PSYCHOSOCIAL SUPPORT OF SCHOOL CHILDREN IN THE EAST OF UKRAINE: SCIENTIFIC EVIDENCE

Dr. Sergiy Bogdanov
UMANA XLIV Scientific Conference
Centre for Mental Health and Psychosocial Support is a unit of the National University of Kyiv-Mohyla Academy

**Overall:**

- 20 employees and 70 project staff
- Projects in 5 regions: Donetsk, Luhansk, Kharkiv, Dnipropetrovsk, Zaporizhzhya
- 2 Psychosocial Rehabilitation Centres: Kyiv and Slovy’ansk
- Scientific method approach
- Experts with international experience in emergency psychosocial assistance
- Transparent reporting to donors

**Partners:**

- Ministry of Education and Science of Ukraine
- Ministry of Social Policy of Ukraine
- Kyiv City State Administration program «Turbota. Nazustrich Kyianam» (Care. Towards Kyivites)
- WHO
- UNICEF
- Johns Hopkins University, USA
- International Medical Corps
- Malteser International
- and others
CETA psychotherapy program

Program of psychosocial support at the community level

Program of pre-medical first aid training

Training for teachers and psychologists on resilience strengthening in children

Training of supervisors in psychosocial field

Training for social workers and volunteers to enhance community resilience

Referral procedures on community level

Effectiveness monitoring

Child psychotherapy program

Integrated program of psychosocial support for children in schools

Research & implementation model at nation-wide level
Context

Conflict began in March 2014 and has caused large-scale population displacement and widespread damage to infrastructure.

1 million children need humanitarian assistance (UNICEF)

200,000 children are living in 15 km front line zone (Gov. contr. area)

Some 68 children have been killed and 152 children have been wounded since the beginning of the armed conflict (GoU)
internally displaced approximately 1.7 million people. Of them, there are about 900,000 women and 236,000 children (GoU)
Damage to housing and critical civilian infrastructure continues to trigger humanitarian needs
(辑U)
Women-headed households, especially those with children, are among the most likely to suffer from food insecurity to a greater extend (Humanitarian needs report)
The Ukrainian currency, the hryvnia, has lost half its value. Nationwide food price increase of 25 per cent this year
(OCHA)
2 February 2017, Avdeevka
8 years old Alexiy nearby his destroyed home
2500 children have been living in Avdeevka
Nina Dmytrivna and her grandchildren Diana, 14 and Sasha, 6, are in the cellar of their house. They hide here in case of shelling.
School provide stable, structured environment and can promote resilience.

97% children are going to school (2013)

Children receive food and have opportunity to socialize.

Every second school has a psychologist who supports educational process.
- Comprehensive Psychosocial Support and Assistance to the Most Vulnerable Communities Near the Contact Line (UNICEF, Feb – July 2016).
1. PSYCHOSOCIAL DISTRESS, EMOTIONAL WELL-BEING AND RESILIENCE STRATEGIES AMONG SCHOOL CHILDREN
STUDY ON PSYCHOSOCIAL DISTRESS AND EMOTIONAL WELL-BEING AMONG SCHOOL CHILDREN

AREAS: DONETSK AND LUHANSK OBLASTS GOVERNMENT CONTROLLED AREA

PARTICIPATION:

- Schools were randomly selected to participate in the study
- 32 (out of 36) schools participated in the study
- 446 children answered the questionnaire

AGE OF CHILDREN EXPERIENCING HIGH LEVELS OF POST TRAUMATIC DISTRESS:

- 3 – 5th grade (9 – 11 years) 31%
- 6 – 8th grade (12 – 14 years) 24%
- 9 – 11th grade (15 – 17 years) 24%

AGE OF CHILDREN PARTICIPATING:

- 3rd – 11th grade (9 – 17 years old)

- Boys: 23%
- Girls: 28%

25% children show high levels of post traumatic distress

TRAUMATIC INCIDENTS WITNESSED:

- Witnessed military vehicles: 86.1%
- Shooting: 43.0%
- Threatening self or close relatives: 43.0%
- Fighting: 37.0%
- Beating unknown persons: 33.2%
- Explosions: 30.7%
- Beating acquaintances: 12.1%
- Killed unknown persons: 8.5%
- Killed known persons: 3.8%
What are the main problems faced by families living here in the front line zone? (n=67)

- **42** Not enough money
- **21** Quarrels in families
- **12** Fear of war
- **7** Housing
- **5** No time

“sometimes [parents] are not able to find a job. No money, parents have no money to feed their children and parents also don’t eat themselves”

can not buy products
can not buy “cool” thing
Family is limited in traveling, in recreation
Parents are worried and exhausted
All that causes conflicts
What are the main problems faced by families living here in the front line zone? (n=67)

- 42 Not enough money
- 12 Fear of war
- 21 Quarrels in families
- 7 Housing
- 5 No time
- Low understanding
- Violence
- Alcoholism
- Because parents are exhausted

"Someone offended someone, someone are not able to agree what belongs to whom”
“Problems in the family, cruelty above children, children are beaten and scolded”
What are the main problems faced by families living here in the front line zone? (n=67)

- Not enough money: 42
- Quarrels in families: 21
- No time: 5
- Fear of war: 12

“we can not visit my grandmother, frightened by explosions, tanks, military vehicles, people with weapons in the city”
What are the main problems faced by families living here in the front line zone? (n=67)

- Not enough money: 42
- Quarrels in families: 21
- Fear of war: 12
- Housing: 7
- No time: 5
Younger children mentioned that home violence is a problem: “[parents] beat their children if they did something bad, because of difficulties with something”
Conclusion 1

Most of the children experienced different types of traumatic events that caused significant psychosocial stress level.

We should discuss stress impact in broader context of conflict dynamic and local culture.

Family conflicts and economic difficulties causes more worries and problems for Ukrainian children than war exposure itself.

Psychosocial support programs for children in the East of Ukraine should respond to various level: personal, family and community.
Children in the East of Ukraine, who grow up well despite all difficulties, are:

- Communicative and prosocial
- Feeling happy and optimistic
- Help other
- Receive help from family and friends
Conclusion 2

Family support and communication with friends are common protective factors of child resilience for different countries/cultures during military conflicts (Tol at all, 2016)

Ukrainian children coped well with stress and developed effective resilience strategies.

Programs that increase prosocial behaviour, strengthen group cohesion and social trust could have significant impact on children’s wellbeing and reduce mental health problems.
2. EFFECTIVENES OF THE COMPREHANCIVE PROGRAM OF PSYCHOSOCIAL SUPPORT IN SCHOOLS
School provide stable, structured environment and can promote resilience

97% children are going to school (2013)

Children receive food, are physically safe and have opportunity to socialize

Every second school has a psychologist who supports educational process
Multi-layer intervention can resolve different types of psychosocial problems among children during educational process.
Who was trained (2015-2016)

**Teachers** – training on building emotionally supportive relationships with children and providing emotionally safe environment in school classes — 3842 teachers in 5 oblasts

**School psychologists** – training on psychological recovery - 890 school psychologists in 5 oblasts

**Psychotherapists** – 15 in Donetskaya oblasts, team of the NaUKMA rehabilitation centres from Slowjansk and Pokrivsk

They have directly supported – 200 000 children and 50 000 parents
Intervention on the 1st level: main outcomes

Teachers – providing emotionally safe environment in school classes
Training for teachers

Building trust and stable attachment with children

Increase self-efficacy of children:

- Incorporate psychosocial plays in educational process
- Support sharing and reflecting of experience among children in nonviolent way

Burn out prevention

Mitigating conflicts in classes

Intervision/supervision in teacher’s work
main group (N=314) and control group (N=372)

missing 107

333 classmates November/December
Outcome

460 classmates February/May
Baseline

2016

32 education entities

Boys 340 (42.9%)
Girls 453 (57.1%)

3-5 grades 121 (36.3%)
6-8 grades 116 (34.8%)
9-11 grades 96 (28.8%)
Changes in teacher’s communication have positively influenced relationships among classmates.

- Before: 65% normal, 27% some problems, 9% significant problems
- After: 66% normal, 26% some problems, 7% significant problems

Comparison between groups:
- Control group:
  - Before: 66% normal, 25% some problems, 10% significant problems
  - After: 88% normal, 9% some problems, 3% significant problems

*SDQ/peer problems scale
Trained teachers have positively influenced children’s attitude to their class and education process in general*

Most of the children who don’t have problems with peers (sub-group ”normal”) observed that other classmates in their class are not fighting with each other (Ch-squer 6,890; p = .032)

More children who don’t have problems with peers (sub-group ”normal”) like to study in their class (Ch-squer 16,466; p = .000)

* Cross tabulation SDQ/School Class Climate Measure “My class”
Program has positively impacted prosocial behaviour*

- **76%** to **77%** normal
- **13%** to **11%** some problems
- **11%** to **12%** significant problems

*SDQ/prosocial behaviour scale*
Program has decreased level of general problems*

- Before: 76% normal, 12% some problems, 12% significant problems
- After: 78% normal, 12% some problems, 12% significant problems

- Before: 75% normal, 13% some problems, 12% significant problems
- After: 88% normal, 6% some problems, 6% significant problems

*SDQ/general problems scale
Teachers interventions decreased level of significant problems among children in main group.
Teachers intervention increased cohesion in school classes

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes - Control</th>
<th>Yes - Main</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like study in my class</td>
<td>84.7%</td>
<td>94.2%</td>
</tr>
<tr>
<td>Every child in your class is your friend</td>
<td>32.0%</td>
<td>55.1%</td>
</tr>
<tr>
<td>All children in your class are friends</td>
<td>34.9%</td>
<td>58.0%</td>
</tr>
<tr>
<td>All children in your class have positive attitude to each other</td>
<td>36.0%</td>
<td>54.7%</td>
</tr>
<tr>
<td>All children in your class like each other</td>
<td>48.0%</td>
<td>71.7%</td>
</tr>
</tbody>
</table>
END-OF-PROJECT EVALUATION (Mike Wessels, Chris Talbot)

"The testimony of students, teachers, trainers, psychologists and ministry officials was overwhelmingly positive, that the project achieved extraordinary outcomes for children: medium-term behaviour and attitude change that met the needs, protected and enriched the lives of hundreds of thousands of children and thousands of teachers.

Student-teacher relationships were markedly improved, and the school environment became much more supportive and friendly for children.

In many cases these outcomes were described as life-changing, as people rediscovered hope for the future. Notable changes occurred in host community children’s acceptance and welcome of internally displaced (IDP) children, and in the openness of IDP children to friendship with their hosts".
Teachers have not influenced level of traumatic stress*. But school psychologists can help those children effectively.

* CRIES-8, cat off 17 and more, non significant.
Intervention on the 2nd level: main outcome

School psychologists-psychological recovery program
Psychological recovery program – school psychologists

- Group activity
- 45 – 90 min
- Structured schedule for each session
- Age tailored social plays and exercises
- Parent session for pre-school children
Sample characteristic – quasi experimental design

- May: N=363/randomly selected outcome
- January-March: N=1365/all children not randomly selected baseline

- Girls - 52.7%
  - Boys - 47.3%
- 8-9 years - 18%
  - 10-13 years - 51%
  - 14-17 years - 31%

Psychological recovery program
Traumatic stress decreased 4 times*

Before:
- High level 37% (N=767)

After:
- High level 11% (N = 316)

CRIES – 8, cat off score 17 and above
# Main outcome after intervention (n=136)

<table>
<thead>
<tr>
<th>Scales</th>
<th>Diff.</th>
<th>Mean before</th>
<th>Mean after</th>
<th>95% CI</th>
<th>t</th>
<th>Ст.свободи</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SDQ</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosocial</td>
<td>-.40</td>
<td>7.24</td>
<td>7.64</td>
<td>[-.679; -.109]</td>
<td>-2.736</td>
<td>136</td>
<td>.007</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>.81</td>
<td>3.32</td>
<td>2.51</td>
<td>[.466; 1.154]</td>
<td>4.661</td>
<td>136</td>
<td>.000</td>
</tr>
<tr>
<td>Emotional symptoms</td>
<td>.82</td>
<td>1.47</td>
<td>.64</td>
<td>[.532; 1.117]</td>
<td>5.575</td>
<td>136</td>
<td>.000</td>
</tr>
<tr>
<td>Conduct problems</td>
<td>.40</td>
<td>1.21</td>
<td>.81</td>
<td>[.132; .656]</td>
<td>2.977</td>
<td>136</td>
<td>.003</td>
</tr>
<tr>
<td>Peer problems</td>
<td>.45</td>
<td>2.05</td>
<td>1.6</td>
<td>[.174; .716]</td>
<td>3.249</td>
<td>136</td>
<td>.001</td>
</tr>
<tr>
<td>General problems</td>
<td>2.47</td>
<td>8.05</td>
<td>5.58</td>
<td>[1.585; 3.363]</td>
<td>5.502</td>
<td>136</td>
<td>.000</td>
</tr>
<tr>
<td><strong>CRIES-8</strong></td>
<td>8.47</td>
<td>15.98</td>
<td>7.51</td>
<td>[7.248; 9.697]</td>
<td>13.691</td>
<td>130</td>
<td>.000</td>
</tr>
</tbody>
</table>
We formulated referral criteria for each level in order to precise our services.

**3rd level** – psychotherapy services outside of school – ptsd, depression, anxiety treatment

**2nd level** – school psychologists – low and middle traumatic stress symptoms, aggressiveness, hyperactivity

**1st level** – teachers – resolve problems among peers, emotional problems, increase prosocial behaviour
CONCLUSIONS

1. Teacher’s intervention can strengthen resilience of children. Piloting and further research of “safe school” approach is needed. Scaling up teachers interventions.

2. Traumatic stress could be effectively treated by school psychologists through psychological recovery program. Scaling up school psychologist interventions. RCT is needed for getting stronger evidence.

3. Those children who need more support and still have symptoms on the high level should be referred outside of school to specialized mental health services. High demand in evidence based psychotherapy programs for children.
Thank you!

Center for Mental Health and Psychosocial Support
Kyiv, Hlasunova 2/4
(067) 109 58 31 / (068) 876 81 67
Dr. Sergiy Bogdanov, Head
e-mail: s.bogdanov@ukma.edu.ua
http://www.ukma.edu.ua/eng/index.php/research/centres/cmhpss
https://www.facebook.com/PsychosocialSupportNaUKMA/

Thank you!

Україна, 04070, м. Київ, вул. Сковороди, 2
тел.: +38 (044) 425-60-59, факс.: +38 (044) 463-67-83
www.ukma.edu.ua