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REVISED Universal mental health training: policy proposal for national rollout of the new scalable intervention in Ukraine

[version 2; peer review: 2 approved, 1 approved with reservations]

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Abstract

This policy proposal outlines the challenges and relevant policy actions for scaling up Universal Mental Health Training (UMHT) in Ukraine. The UMHT is an educational program that aligns with Ukraine's new Law on the Mental Health Care System adopted in 2025, and is supported by data from pilot research. It equips frontline professionals - those who work closely with clients and service users, including teachers, police officers, and social workers - with foundational skills to identify mental health concerns, provide initial support, and facilitate referrals to specialized services. The UMHT implementation has the potential to bridge the mental health treatment gap by creating a broad base of accessible community-level helpers.

Key policy challenges include integrating mental health support into existing professional roles, ensuring sustainable financing beyond international grants, maintaining quality through ongoing supervision, and countering stigmas. To address this, the proposal advocates embedding the UMHT competencies in occupational standards, leveraging intersectoral coordination through the Coordination Center for Mental Health, shifting towards local budget allocations and academic partnerships, and pursuing continuous professional development.

Keywords

mental health, universal mental health training, frontline professionals, public health

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REVISED **Amendments from Version 1**

1. Structural and General Updates
Title Revision: The title was updated to "Universal mental health training: policy proposal for national rollout of the new scalable intervention in Ukraine" for greater clarity.
Proofreading and Style: The entire manuscript underwent editorial refinement to correct grammatical inconsistencies and phrasing.
Figure 1 Alignment: The order of topics within the "Policy Actions" section was re-sequenced to match the logical progression of Figure 1.

2. Enhanced Empirical Grounding
Pilot Phase Narrative Summary: A new narrative summary was added detailing the 2021–2024 pilot phase.
Public Health Urgency: New data on the prevalence of mental health problems was added to the introduction.

3. Conceptual and Legislative Clarifications
Legislative Context: Brief descriptions of implications were added after each mention of relevant documents, such as the new Ukrainian law on the Mental Health Care System.
Global Frameworks: The text now includes relevant references and comparisons to global models like Psychological First Aid (PFA) and Mental Health First Aid (MHFA)
Terminology: The term "non-clinical" was added to describe social workers to distinguish them from licensed clinical practitioners.

4. New Policy and Implementation Sections
Monitoring and Evaluation (M&E) Framework: A new subsection, "Monitoring and Evaluation Framework for National Scaling"
Equity and Inclusion: A new subsection, "Embedding Equity and Inclusion," was added to outline strategies for reaching rural residents, IDPs, and minority groups.
Workforce Quality and Buy-in: Expanded the discussion on the challenges of quality control and the need for ongoing supervision and upskilling.
Highlighted that improvements to the mental health landscape can occur with minimal financial investment and without requiring a substantive increase in the licensed mental health workforce.
Included data suggesting that UMHT can lead to greater job satisfaction, effectiveness, and empowerment for frontline workers.

Any further responses from the reviewers can be found at the end of the article

Introduction

In recent years, mental health has moved to the forefront of Ukraine's national agenda. The cumulative stress from social and political instability, the COVID-19 pandemic, the Russian invasion of Eastern Ukraine in 2014, and the full-scale invasion in 2022 has created an unprecedented need for psychological support across the population. According to WHO, 72% of adults in Ukraine have experienced mental health difficulties over the past year (WHO, 2025), 36% of Ukrainian adults have symptoms of at least one mental disorder (Martsenkovskyi *et al.*, 2024), and the prevalence of post-traumatic stress in adults ranges from 15% to 41% (Yasenok *et al.*, 2025).

In response, Ukraine's government, supported by a professional society, launched three consecutive initiatives. First, adopting the Concept Note on Mental Health Care in Ukraine up to 2030 (Cabinet of Ministers of Ukraine (№ 1018-p), 2017) in 2017. This was the first-ever official document, proclaiming the transformation of the Ukrainian mental health system into a community-based and human-rights-based system. Second, the Action Plan for 2021–2023 (Cabinet of Ministers of Ukraine (№ 1215-p), 2021) in 2021 and its prolongation (Cabinet of Ministers of Ukraine, 2024) for 2024–2026 to support the Concept Note. It created the actionable directives for national and regional stakeholders on the integration of mental health into primary healthcare and developing community-based mental health services. Third, in 2025, a new law on the Mental Health Care System in Ukraine (Verkhovna Rada of Ukraine, 2025) was adopted. This document created a ground for the integration of mental health in all policies, making it everyone's business. Mentioned legislative endorsements reconceptualise mental health care in Ukraine as a broad, community-based system in contrast to the old one, restricted to psychiatric institutions. The ongoing challenge is to keep turning these high-level commitments into practical support that reaches people in their daily lives. This is where the idea of Universal Mental Health Training (UMHT) comes in – an initiative to train and mobilise front-line professionals (such as teachers, police officers, non-clinical social workers, and others) as a first line of community mental health support.

This essay provides an overview of the UMHT initiative and discusses the key policy challenges and solutions for its national rollout by 2030. Drawing on recent pilot effectiveness and feasibility studies (Gorbunova *et al.*, 2024; Gorbunova *et al.*, 2025) and aligning with Ukraine's policy framework, it envisions how the UMHT can sustainably strengthen the country's mental healthcare system. The discussion is relevant not only to policymakers and academics but also to practitioners and community stakeholders interested in building a more resilient society.

Universal Mental Health Training: background and pilot implementation results

Universal Mental Health Training, developed in Ukraine in 2021, is an educational program for frontline professionals that aims to bridge the mental health treatment gap (a disparity between the number of people who need mental health care and those who actually receive it). Reflecting on the WHO-endorsed task-shifting approach as a partial delegation of some mental health support tasks to trained non-mental health service providers (Javadi *et al.*, 2017), the UMHT equips frontline workers with basic skills to recognize when someone is experiencing a mental health issue, provides initial comfort and advice, and guides them towards professional help if needed (Gorbunova *et al.*, 2024). In essence, it turns a wide range of public-facing professionals into "gatekeepers" or community guardians of mental well-being. In this way, UMHT supports multi-sectoral public health, treating mental health not only as a healthcare issue but also as a shared social responsibility – in line with the new Ukrainian Law on Mental Health Care System, reframing of mental health as a "socially significant field" (Verkhovna Rada of Ukraine, 2025).

For example, a school teacher trained under the UMHT can identify a student who requires mental health support and talk with them and their family, providing assistance and guidance towards professional help if necessary. Another case is that of a police officer who can de-escalate a situation with a distressed individual and link them to services. This approach draws on global best practices such as the WHO's Mental Health Gap Action Programme (WHO, 2008) and Mental Health First Aid (Kitchener & Jorm, 2008), tailoring them to Ukraine's context. Detailed information on PFA and MHFA in this context is provided in our previous publication (Gorbunova *et al.*, 2025).

The policy recommendations presented in this article are grounded in a multi-year pilot phase of the Universal Mental Health Training (UMHT) program conducted in Ukraine between 2021 and 2024 (Gorbunova *et al.*, 2024; Gorbunova *et al.*, 2025). We utilised a mixed-methods approach to assess the feasibility and effectiveness of a "task-shifting" model designed for non-mental health professionals. The pilot involved two primary studies: a feasibility analysis (n=714) and a controlled trial (n=307). The training targeted frontline professionals (FLPs) who are often the first point of contact for individuals in distress, including police officers, educators, social workers, and emergency responders. Between 2021 and early 2024, the program scaled significantly, delivering 152 training events and reaching over 3,000 individuals.

The training efficacy was measured using standardised pre- and post-test assessments and Likert-scale surveys focusing on knowledge, readiness, and usability.

- **Knowledge and Readiness:** Participants demonstrated a statistically significant increase in mental health knowledge scores ($p < 0.05$). Furthermore, their self-reported readiness to interact with individuals experiencing mental health issues rose from a baseline mean of 3.28 to 4.46 (SD=0.65) on a 5-point scale.
- **Feasibility and Acceptability:** The UMHT model achieved high acceptability ratings from both trainers (4.81/5) and trainees (4.78/5).
- **Systemic Usability:** Across different sectors, the training showed consistent usability scores, with police (0.67) and educators (0.68) reporting high confidence in applying the five-step "Recognise, Validate, Support, Refer, and Ensure" model in their daily duties.

Beyond quantitative metrics, the pilot phase revealed a shift in organizational culture, particularly within law enforcement and education. Qualitative feedback suggested that the training helped destigmatize mental health challenges in high-stress work environments and provided a clear, actionable framework for "work-site crises." These empirical results confirm that the UMHT model is not only acceptable to the target audience but also a highly usable tool for strengthening community-based mental health support systems.

UMHT dissemination was organised using the Training of Trainers (ToT) approach, which involves preparing trainers (selected among mental health professionals), followed by their accreditation and entry into the UMHT trainer register. The trainers then trained and supervised the frontline professionals (Gorbunova *et al.*, 2024). Demand for training has grown rapidly each year, indicating its feasibility. In 2023 alone, 90 training events were conducted, increasing from 27 in 2021 (Gorbunova *et al.*, 2025). These numbers suggest a strong foundation for rolling out the UMHT as a national program, aiming to make mental health support in Ukraine truly universal – available in a village, town, school, and service desk wherever it might be needed.

Embedding Equity and Inclusion

The "Universal" in UMHT signifies a commitment to reaching all segments of the Ukrainian population, particularly those historically underserved or disproportionately affected by the conflict. Equity is embedded into the design and rollout of the initiative through three strategic pillars: targeted outreach, cultural adaptation, and disaggregated monitoring.

Reaching Marginalised and Rural Populations

To address the "treatment gap" in rural areas, where specialised mental health services are scarce, the UMHT prioritises training for local frontline professionals (e.g., village council members, postal workers, and local primary care feldshers, etc.). For internally displaced persons (IDPs), training can be delivered explicitly within collective centres and humanitarian hubs, ensuring that those in temporary housing have access to professionals equipped with trauma-informed support skills.

Cultural Adaptation

While the program is standardised, the delivery is adapted to the socio-cultural nuances of specific groups. Modules include specific scenarios involving veterans, persons with disabilities, and ethnic minorities (e.g., the Roma community), ensuring that frontline professionals can recognise and support distress through a culturally sensitive lens.

Data-Driven Equity Monitoring

To avoid "blind spots" in the national rollout, the M&E framework must include the collection of disaggregated data. This will allow for the tracking of training penetration and effectiveness across different demographics, ensuring that resources are allocated to regions or groups with the highest need.

Challenges in the UMHT scaling up at the national level

Scaling up UMHT to the national level by 2030 is an ambitious goal that faces **several challenges**.

Integrating into Existing Systems. One major challenge is integrating mental health support into the daily workflow of various frontline professionals without causing disruptions. Frontline workers, such as nurses, teachers, and police officers, are already busy with their primary duties. Asking them to take on additional mental health support tasks can be seen as a burden or distraction. There might be resistance or simply

a lack of time and energy to apply the trained skills unless using them is beneficial for primary duties and well integrated into the work schedule. Integration will require adjusting job descriptions, securing management support, and demonstrating that attending to mental health helps and eases the achievement of core goals (such as a teacher's goal of better student performance or a nurse's goal of holistic patient health).

Funding and Sustainability. Initially, much of the pilot stage training was supported by grants and international aid. However, reliance on external funding is not sustainable for national programmes. The challenge is to obtain stable funding in the long term, given the many competing priorities in a country during war and rebuilding. The program's clear benefits and cost-effectiveness can win political and financial support, whereas integrating UMHT into university curricula and engaging higher education institutions and continuing professional education providers in the program's dissemination will ease additional spending.

Workforce Quality Assurance. Although the UMHT relies on existing frontline workers, ensuring quality control across a broad rollout remains a challenge. Maintaining trainees' engagement and updating their skills over time requires ongoing supervision and upskilling, which in turn requires a substantial increase in trained professionals and the integration of UMHT into the system of continuous professional development across different sectors (which are usually non-integrated).

Public and Professional Attitudes. Some frontline professionals may initially doubt the value of mental health training, seeing it as outside and excessive ("Why should a fireman need to know about depression?"). Likewise, members of the public might be sceptical or reluctant to accept help from a non-professional in the field, especially given the stigma surrounding mental health. Both issues are related to stigma reduction, and raising awareness may help overcome attitudinal barriers.

Policy actions to overcome the challenges and scale up the UMHT

As briefly mentioned alongside the challenges, there are solutions for each of them. Some are already embedded in the program, piloted, and enhanced during the pilot implementation. Some were in the field of **policy actions** (Figure 1).

- *Integration into Policy Frameworks.* One solution is to anchor the UMHT in national policy. Ukraine's law on the Mental Health Care System already provides an umbrella mandate for community-based and intersectoral approaches, stating them as the central principles of state mental health policy (Verkhovna Rada of Ukraine, 2025). Building on this, the government can issue specific directives or action plans dedicated to supporting UMHT. For example, a government order could require all relevant ministries to include UMHT training targets in their annual plan. In addition, including basic mental health support in the occupational standards and UMHT itself in the educational or continuous professional education curricula for different frontline professionals will make it part of the system. When frontline workers see that mental health support is officially part of their job expectations (backed by orders and directions), they are more likely to accept it as a natural part of their job.

- *Intersectoral Coordination Mechanisms.* Practical coordination across sectors can be achieved through bodies such as the Coordination Center for Mental Health (CCMH), which the Cabinet of Ministers of Ukraine purposely established to coordinate efforts and facilitate collaboration among ministries, institutions,



Figure 1. Challenges and policy-related solutions for UMHT implementation in Ukraine.

organizations, local government bodies, and the non-governmental sector (Cabinet of Ministers of Ukraine, 2023). For instance, CCMH can hold a UMHT trainer register and work with different ministries through liaison persons to support and control the performance of the UMHT action plan.

– *Sustainable Financing Strategy.* In terms of funding, it is crucial to switch from external aid to domestic funding over the long term. The UMHT is an educational capacity-building initiative that allows its financial integration into higher and Continuous Professional Development (CPD). The preparation of UMHT trainers can occur during higher education training for psychologists or psychiatrists, with obligatory fulfilment of all training requirements. The existing pool of UMHT trainers and newly prepared trainers can be engaged in CPD of different types of frontline professionals.

– *Job description integration.* At the local level, it is important to integrate the provision of basic mental health support into documents that regulate the job functions of each professional (in most cases, job description). Job descriptions in unregulated professions are developed locally by each organization itself, so it is possible to implement such changes quickly after the personnel go through UMHT. For the regulated professions that have occupational standards (Cabinet of Ministers of Ukraine (№ 373), 2017), such changes have to start with the amendments in these standards, outlining the UMHT-based list of competencies, among others.

– *Supervision and Upskilling*. It is important to establish permanent supervision or an on-site mentoring process with repetitive upskilling sessions to ensure that the workforce's capacity to maintain mental health support skills is updated long after passing the initial UMHT. They can be embedded into the work routine as part of a workplace-installed CPD system, which is regulated by the relevant ministerial orders in healthcare, education, social work, etc. (Cabinet of Ministers of Ukraine, 2019; Cabinet of Ministers of Ukraine (№ 725), 2021; Ministry of Social Policy of Ukraine, 2014).

– *Monitoring and Evaluation (M&E)* are essential for ensuring the quality, accessibility, and impact of UMHT. A robust M&E framework must be created, enabling continuous assessment of training and support delivery, identifying gaps and areas for improvement, while ensuring that interventions align with evidence-based practices and meet the needs of diverse populations. Additionally, M&E s play a crucial role in assessing equity in mental health support, ensuring that vulnerable and underserved groups receive adequate support.

– *Mental Health Promotion and Stigma Reduction.* To increase the buy-in of the UMHT by relevant local and national stakeholders, it is important to continue existing national and local mental health promotion and stigma reduction campaigns (How Are You?[1], Mental Health Ambassador Program[2]. There Is More[3]) and integrate into them the idea that mental health is everyone's business. Embedding messages about the role and importance of the comprehensive multidisciplinary approach and the possibility of each professional providing basic mental health support to people in need can increase support for the UMHT and ease its integration into existing services. The frontline workers themselves may actually find their work easier in some respects – many report that after UMHT training, they felt better prepared when encountering mental health issues. Empowerment can lead to greater job satisfaction and greater effectiveness, and less stigma.

Monitoring and evaluation framework for national scaling

To ensure the quality, sustainability, and impact of the UMHT national rollout, a comprehensive Monitoring and Evaluation (M&E) framework must be implemented. This framework proposal transitions from measuring immediate training outputs to evaluating long-term systemic changes in frontline professional (FLP) behaviour and referral efficacy.

1. Quality Assurance and Workforce Retention The quality of training delivery can be maintained through a standardised "Training of Trainers" (ToT) certification process, followed by periodic "Supervision of Supervision" sessions. To address the concern of skill decay, the program can implement longitudinal follow-ups at 6 and 12 months post-training, utilising self-assessment scales and vignette-based testing to measure the retention of the "5-step interaction model."

2. Impact on Referral Pathways A key indicator of success is the "closing of the referral loop." The M&E plan can utilise anonymised referral tracking logs to determine if referrals made by FLPs (e.g., police or teachers) successfully lead to intake at specialised mental health services. This can be cross-referenced with "referral quality" audits (assessing whether FLPs are providing the necessary information to people and mental health professionals to ensure a seamless transition of care).

3. M&E Schematic Framework The following table outlines the key indicators and data sources identified for the national rollout (Table 1)

[1] https://howareu.com/

[2] https://www.mh4u.in.ua/ambasador/

[3] https://www.mh4u.in.ua/dali-ye/

Table 1. M&E Domains and KPI.

Evaluation Domain	Key Performance Indicator (KPI)	Data Source / Tool
Training Quality	% of trainers achieving >85% on fidelity checklists during delivery.	Observation checklists & Participant satisfaction surveys.
Skill Retention	Mean change in "Readiness to Interact" scores at 6-month follow-up.	Longitudinal digital surveys (Likert-scale).
Behavioral Impact	Frequency of use of the 5-step model in daily professional duties.	Workplace "Usage Diaries" or Quarterly professional audits.
Referral Pathway	% increase in successful "warm handovers" to mental health specialists.	Integrated Referral Tracking System or Service intake logs.
Systemic Change	Documented reduction in mental health stigma within participating institutions.	Culturally adapted tools for measuring stigma

Looking ahead to 2030 – Expected outcomes

If the UMHT initiative is implemented with these solutions in mind, Ukraine's mental health landscape will appear markedly different by 2030. Based on the data from the feasibility study and pilot trial (Gorbunova *et al.*, 2024; Gorbunova *et al.*, 2025), We can expect to see a much larger proportion of the population receiving help for mental health issues early, rather than waiting until crises require hospitalisation. Every school, clinic, workplace, and community centre would have someone equipped to recognise mental health conditions, initiate and lead the conversation on the matter, give first support, refer to professional help, and ensure that help is received. The mental health gap – those who need care versus those who receive it – should shrink, reflecting increased accessibility. The strain on specialised psychiatric services may ease, as mild and moderate cases are managed or referred to appropriately at the community level. Importantly, mental health will be normalised as a common aspect of public services, echoing the law's intent to treat it as a normal part of overall health and social well-being. It is important to note that such changes would occur without substantive increases in the number of mental health workers, and therefore with minimal financial investment.

Conclusion

Ukraine is a key moment in shaping a community-based mental health system. The UMHT initiative is a way to create a system of mental health community helpers and meet the population's mental health needs. While challenges in policy coordination, funding, workforce, and societal attitudes exist, they can be overcome through careful planning, strong political will, and inclusive stakeholder engagement.

By adopting the outlined policy actions – from integrating UMHT into the fabric of multiple sectors–to ensure sustainable support and continuous quality improvement, Ukraine can successfully roll out the UMHT by 2030. A teacher's comforting words, a police officer's understanding response, and a pharmacist's gentle referral – these small acts, multiplied across the country, will form a powerful mental health support network. By 2030, as Ukraine continues to recover and develop, the UMHT could enhance a mentally healthier and more connected population empowered by mutual support.

Given the rapidly rising prevalence of mental health conditions across Ukraine, the urgency of implementing scalable mental health solutions becomes even more evident, underscoring the public health imperative at a population level.

Ethics and consent

Ethical approval and consent were not required

Data availability statement

No new data were created or analyzed in this study. Therefore, data sharing is not applicable to this article.

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✔ **Ling Wang**
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happy to endorse indexing.

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Reviewer Expertise: mental health and psychosocial support during and beyond emergencies to routine services

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.

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✔ **Kathryn E Kanzler**
Department of Medicine; Department of Psychiatry & Behavioral Sciences, Baylor College of Medicine, Houston, Texas, USA

Chase Aycock
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We appreciate the authors' responsiveness to feedback from all reviewers. This essay makes an even stronger case now for the critical need to disseminate Universal Mental Health Training (UMHT) in Ukraine. We hope the urgent call to action is heeded, as scaled-up UMHT has potential

to impact not just Ukraine, but to serve as an international public health model, demonstrating how people can care for one another across sectors, thereby bolstering the mental health of entire populations. Thank you again for inviting us to participate as reviewers.

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: task-shifting; implementation science; health equity; chronic disease management

We confirm that we have read this submission and believe that we have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.

Version 1

Reviewer Report 23 September 2025

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Ling Wang
King's College London, London, UK

This article presents a timely and thoughtful policy proposal centered on the national scaling of Universal Mental Health Training (UMHT) in Ukraine. In light of the ongoing humanitarian crisis and the country's recent legislative reforms, the authors rightly argue that there is a critical opportunity to reimagine Ukraine's mental health system through more community-based and preventive approaches.

The proposal outlines how frontline professionals such as teachers, police officers, and social workers can be trained to recognize signs of mental distress, offer basic support, and refer individuals to more specialized care when necessary. The initiative is commendably positioned within Ukraine's broader health policy landscape, particularly in relation to the 2025 Law on the Mental Health Care System. It draws inspiration from global task-sharing models, such as the WHO's mhGAP and Mental Health First Aid programmes.

The strengths of the paper lie in its practical orientation and policy relevance. It addresses genuine systemic challenges—particularly around integration, funding, workforce quality, and stigma—and offers a set of grounded, actionable recommendations to overcome them. The discussion around embedding mental health competencies into occupational standards, coordinating across sectors through a central body, and shifting from donor reliance to sustainable domestic funding is especially well argued. These proposals demonstrate a systems-level understanding of how such a training initiative might take root in the real-world complexities

of Ukrainian governance and service delivery.

That said, there are several areas where the manuscript would benefit from further strengthening. The most immediate concern is the limited presentation of data from the UMHT pilot studies. While the article references pilot work conducted between 2021 and 2024, it offers very little detail about the design, sample, methodology, or concrete findings. It would significantly improve the credibility of the proposal if the authors could summarize key aspects of this pilot phase—for example, how many individuals were trained, what kinds of professionals were involved, what evaluation tools were used, and what changes were observed in knowledge, confidence, or behaviour. Even a brief table or narrative summary would suffice. At present, the lack of empirical detail undermines the strength of the policy recommendations that follow.

A second point relates to the conceptual positioning of UMHT. Although the article references WHO-endorsed approaches and touches on Mental Health First Aid, it misses the opportunity to explicitly situate UMHT in relation to Psychological First Aid (PFA), a widely recognized framework for providing initial psychosocial support in crisis settings. Given the similarities in ethos and content, a more direct comparison or clarification would be useful—not only to highlight what UMHT borrows or adapts from PFA, but also to establish what makes it distinctively Ukrainian. This would help readers, particularly international policymakers and practitioners, to better understand the model's grounding in evidence-based practice.

Furthermore, while the article rightly acknowledges the importance of supervision, quality assurance, and ongoing professional development, the discussion around monitoring and evaluation remains rather vague. A national rollout of this scale would benefit from a clear framework for assessing training quality, workforce retention of skills, and impact on referral pathways. The authors might consider outlining a basic monitoring and evaluation plan, even if in schematic form, identifying key indicators and potential data sources. This would give the proposal greater rigour and support future scalability and adaptation.

Equity is another area that warrants further attention. While the UMHT initiative is positioned as universal, there is little discussion of how it will reach or serve marginalized populations—such as rural residents, displaced persons, or minority groups. Given Ukraine's socio-political context and the disparities in mental health access, the authors should consider briefly reflecting on how equity considerations will be embedded in the design, delivery, and evaluation of UMHT. This could include measures such as targeted outreach, linguistic or cultural adaptation, or disaggregated monitoring data.

Finally, a few stylistic and language issues are worth noting. The manuscript would benefit from minor editorial refinement, particularly in terms of phrasing and grammatical consistency. Terms like "stigma redaction" should be corrected to "stigma reduction", and long paragraphs could be broken down for improved readability. Additionally, Figure 1, while helpful, could use a clearer caption and more legible formatting to ensure accessibility across platforms.

In conclusion, this policy paper makes a valuable and forward-thinking contribution to the mental health policy discourse in Ukraine and beyond. It successfully frames mental health as a shared societal responsibility and offers practical routes to embedding support mechanisms within the existing workforce. However, in order to be scientifically sound and persuasive for both policymakers and academic readers, the authors could strengthen the evidence base, clarify

conceptual linkages to global models like PFA, and more explicitly outline strategies for evaluation and equity. These revisions are not overly burdensome, but they are essential for making the proposal as impactful and actionable as it aims to be.

Major revision required.

Is the topic of the essay discussed accurately in the context of the current literature?
Yes

Is the work clearly and cogently presented?
Yes

Is the argument persuasive and supported by appropriate evidence?
Yes

Does the essay contribute to the cultural, historical, social understanding of the field?
Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: mental health and psychosocial support during and beyond emergencies to routine services

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.

Author Response 26 Dec 2025

Viktoriia Gorbunova

We would like to thank the reviewer for their thoughtful and constructive feedback on our manuscript. Their insights have been invaluable in strengthening the empirical foundation and practical framework of this policy proposal. In response to the reviewer's comments, we have significantly revised the manuscript, addressing all the issues.

Comment: The most immediate concern is the limited presentation of data from the UMHT pilot studies. While the article references pilot work conducted between 2021 and 2024, it offers very little detail about the design, sample, methodology, or concrete findings. It would significantly improve the credibility of the proposal if the authors could summarize key aspects of this pilot phase—for example, how many individuals were trained, what kinds of professionals were involved, what evaluation tools were used, and what changes were observed in knowledge, confidence, or behaviour. Even a brief table or narrative summary would suffice. At present, the lack of empirical detail undermines the strength of the policy recommendations that follow.
Response: We have added a narrative summary, detailing the pilot phase conducted between 2021 and 2024. This includes data from our controlled trial (n=307) and feasibility

study (n=714), showing a significant increase in mental health knowledge ($p < 0.05$) and a high usability score among police (0.67) and educators (0.68). We have clarified that over 3,000 professionals across Ukraine have been trained to date, providing a robust empirical foundation for our policy recommendations.

Comment: A second point relates to the conceptual positioning of UMHT. Although the article references WHO-endorsed approaches and touches on Mental Health First Aid, it misses the opportunity to explicitly situate UMHT in relation to Psychological First Aid (PFA), a widely recognized framework for providing initial psychosocial support in crisis settings. Given the similarities in ethos and content, a more direct comparison or clarification would be useful—not only to highlight what UMHT borrows or adapts from PFA, but also to establish what makes it distinctively Ukrainian. This would help readers, particularly international policymakers and practitioners, to better understand the model's grounding in evidence-based practice.
Response: Detailed information on PFA and MHFA in this context is provided in our previous feasibility study (Gorbunova et al., 2025). Relevant references are made in the text.

Comment: Furthermore, while the article rightly acknowledges the importance of supervision, quality assurance, and ongoing professional development, the discussion around monitoring and evaluation remains rather vague. A national rollout of this scale would benefit from a clear framework for assessing training quality, workforce retention of skills, and impact on referral pathways. The authors might consider outlining a basic monitoring and evaluation plan, even if in schematic form, identifying key indicators and potential data sources. This would give the proposal greater rigour and support future scalability and adaptation.
Response: We have added a new subsection, 'Monitoring and Evaluation Framework for National Scaling'. This framework identifies specific indicators for training fidelity, workforce skill retention, the effectiveness of referral pathways, etc.

Comment: Equity is another area that warrants further attention. While the UMHT initiative is positioned as universal, there is little discussion of how it will reach or serve marginalized populations—such as rural residents, displaced persons, or minority groups. Given Ukraine's socio-political context and the disparities in mental health access, the authors should consider briefly reflecting on how equity considerations will be embedded in the design, delivery, and evaluation of UMHT. This could include measures such as targeted outreach, linguistic or cultural adaptation, or disaggregated monitoring data.
Response: We have added a new subsection, 'Embedding Equity and Inclusion', which outlines our strategy for reaching rural residents, IDPs, and minority groups.

Comment: Finally, a few stylistic and language issues are worth noting. The manuscript would benefit from minor editorial refinement, particularly in terms of phrasing and grammatical consistency. Terms like "stigma redaction" should be corrected to "stigma reduction", and long paragraphs could be broken down for improved readability. Additionally, Figure 1, while helpful, could use a clearer caption and more legible formatting to ensure accessibility across platforms.
Response: Thank you, well noted

Comment: However, in order to be scientifically sound and persuasive for both policymakers and academic readers, the authors could strengthen the evidence base, clarify conceptual linkages to global models like PFA, and more explicitly outline strategies for evaluation and equity.
Response: Thank you, we believe that in the previous corrections we addressed all the mentioned issues.

Competing Interests: No competing interests were disclosed.

Reviewer Report 10 September 2025

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Joerg M Fegert
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Emily Sitarski
Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, Universitätsklinikum Ulm, Ulm, Baden-Württemberg, Germany

Thank you very much for providing me with the essay “Universal mental health training: policy proposal for Ukraine.” The proposal recommends scaling up Universal Mental Health Training (UMHT) in Ukraine to equip frontline professionals, such as teachers, police, and social workers with basic skills to identify and respond to mental health needs. Aligned with Ukraine’s 2025 Mental Health Law, UMHT aims to close treatment gaps by expanding community-level support. Key challenges such as role integration, sustainable financing, and stigma reduction as well as the authors' proposed solutions are presented. The essay is well structured, clearly written, and deals with a socially and politically very important project that I strongly support. Nevertheless, it has some weaknesses that I would like to address. With regard to the integration of the current state of research and the supporting evidence for the written content, I have given a “Partly” rating, because in my opinion, the essay could be further enriched with literature in many places and is too brief in parts.

- First of all, I would like to point out that the title is hold very brief. It could be enriched with more information about the training or the proposal in general to make it more unambiguous and clear
- Furthermore, the abstract mentions the new Ukrainian law on the Mental Health Care System, which is also mentioned later on, but it gives no explanation. More information on the content of the law and its implications would be helpful in order to better understand the topic
- The introduction mentions a great need for psychological support among the Ukrainian population - is there any data on this? Furthermore, three consecutive Ukrainian initiatives

are mentioned, but these are not explained - this would be helpful for better understanding
- The section on the background and pilot implementations of the health training mentions global projects such as the WHO's Mental Health Gap Action Programme and the Mental Health First Aid Programme, which form the basis for the current Ukrainian programme. However, the pioneers are not explained in any further detail, and it is not clear why these particular programmes were chosen – this would help to identify parallels and make the argument more fluid for the reader
- With regard to the challenges associated with implementing UMHT, I wondered whether these could be enriched with more data, perhaps even from Ukraine. This would make the argument for combating these challenges more convincing - for example, if it became clear exactly how much money is available for funding or what the general acceptance of psychological support services is like in Ukraine
- The section on “Public and Professional Attitudes” states that changes in people's mindsets are difficult - are there any figures on this? In my view, this section makes some claims for which it would be interesting seeing the evidence
- This impression also persists in the outlook for 2030 and the conclusion. Regarding the expected outcomes, I wondered whether it would be possible to give a look into initial pilot data. This would substantiate the assumptions, as this section currently reads very vaguely. And if this is not possible, is there evidence for other programs that have achieved these outcomes precisely?
- The conclusion reiterates why it is important to implement UMHT, as small gestures on the part of professionals can already make a big difference. Here, too, I wondered whether there is any concrete data that could be incorporated. For example, to what extent does it make a difference if police officers react with understanding rather than otherwise?
- Finally, the manuscript would benefit from proofreading and editing. For example, "Stigma redaction and rising awareness" should be written as "Stigma reduction and raising awareness," and "In 2023, 90 trainings will be conducted..." It should be written in the past tense.

Is the topic of the essay discussed accurately in the context of the current literature?
Partly

Is the work clearly and cogently presented?
Yes

Is the argument persuasive and supported by appropriate evidence?
Partly

Does the essay contribute to the cultural, historical, social understanding of the field?
Yes

Competing Interests: Conflicts of interest Prof. Dr. Jörg M. Fegert (last five years):· Research from EU, BMG (Federal Ministry of Health), BMBF (Federal Ministry of Education and Research), BMFSFJ (Federal Ministry of Family, Senior Citizens, Women and Youth), DFG (German Research Foundation), G-BA Innovation Fund, State Ministries Baden-Württemberg and Saarland, State Foundation Baden-Württemberg, Ingrid & Frank Foundation, Foundation Deutsche Krebshilfe

(German Cancer Charity), Auxilium Foundation, Vector Foundation, Evangelical-Lutheran Church in Württemberg, Porticus Foundation· Travel grants, honoraria, sponsorship for conferences and medical educational purposes from APK, Adenauer- und Ebert Foundation, Deutschlandfunk, DFG, DJI, DKSB, Infectopharm, med update, UNICEF, professional associations, universities and federal and state ministries· Consultant for APK e.V., University Hospital Saarland/State Chancellery, federal and state ministries, Servier,· No industry-sponsored lecture series, no shareholdings, no participation in pharmaceutical companies

Reviewer Expertise: neglect, maltreatment, sexual abuse and other adverse childhood experiences as well as early intervention, the relationship between youth welfare and child and adolescent psychiatry and other legal and forensic issues, public child mental health

We confirm that we have read this submission and believe that we have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however we have significant reservations, as outlined above.

Author Response 26 Dec 2025

Viktoriia Gorbunova

We would like to thank the reviewers for their thoughtful and constructive feedback on our manuscript. Their insights have been invaluable in strengthening the empirical foundation and practical framework of this policy proposal. In response to the reviewers' comments, we have significantly revised the manuscript, addressing all the issues.

Comment: First of all, I would like to point out that the title is hold very brief. It could be enriched with more information about the training or the proposal in general to make it more unambiguous and clearer
Response: We changed it to the “Universal mental health training: policy proposal for national rollout of the new scalable intervention in Ukraine”

Comment: Furthermore, the abstract mentions the new Ukrainian law on the Mental Health Care System, which is also mentioned later on, but it gives no explanation. More information on the content of the law and its implications would be helpful in order to better understand the topic
Response: After each mentioning of the relevant documents, brief description of the implication is provided.

Comment: The introduction mentions a great need for psychological support among the Ukrainian population - is there any data on this? Furthermore, three consecutive Ukrainian initiatives are mentioned, but these are not explained - this would be helpful for a better understanding
Response: Additional information on the prevalence of mental health problems is provided now, after the introductory sentences.

Comment: The section on the background and pilot implementations of the health training mentions global projects such as the WHO's Mental Health Gap Action Programme and the

Mental Health First Aid Programme, which form the basis for the current Ukrainian programme. However, the pioneers are not explained in any further detail, and it is not clear why these particular programmes were chosen – this would help to identify parallels and make the argument more fluid for the reader
Response: Detailed information on PFA and MHFA in this context is provided in our previous feasibility study (Gorbunova et al., 2025). Relevant references are made in the text.

Comment: With regard to the challenges associated with implementing UMHT, I wondered whether these could be enriched with more data, perhaps even from Ukraine. This would make the argument for combating these challenges more convincing - for example, if it became clear exactly how much money is available for funding or what the general acceptance of psychological support services is like in Ukraine
Response: Thank you, it would be very relevant indeed. However, no such data are available as of now.

Comment: The section on “Public and Professional Attitudes” states that changes in people's mindsets are difficult - are there any figures on this? In my view, this section makes some claims for which it would be interesting seeing the evidence
Response: We deleted the general statement and left the rest. It is indeed very interesting to see the data; however, again, regarding the Ukrainian population, it is not available.

Comment: This impression also persists in the outlook for 2030 and the conclusion. Regarding the expected outcomes, I wondered whether it would be possible to give a look into initial pilot data. This would substantiate the assumptions, as this section currently reads very vaguely. And if this is not possible, is there evidence for other programs that have achieved these outcomes precisely?
Response: We amended the second sentence to add more clarity on the data: “Based on the data from the feasibility study and pilot trial (Gorbunova et al., 2024; Gorbunova et al., 2025), we can expect…”

Comment: The conclusion reiterates why it is important to implement UMHT, as small gestures on the part of professionals can already make a big difference. Here, too, I wondered whether there is any concrete data that could be incorporated. For example, to what extent does it make a difference if police officers react with understanding rather than otherwise?
Response: We do hope that more data will be available in the near future.

Comment: Finally, the manuscript would benefit from proofreading and editing. For example, "Stigma redaction and rising awareness" should be written as "Stigma reduction and raising awareness," and "In 2023, 90 trainings will be conducted..." It should be written in the past tense.
Response: Thank you, well noted.

Competing Interests: No competing interests were disclosed.

Reviewer Report 04 September 2025

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Chase Aycock
Joint Base San Antonio - Wilford Hall Ambulatory Surgical Center, Lackland AFB, Texas, USA

We appreciated the opportunity to review the manuscript, “Universal mental health training: policy proposal for Ukraine.” This well-written and timely essay makes a compelling argument for scaling up Universal Mental Health Training (UMHT) in Ukraine. The challenges described appear significant, yet not insurmountable, given the solutions proposed by the authors – which were practical and likely to be useful. Additionally, Figure 1 is helpful in linking the challenges and recommendations together. We have generally minor feedback; we hope these recommendations will enhance this excellent essay.

Introduction

- Please rephrase this sentence in the first paragraph for clarity: “Mentioned low endorsements reconceptualize mental health care in Ukraine as a broad, community-based system in contrast to the old one restricted to psychiatric institutions.”
- Consider adding “non-clinical” to describe social workers, to distinguish from those who are licensed clinical social workers: “an initiative to train and mobilize frontline professionals (such as teachers, police officers, non-clinical social workers, and others)”

Universal Mental Health Training: background and pilot implementation results

- In the first sentence, the author describes the “mental health treatment gap,” but it would be beneficial here to cite a study describing the extent of this problem related to this gap, providing relevant data. For instance, “XX% of individuals who need care do not receive it.” This addition would help to emphasize why there is such a pressing need for initiatives like UMHT.
- The last clause of this sentence needs to be rephrased to improve clarity. “Usability” is unclear. “The trainees reported increased knowledge and confidence in handling mental health-related work situations, and highlighted preparedness to use trained skills and their actual usability.”

Challenges in the UMHT scaling up at the national level

- Workforce quality assurance: This challenge has less explanation. It would be helpful to expand on why “quality control across a broad rollout” is challenging.
- Public and Professional Attitudes:
  - The authors express realistic concern that the value of UMHT may be questioned by both frontline professionals and the general public. While they propose a response in the section titled “Mental Health Promotion and Stigma Reduction,” an additional

persuasive strategy is found in the final paragraph of "Looking Ahead to 2030." There, the authors cite data suggesting that frontline workers could experience increased job satisfaction and improved effectiveness through participating in UMHT. Highlighting these benefits could strengthen professional buy-in and positively shift attitudes. Therefore, we recommend incorporating this point into a new subsection under "Policy Actions to Overcome the Challenges and Scale Up the UMHT," and reflecting it in Figure 1 under the category "Public and Professional Attitudes." This change would also provide two solutions, aligning with the other identified challenges.
- Please rephrase this sentence for clarity: "Both issues are related to stigma redaction and rising awareness as the only ways to overcome attitudinal barriers."

Policy Actions to Overcome the Challenges and Scale Up the UMHT
- To enhance alignment with Figure 1, we recommend reordering the paragraph topics within this section so that it's easier for the reader to follow how these proposed solutions relate to the challenges presented. This sequencing would improve the logical progression of the recommended solutions with the figure.

Policy actions to overcome the challenges and scale up the UMHT
- Sustainable financing strategy: Please verify that "continuous professional education" matches the acronym CPD. Should this be "Continuous Professional Development"? [Also, for scalability and sustainability, this is often addressed by Computer-Based Trainings (CBTs) in other contexts and could be recommended - although the effectiveness of those is not often measured or evaluated.]
- Mental Health Promotion and Stigma Reduction: Consider rephrasing the last part of the sentence, "To increase the buy-in of the UMHT by relevant local and national stakeholders, it is important to …". For example, edit to, "and integrate into them the idea that mental health support is everyone's business."

Looking ahead to 2030 – Expected outcomes
- It would strengthen your argument for UMHT to highlight that these improvements to the "mental health landscape" would occur without substantive changes to the mental health workforce (i.e., increased number of licensed MH providers).
- The authors highlight the expected outcomes well, in terms of improving access to care. However, it could be helpful toward the end of this article to again emphasize the pressing public health concern in terms of population-level burden for mental health concerns (e.g., "given the rising prevalence of XYZ in Ukraine…") to emphasize the urgency of enacting scalable, universal mental health support.

The authors are to be commended again for outlining a clear and actionable path for Ukraine to broadly implement UMHT. The proposed rollout has the potential not only to address national mental health needs but also to serve as a model for other countries seeking to strengthen their population's mental health.

Is the topic of the essay discussed accurately in the context of the current literature?

Partly

Is the work clearly and cogently presented?

Yes

Is the argument persuasive and supported by appropriate evidence?
Yes

Does the essay contribute to the cultural, historical, social understanding of the field?
Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: task-shifting; implementation science; health equity; chronic disease management

We confirm that we have read this submission and believe that we have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however we have significant reservations, as outlined above.

Author Response 26 Dec 2025

Viktoriia Gorbunova

We would like to thank the reviewers for their thoughtful and constructive feedback on our manuscript. Their insights have been invaluable in strengthening the empirical foundation and practical framework of this policy proposal. In response to the reviewers' comments, we have significantly revised the manuscript, addressing all the issues.

Comment: Please rephrase this sentence in the first paragraph for clarity: “Mentioned low endorsements reconceptualize mental health care in Ukraine as a broad, community-based system in contrast to the old one restricted to psychiatric institutions.”
Response: “Mentioned legislative endorsements reconceptualize mental health care in Ukraine as a broad, community-based system in contrast to the old one restricted to psychiatric institutions”

Comment: Consider adding “non-clinical” to describe social workers, to distinguish from those who are licensed clinical social workers: “an initiative to train and mobilize frontline professionals (such as teachers, police officers, non-clinical social workers, and others)”
Response: Word “non-clinical” is added for the clarity

Comment: In the first sentence, the author describes the “mental health treatment gap,” but it would be beneficial here to cite a study describing the extent of this problem related to this gap, providing relevant data. For instance, “XX% of individuals who need care do not receive it.” This addition would help to emphasize why there is such a pressing need for initiatives like UMHT.
Response: Unfortunately, such data are not available for Ukraine; therefore, it is impossible to make relevant references to a reliable source.

Comment: The last clause of this sentence needs to be rephrased to improve clarity. “Usability” is unclear. “The trainees reported increased knowledge and confidence in handling mental health-related work situations, and highlighted preparedness to use

trained skills and their actual usability."
Response: The pointed sentence is corrected: «The trainees reported increased knowledge and confidence in handling mental health-related work situations, and highlighted preparedness to use skills received during training»

Comment: Workforce quality assurance: This challenge has less explanation. It would be helpful to expand on why "quality control across a broad rollout" is challenging.
Response: To add clarity, the second sentence in the paragraph was extended: "Maintaining trainees' engagement and updating their skills over time requires ongoing supervision and upskilling, which in turn requires a substantial increase in trained professionals and the integration of UMHT into the system of continuous professional development across different sectors (which are usually non-integrated)."

Comment: Public and Professional Attitudes: The authors express realistic concern that the value of UMHT may be questioned by both frontline professionals and the general public. While they propose a response in the section titled "Mental Health Promotion and Stigma Reduction," an additional persuasive strategy is found in the final paragraph of "Looking Ahead to 2030." There, the authors cite data suggesting that frontline workers could experience increased job satisfaction and improved effectiveness through participating in UMHT. Highlighting these benefits could strengthen professional buy-in and positively shift attitudes. Therefore, we recommend incorporating this point into a new subsection under "Policy Actions to Overcome the Challenges and Scale Up the UMHT," and reflecting it in Figure 1 under the category "Public and Professional Attitudes." This change would also provide two solutions, aligning with the other identified challenges.
Response: Thank you, well noted! The mentioned part from "Looking Ahead to 2030." Was edited and moved to the "Mental Health Promotion and Stigma Reduction" section: "The frontline workers themselves may actually find their work easier in some respects – many report that after UMHT training, they felt better prepared when encountering mental health issues. Empowerment can lead to greater job satisfaction and greater effectiveness, and less stigma." However, we decided against making the second sub-strategy, as this phenomenon is merely the observation, and not something that can be promoted under controllable conditions.

Comment: Please rephrase this sentence for clarity: "Both issues are related to stigma redaction and rising awareness as the only ways to overcome attitudinal barriers."
Response: Thank you, sentence is edited: "Both issues are related to stigma reduction, and raising awareness may help overcome attitudinal barriers"

Comment: Policy Actions to Overcome the Challenges and Scale Up the UMHT. To enhance alignment with Figure 1, we recommend reordering the paragraph topics within this section so that it's easier for the reader to follow how these proposed solutions relate to the challenges presented. This sequencing would improve the logical progression of the recommended solutions with the figure.
Response: Thank you, we changed the sequence – it is now correlated to the Figure 1.

Comment: Sustainable financing strategy: Please verify that "continuous professional education" matches the acronym CPD. Should this be "Continuous Professional

Development"? [Also, for scalability and sustainability, this is often addressed by Computer-Based Trainings (CBTs) in other contexts and could be recommended - although the effectiveness of those is not often measured or evaluated.]
Response: Yes, it has to be "Continuous Professional Development" – corrected

Comment: Mental Health Promotion and Stigma Reduction: Consider rephrasing the last part of the sentence, "To increase the buy-in of the UMHT by relevant local and national stakeholders, it is important to …". For example, edit to, "and integrate into them the idea that mental health support is everyone's business."
Response: Relevant correction was made

Comment: Looking ahead to 2030 – Expected outcomes. It would strengthen your argument for UMHT to highlight that these improvements to the "mental health landscape" would occur without substantive changes to the mental health workforce (i.e., an increased number of licensed MH providers).
Response: Great suggestion, implemented: "It is important to note that such changes would occur without substantive increases in the number of mental health workers, and therefore with minimal financial investment."

Comment: The authors highlight the expected outcomes well, in terms of improving access to care. However, it could be helpful toward the end of this article to again emphasise the pressing public health concern in terms of the population-level burden of mental health conditions (e.g., "given the rising prevalence of XYZ in Ukraine…") to underscore the urgency of enacting scalable, universal mental health support.
Response: At the end of the Conclusion, such a sentence was added: "Given the rapidly rising prevalence of mental health conditions across Ukraine, the urgency of implementing scalable mental health solutions becomes even more evident, underscoring the public health imperative at a population level."

Competing Interests: No competing interests were disclosed.