



## Ukraine's PTSD Epidemic: Time to Prepare is Now

Vaknin S\*

Professor of Psychology and Management Studies in CIAPS, UK

\*Corresponding author: Sam Vaknin, Ph.D., Professor of Psychology and Management Studies in CIAPS (Commonwealth of Advanced Professional Studies), Cambridge and Birmingham, UK, Email: samvaknin@gmail.com

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### Abstract

Trauma is a communal event: the social fabric is rent apart. Trauma victims lose their social connections, familiar geography, habits, relative positioning, peers, and reference points in short: their very identity. People are set adrift, plucked out of context. Ukraine needs to reestablish communities digitally, if not in real life. The WHO guidelines are a good start. The population registry should be leveraged in this process of reconstruction and reconnection of erstwhile neighbors, now dispersed all over Europe. Mental health practitioners will serve as mediators and facilitators of these virtual healing portals.

**Keywords:** Post-Traumatic Stress Disorder; Mental Health; Adverse Childhood Experiences

**Abbreviations:** PTSD: Post-Traumatic Stress Disorder; IDP: Internally Displaced Persons; ACE: Adverse Childhood Experiences.

### Introduction

The world and more particularly, Europe - need to prepare for a tsunami of mental health issues in Ukraine, most notably of acute stress reaction such as Post-traumatic Stress Disorder (PTSD) as well as complex trauma (cPTSD). It is safe to assume that at the very least 3 million people, including 1 million children, will be affected. The war is internecine: there are many mixed marriages between Ukrainians and Russians, an intertwined history, and Cain and Abel-like sibling rivalry. The wanton brutality and barbarity of this total war have been disorienting, shocking, and unexpected, exceeding even the Yugoslav wars of succession.

Women were raped, volunteer soldiers were shell-shocked, children orphaned, 16 million people 40% of the population were or are dislocated as refugees or internally displaced persons (IDPs). In magnitude, this is comparable only to the civil war Syria. Trauma is a systemic affliction. It affects every human function: cognition, the ability to communicate, to trust others, to maintain a positive self-perception, to believe

in a better future (to not catastrophize), to empathize, to sustain relationships, even to sleep. Suicidal ideation is common in trauma survivors and so is suicide (around 4-6% of those affected). It is a health emergency.

Trauma also causes a host of symptoms such as intrusive thoughts, rumination, flashbacks, nightmares, anxiety, aggression, emotional numbing (reduced affect display), and depression. Those touched by trauma develop dysfunctional coping behaviors such as substance abuse, truancy, delinquency, or inability to hold a job or to maintain a marriage. Trauma lasts months, even years. The traumatic reaction can be delayed: it is a slow acting poison. In children, it affects personal development. Most personality disorders, for example, are attributed to adverse childhood experiences (ACE). Antisocial behavior in later life is also more common in children who have endured traumatic events.

This calls for a plan of action and we are already a year too late. We need to start to work on it now, in collaboration with the authorities in Kyiv and the Ukrainian community of mental health practitioners. Yet, Ukraine does not have the requisite number of therapists, psychologists, and psychiatrists that is required to cope with this looming manmade catastrophe. The country needs to make mental health a national priority

and involve all its denizens in the effort. Trauma is a communal event: the social fabric is rent apart. Trauma victims lose their social connections, familiar geography, habits, relative positioning, peers, and reference points in short: their very identity. People are set adrift, plucked out of context. Ukraine needs to reestablish communities digitally, if not in real life. The WHO guidelines are a good start. The population registry should be leveraged in this process of reconstruction and reconnection of erstwhile neighbors, now dispersed all over Europe. Mental health practitioners will serve as mediators and facilitators of these virtual healing portals.

Some people are resilience leaders: they remain relatively untouched by traumatic events. They need to be identified and recruited to provide the traumatized with the succor that they require in order to recover and later heal. The shared harrowing experiences of everyone involved guarantee better outcomes. Ukraine needs to create a mental health

peace corps akin to the international brigades during the Spanish civil war. Volunteers from all over the world with expertise and experience in treating war time trauma among soldiers and in the civilian population will donate their work for a few weeks or months in Ukraine, train and supervise domestic practitioners, and treat people across the language barrier.

Budgets are an issue, of course. Ukraine would require dollops of international aid to mount the war after the war. But neglecting this problem will cost way more in the long run. It makes good economic sense to start to prepare now. Another conundrum is the absorption capacity of the country: its infrastructure is devastated. An influx of volunteers can stretch local capacities beyond the breaking point. The solution is telehealth and mobile mental health field units. Agility to counter fragility: this should be the motto.