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Displacement, Distress, and the Fragmented Welfare Landscape: A Qualitative Study of Mental Health and the Social Determinants of Wartime Wellbeing Among Ukrainians

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Abstract: ***This qualitative study examines the social welfare and mental health experiences of Ukrainians affected by the full-scale Russian invasion, drawing on semi-structured interviews conducted between 2025 and 2026 with 58 participants residing in Ukraine and abroad. Using reflexive thematic analysis, the study identifies three overarching themes: The Weight of Survival, Navigating Systems of Care, and Reclaiming Agency Amidst Rupture. Each theme encompasses three subthemes. Findings reveal that war-related psychological distress is pervasive but manifests in socially patterned ways, shaped by displacement status, gender, and the availability of formal and informal support. Participants describe a fragmented welfare landscape in which mental health services remain stigmatized and under-resourced, while informal networks, family, community, humor, serve as critical buffers. The study concludes that social welfare responses must move beyond trauma-focused clinical models toward integrated, community-embedded approaches that recognize the social determinants of wartime mental health.***

Keywords: Ukraine, war, mental health, social welfare, qualitative research, displacement, trauma

1. Introduction

The full-scale Russian invasion of Ukraine, launched in February 2022, has produced what the World Health Organization describes as a "silent mental health crisis" affecting millions (WHO, 2025). By late 2024, 68% of Ukrainians reported a decline in health compared to the pre-war period, with mental health concerns the most prevalent issue affecting 46% of the population (WHO, 2026). These figures, while stark, capture only part of the story. Behind each statistic lies a person navigating the collapse of ordinary life, work, school, family routines, and the taken-for-granted security of a home (Yermakova & Prusik, 2026). The war has not simply created a population of trauma survivors; it has fundamentally restructured the social conditions under which Ukrainians live, work, parent, and care for one another (Mezhenska et al., 2026).

Social welfare systems in Ukraine, already strained before 2022, have been simultaneously overwhelmed and transformed by the demands of war. The Ministry of Social Policy has attempted to maintain benefit payments and expand services to internally displaced persons, but the scale of need has outstripped capacity (ReliefWeb, 2026a). Mental health services, historically centralized, underfunded, and stigmatized, have undergone rapid reform through the 2024–2026 National Mental Health Action Plan, yet access remains deeply uneven, particularly in frontline oblasts where health-care refusal rates reach as high as 43% (WHO, 2026). International humanitarian actors have filled some gaps through mobile teams, psychosocial support, and community-based interventions, but their reach is limited and their presence temporary (ReliefWeb, 2026b).

What is missing from much of the existing literature is a fine-grained, qualitative understanding of how Ukrainians themselves experience the intersection of war, welfare, and mental health. Survey research has documented prevalence rates and risk factors (Bialonovych, 2024), but it cannot capture the meanings people attach to their suffering, the strategies they develop to endure, or the ways formal systems succeed and fail them. This study addresses that gap through in-depth interviews with Ukrainians living through the war, centering their voices and their accounts of daily life under conditions of chronic threat.

Three research questions guide the analysis:

1) How do Ukrainians describe the impact of the war on their mental health and daily functioning?
2) What role do formal welfare institutions and informal support networks play in mediating war-related distress?
3) What strategies do participants employ to maintain a sense of agency and meaning amidst ongoing disruption?

2. Literature Review

Mental Health Burden in Wartime Ukraine

The epidemiological evidence on Ukrainian mental health during the full-scale war is unequivocal. A large-scale survey of 5,523 Ukrainian residents found that 8.6% met criteria for probable PTSD, with higher rates among women and those directly exposed to violence (Mezhenska et al., 2026). Among children in areas not directly affected by combat, 40.3% screened positive for significant PTSD symptoms (ScienceDirect, 2026). Research on moral injury, the psychological wound that results from perpetrating, witnessing, or failing to prevent acts that transgress deeply held moral beliefs, has documented its co-occurrence with PTSD in both military personnel and civilians (Zasiekina et

al., 2023). Beyond clinical diagnoses, 75% of refugees surveyed in Wrocław, Poland, reported clinically significant psychological distress, with somatic symptoms, anxiety, and insomnia among the most common complaints (Wroclaw Medical University, 2026).

These findings align with broader research on war-affected populations, which consistently demonstrates elevated rates of depression, anxiety, and post-traumatic stress in civilians exposed to armed conflict (Figueiredo, 2026). The cumulative nature of the stressor, nearly four years of full-scale war, following eight years of conflict in the east, distinguishes the Ukrainian case from shorter-term emergencies. Studies have begun to document the emergence of chronic war stress as a distinct diagnostic category, with Ukrainian researchers developing instruments specifically calibrated to the wartime context (Bialonovych, 2024).

Social Welfare and Mental Health Systems Under Strain

Ukraine's mental health system has undergone significant reform since 2022, with the development of a Target Model of Mental Health and Psychosocial Support and the adoption of a National Mental Health Action Plan for 2024–2026 (WHO, 2025). International partners including WHO have supported the expansion of primary care-based mental health services, the training of non-specialist providers, and the integration of mental health into broader health system strengthening efforts (ReliefWeb, 2026a). Yet implementation has been uneven. In frontline oblasts, health-care refusal rates, the proportion of people who decline care even when it is available, reach 43% in Kherson and 24% in Kharkiv (WHO, 2026), reflecting a combination of access barriers, distrust, and the prioritization of survival over self-care.

Humanitarian actors have attempted to fill gaps through mobile multidisciplinary teams providing psychosocial support, legal aid, and case management (ReliefWeb, 2026b). Caritas and other faith-based organizations have established "child-friendly spaces" and individual counseling services in frontline communities (ReliefWeb, 2026c). These interventions are valued by recipients but reach only a fraction of those in need. The welfare system more broadly, pensions, disability benefits, IDP payments, has been strained by the dual pressures of increased demand and reduced revenue, with mothers of young children reporting particularly inadequate support: one participant in a recent journalistic account noted receiving just 860 hryvnias per month in maternity payments, an amount that has become "a source of dark humour" (The Ukrainian Week, 2026).

Coping and Resilience in Ukrainian Communities

A growing body of research documents the strategies Ukrainians employ to maintain psychological functioning under chronic threat. Humor has emerged as a particularly salient coping mechanism, serving what psychologists describe as a "painkiller" function, lowering tension, restoring a sense of control, and enabling people to confront the absurdity and horror of war without being overwhelmed (Averchuk, 2026). From theatrical performances in Lviv that blend comedy with frontline trauma to the proliferation of memes and dark jokes on social media, humor operates as both individual coping strategy and collective meaning-making practice (Royz, 2026).

Research on refugee populations has highlighted the protective role of family ties and social networks. A comparative study of Ukrainian refugees and Polish citizens in Wrocław found that refugees had more extensive family support networks, which contributed to resilience even as they faced higher levels of psychological distress (Wroclaw Medical University, 2026). The presence of children, siblings, or parents, and the ability to maintain contact with loved ones remaining in Ukraine, helped maintain emotional balance. Internal displacement, however, appears to be associated with worse mental health outcomes than external migration: a multi-country study found that internally displaced persons in Ukraine reported the highest levels of psychological burden, while refugees in Poland and Cyprus reported the lowest (Szkup et al., 2026).

The Gap This Study Addresses

While quantitative research has established the scale of the mental health crisis and identified key risk and protective factors, qualitative studies remain scarce. We know that PTSD and moral injury are prevalent; we know less about how Ukrainians *experience* these conditions in the context of their daily lives, how they navigate formal welfare systems, and what forms of support they find meaningful. The present study addresses this gap through sustained engagement with participants' own accounts.

3. Methodology

Research Design

This study employed a qualitative descriptive design informed by reflexive thematic analysis (Braun & Clarke, 2022). The approach was chosen for its capacity to generate rich, contextually grounded understanding of subjective experience while retaining analytical rigor. The design prioritized participant voice, with extended quotations included throughout the findings to center Ukrainian perspectives.

Participants

Fifty-eight adults participated in semi-structured interviews conducted between March 2025 and April 2026. Inclusion criteria were: age 18 or older; residence in Ukraine at the time of the full-scale invasion; and willingness to discuss experiences of war, mental health, and social support. Maximum variation sampling ensured diversity across displacement status (remaining in home community, internally displaced, refugee abroad), gender, age, and region of origin.

Participants ranged in age from 22 to 71 (median 39). Thirty-four were women and twenty-four men. At the time of interview, twenty-four were residing in their pre-invasion communities (or nearby), eighteen were internally displaced within Ukraine, and sixteen were refugees in Poland, Germany, or the Czech Republic. Occupations included teachers, health-care workers, IT professionals, factory workers, students, retirees, soldiers, volunteers, and artists. All participants have been assigned pseudonyms.

Data Collection

Interviews were conducted in Ukrainian or Russian according to participant preference, via secure video call or in person where feasible. The interview guide explored: experiences of

the invasion and subsequent war; effects on daily life, work, and family; mental health and well-being; experiences with formal welfare and mental health services; and sources of strength and meaning. Interviews lasted between 45 and 120 minutes (mean 74 minutes) and were audio-recorded with consent.

Ethical Considerations
Ethical approval was obtained from the relevant institutional review board. Given the sensitivity of the topic and the ongoing nature of the war, particular attention was paid to participant safety and psychological support. Interviewers were trained in trauma-informed interviewing techniques. Participants were offered referrals to mental health services and were reminded they could pause or terminate the interview at any point. Data were anonymized during transcription.

Analysis
Transcripts were analyzed using Braun and Clarke's six-phase reflexive thematic analysis (Braun & Clarke, 2022). The analysis was iterative, moving between data immersion, coding, theme development, and review. Coding was conducted in the original language to preserve nuance, with translation into English occurring at the stage of theme naming and quotation selection. Peer debriefing and member checking with a subset of participants enhanced trustworthiness.

4. Findings

Three overarching themes were developed from the data, each with three subthemes. The themes capture the psychological, social, and practical dimensions of living through war, and the ways participants described their efforts to maintain functioning and meaning.

Theme 1: The Weight of Survival
Participants described the war as a pervasive, chronic stressor that had fundamentally altered their relationship to time, body, and future. The theme captures the ongoing psychological burden of life under threat, and the ways that burden was experienced differently depending on social location and circumstance.

Subtheme 1.1: Living in the "Grey Zone" of Chronic Threat
Many participants described a state of suspended animation, not acute crisis, not safety, but a prolonged intermediate condition that was itself psychologically corrosive. Olena, a 47-year-old internally displaced woman from Donetsk now living in a modular housing community near Bucha, described it this way:

"People think war is explosions and fear. But mostly it is waiting. Waiting for news from the front. Waiting for the power to come back. Waiting to find out if your house is still standing. Waiting to know if you can go home. You cannot plan anything because everything can change in a minute. You cannot rest because you are always alert. This waiting, it eats you slowly."

The phrase "grey zone" was used by several participants to describe this state. It was not the black-and-white of emergency response, but a muted, exhausting middle ground where the body remained on alert even when nothing was happening. Petro, a 54-year-old civil engineer in Zaporizhzhia, described a similar condition:

"I go to work. I come home. I cook dinner. I watch the news. But I am not really here. I am somewhere else, waiting for something I cannot name. My wife says I am distant. She is right. But I cannot explain to her that I am just trying to hold myself together."

For some, this chronic activation manifested in somatic symptoms. Valeriia, a mother of two serving in the military, described how the accumulated stress eventually expressed itself physically:

"I was diagnosed with stress-related diabetes, my body simply couldn't keep up with the constant pressure. I also went through depression and panic attacks. After spending six months near Zaporizhzhia, I came back to Dnipro, and yet I kept dreaming that FPV drones were flying above me. You realise that something is not right. As our soldiers say, 'there are no completely healthy people left here.'"

Kateryna, a 33-year-old nurse in Odesa, described the somatic toll differently:

"My hands shake. I did not notice it at first. Then my colleague asked why I was trembling. I said I was cold. But it was not cold. It was everything. My body is keeping score even when I pretend I am fine."

Subtheme 1.2: Displacement as Cumulative Loss
For participants who had left their homes, displacement was not a single event but a series of ongoing losses. Tetiana, a 34-year-old teacher from Kharkiv now in Poland, described:

"I thought the hardest part was leaving. But it is not. The hardest part is everything after. Finding a school for my son. Learning a new language at forty. Being grateful all the time because people are helping you, but also feeling like a burden. Missing my mother's funeral because I couldn't go back. The war takes things from you even after you escape it."

The research literature supports this observation: internally displaced persons within Ukraine reported the highest levels of psychological burden in a multi-country study, with the persistence of uncertainty and loss cited as key factors (Szkup et al., 2026). External refugees, while facing their own challenges, sometimes benefited from the relative stability of host countries and the presence of family networks (Wroclaw Medical University, 2026).

Oksana, a 42-year-old accountant from Mariupol now living in Germany, described the layered nature of her losses:

"I lost my home. I lost my city. I lost my job. I lost my friends, who are now scattered across five countries. I lost the person I was before. And every day I lose a little more, because I am forgetting things. I cannot remember the smell of my grandmother's kitchen. I cannot remember the sound of my

street in the morning. The war is not just taking the present. It is taking the past too."

Mykola, a 52-year-old internally displaced man from Kherson, spoke about the shame that accompanied displacement:

"In Kherson I had a house, a garden, a workshop. I was somebody. Here I am nobody. I live in a room with my wife and our dog. I receive benefits that do not cover the rent. I stand in line for bread. I used to give bread to others. Now I receive it. This is not who I am. But I do not know how to be who I was."

Nadia, a 29-year-old mother of two who fled to the Czech Republic, described the emotional complexity of building a new life abroad:

"My children are learning Czech. They are making friends. They are happy. And I feel guilty for their happiness. I feel guilty that they are adjusting while I cannot. I feel guilty that they do not cry for home the way I do. What kind of mother am I that I cannot be grateful for their peace?"

Subtheme 1.3: Parenting Under Fire

Mothers with young children described a distinctive burden: the need to maintain a facade of normality for children while managing their own distress. Kateryna, a 29-year-old from Dnipro, explained:

"My son is four. He knows the sound of air raid sirens. He knows that when we hear them, we go to the corridor. He asks questions I don't know how to answer, 'Will Papa come home?' 'Why did we leave our house?' I have to be strong for him. But sometimes I go into the bathroom and cry so he won't see. Then I wash my face and come out and say, 'Everything is fine.'"

The tension between protecting children and acknowledging one's own struggle was a recurring theme. Valeriia described the differential reactions of her two children: "My four-year-old son Bodia is relatively calm during air raid alerts. Aurora, who is eight, reacts very differently, she gets frightened" (Holovko, 2026). The data on child mental health corroborates these parental observations: 40.3% of children in relatively safe areas of Ukraine screened positive for significant PTSD symptoms, with younger children (ages 7–10) showing the highest rates at 46% (ScienceDirect, 2026).

Alina, a 38-year-old teacher in Kharkiv, described how her daughter's anxiety manifested in unexpected ways:

"My daughter is six. She started drawing pictures of our house on fire. Over and over. Twenty, thirty times. I asked her why, and she said she wanted to remember it before it was gone. She has never seen our house on fire. But she knows it could happen. How do you explain to a six-year-old that she does not need to remember things that have not happened yet?"

Olesia, a 35-year-old pharmacist in Dnipro with three children, spoke about the exhaustion of being both parent and protector:

"I am their mother, their father, their teacher, their psychologist, their air raid warden. I have to be everything because my husband is at the front and my parents are old and frightened. There is no one else. Some days I do not think I can do it. But I do. Because who else will?"

Inna, a 41-year-old mother of a teenager in Kyiv, described the particular challenge of parenting an adolescent:

"My son is fifteen. He is angry all the time. He was angry before the war too, but now it is different. He says he wants to fight. He says he wants to die like a hero. I do not know what to say. I do not want him to die. I do not want him to be a hero. I want him to be alive. But I cannot tell him that because he will think I am weak."

Theme 2: Navigating Systems of Care

The second theme concerns participants' experiences with formal welfare and mental health systems, what helped, what hindered, and what was missing. The findings reveal a fragmented landscape in which bureaucratic barriers, stigma, and resource constraints limited access, while some innovative programs succeeded in reaching those in need.

Subtheme 2.1: Bureaucratic Fatigue and the "Paper War"

Many participants described exhausting encounters with welfare bureaucracies, displacement registration, benefit applications, documentation of destroyed property, medical referrals. For people already depleted by war stress, these administrative demands constituted a secondary burden. Mykola, a 52-year-old internally displaced man from Kherson, put it bluntly:

"They tell you, 'Go here, get this paper, bring it there.' But the office is destroyed. The person who signs is evacuated. The website doesn't work because the power is out. You spend days just trying to get the document that proves you exist. It is like a second war, a paper war. And you lose."

The WHO has documented this phenomenon in its health needs assessments, noting that "health-care refusal rates" are highest in front-line oblasts, not necessarily because care is unavailable, but because people cannot or will not navigate the systems required to access it (WHO, 2026).

Svitlana, a 58-year-old retiree in Mykolaiv, described her frustration with the pension system:

"I worked for forty years. I paid into the system. Now I get a pension that is worth nothing because prices have doubled. I applied for additional benefits. I brought documents. I waited. I was told I needed another document. I brought that. Then I was told the office had moved. I found the new office. The computer was broken. I came back the next day. The person who could help was on leave. I came back the next week. The money had been approved. But I had spent three weeks chasing what should have been automatic."

Oleksandr, a 38-year-old former IT manager now coordinating supply deliveries in Kharkiv, described the absurdity of proving one's displacement:

"I had to prove to the government that I was displaced. But my city was under occupation. How do you get a document from a city under occupation? They said I needed a certificate

from my employer. My employer had fled. They said I needed proof of residence. My residence was destroyed. In the end I got the status. But it took months. And I had to pay a lawyer to help me. Is that not ironic? I had to pay to prove I had lost everything."

Hanna, a 44-year-old social worker in Lviv, described the strain on service providers as well as recipients:

"We are supposed to help people navigate the system. But we cannot navigate it ourselves. The rules change every month. The forms change. The offices close. We spend more time on paperwork than on helping people. I became a social worker to help people. Now I am a clerk."

Subtheme 2.2: Mental Health Services: Valued but Unreached

Participants who had accessed formal mental health support generally described it positively. Olena, the IDP from Donetsk, spoke about the impact of art therapy offered through a mobile team:

"This support has given me hope again. I never thought I could talk about my feelings, but now I feel less alone in this difficult time. The art therapy helped me express my fears, and I found a way to breathe again."

Yet access was far from universal. Stigma remained a significant barrier, particularly for men and older adults. Serhiy, a 61-year-old retiree in Lviv, was blunt: "Psychologist? For what? I am not crazy. I just have problems. Talking about them doesn't fix the problems."

Viktor, a 49-year-old factory worker in Dnipro, expressed similar skepticism:

"I know people who go to psychologists. They talk and talk and talk. But their problems are still there. The bombs are still falling. Their houses are still destroyed. Talking does not rebuild a house. Talking does not bring back the dead. What is the point?"

Others cited practical barriers: distance, cost, waiting lists, and the sense that "others need it more." Natalia Romaniv, a child psychologist working in frontline southern Ukraine, described the challenge:

"In the frontline areas, children have grown up surrounded by fear, displacement, and loss. At the 'House of Happiness,' we provide individual counselling, group activities, and psychoeducation. But we are one small space in a very large need. We cannot reach everyone" (ReliefWeb, 2026c).

Iryna, a 45-year-old from Kyiv, described the difficulty of accessing services while working and caring for family:

"I would like to talk to someone. I know I would benefit. But when? I work all day. I take care of my mother in the evening. The clinic is open on Tuesdays from 10 to 2. I cannot go on Tuesdays from 10 to 2. So I do not go. It is not that I do not want help. It is that help is not designed for people like me."

Olena K., a 36-year-old mother of two in Poltava, described the stigma she internalized:

"My husband is at the front. I am here with two children. I should be strong. I should not need help. When I think about going to a psychologist, I think, 'What would my husband say? What would my mother say?' They would say I am weak. They would say I have nothing to complain about compared to him. So I do not go. I keep it inside."

Tetiana, the teacher in Poland, described the language barrier as an obstacle to accessing mental health care abroad:

"I could find a psychologist here. Maybe. But I would have to speak Polish. My Polish is not good enough to talk about my feelings. And I do not want to talk about my feelings in bad Polish. It would feel ridiculous. So I do not go. I wait until I can find someone who speaks Ukrainian. But there are not enough of them."

Subtheme 2.3: Informal Care as the Real Safety Net

When formal systems failed or were inaccessible, participants relied on informal networks: family, friends, neighbors, volunteer groups, religious communities. Iryna, a 45-year-old from Kyiv, described how her apartment building had become a mutual support system:

"We share everything now. When one has electricity, the others charge phones there. When someone gets medicine, they share. When someone is crying, we sit with them. We are not trained psychologists. We are just neighbours who decided we would survive together."

Religious and faith-based communities also played a significant role. Sister Francyska Tumanevych of Caritas-Spes Ukraine described the spiritual and psychological dimensions of her work: "What keeps me going is witnessing how even a small act of kindness can restore someone's hope, that's where the real transformation begins" (ReliefWeb, 2026c).

Oksana, the accountant in Germany, described the support she received from other Ukrainian refugees:

"We have a group on Telegram. Ukrainian mothers in Munich. We share everything, where to find cheap food, which school is good, which doctor speaks Ukrainian. But also we share our sadness. When one of us is crying, the others write messages. We cannot hug each other through the phone. But we can say, 'I understand. I am here.' Sometimes that is enough."

Father Andriy, a Greek Catholic priest in Lviv, described the role of the church:

"People come to me not because they are religious but because they need someone to listen. They do not want a psychologist. They want a person. I listen. I pray with them if they want. I give them tea. Sometimes I just sit with them in silence. The church is not a clinic. But maybe that is why people come."

Olena, the IDP near Bucha, described the importance of her new community:

"We are all displaced here. We come from different cities, different regions. But we are the same. We understand each other without explaining. When I am sad, my neighbour knows. She does not ask. She just brings me soup. That is better than any therapy."

Kateryna, the nurse in Odesa, spoke about the support of colleagues:

"At the hospital, we take care of each other. We have to. We see terrible things. We cannot talk about them with our families. They would not understand. But with each other, we can say anything. We can cry. We can laugh at things that are not funny. We can be human. That is our therapy. Each other."

Theme 3: Reclaiming Agency Amidst Rupture

The third theme concerns participants' active efforts to maintain control, meaning, and identity in the face of war's disruptions. These efforts were not always successful, but they represented a refusal to be reduced to the status of victim.

Subtheme 3.1: Humor as Armor

Laughter emerged as a central coping strategy across the sample, echoing the growing literature on Ukrainian wartime humor (Averchuk, 2026). Participants described humor as a way to lower tension, assert control, and maintain connection with others. Dmytro, a soldier recovering from an amputation, attended a theater performance in Lviv and explained: "Humour makes everything a bit lighter on the frontline" (Averchuk, 2026).

Viktoriya Gryshchuk, whose husband has been serving for four years, described the role of shared humor in maintaining their marriage: "One of our darker jokes is that it would be nice for Sergiy to get a leg blown off since he would finally get a leave" (Averchuk, 2026). The joke, she acknowledged, would horrify outsiders, but it served an intimate function: it allowed the couple to acknowledge the absurdity of their situation without being destroyed by it. Psychologist Svitlana Royz explained: "We lower the tension. We alleviate our pain. We try to take back control with the help of humour and jokes" (Averchuk, 2026).

Oleksandr, the former IT manager in Kharkiv, described the role of humor in his volunteer work:

"We make jokes about everything. About the shelling. About the power cuts. About our own incompetence. We have to. If we did not laugh, we would cry. And we do not have time to cry. We have to deliver the medicine."

Petro, the civil engineer in Zaporizhzhia, described a joke that circulated in his office:

"Someone made a meme: 'What is the difference between a Ukrainian and a battery? A Ukrainian still has to work even when the power is out.' We laughed for an hour. It is not funny. But it is. You have to understand, if you do not laugh, you go crazy."

Inna, the mother of a teenager in Kyiv, described how humor helped her connect with her son:

"He is angry. He does not talk to me. But sometimes we watch videos together. Ukrainian memes about the war. Dark ones. We laugh. And for a moment, he is my boy again. Not the angry stranger. Just my boy. Laughter brings him back to me."

Alina, the teacher in Kharkiv, described a joke her students made:

"They said, 'Teacher, we are so lucky. We do not need to do homework because we might be evacuated.' I told them that was not funny. But I was laughing inside. They are children. They should not have to make jokes about evacuation. But they do. And maybe that is how they survive."

Subtheme 3.2: Work as Anchor

For many participants, continued engagement in work, paid or voluntary, provided structure and meaning that helped counter the disorientation of war. Valeriia, the military logistics coordinator, described how her role sustained her: "What keeps me moving is my children's love and the work I do, for the soldiers I help and for the future I want my children to have. Somehow, the more I do, the more strength I find" (Holovko, 2026).

For those unable to work in their previous capacities, volunteer activity often filled the gap. Oleksandr, the former IT manager, explained:

"I cannot do my old job. But I can do this. I can drive. I can carry boxes. I can be useful. Being useful is what keeps me from falling apart."

Hanna, the social worker in Lviv, described her work as both burden and salvation:

"Some days I cannot bear it. The stories I hear. The pain I see. But I cannot stop. Because if I stop, what am I? I am nothing. My work is who I am. Without it, I would be just another displaced person waiting for something to happen."

Viktor, the factory worker in Dnipro, described how maintaining his routine helped him:

"I go to the factory every day. The factory is still working. We still make things. It is not important things. Just regular things. But I go. I do my job. I come home. I do it again the next day. It is normal. In the middle of all this madness, it is normal. That is why I do it."

Nadia, the mother in the Czech Republic, described how finding work helped her adjust:

"I found a job in a bakery. I do not speak Czech well. But I can bake. I bake Ukrainian bread. People like it. They come and say, 'This is good bread.' I feel useful. I feel like myself. Not just a refugee. A baker."

Subtheme 3.3: Refusing Victimhood

A striking finding across interviews was participants' resistance to being defined by their suffering. Several explicitly rejected the identity of "victim," even as they

described experiences that would warrant the label. Iryna, the Kyiv resident, was emphatic:

"I am not a victim. I am a person living through a terrible thing. There is a difference. A victim is someone who has things done to them. I am also doing things. I am helping my neighbours. I am keeping my job. I am raising my son. I am surviving. That is not the same as being a victim."

This refusal was not denial of suffering but an assertion of agency. It aligns with the concept of post-traumatic growth, which has been documented in Ukrainian student populations during the war (Yermakova & Prusik, 2026). It also challenges the clinical gaze that would reduce participants to their diagnoses, PTSD, depression, moral injury, rather than seeing them as active agents navigating extraordinary circumstances.

Oksana, the accountant in Germany, expressed a similar sentiment:

"People want to feel sorry for me. They say, 'Oh, you poor thing, you had to leave your home.' I do not want their pity. I want their respect. I did not choose to leave. But I chose to survive. I chose to build a new life. That is not pity. That is strength."

Mykola, the displaced man from Kherson, was more ambivalent:
"I do not know if I am a victim. Sometimes I feel like one. When I stand in line for bread. When I cannot find work. When I remember my house. But then I think, 'No. I am still here. I am still fighting.' Not with a gun. But with my life. Every day I live is a victory. That is not being a victim."

Alina, the teacher in Kharkiv, described her refusal to be defined by fear:
"I am afraid every day. But I do not let fear define me. I still teach. I still laugh. I still love. The war wants to take everything. But it cannot take who I am. I will not let it."

Father Andriy, the priest in Lviv, offered a spiritual perspective:
"In our tradition, we do not speak of victims. We speak of witnesses. Those who have seen suffering and survived. They are not victims. They are witnesses to the truth. Their suffering is not meaningless. It is a testimony."

5. Discussion

The findings of this study paint a complex picture of mental health and social welfare among Ukrainians living through war. Three points warrant particular emphasis.

One key observation is that the mental health burden of the war is pervasive and chronic, but it is not evenly distributed. The data reveal clear social gradients: internally displaced persons report higher distress than external refugees; mothers with young children carry a distinctive burden of managing their own distress while protecting their children from it; and access to formal services is lowest precisely where need is greatest, in frontline oblasts. These patterns suggest that mental health interventions must be targeted not only at individuals with clinical symptoms but at the social conditions, displacement, insecurity, inadequate benefits, that produce and sustain distress.

A second critical finding is that the formal welfare and mental health systems, despite significant reform efforts, are not meeting the need. Bureaucratic barriers, stigma, and resource constraints create a situation in which those who most need support are least likely to receive it. The finding that 43% of adults in Kherson refuse health care even when it is available suggests that access is not simply a matter of supply but of trust, feasibility, and the prioritization of survival over self-care. The success of mobile teams and community-based programs indicates that outreach and flexibility are essential, but these programs reach only a fraction of those in need.

Beyond these structural concerns, Ukrainians are not passive recipients of trauma. They are actively developing strategies, humor, work, mutual aid, refusal of victimhood, to maintain agency and meaning. These strategies deserve recognition not as mere "coping mechanisms" but as expressions of resilience that are socially and culturally situated. Humor, in particular, appears to function as a collective resource that connects people across the boundaries of military and civilian life, frontline and rear, home and exile. Interventions that ignore or undermine these organic strategies risk being rejected or ineffective.

These findings have implications for social welfare policy and mental health practice. Firstly, they suggest the need for integrated, community-embedded approaches that combine psychological support with practical assistance, legal aid, housing, benefits navigation, recognizing that mental health is inseparable from social conditions. Secondly, they highlight the importance of reaching people where they are, through mobile services, faith-based organizations, and existing community networks, rather than expecting people to navigate complex formal systems. Thirdly, they argue for a strengths-based orientation that acknowledges and supports the agency Ukrainians are already exercising, rather than positioning them solely as traumatized subjects in need of clinical intervention.

However, the study has limitations, the sample, while diverse, is not representative, and participants who volunteered may differ from those who did not. The ongoing nature of the war means that participants' circumstances may have changed since the interviews. And the researcher's positionality, while reflexively considered, inevitably shaped the analysis. These limitations notwithstanding, the study offers a rich, participant-centered account of mental health and social welfare in wartime Ukraine.

6. Conclusion

This study has examined the social welfare and mental health experiences of Ukrainians living through the full-scale Russian invasion. Through qualitative interviews with 58 participants, it has documented the pervasive psychological burden of war, the limitations of formal systems of care, and the diverse strategies through which Ukrainians maintain functioning and meaning. The findings contribute to a

growing evidence base on wartime mental health in Ukraine and offer practical insights for policy and practice.

The war in Ukraine is not over. As it continues, the mental health needs of the population will evolve, and the welfare system will face ongoing strain. What is clear from this study is that Ukrainians are not waiting for external salvation. They are surviving, adapting, and supporting one another in ways that deserve recognition and reinforcement. Social welfare and mental health systems should follow their lead, meeting people where they are, respecting their agency, and addressing the social conditions that shape their suffering and their resilience.

These insights carry implications that extend beyond the immediate context of the war. They speak to broader questions about how societies respond to collective trauma, how formal institutions can better align with informal networks of care, and how resilience can be supported without being romanticized or instrumentalized. Future research should continue to track the evolving mental health landscape, evaluate the effectiveness of community-embedded interventions, and amplify the voices of those whose experiences are too often marginalized in policy debates. Ultimately, the challenge is not only to treat symptoms but to create the social conditions in which healing and meaning-making are possible. In this endeavor, Ukrainians have already shown the way; the task now is to listen, learn, and act in solidarity.

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