REPORT

MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING OF UKRAINIAN REFUGEE ADOLESCENTS

Multi-Sectoral Needs Assessment 2023 - Qualitative Component

March 2024, Republic of Moldova

KEY FINDINGS

- MHPSS services were described as being widely-available, however reluctance towards such services was reported as a significant factor which prevented Ukrainian adolescents from using them.
- Adolescents widely emphasized the importance of social media and devices for their well-being, while caregivers and MHPSS practitioners expressed concerns regarding online addiction and what they perceived as its negative effects on adolescents.
- Access to education, particularly in-person schooling, was highlighted as both a need and a concern for the future of adolescents, being seen as crucial to both their capacity to socialise and their professional development.
- Social and extracurricular activities were highlighted as a main need by adolescents, who also mentioned the value of such activities for their well-being.

CONTEXT & RATIONALE

On 24 February 2022, Russia escalated its military offensive in Ukraine which resulted in the mass displacement of people internally and across international borders.[1] As of 15th February 2024, a total of 6 million refugees from Ukraine have been recorded across Europe with 1.9 million being recorded in the countries bordering Ukraine covered in the Refugee Response Plan (RRP).[2] According to the Government of the Republic of Moldova, 116,786 Ukrainian nationals and 9,396 third-country nationals remained in the country as of the 4th March 2024.[3] Among them, 81% were women and children.[4]

In the context of armed conflict, there is widespread reporting on its adverse effects on the development and well-being of adolescents and children, with psychosocial concerns being identified as significant risk factors for refugee children.[5] Displacement can expose adolescents to traumatic events, disrupt established routines, and can lead to a sense of disconnection from their cultural roots and social networks, during a crucial period for their cognitive, emotional, and social development.[6] As REACH conducted its 2023 Multi-Sector Needs Assessment (MSNA) in Moldova, and following an extensive review of secondary data and consultations with key stakeholders, it has become evident that despite the increased availability of information compared to the early stages of the crisis, there remains a significant gap in data concerning the psychosocial well-being of refugee adolescents in Moldova. Moreover, the information on the mental and psychosocial well-being needs of adolescents is mainly based on reports of caregivers or experts, rather than from the perspective of the adolescents themselves. With children and adolescents comprising

44% of the refugee population in Moldova,[7] it is crucial to gain a better understanding of their mental and psychosocial well-being and to gather the perspectives and viewpoints of refugee adolescents themselves which may differ from those of their caregivers. It was therefore decided that a qualitative component, exploring adolescents' psychosocial well-being and mental health and psycho-social support (MHPSS) services, would be conducted to provide greater clarity on this particular subject.

The objective of this assessment was thus to obtain a comprehensive understanding of the psychosocial well-being conditions and needs of refugee adolescents (aged 14-17 years old) in Moldova. This included an exploration of their coping mechanisms and their access to formal and informal support. The results were to be utilised to inform humanitarian and development programmes, implemented by actors active in MHPSS and other programmes targeting refugee adolescents, by shedding light on response gaps which need to be addressed.

POPULATION OF INTEREST
Ukrainian refugee adolescents aged 14-17 years old

DATA COLLECTION
From November 1st to December 5th 2023

GEOGRAPHIC COVERAGE
Regional coverage, with Chișinău as a fourth region

ASSESSMENT OVERVIEW

METHODOLOGY

The data for this qualitative assessment was collected through adolescent consultations, focus group discussions (FGDs) and individual interviews (IIs) with caregivers, and key-informant interviews (KIIs) with MHPSS practitioners, regional and national MHPSS service coordinators (table 1). All the questionnaires were semi-structured.

Table 1: Overview of sample by method, region and gender of respondents

Region	Centre		Chisinau		North		South		Total targeted	Total reached
Gender	M	F	M	F	M	F	M	F		
Adolescents Consultations	1	2	2	2	2	3	2	2	16	16
FGDs with female caregivers		2		2		2		2	16	8*
IIs with male caregivers*	2		2		2		2		0	8
KIIs with MHPSS practitioners	3		4		3		3		12	13
KIIs with regional experts and MHPSS service coordinators	3		4		3		2		12	12
KIIs with national MHPSS service coordinators	3								3	3

* Initially, 8 semi-structured FGDs with male caregivers of adolescents aged 14-17 were planned. However, after an in-depth scoping in each assessed area, almost no male caregivers could be found resulting in the impossibility of organizing FGDs for this group of population. Instead of 16 FGDs total, 8 IIs have been conducted with male caregivers and 8 FGDs with female caregivers were conducted.

The sampling method employed was purposive, stratified by region (North, Centre, South, and Chișinău).[8] Data collection took place in the following locations:

- the North region, including the Bălți and Edineț raions;
- the Centre region, including the Ungheni and Orhei raions;
- the South region, including the Cahul raion and in the Autonomous Territorial Unit of Gagauzia;
- Chișinău Municipality.

Adolescent consultations were conducted on a gender-separated basis with Ukrainian refugee adolescents aged between 14-17. Additionally, adolescent consultations aimed to be age-separated, covering only a three-year age range per group (14-16 or 15-17), however, due to difficulties in respondents' identification, this separation was not always possible to respect. In total, 59 adolescents took part in the consultations, including 27 boys and 32 girls. The consultations were moderated by a team of facilitators of the same gender as the participants in the consultation. Moderators were furthermore trained to conduct consultations with adolescents with respect to a Child Protection Protocol.

A total of 31 female caregivers of refugee adolescents aged 14-17 participated in the FGDs, and individual interviews with 8 male caregivers were organized, with both FGDs and IIs were also facilitated by a team of the same gender as the caregivers.

In the course of designing this assessment, REACH consulted with specialists from the Child Protection (CP) Sub-working Group and the MHPSS Technical Reference Group to refine the scope and the questionnaire of this survey with regard to their relevance and appropriateness.

LIMITATIONS

This assessment encountered several key limitations, including those related to geographical coverage, social-desirability bias, and selection bias.[9]

With regard to geographical coverage, the assessment focused on four regions of Moldova, but the qualitative nature and limited sample size may restrict the generalisability of the findings. Findings should be interpreted in light of this limitation, as the perspectives of respondents is likely to be specific to their locations and not to the entire assessed region.

Given that mental health is a culturally sensitive topic, it is furthermore possible that some answers were affected by social-desirability bias and, therefore, were provided in alignment with social norms as opposed to as truthful responses. Additionally, selection bias may have excluded harder-to-reach persons and therefore may have led to an under-reporting of risks and challenges faced by potentially more vulnerable people or people with greater barriers to access.

Finally, given that this assessment mainly used the community level as its unit of measurement,[10] some nuances found at individual level may have been lost.

It is important to further state that this assessment did not achieve its desired sampling targets. In this regard, FGDs and consultations aimed to involve from 6 to 8 participants. Due to a lack of information regarding the number of adolescent Ukrainian refugees in Moldova and operational difficulties in locating adolescents within the age group 14-17 years old and willing to participate in the assessment, the levels of participation were considerably lower than those numbers projected in the research design objectives. In addition, despite considerable efforts in the planning and scoping to maximise the number of participants, last-minute cancellations or no-shows resulted in a small number of participants per consultation.

The same challenge was observed for FGDs with female caregivers of adolescents. These FGDs were therefore conducted with 2 to 6 participants. Similarly, 8 semi-structured FGDs with male caregivers were originally planned. However, in lieu, 8 IIs were conducted with male caregivers due to difficulties in identifying potential respondents.

KEY DEFINITIONS

Personal factors, in the context of mental and emotional well-being, refer to individual aspects related to physical, emotional and mental status of the individual, such as common individual activities and habits, self-esteem, self-perceptions, calmness, etc.

Social factors encompass the relationships, interactions, sense of belonging, support systems and social inclusion within a community or society that can affect an individual's mental and emotional well-being. This can include family dynamics, peer relationships, community support, social cohesion and interactions with the host community, acculturation, etc.

Contextual factors pertain to the environmental and situational conditions that surround an individual and can impact mental and emotional well-being. These can include living conditions, access to services, economic situation, livelihood opportunities, educational opportunities, etc.

Protective factors: Protective factors balance and buffer risk factors and reduce a child's vulnerability. They lower the probability of an undesirable outcome.[11]

Risk factors: Risk factors are environmental factors, experiences or individual traits that increase the probability of a negative outcome.[12]

Mental Health and Psychosocial Support (MHPSS): is a composite term used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental issues.[13] In contrast with informal support, formal MHPSS refers in this assessment to structured and organised services and interventions provided by trained professionals in the field of mental health and psychosocial well-being, or other institutionalised support contributing to the mental and emotional well-being of individuals.

Informal support refers here to non-professional or non-clinical forms of support provided to individuals experiencing mental health or psychosocial challenges. It involves assistance and care provided by family members, friends, community members, or other informal networks. Informal MHPSS support can take various forms, such as active listening, emotional support, offering advice, providing practical assistance, and fostering a sense of belonging and social connection.

CULTURAL VIEWS AND PERCEPTIONS ON MENTAL HEALTH

In the exploration of cultural views and perceptions regarding mental health within the Ukrainian community, in most of the interviews with caregivers,[14] and in all three with national coordinators, **the presence of stigma associated with seeking psychological care was reported.** As mentioned by several female caregivers in an FGD, stigma was more prominent in the rural areas. More than half of the caregiver interviews and most of the national coordinators highlighted that Ukrainian refugees were resistant to accessing MHPSS services. In a few female caregiver FGDs and in most of the national coordinator interviews, **a lack of a clear understanding regarding emotional and mental health was also underscored**. Additionally, most of the national coordinators noted that individuals from the Ukrainian community were denying their own needs related to MHPSS.

The tendency to hide psychological problems, as reported in more than half of caregiver interviews, aligned with a view shared by a few practitioners. A few female caregivers from one FGD agreed that this tendency to hide psychological issues originated from their upbringing, having been taught to resolve their emotional problems independently. While in most of the interviews with caregivers and practitioners, it was noted that cultural views and perceptions within the Ukrainian community about emotional well-being were not dependent on gender, some practitioners emphasised that boys were expected to not behave in a way that was considered emotional. In about half of the female caregiver FGDs, boys were reported to be more timid and reluctant to communicate about their feelings. Additionally, in half of the caregiver FGDs, and in all national coordinator KIIs, it was mentioned that women were more likely to access psychological care than men. Nevertheless, it is worth noting that the reluctance to access MHPSS and the expectation for boys to hide or suppress their emotions seem to reflect broader social and gender norms existing across many societies, not solely limited to the Ukrainian community.

In more than half of the female caregiver FGDs, and in all the male caregiver IIs, it was further explained that **in Ukrainian culture individuals reached out to community members for support when facing challenges to their emotional and psychosocial well-being.** Despite the described tendency to conceal psychological problems, in more than half of the interviews with caregivers, it was reported that psychological issues were discussed within the family circle. Several female caregivers from one FGD reported sharing their problems with close people and friends who experienced similar situations, who could listen to them and give them advice, especially concerning. On the other hand, during a few consultations, a few adolescents expressed reluctance to open up about their psychological challenges with their caregivers. This hesitancy was attributed to a generational gap and feelings of shame.

> *"I think that in terms of opening up and talking about their problems, it's harder for men, because from childhood, they get told, that boys don't cry, a boy should be strong, I'm not devaluing the problems of the female sex now, I just want to say that everyone has problems, but it depends on the upbringing, but if you tell him from childhood, you must be strong, crying means feeling sorry for yourself, don't feel sorry for yourself, it will be hard for everyone to open up, both boys and girls, if you interrupt them from childhood."*
>
> *(Adolescent girl, Chișinău)*

Notedly, a positive shift in attitudes towards psychological care was observed within the Ukrainian community following the escalation of the hostilities in 2022, as reported in most of the interviews with caregivers and all national coordinators. Despite the reported reluctance to access MHPSS services, some female and male caregivers explained that the Ukrainian community exhibited a newfound readiness to access MHPSS services, explaining that a different perception was formed and that psychologists had become a necessity. However, the latest findings from MSNA household survey,

conducted in August/September 2023, still showed a low rate of recourse to formal support. Only 13% of individuals declared as facing mental health or psychological issues were reported needing MHPSS for these issues.[15] This discrepancy could be explained by several factors, such as MSNA survey respondents underreporting needs and access to MHPSS due to a social desirability bias related to psychological support being a sensitive topic. Another factor could be related to a selection bias, as due to the locations covered and the purposive sampling employed for the present assessment, it was more likely to interview caregivers who had previous or increased access to MHPSS services.

PROTECTIVE FACTORS

Most of the adolescent groups reported friends as one of the main factors that enhanced their well-being in Moldova. Similarly, socialising with friends was described as a key factor in the well-being of adolescents in most of the interviews with caregivers, half of the practitioners and a few regional coordinators. In some consultations with adolescents, it was reported they made new friends at school, at centres, and during their recreational time in summer camps. Walking in parks, attending extracurricular activities, such as theatre and drawing, and hanging out were the most reported activities that adolescents were doing together with their friends. Additionally, in some of the interviews with adolescents, it was mentioned that they had become more sociable, while a few underscored that their confidence levels increased.

> *"After classes, I usually do part-time work, and then, when I'm back home, I might watch an interesting movie, often a scientific one. My goal is to improve my knowledge in new topics and lessons. I've also enrolled in psychology, and I have many lessons related to psychology."*
> *(Adolescent boy, North)*

Most of the groups of girls and half of the groups of boys reported family as a protective factor, however, adolescents during the consultations mentioned it overall less compared to friends. A few explained that they did not share their thoughts with their families because of the generational gap between them and their caregivers or because they would feel ashamed. Despite this, in about half of the practitioner interviews, as well as in some of the interviews with caregivers, the importance of adolescents being surrounded by family members was highlighted, with a few practitioners highlighting family as a resource to help adolescents, as well as a positive factor for the balance of their psycho-emotional state. By contrast, regional coordinators did not mention family as one of the main factors regarding the well-being of the refugee adolescents. Instead, they highlighted the missing family members, namely fathers who remained in Ukraine, as a risk factor.

Extracurricular activities and access to services were identified in all the adolescent consultations and interviews with caregivers, and in half of the practitioners and regional coordinators, **as essential contributors to the well-being of adolescents.** In some interviews with caregivers, it was underscored that organising educational events, free sports sections, dances, and art circles provided an avenue for engagement and fulfilment for the adolescents. Also, caregivers in a few interviews added that adolescents who participated in concerts experienced positive emotions and were distracted from thinking about other issues.

In almost all groups, **adolescents consistently described using personal computers and phones as prevalent protective factors, explaining that they often used them during their free time but also that they found joy and comfort through them.** Adolescents across most groups highlighted they used these devices for entertainment purposes, often for games, watching movies or series or listening to music. Furthermore, adolescents in a few groups

mentioned that they used them to communicate with their friends, while some mentioned they used them for educational purposes, specifically online schooling. By contrast, across half of the interviews, caregivers, practitioners, and regional coordinators reported adolescents' entertaining activities to be excessive and highlighted them as negative coping mechanisms. This concern will be addressed more in-depth in the subsequent section on negative coping mechanisms.

> *"I'm not really concerned about anything, but the only thing that bothers me is how to convince my mom to understand that I am a teenager and I have the right to have social media and communicate with people. It's difficult for me to find friends in real life because I don't go to school; I have distance learning. Because of this, the opportunity to find friends is narrowed, and in social media, I can find friends with similar interests. The internet is not always good, but still, it makes it possible to have friends in real life."*
>
> *(Adolescent girl, Centre)*

In-person schooling in Moldova was mentioned in most of the interviews with caregivers and by half of the practitioners and regional coordinators as a protective contextual factor, while adolescents did not report it at all. A few practitioners referred the in-person schooling as a way to enhance socialisation, besides educational purposes. Additionally, some practitioners explained that face-to-face interactions with teachers and classmates could contribute to creating a supportive community and reducing the feelings of isolation and loneliness that some adolescents experienced. The in-person school also was reported to play an important role in maintaining a routine, and ensuring attendance, as reported by a few practitioners.

RISK FACTORS

In most of the adolescent consultations, the lack of friends emerged as a considerable risk factor to the well-being of adolescents as some groups mentioned they had no one to communicate with or no friends to socialise with in the vicinity. Similarly, almost in half of the interviews with caregivers and a few practitioners and regional coordinators highlighted this as a risk factor for adolescents. A regional coordinator further explained adolescents' friends' circles appeared to be smaller as a result of online education.

Online education was identified as a factor that negatively impacted the personal development and well-being of adolescents in half interviews with caregivers, and also by some practitioners and regional coordinators. According to a few practitioners, online education led to adolescents being isolated in their accommodations and lacking regular interactions with peers. Additionally, the absence of face-to-face learning was mentioned as a hindrance to the development of crucial skills such as public speaking, and the lack of a structured routine added to the challenges faced by these young individuals, as reported by a few practitioners and regional coordinators.

> *"The main upset is the absence of friends I was connected to in my previous place. We dispersed to different countries, and communication became less close."*
>
> *(Adolescent boy, North)*

In more than half of the consultations with girls and in a few consultations with boys, it was mentioned that **separation from friends and family members who remained in Ukraine was negatively impacting their emotional well-being.** Adolescents in some groups said they were far away from their loved ones and that they missed them. Additionally, a few mentioned they lost communication with some of their friends. A few adolescents also mentioned missing their pets. In some interviews with caregivers, and in half of those with regional coordinators and a few practitioners the negative impact of relatives and friends who remained in Ukraine on the emotional well-being of adolescents was highlighted. A few practitioners and regional coordinators mentioned that boys were more

affected compared to girls, because they needed their fathers, especially during their teenage period, as they lacked a male role model. Despite this, a few groups of boys mentioned this issue. Moreover, no groups of boys reported they were missing Ukraine, while in this was mentioned by girls in most groups. In almost half of the interviews with caregivers and by a few practitioners and regional coordinators it was reported from their perspective a similar factor affecting adolescents, which was homesickness. In some interviews with caregivers, it was shared that adolescents asked them often when they were going to return home, even after they were explained that it was not safe to return to Ukraine.

> *"I want to go home as soon as possible. It's very difficult for us here financially, and in general, housing is not easy. We could be evicted at any moment."*
>
> *(Adolescent boy, Centre)*

Another risk factor that emerged from the reports in some adolescent consultations was mental health issues. This concern was mirrored in a few interviews with caregivers and by half of the regional coordinators, who highlighted that the well-being of adolescents was hampered by distress, depression, and trauma. Some practitioners described the most common disorders among refugee adolescents as being panic attacks, anxiety states, withdrawing into themselves, aggressiveness, fear of the unknown and uncertainty.

Financial constraints faced by caregivers were reported in a few interviews with caregivers, almost half of the practitioners and a few regional coordinators, **as a negative contextual factor affecting the well-being of adolescents.** A few practitioners and regional coordinators explained these financial constraints led to refugees living in substandard conditions and not being able to afford desired items. The substandard accommodations were also mentioned in a few adolescent consultations, with a particular emphasis on the lack of personal space.

POSITIVE COPING MECHANISMS

The most reported coping mechanism employed by refugee adolescents was listening to music, as highlighted in more than half of the girl consultations and a few boy consultations. In some adolescent consultations, it was underscored that they listen to music in the background while doing household chores or while taking long walks by themselves. In a few adolescent consultations, music was described as a lifesaver, and a few adolescents mentioned feeling that their motivation reappeared while listening to music. Only one practitioner mirrored adolescents' report on the above, while the rest of the interviewed groups, including caregivers did not mention it.

> *"Well, when I'm feeling sad or unmotivated, like I have no energy, I usually stay at home or somehow force myself to go outside to find some motivation. I feel like teenagers at this time usually try to listen to music or play video games, nothing that requires physical activity."*
>
> *(Adolescent girl, Centre)*

Socialising with friends and peers both online and offline emerged as a prevalent positive strategy, which was highlighted in more than half of the adolescent consultations. Adolescents in a few groups further explained that when they felt troubled, they would make jokes, go for walks, or share their thoughts and experiences with their friends. Similarly, in more than half of the caregiver FGDs and IIs the above was matching the report from the adolescents, along with half of the practitioners and some regional coordinators. A few practitioners added that keeping in touch with relatives and friends who remained in Ukraine was a positive strategy for dealing with emotional challenges for adolescents in Moldova.

> *"When I'm happy I call a friend, we chat, laugh together. In short, we communicate with each other, watch anime, some TV series. And when I'm sad, I play something, listen to music and that's it."*
>
> *(Adolescent boy, Chișinău)*

Adolescents in half of the groups also mentioned attending extracurricular activities, such as sports, painting, and theatrical circles, positively influenced their well-being. Mirroring this, caregivers in a few interviews also highlighted practising sports as a positive coping strategy for adolescents. Moreover, more than half of the practitioners and regional coordinators reported the above-mentioned mechanism as well. A few of the practitioners underscored that involvement in such activities was effective, explaining that when adolescents had an external activity, it helped to put aside negative memories and had a new incentive to live on. Some regional coordinators highlighted that girls attended these kinds of activities more often compared to boys, and they chose to attend creative activities. At the same time, boys tended to choose more active activities, and as reported by a few practitioners, boys were choosing activities in which they felt important while practising.

Communication with family members was reported in almost half of the adolescent consultations. A few adolescent consultations referenced that their interaction with siblings helped them to deal with well-being challenges. Similarly, in some interviews with caregivers, it was noted that adolescents became more dependent on their caregivers since displacement and a few of them became more open to communicating with their parents. Additionally, a few regional coordinators also emphasised this coping mechanism employed by adolescents.

NEGATIVE COPING MECHANISMS

Despite adolescents describing using electronic device as postitively, caregivers, practitioners, and regional coordinators largely highlighted their negative effects of the well-being of adolescents. In some consultations, adolescents reported that they spent time using their phones and laptops to watch funny videos, online gaming, and for social media usage when they faced emotional challenges. Conversely, half of the caregiver interviews, and almost half of the practitioners and regional coordinators flagged that adolescents had an online addiction, and used online devices excessively. A few practitioners explained that adolescents preferred playing on their computers or phones instead of going outside for walks, or socialising with peers, which contributed to their further isolation. Additionally, a few practitioners reported that boys were spending more time playing computer and phone games, while girls were more frequent social media users. The above gender activity preferences were mirrored in some of the adolescent consultations, as girls in a few consultations mentioned they used social media and some boys in a few consultations reported they were playing online games with peers and by themselves.

> *"They don't tell, they just live on and maybe they don't dwell on it. Perhaps they are closed off because of the war and, therefore, don't want to share. Personally, I don't share with those around me."*
>
> *(Adolescent girl, North)*

Girls in a few groups mentioned that initially, after arriving in Moldova, they were exhibiting withdrawn behaviour, they had isolated themselves in their accommodations and refused to go outside or to socialise. I**n more than half of the female caregiver FGDs and in a few male caregiver interviews, it was underscored that adolescents were still withdrawn in their behaviour, explaining that they were constantly at home using their phones and were not willing to share their thoughts with their caregivers.** As previously mentioned, a quarter of the practitioners described this coping mechanism as a common challenge among adolescents aged 14-17. Additionally, while a few practitioners and regional coordinators reported this type of behaviour was more common among boys, none of the groups of boys mentioned this. This may be due to boys being more inclined to perceive withdrawal as normal behaviour, as described by a few practitioners who emphasised the cultural belief and gender norm of expecting boys to avoid displaying emotions.

A limited share of respondents mentioned some adolescents also employed smoking or substance abuse as negative coping mechanisms. Smoking was reported as such by caregivers in a few groups, a few practitioners, and one group of girls. This practice was more reported by regional coordinators, with half of them mentioning that some adolescents were smoking, specifically highlighting the use of electronic cigarettes, and describing smoking as a way adolescents were seeking appreciation from peers. Additionally, a few regional coordinators and practitioners reported the consumption of alcohol by some adolescents, and a few also mentioned drug usage, without specifying the type of substance. A few KIs noted boys were more likely to smoke or engage in substance abuse than girls.

PRIMARY WELL-BEING NEEDS OF ADOLESCENTS

Concerning formal support needs, in a few adolescent consultations **the need for more planned social activities, specifically special events and excursions, was reported**. Additionally, all the girls in a consultation agreed that they needed diverse clubs, mentioning that they would facilitate their socialisation, while adolescents in a few consultations highlighted that it would be better than staying at home. Similarly, in most of the FGDs with female caregivers and in a few IIs with male caregivers it was highlighted that adolescents needed increased access to hobbies, including sports and creative activities. Some practitioners and a few regional coordinators similarly mentioned this need. A few practitioners further explained that these activities would engage adolescents to socialise and keep them active, which mirrored the adolescents' reports.

Adolescents in a few groups, predominantly girls, also mentioned the need for greater educational opportunities. Girls in a few consultations linked this need with IT equipment, which would allow them to use it for their studies and language courses, such as Romanian and English, and generally allow them to make use of all internet opportunities. Mirroring this, the need for greater educational opportunities available to adolescents was also highlighted in most of the female caregivers FGDs and in a few male caregivers IIs. Additionally, in a female caregivers FGD, all the participants shared their willingness to involve refugee adolescents in volunteering, internships, and jobs to earn money.

> *"It would be good to have some club, Ukrainian, where all Ukrainians are. And go there for support. Everyone is their own, everyone understands each other. And to the family, too, so that everyone understands you and treats you normally."*
>
> *(Adolescent boy, Centre)*

Psychological care was the formal need highlighted in a few interviews with caregivers, as well as by some practitioners and a few regional coordinators. In a few interviews with caregivers, it was reported that the support of psychologists was needed, explaining that sometimes adolescents did not share their thoughts with their caregivers, and some adolescents felt more comfortable talking to a specialist. A few practitioners explained that adolescents needed to open up and share their feelings so that they could move forward and that practitioners could help them with that, as well as guide them.

> *"For Ukrainian teenagers to seek support from family, peers, or other community members, it's important that they are celebrated and accepted with understanding and support for their emotional experiences. It's crucial to create an atmosphere where teenagers feel that their feelings are respected and acknowledged, fostering open communication and the search for support when needed."*
>
> *(Adolescent girl, Centre)*

Related to the informal support needs of refugee adolescents, socialisation with friends and peers, and being able to receive their support and advice were underscored by half of the practitioners and regional coordinators. A few practitioners explained that adolescents needed to go outside of their accommodations

and try to socially integrate. It is worth noting that this need was not mentioned in FGDs and IIs with caregivers. However, in a few interviews with caregivers, participants highlighted the need for caregivers' support and their active presence in adolescents' lives. Moreover, some regional coordinators mirrored the caregivers' reports, but highlighted less the need for family support and help compared to support from friends and peers. Additionally, a few national coordinators also emphasised the adolescents' need for more interactions with friends and integration into the host community.

Among the additional needs, participants in one group of girls also mentioned the need for financial means, as well as a few regional coordinators, who explained that it could help adolescents become more independent and they could learn to manage their budget. Additionally, some regional coordinators underscored the importance of a separate space or room in the accommodations for adolescents' emotional well-being. A few girls in one group in Chisinau described having to share the same room with their caregiver. They explained this was difficult for them because they had different schedules and because it was difficult to focus or do different activities at the same time in the limited space available.

In relation to additional needs, it was interesting to note that in one boy consultation in the North region and by a few caregivers was reported that additional informal support was not required. In relation to well-being needs and gender, most caregivers reported that the provision of additional support needs did not differ according to the gender of the adolescent.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

AVAILABILITY

Psychologists were the most reported MHPSS service in terms of availability, as communicated by most adolescent consultations and caregiver interviews as well as by practitioners, regional coordinators, and national coordinators.

According to some adolescent consultations and caregiver interviews, MHPSS infrastructure was reported to include training-and-development organisations, social-support organisations, youth centres, and health centres. These services were likewise recorded by many practitioners, as well as by some regional and many national coordinators. Specialists further referenced the availability of individual and group psycho-social activities. Otherwise, **a variety of extra-curricular activities, such as homework clubs, language-learning activities, and theatre outings, were also mentioned by many KIIs.**

> *"I know that there are enough such organisations that offer psychological help, but I don't know their names because I haven't been interested and of course I haven't used them. But again, I don't know what kind of services they offer, I'm a bit skeptical about it all. I don't know."*
>
> *(Adolescent girl, Chișinău)*

Most practitioners and regional coordinators elaborated that services were available in the humanitarian, public, and private sectors. On the other hand, a few practitioners remarked upon the absence of state and local authority involvement in MHPSS, suggesting that it would be valuable for the state to expand its MHPSS services. In the humanitarian sector, most practitioners referenced the availability of psychosocial services as well as emergency online services. In the public sector, reference was made to the availability of community mental-health centres as well as psychological care in educational institutions, by a few practitioners. One practitioner and one national coordinator further reported upon the availability of services in the private sector, including sexual and reproductive healthcare, as well as the existence of private centres, providing adolescent care.

In relation to differences in available services according to gender, most practitioners and some

regional coordinators stated that no differences existed.

AWARENESS

In relation to known services, many adolescent consultations expressed an awareness of the availability of appointments with psychologists, appointments with psychologists in educational settings, youth centres, and support centres. Otherwise, awareness of a support website was mentioned by a few adolescent consultations.

Awareness of MHPSS services among adolescents was reported to have come from a diversity of sources according to most adolescent consultations, most caregiver FGDs and KIIs, as well as most practitioner, regional, and national coordinator KIIs. These sources included MHPSS service-providers, family-members, peers, the internet, and social-media networks such as Telegram and Viber. These sources were similarly cited by practitioners, regional, and national coordinators. KIIs further specified refugee accommodation centres (RACs), printed materials, and NGOs as complementary sources of information. Some regional coordinators additionally specified recreational activities and excursions as sources of information about MHPSS.

In the context of above-mentioned sources of information and known organisations, many practitioners and a few regional coordinators asserted that adolescents were well-informed. Nonetheless, some adolescent consultations reported that they did not know of any sources of information regarding MHPSS services and that better communication about MHPSS services was required to better address their informational needs. This previous finding was echoed by other reports which showed that "younger refugees [...] were not sure where they could access social or psychosocial activities in Moldova".[16] A few practitioners suggested that knowledge of services by adolescents was dependent on the initiative of one's parents and on whether one was resident in a RAC or not. This finding was corroborated by the MSNA 2022 which determined that those living in RACs were more aware about the availability of psychosocial support services than those living in the community.[17] Those pursuing an exclusively online education were furthermore isolated from access to information regarding MHPSS, according to one practitioner. Some national coordinators confirmed that adolescents in remote areas or living alone were less aware of the existence of MHPSS services.

ACCESSIBILITY

Although high levels of awareness of some MHPSS services were reported by respondents across all groups, most adolescent consultations, as well as some caregiver interviews, reported that they or their dependents were not accessing services. **Low rates of adolescent participation in MHPSS care were mentioned by most caregivers who did not specify specific accessibility barriers but instead reported that adolescents were reluctant to access such services, indicating an acceptability issue around the use of the MHPSS services.** For instance, personal shyness was reported by a few adolescent consultations and caregiver interviews as an acceptability factor which inhibited adolescent use of MHPSS. A few adolescent consultations attributed their lack of use of MHPSS to a dislike of psychologists and shame. These expressions of reluctance towards the use of MHPSS were corroborated by the Regional Child Protection and Cash Survey with Refugees from Ukraine (CP Survey) in which only 4.3% of refugee child caregivers reported that they or their children were accessing MHPSS.[18] A few adolescent consultations did report accessing MHPSS services, and of those most responded with positive approval to such care. This positive response to MHPSS care, among those accessing services, was confirmed by a few caregivers.

As highlighted by most caregiver groups, some practitioners likewise echoed the lack of acceptability of MHPSS services among

adolescents. This was reflected by shyness, a lack of trust in service-providers and the wider community, a lack of personal desire to attend MHPSS, a reluctance among parents to allow adolescents to access MHPSS, and a fear of judgement for accessing MHPSS. Some regional and national coordinators similarly communicated a lack of interest and desire by service-users to access MHPSS, and the reluctance of parents regarding adolescent access to MHPSS as barriers to access. Interestingly, some male caregivers further reported that they did not understand the psychological needs of adolescents though this issue was not reported by female caregivers.

Most practitioners and some regional coordinators confirmed that **psychological counselling, available in individual, group-based, and online formats, was the most accessed MHPSS services**. Among other services accessed, a few practitioners and regional coordinators reported art therapy, interactive and recreational activities, and trips while some national coordinators further mentioned group activities, mobile units, and hotlines among the accessed services. According to the regional CP survey, psychological support services were consistently available to all of those refugee child caregivers who attempted using them since their arrival in Moldova, demonstrating a consistency in the provisioning and use of services.[19]

In terms of demand dynamics, some practitioners and regional coordinators indicated that demand for MHPSS had increased. Some regional coordinators specified that the demand increased as parents sought assistance on behalf of their adolescents and as mobile units gained further access to rural areas. In this regard, the increased accessibility of services was attributed as a reason for the increased demand for MHPSS services. Here, increased awareness of centres, cost-free services, and their activities was posited as a reason, by a practitioner, for increased demand for MHPSS. On the other hand, a few regional coordinators further specified that adolescents did not have time to attend MHPSS services due to time constraints, related to school and extra-curricular commitments as well as homework duties. A regional coordinator similarly asserted that the working hours of support centres and school coincided and that this reduced demand on MHPSS services.

> *"Well, in our commune, there are few clubs, firstly. I think there's not a single club in the village, and it's not always convenient to go to the club in Edinet every time."*
>
> *(Adolescent girl, North)*

Most adolescent consultations and half of caregiver interviews did not report barriers to accessing MHPSS services. However, some barriers were nevertheless reported to exist at both the individual and service levels. **Among adolescent consultations and caregiver interviews who perceived barriers to access, a lack of information, language barriers, age restrictions, and geographical barriers were reported.** A few practitioners also cited operational barriers such as a lack of time, a lack of awareness of services, long distances to services, language barriers, a lack of parental permission, and a lack of access to online information as barriers to accessing MHPSS. A lack of awareness of services, language barriers, and a lack of time were echoed by a few regional and national coordinators as barriers to access. Barriers to service access were similarly echoed in the CP survey by 30.3% of refugee child caregivers.[20]

In relation to adolescents with disabilities, a few practitioners specified several barriers, including poorly adapted infrastructure, a lack of specialists, the predominance of fee-paying services, as well as distances to accessing services. Similarly, a lack of accessible buildings, specialised centres, and specialised transport were reported by a few regional coordinators as barriers for adolescents with disabilities. A few national coordinators similarly furnished reports of a lack of suitable transportation as a barrier to access for adolescents with disabilities.

Most adolescent consultations reported that MHPSS services were open to both genders. This was corroborated by most caregivers and some practitioners. In relation to accessed services, some practitioners reported that girls accessed such services more and accepted help more often than boys. Likewise, most regional coordinators reported that girls attended activities more than boys, and that girls were more interested in creative activities while boys were more inclined towards sporting activities. Concerning this imbalance, a practitioner furthermore stated that centres sought to purposefully attract more boys to their services while another practitioner reported that available activities were adapted according to gender. It is worth noting, however, that nearly the same number of practitioners observed no difference in most accessed services. Additionally, many practitioners reported no gender differences in available services, and in how formal sources of MHPSS services responded to service-users.

> *"You have to reflect between each other, you have to not be afraid to say "I feel bad, please be there for me and listen to me". It is necessary to reflect between each other - to understand, to make it clear that you care, to make it clear to the person that you are near and you want to be supported by the person you turned to. Why do teenagers turn to psychologists more now? Because they know that their problems won't be ignored. They know they'll get feedback, they'll probably get help, and even just talking to someone will make them feel better. I think that in order to improve, to break down the barrier between parents and children, brothers and sisters - you need to talk to each other, share your worries and help in some way."*
>
> *(Adolescent girl, Chișinău)*

APPROPRIATENESS

Most adolescent consultations regarded MHPSS as satisfactory, remarking on cost-free services, and ease of access. Despite assertions to the contrary by some regional coordinators, adolescents furthermore mentioned gender-equal access to services. **Most caregiver interviews also regarded MHPSS services favourably, referencing the regularity of services, the availability of information, the existence of Russian-language services, professionalism, and the availability of female psychologists.**

In relation to the suitability of MHPSS, divergent opinions arose among KIIs about whether services efficiently met adolescents' well-being needs. A quarter of the practitioners mentioned that available sources responded to their needs, some practitioners mentioned that these are efficient, while one practitioner mentioned that the efficiency is minimal. A few practitioners noted that creative activities are appreciated by adolescents. A few regional coordinators likewise reported that services were very efficient and a few said they were efficient to some extent, while a few mentioned that these services do not respond to the needs of adolescents. A few regional coordinators noted that psychological support, recreational activities, and safe spaces best responded to the needs of Ukrainian refugee adolescents.

A few adolescent consultations reported that services were ineffective. In these instances, a few adolescent consultations referenced the over-subscription of services, a lack of in-person communication about services, and the disorganised provision of services. Among a few caregiver interviews, negative feedback related to the over-capacity of MHPSS services and doubts over the quality of care were reported. This is reflected in the results of the CP survey where 35.3% reported that long waiting times constituted a barrier to accessing services.[21] A few practitioners moreover noted a lack of MHPSS service specialists providing care. Another noted a lack of Russian-speaking specialists in the South. National coordinators echoed similar gaps, including a lack of qualified staff, specialised services, and government policies.

A few regional coordinators concurred with other specialists, highlighting that specialists lacked

in-depth knowledge in specific areas, that centres were not adapted to Ukrainians, and that a limited number of interesting activities were available to Ukrainians. A few regional coordinators further mentioned a lack of equipped centres, a lack of space in which to gather service-users, a lack of opportunities to develop work-related skills, as well as difficulties in conveying service availability to Ukrainians. Despite the presence of public community mental-health centres in every district, a national coordinator did point out that there are few MHPSS services available which are specifically tailored for adolescent needs.

In relation to adolescents with disabilities, a few national coordinators furnished reports of the poor quality of services, long procedures to access treatment, centres not ready for youth treatment, and a lack of privacy for adolescents with disabilities. Facilities were also reported to be often overcrowded, a factor contributing to the impossibility of providing a quality service and a timely follow-up with patients as mentioned by some KIIs.

BEST PRACTICES AND PRIORITIES

Best practices, referenced by a few practitioners, included sessions with psychologists, support for integration and socialisation, and encouragement of adolescents to attend Moldovan schools. According to a few national coordinators, a balanced program of activities and the creation of a home-like friendly space for children could be considered best practices. In the view of a few regional coordinators, the organisation of activities together with adolescents, the cultivation of the potential of adolescents, the exhibition of their works, encouraging their involvement in activities, and individual sessions with psychologists could be regarded as best practices. Individual regional coordinators further mentioned the integration of Moldovan and Ukrainian teenagers, summer camps, and the socialisation of teenagers with others with the same interests.

The main priorities reported by some national coordinators included ensuring access to treatment and counselling for children. Other priorities were likewise identified by some national coordinators around the social dimension of mental health by addressing stigma related to MHPSS, adding social cohesion components in MHPSS, and increasing the number of psychologist services in schools. Relevant priorities, mentioned by some national coordinators, included providing assistance in Ukrainian, increasing the adolescents' involvement in MHPSS projects and ensuring coherent treatment that could go beyond the emergency treatment and address more efficiently issues and difficulties experienced by adolescents.

MHPSS CONCLUSION

In relation to MHPSS, the availability of diverse services, and in particular, psychological counselling was remarked upon by respondents across all groups. Awareness of MHPSS services was also reported by all respondent groups to be relatively high with all groups reporting knowledge of a variety of services. The accessibility of these services was furthermore reported upon in a favourable light though some barriers were relayed by all respondent groups. In this respect, it was worthwhile to note that many adolescents did not access MHPSS services given the prevalence of acceptability issues with MHPSS among adolescents, namely significant reluctance towards using MHPSS in the first instance. This reluctance constituted an important barrier among adolescents and appeared to be connected to feelings of shame, regarding accessing MHPSS, and dislike of psychologists within this system. With regard to the suitability of services, respondents across all groups asserted that these services were fit-for-purpose for service-users but some shortcomings in MHPSS were still acknowledged.

INFORMAL SUPPORT

Families; individual family-members, particularly mothers, fathers, and siblings; friends, the internet; social-media networks,

including Instagram, Telegram, and Tik-Tok were frequently reported in many adolescent consultations, many caregiver interviews, and by many practitioners as sources of informal support for adolescents. Teachers were likewise mentioned by these same respondent groups, though less frequently. Some adolescent consultations furthermore reported themselves as a source of informal support. This assertion was corroborated by some caregiver interviews who stated that adolescents did not look to anyone as a source of informal support. Regarding the nature of informal support, a few practitioners characterised communication with adolescents by caregivers, referrals for psychological treatment by caregivers, as well as a positive and supportive relationship with the host community as positive examples of informal support. A few caregiver interviews similarly reported providing support to adolescents as well as accessing psychological care on their behalf.

> *"I think it's about parents, that sharing some of this kind of news with them, you need them to be your peers no matter how it sounds. Parents of a different generation, they can't understand the kids. They think that we're just uncontrollably on the internet, let's say. They clearly don't support that. Whereas it's our necessity. We do everything there, from studying to entertainment to socializing. It's a necessity. Until parents fully understand, we can't fully speak to them, they won't fully understand us. The Internet is an evil, but an evil that we need."*
>
> *(Adolescent boy, Chișinău)*

In relation to access barriers, it was interesting to note that some challenges were reported by a few adolescent consultations. For instance, **a few adolescent consultations reported that they did not wish to discuss certain issues with caregivers**. This reluctance may be connected to reports by a few adolescent consultations of a generational gap between caregivers and adolescents as well as shame in accessing informal support. Though the internet was broadly reported as a source of informal support, it was nevertheless reported by some adolescent consultations to be a source of toxic people and distraction. **In terms of appropriateness, the perspective of adolescents regarding online support was divided:** some adolescent consultations accordingly stated that their well-being needs were not met online though this was contested by some other consultation groups who stated that their well-being needs were met online. Additionally, some practitioners reported that the response offered by informal sources, including parents and peers, was effective while a few others reported that adolescent needs were partially met through informal supports, such as youth centres and extra-curricular activities.

> *"Personally, I needed significant emotional support right from the start, and I found it in conversations and interactions with close friends. In Ukraine, I needed it less, but upon moving, I realized how important emotional connection with close people is, and I found support in communicating with new friends here."*
>
> *(Adolescent girl, Centre)*

With regard to the evolution of informal supports, in half of consultations, adolescents reported that sources of informal support had not changed in the context of their departure from Ukraine. Many adolescent consultations even reported an expanded network of informal support in this context while in only one consultation, adolescents reported a reduced network.

Most adolescent consultations suggested that gender was not an important factor when accessing informal support. Furthermore, a few adolescent consultations asserted that boys and girls would approach their caregivers, according to their respective gender, to discuss well-being issues. Some FGDs with caregivers reported that gender was not an important factor in locating informal support while one male II reported the same. Similarly, many caregivers interviews reported that gender did not influence the type of informal support received by adolescents. More than half of practitioners reported that there are

no differences by gender regarding the response received from informal sources of support. It was nevertheless suggested by a few practitioners that girls are helped more easily and that they communicate more freely.

ADOLESCENTS' RECOMMENDATIONS

Adolescent recommendations for the improvement of formal supports were rather limited. For instance, one adolescent consultation reported that more effective dissemination of information regarding MHPSS was needed. One consultation also referenced the need for the establishment of a Ukrainian adolescent support group to permit greater socialisation among adolescent refugees.

> *"I believe parents can support the diverse interests of their children. It's important for each child to be able to choose what they truly enjoy and brings them joy. Support from parents in the variety of interests helps children develop in harmony with themselves and the surrounding world. Differences in interests should not become limitations but, on the contrary, guide each individual to unique and comprehensive development."*
>
> *(Adolescent girl, Centre)*

In relation to informal supports, adolescent consultations communicated more numerous recommendations. **About of half of adolescent consultations suggested that greater communication about feelings was required. Improved understanding of adolescent psychological context by their caregivers was also reported by some adolescent consultation.** Similarly, some adolescent consultations further recommended the identification of additional trustworthy people in whom they could confide. In both instances, girls reported more frequently than boys the recommendation for more trustworthy people in whom to confide as well as the recommendation for more understanding of their respective psychological context by caregivers. These recommendations were complemented by references to greater transparency about one's feelings and less judgement of psychological problems by the broader community, as reported in a few adolescent consultations.

ADOLESCENTS' HOPES & CONCERNS

In most of the adolescent consultations, hope was expressed that the war in Ukraine would conclude and that this would allow their return home. Some practitioners, speaking about the hopes of adolescents as they understood them, seconded this. In some adolescent consultations, adolescents also expressed a desire to move to other unspecified countries or to remain in Moldova indefinitely. A few adolescents in a few consultations further indicated that they desire to support their families and wish to build their own families in the future.

> *"My dream? I don't know. I've long wanted to find a job, have my own apartment, get married, and have two children – a boy and a girl."*
>
> *(Adolescent boy, North)*

In most of the adolescent consultations, hope was expressed in relation to short-term educational pursuits, including the desire to both finish their current studies and to enter university. Additionally, a few adolescents in a few consultations also reported a range of professional hopes, such as the desire to become a designer, entrepreneur, or chef, for example. **Adolescents also expressed more general aspirations such as the wish to earn what they considered a decent salary and the wish to be employed in a job that they considered good.** Here, it was interesting to note that some adolescents across some consultations reported detailed plans for their futures. In one instance, for example, a boy highlighted his intention to generate passive income to support himself in his senior years.

In most of the adolescent consultations, adolescents expressed concern regarding their educational future, referencing the possibility

of failing examinations and the disruption caused by the current war to their education. Some practitioners, reporting the fears of adolescents as they perceived them, echoed this. Some of the adolescent consultations further expressed shared concerns over the broader uncertainty of the future and in particular, some cited the ongoing conflict in Ukraine. These sentiments were mirrored by some practitioners. Here, fear was also expressed that the war in Ukraine would continue indefinitely.

> *"I dream of becoming a designer who turns dreams into reality and changes the world by creating something of my own that will become global. I want to visit Tokyo, Korea, Australia, Paris, and Kazakhstan."*
>
> *(Adolescent girl, Centre)*

Some of the adolescent consultations referenced the well-being of their families in Ukraine and a few adolescents across a few consultations referenced financial worries. **Some of the adolescent consultations highlighted concern in relation to the well-being of fathers and brothers, participating in the war in Ukraine.** This concern was similarly perceived and echoed by some practitioners. Concerning the war itself, some practitioners also reported conscription as a concern among boys as they perceived it. In most instances, however, practitioners reported that concerns were not gendered. A few practitioners also reported more immediate and concrete concerns, as they perceived them, such as boredom, homesickness, a lack of activities in which to partake, as well as separation from family members and friends.

CONCLUSION

Throughout the refugee response in Moldova, the voices of adolescents, and especially male adolescents, have been insufficiently visible.[22] In an effort to address this gap, REACH interviewed refugee adolescents, caregivers and service providers between 1st November 2023 and 5th December 2023 to determine the different aspects that contributed to the well-being of refugee adolescents.

The assessment found that the Ukrainian refugee community in Moldova was strongly influenced by cultural norms which stigmatised discourse around psychosocial well-being. However, these norms have reportedly weakened, especially due to the war in Ukraine, making the community more receptive to MHPSS. This disinclination towards discussions of psychosocial well-being nevertheless continued to govern the ways in which the Ukrainian community sought to resolve psychosocial well-being issues and access MHPSS. In this regard, though there was extensive availability of MHPSS for adolescents, only a few Ukrainian adolescents reported that they were accessing care. Here, it is worthwhile to note that most of those, accessing MHPSS care, regarded the experience in a positive light. Likewise, adolescents appeared the most pre-disposed to reflecting on well-being issues. Indeed, in providing recommendations for the improvement of formal and informal support, Ukrainian adolescents sought greater understanding of well-being issues from caregivers, as well as less judgement from the wider community.

It appeared nevertheless that Ukrainian adolescents in Moldova grappled with the consequences of the war in Ukraine, including their displacement from their homes, and this appeared to have detrimentally impacted their psychosocial well-being. In this regard, Ukrainian adolescents were reported to be dealing with mental-health issues, further aggravated by familial separation, limited socialisation, and online education among other factors. Indeed, these gaps in the lives of Ukrainian adolescents were reflected in the spectrum of well-being needs, most cited by all respondents across all groups, including greater opportunities to interact with family and friends.

Ukrainian adolescents in Moldova also appeared rather tenacious in the face of war and displacement. In this regard, they have

mobilised both personal and contextual capital to best carry on their lives in an ordinary fashion. Indeed, adolescents regard, their interaction with family and friends, and their attendance of in-person schools and extracurricular activities as critical factors, positively influencing their well-being in Moldova. The main protective factors for adolescents in Moldova likewise included personal devices, social connections, family support, extracurricular activities, and attending physical schools. However, various risk factors, such as mental health issues, homesickness, limited socialisation, and financial constraints, were identified as impacting the well-being of refugee adolescents.

Adolescents further demonstrated a certain determination in their demand for additional supports. Here, requests for language classes, integrative activities, and extra-curricular activities demonstrated a resolve among Ukrainian adolescents in Ukraine to maximise their opportunities and experiences in Moldova. This positive outlook was largely reflected in the hopes which Ukrainian adolescents expressed and which included concrete aspirations for the future in both personal and professional terms. Ultimately, however, concerns regarding the prolongation of the war loomed large among adolescents, creating general uncertainty for the future.

In relation to MHPSS, it appeared that services were regarded well. There was reportedly an extensive infrastructure of available services. Awareness of services has furthermore permeated the community, with knowledge of various services remarked upon by adolescents and caregivers. Furthermore, the accessibility of these services was further reported upon in a favourable light, with few perceived barriers. However, a notable reluctance was expressed concerning adolescents' effective access to MHPSS services. Lastly, the appropriateness of services was largely reported in a favourable fashion though in some instances, shortcomings in services were acknowledged. Ultimately, however, informal support appeared to be more immediately present and salient in the lives of Ukrainian adolescents, with reference made to an informal support architecture, including family, friends, online communities, and the wider Ukrainian community in Moldova.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

ENDNOTES

1 United Nations, Ukraine Crisis: Protecting civilians 'Priority Number One'; Guterres releases $20M for humanitarian support, consulted 22/02/2024.
2 UNHCR, Operational Data Portal – Ukraine Refugee Situation, consulted 04/03/2024.
3 UNHCR, Refugee Coordination Forum, Daily Trends Dashboard -Republic of Moldova, consulted 04/03/2024.
4 Ibid.
5 IMPACT Initiatives, Save the Children International, Experiences, Needs and Aspirations of Children, Adolescents and Caregivers Displaced From Ukraine, 2023, p.22; International Red Cross, Living Through War: Mental Health of Children and Youth in Conflict-Affected Area, August 2019; Michelle Slone, Shiri Man, "Effects of War, Terrorism, and Armed Conflict on Young Children: A Systematic Review", Child Psychiatry and Human Development. Vol. 47, No 6. 2016.
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7 UNHCR, Refugee Coordination Forum, Daily Trends Dashboard -Republic of Moldova, consulted 22/02/2024.
8 The Chișinău Municipality was considered as a fourth region to reflect the high prevalence of refugees living in this particular area.
9 Please find the complete list of limitations in the Terms of References of MSNA – Qualitative Component
10 Some questions in the adolescents' questionnaire regarding protective and risk factors, as well as hopes and concerns of adolescents were not asked at the community level, as those questions were considered potentially too personal to appropriately capture the situation at the community level.
11 UNICEF, Digital Remote Mental Health and Psychosocial Support for Young Refugees and Migrants, p.8, 2023.
12 The Alliance for Child Protection in Humanitarian Action, Minimum Standards for Child Protection in Humanitarian Action (CPMS), 2019.
13 Inter-Agency Standing Committee (IASC), Guideline: Mental Health and Psychosocial Support in Emergency Settings, 2007.
14 The term "caregivers" is used to refer to both female caregivers from FGDs and male caregivers from IIs.
15 REACH, Multi-Sector Needs Assessment 2023, Republic of Moldova, consulted 22/02/2024.
16 Internews, UNHCR, Floods and Deserts: Information Access and Barriers in Moldova's Refugee Responses, March 2023, 18.
17 REACH, Multi-Sector Needs Assessment 2022, Republic of Moldova, consulted 22/02/2024.
18 IMPACT Initiatives, Regional Child Protection and Cash Survey with Refugees from Ukraine. This figure relates to an average of Round 1 and Round 2 of the CP survey in Moldova.
19 IMPACT Initiatives, Regional Child Protection and Cash Survey with Refugees from Ukraine. This figure relates to average of Round 1 and Round 2 of the CP survey in Moldova. 100% of respondents reported that psychological support services remained consistently available from the point of first use to the present.
20 IMPACT Initiatives, Regional Child Protection and Cash Survey with Refugees from Ukraine. This figures relates to an average of Round 1 and Round 2 of the CP survey in Moldova.
21 IMPACT Initiatives, Regional Child Protection and Cash Survey with Refugees from Ukraine. This figures relates to Round 1 of the CP Survey in Moldova. This response was not recorded in Round 2.
22 SDR conducted by REACH, in preparation for this assessment, found that the experiences, needs, and perspectives of boys were generally underrepresented in research undertaken to date. Such SDR can be found in our ToR.