

2024

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UKRAINIAN REFUGEES  
IN WARSAW COLLECTIVE  
SHELTERS: AN ASSESSMENT  
OF PSYCHOSOCIAL  
WELLBEING AND  
THE IMPACT OF SUPPORT  
ACTIVITIES

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# 2024

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## UKRAINIAN REFUGEES IN WARSAW COLLECTIVE SHELTERS: AN ASSESSMENT OF PSYCHOSOCIAL WELLBEING AND THE IMPACT OF SUPPORT ACTIVITIES

Warsaw, February 2024



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The findings of this report were presented at the launch event in September 2023 and to the participants of the MHPSS technical working group.

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# 1. EXECUTIVE SUMMARY

This report presents the results of a survey carried out among adult residents of six of Warsaw's municipality-governed shelters for people who fled Ukraine after 24 February 2022 as a result of the war. The study investigated the shelter residents' mental well-being, activity level and general satisfaction with the support received from the staff and other residents of the shelter. Responses revealed areas for consideration when planning future interventions, which are presented as follows.

## MENTAL WELL-BEING

**Increase mental health awareness and literacy:** Campaigns raising mental health awareness and mental health literacy combined with easy access to screening for mental health issues would be beneficial for the residents of the shelters.

Over 33 per cent of the respondents evaluated their mental health as poor or not so good, and 14 per cent of them reported that their mental health had deteriorated since their arrival in Poland. Worse self-rated mental health was associated with worse self-rated general health.

A vast majority of respondents reported never having been diagnosed with a mental health condition. The rate of reported recent diagnoses of mental disorders was very low (1 per cent). Most of those who were diagnosed had received treatment of some form.

**Support the development of personal resources:** Workshops focused on anxiety management (especially targeting women and elderly persons) should be included in an offer for shelter residents.

Residents should be supported in the development of their personal resources (e.g. self-efficacy, optimism, sense of control) both through organised thematic workshops and by creating a resources-strengthening atmosphere in the shelter (e.g. when possible, employing a participatory decision-making style; guiding and mentoring the residents rather than doing things for them).

Around 10 per cent faced too much contradictory information and felt unable to control the important things in life. They reported that they did not feel optimistic about the future, nor did they feel that they could manage life. However, the majority did not feel anxious, angry or depressed, and they had high levels of curiosity, optimism, self-efficacy and a sense of control over important aspects of life.

Generally, the respondents presented a mixed picture of emotions and most often mentioned anxiety, fear, sadness, as well as gratitude, joy and love. Over a quarter of the participants believed that their feelings were widely shared in the shelter, but a similar number of participants believed that they were not widespread at all. The higher the level of unpleasant emotional states experienced by the participant, the more common their belief that the feelings were widespread. No such relation was observed in the case of pleasant emotional states.



**Keep friends and family close:** It should be a priority to allow families and friends to live together in the shelters, as well as to allow residents to openly discuss reasons for their dissatisfaction with the shelter.

The most common factors enhancing positive moods were socializing with friends and being together with children and family. The most common factors contributing to low mood were being dissatisfied with the shelter, uncertainty about the future, and health problems.

## PREFERRED ACTIVITIES

**Prioritize celebrations of rituals and holidays, cultural and arts-based activities, personal development courses, and creation of welcoming common spaces**

Many activities are beneficial to improve the mental well-being of the residents of the shelters. However, simply spending time together with family or close friends (or other people), especially outside the shelter, is the activity that has the most positive impact on mood. Therefore, the offer of activities provided by the shelter should be broad but not overwhelming, and providing welcoming common spaces for natural interactions seems critical.

Among organized activities, shelters should consider prioritizing celebrations of rituals and holidays, cultural and arts-based activities, and personal development courses. An offer of specific social and community-based activities for men and older residents should be created.

The main activities respondents reported participating in were spending time with other people and spending time alone. Other activities frequently indicated by the residents were taking part in rituals, ceremonies and holiday celebrations; cultural and arts-based activities; and personal development courses.

Women participated in significantly more activities than men, both inside and outside of the shelter. The older the participants were, the less they took part in activities outside of the shelter. Working-age residents employed in Poland participated in more activities outside of the shelter.

Participants most frequently noted simply spending time together with family or close friends. They participated in activities organized in and outside the shelter almost equally, but when spending time with close friends, they rather chose activities outside the shelter over those in the shelter. In comparison to men, women participated in significantly more activities with their families but not with close friends. Those staying in the shelter with their children participated in more activities with their families and in fewer activities with their close friends. The longer the respondents stayed in the shelter, the more they participated in activities with their close friends.

**Support finding employment outside the shelter**

From the perspective of emotional functioning, strengthening the residents' efforts to find work outside the shelter seems more beneficial than creating paid employment opportunities in the shelters. Work in the shelter is worth being kept as volunteer work.

For those participating in organized activities, it was generally a mood-lifting experience. Paid employment in the shelter was the only activity reported as having a neither positive nor negative impact on mood.

Respondents who participated in more activities reported higher levels of positive emotional states and curiosity than did those who did not participate in such activities or participated in fewer of them.

## PERCEIVED SUPPORT

**Aims to build a community:** A surprisingly low percentage of the respondents reported feeling supported by other residents of the shelter, especially in comparison to the satisfaction with support provided by the shelter's staff. Hence, more interventions aimed at building a supportive community in the shelter are recommended.

Special attention should be paid in this context to younger residents of the shelter, who felt less supported both by the staff and by other residents than did older residents.

Almost half of the participants of the study felt supported by the shelter's staff, and 22 per cent felt supported by other residents of the shelter. At the same time, 12 per cent of the residents reported not feeling supported by the shelter's staff and 24 per cent not feeling supported by other residents.

The more supported the participants felt by the shelters' staff, the more supported they also felt by other residents. Older residents of the shelter felt more supported both by the staff and by other residents than did younger residents.



Residents of the shelter during the picnic co-organized by IOM © IOM 2023 / A. Shvirin

## 2. INTRODUCTION

Following the full-scale invasion of Ukraine in February 2022, refugees and third-country nationals have been displaced both inside and outside of the country's borders. As of June 2023, more than twelve million refugees from Ukraine had been recorded entering Poland and ten million had crossed back.<sup>1</sup> On 12 March 2022 the Polish Parliament passed the "Act on assistance to Ukrainian citizens in connection with the armed conflict on the territory of Ukraine", which with its amendments remains the main legal and operational framework for temporary protection to Ukrainian and eligible third-country nationals who arrived in Poland after 24 February 2022. Those who are eligible for legal stay in Poland according to this law should apply for a Universal Electronic System for Registration of the Population (PESEL) number with UKR (acronym for Ukraine) status. The Special Act, which enshrines the European Union's Temporary Protection Directive in Polish law, allows eligible Ukrainians and third-country nationals to take up legal employment, including conducting business activity on the same terms as Polish citizens; provides equal right to social benefits, including social assistance and family and childcare benefits; and confirms entitlement to free healthcare services, education and one-time cash support amounting to 300 PLN.

As of February 2024, the cumulative number of those who had been registered for temporary protection in Poland (based on PESEL UKR registration) had exceeded 1.75 million people, of whom over 950,000 maintain an active registration status. Every fifth person with active PESEL UKR was registered in Mazowieckie voivodeship.<sup>2</sup> Of these, 36 per cent were children, 40 per cent were women aged between 18 and 59, 18 per cent men aged between 18 and 59, five per cent women over 60 years old, two per cent men over 60 years old. According to Multi-Sector Needs Assessment (MSNA) from June-August 2023, every fifth person lives in a shared accommodation site: 13 per cent live in a hotel/hostel, and 7 per cent at a collective site (country-wide data).

According to the MSNA, more than 20 per cent of Ukrainians living in Poland aged 5 years or older feel either upset, anxious, worried, agitated, angry, or depressed that it affects the person's daily functioning (household survey). More than half among them were reported to be in need of mental health or psychosocial support, however, of this group only 45 per cent of persons have received help for their problem. The main reasons for not getting the help they needed were that they did not know where to seek help (37 per cent) and the lack of time (19 per cent).<sup>3</sup>

Responding to the needs of those on the move, the International Organization for Migration (IOM) in Poland has implemented a wide variety of support interventions, including basic needs and shelter assistance, protection, health-related support, mental health and psychosocial support (MHPSS), and labour market and social inclusion. IOM Poland has been engaged also in country-wide data collection through the Data Tracking Matrix tool. In total, as of 30 January 2024, IOM Poland had reached 248,234 unique individuals through the Ukraine crisis response programs.

Mental health and psychosocial support remains a core pillar of these interventions, through providing field interventions to migrants and host communities affected by the emergency, and by ensuring that psychosocial well-being and its related aspects are considered as a crosscutting issue. From 24 February 2022 to 30 January 2024, Psychosocial Mobile Teams (PMTs) operating mainly in Mazowieckie and Podkarpackie regions reached more than 3700 individuals with psychological and social counselling, delivering 14,897 MHPSS sessions. Similarly, more than 21,500 people took part in community engagement activities such as family picnics, workshops, trips and sightseeing, discussion clubs, holidays, and celebrations organized by the MHPSS unit.

Psychosocial Mobile Teams have been present at collective sites run by the Warsaw Centre for Family Support (WCPR) since their establishment, which enabled the data collection for this study. At these sites, five MHPSS teams consisting of a psychologist, social worker and community engagement assistant provide daily support to residents, including individual and group counselling. The PMTs also try to set up community life structures together with the residents by organising meetings, workshops and celebrations.

This study investigated the shelter residents' sociodemographic situation, mental well-being, activity level and general satisfaction with the support received from the staff and other residents of the shelter.

<sup>1</sup> <https://dtm.iom.int/reports/poland-surveys-refugees-ukraine-needs-intentions-and-integration-challenges-poland-april> [Accessed on 26.02.2024].

<sup>2</sup> <https://data.unhcr.org/en/situations/ukraine/location/10781> [Accessed on 26.02.2024].

<sup>3</sup> <https://data.unhcr.org/en/documents/details/104646> [Accessed on 26.02.2024].

### 3. METHODOLOGY

#### PROCEDURE

The survey was carried out among the residents of six of Warsaw's municipality-governed shelters<sup>4</sup> between 12 April and 9 May 2023, approximately 14 months after the beginning of the conflict in Ukraine. Data was collected by thirteen female staff members of the International Organization for Migration (psychologists, social workers and community engagement assistants) working in the shelters on a daily basis. Prior to commencing data collection, the staff administering the surveys participated in a training workshop on the study protocol provided by a post-doctoral researcher – an IOM external expert responsible for the study.

Residents of the shelters were informed about the study and about the fact that a randomly selected group of residents would be invited for individual sessions to fill in the survey about their psychosocial situation, needs and well-being. They were also informed that the survey was anonymous and took approximately 20 minutes.

The study protocol was approved by the Bioethical Committee of the Medical University of Warsaw, Poland.





#### PARTICIPANTS

The study sample (N=268) was randomly selected<sup>5</sup> from the population of adult (18+) residents of the shelters (N=771), keeping the gender and age structure of the original population. Independent draws from the lists of residents were performed for men and women aged 18-30, 31-45, 46-60, 61-75 and 75+ (10 separate draws per shelter) in proportions reflecting the population of the shelter. Residents of the shelters who were not fluent in Ukrainian or Russian were excluded from the study.

The minimum required sample for this study (N=257) was based on the Raosoft calculator for sample size estimation with a confidence interval of 95 per cent and 0.5 margin of error.<sup>6</sup>

#### MEASURES

For the purpose of the study, a survey with five key sections was constructed:

	<b>Part I</b>	<b>Sociodemographic information</b>
	<b>Part II</b>	<b>Mental health</b>
	<b>Part III</b>	<b>Current emotional well-being</b>
	<b>Part IV</b>	<b>Activities in and outside the shelter</b>
	<b>Part V</b>	<b>Perceived support</b>

<sup>4</sup> All six city-governed shelters were run by the Warsaw Centre for Family Support. The shelters were at separate locations in Warsaw (the number of residents at the moment of the survey are given in brackets): (1) Górskiego Street (n=89), (2) Jana Pawła II Street (n=141), (3 and 4) Wołoska Street (n=214 and n=100), (5) Żupnicza Street (n=92) and (6) Kasprzaka Street (n=135).

<sup>5</sup> Research Randomizer (<https://www.randomizer.org/>) was used to generate random samples from the lists of the shelters' residents.

<sup>6</sup> Sample Size Calculator by Raosoft, Inc. [Internet] Raosoft.com. 2022. [cited 01 March 2023]. Available from: <http://www.raosoft.com/samplesize.html>.



This was followed by an open Comments section at the end of the survey. Additionally, a Background information form (Part 0) was filled in by the staff administering the survey.

The English version of the declaration of consent for participation in the study and all parts of the survey are provided in Appendices 1-3. Ukrainian and Russian versions of the survey were used in the study.



## PART I – SOCIODEMOGRAPHIC INFORMATION MEASURES

In part I of the survey, participants were asked to provide basic sociodemographic information and information about their social circle in Poland.

Basic [sociodemographic information](#) covered age, gender, education level, occupation performed in Ukraine, city and province of origin in Ukraine, length of stay in Poland, and employment in Poland. Information about the participants' provinces of origin in Ukraine was classified according to the occurrence of the Russian occupation in these provinces at the time of the study: (a) fully or partially occupied, (b) previously partially occupied or neighbouring occupied regions, or (c) other provinces (other central and southern provinces and western Ukraine), to estimate the severity of the impact of the war on the residents' place of origin (and, indirectly, on them).

To explore the current [social circle](#), the residents were asked if they were staying in the shelter with family members or close friends, and if so, what was the degree of kinship with the people they were living with (spouse, life partner, children, mother, father, siblings, close friends from back home, close friends made in the shelter) and their number (where applicable). An Index of Shelter-Based Social Connections was created as a sum of categories of close persons staying together with the resident in the shelter. Children, siblings, and old and new close friends counted as 1 regardless of their number. The Index of Shelter-Based Social Connections score ranged from 0 to 8. The residents were also asked if they had any Polish friends, and if so, how many they had and how many they considered close friends.



## PART II – MENTAL HEALTH MEASURES

[Self-rated general health](#) and [self-rated mental health](#) were each measured by a single item with 4 response categories ranging from 1 to 4 (*How is your general health at the moment?* and *How is your mental health at the moment?*, respectively; *poor / not so good / good / very good*). Higher results indicated higher self-rated general or mental health. In a number of studies, these or similar single-item self-rated health measures were found to be very good predictors of future health, morbidity, mortality and health service attendance (Idler and Benjamini, 1997; Lorig et al., 1996; Schoenfeld et al., 1994).

The [deterioration of the residents' mental health](#) after coming to Poland was measured by a single item (*Do you think your mental health has deteriorated since coming to Poland?*) with a response format from 1 – definitely not to 7 – definitely yes.

The participants were also asked to disclose if they had been [diagnosed with a mental health condition](#) either before their departure to Poland or after their arrival. If so, they were additionally asked about prescribed [treatment](#) and [adherence](#) to it.



### PART III – CURRENT EMOTIONAL WELL-BEING

Subscales of the modified version of a Stress Emotions and Resources modular tool (STER) developed by the team from the Department of Health Psychology of the Medical University of Warsaw, Poland, were used to measure the levels of **anxiety**, **anger**, **depressed** mood and **curiosity**, the four major indicators of psychological distress and well-being as suggested by Spielberger (Spielberger and Reheiser, 2009). STER consists of several two-item subscales that can be used in any configuration. The tool begins with the unfinished statement: *Referring to your stay in Poland due to the war and taking into account all areas of your life, to what extent during the last week...* Respondents are asked to rate the described experience or feeling on a 5-point scale from 1 – *not at all* to 5 – *very much* (e.g. ...*you have been worried about what the next days will bring* for the anxiety subscale, or ...*you were full of enthusiasm* for the curiosity subscale; all items are provided in Appendix 3 part III). Results on the subscales are expressed as mean scores from the two given items, and higher scores indicate higher levels of the measured variables. The mean scores for these scales and their reliabilities are presented in Appendix 4. Additionally, selected STER questions were used as single-item survey questions with a 5-point response format from 1 – *not at all* to 5 – *very much*, estimating the levels of **feeling overwhelmed** (...*have you had the impression that problems are overwhelming you*), **lack of information** (...*have you experienced information chaos that hindered your functioning*), **optimism** (...*were you optimistic about the future*), **self-efficacy** (...*did you have a feeling that you could manage regardless of what happened to you*), and **sense of control** (...*have you felt unable to control the important things in your life*), reversed to 1 – *very much* to 5 – *not at all*). Further, to estimate the general level of distress, an Index of Unpleasant Emotional States and an Index of Pleasant Emotional States were created. The **Index of Unpleasant Emotional States** was calculated as the mean sum of responses to twelve STER items related to unpleasant emotional states (items 1 to 9 and 13 to 15), while the **Index of Pleasant Emotional States** was calculated as the mean sum of responses to seven STER items related to pleasant emotional states (items 10 to 12 and 15 to 18) (see Appendix 3 part III). Mean scores on both indexes ranged from 1 to 5.

A list of emotions based on Wojciszke and Baryła's (2004) Questionnaire of Emotions was used to analyse residents' **dominating emotions**. In this questionnaire, participants were asked to choose three main emotions they had felt during the previous week, from a list of twenty-three emotions. This questionnaire was followed by a request to indicate any other main emotion present over the previous week that was not included in the provided list. Moreover, the participants were asked to estimate on a scale from 1 – *not at all* to 5 – *very much* how widespread the emotions they felt were among other residents of the shelter.

Furthermore, participants were asked if over the previous week, their **mood** had been mostly positive or mostly negative. Participants were then asked to identify the key factors that contributed to this rating, along with the key factors that either helped them feel positive or caused a negative mood.



## PART IV – ACTIVITIES IN AND OUTSIDE THE SHELTER

To investigate the respondents' [preferences concerning activities in and outside the shelter](#), participants were asked if they took part in listed activities (e.g. spending time with other people, sports activities, personal development courses), and if so, to estimate on a 5-point scale from -2 – *much worse* to 2 – *much better*, [how it made them feel](#).

Additionally, two indexes were calculated to estimate the respondents' activity level in and outside the shelter: (1) an [Activities-In-the-Shelter Index](#) calculated as the sum of the activities in the shelter that the respondents indicated they took part in, (2) an [Activities-Outside-the-Shelter Index](#) calculated as the sum of the activities participated in outside the shelter. Possible scores for both indexes ranged from 0 to 8. Also, two other indexes were calculated to measure respondents' activity level with their family and close friends: (1) an [Activities-With-Family-Index](#) calculated as the sum of the activities that the participants indicated taking part in with their families (spending time together + organized activities in the shelter + activities outside the shelter), and (2) an [Activities-With-Close-Friends-Index](#) calculated as the sum of the activities with friends (spending time together + organized activities in the shelter + activities outside the shelter). Possible scores for both these indexes ranged from 0 to 3.



## PART V – PERCEIVED SUPPORT

Participants' [perceived social support](#) was measured by two single items: How much do you feel supported by people who work in the shelter? and *How much do you feel supported by other residents of the shelter?*, both with a 7-point response format from 1 – *not at all* to 7 – *very much*.

## STATISTICAL ANALYSIS

First, initial descriptive analyses were conducted. Next, independent samples t-tests, Mann-Whitney U tests, Pearson's chi-squared or Kruskal-Wallis test, and a post hoc Mann-Whitney U test were performed to compare selected groups of residents (e.g. men vs women, employed vs unemployed) regarding other analysed control and outcome variables. Pearson's R statistic and Spearman's Rho statistic were used to calculate relationships between analysed variables. The choice of test depended on the measurement level of the analysed variable(s) and, in the case of scale variables, on the variables' distribution.<sup>7</sup> All statistical analyses were conducted using the Statistical Package for Social Sciences Statistics (IBM, Armonk, NY, United States, version 27.0).

<sup>7</sup> The independent samples t tests and Pearson's correlation were used when the analysed control variable was normal/scale and the parametric assumptions were not markedly violated. The Kruskal-Wallis test, the Mann-Whitney U test, and Spearman's correlation were used when the variable was ordinal or scale but when the distributional assumptions were markedly violated. The Pearson's chi-squared test was used when the variable was nominal or dichotomous (Leech et al., 2011).



## 4. RESULTS



### PART 1.

## SOCIODEMOGRAPHIC INFORMATION

The sociodemographic information section refers to basic demographic and situational information about the study group. This information is presented in tables and figures below.

### BASIC DEMOGRAPHIC INFORMATION

The study group consisted of 268 Ukrainian nationals, of whom 77 per cent were women. All participants were residents of municipally managed long-stay collective shelters in Warsaw. The participants' age ranged from 18 to 87. As described earlier in the section on the sample selection procedure, the age-by-gender structure of the group reflects the structure of the shelters' populations.

Most of the participants had secondary occupational school or secondary school education (64 per cent), followed by higher education (34.6 per cent). They represented a variety of occupations (which they had performed back in Ukraine), including accountants, administration officers, artists, physical workers (builders, bricklayers, carpenters), cashiers, teachers, cooks, merchants, tailors, hairdressers, nurses and midwives, farmers, mechanics, PR managers, engineers, taxi or bus drivers, among others.

One-third of all participants in the study had found employment in Poland. Considering only the working-age population (ages 18 to 64 for men and 18 to 59 for women), this proportion increased to 45 per cent. There were no statistically significant differences in employment status in regard to gender, age or educational level.<sup>8</sup>

Most of the study participants came from the regions of Ukraine which were severely impacted by the war: the occupied regions (42 per cent) or the neighbouring provinces, of which some had also previously been occupied (29 per cent). On average, they stayed in the shelters for eight and a half months (range 1-15 months).

<sup>8</sup> All  $p > .05$ .

**TABLE 1: BASIC DEMOGRAPHIC INFORMATION ABOUT THE STUDY SAMPLE OF THE REFUGEE SHELTERS' RESIDENTS IN WARSAW (N=268)**

	N(%)		N(%)
<b>Mean age in years (SD*, range)</b>	<b>46.5 (16.4; 18-87)</b>	<b>Russian occupation in the province of residence in Ukraine</b>	
<b>Gender**</b>		Fully or partially occupied	<b>113 (42.2)</b>
Men	<b>60 (22.4)</b>	Previously partially occupied or neighbouring occupied regions	<b>80 (29.2)</b>
Women	<b>206 (76.9)</b>	Other provinces (other central and southern provinces and western Ukraine)	<b>71 (26.9)</b>
<b>Education</b>		<b>Employment in Poland</b>	
Elementary school	<b>1 (0.4)</b>	No	<b>168 (62.5)</b>
Secondary occupational school	<b>120 (44.6)</b>	Yes	<b>97 (36.1)</b>
Secondary school	<b>51 (19.0)</b>		
Higher education	<b>93 (34.6)</b>		
<b>Mean stay in the shelter in months (SD, range)</b>	<b>8.45 (4.01; 1-15)</b>		

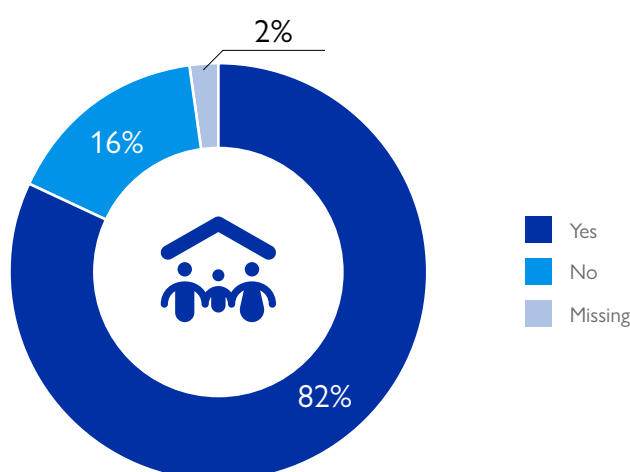
Note. Information was missing for n=2 (0.7 per cent) for gender, n=3 (1.1 per cent) for education, n=4 (1.5 per cent) for Russian occupation in the province of residence in Ukraine and n=3 (1.1 per cent) for employment in Poland.

\* SD – a standard deviation – is a measure of how dispersed the data is in relation to the mean. A low standard deviation means data are clustered around the mean, and a high standard deviation indicates data are more spread out.

\*\* The gender question was open and only two types of answers were given by the participants: man or woman.

## SOCIAL CIRCLE

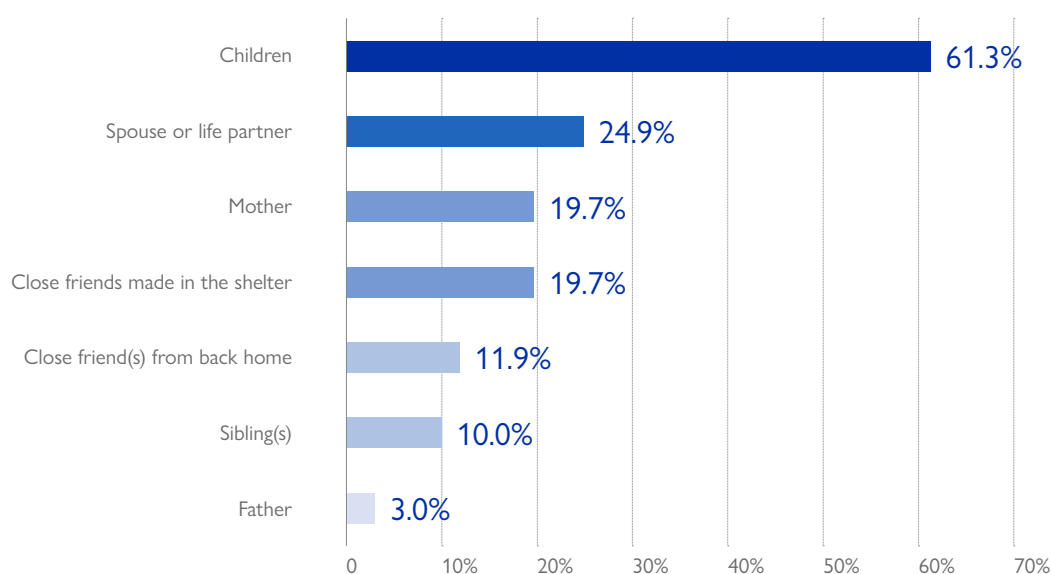
The majority of respondents (82 per cent, n=221) reported staying in the shelter with family members or close friends.

**FIGURE 1: THE PERCENTAGE OF RESPONDENTS STAYING IN THE SHELTER WITH FAMILY MEMBERS OR CLOSE FRIENDS**

Over 60 per cent of the respondents stayed in the shelter with their children (of this group, 60 per cent with 1 child; 26 per cent with 2 children; 13 per cent with 3 or more children, max. 8 children), 25 per cent with a spouse or partner, and almost 20 per cent with their mother. Over 80 per cent of those staying with sibling(s) (10 per cent), stayed with just one sibling.

Almost 20 per cent of the respondents reported living in the shelter with close friends that they had made in the shelter (in this group 21 per cent with 1 friend, 32 per cent with 2 friends, 23 per cent with 3 or 4 friends, 24 per cent with 5 or more friends) and 12 per cent with friends from back home (28 per cent – 1 friend, 36 per cent – 2 friends, 8 per cent – 3 friends, 28 per cent – 4 or more friends).

**FIGURE 2: THE PERCENTAGE OF RESPONDENTS STAYING IN THE SHELTER WITH SPECIFIC MEMBERS OF THE FAMILY OR CLOSE FRIENDS (HOUSEHOLD COMPOSITION)**



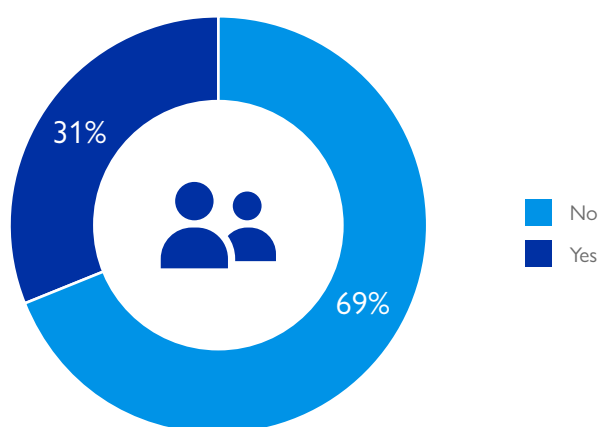
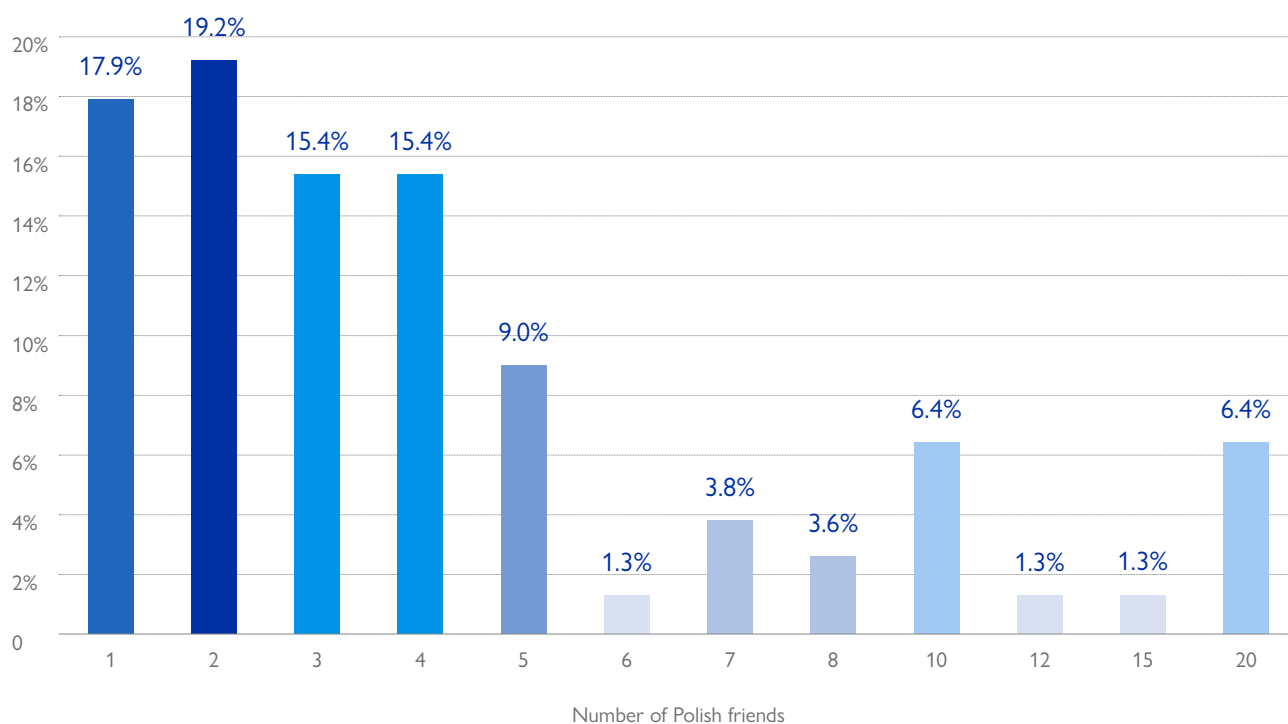
Men and women did not differ significantly in the level of the Shelter-Based Social Connections Index,<sup>9</sup> but age mattered in this context: the older the respondents were, the lower the number of their shelter-based social connections.<sup>10</sup> Among women aged 60+ and men aged 65+ (which reflect the official retirement ages in Poland, n=62), over 45 per cent stayed in the shelter alone, having neither family members nor close friends. In this group of older residents, 94 per cent indicated not staying in the shelter with close friends from back home and 81 per cent indicated not staying with close friends made in the shelter.

Thirty-one per cent of respondents reported having Polish friends, with the majority having between one and four Polish friends. The percentage of participants who had Polish friends did not differ by age, gender, education level, employment status or length of stay in the shelter.<sup>11</sup>

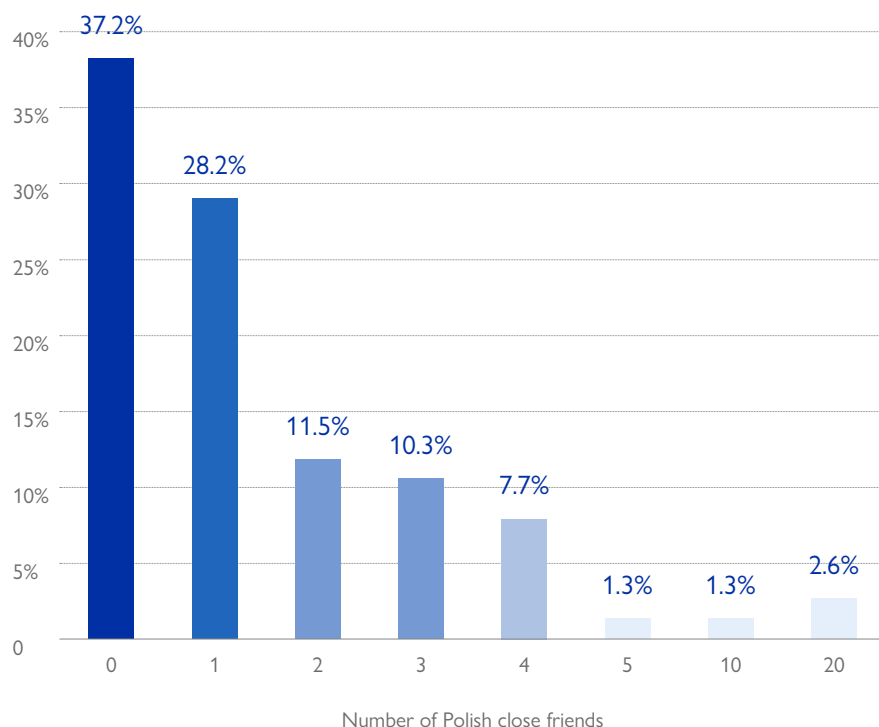
<sup>9</sup>  $U = 5777, z = -.798, p = .425$ .

<sup>10</sup>  $r(268) = -.26, p < .001$ .

<sup>11</sup> All  $p > .05$ .

**FIGURE 3: THE PERCENTAGE OF RESPONDENTS STATING TO HAVE POLISH FRIENDS****FIGURE 4: THE PERCENTAGE OF RESPONDENTS HAVING A GIVEN NUMBER OF POLISH FRIENDS (N=82)**

**FIGURE 5: THE PERCENTAGE OF RESPONDENTS HAVING A GIVEN NUMBER OF POLISH CLOSE FRIENDS (N=82)**



In the group of participants who reported having Polish friends (n=82), 62 per cent had made at least one close friend. In this group, there were no significant differences between men and women in the number of Polish friends or close friends they reported having. Also, there were no significant differences in the number of Polish friends and Polish close friends based on length of stay in the shelter, employment status, age or level of education.<sup>12</sup> However, the older the respondents were, the more Polish close friends they reported to have.<sup>13</sup> Also, participants with secondary school education had significantly more Polish close friends than did those with higher education.<sup>14</sup>

<sup>12</sup> All  $p > .05$ .

<sup>13</sup>  $r_s(82) = .26, p = .017$ .

<sup>14</sup>  $U = 146, z = -2.71, p = .007$  [participants with elementary educational level were excluded from the analysis due to a small sample size, n=1].



## PART 2.

## MENTAL HEALTH

The mental health section refers to the respondents' subjective assessment and mental health diagnosis and treatment history at the time of the survey.

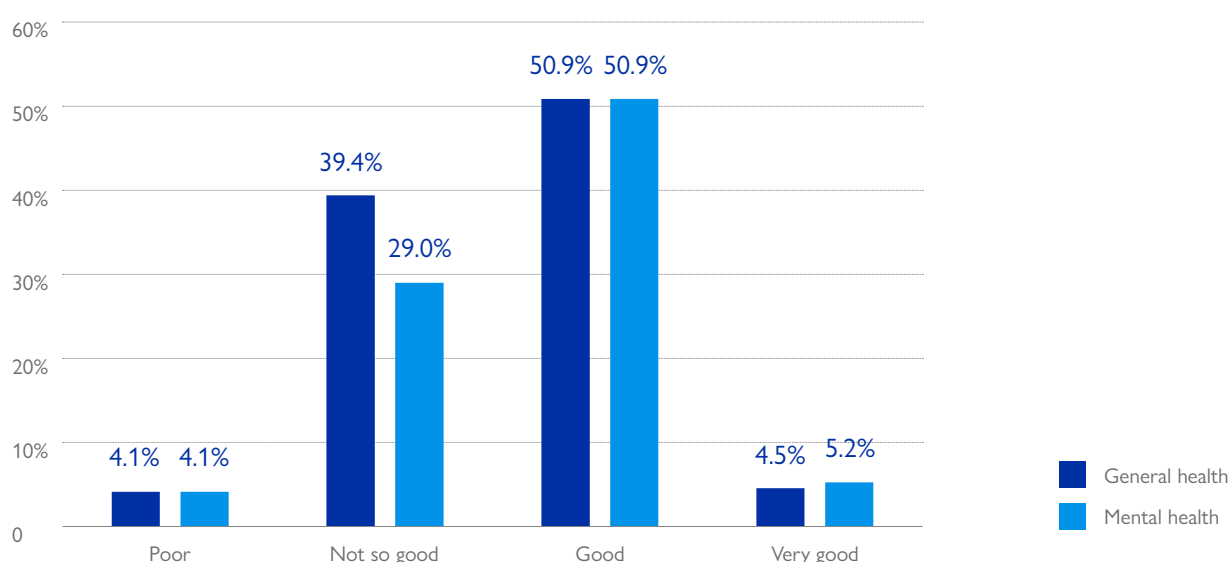
### SELF-RATED GENERAL AND MENTAL HEALTH

The ratio of the percentage of shelter residents who evaluated their general health as *good* or *very good* to those assessing their health as *not so good* or *poor* was 55:45. The ratio of the percentage of shelter residents who evaluated their mental health as *good* or *very good* to those assessing their mental health as *not so good* or *poor* was 65:35. There was a small group of participants ( $n=11$ , 4 per cent) who evaluated both their general and mental health as *poor*.

The better the respondents' general health, the better was their mental health.<sup>15</sup> However, the older the respondents, the worse their general health,<sup>16</sup> but not their mental health.<sup>17</sup>

The respondents' subjective evaluations of general health and mental health did not differ by gender, the situation in the province of origin in Ukraine, length of stay in the shelter, shelter-based social connections, household composition (living in the shelter with children or spouse/life partner) or employment status in Poland (in the working-age group of participants).<sup>18</sup>

**FIGURE 6: SUBJECTIVE GENERAL HEALTH AND SUBJECTIVE MENTAL HEALTH IN THE STUDY GROUP**



<sup>15</sup>  $r_s(263) = .48, p < .001$ .

<sup>16</sup>  $r_s(266) = -.27, p < .001$ .

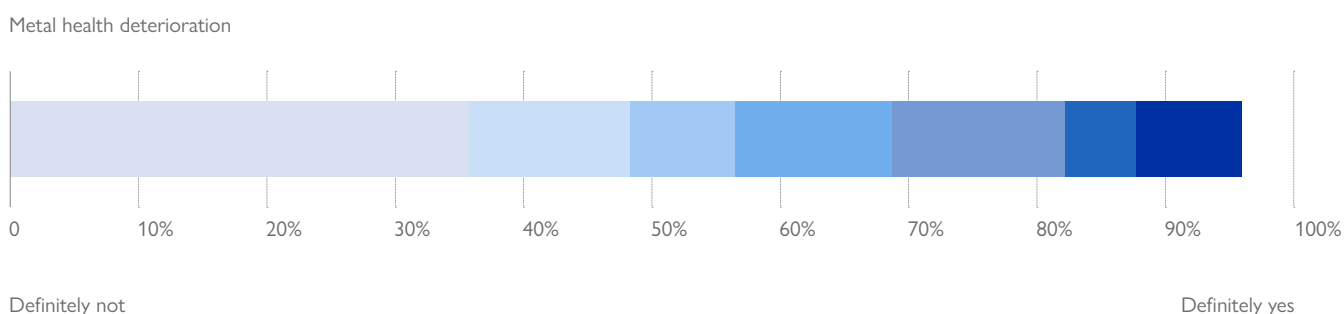
<sup>17</sup>  $r_s(264) = -.02, p = .804$ .

<sup>18</sup> All  $ps > .05$ .

## MENTAL HEALTH DETERIORATION SINCE COMING TO POLAND

Almost 50 per cent of the respondents reported that their mental health had not (*definitely or rather definitely*) deteriorated since coming to Poland. However, a deterioration in mental health (*rather or definitely*) was reported by 14 per cent of the respondents.

**FIGURE 7: SELF-RATED MENTAL HEALTH DETERIORATION AMONG SHELTER RESIDENTS SINCE COMING TO POLAND**



## MENTAL HEALTH CONDITION DIAGNOSIS AND TREATMENT

A vast majority of respondents reported never having been diagnosed with a mental health condition, neither in the past (86 per cent) nor since arriving in Poland (93 per cent). Only 1 per cent of the study participants reported being diagnosed with a mental health condition since arrival in Poland, and 4.5 per cent were uncertain about it.

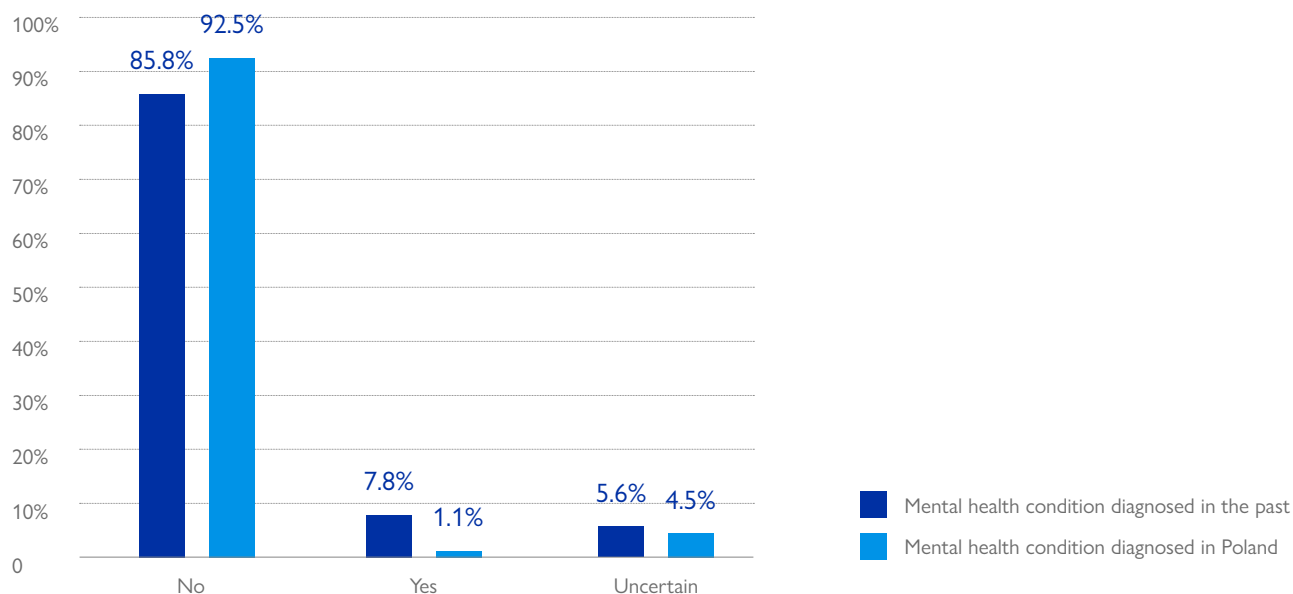
Among those who were sure of having been diagnosed with a mental health condition in the past, 67 per cent (n=14) had received treatment before departure to Poland. Among those diagnosed in Poland, two persons reported receiving treatment (67 per cent) and one person was uncertain about it.

In open questions about types of treatment received before arrival in Poland, participants mostly indicated pharmacological treatment (n=7), but also psychotherapy (n=4), in both hospital and outpatient settings. One person treated in Poland indicated receiving 'prescribed' treatment.

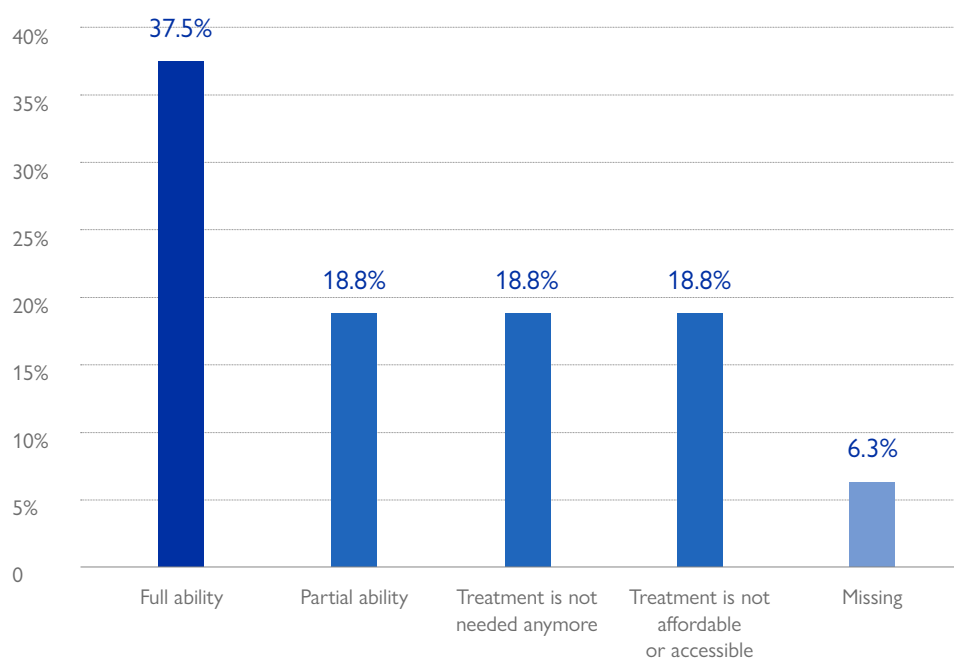
Those who had received treatment for a mental health condition at some point in the past (n=16) were also asked if they were currently able to adhere to the treatment regime. Three out of 16 participants (approx. 19 per cent) reported not following their treatment plan due to *not being able to access or afford it*. Due to the small size of this group, it is recommended to interpret this data with caution.



**FIGURE 8: MENTAL HEALTH CONDITION DIAGNOSES IN THE PAST OR SINCE ARRIVAL IN POLAND IN THE STUDY GROUP**



**FIGURE 9: ABILITY TO ADHERE TO TREATMENT FOR A DIAGNOSED MENTAL CONDITION (N=24)**





## PART 3.

# CURRENT EMOTIONAL WELL-BEING

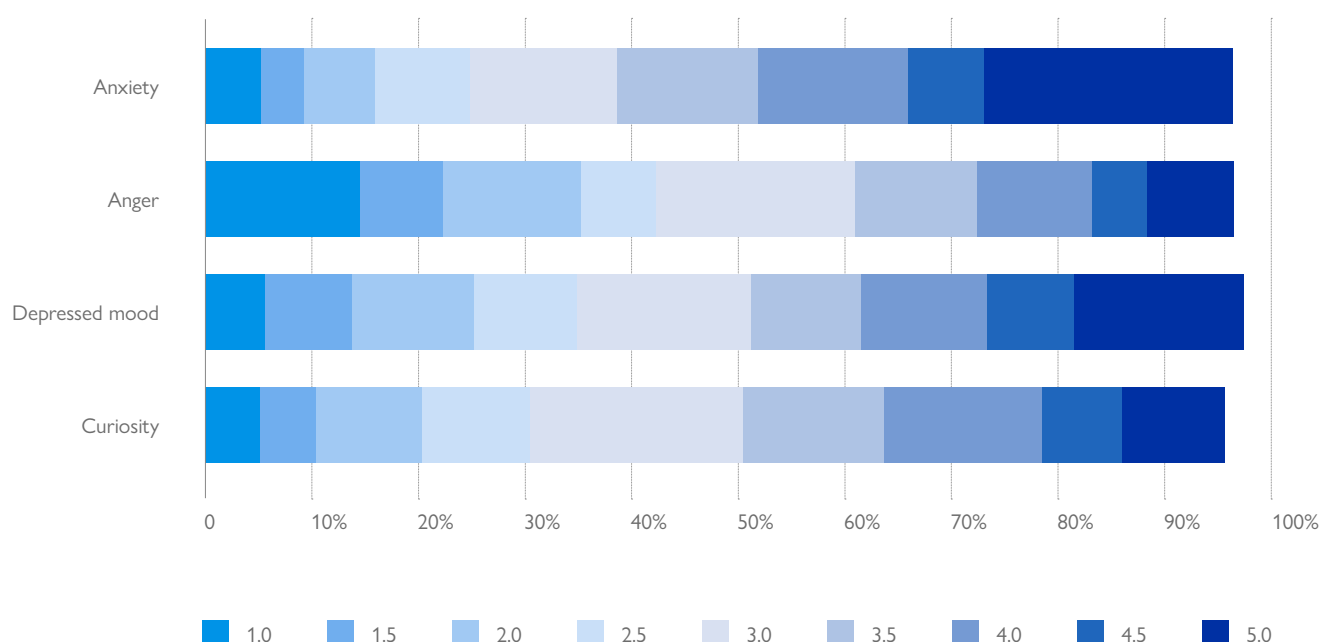
The current emotional condition of the shelters' residents was estimated by a variety of tools measuring (a) the levels of anxiety, anger, depressed mood and curiosity, (b) feeling overwhelmed, the level of perceived lack of reliable information, as well as the levels of optimism, self-efficacy and sense of control, (c) the general levels of pleasant and unpleasant emotional states, (d) dominating emotions, and (e) general mood and key contributing factors.

### THE BIG FOUR: ANXIETY, ANGER, DEPRESSED MOOD AND CURIOSITY

Approximately 45 per cent of the participants felt *anxious* or *very much* anxious (results  $\geq 4$ ) over the week prior to the study, 36 per cent felt *much* or *very much* depressed, 24 per cent felt *much* or *very much* angry, and 21 per cent felt *not at all* or *almost not at all* (results  $\leq 2$ ) curious.

At the same time, 16 per cent of the participants felt *not at all* or *almost hardly ever* anxious (results  $\leq 2$ ) over the week prior to the study, 25 per cent felt *not at all* or *almost hardly ever* depressed, 36 per cent felt *not at all* or *almost hardly ever* angry, and 32 per cent felt *curious* or *very much* curious (results  $\geq 4$ ).

**FIGURE 10: PERCENTAGES OF RESPONSES ON ANXIETY, ANGER, DEPRESSED MOOD AND CURIOSITY SCALES IN THE STUDY SAMPLE**



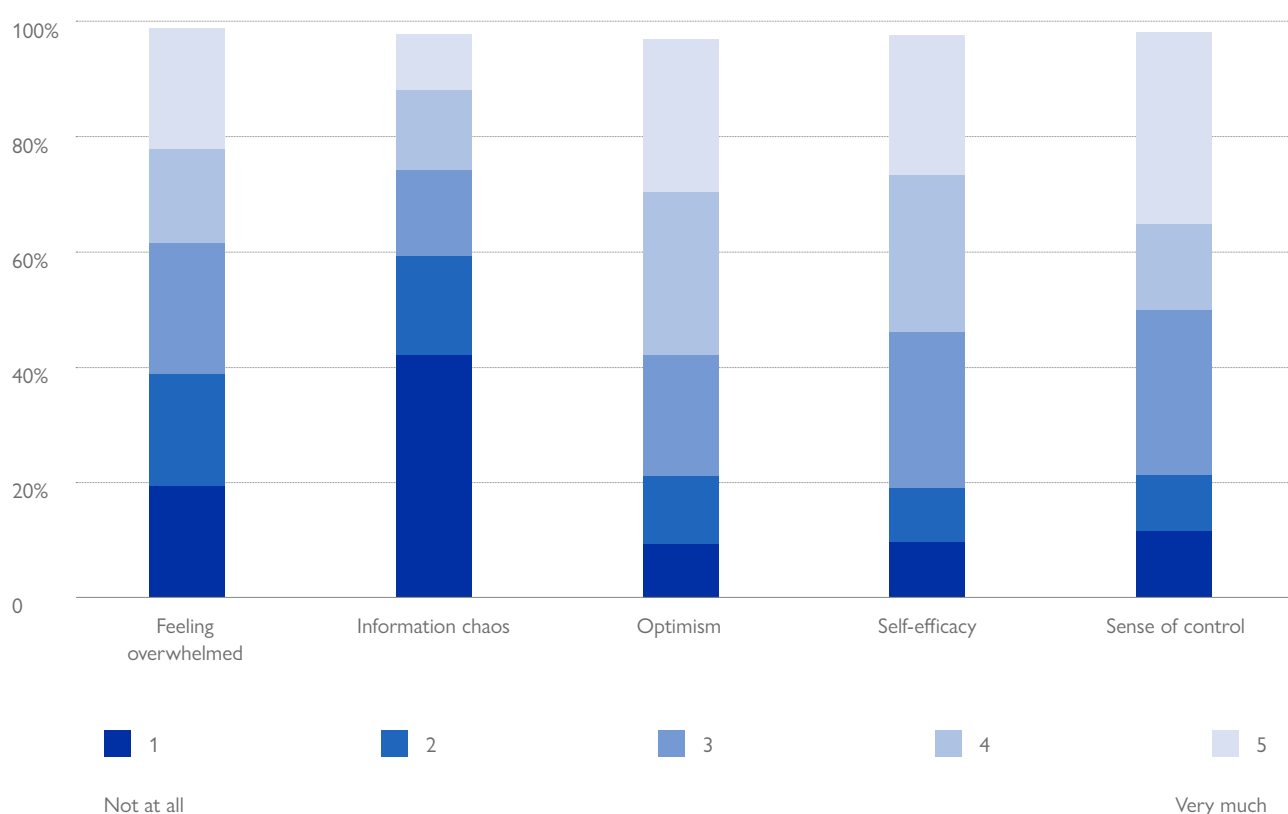
Women had significantly higher levels of anxiety than men.<sup>19</sup> Also, the older the participants were, the higher their anxiety levels were.<sup>20</sup> The results of the anger, depressed mood and curiosity scales did not differ by gender or age.<sup>21</sup>

The levels of anxiety, anger, depressed mood and curiosity did not differ significantly when differentiated by length of stay in the shelter; situation in the province of residence in Ukraine, number of shelter-based social connections, household composition (living in the shelter with children or spouse/life partner) or employment status in Poland.<sup>22</sup>

## FEELING OVERWHELMED, FACING TOO MUCH CONTRADICTORY INFORMATION, OPTIMISM, SELF-EFFICACY AND SENSE OF CONTROL

Over 20 per cent of shelter residents indicated that over the previous week, they *very much* had an impression that problems were overwhelming them, and around 10 per cent of them *very much* experienced lack of information that hindered their functioning, felt *not at all* optimistic about the future, had low self-efficacy (felt *not at all* as though they could manage regardless of what happened to them) and felt *not at all* in control of the important things in life. On the other hand, about 20 per cent of the respondents did not feel overwhelmed and 42 per cent did not experience lack of information. Over one-third of the respondents reported a high sense of control, and approximately 25 per cent were *very much* optimistic and experienced high levels of self-efficacy.

**FIGURE 11: THE LEVELS OF FEELING OVERWHELMED, INFORMATION STRESS, OPTIMISM, SELF-EFFICACY AND SENSE OF CONTROL IN THE STUDY GROUP**



<sup>19</sup>  $U = 7005.5$ ,  $z = 2.28$ ,  $p = .022$ .

<sup>20</sup>  $r_s(260) = .15$ ,  $p < .05$ .

<sup>21</sup> All  $p > .05$ . A full correlation matrix between age and anger, depressed mood and curiosity is presented in Appendix 5.

<sup>22</sup> All  $p > .05$ .

Gender, age and number of shelter-based social connections did not differentiate the participants on the levels of the above variables.<sup>23</sup> Household composition (staying in the shelter with children or spouse/life partner) did not differentiate participants on the levels of these variables with one exception: those staying in the shelter with a spouse or partner had significantly lower levels of optimism than those staying in the shelter without a spouse or partner.<sup>24</sup> Also, the longer the respondents stayed in the shelter, the lower their perceived sense of being able to control the important things in life<sup>25</sup> and the more contradictory information they faced.<sup>26</sup> Respondents from provinces of Ukraine currently occupied or neighbouring the occupied provinces felt significantly more overwhelmed by problems than did respondents from other parts of Ukraine.<sup>27</sup> Also, respondents not employed in Poland felt more overwhelmed with problems than did those who had found work in Poland.<sup>28</sup>

## PLEASANT AND UNPLEASANT EMOTIONAL STATES INDEXES

It was assessed whether gender, age, education level, province of residency in Ukraine, length of stay in the shelter, number of shelter-based social connections, household composition (staying in the shelter with children or spouse/partner) and employment status in Poland had an impact on the levels of the unpleasant emotional states and pleasant emotional states experienced by the respondents.

The analysis revealed that the older the respondents were, the fewer pleasant emotional states they experienced.<sup>29</sup> In addition, respondents from currently occupied provinces of Ukraine experienced significantly fewer pleasant emotional states than did respondents from provinces which had never been occupied.<sup>30</sup> The levels of unpleasant and pleasant emotional states were not differentiated by any of the other variables.<sup>31</sup>

## DOMINATING EMOTIONS

Among emotions indicated by the participants as having been dominant over the previous week, anxiety (36 per cent), fear (26 per cent) and sadness (20 per cent), as well as joy (31 per cent), gratitude (32 per cent) and love (20 per cent) were the most common.

In an additional open question, individual participants also reported experiencing such emotions as apathy, calmness, peace, hope (for a change), fatigue, tiredness, hopelessness, jealousy, irritability, loneliness, homesickness and a sense of purpose.

Over a quarter of the participants believed that their feelings were widely shared by other residents in the shelter, but a similar number of participants believed that their feelings were not widespread at all. Also, the higher the level of experiencing unpleasant emotional states, the more likely the participant's belief that these feelings were widespread among other residents of the shelter.

<sup>23</sup> All  $p > .05$

<sup>24</sup>  $U = 3240$ ,  $z = -1.99$ ,  $p < .05$ .

<sup>25</sup>  $r_s(258) = -.13$ ,  $p < .05$ .

<sup>26</sup>  $r_s(257) = .14$ ,  $p < .05$ .

<sup>27</sup>  $\chi^2(2) = 7.32$ ,  $p = .026$ .

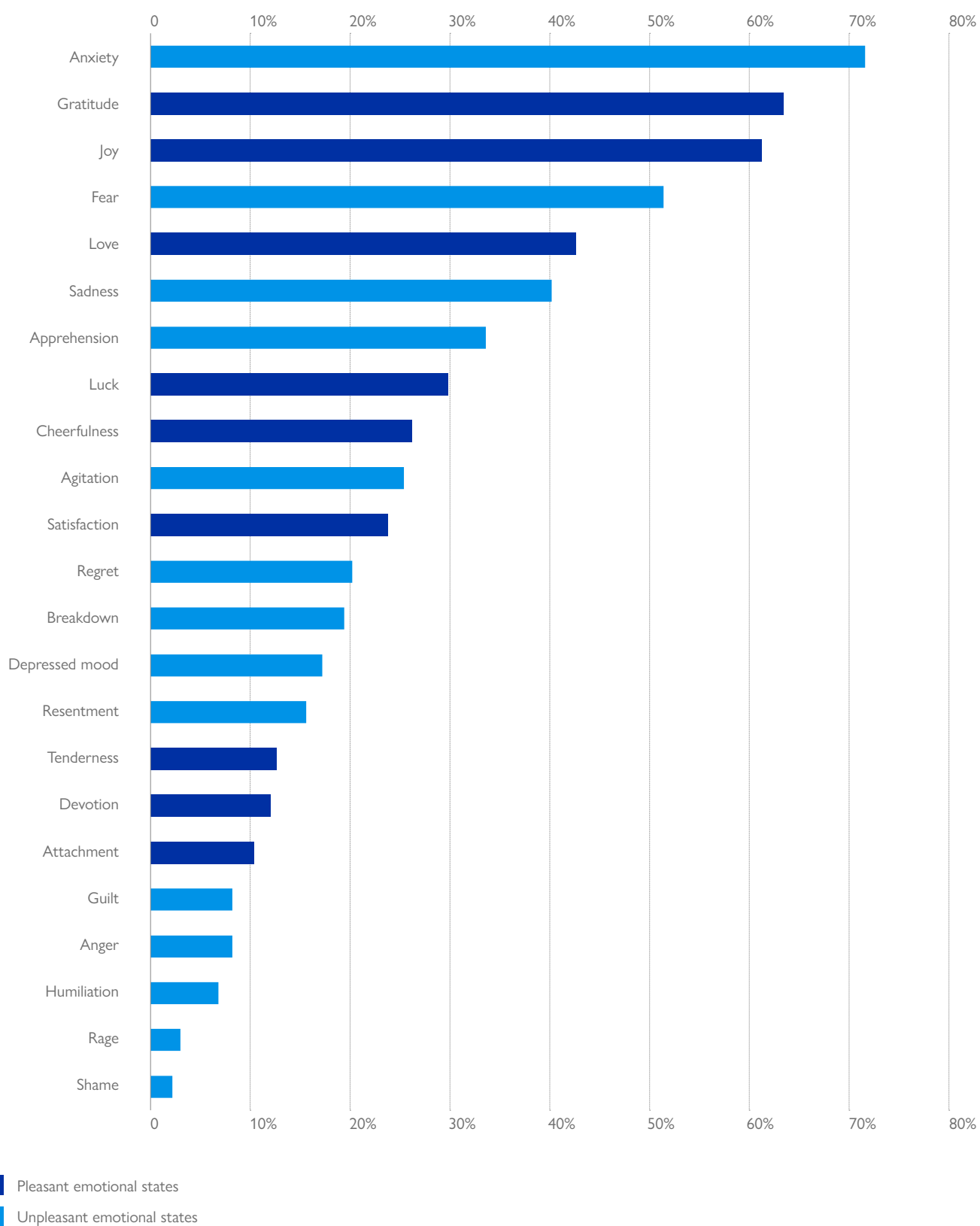
<sup>28</sup>  $U = 6783$ ,  $z = -2.10$ ,  $p = .035$ .

<sup>29</sup>  $r_s(246) = -.15$ ,  $p < .05$ .

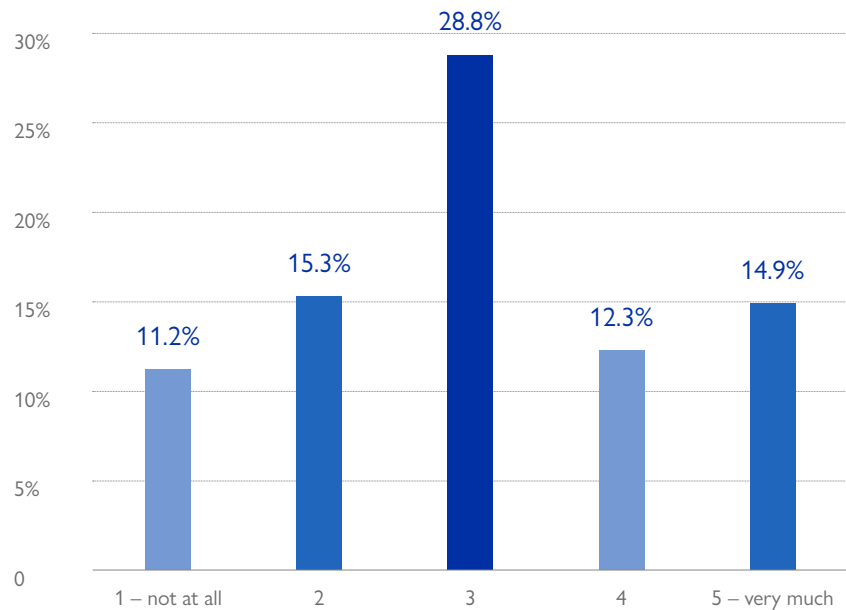
<sup>30</sup>  $U = -32.2$ ,  $z = -2.90$ ,  $p = .01$ .

<sup>31</sup> All  $p > .05$ .

**FIGURE 12: KEY EMOTIONS EXPERIENCED BY THE RESIDENTS OF THE SHELTERS OVER THE PREVIOUS WEEK**



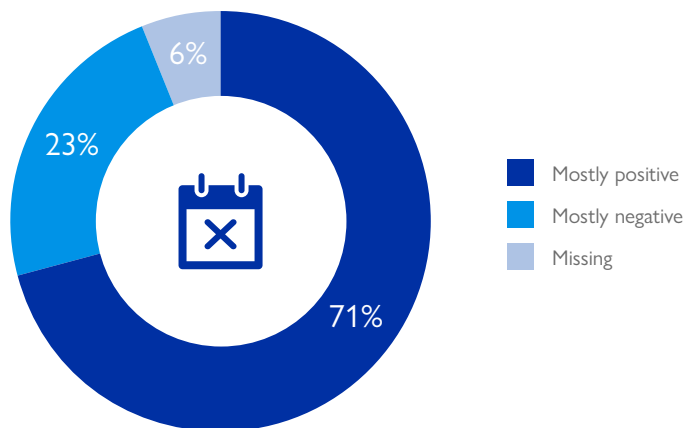
**FIGURE 13: SHELTER RESIDENTS' BELIEFS ON HOW WIDESPREAD FEELINGS SIMILAR TO THEIRS WERE AMONG OTHER RESIDENTS OF THE SHELTER**



### FACTORS IMPACTING POSITIVE AND NEGATIVE MOOD

Finally, the study participants were asked if generally over the previous week their mood had been mostly positive or mostly negative. Almost 23 per cent (n=61) of the shelter residents participating in the study reported that their mood had been mostly negative and 71 per cent (n=190) that it had been mostly positive.

**FIGURE 14: PARTICIPANTS' MOOD OVER THE PREVIOUS WEEK**



## Demographic and contextual factors and mood

There were no gender differences between those reporting mostly positive and those reporting mostly negative mood.<sup>32</sup> However, those reporting a mostly positive mood were slightly older on average than those reporting a mostly negative mood.<sup>33</sup>

The cross-tabulation showed that 26 per cent of respondents from occupied provinces, 32 per cent of respondents from neighbouring provinces and only 14 per cent of respondents from other provinces indicated experiencing a mostly negative mood over the previous week.<sup>34</sup>

Length of stay in the shelter and number of shelter-based social connections were not significantly related to this general measure of positive and negative mood.<sup>35</sup>

## Subjectively provided factors

In an open question, the participants were asked to indicate the key factors contributing to their mood that either helped them feel positive or caused negative feelings.

In the analysis of contributing factors specified by the respondents who were mostly feeling positive, four main categories were identified:

Intrapersonal factors, with the most frequent in this category being belief in God and generally positive attitude towards life;
Interpersonal factors, with the most frequent in this category being socializing with friends, being with children and being together with family;
General situational factors, with the most frequent in this category being having a job, good weather and having a roof over one's head;
Specific activities and events, with the most frequent in this category being taking walks around Warsaw.

More examples of the specific factors contributing to a positive mood are provide in the charts in Appendix 6.

<sup>32</sup>  $p > .05$ .

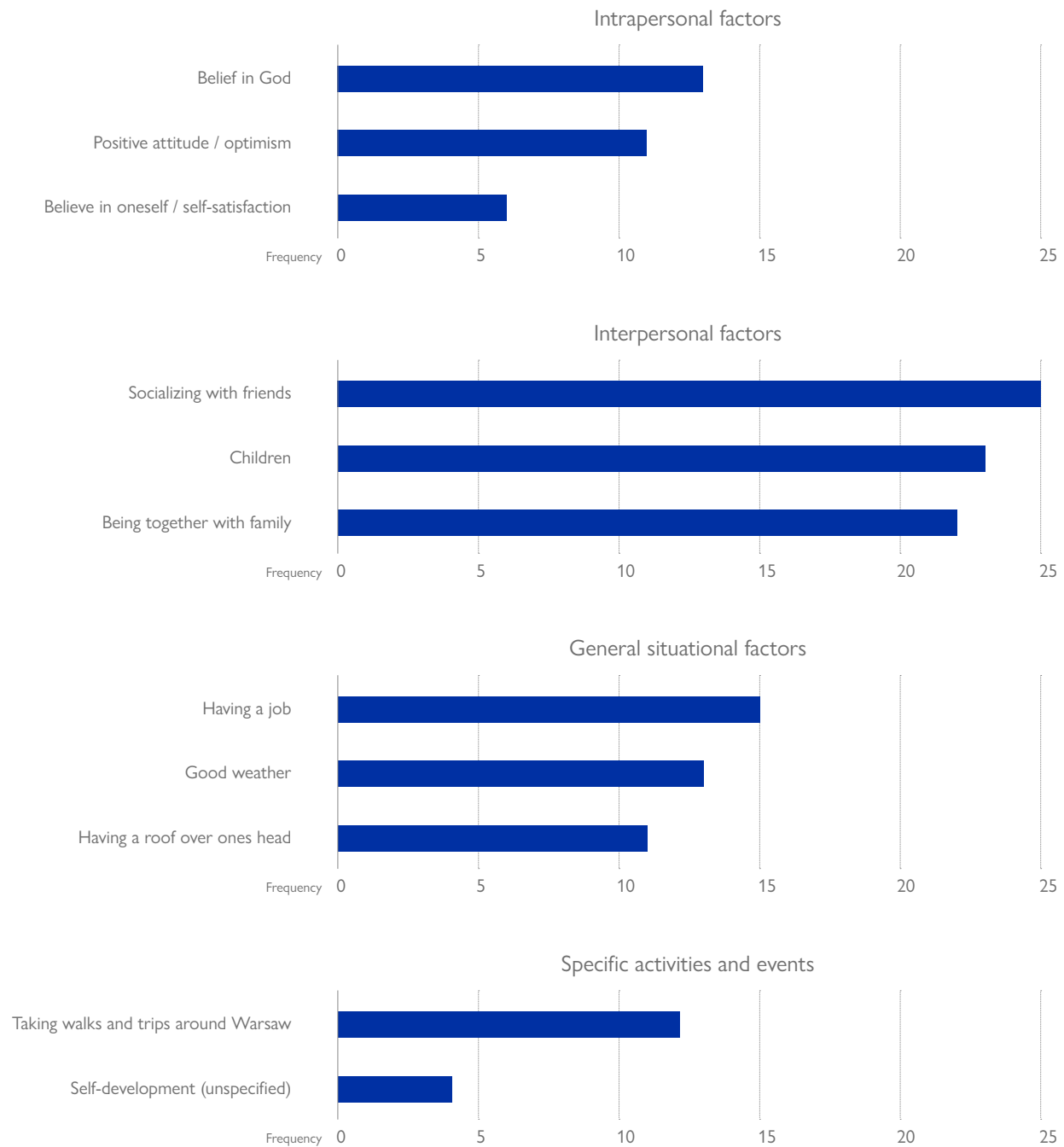
<sup>33</sup>  $t(249) = -2.34, p = .02$ .

<sup>34</sup>  $\chi^2 = 6.20, p = .045$ , Cramer's  $V = .16$  (a rather small effect size).

<sup>35</sup> All  $p > .05$ .



FIGURE 15: FACTORS HELPFUL TO FEEL POSITIVE (N=190)



For individuals who reported a mainly negative mood, the factors contributing to occasional positive feelings were primarily interpersonal (such as being with family and friends and communicating with relatives in Ukraine). Intrapersonal factors (like hope, faith, and personal achievements such as academic success) were also frequently cited.

The analysis of contributing factors specified by those experiencing a mainly negative mood identified three main categories:

Intrapersonal factors, with the most frequent in this category being uncertainty or insecurity about the future, and concern about family in Ukraine;

Interpersonal factors, with the most frequent in this category being family conflicts and the unpleasant attitude of some people working in the shelter;

General situational factors, with the most frequent in this category being lack of satisfaction with the living conditions in the shelter (e.g. noise, poor catering, lack of privacy, feeling like a prisoner – need to wear a bracelet), problems with health (own or that of a close friend or relative) and war-related factors (war in general; bad news from home; memories of one's own experiences of the conflict, e.g. in the hometown under occupation).

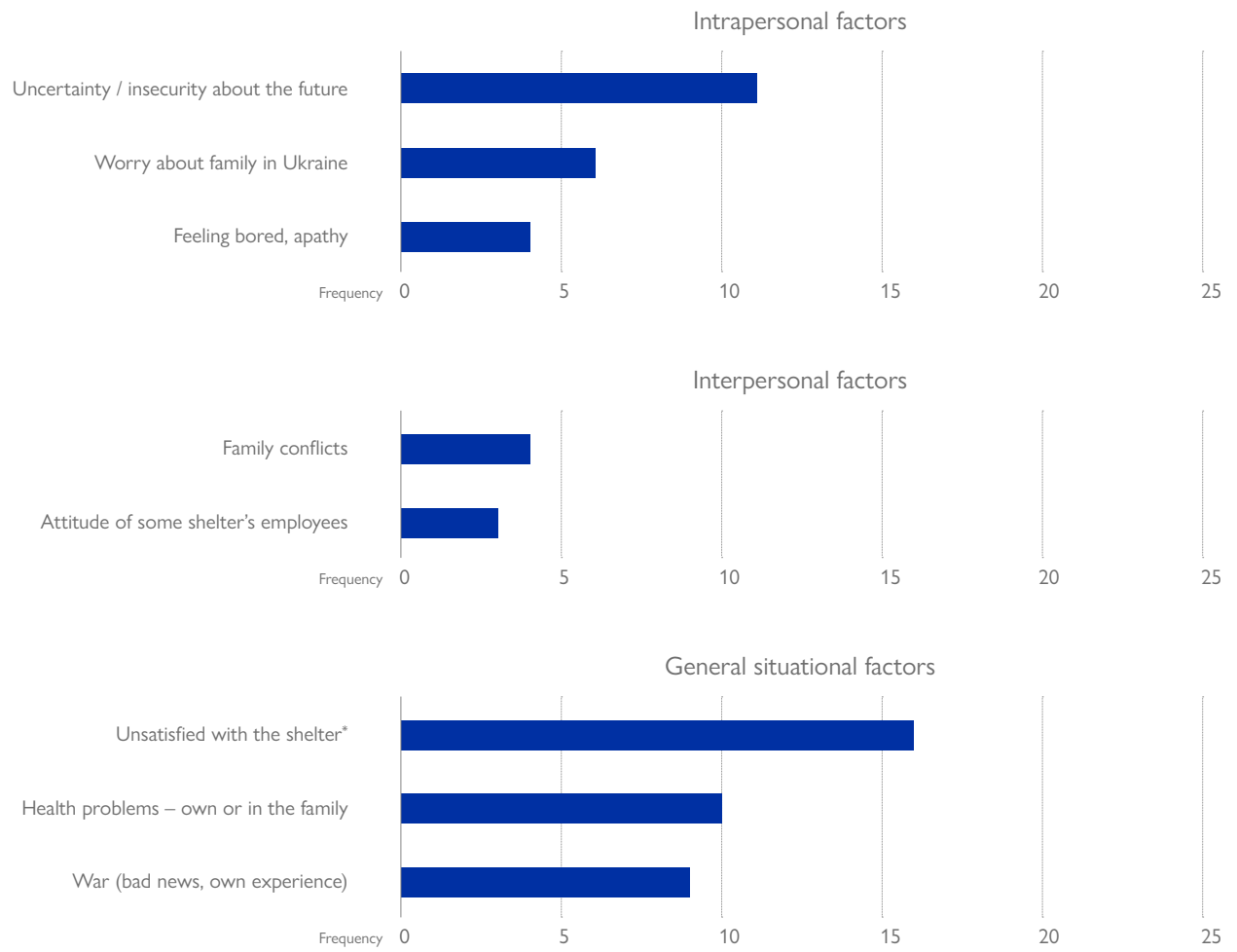
More examples of the factors causing a negative mood are provided in the charts in Appendix 7.

For individuals who reported a mainly positive mood, the factors contributing to occasional negative feelings were very similar to the above, with the most common being uncertainty about the future; fear for loved ones back in Ukraine, including those in active military service; longing for home; and war in general (fear for Ukraine, bad/threatening news from home); followed by conflicts with other residents of the shelter, and financial and job-related problems (debts, not having enough money, not having a well-paid job, being overworked).



Social theatre workshop organized by IOM © IOM 2023 / A. Shvirin

**FIGURE 16: FACTORS CAUSING NEGATIVE MOOD (N=61)**



\* Noise, poor catering, lack of privacy, feeling like a prisoner – need to wear a bracelet.



## PART 4.

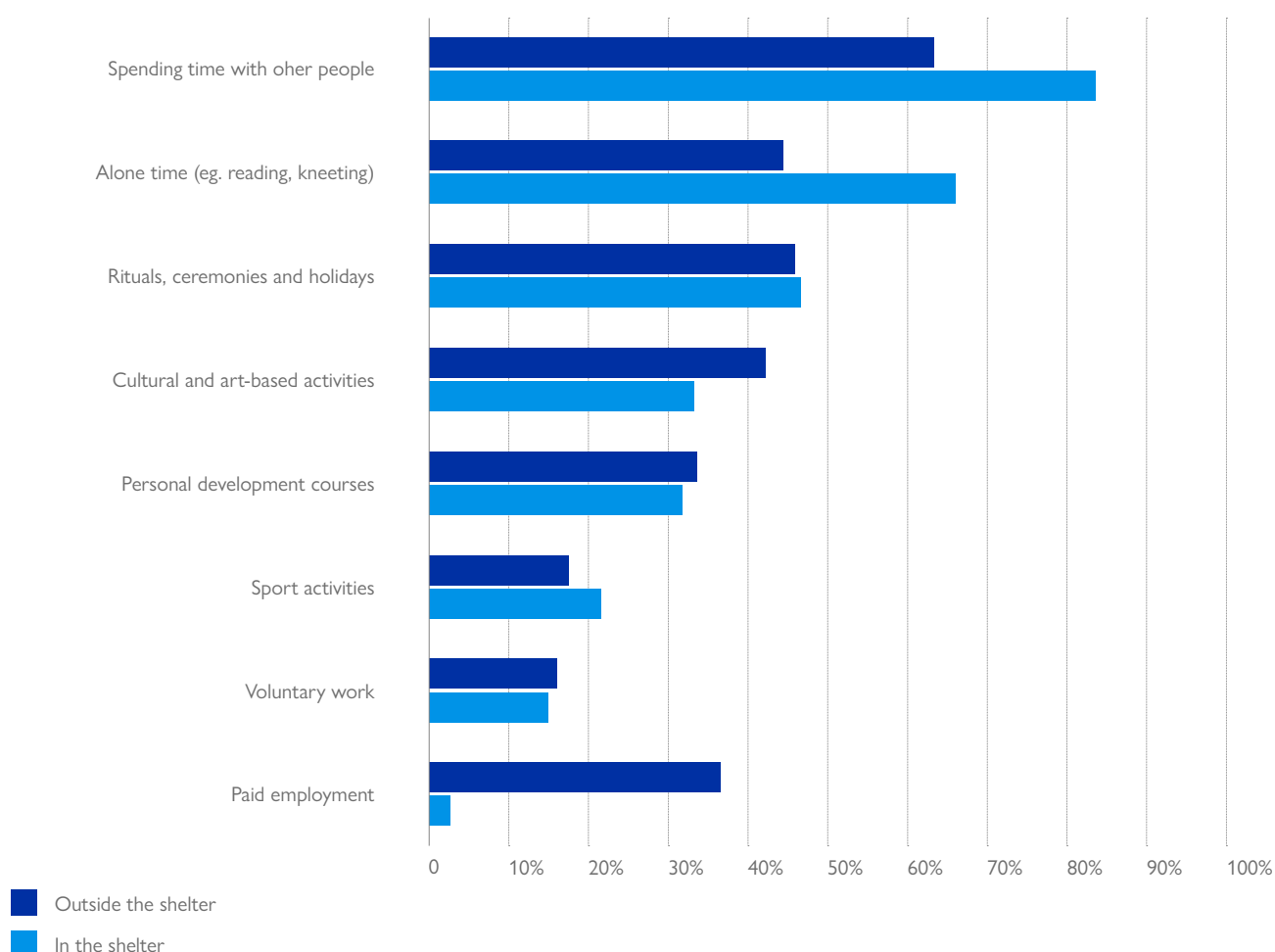
# ACTIVITIES IN AND OUTSIDE THE SHELTER

The respondents were also asked about the activities they participated in, alone or with family and friends, inside and outside of the shelter. They were also asked to evaluate how participating in these events made them feel.

## TYPES OF ACTIVITIES IN AND OUTSIDE THE SHELTER

The main activities in the shelter reported by the respondents were spending time with other people (84 per cent) and spending time alone (66 per cent). These were also the main reported activities outside the shelter; however, they were not as popular (64 per cent and 44 per cent, respectively). Other activities that the residents indicated they frequently took part in were rituals, ceremonies and holidays (47 per cent in the shelter and 46 per cent outside the shelter); cultural and arts-based activities (33 per cent and 42 per cent); and personal development courses (32 per cent and 34 per cent).

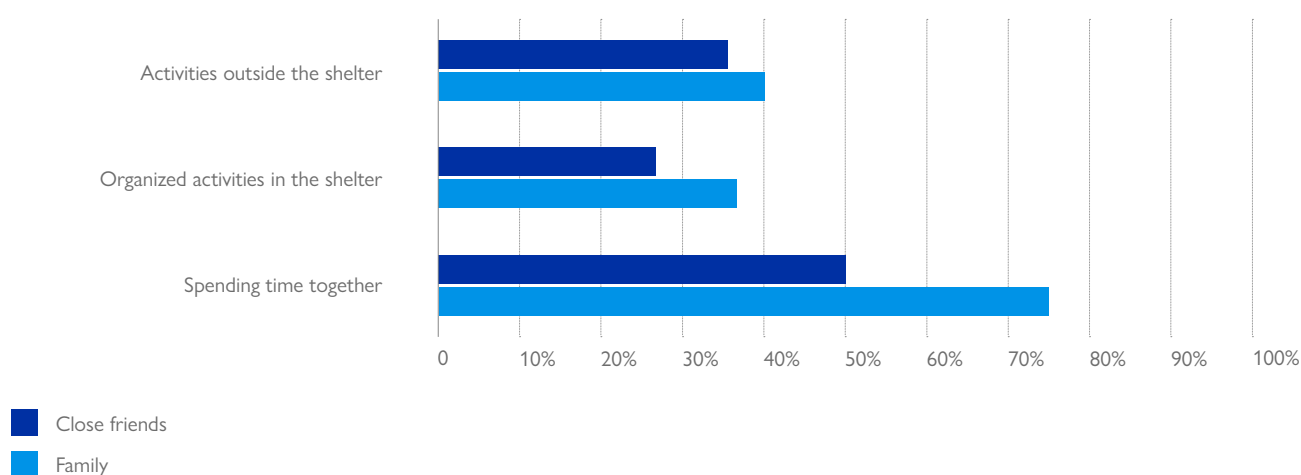
**FIGURE 17: TYPES OF ACTIVITIES UNDERTAKEN BY THE RESIDENTS OF THE SHELTERS IN AND OUTSIDE THE SHELTER**



When the Activities-In-the-Shelter Index and the Activities-Outside-the-Shelter Index were taken into account in comparisons by age, gender, length of stay in the shelter, situation in the province of residence in Ukraine, number of shelter-based social connections, household composition (staying in the shelter with children and/or spouse/life partner) and employment status, it showed that women participated in significantly more activities than men, both in the shelter<sup>36</sup> and outside the shelter.<sup>37</sup> Also, the older the participants were, the less they took part in activities outside the shelter.<sup>38</sup> Working-age residents employed in Poland participated in more activities outside the shelter than did those not working in Poland,<sup>39</sup> but they did not differ in the level of participation in activities in the shelter. The household composition, situation in the province of residence in Ukraine, length of stay in the shelter and number of shelter-based social connections were not significant factors in the level of participation in activities.<sup>40</sup>

Considering activities with family or close friends, participants most frequently indicated simply spending time together with family (75 per cent) or close friends (50 per cent). With their families, respondents participated in activities organized in and outside the shelter almost equally, but when spending time with close friends, they more often chose activities outside of the shelter over those organized within the shelter.

**FIGURE 18: THE POPULARITY OF DIFFERENT ACTIVITIES WITH FAMILY OR CLOSE FRIENDS AMONG SHELTER RESIDENTS**



When the Activities-With-Family-Index and the Activities-With-Close-Friends-Index were taken into account in comparisons by age, gender, situation in the province of residence in Ukraine, length of stay in the shelter, number of shelter-based social connections, household composition and employment status, it showed that women participated in significantly more activities with their families<sup>41</sup> than did men, but not as many with close friends.<sup>42</sup> Those staying in the shelter with their children participated in more activities with their families and in fewer activities with their close friends than did those who did not have children or did not have their children staying with them in the shelter.<sup>43</sup>

<sup>36</sup>  $U = 5150$ ,  $z = 2.26$ ,  $p = .024$ .

<sup>37</sup>  $U = 4824$ ,  $z = 2.10$ ,  $p = .036$ .

<sup>38</sup>  $r_s(218) = -.18$ ,  $p < .01$ .

<sup>39</sup>  $U = 3934$ ,  $z = 2.09$ ,  $p = .037$ .

<sup>40</sup> All  $p > .05$ .

<sup>41</sup>  $U = 4666$ ,  $z = 3.02=1$ ,  $p = .003$ .

<sup>42</sup>  $U = 4151$ ,  $z = 1.82$ ,  $p = .07$ .

<sup>43</sup>  $U = 5163$ ,  $z = 3.13$ ,  $p = .002$  for activities with family;  $U = 2987.5$ ,  $z = -2.27$ ,  $p = .023$  for activities with friends.

The longer the respondents stayed in the shelter, the more activities with their close friends they participated in.<sup>44</sup> Age, situation in the province of residence in Ukraine, number of shelter-based social connections, staying in the shelter with a spouse or life partner, and employment status (in the working-age group) were not significant factors contributing to the level of participation in activities with family and close friends.<sup>45</sup>

## PARTICIPATION IN ACTIVITIES AND MOOD

Participants of the study were also asked to evaluate how taking part in the listed activities made them feel. Unsurprisingly, for those participating in the given activities, it was generally a mood-lifting experience, with most mean scores close to or above 1 (with possible scores ranging from -2 – *much worse* to 2 – *much better*) and no negative scores.

**FIGURE 19: HOW DOES PARTICIPATING IN THE FOLLOWING ACTIVITIES MAKE YOU FEEL?**

from -2 (*much worse*) to 2 (*much better*)



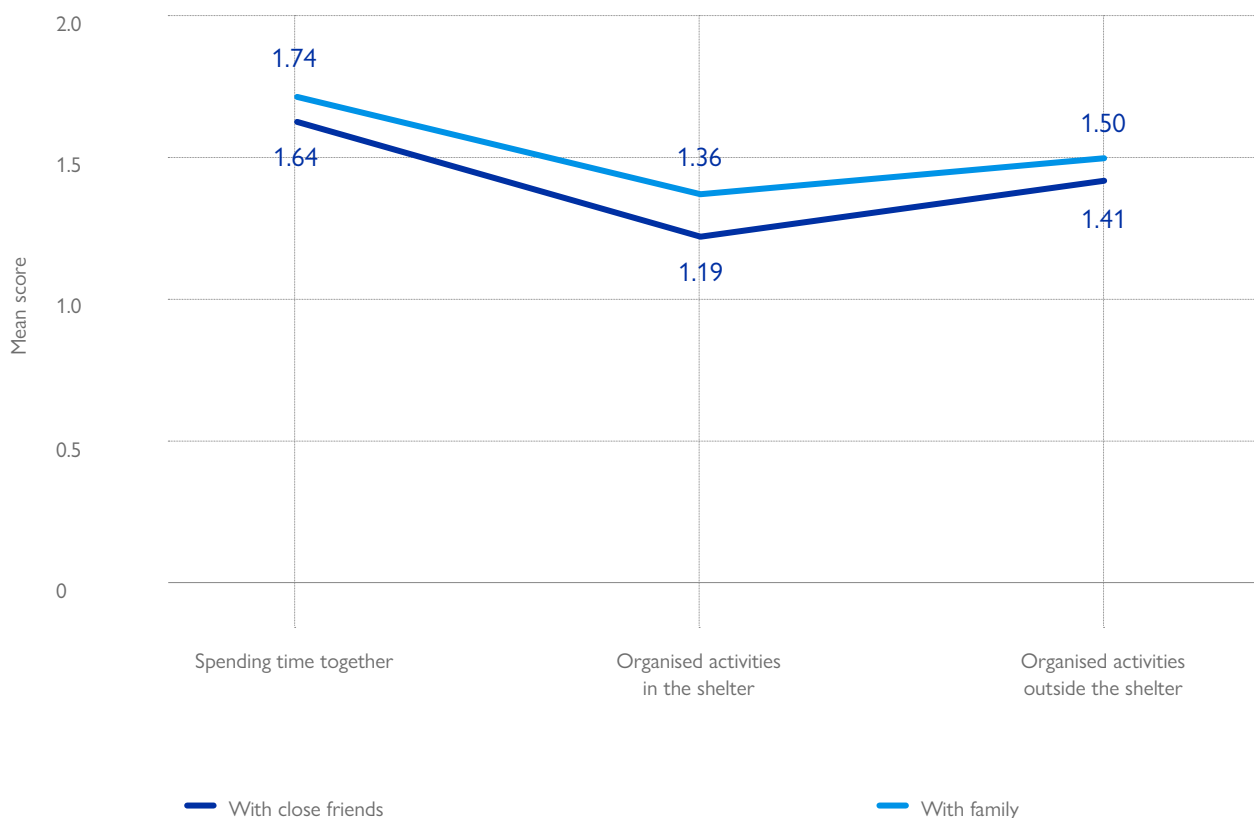
Paid employment in the shelter was the only activity reported as having a neither positive nor negative impact on mood (mean score close to 0). Interestingly, voluntary work in the shelter had a positive impact on mood (mean score close to 1).

<sup>44</sup>  $r_s(197) = .15, p = .03$ .

<sup>45</sup> All  $p > .05$ .

**FIGURE 20: THE RELATION BETWEEN SPECIFIC ACTIVITIES WITH FAMILY AND FRIENDS AND MOOD**

from -2 (much worse) to 2 (much better)



The study also analysed whether a respondent's level of activity had a positive correlation with their reported mood (pleasant and unpleasant emotional states) and emotions (anxiety, anger, depressed mood, curiosity).

There were statistically significant positive correlations between all four analysed activity indexes (in the shelter, outside the shelter, with family, with close friends) and pleasant emotional states and curiosity, but not with unpleasant emotional states and anxiety, anger and low mood (Table 2). This means that residents who participated in more of the analysed activities had higher levels of pleasant emotional states and curiosity than those who did not participate in such activities or participated in fewer of them. However, those who did not participate in the listed activities or participated in fewer of them did not differ from those who were more active in the level of unpleasant emotional states, nor specifically anxiety, anger or depressed mood.



**TABLE 2: SPEARMAN'S RHO CORRELATIONS BETWEEN THE NUMBER OF ACTIVITIES AND MOOD OF THE RESIDENTS OF THE SHELTERS (N=268)**

	Index			
	Activities (individual) in the shelter	Activities (individual) outside the shelter	Activities with family	Activities with close friends
Unpleasant emotional states	-.01	.04	.01	-.04
Pleasant emotional states	.19*	.31**	.18*	.22*
Anxiety	>.001	-.01	.05	-.05
Anger	-.07	-.01	-.02	-.10
Depressed mood	.02	.01	-.01	-.07
Curiosity	.30**	.28**	.21*	.22*

\*  $p < .01$ ,\*\*  $p < .001$ 

Art workshops supported by IOM © IOM 2023 / A. Shvirin



## PART 5.

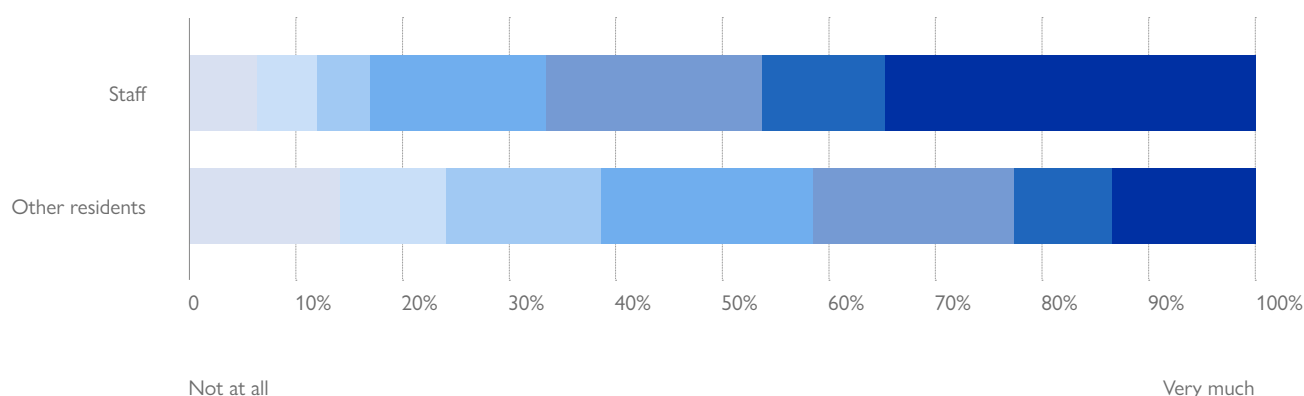
## PERCEIVED SUPPORT

Respondents were also asked how supported they felt by the shelter's staff and by other residents of the shelter. Forty-six per cent of the participants indicated that they felt *pretty much* (6) or *very much* (7) supported by people working in the shelter, but only 22 per cent thought the same about support from other residents. At the same time, 12 per cent of the residents reported feeling *not at all* (1) or *rather not* (2) supported by the shelter's staff, and 24 per cent felt this way about other residents of the shelter.

The more supported participants felt by the shelter's staff, the more supported they also felt by other residents.<sup>46</sup>

It was also assessed whether the levels of perceived support differed by age, gender, situation in the province of residence in Ukraine, length of stay in the shelter, number of shelter-based social connections, household composition or employment status. The older the residents, the more supported they felt both by the staff of the shelter<sup>47</sup> and by other residents.<sup>48</sup> There were no significant differences in the distribution of feeling supported by the shelter's staff nor by other residents due to any of the other analysed variables.<sup>49</sup>

**FIGURE 21: THE LEVEL OF PERCEIVED SUPPORT FROM THE SHELTER'S STAFF AND OTHER RESIDENTS OF THE SHELTER**



<sup>46</sup>  $r_s(260) = .37, p < .001$ .

<sup>47</sup>  $r_s(264) = .22, p < .001$ .

<sup>48</sup>  $r_s(261) = .18, p = .003$ .

<sup>49</sup> All  $p > .05$ .

## 5. DISCUSSION

This study focused on mental well-being, activity level and perceived social support of the adult residents of shelters for persons displaced from Ukraine as a result of the war. Women constituted 77 per cent of the study group. This proportion aligns with official Polish statistics on the Ukrainian refugee population in Poland, which report that 80 per cent of Ukrainian refugees over 18 years old are women.<sup>50</sup> This proportion of men and women in the studied population is mainly due to the Ukrainian government's restrictions regarding men of military age leaving the country. The sample of shelter residents was less educated than the general population of Ukrainian refugees in Poland – most of the study participants had secondary occupational or secondary school education, while according to the Ukrainian Refugee Pulse report prepared by Social Progress Imperative,<sup>51</sup> 61 to 69 per cent of Ukrainian refugees in Poland have higher education. As higher education is a predictor of resilience (via the enhancement of self-control and self-awareness) (Manomenidis et al., 2019) and of more adaptive coping strategies (e.g. planning, positive reappraisal and putting into perspective) (Molero Jurado et al., 2021), the residents of the shelter may be seen as a more vulnerable group than the general population of Ukrainian refugees in Poland. Moreover, most respondents came from regions of Ukraine which had been severely impacted by the war. This should also be seen as a factor increasing vulnerability, especially in the context of mental well-being.

### SOCIAL INTERACTIONS

The majority of the study participants lived in the shelter with their family (mostly children) or close friends. However the level of integration with Poles was rather low – less than a third of the respondents reported having Polish friends. Results which emerged in the case of older respondents are worth noting: older residents reported having fewer relatives and close Ukrainian friends around them, but more Polish close friends than the younger residents. In this study, the origin of the close friendships with Poles was not explored. It is likely that older respondents had Polish staff of the shelters in mind when reporting the number of Polish close friends. As there was a positive correlation between the number of Polish friends and Polish close friends, it is also likely that the group of older respondents was generally more open to building new friendships with residents of the welcoming country.

### MENTAL HEALTH

In comparison to other studies, the percentages of shelter residents reporting not-so-good or poor general and mental health are rather high: 45 per cent and 35 per cent, respectively. In a 2013 study of the urban immigrant population in the Italian city of Genoa (Domnich et al., 2013), only 15 out of 100 respondents felt negatively about their health, although the mean age of the study group was over 10 years lower than the mean age of the shelter residents.

In our study, the stronger the respondents' overall physical health, the more robust their mental health tended to be. A strong link between physical and mental health has also been found in many previous studies (Nabi et al., 2008; Surtees et al., 2008). Additionally, as our respondents' age increased, there was a noticeable decline in their physical health, though this did not necessarily translate to a corresponding decline in their mental health.

A vast majority of respondents reported never having been diagnosed with a mental health condition. This result is slightly surprising in light of previous reports stating that in comparison to other countries, Ukraine carries a high burden and high prevalence of mental health condition (World Health Organisation, 2020) and that mental health disorders affect up to 30 per cent of the population (World Bank Group, 2017). In the context of the ongoing war in Ukraine and the circumstances of arriving in Poland, the rate of reported recent diagnoses of

<sup>50</sup> The official Polish database statistics (<https://stat.gov.pl/en/>) based on the PESEL database (Polish acronym for 'Universal Electronic System for Registration of the Population') as quoted in the Ukrainian Refugee Pulse report prepared by Social Progress Imperative (<https://www.socialprogress.org/ukraine-refugee-pulse/>).

<sup>51</sup> Social Progress Imperative. Ukrainian Refugee Pulse report. <https://www.socialprogress.org/ukraine-refugee-pulse/>



mental disorders (since arrival in Poland) is also surprisingly low (1 per cent,  $n=3$ ), especially as 14 per cent of the respondents reported that their mental health had worsened since their arrival in Poland. In addition, the rates of uncertainty about the diagnosis are surprisingly high. People may, of course, experience temporary psychological distress which does not necessarily develop into a mental health disorder. Moreover, having a mental health condition does not automatically translate into receiving (or accepting) a mental health condition diagnosis. However, earlier studies indicate that about one out of three refugees and asylum seekers experience high rates of depression, anxiety and post-traumatic stress disorder (Turrini et al., 2017). The low rate of mental-health-related diagnoses in the studied sample may be explained by mental health stigma. This stigma has two dimensions: perceived stigma and self-stigma. Perceived stigma is defined as an individual's beliefs about the (negative) attitudes of others towards mental health. Self-stigma refers to negative attitudes towards one's own mental health condition. These two forms of stigma have been related to failure to access appropriate and professional medical and psychological treatment, disempowerment, and decreased quality of life (Ahmedani, 2011; Corrigan et al., 2012 and 2014; Livingston and Boyd, 2010). Low rates of mental health condition diagnosis and high rates of uncertainty about the diagnosis may also result from low mental health literacy among Ukrainian citizens (World Health Organization, 2020). According to Romaniuk and Semigina (2018), stigma, lack of mental health awareness and lack of trust in the psychiatry system are major barriers to mental health care in Ukraine.

## CURRENT EMOTIONAL CONDITION

The number of participants reporting high levels of anxiety, depressed mood, and anger and low levels of curiosity was rather high. Women experienced higher levels of anxiety than men, which is in line with many previous studies (e.g. Somers et al., 2006; McLean et al., 2011). Older persons experienced higher levels of anxiety than younger persons. The prevalence of anxiety disorders among older adults has long been underestimated, as older patients often concentrate and present somatic rather than psychological symptoms.

A relatively high share of the study participants felt optimistic and in control of important aspects of life, had good self-efficacy, and did not face too much contradictory information nor felt overwhelmed by problems. However,



Shelter residents during forest therapy session organized by IOM PMT © IOM 2023 / A. Shvirin

there was a small but significant group who felt the opposite. Longer stay in the shelter, lack of employment in Poland, and Russian occupation in the province of origin in Ukraine were the main factors increasing the likelihood of feeling this way. The relationship between longer stay in the shelter and experiencing less control over important things in life and greater lack of information may be at least partly explained by the theory of learned helplessness (Seligman et al., 1971). Long stays in collective sites may be related to both being constantly helped to perform various activities (e.g. receiving catering instead of cooking for oneself, receiving gifts from donors, being assisted with filling in formal documents) and a feeling of failure in functioning independently. Over time, this situation may lead to a decrease in the sense of control and poorer coping with incoming information.

Overall, the palette of emotions experienced by the respondents was complex and mixed. Next to anxiety, fear and sadness, gratitude, joy, and love appeared among the most common emotions. This reflects the complexity of human emotional processes. Positive and negative feelings are not necessarily mutually exclusive (Watson and Tellegen, 1985). However, there are individual differences: while some individuals generally experience positive and negative emotions relatively independently, other individuals experience these affective states more as bipolar opposites (Dejonckheere et al., 2021). It is likely that in challenging situations (such as adjusting to living in a shelter), some people stay blind to experiences that could potentially trigger positive emotions. As Simons and Chabris (1999) suggest on the basis of their famous Invisible Gorilla study, people perceive and remember only those objects and details (and experiences) that receive focused attention. Promoting mindfulness meditation interventions in the shelters, which train skills in monitoring present-moment experiences with a lens of acceptance, can help to increase positive emotions (Lindsay et al., 2018).

Over a quarter of the participants believed that their feelings were widely shared in the shelter, but a similar number of participants believed that their feelings were not widespread at all. Interestingly, the higher the level of experiencing unpleasant emotions, the higher the participant's belief that those emotions were widespread. No such relation was observed in the case of pleasant emotions. This result may be interpreted, at least partly, in light of social comparison theory (Festinger, 1954), as a specific example of a downward social comparison. A downward social comparison takes place when individuals compare themselves to others who are worse off than them. Such downward comparisons are often centred on making oneself feel better. In the context of the current study, the belief that everyone around feels equally miserable (or worse) can serve such a purpose.

There were no gender differences between those reporting mostly positive and those reporting mostly negative moods, but residents with mostly positive mood were slightly older than those reporting mostly negative mood. This may seem contradictory to the finding that the older the respondents, the fewer pleasant emotional states they experienced. However, the mostly positive mood and the Index of Pleasant Emotional States measure slightly different things. Mostly, positive mood is a general state or quality of feeling at a particular time evaluated by the respondent as (mostly) positive, while the Index of Pleasant Emotional States measured a more complex and intense state that encompassed feeling full of enthusiasm, optimism about the future, and confidence that one could deal well with unexpected events.

Therefore, older adults experienced mostly positive moods, although they generally felt less enthusiastic and optimistic and had lower self-efficacy than did younger people.

The most common factors contributing to positive mood were social factors, including socializing with friends and being together with children and the family. The most common factors contributing to bad mood were situational factors, including being dissatisfied with the shelter, uncertainty about the future and health problems. Moreover, respondents from currently occupied provinces of Ukraine experienced significantly fewer pleasant emotional states than did respondents from provinces which were never occupied. Mindfulness meditation interventions may help to increase the occurrence of a positive mood and decrease the occurrence of a negative mood by helping to focus on the positive aspects of here-and-now (e.g. being with family), rather than ruminating on one's own difficult situations, or those of the wider nation.

## ACTIVITIES

The activities most popular among the study participants were spending time with other people (including family and close friends) and spending time alone. Other activities frequently indicated by the residents were more structured, such as taking part in rituals, ceremonies and holidays; cultural and arts-based activities; or personal development courses. Women participated in significantly more activities than did men, both in and outside the shelter. Older residents took part in fewer activities outside the shelter. Working-age residents employed in Poland participated in more activities outside the shelter. Considering activities with close friends, respondents reported that they would rather choose activities outside of the shelter than those within the shelter. The reasons for that were not specifically explored in this study. One of possible explanation could be that the city may offer more attractive activities for adults than those in the shelter, and that participating in them with friends may provide a greater sense of normality. It is also likely that respondents' friends do not live in the same shelter (for example, these may be friends made in the workplace), so it is more natural to meet in the city.

In comparison to men, women participated in significantly more activities with their families but fewer with close friends. Those staying in the shelter with their children participated in more activities with their family and in fewer activities with their close friends. This result is not surprising and reflects a natural dynamic of most traditional families.

Participation in activities was generally a mood-lifting experience. Paid employment in the shelter was the only activity reported as having a neither positive nor negative impact on mood, but voluntary work in the shelter had a positive impact on mood. This may be due to the fact that helping others is a factor recognised in positive psychology as highly beneficial for general happiness and well-being (Saligman, 2017), while paid work (especially work that is unsatisfying or below the individual's competence) would not have a similar effect. Simply spending time together with family or close friends (or other people), especially outside the shelter, was the activity most strongly related to positive mood.

Residents of the shelters who indicated that they did not take part in a given activity were not asked why they did not participate. They were also not asked if they had tried such activities in the past, and if so, how those activities made them feel at that time. Hence, we can only draw a conclusion that those who participated in the analysed activities generally benefited from them (in the sense of feeling better), but we cannot draw the conclusion that participating in these activities would improve everyone's mental well-being.

## PERCEIVED SUPPORT

Almost half of the participants of the study felt supported by people working in the shelter, but less than a quarter felt supported by other residents of the shelter. The more support the participants felt from the shelter's staff, the more support they also felt from other residents. This may be due to individual differences, since personality characteristics (e.g. locus of control, self-esteem) play a significant role in determining the appraisal of support (Chay, 1990). Some participants of the study may have had a general tendency to appraise other people's behaviour as helpful and supportive, while other participants did not. Older residents of the shelter felt more supported both by the staff and by other residents than did younger residents. This may be due to the older residents more visibly presenting a need for support (e.g. because of health issues) than younger residents, and hence receiving more support, or that younger residents expected different types of support.

## 6. CONCLUSIONS

The *Ukrainian refugees in Warsaw collective shelters: An assessment of psychosocial wellbeing and the impact of support activities* study reveals areas for consideration when planning further interventions for people displaced as a result of the war in Ukraine and currently living in shelters in Warsaw.



### MENTAL WELL-BEING

As self-reported mental health issues are present in the studied population, but the use of professional mental health support seems low, campaigns raising mental health awareness and mental health literacy combined with easy access to screening for mental health issues would be beneficial for the residents of the shelters. Moreover, activities focused on anxiety and stress management (especially targeting women and elderly persons), and on the development of personal resources (e.g. self-efficacy, optimism and sense of control) should be included in the offer for shelter residents.



### OFFER OF ACTIVITIES

The offer of activities provided by the shelter should be broad (especially for older residents who participate in activities outside the shelter significantly less) but not overwhelming, promoting natural social activities and interactions, leaving space for 'just hanging out', which likely gives the most sense of normality. Easy access to suggestions of (financially accessible) places worth visiting to spend time with family and friends should be provided. Among organized activities, the shelters should consider prioritizing celebrations of rituals and holidays, cultural and arts-based activities, and personal development courses. An offer of specific social and community-based activities for men should be created using a participatory approach, especially in shelters where the team of staff is majority female.

Creating cosy common spaces and making them easily available to the residents of the shelter (e.g. without time restrictions) seems important in the sense of creating friendly areas where spending quality time together in the shelter may freely happen (this may not always be possible in the shared rooms). This, of course, could bring challenges and possible conflicts. It would be recommended to decide on the rules for the use of these spaces using a participatory approach, inviting the residents of the shelter to co-create them.



### WORK IN THE SHELTER

Although improving the financial situation of refugees and displaced persons is often critical for their everyday functioning, strengthening their efforts to find work outside the shelter seems more beneficial than creating paid vacancies in the shelters for the residents – at least from the perspective of emotional functioning. Work in the shelter is worth being kept as volunteer work.



**BUILDING A COMMUNITY**

Planning more activities aimed at building a community in the shelter, which can serve as a natural network of support, would be recommended. Special attention should be paid in this context to younger residents of the shelter, as they felt less supported both by the staff and by other residents than did older residents.



**SOCIAL INTEGRATION WITH THE HOST COMMUNITY**

It is recommended to create programmes specifically aimed at helping residents of the shelter to meet Poles and get to know members of the local community in Warsaw through volunteering, integration outings, workshops and cooperation with senior clubs.



**VULNERABLE GROUPS**

When considering building a support structure and creating interventions and programmes, special attention should be given to:

Older residents, as they have a more limited social network, take part in fewer activities outside the shelter, and experience higher levels of anxiety and fewer pleasant emotional states;
Younger residents, as they feel less supported both by the staff and by other residents;
Women, as they experience higher levels of anxiety than men;
Men, as they participate in fewer activities than women;
Respondents coming from provinces of Ukraine more heavily affected by the war, as they felt significantly more overwhelmed by problems and experienced fewer pleasant emotional states than did respondents from other, less severely impacted provinces;
And those who had been in the shelter the longest, as they had a lower sense of control and experienced a lack of reliable information.



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## 8. APPENDICES

## APPENDIX 1.

**PART 0** of the survey, filled in by the staff administering the survey

**PART 0 – Filled in by the person collecting data for each questionnaire**

[remember to print it as a separate page from the set for the participants]

**ADD THIS DOCUMENT TO EACH QUESTIONNAIRE AFTER IT IS FILLED IN BY THE PARTICIPANT SHELTER CODE:**

[1 – Górskiego; 2 – ONZ (Jana Pawła II) ; 3 – Wołoska A ; 4 – Kasprzaka ; 5 – Wołoska B; 6 – Żupnicza]

**DATE of data collection:** [dd.mm.yy]

**LENGTH** (how long did it take to fill in the questionnaire): [minutes]

**Since when does the participant stay in the shelter (if data missing from the Excel file):**  
[dd.mm.yy]

**How well do you know the participant:**

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

Not at all      Very much

**Notes:** (any observations that you consider important for the study)

## APPENDIX 2.

### DECLARATION OF CONSENT FOR PARTICIPATION IN THE STUDY – ENGLISH VERSION

#### DECLARATION OF CONSENT FOR PARTICIPATION IN THE RESEARCH ON PSYCHOSOCIAL NEEDS AND FOR DATA PROCESSING

The International Organization for Migration (IOM) is conducting a study on the psychosocial situation and needs of people displaced as a result of the crisis in Ukraine living in Warsaw. It takes approximately 15-25 minutes to complete the questionnaire. The aim of the study is to learn about the situation and mechanisms of psychosocial support related to the stay of Ukrainians and third-country nationals (TCN) in Warsaw. This is crucial to help humanitarian organizations tailor psychosocial support for migrants and refugees to their needs.

Your response to this survey will be statistically analysed along with other respondents' surveys, and no personal information will be published in the results. The questionnaire is voluntary and anonymous.

I understand the purpose of the study and agree to participate in it.

.....  
Date and Signature

## APPENDIX 3.

### THE STUDY SURVEY – ENGLISH VERSION

#### PART 1: Sociodemographic information [on the answer sheet this section was titled “Background information”]

Gender:	_____	Age:	_____
Highest completed education level:	<input type="checkbox"/> Elementary school <input type="checkbox"/> Secondary occupational school <input type="checkbox"/> Secondary school <input type="checkbox"/> Higher education	Occupation in Ukraine:	_____
Where do you come from in Ukraine (city, province)?	_____	Since when are you living in Poland? [dd.mm.yy]	_____
		Do you work in Poland:	<input type="checkbox"/> YES <input type="checkbox"/> NO
In the shelter, are you staying with your family and/or close friends?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If so, how many people stay with you?			
Family		Close friends	
<input type="checkbox"/> Spouse <input type="checkbox"/> Life-partner <input type="checkbox"/> Children <input type="checkbox"/> Higher education How many? _____ What age(s)? _____		<input type="checkbox"/> Close friends from back home How many? _____ <input type="checkbox"/> Close friends that you made in the shelter How many? _____	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) How many? _____ What age(s)? _____			
<input type="checkbox"/> Other(s)			
Do you have any Polish friends?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, how many? _____
			How many of them do you consider your close friends? _____

**PART 2: Mental Health** [on the answer sheet this section was presented as Part 5]

How is your general health at the moment?

☐ Poor ☐ Not so good ☐ Good ☐ Very good

How is your mental health at the moment?

☐ Poor ☐ Not so good ☐ Good ☐ Very good

Do you think your mental health deteriorated after coming to Poland?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7  
Definitely not Definitely yes

Have you been diagnosed for a mental health condition in your past (before your departure to Poland)?

☐ YES ☐ NO ☐ Uncertain

└─ If YES:

Have you received treatment before your departure to Poland?

☐ YES ☐ NO ☐ Uncertain

└─ If YES, what type of treatment: \_\_\_\_\_

Are you currently able to follow / adhere to this treatment?

☐ Yes, fully ☐ Yes, partially ☐ No, I don't need it anymore ☐ No, I can't access or afford it

Have you been diagnosed for a mental health condition in Poland?

☐ YES ☐ NO ☐ Uncertain

└─ If YES:

Have you received treatment for it?

☐ YES ☐ NO ☐ Uncertain

└─ If YES, what type of treatment: \_\_\_\_\_

Are you currently able to follow / adhere to this treatment?

☐ Yes, fully ☐ Yes, partially ☐ No, I don't need it anymore ☐ No, I can't access or afford it

**PART 3:** Current emotional state [on the answer sheet this section was titled “How are you?” and was presented as Part 2]

Referring to your stay in Poland due to the war and taking into account all areas of your life, to what extent over the past week...

	Not at all				Very much
1. Hanging out with other people	1	2	3	4	5
2. Have you not been able to deal with emerging difficulties	1	2	3	4	5
3. Have you felt overwhelmed with information and have had difficulty controlling it	1	2	3	4	5
4. Have you had a feeling that you have no influence on what is happening around you	1	2	3	4	5
5. Have you had the impression that problems are overwhelming you	1	2	3	4	5
6. Have you experienced information chaos (conflicting, inconsistent information) that hindered your functioning	1	2	3	4	5
7. Have you been worried about what the next days will bring	1	2	3	4	5
8. Have you felt annoyed	1	2	3	4	5
9. Have you felt depressed by what is happening	1	2	3	4	5
10. Were you full of enthusiasm	1	2	3	4	5
11. Were you optimistic about the future	1	2	3	4	5
12. Were you confident that you could deal efficiently with unexpected events	1	2	3	4	5
13. Were you worried about what could happen	1	2	3	4	5
14. Did you have difficulty controlling your irritation	1	2	3	4	5
15. Were you in a grim mood	1	2	3	4	5
16. Did you feel lively and willing to act	1	2	3	4	5
17. Did you expect things to go your way	1	2	3	4	5
18. Did you have a feeling that you could manage regardless of what happened to you	1	2	3	4	5

Key for subscales calculation: Anxiety – items 7 and 13; Anger – items 8 and 14;

Depressed mood – items 9 and 15; Curiosity – items 10 and 16.

Single items analysed in the study: Feeling overwhelmed – item 5; Information chaos – item 6; Optimism – item 11; Self-efficacy – item 18; Sense of control: item 1 (recalculated).

Index of Unpleasant Emotional States: items 1 to 9 and 13 to 15; Index of Pleasant Emotional States: items 10 to 12 and 15 to 18).

**What are the 3 main emotions you were feeling last week?**

Please choose only 3 emotions and rank them from 1 to 3, with 1 being strongest or most present.

- |                                       |                                       |                                       |                                     |
|---------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Joy          | <input type="checkbox"/> Sadness      | <input type="checkbox"/> Resentment   | <input type="checkbox"/> Shame      |
| <input type="checkbox"/> Anxiety      | <input type="checkbox"/> Agitation    | <input type="checkbox"/> Breakdown    | <input type="checkbox"/> Guilt      |
| <input type="checkbox"/> Love         | <input type="checkbox"/> Fear         | <input type="checkbox"/> Luck         | <input type="checkbox"/> Attachment |
| <input type="checkbox"/> Anger        | <input type="checkbox"/> Regret       | <input type="checkbox"/> Rage         | <input type="checkbox"/> Gratitude  |
| <input type="checkbox"/> Cheerfulness | <input type="checkbox"/> Apprehension | <input type="checkbox"/> Satisfaction | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Humiliation  | <input type="checkbox"/> Devotion     | <input type="checkbox"/> Tenderness   |                                     |

Other emotions not indicated above: (if so, please specify): \_\_\_\_\_

**Do you think these feelings are widespread in this shelter?**

- ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

Not at all

Very much

In general, would you say that over the last week your mood was mostly positive or mostly negative? (underline the right answer)

Mostly positive	Mostly negative
<b>IF MOSTLY POSITIVE:</b>	<b>IF MOSTLY NEGATIVE:</b>
What helped you feel like this?	What are the main causes of these feelings?
[note 2-3 key factors]	[note 2-3 key factors]
_____	_____
_____	_____
_____	_____
Do you have any difficult feelings?	Do you have any positive feelings?
<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> NO
If YES, what are the main causes of these feelings?	If YES, what helped you feel like this?
[note 2-3 key factors]	[note 2-3 key factors]
_____	_____
_____	_____
_____	_____



**PART 4: Activities in and outside the shelter** [on the answer sheet this section was titled “Your activities in and outside the shelter” and was presented as Part 3]

Which of the following activities do you participate in and how do they affect your mood?

Activity	with		It makes me feel				
			Much worse			Much better	
Hanging out with other people	In the shelter	YES / NO	-2	-1	0	1	2
	Outside the shelter	YES / NO	-2	-1	0	1	2
Rituals, ceremonies and holidays	In the shelter	YES / NO	-2	-1	0	1	2
	Outside the shelter	YES / NO	-2	-1	0	1	2
Sport activities	In the shelter	YES / NO	-2	-1	0	1	2
	Outside the shelter	YES / NO	-2	-1	0	1	2
Cultural and arts-based activities	In the shelter	YES / NO	-2	-1	0	1	2
	Outside the shelter	YES / NO	-2	-1	0	1	2
Personal development courses / meetings (CV writing, workshops etc)	In the shelter	YES / NO	-2	-1	0	1	2
	Outside the shelter	YES / NO	-2	-1	0	1	2
Voluntary work	In the shelter	YES / NO	-2	-1	0	1	2
	Outside the shelter	YES / NO	-2	-1	0	1	2
Paid employment	In the shelter	YES / NO	-2	-1	0	1	2
	Outside the shelter	YES / NO	-2	-1	0	1	2
Alone time (e.g. reading, knitting)	In the shelter	YES / NO	-2	-1	0	1	2
	Outside the shelter	YES / NO	-2	-1	0	1	2

Which of the following activities, which you may take with your friends or family, do you participate in and how do they affect your mood?

\_\_\_ None of the below apply to me, I'm here alone and do not have any close friends.

Activity	with		If YES, It makes me feel:				
			Much worse			Much better	
Spend time together	Family	YES / NO	-2	-1	0	1	2
	Close friend(s)	YES / NO	-2	-1	0	1	2
Take part in organized activities in the shelter	Family	YES / NO	-2	-1	0	1	2
	Close friend(s)	YES / NO	-2	-1	0	1	2
Participate in different activities outside the shelter	Family	YES / NO	-2	-1	0	1	2
	Close friend(s)	YES / NO	-2	-1	0	1	2

Other activities with friends or family?

---

## PART 5: Perceived support [on the answer sheet this section was presented as Part 4]

How much do you feel supported by people who work in the shelter?

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6      ☐ 7

Not at all

Very much

How much do you feel supported by other residents of the shelter?

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6      ☐ 7

Not at all

Very much

What are the most important actions that could be taken to improve the psychosocial well-being in the shelter?

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Comments

Is there anything that you would like to add in the scope of this interview? Perhaps there is something important that we did not think to ask about?

## APPENDIX 4.

Descriptive statistics of the anxiety, anger, depressed mood and curiosity scales in the sample of residents of the shelters for the refugees from Ukraine (N=268)

Scale	Mean	Standard deviation	Range	Reliability (Cronbach's alpha)
Anxiety	3.52	1.20	1-5	.69
Anger	2.83	1.22	1-5	.71
Depressed mood	3.22	1.22	1-5	.67
Curiosity	3.19	1.10	1-5	.62

Note. Each scale is composed of two items with a standard 5-point Linkert scale response format.

## APPENDIX 5.

Correlation of anxiety, anger, depressed mood, curiosity and age in the sample of residents of the shelters for the refugees from Ukraine (N=268) – Spearman's Rho coefficient

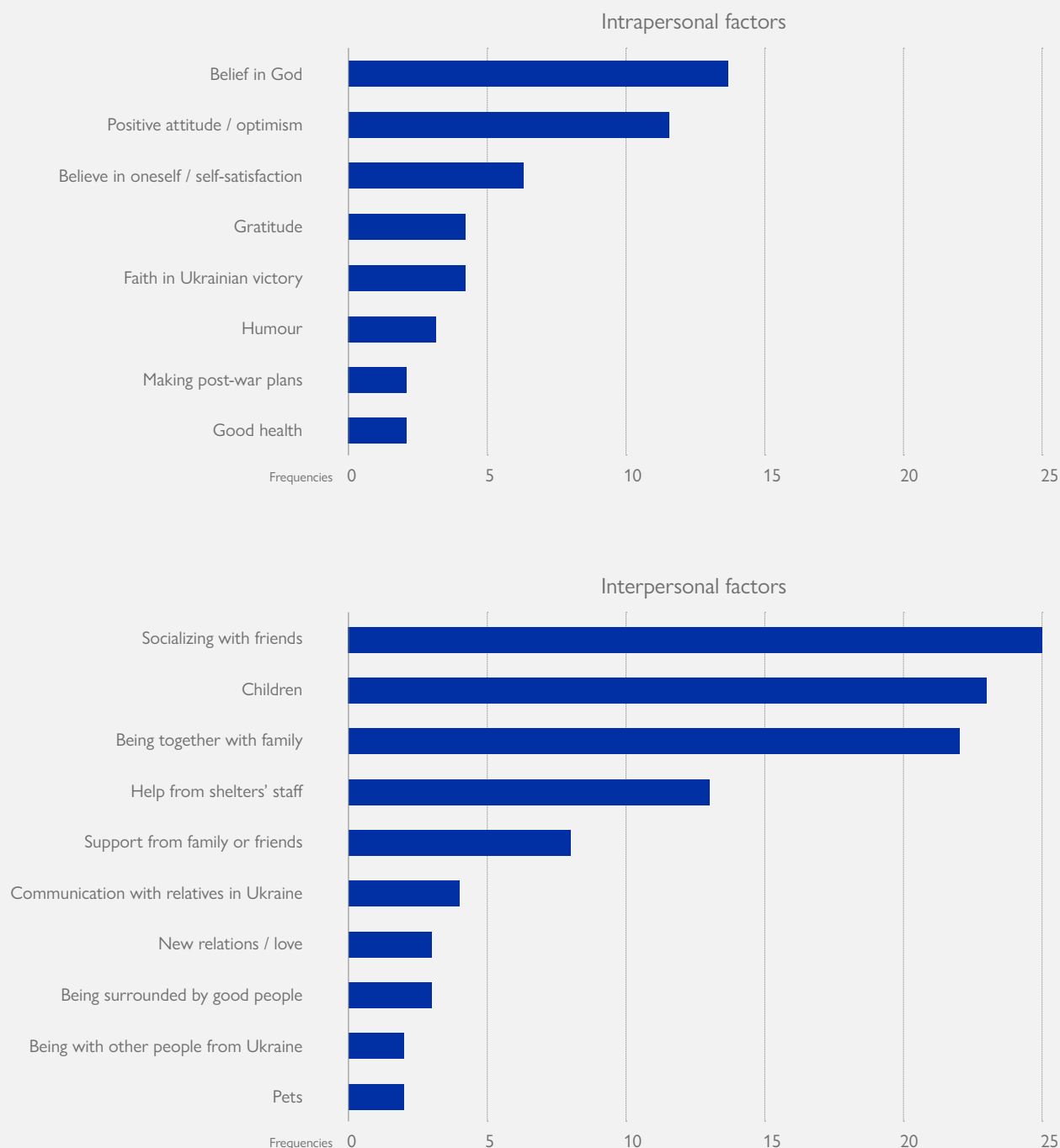
	Age	Anxiety	Anger	Depressed mood	Curiosity
Age	1,00	,15*	-,11	,03	-,05
Anxiety		1,00	,40**	,51**	-,17**
Anger			1,00	,66**	-,14*
Depressed mood				1,00	-,17**
Curiosity					1,00

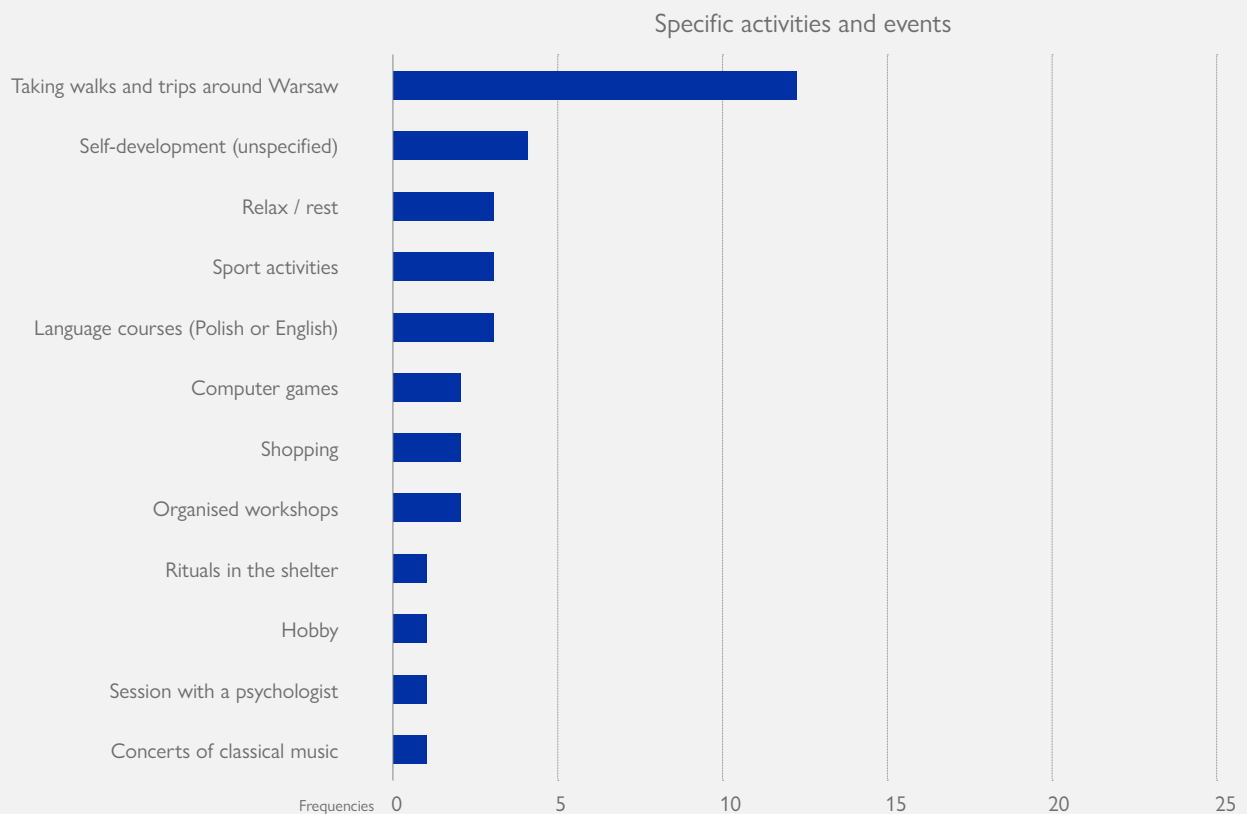
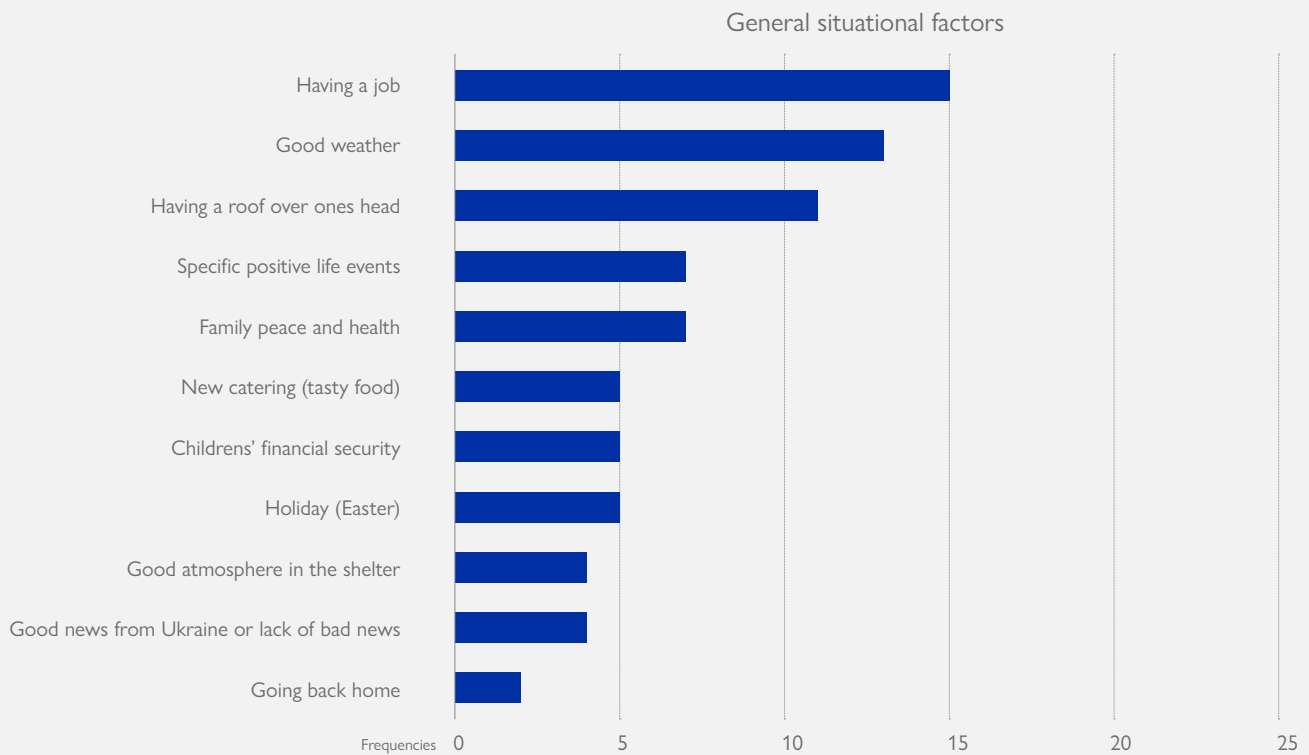
\* Correlation is significant at the 0.05 level

\*\* Correlation is significant at the 0.01 level

## APPENDIX 6.

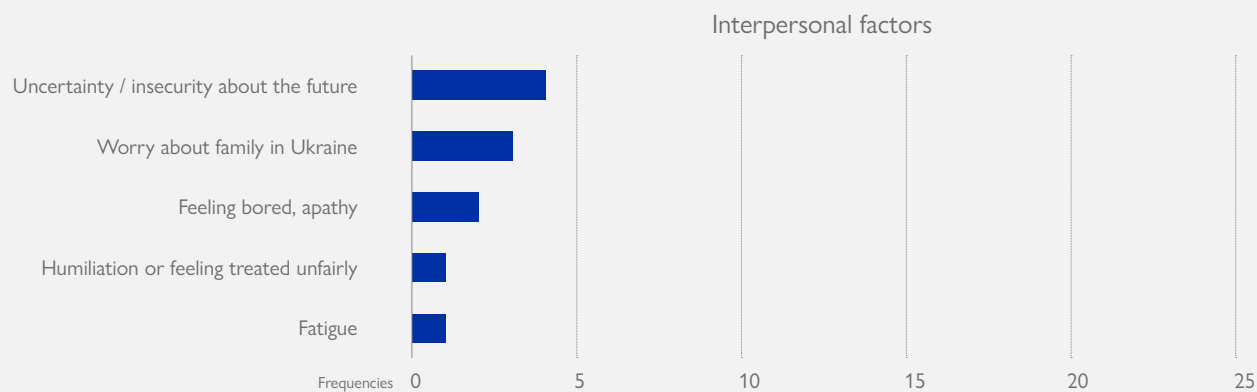
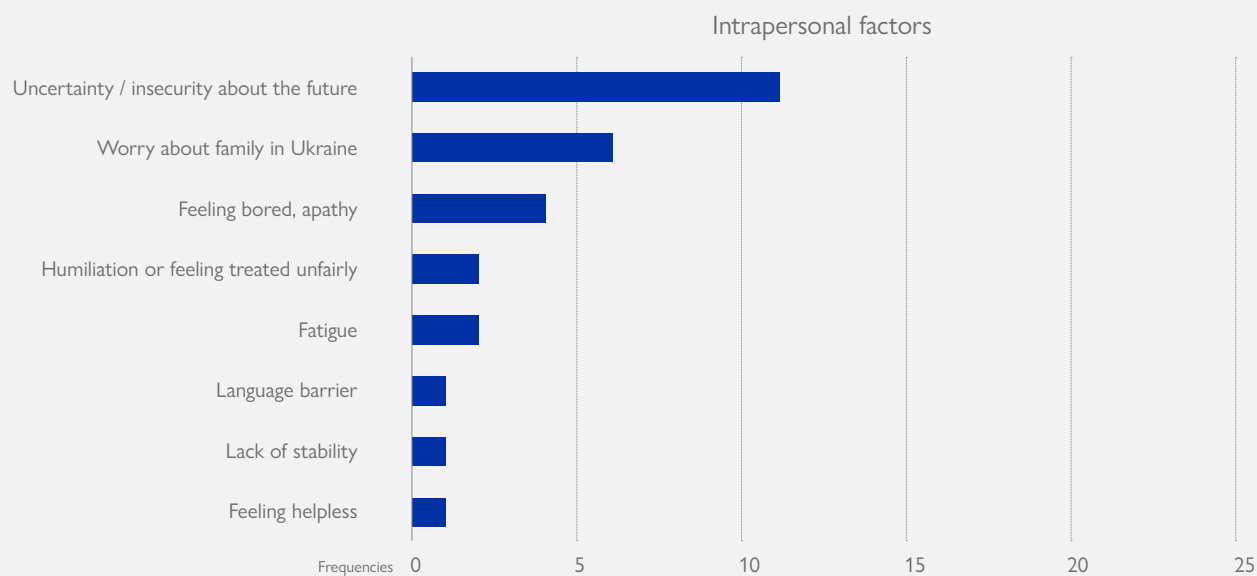
### Key factors helping respondents to feel positive (n=190)

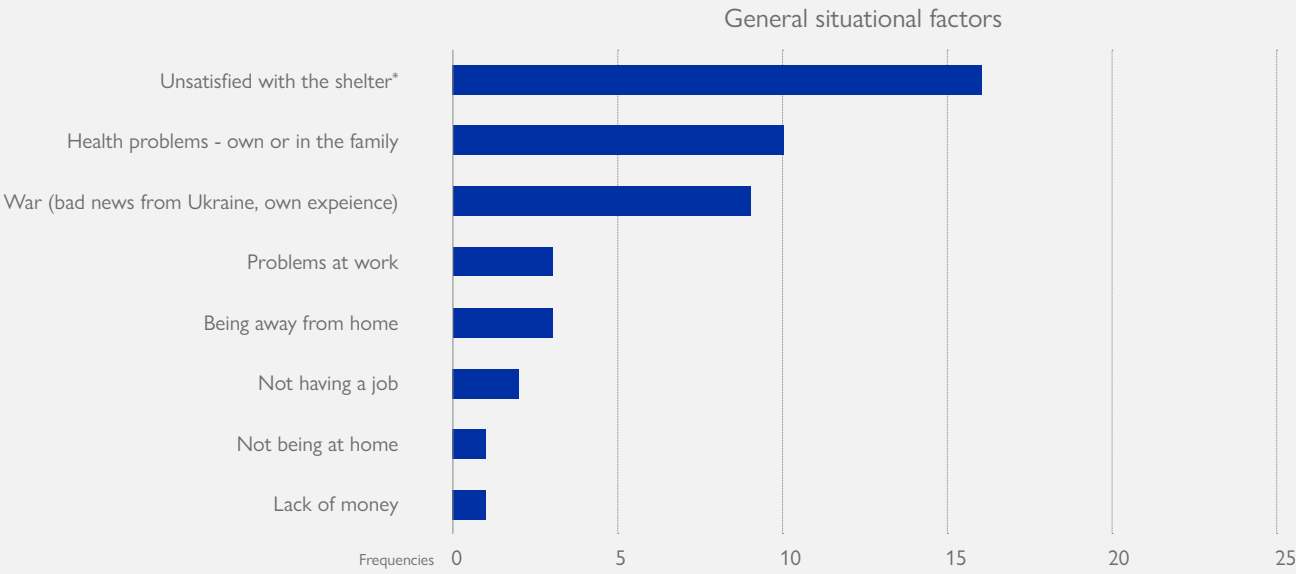




## APPENDIX 7.

### Key factors causing respondents to feel mostly negative (n=61)





\* Noise, poor catering, lack of privacy, feeling like a prisoner – need to wear a bracelet.





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