Urgent need for mental health care for Ukrainian children affected by war

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As of 2023, a record 59 active military conflicts were documented worldwide, which is the highest number since the post-World War II era. The majority of these conflicts were characterised by unprecedented and escalating violence against civilians and essential infrastructure, disproportionately affecting women and children, and resulting in the forced displacement of over 117·3 million people, including refugees and internally displaced people.[1] Children are among the most vulnerable populations during armed conflicts, with exposure to violence and instability considerably disrupting their development, including access to education, consistent caregiving, emotional security, and physical health. Consequences of these stressful conditions often persist into adulthood, underscoring the urgent need for early, targeted interventions to mitigate psychological and developmental effects of trauma.[2] Recent armed conflicts have been accompanied by a rapid decline in population mental health, placing enormous strain on already fragile national mental health systems. These challenges highlight the crucial need for rapid, effective, and easily scalable mental health interventions that can reach displaced and conflict-affected populations where traditional care infrastructure is unavailable. Although international initiatives have prioritised the training of highly specialised professionals in trauma-focused treatments,[3] the availability of such services is likely to remain limited for years to come.

Among emerging solutions, digital mental health interventions (DMHIs) stand out because of their potential to overcome structural and logistical barriers, such as a lack of in-person treatment options, while aligning well with the technological fluency and preferences of modern youth. However, despite these potential benefits, the acceptance, efficacy, and feasibility of DMHIs in children affected by war remain largely unknown.[4] Notably, most existing DMHIs have been developed in high-income countries and are non-specific, self-guided interventions that aim to promote general wellbeing rather than address clinically significant mental health symptoms, and therefore might not be suited to the cultural, contextual, and psychological realities of youth in war-torn regions. As such, their applicability and effectiveness in the context of conflict remains uncertain, underscoring the need for locally informed, evidence-based approaches that are tailored to the unique challenges of displaced and war-affected populations.

The Article in *The Lancet Primary Care* by John R Weisz and colleagues[5] provides evidence of the efficacy, acceptability, and usefulness, as well as scalability and accessibility, of a DMHI for refugee youths affected by war. The randomised controlled trial evaluated Project SOLVE—a single-session DMHI focused on teaching problem solving—compared with an academic practice control condition. The study included 709 refugee Ukrainian youths (345 assigned to immediate SOLVE and 364 assigned to control) aged 10–18 years recruited from five schools in Poland. Between October, 2023, and June, 2024, participants rated the intervention as acceptable and useful (Program Feedback Scale score [range 0–5]: mean 3·61, SD 0·88). Participants assigned to SOLVE showed greater reductions in internalising symptoms than those assigned to the control at both 1 month (OR 1·31, 95% CI 1·08–1·59, p=0·0066) and 4 months (1·36, 1·08–1·71, p=0·0081). Notably, effect sizes were larger among participants with elevated baseline symptoms (at 1 month: 2·37, 1·51–3·72, p=0·0002; at 4 months: 1·71, 1·03–2·84, p=0·039), suggesting that the intervention was as efficacious in a universal and a targeted population.

In addition to the clinical findings reported by Weisz and colleagues, the study is notable for its collaborative model. The research team included internationally recognised experts in child and adolescent mental health and Ukrainian professionals residing in both Ukraine and Poland. The authors expand scientific expertise with essential cultural and contextual insight, which can serve as a model for future mental health research and intervention development in humanitarian settings.

However, the study also raises important questions for future research. First, although findings at 1 month and 4 months are promising, the long-term sustainability of intervention effects remains unknown. Second, although the school-based design facilitates access to such interventions in refugee youths host countries, it remains unclear how well this model could be implemented in active conflict zones or under other more

resource-constrained conditions.[6] Third, the mechanisms underlying symptom reduction remain unclear, which limits understanding of the best application of the intervention in conflict settings, including reported intensification of internalising symptoms in 11% of youths randomly assigned to SOLVE.[5] Although potentially unrelated to the intervention itself, further investigation is warranted to understand possible adverse effects or contextual factors influencing symptom trajectories.

Despite remaining gaps in understanding the efficacy of SOLVE, the intervention represents a timely, low-cost, and scalable option for addressing the mental health needs of refugee youths affected by war. The intervention offers a foundation for building much-needed stepped-care approaches in which youths are screened for mental health difficulties and offered a timely and needs-oriented intervention.

We declare no competing interests.

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