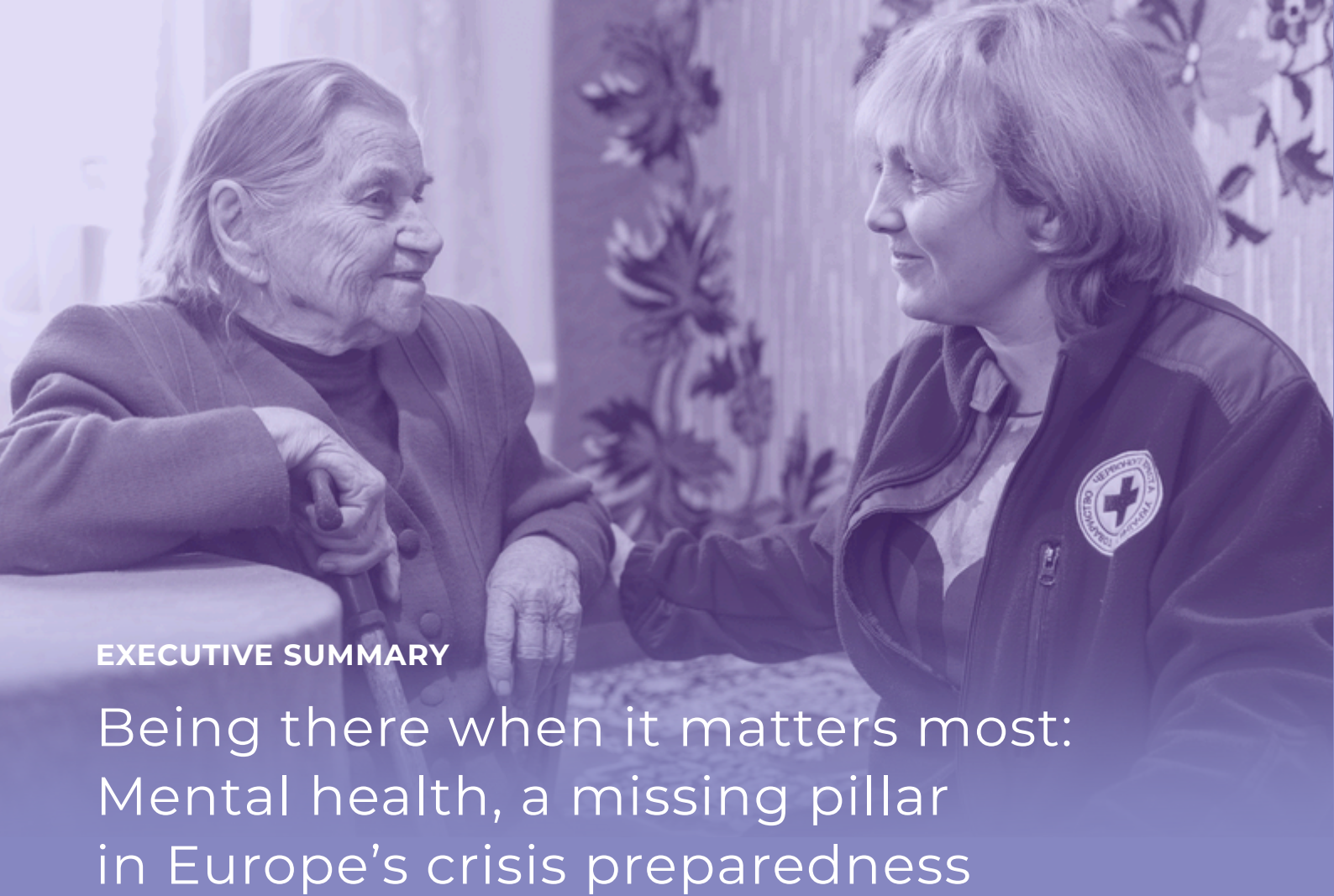




# MENTAL HEALTH

A missing pillar  
in Europe's emergency  
preparedness

Being there, **when it matters most**



## EXECUTIVE SUMMARY

# Being there when it matters most: Mental health, a missing pillar in Europe's crisis preparedness

Mental health and psychosocial support are as essential as food or shelter, yet across Europe, they remain underfunded and poorly integrated into crisis preparedness and response.

This brief brings together new findings from the International Federation of Red Cross and Red Crescent Societies (IFRC) and its members. It draws on a nationwide assessment in Ukraine led by the Ukrainian Red Cross Society and a public survey across five European countries led by the IFRC, highlighting the urgent need to strengthen mental health and psychosocial support as part of preparedness and resilience.

The picture is concerning. In Ukraine, 56% of people report needing psychological support, yet only 19% have been able to access it.

Across Europe, our survey shows that while many people are willing to help others in crisis, only one in four feels confident providing emotional support, and nearly half fear they might make things worse. Worries about disasters and crisis can be a mental health concern on its own. In most countries surveyed, more than 23% said they worry about these crises daily or weekly. Overall, just one in seven respondents feel mentally prepared for such a crisis. Encouragingly, six in ten said that training in basic psychosocial support skills would boost their confidence to help.

Time and again, the IFRC network has shown that early, practical support at a family and community level makes a difference. When combined with informal emotional support from families and peers, most people do not require professional psychological care, easing the burden on formal health systems.

In 2024, the IFRC Network supported 9.4 million mental health and psychosocial support services globally, including 2.4 million in Europe and Central Asia. In addition, IFRC has managed its largest mental health programme to date following the international armed conflict between Russia and Ukraine, financially supported by the European Union. These efforts demonstrate how timely, accessible support can reduce distress, strengthen resilience, and protect health and social care systems from being overwhelmed.

The IFRC with its National Societies in 191 countries, is ready to help states and communities better prepare for future crises, with its expertise in emergency preparedness, community-based mental health care and trainings in psychological first aid.

Governments, donors, policy makers and other stakeholders have a clear opportunity to close the mental health preparedness gap, by investing in access, integration in preparedness plan, and community-based action.

## INTRODUCTION

# Mental Health – a vital part of every emergency response

In every crisis, visible damage draws most attention: collapsed buildings, broken bones, and urgent shortages of food, water, and shelter. Yet emergencies also take a profound toll on the invisible: people's mental health. Long after bridges are rebuilt, disasters leave fear, grief, and trauma in people's lives.

Despite the scale of need, many survivors never receive support, leaving some at risk for severe and lasting mental health conditions. **Therefore, mental health care must be part of every emergency response. Not as an extra, but as an essential lifesaving service.**

## Early care: essential and cost-saving

Untreated mental health conditions take a heavy toll. Globally, countries dedicate less than two percent of their health budgets to mental health, and most of this is spent on psychiatric hospitals rather than accessible, decentralised community-based outreach services.<sup>1</sup> This leaves people without early or preventive care, meaning distress that could be managed with basic psychological support often escalates into severe and chronic conditions. The costs are not only human, but economic: loss of productivity, increased health expenditures, and slower recovery from crises.

Studies consistently show that timely mental health and psychosocial support, such as group-based activities, caregiver sessions, and basic psychological first aid can be delivered quickly, at scale, and at relatively low cost compared with the burden they avert.<sup>2,3</sup> These approaches strengthen families, support children's development, and reinforce social cohesion in communities under pressure. They reduce pressure from health systems, as these activities can prevent some from needing clinical treatment services.

1. World Health Organization, Mental Health Atlas 2024. 2025, <https://www.who.int/publications/item/9789240114487>

2. UNICEF, Global Cost-Benefit Analysis on Mental Health and Psychosocial Support (MHPSS) Interventions in Education Settings Across the Humanitarian Development Nexus. 2023, <https://www.unicef.org/reports/benefits-investing-school-based-mental-health-support>

3. ICRC, IFRC, IFRC Psychosocial Centre, Mental Health Matters: Progress report on Mental Health and Psychosocial Support Activities within the International Red Cross and Red Crescent Movement. 2021, [2021-global-MHPSS-report.pdf](https://www.ifrc.org/publications/2021-global-MHPSS-report.pdf)

## Preparedness gap

We cannot start when disaster strikes. To respond at scale in times of emergency, we must act now. But are we ready?

According to the Mental Health Atlas 2024 from the World Health Organization, 72% of responding countries in Europe reported having a system in place for preparedness and disaster risk management that includes mental health and psychosocial support. Yet only 80% of these have a formal plan or dedicated resources, and less than half (47%) had documented evidence of progress or impact.

Data from the Red Cross and Red Crescent in Europe suggests that work lies ahead if countries on the continent want to respond effectively to large scale crises. In this report, we reviewed:

- The impact of armed conflicts on mental health, particularly: the impact of the international armed conflict between Russia and Ukraine on mental health within Ukraine.
- Readiness among the general public to respond to mental health needs after crises, tested via an online survey.

This brief reveals three interlinked gaps that together leave communities across Europe exposed: a gap in access, readiness, and recognition of the potential of community-level support.





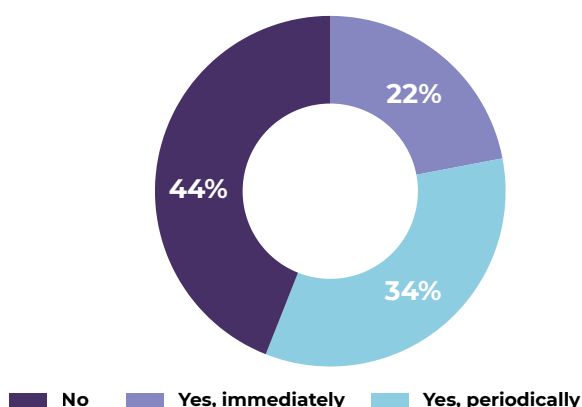
# 1. Impact of armed conflict: increased need of mental health services



Armed conflicts have a devastating impact on mental health. Around 1 in 5 people living in conflict-affected areas experience a mental health condition such as depression, anxiety, or PTSD.<sup>4</sup> At the same time, formal support is often unavailable in these settings. For depression alone, fewer than one in ten receive adequate care.

In Ukraine, the impact of the armed conflict on public mental health is clear. In a needs assessment by Ukrainian Red Cross among 144,000 people across the country, mental health needs were widely reported. **More than half of the respondents (56%) reported an immediate or periodic need for psychological support. Yet only 19 percent has been able to access it.** Four out of five Ukrainians say they or loved ones have experienced traumatic events since the escalation of conflict. The gap is leaving millions without urgent care.

## DO YOU FEEL THE NEED FOR PSYCHOLOGICAL SUPPORT?



4. Lancet, 2019. [New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis - PMC](#)

Particular groups of people who are under mental strain and are considered most likely to benefit from early, targeted support include **displaced people inside Ukraine (47%), older people (46%), children (44%), survivors of violence (43%), and persons with disabilities (41%)**. Proactive mental health supports for military veterans, particularly female veterans is key too, as they face an abrupt transition from life in the military to a high level of cultural responsibility in the home, leaving little time for mental health care as part of their recovery.

Protection risks compound the picture. Respondents identify **women and children as most at risk of violence**, yet only one in ten say violence is openly recognized in their community and **over half can't assess whether violence in this context is problematic or not**: an under-reporting gap that early psychosocial and protection services can narrow.

Displacement pressures, social tension, and donor fatigue don't stop at borders. The data above shows that mental health is foundational to recovery and coping: it anchors communities, keeps children thriving, and mitigates protection risks.

People consistently point to safe public spaces and childcare as critical elements that reduce stress and help them recover a sense of routine and daily functioning. This shows that access to mental health and psychosocial support is not just about clinical services, but also about the social and community infrastructure, the social determinants, that enables well-being.

## 2. Supporting mental health during the international armed conflict between Russia and Ukraine

The international armed conflict between Russia and Ukraine has had a devastating impact on mental health of affected populations, especially after the escalation in 2022. With many living under shelling, or being forced to flee, worries, anxiety and uncertainty have been an everyday reality for millions of people.

Since May 2022, **National Red Cross and Red Crescent Societies has been giving mental health and psychosocial support to those affected within Ukraine, and in 36 other countries.** Financially supported by the European Union, and supported by the Red Cross Red Crescent Movement MHPSS Hub, the IFRC initiated the largest mental health project in its history. Adapted to local needs, our work has taken on different needs – from professional psychological care to helplines, psychoeducation, to group-based psychosocial support activities such as relaxation excises, art classes and children's activities among others.

For many residing within Ukraine, the project has brought a place to connect and to break stigma about the mental burdens of the armed conflict. For those who have fled Ukraine, the Red Cross and Red Crescent has offered a place of safety, support and familiarity in their new country: a place to meet, support each other, and help navigate the challenges of an unfamiliar environment.

Building resilience and preparedness requires giving people the skills to support others. Training in psychological first aid has therefore been a cornerstone of the IFRC's work. More than 50,000 first responders (including Red Cross and Red Crescent staff and volunteers, health workers, and other civil protection and disaster management professionals) have received training, alongside 12,800 teachers and child-focused professionals. These skills not only strengthen immediate crisis response but also prepare families and communities to cope more effectively in future large-scale emergencies.



***“I know what it's like to flee your home and leave loved ones behind. I want to help others in that situation”***

*- Ukrainian Red Cross volunteer, Kyiv*

## 3. General public preparedness and community-led response

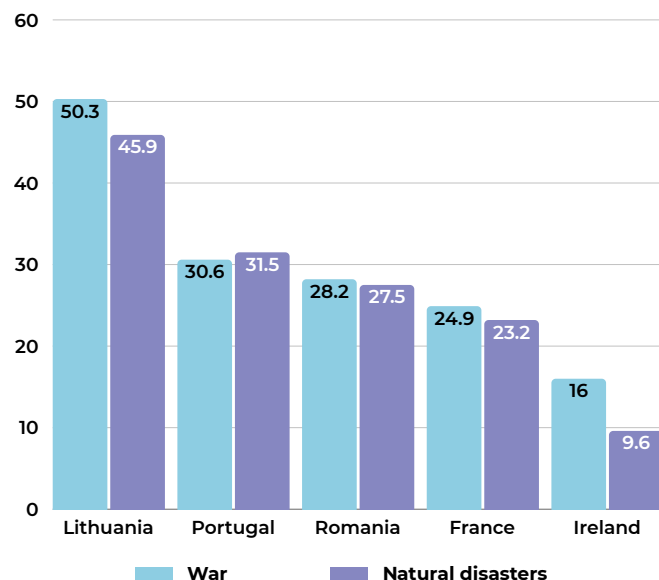
### Crisis preparedness

In September 2025, the IFRC launched a survey with over 9,500 respondents in Lithuania, Portugal, France, Ireland and Romania. Across all five countries, **only one in seven feels mentally ready to cope with a sudden shock such as an armed conflict or a disaster.** This means many doubt their ability to withstand the psychological impact of crises, even as they live in a region regularly affected by floods, fires, storms, and heatwaves.

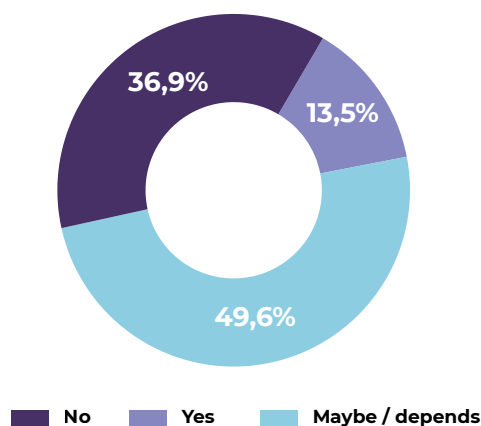
Worry itself is already a mental health burden that can affect daily functioning. The vast majority of people surveyed in the five European countries reported worrying at least occasionally about conflicts and disasters. Only 18% said they never think about disasters, and 17% said they never consider the possibility of being impacted by conflict. In most countries surveyed, more than 23% said they worry about these crises daily or weekly.

**In Lithuania, almost half of the respondents indicated worrying about both armed conflict and natural disasters daily or at least weekly.** High levels of regular concern are seen in other countries too, with the exception of Ireland.

**% OF RESPONDENTS WHO WORRY WEEKLY OR ALMOST DAILY ABOUT WAR OR NATURAL DISASTER**



**DO YOU FEEL MENTALLY PREPARED TO DEAL WITH A CRISIS?**



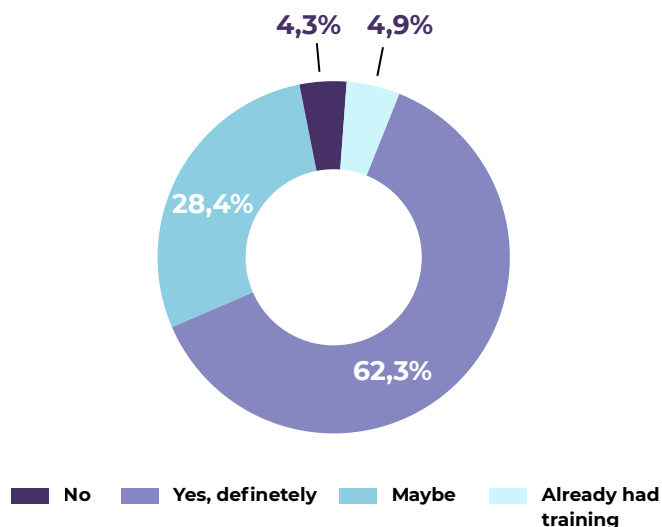
## Capacity for community support

Community-based care is a cornerstone of effective disaster response. Across the IFRC, mental health and psychosocial support at the community level brings people together and offers basic support. This approach is cost-effective in addressing the mental health consequences of crises.

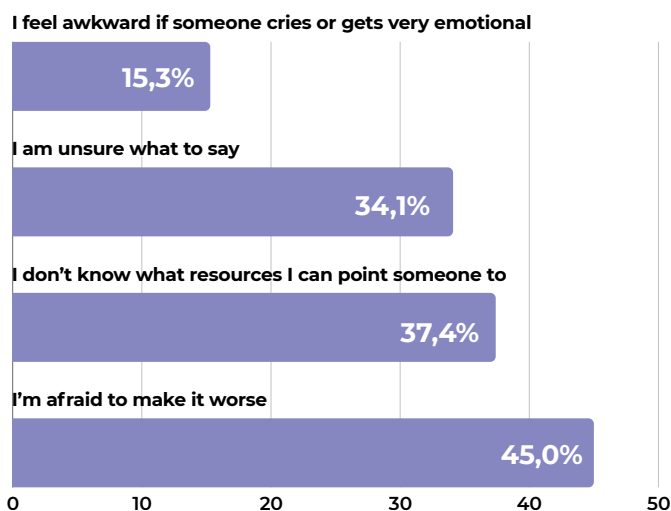
At the same time, many people will not require formal interventions. Personal resilience and emotional support from loved ones and community networks are often enough to help them cope, easing the burden on formal mental health services.

According to our public facing survey, more than **four out of five** stated they are willing to offer emotional support. Yet confidence is not always there: **only one in four** feel **very confident** supporting someone with emotional struggles, most feel somewhat confident.

**DO YOU THINK LEARNING BASIC SKILLS IN EMOTIONAL SUPPORT WOULD BOOST YOUR CONFIDENCE TO OFFER EMOTIONAL SUPPORT?**



**WHAT DO YOU FIND DIFFICULT WHEN TALKING TO SOMEONE WHO IS STRUGGLING EMOTIONALLY?**



In the survey, **62% said learning basic psychosocial support skills would boost their confidence** in offering emotional support. This shows that practical, low-cost interventions such as psychological first aid or structured group sessions could quickly close part of the preparedness gap. **Public willingness is not the barrier; the challenge is to provide the tools, training and systems and build the necessary competencies** that can translate intention into resilience.

National Red Cross and Red Crescent Societies already offer these trainings in psychological first aid, not only for first responders, teachers and volunteers but also the general public. By expanding these trainings, families and communities increase their capacity to provide emotional support in times of crisis, strengthening both immediate response and long-term coping skills.



# COUNTRY PROFILES

## IRELAND

### Summary

Although Ireland is seen as showing lower anxiety than other countries, it does not translate into greater preparedness. One in six respondent sin Ireland worry regularly about being caught in a conflict. However, just 11% feel mentally ready to cope with a sudden crisis, placing Ireland just below the regional average (13,5%). Confidence to support others is also low. Half of respondents say they would find it difficult to help someone struggling emotionally, fearing they might worsen the situation. At the same time, there is a clear opportunity: two thirds say that training in basic mental health support would increase their confidence.

Ireland shows that low worry levels do not mean people are prepared — they highlight a gap in awareness and training. The findings in Ireland highlight the need for basic training in psychological first aid to close the confidence gap, alongside greater integration of mental health into preparedness planning. Government and health partners should embed mental health and psychosocial support in civil protection strategies.

### What the Irish Red Cross is doing

The Irish Red Cross has embedded psychosocial support into its broader community and humanitarian programmes. It plays a central role in supporting migrants and refugees, including people displaced from Ukraine, by offering safe spaces and practical psychosocial support.

Volunteers and staff have been trained in psychological first aid, enabling them to respond in crises while also strengthening everyday community resilience. The Irish Red Cross also runs initiatives that tackle isolation and stress, ensuring that support is available not only in emergencies but also in the quieter moments of recovery.



**“Inclusion means more than tolerance. It means belonging. Let’s build a world where everyone feels seen, valued, and included - not in spite of who they are, but because of it.”**

**-Ukrainian in Ireland**



**1 in 6**

**(16%) worry daily or weekly about being caught up in a war**



**11%**

**feel mentally prepared for a crisis**



**23%**

**feel very confident to support others; 66% say training would boost confidence**



**Half**

**(50%) of people find it difficult to help someone struggling emotionally, fearing making things worse**



## Conclusion

**Mental health is central to how communities withstand and recover from crises.** The needs reported in Ukraine highlight the immense strain that prolonged conflict places on people's well-being and the scale of support required. Practical, locally delivered services have proven effective in strengthening coping. The survey across several European countries reveals that many people feel unready to face crises themselves or confident enough to support others.

Both within Ukraine and across Europe, the reality is the same: conflict and disaster push people to the limit, while support remains insufficient.

Proven approaches exist, including safe spaces, helplines, peer support and skills training, which help people cope, heal and lift each other up. The challenge is scale, too many still feel unprepared for the next emergency.

**Preparedness in mental health is urgent, practical, and lifesaving.** With the right investment, every family and community can have the tools, support, and competence needed not just to survive crises, but to recover stronger. In times of crisis, mental health is a determining factor in turning survival into recovery.

## What governments must do

**Governments, donors, policy makers and other stakeholders have a clear opportunity to close the mental health preparedness gap. This requires commitment in three areas: access, integration in preparedness, and investment in community-based action.**

**Ensure early and sustained access** to mental health and psychosocial support services for people affected by armed conflicts, disasters and other emergencies.

**Integrate mental health and psychosocial support in preparedness structures.** Ensure that mental health and psychosocial support is an integral component in domestic and international emergency response systems, including disaster laws, preparedness plans and emergency response coordination mechanisms. Preparedness must include mental health and psychosocial support annexes in contingency strategies, along with training in psychological first aid for responders and volunteers so that support is available from the very first moments of a crisis.

**Invest in local and community-based action,** embedded in local and national services, on a longer-term basis to prevent, prepare for and respond to mental health and psychosocial needs, including by strengthening local and community coping capacities and the skills of volunteers via supportive systems, tools and training.

These recommendations build on commitments already made. In 2019, States and the Movement adopted Resolution 33IC/19/R2 on addressing mental health and psychosocial needs in crises, calling for mental health and psychosocial support to be integrated into preparedness and response mechanisms.<sup>5</sup>

By acting in these three areas, governments can transform mental health from an overlooked concern into a lifesaving frontline of preparedness, so we can be there when it matters most.

<sup>5</sup> [33rd International Conference of the Red Cross and Red Crescent, Resolution 2, Addressing mental health and psychosocial needs of people affected by emergencies \(IC33/19/R2\)](#), Geneva 2019.





## HOW WE WORKED

### Needs assessment – Ukrainian Red Cross

A nationwide assessment by Ukrainian Red Cross collected 144,000+ responses, covering 26 regions, 138 districts and 1,333 communities within Ukraine. The assessment showed an unusually deep, representative signal of people's day-to-day mental health experience and what helps them cope.

### Online survey – IFRC

Results were gathered in an online survey in five European countries. Total number of participants was 9,591, country representation among respondents was: France 3,316 (27.5%), Ireland 972 (8.1%), Lithuania 807 (6.7%), Portugal 2,734 (22.7%), and Romania 1,762 (14.6%). Of the 9,155 respondents who disclosed their gender, 7,951 (86.9%) identified as female, 1,089 (11.9%) as male, and 115 (1.3%) as non-binary. Of the 9,457 respondents who disclosed their age, 1,178 (12.5%) were under 30, 1,728 (18.3%) were 30–45, 3,354 (35.5%) were 45–60, and 3,197 (33.8%) were 60+.

### About us

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian network, with 191 National Red Cross and Red Crescent Societies and around 15.6 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the hardest to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives and have opportunities to thrive.