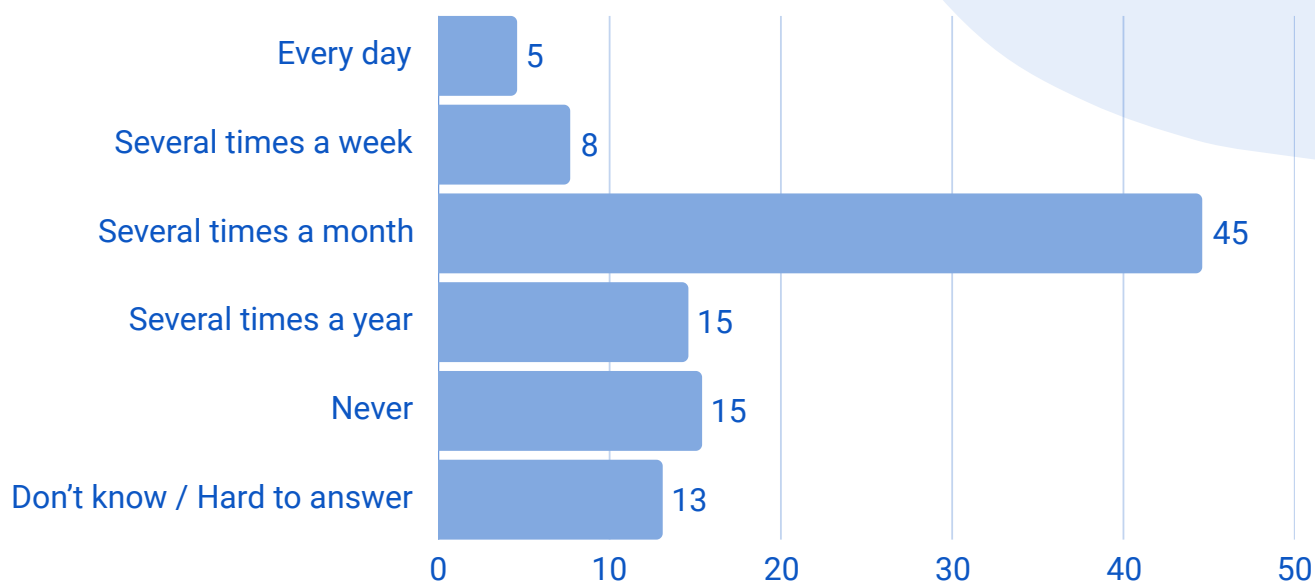
To assess the prevalence and nature of self-medicating with psychotropic medicines among patients, as well as the practices surrounding the uncontrolled use of prescribed antidepressants, anxiolytics, and neuroleptics, respondents were asked to evaluate the frequency of such cases, the main reasons for self-medicating, the most commonly abused groups of medicines, and the dynamics of these processes expected in 2024.

### 4.1. Self-Medicating with Psychotropic Medicines Among Patients

#### 4.1.1. Regularity of Self-Medicating Cases

According to survey results, a majority of healthcare professionals (71.6%) reported encountering cases of self-medicating with psychotropic medicines among patients. Most frequently, these cases occur several times a month (44.6%). Only 15.4% of respondents claimed they have never encountered patients who self-medicate with psychotropic medicines.

Figure 25: Frequency of Self-Medicating with Psychotropic Medicines  
[% of responses from all respondents].



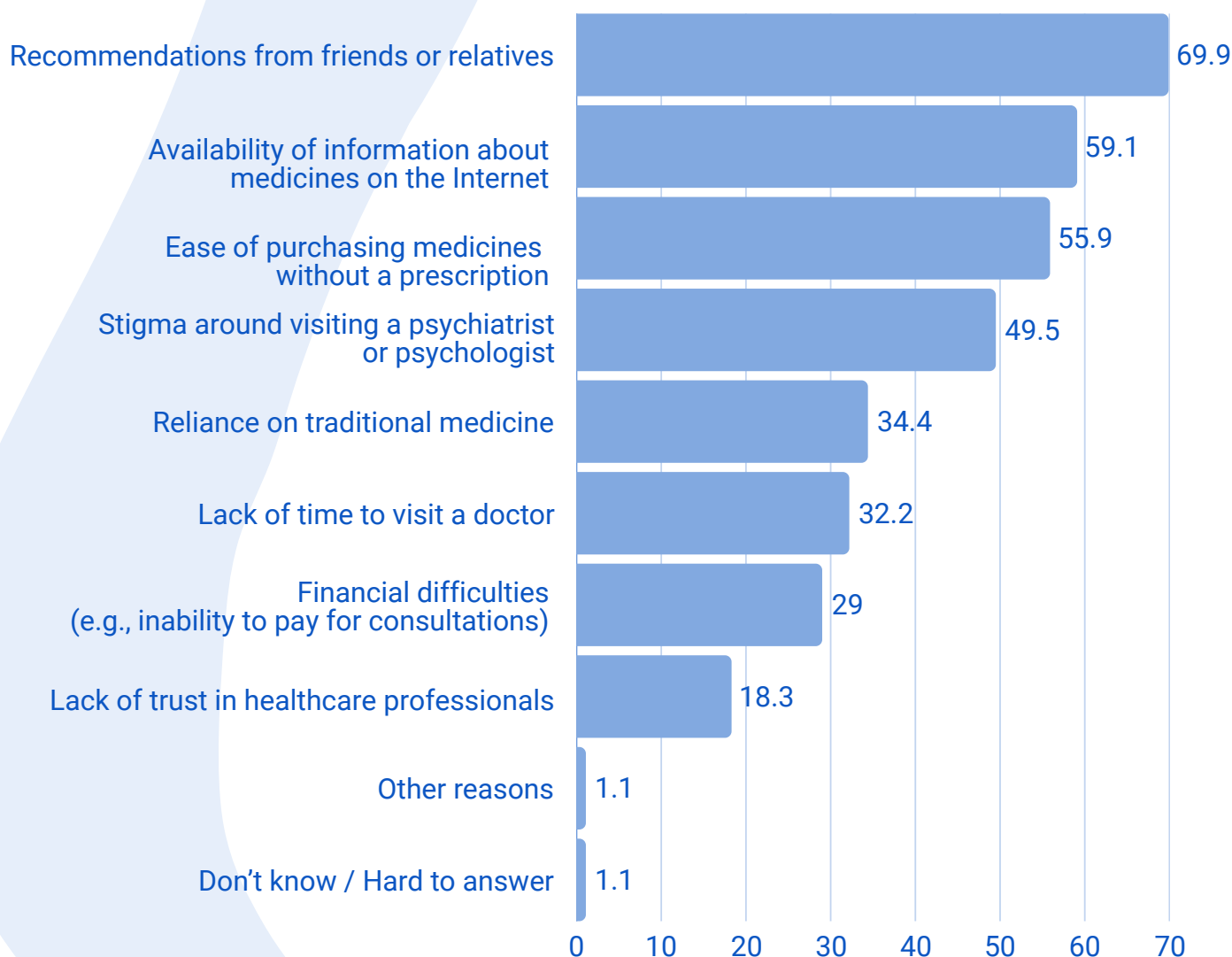
#### 4.1.2. Main Reasons for Self-Medicating with Psychotropic Medicines

Among the respondents who reported encountering patients regularly engaging in self-medication with psychotropic medicines, the most common reason cited was recommendations from friends or relatives (69.9%). Other significant factors included the availability of information about medicines on the Internet (59.1%) and the ease of purchasing medicines without a prescription (55.9%).

Additional important reasons included the stigma associated with seeking help from a psychiatrist or psychologist (49.5%), reliance on traditional medicine methods (34.4%), and lack of time to visit a doctor (32.3%). Financial difficulties (29.0%) and distrust of healthcare professionals (18.3%) were mentioned less frequently.



*Figure 26: Main Reasons for Self-Medicating with Psychotropic Medicines  
[% of responses from respondents who reported encountering patients who self-medicate with psychotropic medicines on a varying basis].*



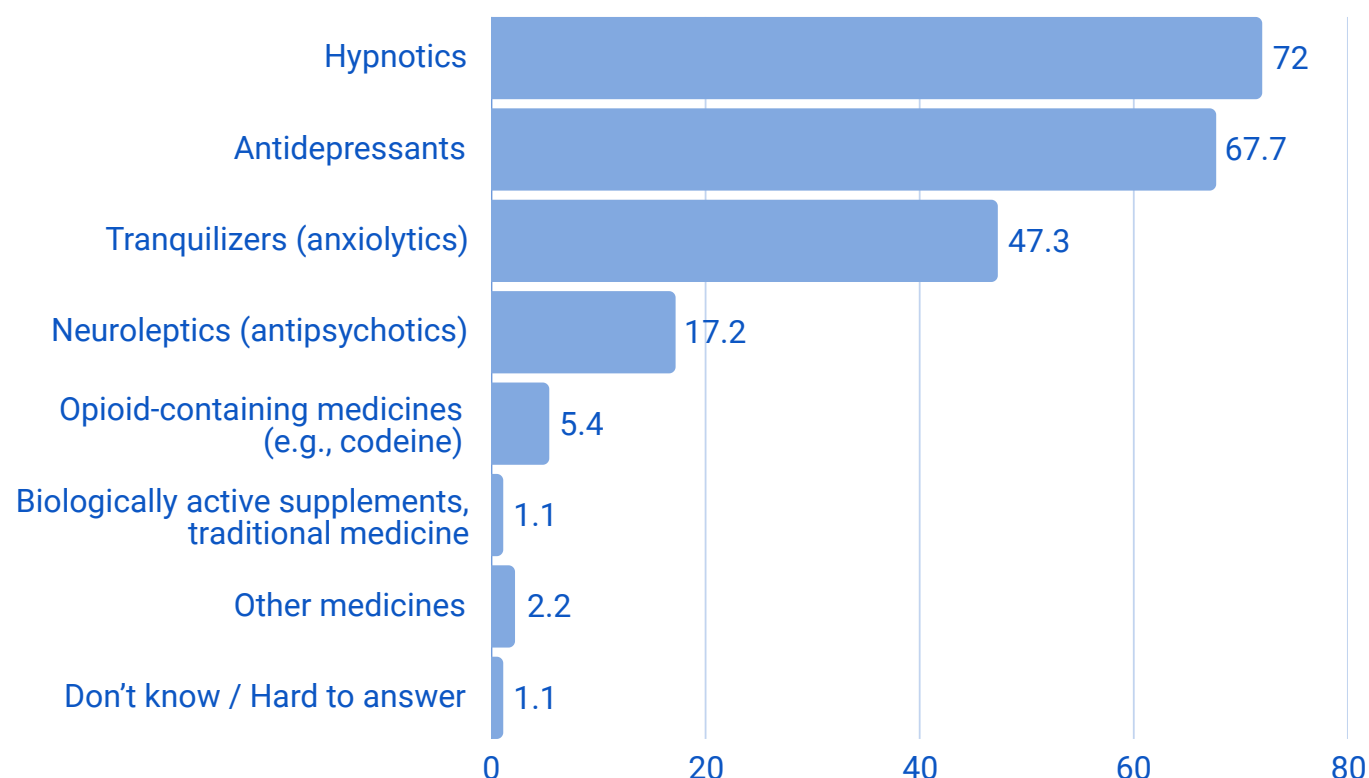
### 4.1.3. Most Common Self-Medicated Medicines

The most commonly self-medicated medicines, as reported by healthcare professionals, are hypnotics (72.0%), antidepressants (67.7%), and anxiolytics (47.3%). Neuroleptics are used less frequently (17.2%), and opioid-based medications are used in only 5.4% of cases.



**Figure 27: Most Common Self-Medicated Medicines**

[% of responses from respondents who reported encountering patients who self-medicate with psychotropic medicines on a varying basis].



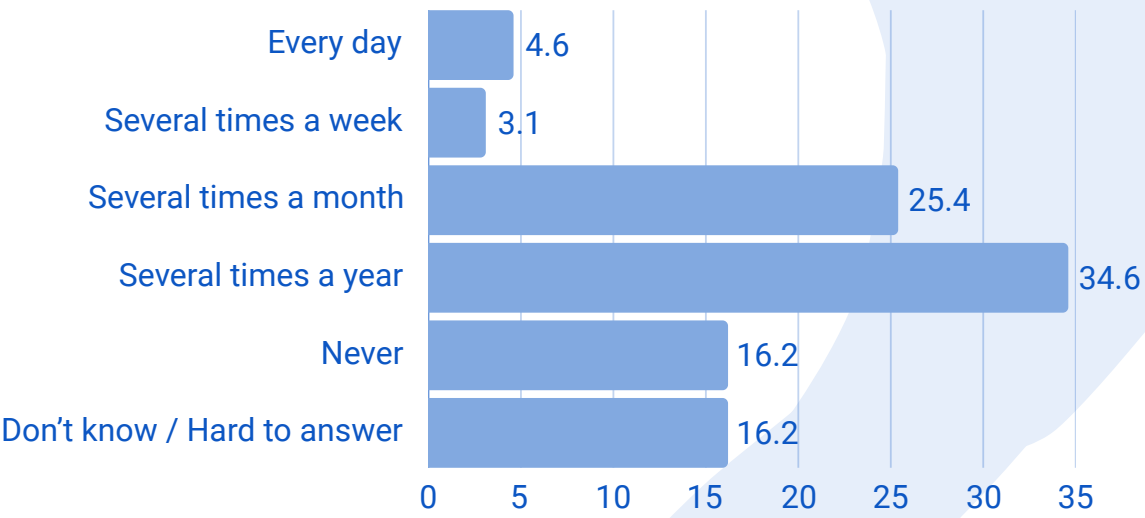
## 4.2. Abuse of Prescribed Antidepressants, Anxiolytics, or Neuroleptics

### 4.2.1. Frequency of Abuse of Antidepressants, Anxiolytics, or Neuroleptics

To evaluate the regularity of abuse of prescribed antidepressants, anxiolytics, or neuroleptics among patients, healthcare professionals were asked how often they encounter such cases in their practice. A majority (67.7%) reported experiences with medication abuse, with most occurrences happening several times a year (34.6%) or several times a month (25.4%). Only 16.2% of respondents reported not experiencing any abuse at all.



Figure 28: Frequency of Abuse of Antidepressants, Anxiolytics, or Neuroleptics  
[% of responses from all respondents].



4.2.2. Most Common Medicines Abused

Among patients who abuse prescribed medications, healthcare professionals identified the most commonly abused medicines as hypnotics (64.8%), antidepressants (56.8%), and anxiolytics (38.6%). Neuroleptics were less frequently abused (15.9%), and opioids were involved in only 9.1% of cases.

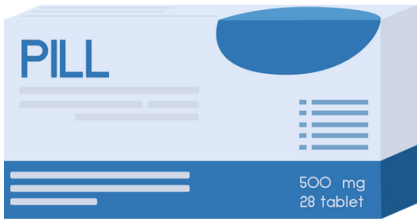
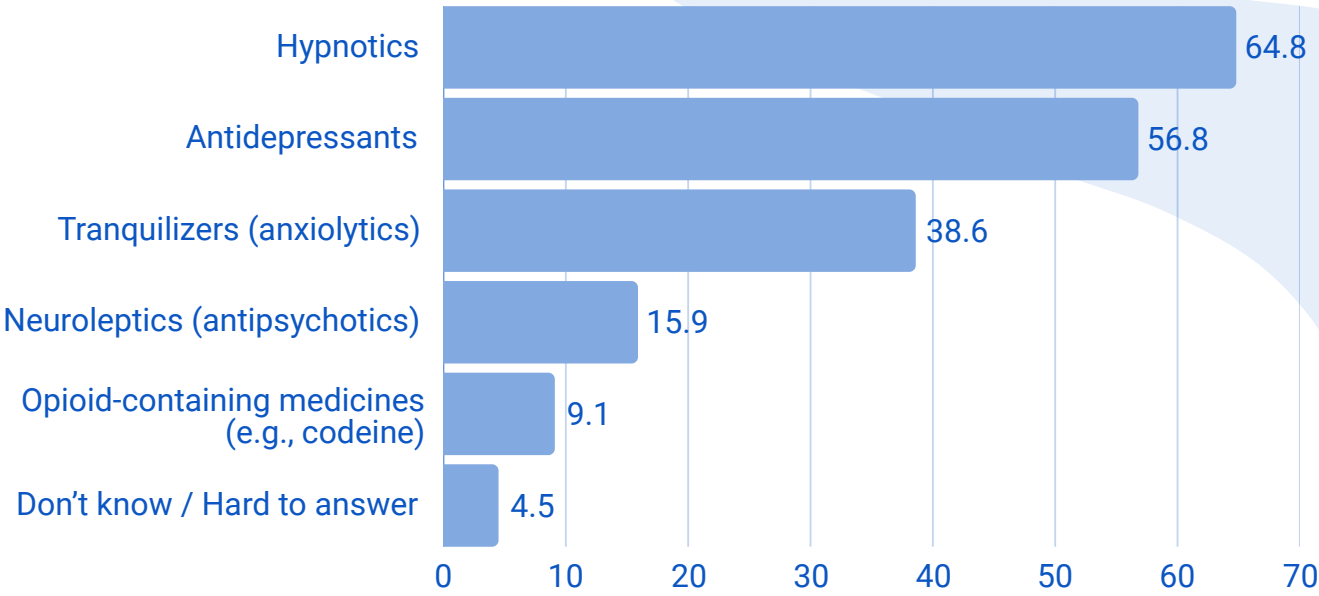


Figure 29: Most Common Medicines Abused  
[% of responses among those who indicated they had encountered patients abusing their prescribed antidepressants, anxiolytics, or neuroleptics in their practice].

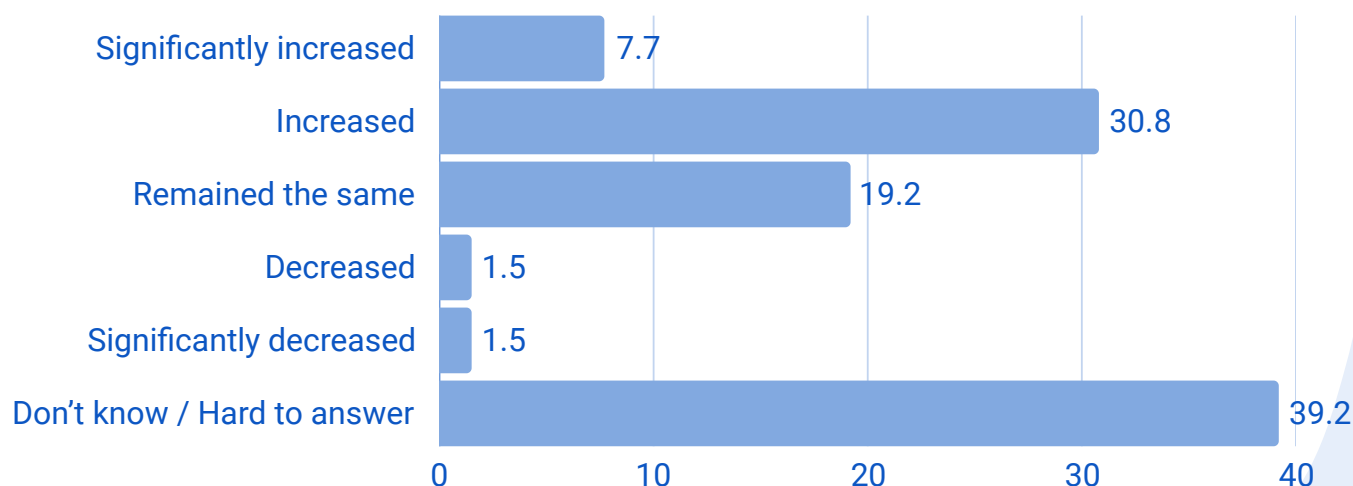


## 4.3. Dynamics of Psychotropic Medicine Abuse in 2024

Regarding changes in the frequency of psychotropic medicine abuse in 2024, about two-fifths of respondents reported an increase in such cases: 30.8% noted an increase, while another 7.7% reported a significant increase. At the same time, 19.2% of respondents believe that abuse remains at the same level as before. Only 3.0% indicated that the number of abuse cases has decreased or decreased significantly.

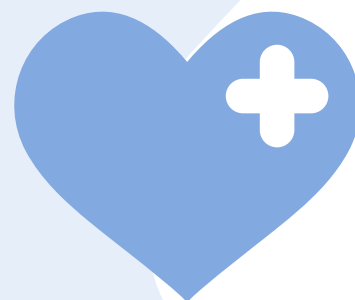


*Figure 30: Dynamics of Psychotropic Medicine Abuse in 2024  
[% of responses from all respondents].*



### 4.3.1. Changes in Cases of Abuse of Psychotropic Medicines Since the Beginning of 2024

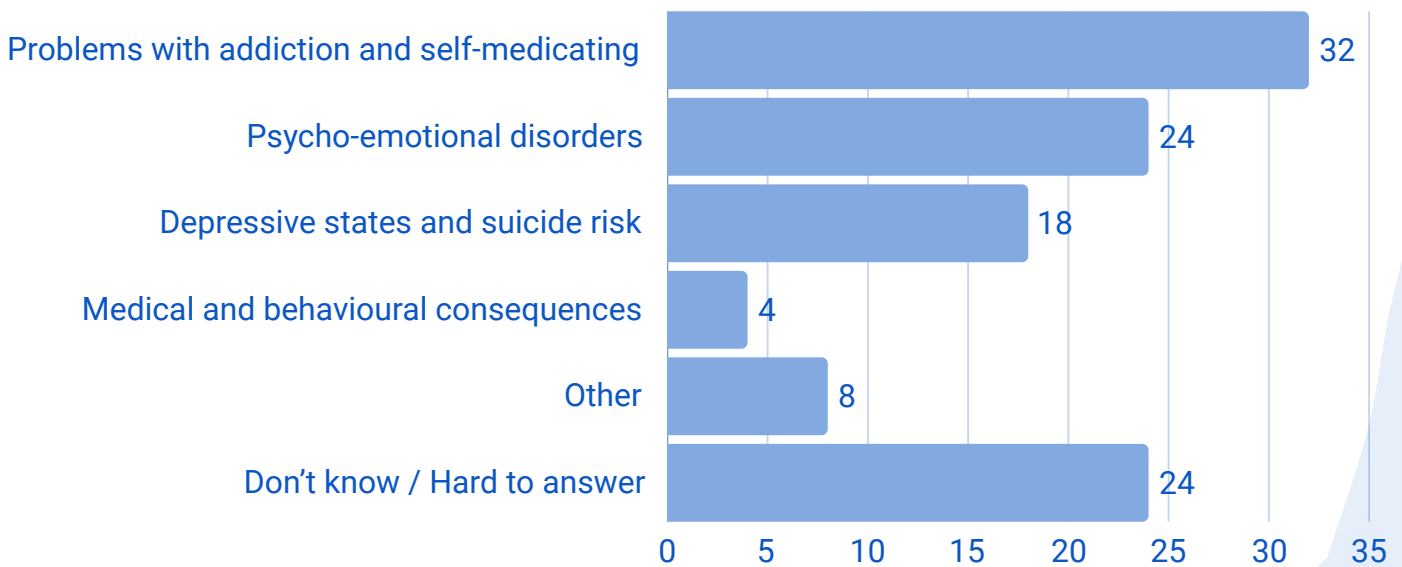
As part of the survey, respondents were asked an open-ended question about changes they observed among patients in connection with the increase in cases of psychotropic medicine abuse since the beginning of 2024. To organize the responses, the results were grouped according to content similarity into four main categories: medical and behavioural consequences, depressive states and suicide risk, psycho-emotional disorders, and problems with addiction and self-medicating.



According to the analysis, the most frequently reported changes observed by healthcare professionals were problems with addiction and self-medicating (32.0%). In second place, psycho-emotional disorders were mentioned (24.0%). Depressive states and suicide risk were noted in 18.0% of responses, while medical and behavioural consequences were recorded least often – in 4.0% of responses.



*Figure 31: Changes in Cases of Abuse of Psychotropic Medicines Since the Beginning of 2024 [% of responses among those who noted an increase in the number of cases of abuse of psychotropic medicines among patients since the beginning of 2024].*



## SECTION 4 CONCLUSIONS

**The majority of respondents noted encountering cases of self-medicating with psychotropic medicines among patients.** In total, 71.6% of healthcare professionals reported encountering such cases, with most occurring several times a month (44.6%).

**The main reasons for patients' self-medicating include recommendations from friends, easy access to information, and the ability to purchase medicines without a prescription.**

Specifically, 69.9% of respondents cited the influence of recommendations from friends or relatives, 59.1% indicated the availability of information online, and 55.9% noted the ease of purchasing medicines without a prescription. Furthermore, 49.5% of respondents highlighted the stigma associated with seeking help from a psychiatrist or psychologist as a barrier.

**The most common self-medicated medicines are hypnotics, antidepressants, and tranquilizers.** In particular, 72.0% of respondents indicated the use of hypnotics, 67.7% reported antidepressants, and 47.3% mentioned tranquilizers (anxiolytics).

**Most respondents also observed abuse of prescribed antidepressants, anxiolytics, or neuroleptics among patients.** Overall, 67.7% of healthcare professionals noted such cases, primarily occurring several times a year (34.6%) or several times a month (25.4%).

**The most frequently abused medicines among prescribed antidepressants, anxiolytics, or neuroleptics were hypnotics, antidepressants, and tranquilizers.** Among respondents, 64.8% indicated hypnotics, 56.8% named antidepressants, and 38.6% mentioned tranquilizers.

**Since the beginning of 2024, most respondents have reported an increase in cases of psychotropic medicine abuse among patients.** Specifically, 30.8% indicated an increase, while another 7.7% reported a significant increase.

**The main changes in patient behaviour related to the increase in medicine abuse included problems with addiction and self-medicating (32.0%), psycho-emotional disorders (24.0%), and depressive states with suicide risks (18.0%).**





## SECTION 5: DENIAL OF SYMPTOMS AND MENTAL HEALTH PROBLEMS

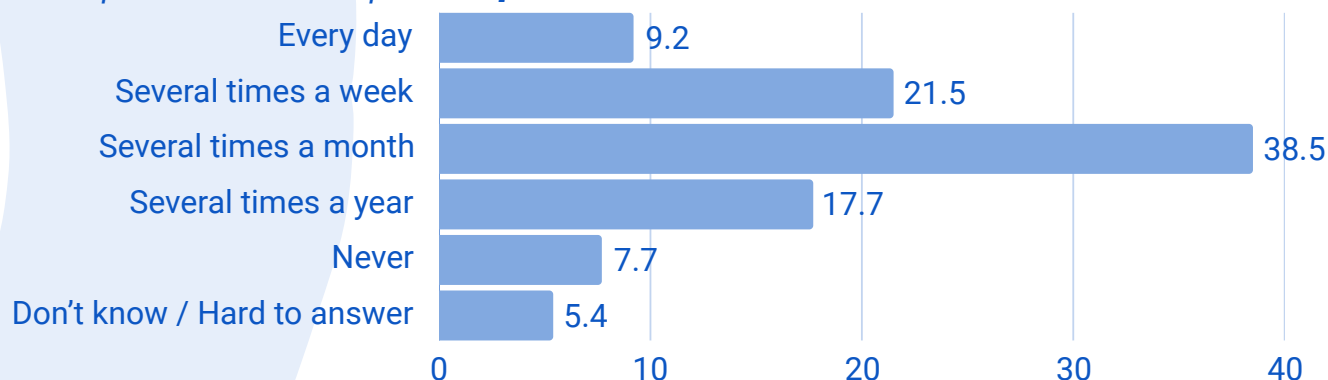
This section analyses how frequently healthcare professionals encounter patients denying their own mental disorders, the primary reasons for such denial, any differences in denial based on the type of disorder, and how prolonged stress caused by war and the socio-economic situation affects this phenomenon.

### 5.1. Patients' Denial of Mental Disorders

#### 5.1.1. Frequency of Patients' Denial of Mental Disorders

The vast majority of respondents (86.9%) reported encountering patients who deny the presence of symptoms of anxiety, depression, or other mental disorders, even when there are clear indications of these conditions. Most often, cases of patients denying symptoms of anxiety, depression, or other mental disorders occur several times a month (38.5%) or several times a week (21.5%). Daily denial is reported by 9.2% of respondents, while only 7.7% indicated they had never encountered such situations.

*Figure 32: Frequency of Patients' Denial of Mental Disorders  
[% of responses from all respondents].*

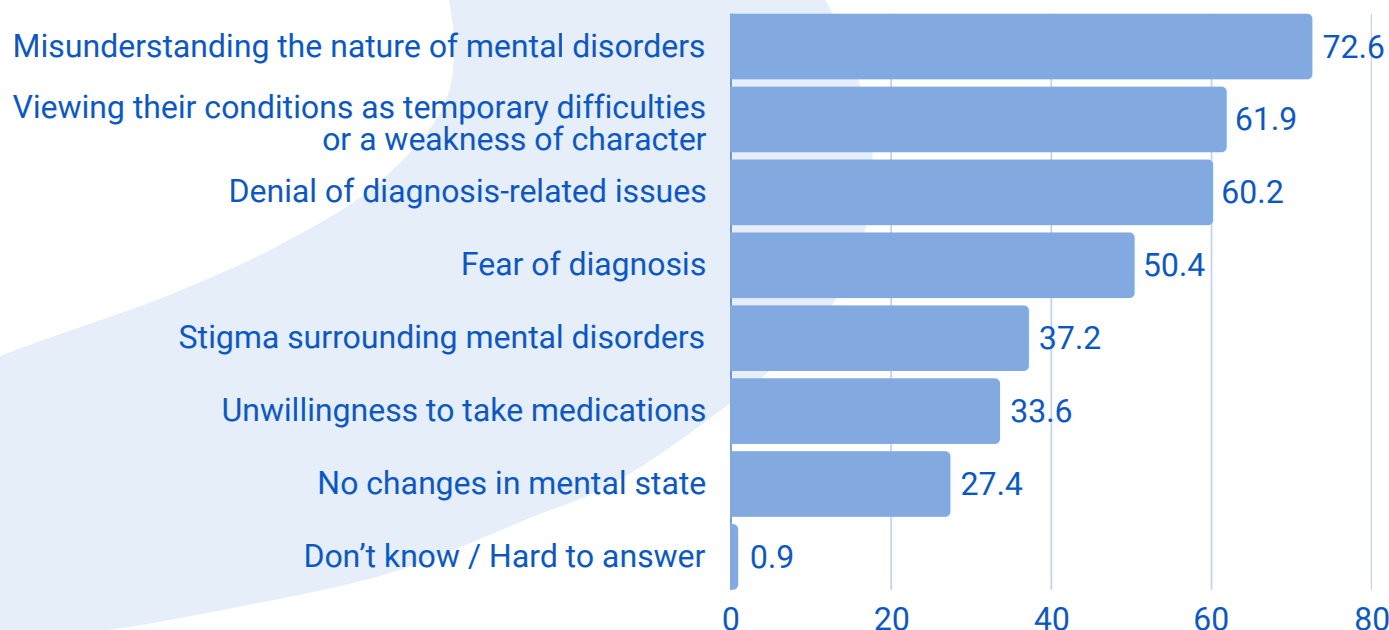


### 5.1.2. Reasons for Patients' Denial of Mental Disorders

The primary reasons respondents cited for patients denying symptoms of anxiety, depression, or other mental disorders — even in the presence of clear signs — include the following: misunderstanding of the nature of mental disorders (72.6%), viewing their conditions as temporary difficulties or a weakness of character (61.9%), refusing to acknowledge the existence of a problem (60.2%) and fear of diagnosis (50.4%). Other factors mentioned less frequently include stigma (37.2%), reluctance to take medication (33.6%), and not feeling any change in their condition (27.4%).



*Figure 33: Reasons for Patients' Denial of Mental Disorders. [% of responses from respondents who reported encountering patients who deny symptoms of anxiety, depression, or other mental disorders, even when there are clear indications of these conditions].*

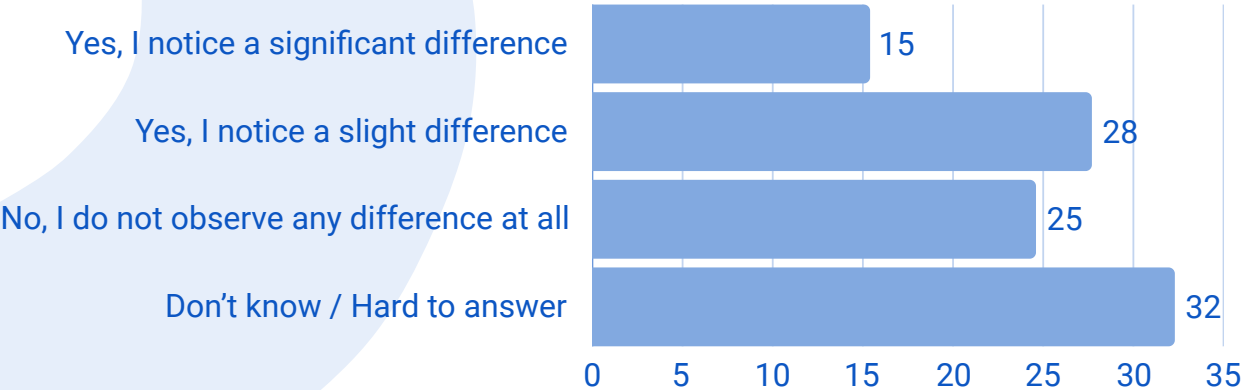


### 5.1.3. Difference in Denial Frequency Depending on Type of Mental Disorder

When asked whether healthcare professionals observe a difference in the frequency of denial based on the type of mental disorder (e.g., depression, anxiety disorder, psychotic disorder), 42.3% of respondents indicated they observe a difference: 27.7% noted a slight difference, while 15.4% reported a significant difference. In contrast, 24.6% did not observe any difference.



*Figure 34: Difference in Denial Frequency Depending on Type of Mental Disorder [% of responses from all respondents].*



### 5.1.4. Features of Denial by Type of Mental Disorder

To gain a better understanding of how patients deny the existence of mental disorders, respondents were asked to describe how the frequency of denial varies depending on the type of mental disorder, such as depression, anxiety disorder, or psychotic disorder.

According to the open-ended responses:

The most pronounced denial is observed in psychotic disorders, associated with impaired insight and anosognosia.



In depressive disorders, denial usually stems from underestimating the severity of the condition, social stigma, and low awareness of symptoms.

Patients with anxiety disorders are less likely to deny the existence of their problems, are generally more aware of their symptoms, and show a greater willingness to seek help.

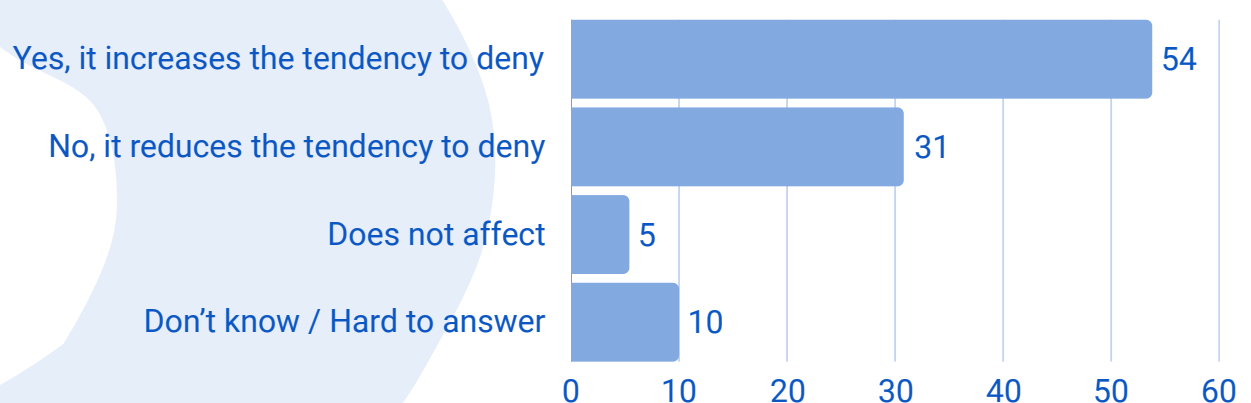
Additional reasons for denial include fear of diagnosis, distrust of healthcare professionals, the influence of unreliable information, low levels of education, and personal characteristics.

### 5.1.5. The Impact of Prolonged Stress on Denial of Mental Health Problems

Moreover, over half of respondents (53.8%) believe that prolonged stress — such as that caused by war or socio-economic instability — enhances individuals' tendency to deny their mental health problems. In contrast, 30.8% think that prolonged stress reduces this tendency, while only 5.4% noted that stress does not impact this behaviour at all.



*Figure 35: The Impact of Prolonged Stress on Denial of Mental Health Problems  
[% of responses from all respondents].*



## SECTION 5 CONCLUSIONS

**Denial of symptoms related to anxiety, depression, or other mental disorders, despite obvious signs, is a prevalent issue among patients.** Over 86% of healthcare professionals reported encountering such cases. Of these, 38.5% experience these situations several times a month, 21.5% weekly, and 9.2% daily.

**The primary reasons for this denial are a lack of awareness and the stigma associated with mental disorders.** Respondents primarily identified misunderstanding the nature of mental disorders (72.6%), viewing their conditions as temporary difficulties or a weakness of character (61.9%), refusing to acknowledge the existence of a problem (60.2%), and fear of diagnosis (50.4%) as key factors.

**Healthcare professionals noted variations in denial frequency based on the type of disorder.** 42.3% of respondents indicated they observe a difference: the least denial was noted in patients with anxiety disorders, while in cases of psychotic disorders, total denial due to a lack of insight (anosognosia) was common.

**Additional factors contributing to denial include individual patient characteristics, the influence of unreliable information, low levels of education, and distrust in healthcare professionals.**

**Lastly, the stresses of war and socio-economic instability may exacerbate the tendency to deny mental health issues.** An overwhelming 53.8% of respondents believe that prolonged stress enhances this tendency, while 30.8% think it reduces it, and only 5.4% see no connection.

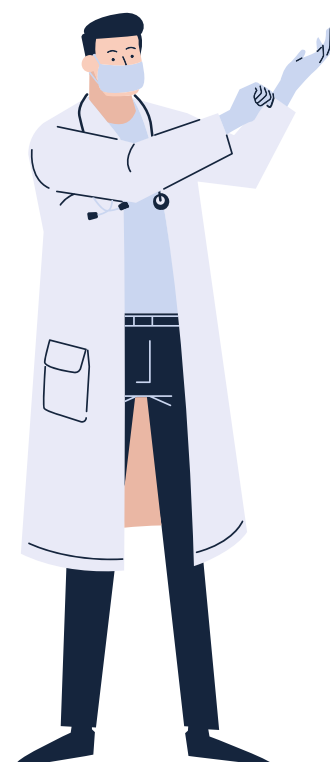


# SECTION 6: THE MENTAL HEALTH OF HEALTHCARE PROFESSIONALS AND ITS ASSESSMENT

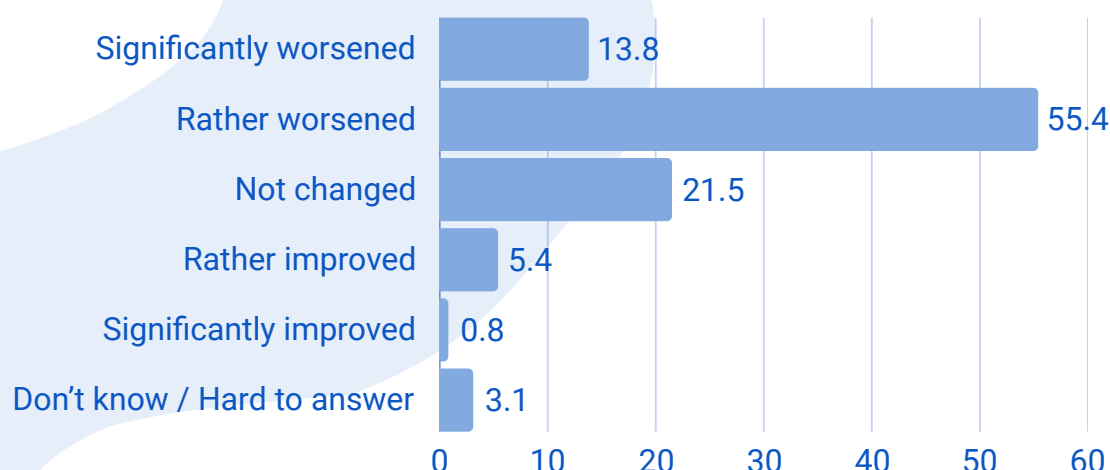
In the previous sections of this survey, we examined the experiences of patients in health facilities. The purpose of this section is to identify changes in the mental health of healthcare professionals in 2024, specifically regarding their experiences in seeking help from mental health professionals, their ability to cope with emotional difficulties on their own, and their experiences with medicines to maintain their mental health.

## 6.1. Changes in the Mental Health of Healthcare Professionals in 2024

According to the results obtained, the majority of healthcare professionals (69.2%) reported a deterioration in their mental health in 2024 compared to 2023. Specifically, 55.4% indicated that their mental health rather worsened, while another 13.8% reported a significant worsening. Furthermore, 21.5% of respondents noted that their mental health remained unchanged, and only 6.2% reported an improvement (5.4% indicated a slight improvement and 0.8% a significant improvement).



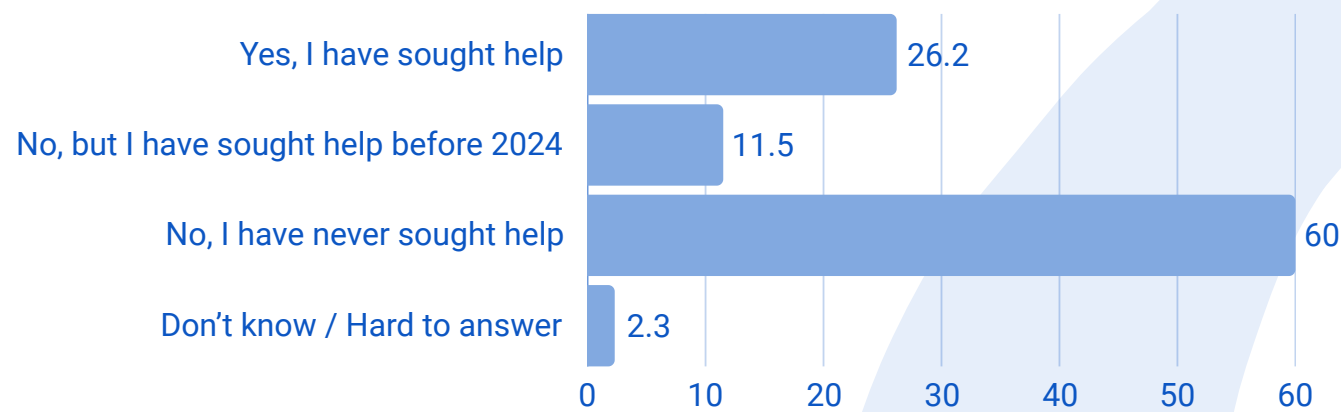
*Figure 36: Changes in the Mental Health of Healthcare Professionals in 2024 [% of responses from all respondents].*



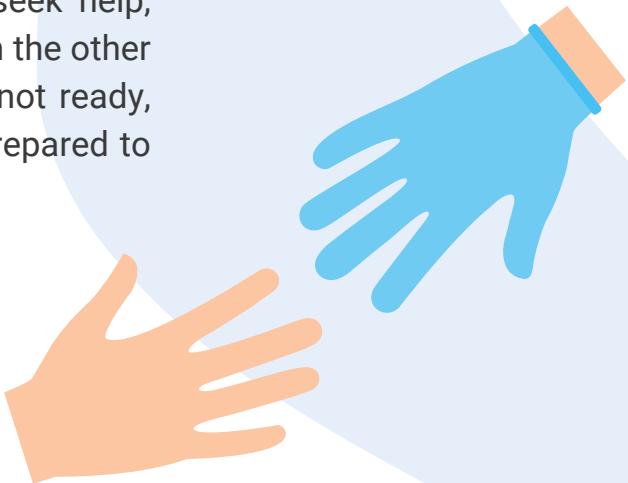
## 6.2. Experience of Healthcare Professionals Seeking Help from Mental Health Professionals

Regarding their experiences in seeking help from mental health professionals, most healthcare professionals (60.0%) reported that they did not seek help in 2024. Additionally, 11.5% noted that they had sought help from specialists before 2024. Furthermore, 26.2% of respondents reported having sought help in 2024.

*Figure 37: Experience of Healthcare Professionals Seeking Help from Mental Health Professionals*  
*[% of responses from all respondents].*

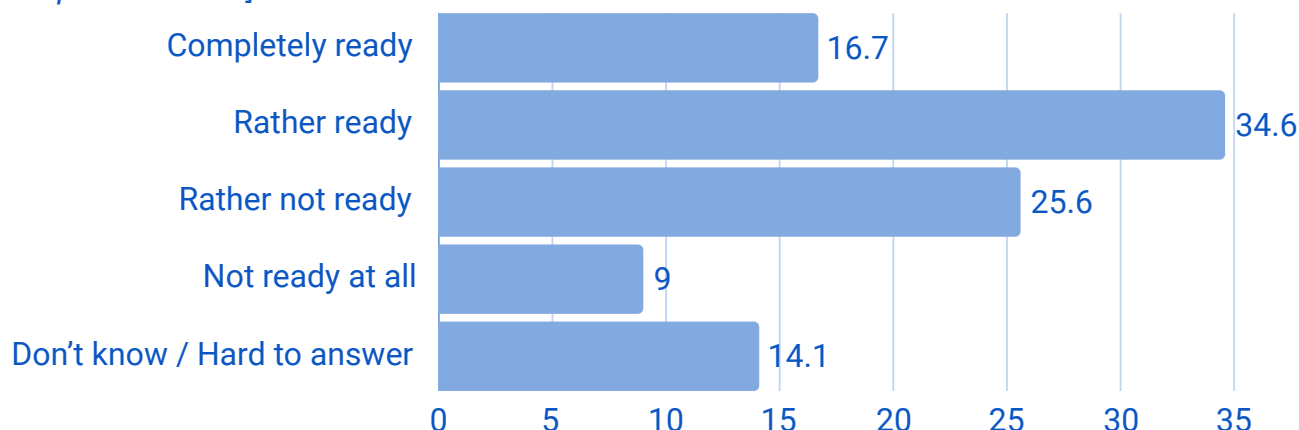


Among those healthcare professionals who had not previously sought mental health support, the majority (51.3%) expressed a willingness to seek help. Specifically, 34.6% indicated they were somewhat ready to seek help, while 16.7% stated they were completely ready. On the other hand, 25.6% indicated that they were somewhat not ready, and 9.0% reported that they were completely unprepared to seek help from mental health professionals.



*Figure 38: Willingness to Seek Help from Mental Health Professionals*

*[% of responses among respondents who indicated that they had never sought help from mental health professionals].*

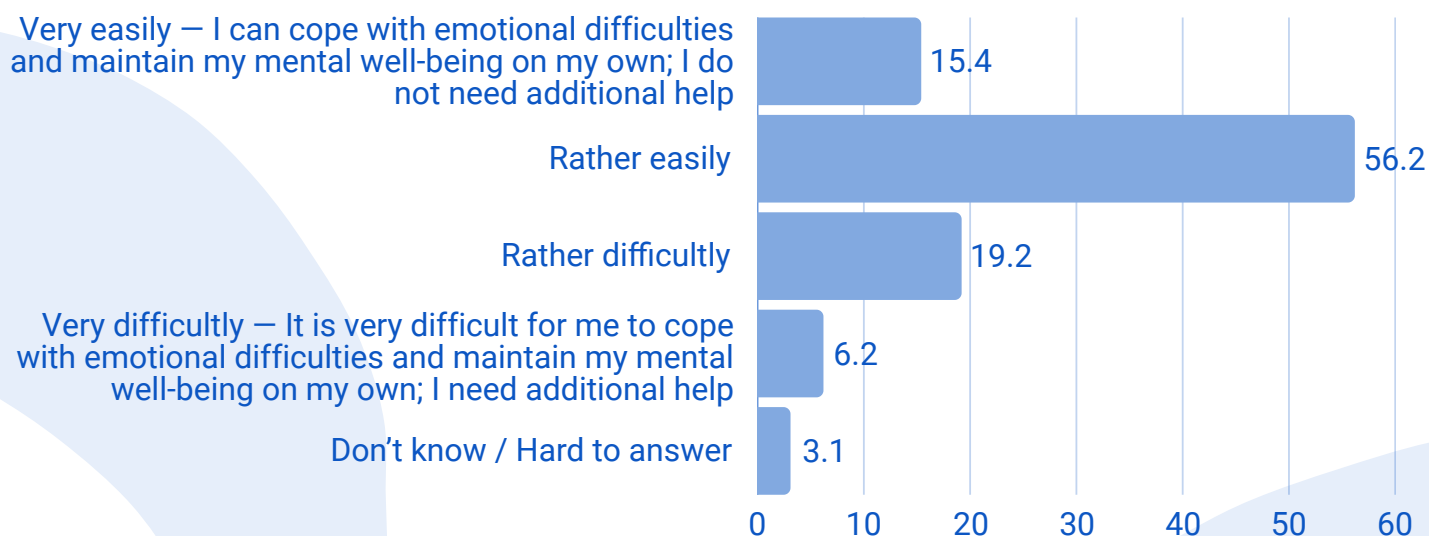


### 6.3. Ability of Healthcare Professionals to Cope with Emotional Difficulties on Their Own

Healthcare professionals were also asked to assess their ability to cope with emotional difficulties independently and to maintain their mental well-being. The majority of respondents (56.2%) reported that they were able to cope rather easily, while 15.4% indicated they could do so very easily. However, 19.2% experienced some difficulties maintaining their mental well-being, and 6.2% reported serious difficulties that required additional assistance.



*Figure 39: Ability of Healthcare Professionals to Cope with Emotional Difficulties on Their Own*  
*[% of responses from all respondents].*

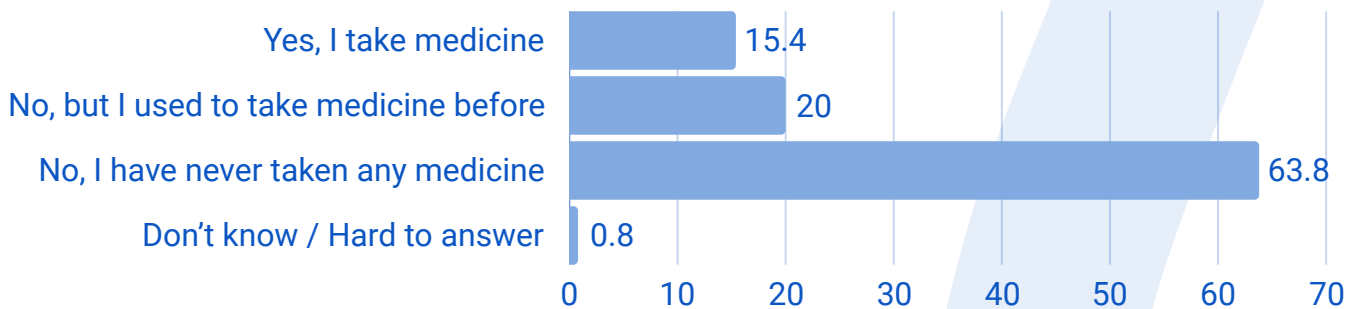


## 6.4. Experience of Healthcare Professionals in Using Medicines to Maintain Their Mental Well-being

Regarding the experience of healthcare professionals in using medicines to maintain their mental well-being, 63.8% reported that they had never taken such medicines. Another 20.0% indicated that they had previous experience with them, while 15.4% reported that they were currently taking medicines.



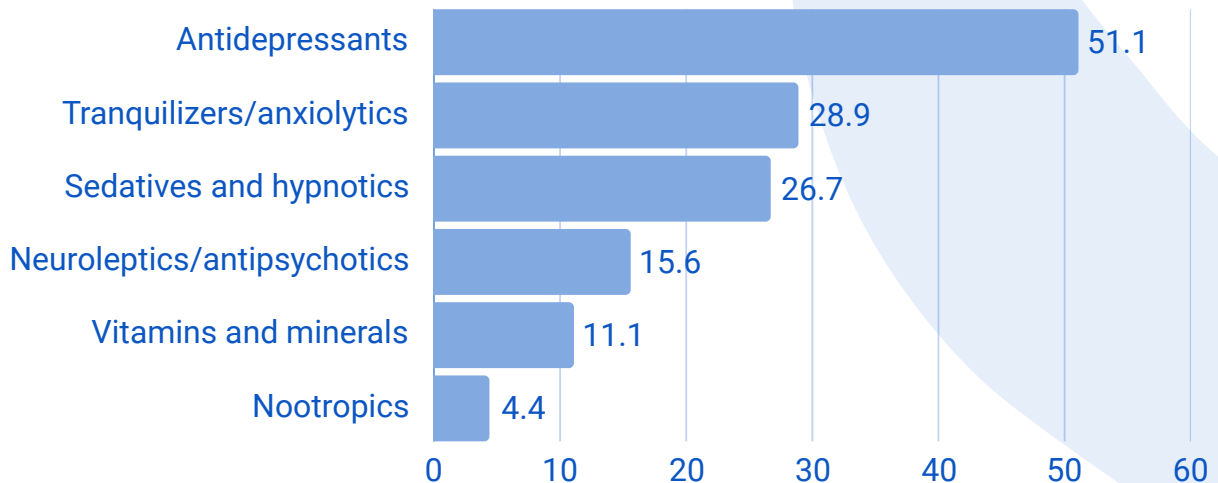
*Figure 40: Experience of Healthcare Professionals in Using Medicines to Maintain Their Mental Well-being*  
[% of responses from all respondents].



Among those who take or have taken medicines, the most commonly reported were antidepressants (51.1%), tranquilizers/anxiolytics (28.9%), and sedatives or hypnotics (26.7%). Neuroleptics/antipsychotics were taken by 15.6%, vitamins and minerals by 11.1%, and nootropics by 4.4%.



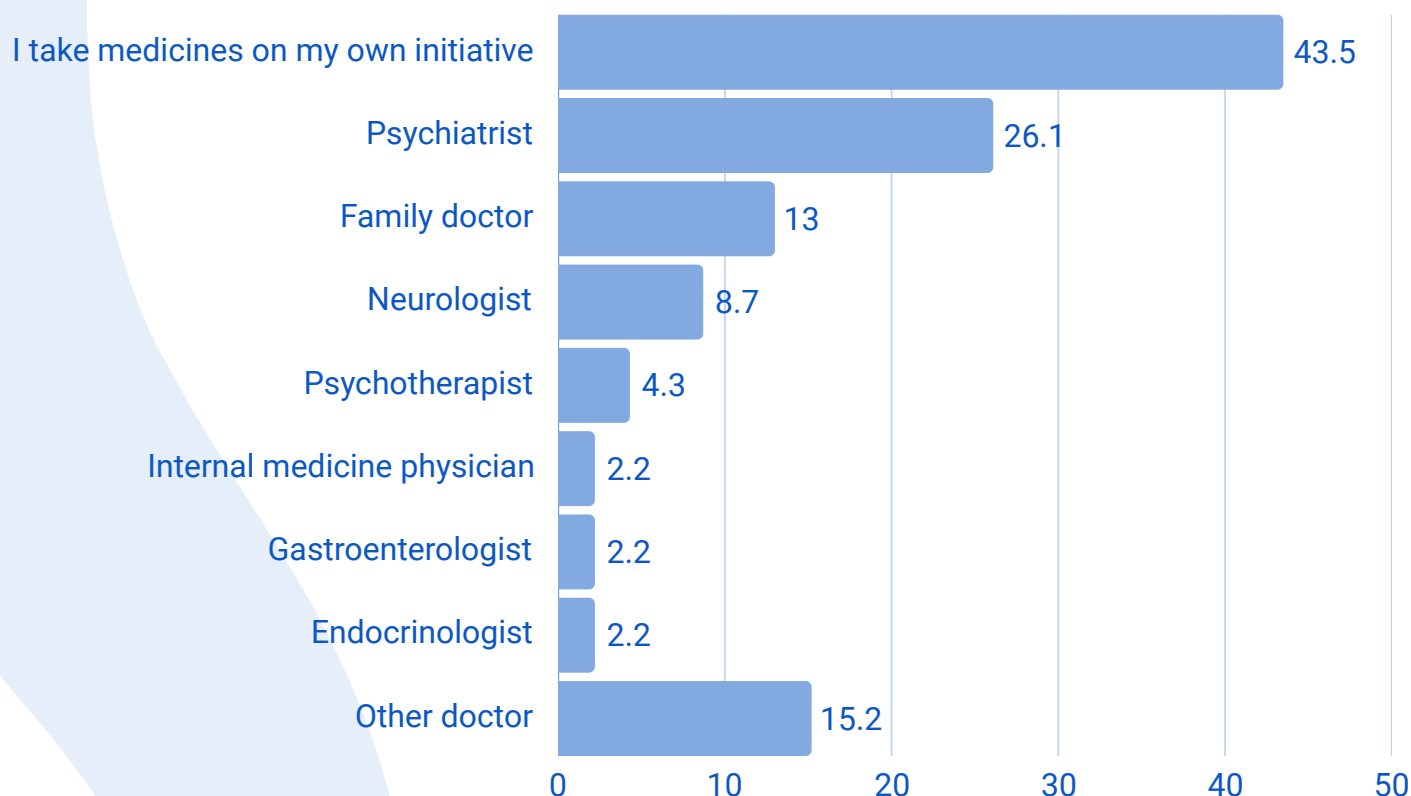
*Figure 41: Medicines Taken to Maintain Your Mental Well-being*  
[% of responses among respondents who took medicines to maintain your mental well-being].



When asked who prescribed medicines to maintain their mental well-being, the largest proportion of respondents (43.5%) reported taking them on their own initiative. Among medical specialists, the most frequent prescribers were psychiatrists (26.1%), family doctors (13.0%), and neurologists (8.7%).



*Figure 42: Who Prescribed Medicines Taken to Maintain Your Mental Well-being  
[% of responses among respondents who took medicines to maintain your mental well-being].*



## SECTION 6 CONCLUSIONS

**In 2024, the majority of healthcare professionals (69.2%) reported a deterioration in their mental health compared to 2023.** Specifically, 55.4% indicated a moderate decline, while 13.8% noted a significant decline. Only 6.2% of respondents reported an improvement in their mental health.

**Most healthcare professionals (60.0%) did not seek help from mental health professionals in 2024.** Conversely, about one in four respondents (26.2%) indicated that they sought help that same year.

**Among those who had never sought help, the majority (51.3%) expressed a willingness to do so in the future,** while 34.6% indicated they were somewhat ready to seek help.

**Furthermore, the majority of respondents (56.2%) reported that they were able to cope fairly easily,** while 15.4% indicated they could do so very easily. However, 19.2% experienced some difficulties maintaining their mental well-being, and 6.2% reported serious difficulties that required additional assistance.

This suggests that about a quarter of respondents encounter significant challenges in maintaining their mental well-being, highlighting the urgent need for mental health support programs for healthcare professionals. To address these issues, it is crucial to enhance access to in-house psychologists and increase staff awareness of available services.

This could be achieved by developing more comfortable and confidential consultation formats and actively promoting support opportunities.

**A significant majority of respondents (63.8%) reported that they had never taken medicines to maintain their mental well-being.** Another 20.0% indicated that they had previous experience with them, while 15.4% reported that they were currently taking medicines.

**Among healthcare professionals who had utilized medications, the most commonly used were antidepressants (51.1%), tranquilizers/anxiolytics (28.9%), and sedatives or hypnotics (26.7%).**

**When it came to the prescription of medications, 43.5% of respondents reported taking them on their own initiative.** The most frequent prescribers among medical specialists were psychiatrists (26.1%).

# CONCLUSIONS AND RECOMMENDATIONS

The ongoing war continues to have a significant impact on the mental health of the population. This has resulted in **an increased number of requests for psychological help and changes in the nature of patients' needs.**

Many healthcare professionals have noted that the war has severely affected the mental health of patients, leading to a rise in anxiety and depressive disorders, psychosomatic symptoms, and panic attacks.

In 2024, there was a noticeable uptick in requests for assistance from mental health professionals, indicating a growing demand for these services and a potential increase in the burden on the mental health system.

The primary reasons for referrals included an increase in requests related to traumatic experiences, exacerbation of pre-existing mental health issues, and a need for emotional support and stabilization of the psycho-emotional state.

Referring patients with signs of psycho-emotional disorders to mental health professionals has become commonplace among healthcare professionals. This practice is crucial for the early detection of issues and the provision of timely specialized care.

Despite the growing need for psychological and psychiatric help, **many patients hesitate to seek treatment due to persistent barriers such as lack of awareness, stigma, and fear of judgment.**

The most common reasons patients do not seek treatment include their belief that they can cope on their own, fear of judgment, and the perception that seeking help is a sign of weakness.

Most respondents reported that patients often or very often refrain from seeking assistance due to stigma and low awareness of the importance of addressing mental disorders.

Additionally, the refusal to seek pharmacological treatment for mental disorders is a common practice among patients, which can hinder the recovery process.

Opinions among respondents regarding the war's impact on attitudes toward mental health were mixed; some observed a reduction in stigma, while others noted its increase.

However, most respondents indicated that there is an insufficient level of patient awareness concerning both treatment methods and the signs that necessitate professional help.

Finally, self-medicating and the uncontrolled use of psychotropic medicines among patients is prevalent, exacerbated by easy access to these medications, recommendations from unofficial sources, and a lack of awareness of the associated risks.

Most healthcare professionals reported encountering regular cases of patients self-medicating with psychotropic medicines, particularly hypnotics, antidepressants and tranquilizers.

The main factors contributing to self-medicating include recommendations from friends, the availability of information on the Internet, the ease of purchasing medicines without a prescription, and the stigma associated with seeking professional help.

A significant number of respondents reported the abuse of prescribed antidepressants, anxiolytics, or neuroleptics, which often occurs several times a month or year.

Most healthcare professionals have observed an increase in cases of psychotropic medicine abuse in 2024. This rise correspondingly leads to a greater spread of addiction, psycho-emotional disorders, and an increased risk of suicidal states among patients.

**A common challenge faced by healthcare professionals is the denial exhibited by patients regarding the presence of mental disorder symptoms.** This denial complicates timely care and requires additional emphasis on educational and communication efforts.

Most healthcare professionals encounter patients denying symptoms of mental disorders with a frequency ranging from several times a month to daily.

The primary reasons for this denial include a lack of awareness, the stigma surrounding mental disorders, fear of diagnosis, and viewing their conditions as temporary difficulties or a weakness of character.

Healthcare professionals have noted variations in the frequency of denial depending on the type of disorder; denial is least common among patients with anxiety disorders and most prevalent among those with psychotic conditions, where a lack of insight complicates recognition of their condition.

Individual characteristics of patients, the influence of unreliable information, and low levels of education also affect denial tendencies.

More than half of respondents believe that prolonged stress due to war or socio-economic instability increases the risk of denying mental health issues.

**In 2024, the mental health of healthcare professionals has significantly deteriorated** due to increased workloads and insufficient access to mental health support.

Most healthcare professionals have reported a decline in their mental health, with only a small percentage seeking help from mental health professionals.

About a quarter of respondents indicated experiencing severe or moderate difficulties in managing their emotional challenges independently, underscoring the need for the development of support programs for staff.

While most healthcare professionals do not rely on medicines to maintain their mental well-being, those who do commonly use antidepressants, tranquilizers, and sedatives.

A significant portion of these professionals use psychotropic medicines without consulting a doctor, highlighting the need for greater awareness of safe mental well-being practices and the significance of professional care.



