



American  
University  
Kyiv

Powered by  
Arizona State University



# **ANALYTICAL REPORT**

## **WHY PEOPLE AVOID SEEKING PSYCHOLOGICAL HELP**

Barriers and stereotypes

Kyiv, September 2024

**Authors of the report:**

**Vladyslav Dombrovskiy**, Senior Researcher, Institute for Behavioral Studies, AUK

**Vadym Yudenko**, Junior Researcher, Institute for Behavioral Studies, AUK

**Supervisors:**

**Volodymyr Vakhitov**, Director, Institute for Behavioral Studies, AUK

**Natalia Zaika**, Deputy Director, Institute for Behavioral Studies, AUK

The study was conducted by *American University Kyiv* and *Rating Lab*.

The survey was funded by *Rating Lab*.



**Institute for Behavioral Studies, American University Kyiv**

Poshtova Square, 3, Kyiv

[ibs@auk.edu.ua](mailto:ibs@auk.edu.ua)

[ibs.auk.edu.ua](http://ibs.auk.edu.ua)

# Content

<b>1. EXECUTIVE SUMMARY .....</b>	<b>4</b>
<b>2. RESEARCH METHODOLOGY AND DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE .....</b>	<b>7</b>
<b>3. ATTITUDES TOWARDS PSYCHOLOGISTS AND PSYCHOLOGICAL HELP.....</b>	<b>12</b>
<b>4. BARRIERS TO RECEIVING PSYCHOLOGICAL HELP .....</b>	<b>21</b>
<b>5. SOURCES OF INFORMATION AND EXPERIENCE .....</b>	<b>27</b>
5.1. SOURCES OF INFORMATION ABOUT PSYCHOLOGICAL HELP .....	27
5.2. PRIOR EXPERIENCE OF SEEKING PSYCHOLOGICAL HELP .....	29
<b>6. STRESS LEVELS AND THE NEED FOR PSYCHOLOGICAL HELP .....</b>	<b>34</b>
6.1. OVERALL STRESS LEVEL .....	34
6.2. THE NEED FOR PSYCHOLOGICAL HELP AND SELF-ASSESSMENT OF PSYCHO-EMOTIONAL STATE .....	38
6.3. MEANS OF IMPROVING PSYCHO-EMOTIONAL STATE .....	40
6.4. WAR EXPERIENCE AND STRESS LEVELS .....	42
<b>7. TRUST .....</b>	<b>45</b>
<b>8. ATTITUDES TOWARDS DIFFERENT MENTAL HEALTH PROVIDERS. EXPERIMENT RESULTS .....</b>	<b>54</b>
8.1. EXPERIMENTAL DESIGN .....	54
8.2. EXPERIMENT RESULTS.....	56
<b>9. APPENDIX .....</b>	<b>68</b>
9.1. PSS-10 QUESTIONNAIRE .....	68
9.2. REGRESSION ANALYSIS OF FACTORS INFLUENCING STRESS LEVELS (PSS-10) .....	69
9.3. REGRESSION ANALYSIS OF FACTORS INFLUENCING ATTITUDES TOWARDS PROVIDERS OF PSYCHOLOGICAL HELP .....	70
9.4. LIST OF FIGURES .....	71
9.5. LIST OF TABLES.....	73

# 1. Executive summary

## Attitudes towards psychologists and psychological help

41,7% of respondents have a generally **positive** attitude towards psychologists and psychological help, 41,7% are **neutral** and 16,7% have a **negative** attitude. In general, the majority of people trust psychologists and consider their help to be effective. Still, despite the positive attitude towards psychologists, a quarter of respondents doubt their professionalism, and more than a third believe that it is better to solve their psychological problems on their own, and not with a psychologist.

**Women** are more positive towards psychologists (46,9%) than men (32,9%).

Over 50% of **younger** respondents have a more positive attitude towards psychologists, while for **older** respondents the percentage is less than 30%.

There are no significant differences between **residents of** villages, cities, and large cities (e.g., Kyiv).

Respondents with the lowest **income** have the most negative attitudes towards psychologists, with 27,6% having a negative view compared to 13,8% among those with high incomes.

Overall, 19% of respondents (22% of women and 14% of men) have **experience of seeking** psychological help. Of these, 7% had one or more sessions and 5% underwent therapy.

Among those who have **experience of seeking** psychological help, there is a clear trend towards an increase in trust in psychologists with an increase in the duration of therapy. Among the respondents who sought help once, 43,1% have a positive attitude towards psychologists; among those who applied several times, 68,4% do. The highest level of trust is demonstrated by those who have undergone therapy (84%).

## Barriers to receiving psychological help

Among the stereotypes and beliefs that can serve as barriers to help-seeking, **the most common** are *the opinion that there are problems that psychologists cannot help with (70%), the high cost of services (65%), cultural stereotypes (61% believe that it is not customary in Ukraine to turn to a psychologist), as well as the difficulty of opening up to a stranger (57%).*

**The least common** opinions are *that going to a psychologist is a sign of weakness (72% disagreed with this statement), and that visits to a psychologist harm a person's reputation (70% disagree).*

At the same time, many respondents are unsure what psychological help entails. Thus, 34% do not have a definite opinion about the statement *"after contacting a psychologist, the condition may*

worsen." Another 30% are not sure about "(receiving) *psychological help (as taking) too long.*" This may indicate a lack of awareness about what working with a psychologist is like.

Among those who did not seek professional psychological help, lack of funds is the main reason for not doing so. In addition, those who didn't, but plan to seek help point to difficulties in choosing a specialist and finding time as additional barriers. For those who do not even plan to seek help, it is often difficult to articulate specific reasons for their decision.

### **Sources of information about psychological help**

**The most popular sources of information** are social media (53%), followed by Telegram and Viber (27%), websites (24%), and YouTube (22%). This shows that respondents often see information about psychological help online and less often in public places (15%) or hear from other people—friends, work, and doctor were chosen by less than 10% of respondents as sources of information about psychological help.

Women are more likely to indicate social networks (58%), webinars, courses, and trainings (12%) as sources of information, compared to men's 46% and 5%, respectively. At the same time, men are more likely to say that they have not seen information about psychological help anywhere at all (18%)—only 10% of women haven't. Other than the cases mentioned above, **men and women** have a similar distribution of sources of information about psychological help.

**Rural residents** are more likely to indicate that they have not seen information about psychological help or contacts of specialists anywhere (11%), compared to urban residents (5%-7%).

### **Stress level and ways to improve the psycho-emotional state**

According to the PSS-10 (**Perceived Stress Scale**), 6% of respondents have a low level of stress, 74% have a moderate level, and 20% have a high level of stress. The average stress level is 21,9 (the maximum possible value on the PSS-10 scale is 40).

**Women's** stress levels are slightly higher at 22,4 versus 21,0 for **men**. Stress levels gradually decrease **with age**. The most vulnerable group is young people aged 18-29, where one in three shows signs of high levels of stress.

**Experience of war:** Two-thirds of respondents experienced separation from relatives, almost half experienced shelling and bombing, and one-third experienced the death of relatives or friends. Higher stress level on the PSS-10 scale is associated with more negative events experienced.

There is a link between **trust** and stress levels, as well as between trust and how psychological issues are resolved. People with higher levels of trust have lower levels of stress. In addition, those who are more trusting of others are more likely to solve psychological problems with a psychologist than on their own.

The most popular **ways to improve the psycho-emotional state** are talking to friends or relatives (41%), walking (38%), doing household chores (36%), (playing with) pets (35%), spending time with children (33%). Alcohol consumption as a means of improving psycho-emotional state is highest (20%) among people with high levels of stress.

### **Attitudes towards different mental health providers**

In this study we assessed the respondents' attitudes towards various mental health service providers: family doctors, psychologists, psychiatrists, Psychological Help Centers, and Mental Health Centers.

Among the five proposed options, respondents rated the effectiveness of **family doctors** as the lowest—only 26% believe that contacting this specialist with psychological issues will help resolve them. As for other professionals/centers, respondents consider contacting them to be more effective—from 51% to 62%.

The results of the study did not support the hypothesis that there is prejudice against **psychiatrists** compared to psychologists. Estimates of their effectiveness are very similar: 54% think psychiatrists will help, and 62% think psychologists will help. Moreover, the youngest group (18-29 years old) overwhelmingly think psychiatrists (83%) will help solve psychological issues, more than other specialists/centers.

**Mental health centers**, which began opening this year, are not thought of as having a higher efficiency of helping than psychological support centers.

## 2. Research methodology and demographic characteristics of the sample

### **Research Methodology**

This analytical report presents the results of a quantitative study of barriers and stereotypes associated with psychologists and psychological help-seeking behavior, which are common among Ukrainians. The study was conducted by [Institute for Behavioral Studies](#) at [American University Kyiv](#) and [Rating Lab](#).

The purpose of the study was to analyze the attitudes of Ukrainians towards psychologists and other providers of psychological help, to identify the main reasons that prevent people from seeking psychological help, and to assess the level of psychological stress among the population.

The survey was conducted by the sociological group "Rating" on the platform "Rating Online" from April 11 to April 23, 2024. The survey was conducted using the CAWI (Computer Assisted Web Interviewing) method, invitations were sent through messengers to a random sample of people.

The sample covered the population of Ukraine aged 18 and older in all regions—except for the temporarily occupied territories—who had access to the Internet at the time of the survey. A total of 1464 respondents participated in the survey.

The survey could be taken in two languages (Ukrainian and Russian), based on the respondent's choice. The median duration of filling out the questionnaire is 00:09:47, the average duration is 00:09:52.

Participation in the survey was voluntary, respondents were informed about the purpose of data collection, informed about the possibility of quitting the survey and agreed to process their responses.

The questionnaire and research methodology were approved by the Ethics Committee of American University Kyiv.

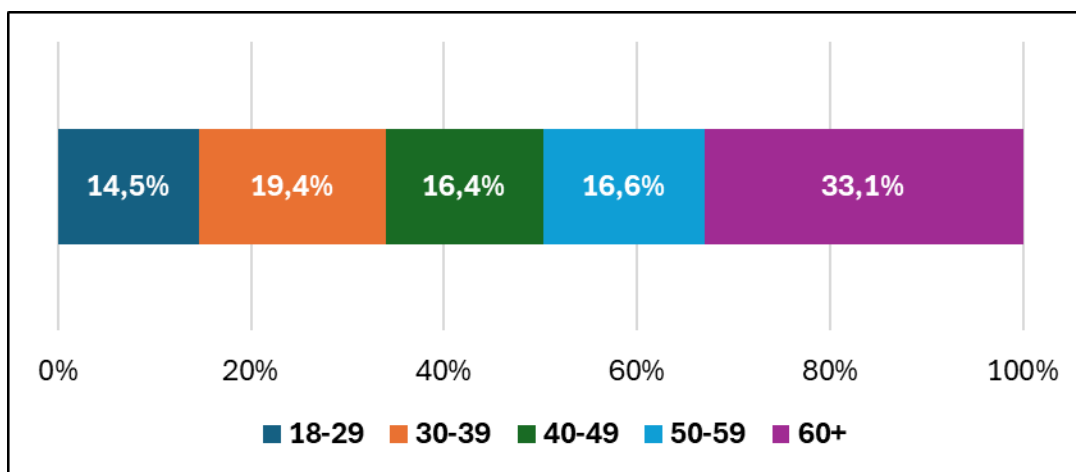
Unweighted data was used in the preparation of this report.

## Demographic characteristics of the sample

A total of 1464 respondents took part in the survey, of which 917 (62,6%) are women and 547 (37,4%) are men.

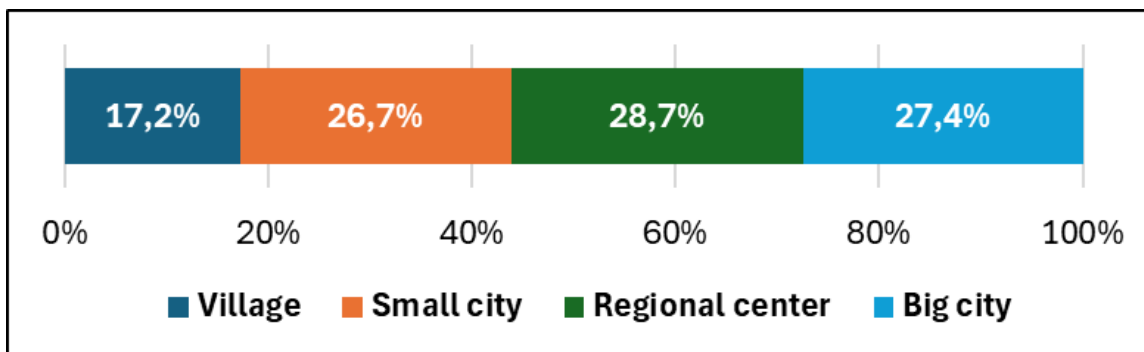
The largest share of respondents are people aged 60 and older—33,1% (Figure 1). Persons aged 18 to 29 have the lowest representation – 14,5%.

Figure 1. Distribution of respondents by age



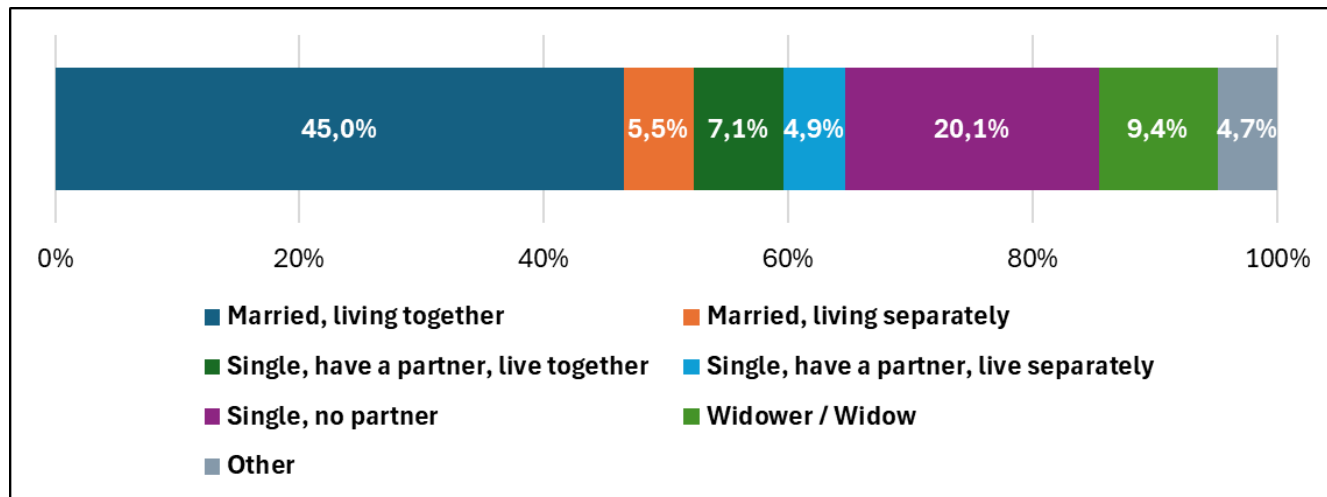
The following graph (Figure 2) illustrates the distribution of respondents by the type of settlement in which they live (as of the time of the survey). Respondents from both urban—cities, regional centers and large cities (Kyiv, Kharkiv, Odesa, Lviv, Dnipro)—and rural areas are well represented.

Figure 2. Distribution of respondents by settlement type



Regarding marital status (Figure 3), half are married, most of whom (45,0%) live together with a partner, 5,5%—separately. Singles make up 32,1%, of which 12,0% have a partner and 20,1% do not. Widows and widowers make up 9,4%.

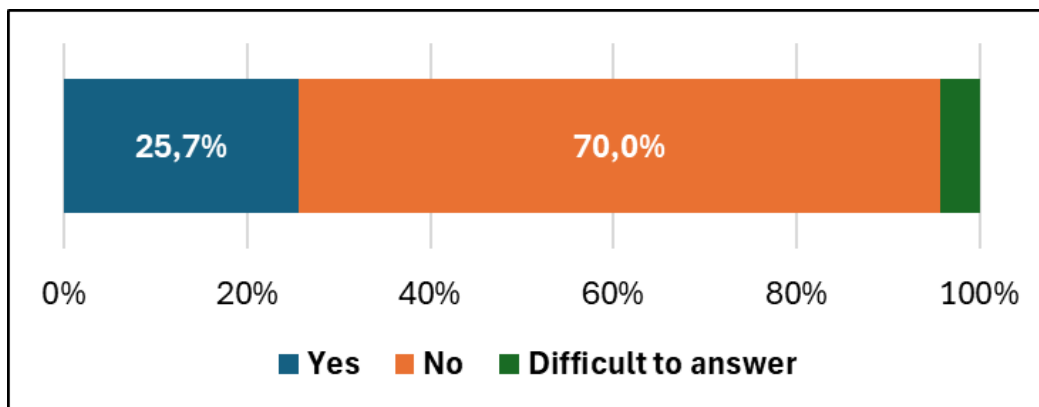
Figure 3. Distribution of respondents by marital status\*



\* 47 respondents refused to answer

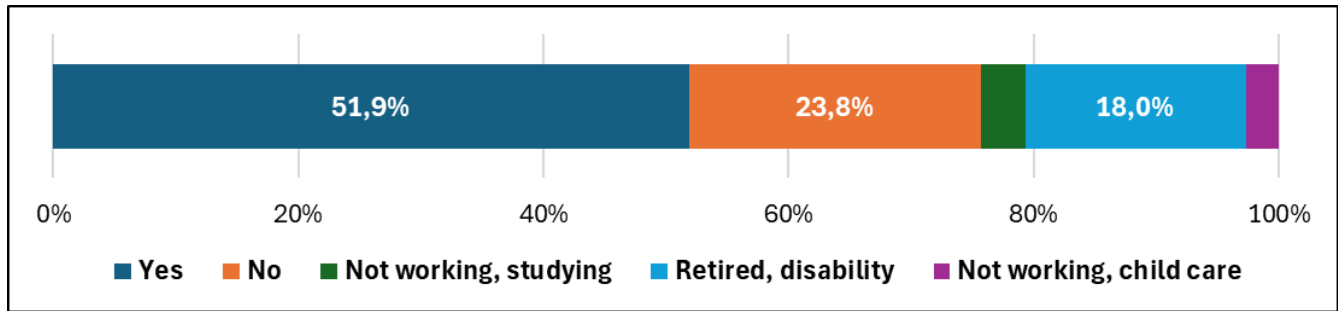
Regarding having underage children, only 25,7% report having children under 18 (Figure 4). The majority (70,0%) don't have underage children.

Figure 4. Do you have children under the age of 18?



Regarding employment/unemployment, 51,9% of the respondents have a job, 23,8% are currently unemployed, and another 18,0% are retired or unemployed due to disability (Figure 5).

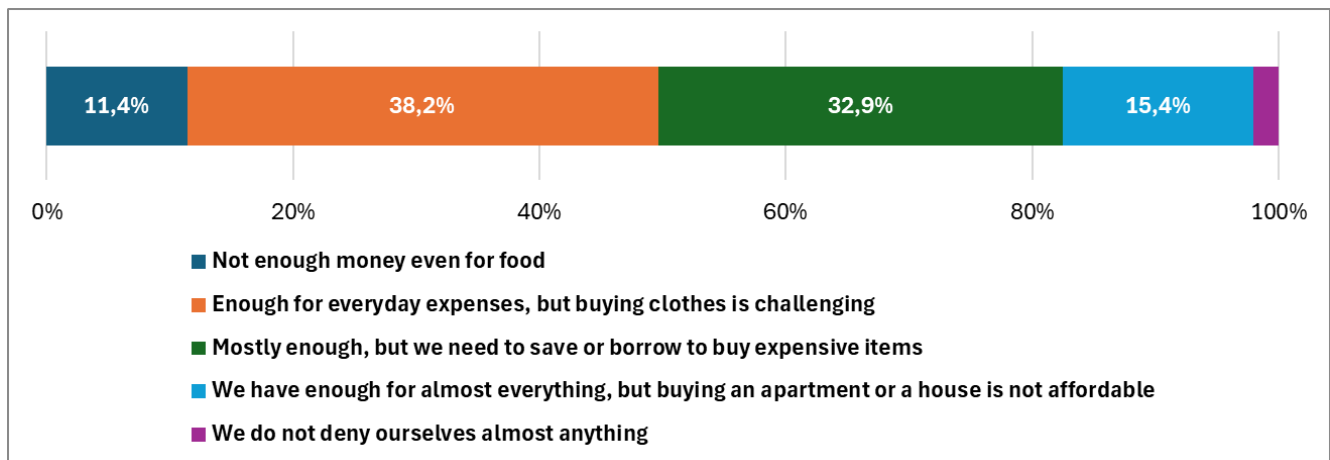
Figure 5. Do you have a job (as of the time of the survey)?\*



\* 70 respondents chose "Difficult to answer"

Figure 6 shows the distribution of respondents' answers to questions about their current financial wellbeing. About 38,2% of respondents said that have enough money for everyday expenses, but buying clothes is challenging. Another 32,9% answered that they have enough but need to save or borrow to buy expensive goods. And only 15,4% indicated that "(they) have enough for almost everything, but buying an apartment or a house is unaffordable."

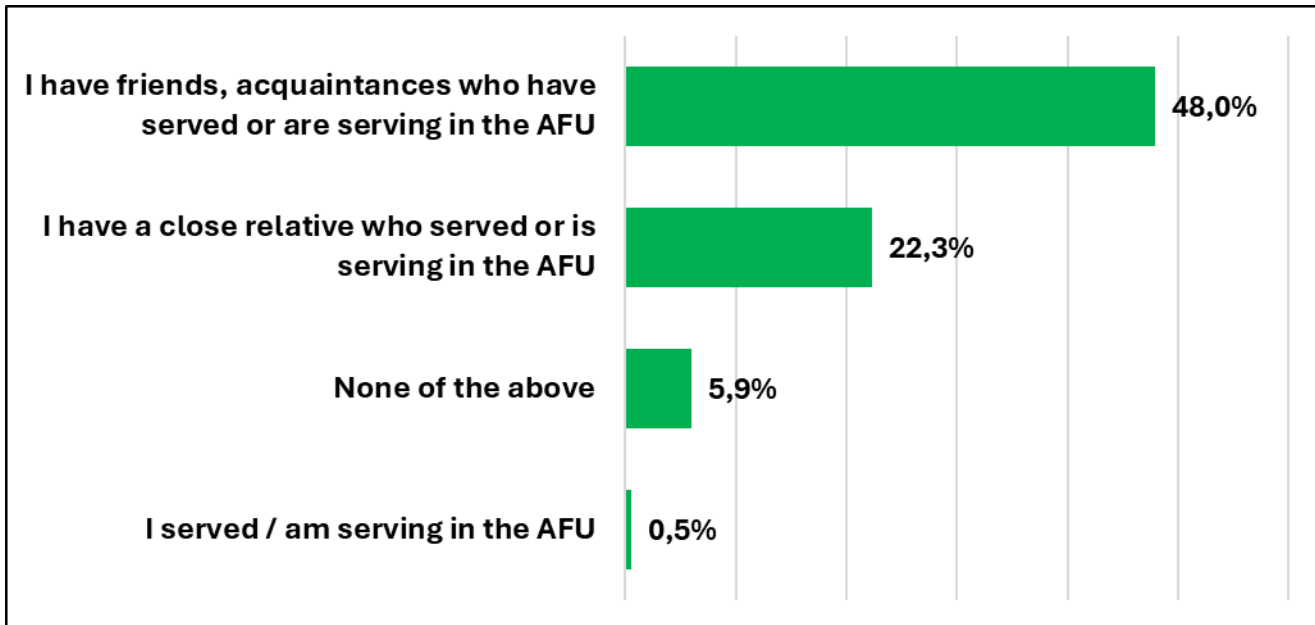
Figure 6. Distribution of respondents by financial wellbeing\*



\* 98 respondents refused to answer

48,0% have friends or acquaintances who have served or are serving in the Armed Forces of Ukraine (Figure 7). Another 22,3% noted that their close relative has served or is serving in the Armed Forces of Ukraine. Only 5,9% reported having no one from their environment related to the Armed Forces of Ukraine.

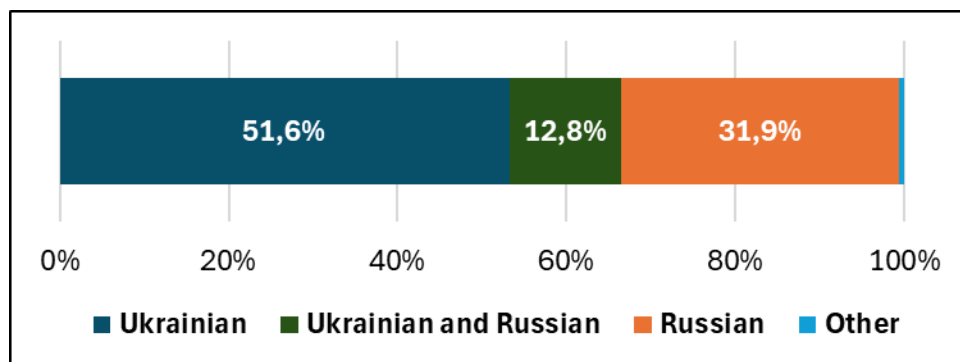
Figure 7. Service in the Armed Forces of Ukraine\*



\* 42 respondents chose "Difficult to answer"

Ukrainian prevails in everyday communication (Figure 8). 51,6% reported communicating exclusively in Ukrainian, 31,9% use Russian, and 12,8% use both. At the same time, around 96% of respondents took the survey in Ukrainian.

Figure 8. Language of communication at home\*



\* 25 respondents refused to answer

### 3. Attitudes towards psychologists and psychological help

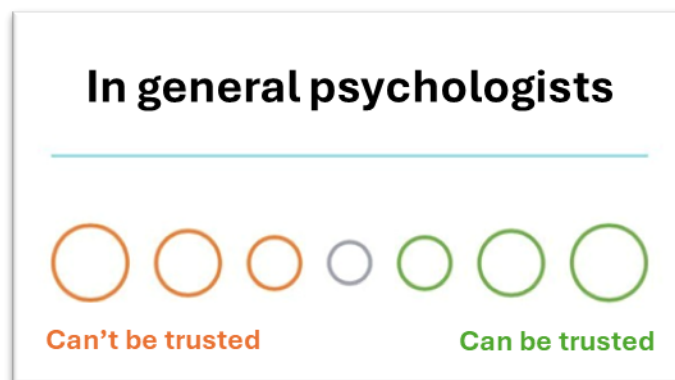
To assess attitudes towards psychologists and psychological assistance, respondents were asked the following questions:

1. In general psychologists: *cannot be trusted*—*can be trusted*.
2. Most psychologists are: *charlatans*—*professionals*.
3. Psychological help in general is: *ineffective*—*effective*.
4. It is better to solve your psychological problems: *on your own*—*with a psychologist*.

The answer options were offered on a 7-point Likert scale (-3 corresponding to the negative attitude, and 3 corresponding to positive attitude towards psychologists and psychological help). For respondents, the answer options visually looked like the following (Figure 9). Thus, a respondent could choose to what extent they agree with a certain statement or prefer one of the statements. For further analysis, all responses were grouped into three categories. For example, the statement "In general psychologists...":

- Answers from -3 to -1 – "Can't be trusted".
- Answer 0 – "Don't know".
- Answers from 1 to 3 are "Can be trusted".

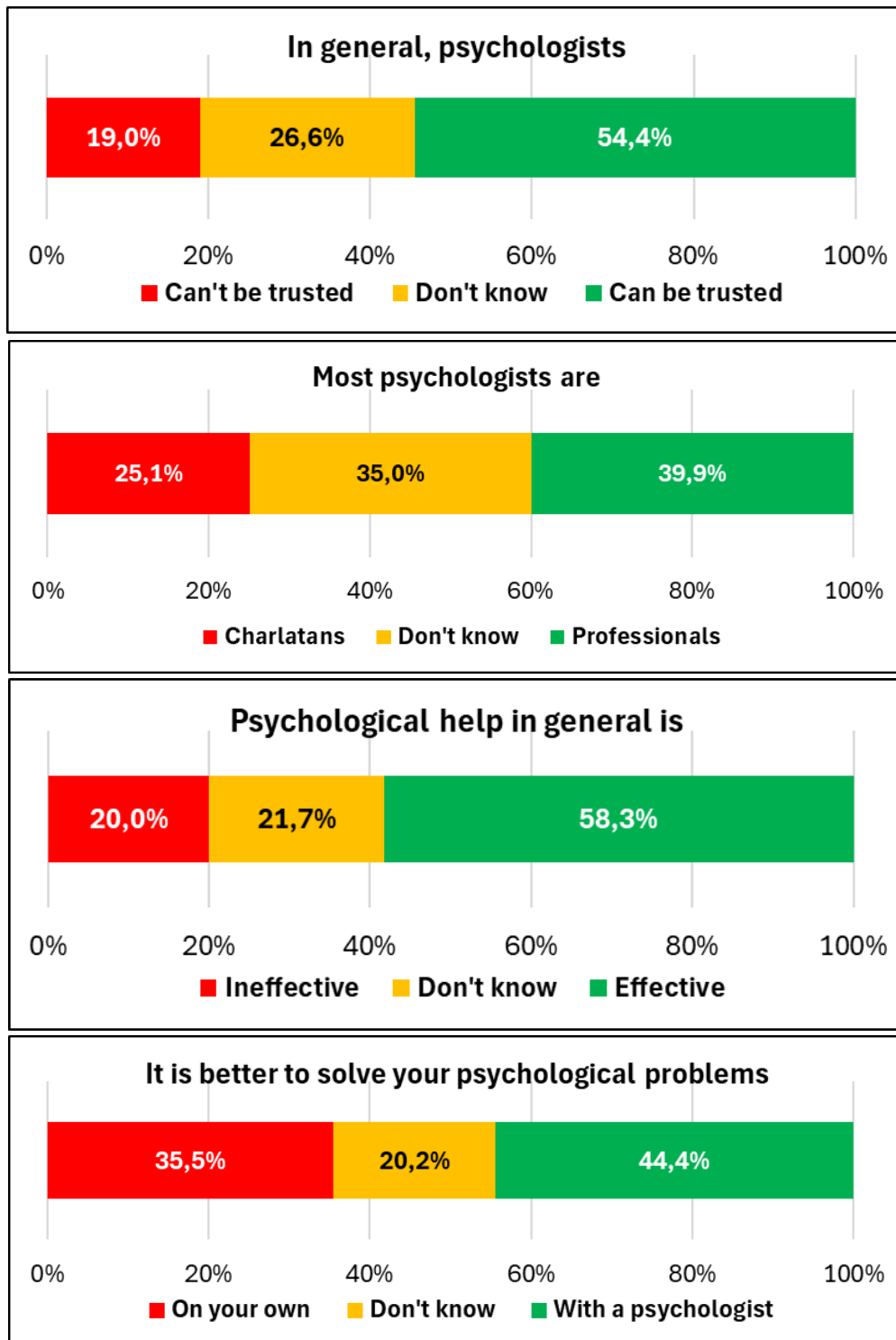
Figure 9. Example of a question about attitudes towards psychologists



The answers are distributed as follows (Figure 10). Many respondents trust psychologists and consider their help to be effective: 54,4% and 58,3%, respectively. Despite the positive attitude towards psychologists 25,1% do not consider most psychologists to be professionals, and 35,0% are hesitant to answer.

The question of the best way to solve psychological problems (on their own or with a psychologist) divided the respondents: 44,4% agree that they should be solved with a psychologist's help, but 35,5% believe that they should solve them on their own.

Figure 10. Attitudes towards psychologists and psychological help



15,7% respondents categorically believe that psychological problems should be solved alone (chose the answer -3 to the corresponding question). This group shows a similar negative attitude towards psychologists on other related questions. They are also more likely than other respondents to indicate the existence of barriers that hinder or complicate obtaining psychological help. For example, they believe that:

- "Psychological help is too expensive" (52% vs. 30% on average).
- "Psychological help is too long" (41% vs. 14%).

Read more about barriers in [Chapter 4](#).

Another aspect that distinguishes this group is the means of improving their psycho-emotional state. When asked what helps them improve their psycho-emotional state, they were less likely to mention friends (only 30% against 41% on average), sports, walks, and delicious food.

Half of these people are aged over 60. Over the past six months, their lives have deteriorated significantly—they consistently choose the option of "Deteriorated" when asked about changes in their economic, physical and psychological wellbeing, as well as about their own confidence in the future. This group is characterized by a lower level of trust in other people—10 points, compared to 13 points on average for the sample (more about the trust score in [Chapter 7](#)).

In general, the answers to the questions about attitudes towards psychologists and psychological help have a high correlation (Table 1). That is, if a person believes that most psychologists are professionals, then they are likely to consider psychological help to be effective. And vice versa.

*Table 1. Correlation between answers to questions about attitudes towards psychologists*

	Q1	Q2	Q3	Q4
<b>Q1:</b> In general psychologists: <i>cannot be trusted—can be trusted.</i>	1,00			
<b>Q2:</b> Most psychologists are: <i>charlatans—professionals.</i>	0,73	1,00		
<b>Q3:</b> Psychological help in general is: <i>ineffective—effective.</i>	0,77	0,65	1,00	
<b>Q4:</b> It is better to solve your psychological problems: <i>on your own—with a psychologist.</i>	0,61	0,53	0,66	1,00

It should be noted that there is a lower correlation between the assessment of the professionalism of psychologists and the way of solving psychological problems ( $\rho = 0.53$ ), which may indicate

that even with a high assessment of the professionalism of psychologists, some people still prefer to solve psychological problems on their own.

Cluster analysis is then conducted and three groups of people based on their attitude towards psychologists—negative, neutral, and positive—are identified.

First, hierarchical clustering was used to determine the number of clusters using the between-groups linkage method based on the Squared Euclidean distance. The second step involved K-means clustering with number of clusters identified in the previous step.

Figure 11 shows the dendrogram, where the 3 largest clusters are clearly visible. Then, with K-means clustering 3 clusters were identified. To ensure the reliability of the results, the clusters were evaluated 1000 times and the best of them were selected. Clustering was done using the R statistical package.

*Figure 11. Dendrogram of hierarchical clustering*

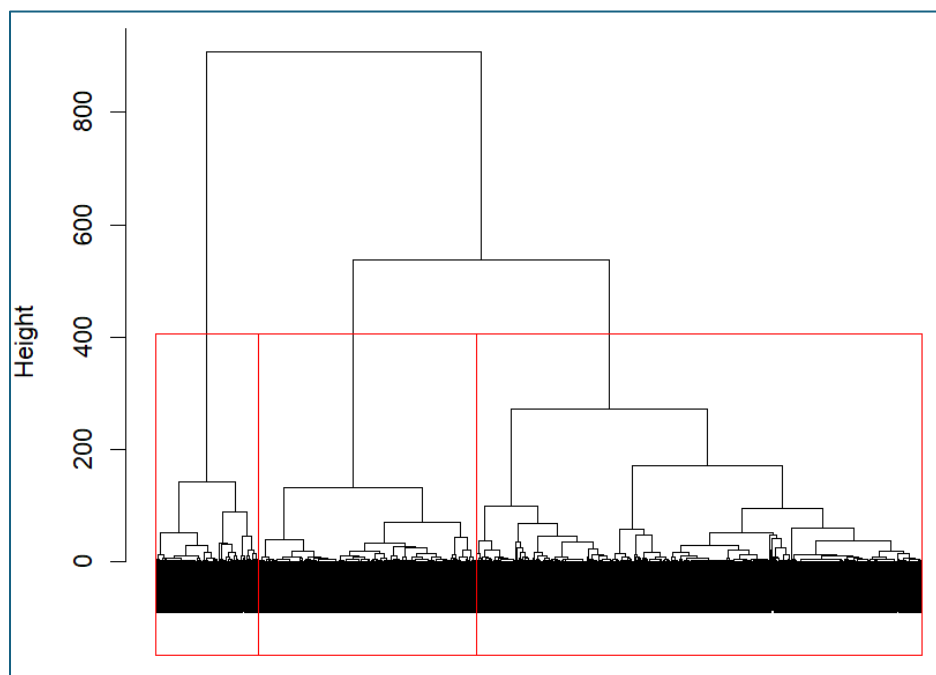
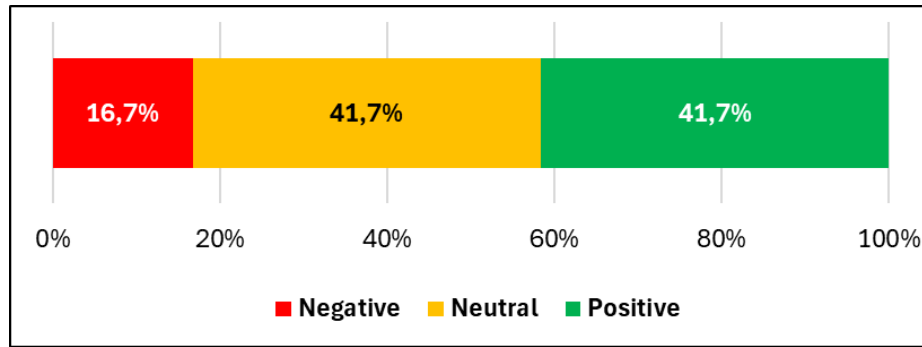


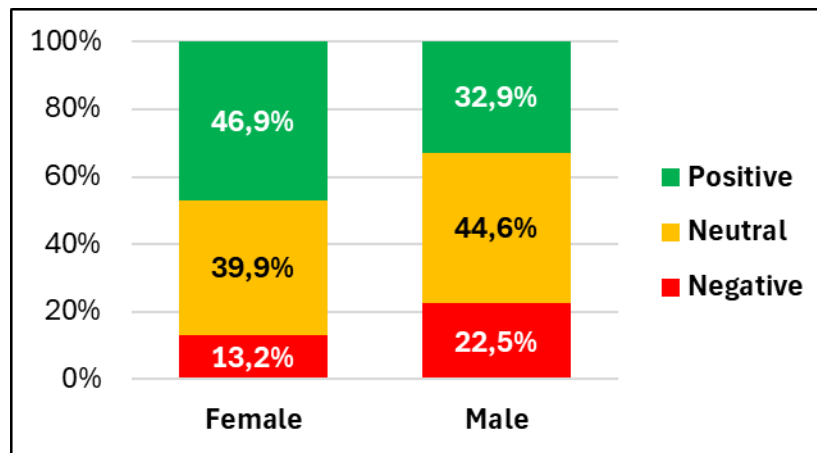
Figure 12 shows the distribution of identified clusters. 41,7% of respondents have a positive attitude, another 41,7% have a neutral attitude towards psychologists and psychological help. The remaining 16,7% have a negative attitude.

Figure 12. Attitude clusters



There are differences in attitudes towards psychologists and psychological help between women and men (Figure 13). Women show significantly higher levels of positive attitude (46,9%) compared to men (32,9%). We believe that these results suggest the need for more work with men to increase their trust and awareness of psychological issues and support.

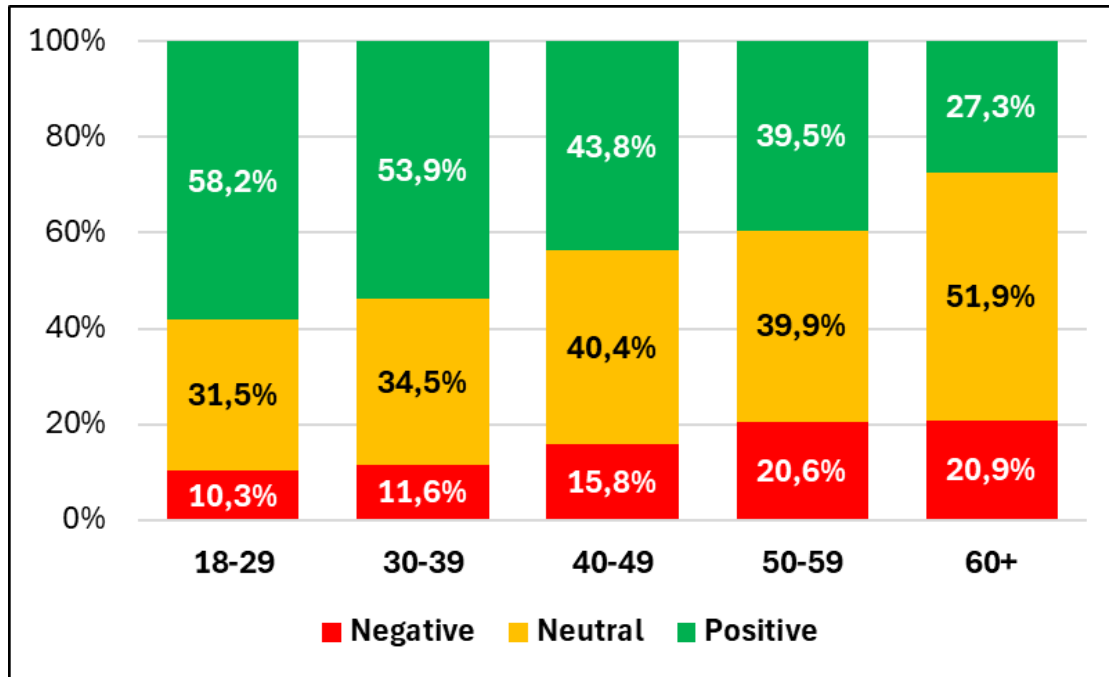
Figure 13. Attitude clusters by gender



There are no significant differences in attitudes towards psychologists among residents of different settlement types.

Distribution of responses by age groups (Figure 14) shows that attitudes towards psychologists worsen with age. If among the two youngest groups (18-29 and 30-39) more than 50% of respondents have a positive attitude towards psychologists and psychological help, then in the oldest group (60+) less than 30% of people have a positive attitude towards psychologists.

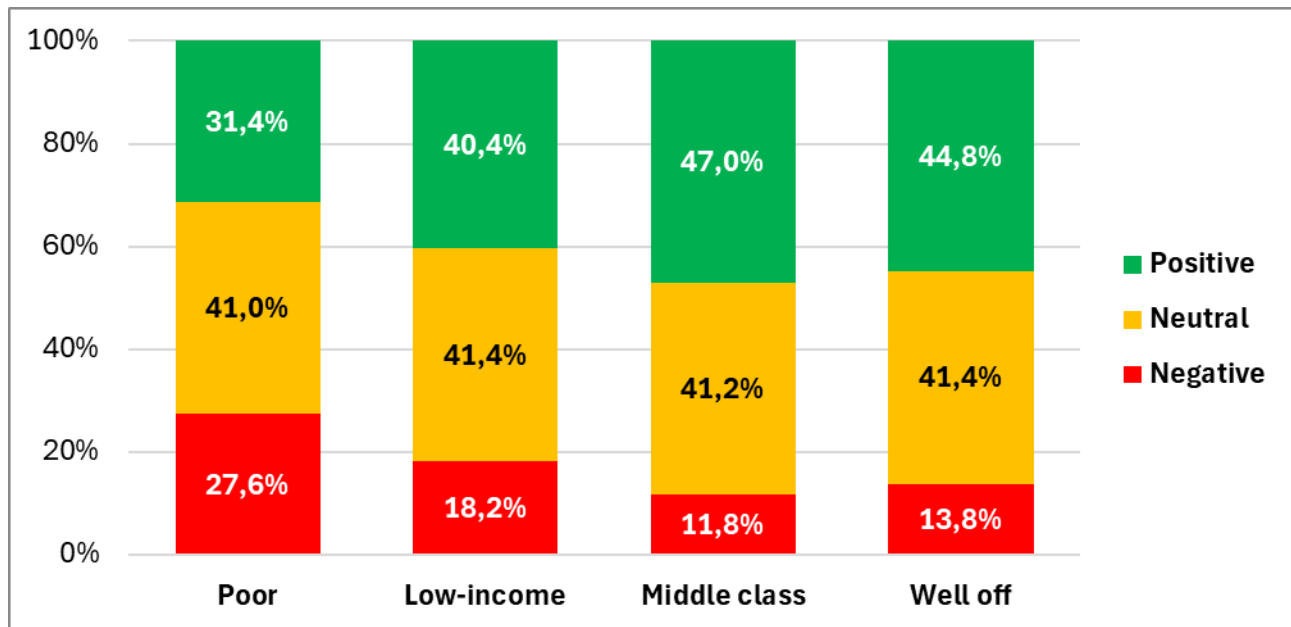
Figure 14. Attitude clusters by age



This may be because attitudes towards psychologists have changed over time. If for the older generation psychology was something unusual and almost inaccessible, and psychiatry was, among other things, used as a means of political repression, then the younger generations no longer faced this "punitive" psychiatry and are more informed about mental health and the work of psychologists—the idea of psychological help is more acceptable and familiar to them.

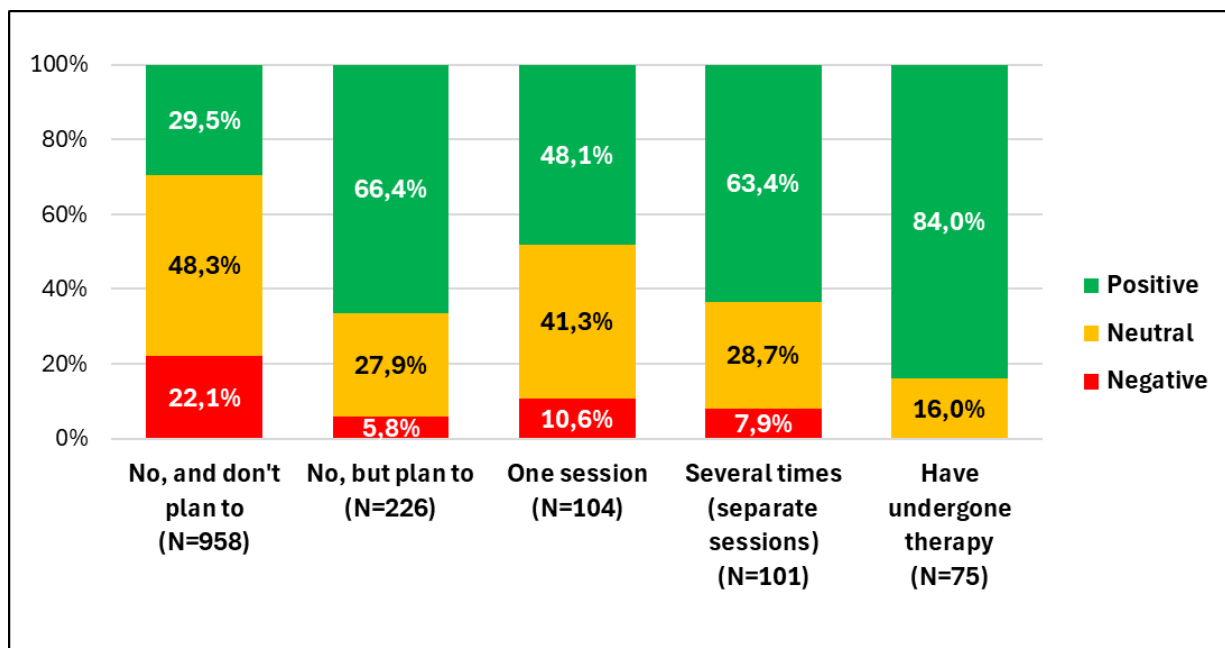
Comparing attitudes towards psychologists among people with different income levels, there is a trend that as the financial wellbeing improves, attitudes towards psychologists gradually improve, too (Figure 15). The figure clearly shows that those who do not have enough for basic needs have the most negative attitude (27,6%). People who have financial difficulties may have a negative attitude towards psychologists due to the high cost of services, having more urgent needs, stigmatization, distrust of professionals, as well as a lack of awareness of the benefits of psychotherapy. These factors combined to make psychological help less accessible and attractive to this population.

Figure 15. Attitude clusters by financial well-being



Prior experience of help-seeking affects attitudes towards psychologists (Figure 16). The results show that those who have never sought psychological help and do not plan to do so have the most negative attitude towards psychologists (22,1% of them have a negative attitude and 29,5% have a positive attitude).

Figure 16. Attitude clusters by prior help-seeking experience

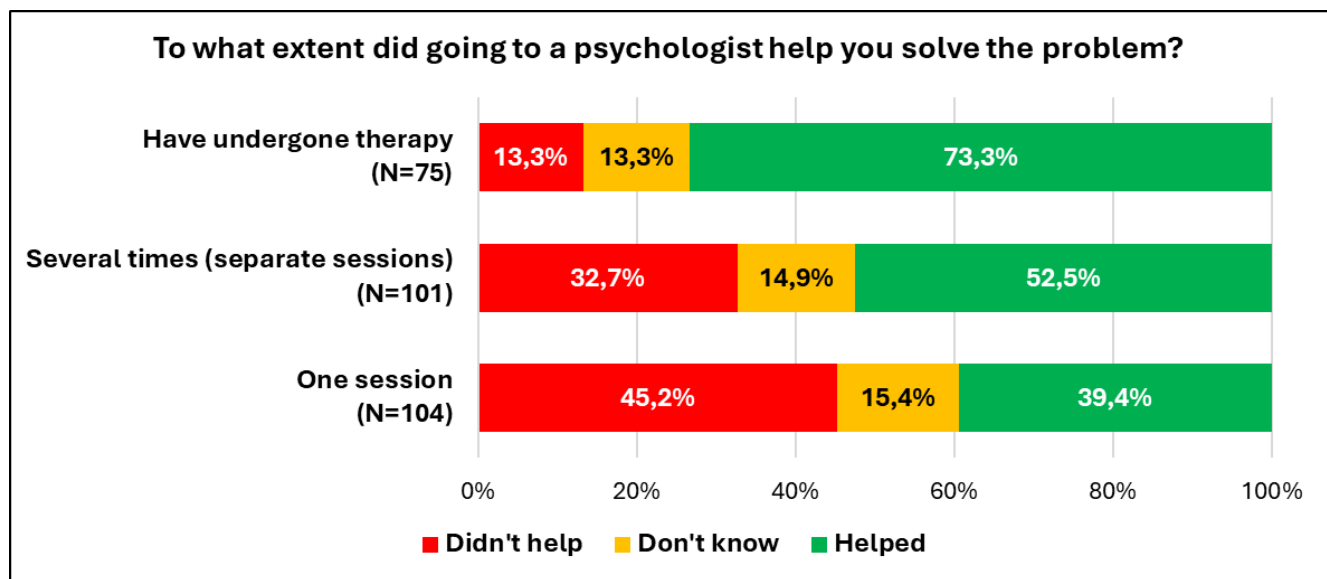


Respondents who have not previously sought help, but plan to do so, have a much better attitude towards psychologists (66,4% have a positive attitude and only 5,8% have a negative attitude) Without trust, people do not seek help.

Among those who have experience of seeking psychological help, there is a clear trend towards an increase in trust as the number of sessions increases. Among respondents who sought help once 48,1% have a positive attitude towards psychologists, among those who applied several times—63,4%. The most positive attitude is demonstrated by those who have undergone therapy (84,0%).

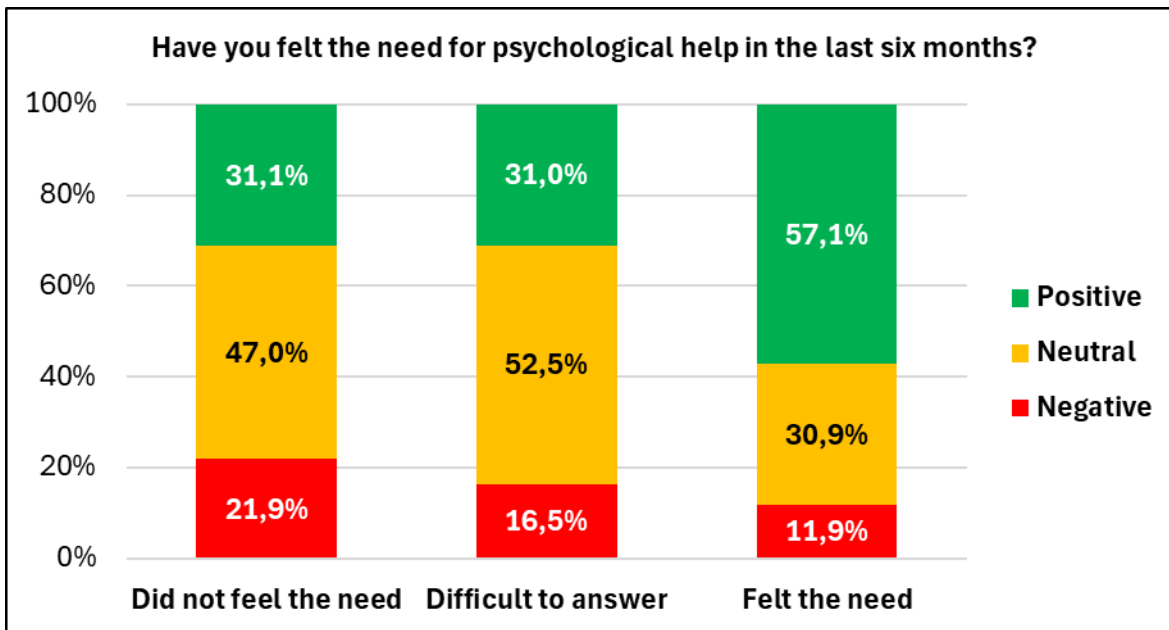
These results indicate that most people have a positive experience of therapy, and it helps in solving their problems. Moreover, the longer the therapy, the better the results. This is confirmed by respondents' answers (Figure 17).

Figure 17. Prior experience of help-seeking by its effectiveness



In line with the abovementioned results, those who have felt the need for psychological help over the past six months have a more positive attitude towards psychologists (Figure 18). Among those who had such a need, 57,1% have a positive attitude towards psychologists, compared to 31,1% of those who did not have such a need.

Figure 18. Attitude clusters by need for psychological help



## Conclusions

**The attitude** towards psychologists and psychological help is **positive**. The majority of respondents trust psychologists and consider their help effective (54% and 58%, respectively). However, a significant proportion of respondents doubt their professionalism—25% do not consider psychologists professionals and another 35% are hesitant to answer this question.

A large group of respondents (16% of the sample) categorically believe that **psychological problems should be dealt with alone**. They are more likely than other respondents to point out the existence of barriers. For example, psychological help is expensive (52% vs. 30% on average).

The distribution of answers by age groups and financial status shows that **older and less well-off respondents are more likely to have a negative attitude towards psychologists**. A more positive attitude is typical for women and young people.

It was also found that **attitude positively correlates with previous experience of therapy**, which indicates the importance of outreach work among the population.

Thus, efforts need to be made to **improve attitudes** among men, the elderly, and those with low incomes. **Removing cost and time barriers** can increase access and improve overall attitudes towards psychological help-seeking.

## 4. Barriers to receiving psychological help

To identify barriers to seeking psychological help, respondents answered how much they agree or disagree with a given statement on a seven-point scale. For example, "It is hard to open up to a stranger." The statements appeared in random order (Figure 19).

Figure 19. Example of a question about barriers



The biggest barriers are the beliefs that there are problems that psychologists cannot help with (70,2%), the high cost (64,8%), cultural stereotypes (60,8% believe that it is not customary in Ukraine to turn to a psychologist for help), as well as the difficulty of opening up to a stranger (57,0%) (Figure 20).

Barriers that are not prevalent:

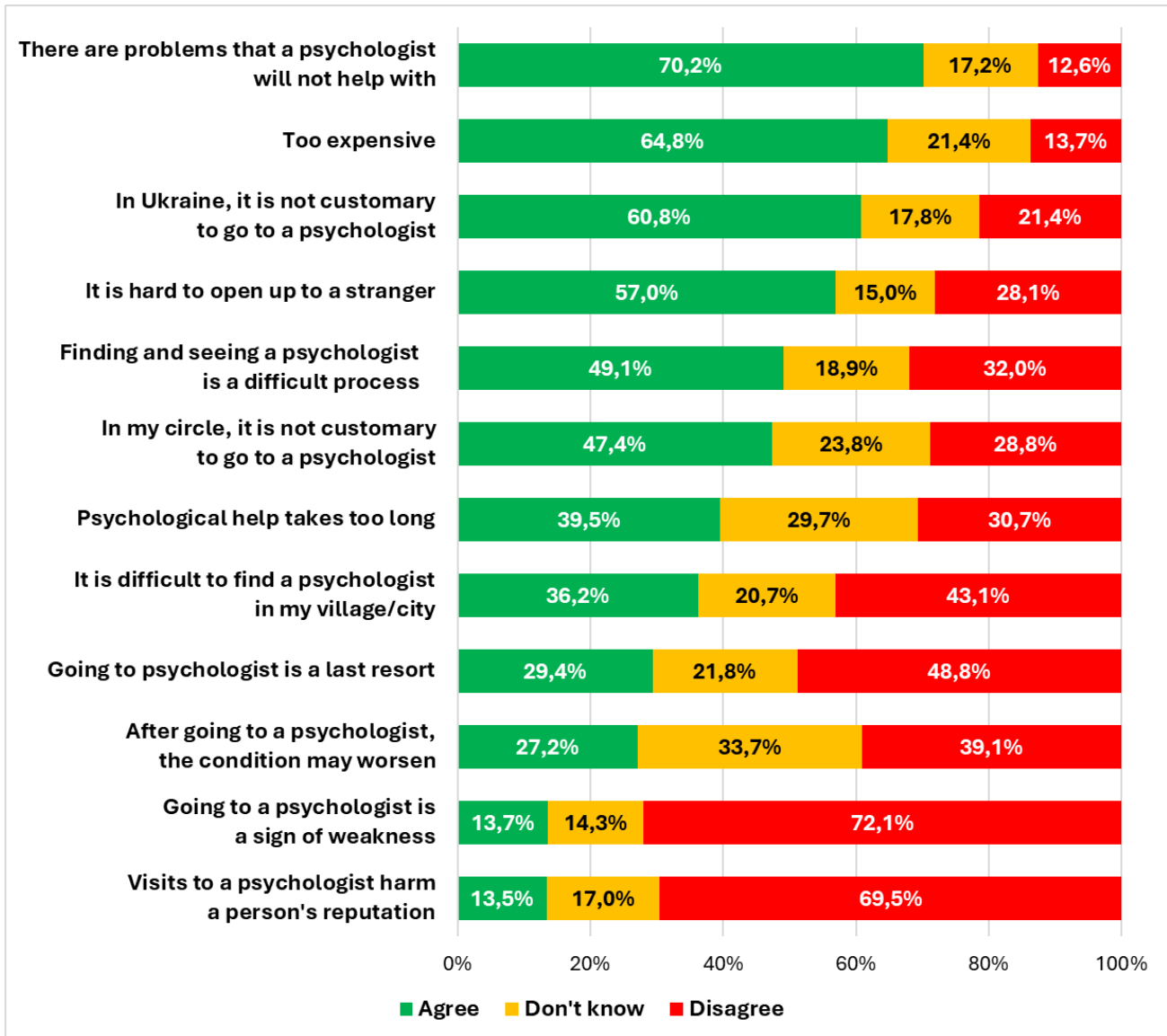
- "Going to a psychologist is a sign of weakness" (72,1% disagreed with this statement);
- "Visits to a psychologist harm a person's reputation" (almost 69,5% disagree).

Two questions in which a third of respondents could not decide on the answer:

- 33,7% do not have an opinion about the statement "after contacting a psychologist, the condition may worsen."
- 29,7% are unsure about the statement "psychological help takes too long."

This indicates a lack of awareness about what working with a psychologist is like and what to expect from the visits.

Figure 20. Barriers to seeking psychological help



The following graph shows only those barriers for which there are differences in responses between men and women (Figure 21). Most women (80,8%) disagree with the statement “going to a psychologist is a sign of weakness”, compared to 57,4% for men. 52,3% of women and 64,7% of men agreed with the statement "difficult to open up to a stranger." There is also a big difference in the statement "visits to a psychologist harm a person's reputation": 75,5% of women and only 59,6% of men disagree with it. One common thread is that men are more uncertain about the answers— the percentage of those who could not decide on the answer—than women.

Figure 21. Barriers by gender

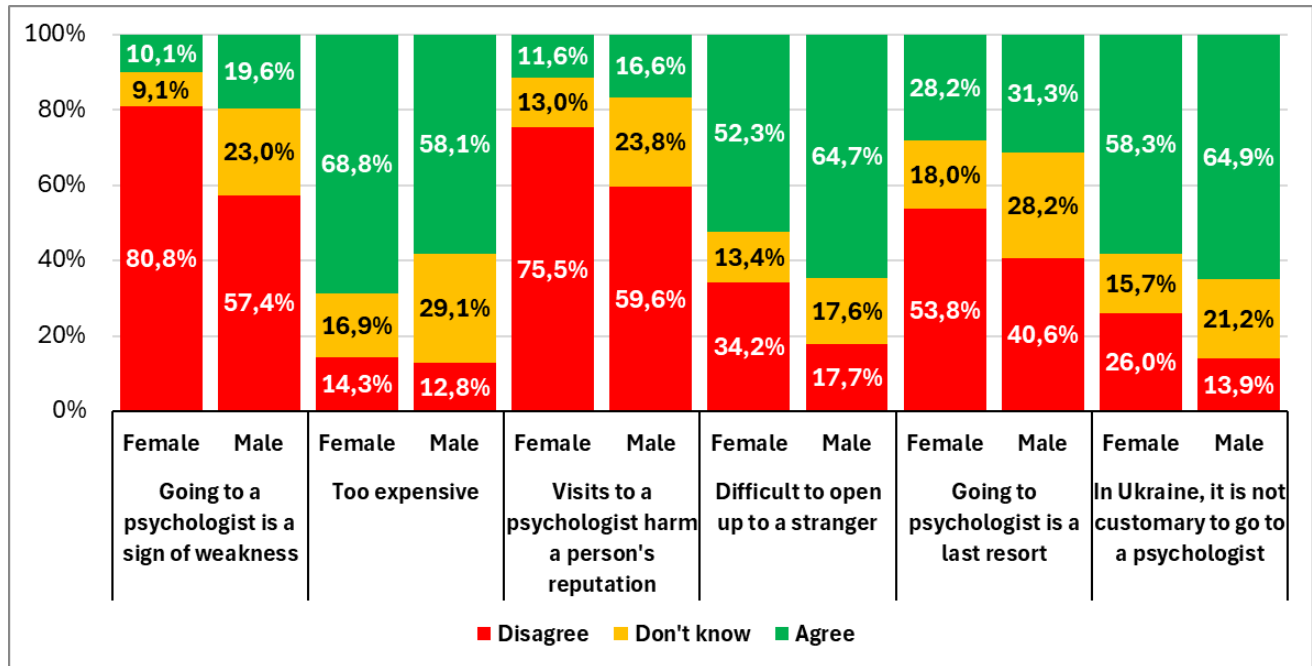


Figure 22 shows how different age groups respond to the statement "psychological help takes too long." Firstly, the percentage of those who agree with this statement increases with age—32,9% for 18–29-year-olds and climbs to 46,1% for 60+. Secondly, all age groups are characterized by a large number (from 27% to 30%) of people who could not decide on the answer.

Figure 22. Barrier "psychological help takes too long" by age group

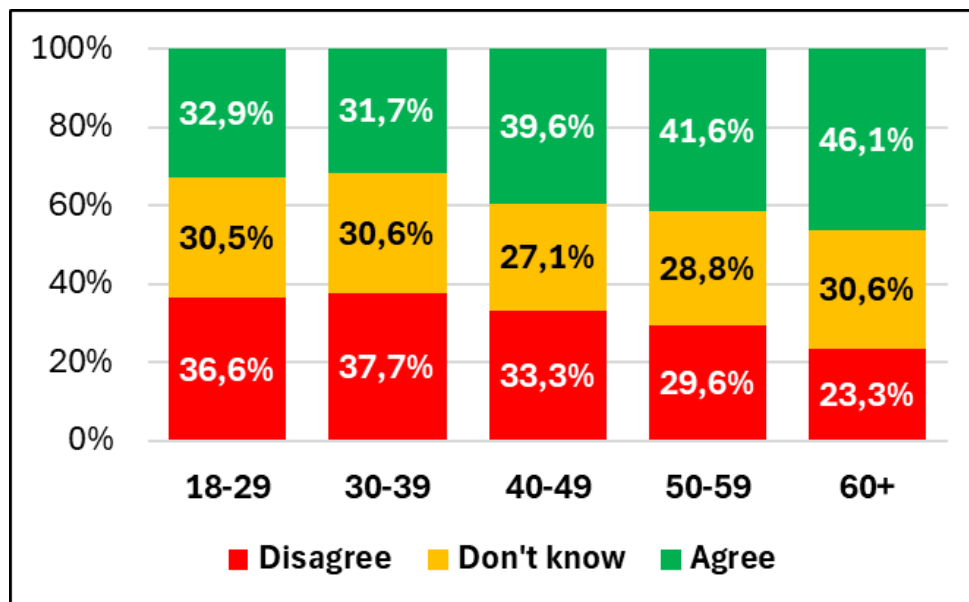


Figure 23 shows how different age groups agree with the statement *"it's hard to open up to a stranger."* This barrier is most relevant among young people (18–29 years old) – 67,6% agreed with the statement—who are followed by 65,5% of 30-39 years old, who also agree with the statement. The secondary trend is an increase—from 7% of 18–29 years old to 18,4% of 60+ years olds – in the number of uncertain respondents.

Figure 23. Barrier "it is hard to open up to a stranger" by age group

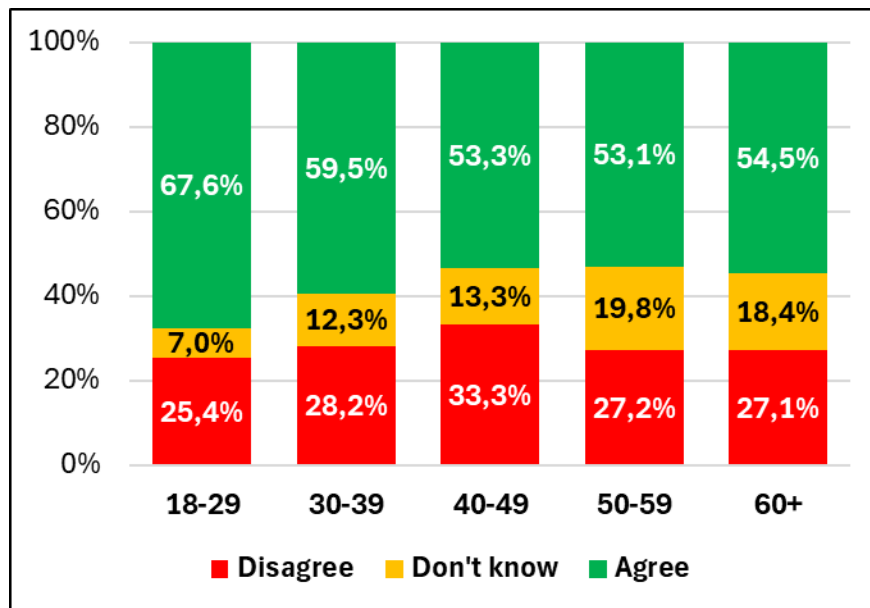
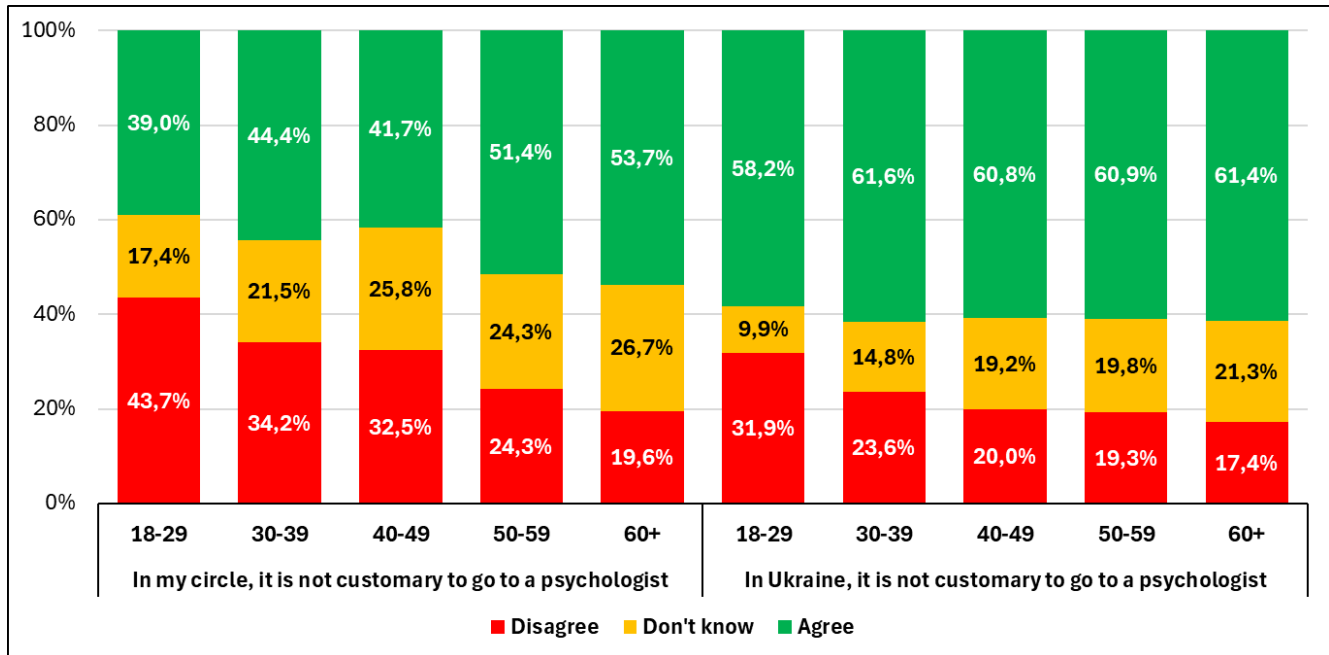


Figure 24 shows answers to two statements *"in my circle, it is not customary to go to a psychologist"* and *"in Ukraine, it is not customary to go to a psychologist."* Regarding the first one, the number of those who agree increases with age from 39,0% 18–29-year-olds to 53,7% 60+ year-olds, and the percentage of those who cannot decide on the answer increases (from 17% to 27%). Thus, in older age groups, going to a psychologist is not something common or habitual.

As for the second question, all age groups show a high level of agreement (around 60%) with this statement. With age, the percentage of those who disagree with the statement steadily decreases (from 32% to 17%), and the number of those who cannot decide increases (from 10% to 21%).

Figure 24. Barriers of "group and social norm" by age group



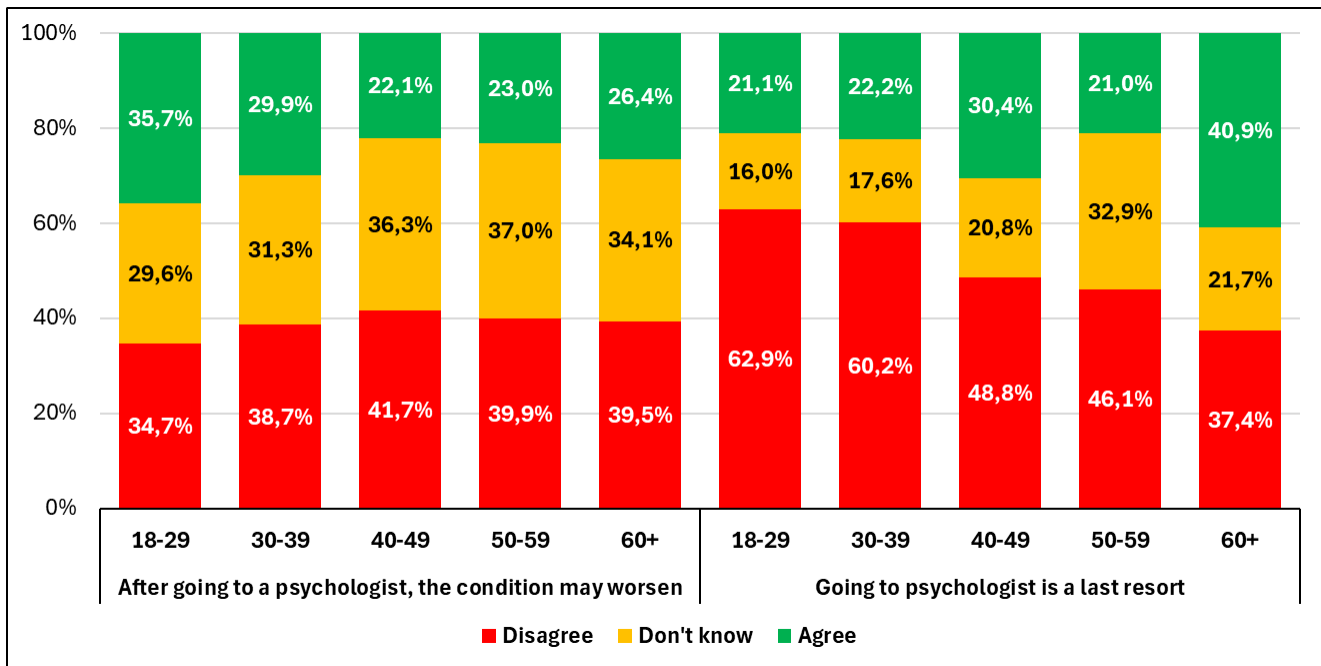
In all age groups, there is a slightly higher percentage of those who disagree with "in my circle, it is not customary..." compared to "in Ukraine, it is not customary..." This indicates that certain social and age groups are more tolerant than broader society.

Many people are unsure if seeking psychological help is acceptable among their friends, more so than in society overall. This suggests that psychological help isn't a common topic of discussion, making it hard for them to know how their friends and acquaintances feel about it.

Figure 25 shows answers to the statements "after going to a psychologist, the condition may worsen" and "going to a psychologist is a last resort." Regarding the first statement many respondents across all age groups could be unsure about the answer (from 30% to 37%). This indicates a certain lack of knowledge about the process of receiving psychological support and what exactly can be expected from them.

Regarding the second statement, there are two clear trends. Many 18-29 and 30-39 years old disagree with the statement. That is, they believe that one can turn to a psychologist not only when things are hopeless, but to deal with everyday psychological issues. The second trend is the number of those who consider psychologists as a last resort increases with age. Older people are more likely to put off seeking help until the moment when the situation becomes critical. Younger respondents have a more positive attitude towards seeking help early.

Figure 25. Barriers "the condition may worsen" and "last resort" by age group



## Conclusions

**The most common barriers** are the belief that there are problems that psychologists cannot help with (70% of respondents), the high cost (65%), cultural stereotypes (61% believe that it is not customary in Ukraine to turn to a psychologist), as well as the difficulty of opening up to a stranger (57%). **The least significant barriers** are the fear that visit to a psychologist is a sign of weakness (72% disagree) and that it could damage one's reputation (70% disagree).

**The distribution of barriers by gender** shows that there is a more widespread opinion among men that seeking psychological help is a sign of weakness (20% vs. 10% among women). It is also more difficult for men to open up to strangers (65% vs. 52% among women). In general, men are more uncertain about most barriers.

Older respondents are more likely to agree with the statement that psychological help takes too long (33% in the 18-29 age group and 46% in the 60+ age group). Younger respondents (18-29 years old) most often note the difficulty of opening up to a stranger (68%). Older people are more likely to believe that it is not customary in their social environment to consult a psychologist.

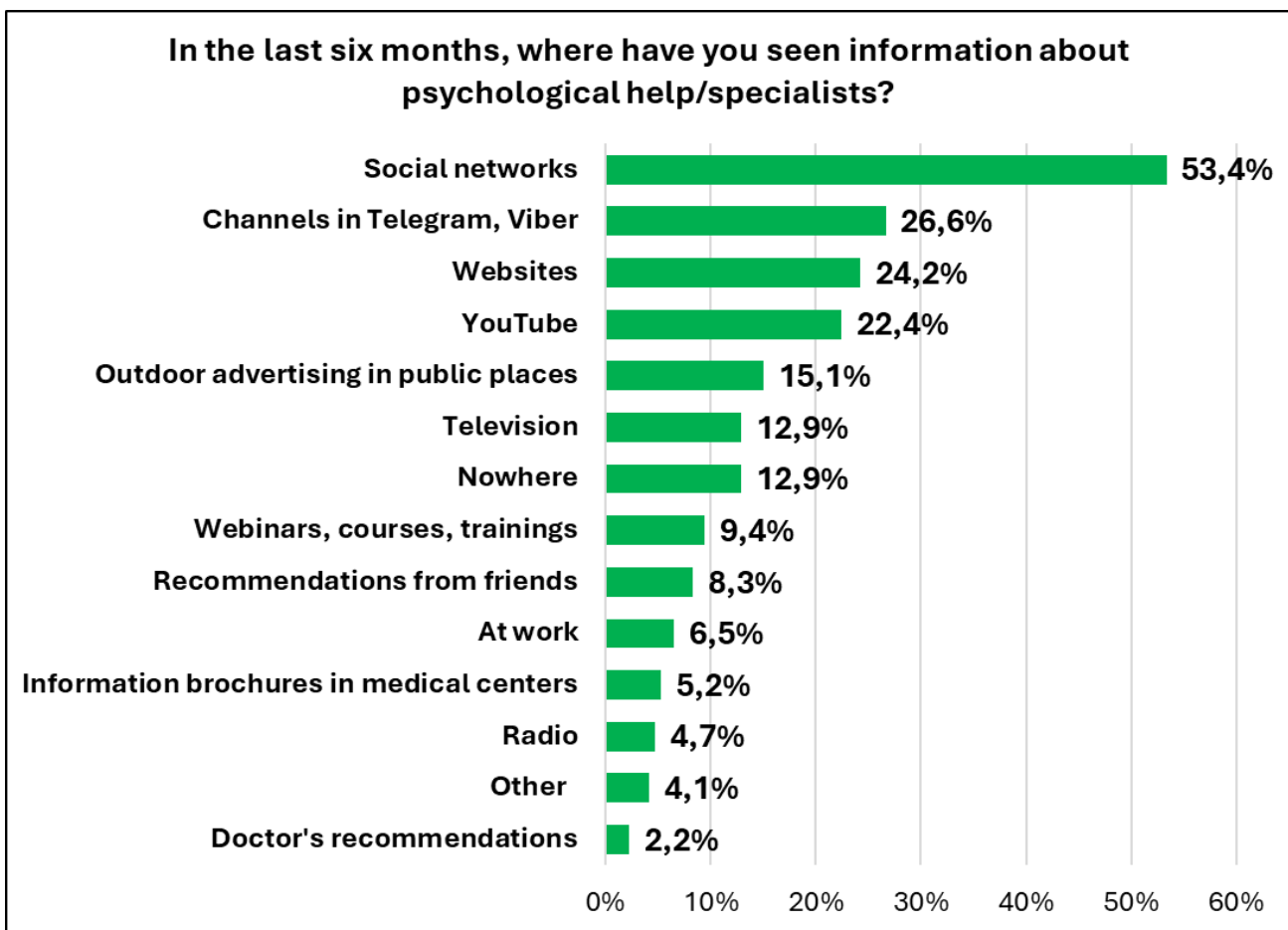
About a third of respondents are unsure whether therapy can worsen their condition, hinting at a **lack of knowledge about the treatment process**. Younger people are more open to seeking help before problems become serious, while older groups tend to wait until the situation becomes critical. This aspect, as well as the significant uncertainty among men about barriers, highlights **the need to raise awareness** and reducing the stigma of psychological care among different population groups.

## 5. Sources of information and experience

### 5.1. Sources of information about psychological help

To find out how Ukrainians become aware of psychological services and obtain specialists' contact information, respondents were asked about various sources of such information. The most frequent are social networks (Figure 26), and 40% indicated them as the only source. The second to fourth most common sources are Telegram and Viber (26,6%), websites (24,2%) and YouTube (22,4%). This shows that respondents often see information about psychologists or psychological help online and seldom in public places (15,1%) or hear from other people—friends, work, and doctors were chosen by less than 10% of respondents.

Figure 26. Sources of information about psychological help\*



\*Multiple choice question

Men and women don't vary greatly on most sources of information about psychological help (Table 2) but three. Women are much more likely to indicate social networks—58% against 46% of men—and webinars, courses, trainings—12% against 5% of men. Men are more likely to report not seeing any information about psychological help anywhere at all—18% against 10% of women.

*Table 2. Sources of information about psychological help: women and men*

	<b>Women</b>	<b>Men</b>
<b>Social networks</b>	<b>57,91%</b>	<b>45,70%</b>
<i>Channels in Telegram, Viber</i>	26,72%	25,78%
<i>Websites</i>	23,23%	25,59%
<i>YouTube</i>	20,28%	25,05%
<i>Outdoor advertising in public places</i>	14,50%	14,63%
<b>Webinars, courses, trainings</b>	<b>12,21%</b>	<b>4,94%</b>
<i>Television</i>	11,56%	14,63%
<i>Recommendations from friends</i>	9,81%	5,85%
<i>At work</i>	6,32%	6,03%
<i>Information brochures in health centers</i>	5,32%	4,94%
<i>Radio</i>	3,27%	6,95%
<i>Doctor's recommendations</i>	2,73%	1,46%
<i>Other</i>	3,27%	5,48%
<b>Nowhere</b>	<b>9,81%</b>	<b>18,46%</b>

Across all age categories social networks, channels in Telegram and Viber, YouTube and websites are reported as the most frequent sources (Table 3). At the same time, younger respondents are more likely to indicate YouTube as a source, and older respondents—social networks. Friend's recommendation is a more common source of information for the younger, 18-29 years old, group (7%) compared to the older, 30-59-year-olds, group, for whom this percentage ranges from 3% to 4%. The popularity of YouTube as a source gradually decreases for each successive age group from 15% to 9%. Telegram and Viber are equally popular among respondents aged 18-59 (approximately 14%) but are significantly less popular as a source of information about psychological help among the 60+ group (9%). Respondents over the age of 50 are more likely to indicate that they have not seen information about psychological help anywhere.

Table 3. Sources of information on psychological help: age distribution

	<b>18-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60+</b>
<b>Social networks</b>	<b>22,34%</b>	<b>22,86%</b>	<b>28,17%</b>	<b>26,32%</b>	<b>29,47%</b>
<b>YouTube</b>	<b>15,12%</b>	<b>12,14%</b>	<b>7,74%</b>	<b>8,63%</b>	<b>9,21%</b>
<b>Channels in Telegram, Viber</b>	<b>13,40%</b>	<b>14,29%</b>	<b>14,09%</b>	<b>14,53%</b>	<b>8,95%</b>
<b>Websites</b>	9,97%	11,14%	10,91%	12,63%	13,42%
<i>Outdoor advertising in public places</i>	8,25%	8,43%	7,34%	6,53%	5,00%
<b>Recommendations from friends</b>	<b>6,87%</b>	<b>4,00%</b>	<b>3,97%</b>	<b>3,37%</b>	<b>2,37%</b>
<i>Television</i>	4,81%	6,29%	6,35%	4,63%	7,89%
<b>Nowhere</b>	<b>4,47%</b>	<b>4,00%</b>	<b>4,17%</b>	<b>7,79%</b>	<b>10,39%</b>
<i>Webinars, courses, trainings</i>	4,12%	4,71%	6,35%	4,84%	3,55%
<i>At work</i>	2,92%	3,29%	2,98%	4,42%	1,97%
<i>Information brochures in health centers</i>	2,58%	3,57%	2,38%	1,26%	2,24%
<i>Other</i>	2,41%	2,00%	1,98%	2,11%	1,58%
<i>Radio</i>	2,06%	2,57%	1,98%	1,68%	2,63%
<i>Doctor's recommendations</i>	0,69%	0,71%	1,59%	1,26%	1,32%

No significant differences were found with regard to settlement type. The only difference is that respondents from villages indicate that they have not seen information about psychological assistance or contacts of specialists anywhere—11% against 5%-7% in bigger settlements).

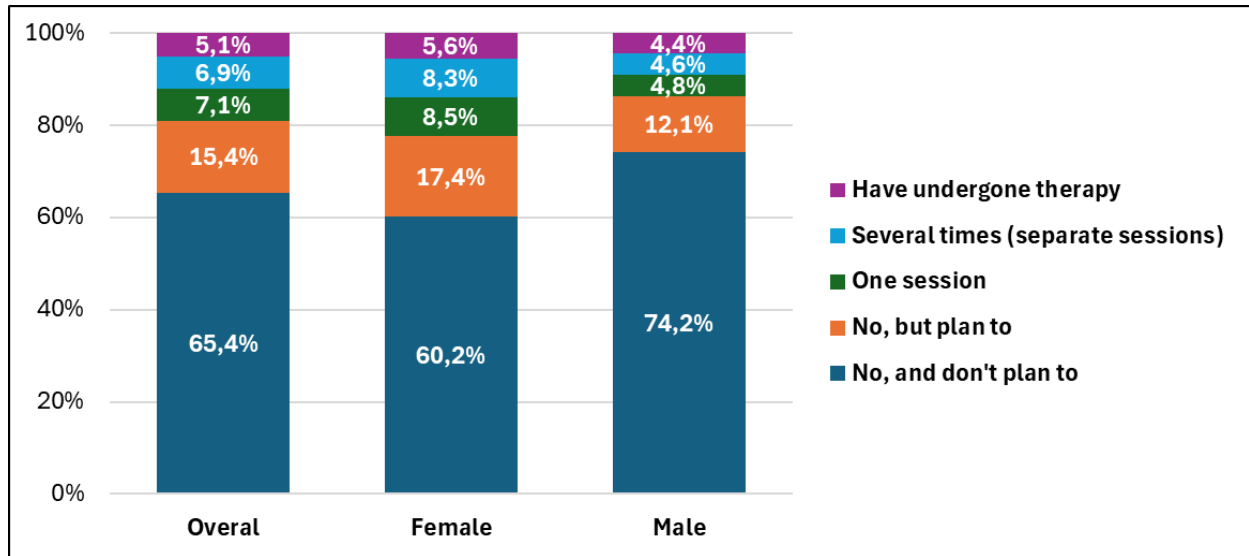
## 5.2. Prior experience of seeking psychological help

A separate set of questions investigated whether the respondents had prior experience of seeking psychological help. The main question was "Have you ever sought professional psychological help?" (Figure 27) 19,1% of respondents (22,4% of women and 13,8% of men) have experience of seeking psychological help. Of these, 5,1% underwent therapy, 14,0% had one or more sessions.

65,4% of respondents clearly indicate their disinterest in contacting psychologists (the answer is "No, and don't plan to"). For women, this percentage is lower (60,2%), men are more categorical (74,2%).

The remaining 15,4% are considering or planning to seek psychological help. This willingness is higher for women than men, at 17,4% and 12,1%, respectively.

Figure 27. Experience in receiving psychological help



In conclusion, 65,4% of people have no experience in seeking psychological help and do not plan to do so. 15,4% are thinking about it, and remaining 19,1% sought help at least once.

Figure 28 shows how help-seeking experience is prevalent across different age groups. Younger respondents have more prior experience than older respondents. Compared to 82,9% of individuals aged 60 and above, only 47,4% of those aged 18-29 have no prior experience and don't plan to seek help. Similarly, only 7,4% of the 60+ age group consider seeking psychological help to 22,5% of 18-29 age group. A similar trend is observed for those who have attended more than one session with a psychologist. However, the percentage of those who have had a one-time experience with a psychologist is similar across all age categories, ranging from 6% to 9%.

Figure 28. Experience of receiving psychological help by age groups

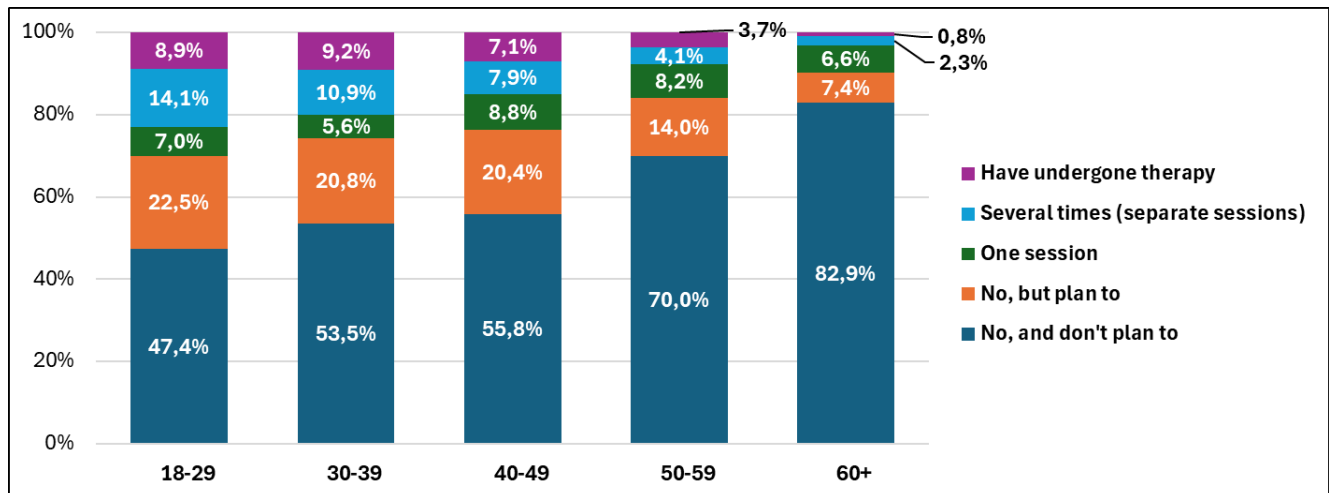
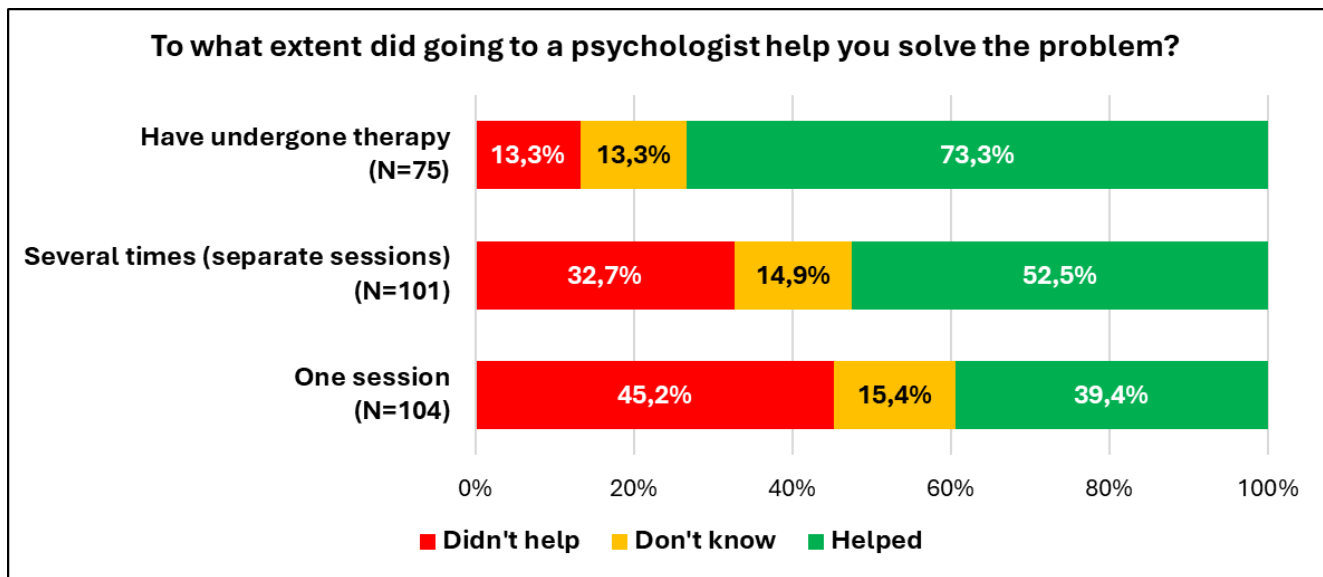


Figure 29 shows the distribution of answers to the question "To what extent did going to a psychologist help you solve the problem?" As the number of sessions increases, assesses their effectiveness: from 39,4% for a one-time meeting with a therapist to 73,3% if the respondent has undergone therapy.

Figure 29. Previous experience of help-seeking by its effectiveness



This clearly illustrates one of the cornerstone problems of psychological help – for a person to feel improvement, one session is not enough. For example, the UK's National Institute for Health and Care Excellence (NICE) protocol recommends 12 to 15 weekly sessions for the treatment of generalised anxiety disorder<sup>1</sup>. The UK's National Health Service indicates that in the case of cognitive-behavioral therapy, the duration of therapy can range from 6 to 20 weekly sessions<sup>2</sup>. Therefore, after one or more sessions, some people may feel frustrated because they do not see quick results. For results to appear a certain time should pass.

Regarding the format, 59% of respondents communicated with a psychologist in-person, 23% either online or by phone, and 15% reported a mixed format. Data also show that the format of communication did not affect the effectiveness of sessions, and duration was more important.

Figure 30 shows the reasons that prevented some respondents from seeking psychological help. 18% of respondents answered that they needed psychological help over the past 6 months, but

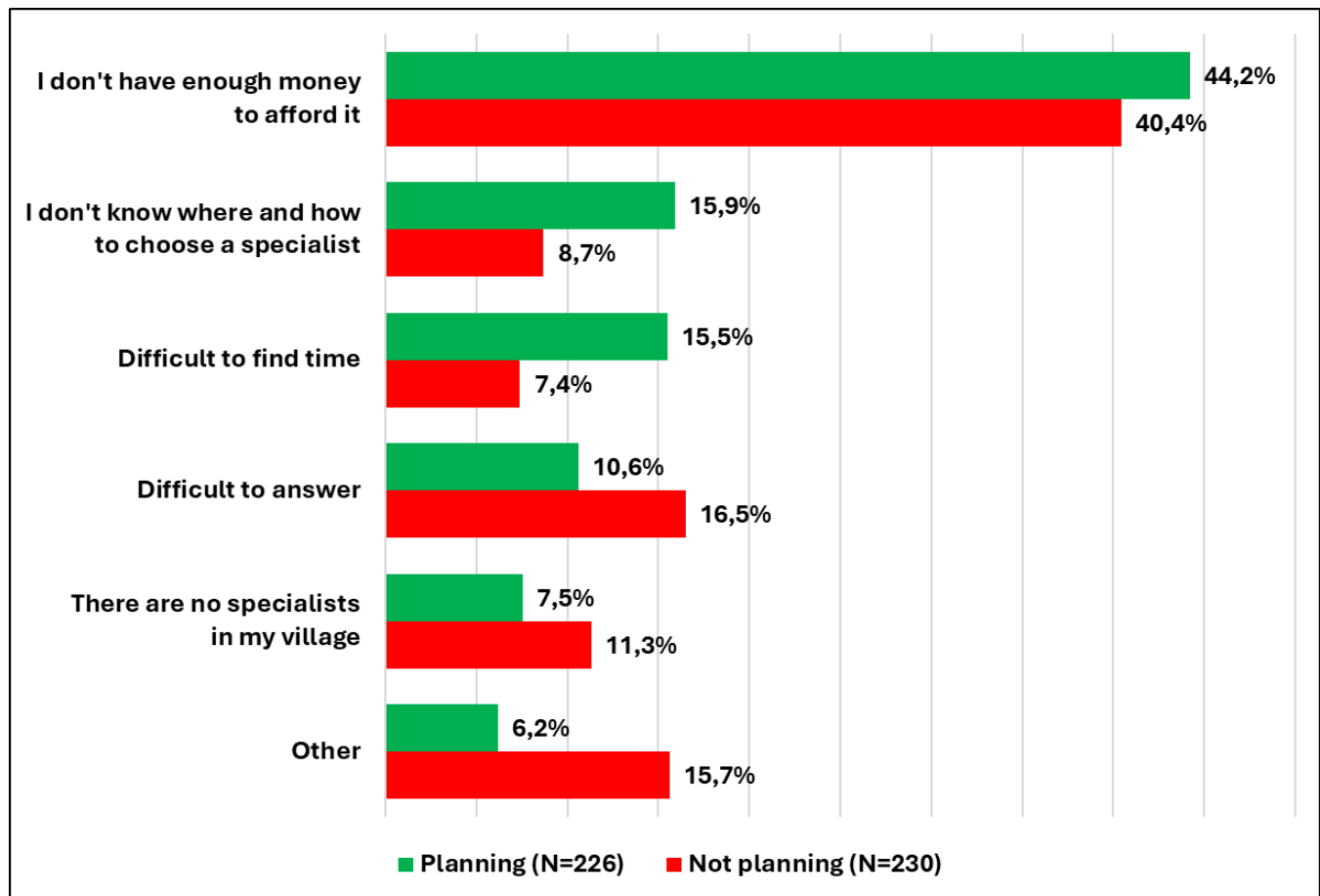
<sup>1</sup> Generalised anxiety disorder and panic disorder in adults: management <https://www.nice.org.uk/guidance/cg113/chapter/Recommendations>

<sup>2</sup> How it works - Cognitive behavioural therapy (CBT) <https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/cognitive-behavioural-therapy-cbt/how-it-works/>

did not seek help. This group includes people who have and do not plan to seek help, as well as those who, again, have no prior experience but plan to do so.

Both groups indicate a lack of funds (*"I don't have enough money to afford it"*) as a major reason. Those who do not plan to seek help more often find this question "difficult to answer" (16,5%) and have "other" (15,7%) reasons. Those who plan to seek help, give a more concrete reasons, such as "I don't know where and how to choose a specialist" and "It is difficult to find time."

Figure 30. Distribution of answers to the question "Why didn't you seek psychological help?"



This indicates that people who consider psychological help have already decided, so the reasons they indicate are specific tasks, restrictions that they need to solve—find the right amount, choose a specialist and time. Those who do not plan may not have thought about why they have decided against seeking help, and therefore some of them do not have a clear answer to this question.

## Conclusions

**The most popular source of information** about psychological services is social networks, which were mentioned by 53% of respondents (for 40% this is the only source). Other common sources include Telegram/Viber (26,6%), websites (24,2%), and YouTube (22,4%).

**Younger respondents** are more likely to encounter psychological information on YouTube (15% among the 18-29 age group), while older age groups saw more on social media. 10,4% of the over 60 age group indicate not seeing any information about psychological help anywhere. The percentage of those aged 18-29 who answered similarly is twice as low, at 4,5%.

As for **the prior experience of help-seeking**, only 5% of respondents underwent a full course of therapy, 7% had several, and another 7% had just one session. 65% of respondents have no experience of seeking psychological help and do not plan to do so. Men are more categorical in this matter (74% vs. 60% for women). At the same time, 15% of respondents are considering seeking help, which is more common for women (17% vs. 12% in men).

With age, the number of those who have no prior experience in therapy and do not plan to turn to psychologists increases from 47% of those aged 18-29 to 83% of those aged over 60. The percentage of those considering seeking help is decreasing from 23% of the 18-29 age group to 7% of over 60 age group.

**Younger people are more open** to therapy, while older people are less likely to seek help. **The effectiveness of therapy increases** with the number of sessions attended.

Financial constraint is the main **reason why people (who need it) don't seek help**. Those who plan to seek help point to difficulties in choosing a specialist and finding time as additional barriers. For those who do not plan to seek help, it is often difficult to articulate specific reasons for their decision.

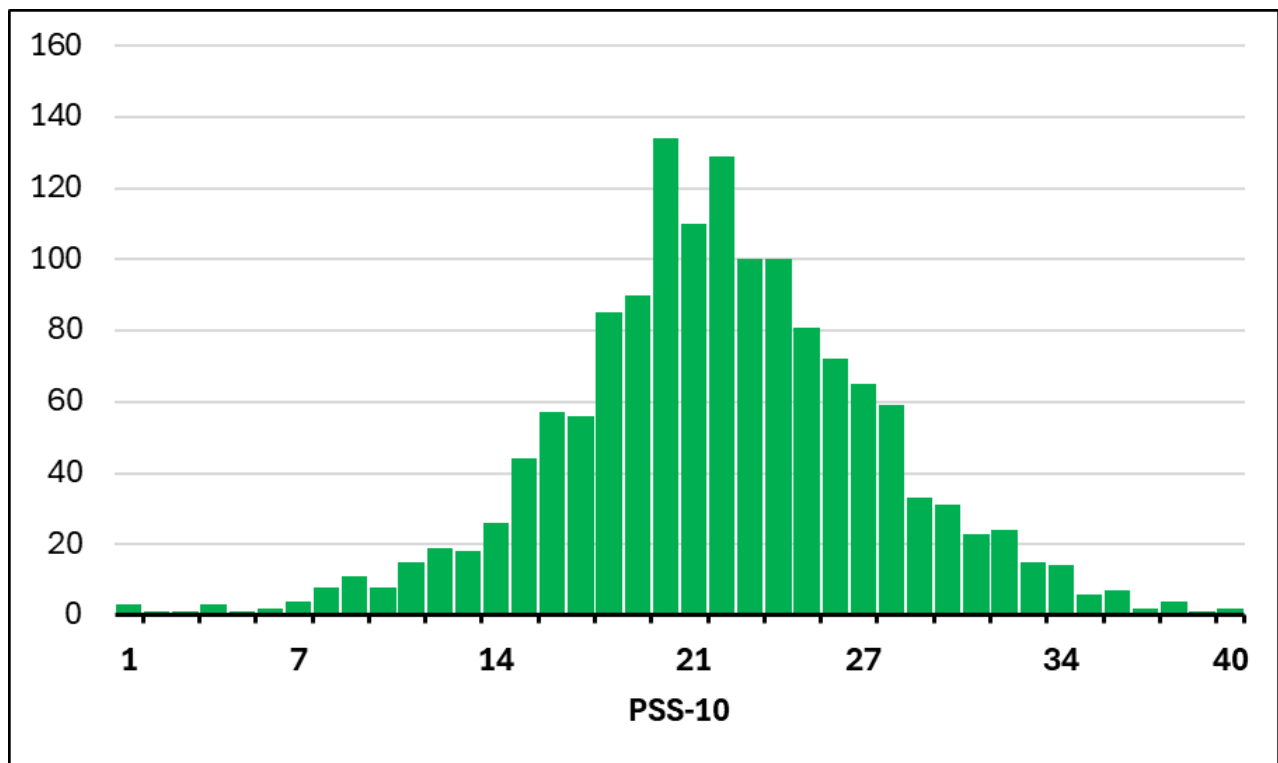
## 6. Stress levels and the need for psychological help

### 6.1. Overall stress level

The assessment of the level of subjective (perceived) stress was carried out using the PSS-10<sup>3</sup> (*Perceived Stress Scale*) questionnaire, which is a standard method of measuring stress and is widely used in research. The PSS-10 measures the degree to which individuals perceive their lives as unpredictable, uncontrollable, and overloaded during the past month.

In our questionnaire, a 7-point scale from 1 ("Never") to 7 ("Always") was used ([Appendix 9.1](#)). And the answers were recoded to ensure compatibility with the standard scale, which is on a scale from 0 ("Never") to 4 ("Very often"). The general distribution of responses is presented below (Figure 31).

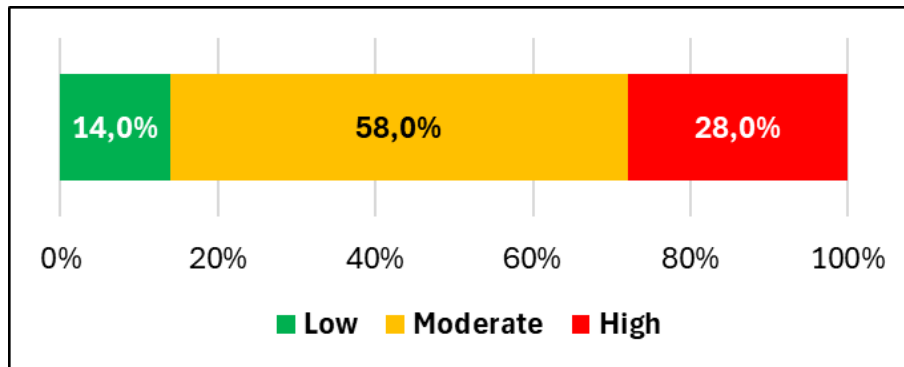
Figure 31. Distribution of PSS-10 scores



<sup>3</sup> For example, <https://www.das.nh.gov/wellness/docs/percieved%20stress%20scale.pdf>

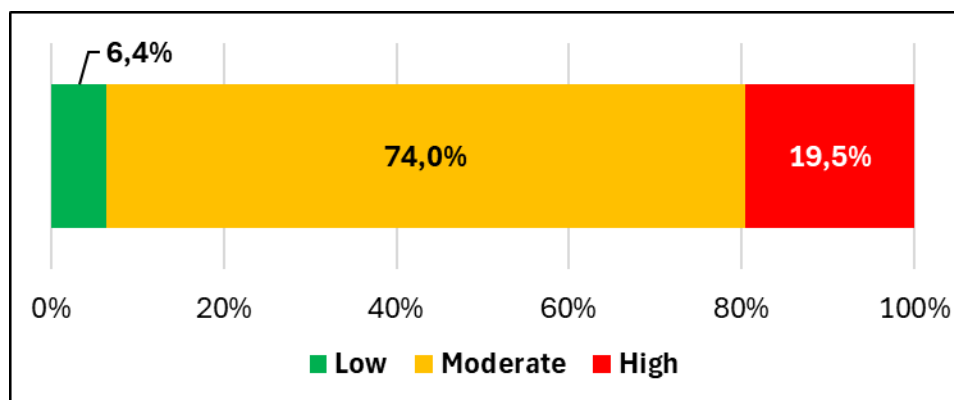
Figure 32 and Figure 33 show the distribution of stress levels in the sample. Figure 32 shows groups by level of stress obtained from clustering PSS-10 responses using K-means algorithm. Figure 33 shows groups by levels of stress based on the standard ranges: values ranging from 0 to 13 points are considered low stress, from 14 to 26—moderate—and 27 to 40—high stress.

Figure 32. Groups by stress level (clustering)



Clusters resulted in 14,0% of respondents having low stress, 58,0%—moderate, and 28,0%—high stress. To ensure that results are comparable to other studies, groups based on the standard range were calculated, which resulted in 6,4% with a low level of stress, 74,0% with a moderate level of stress, and 19,5% with a high level of stress (Figure 33). **All the following figures and supporting text in this section are based on the standard (0-40) PSS-10 scale.**

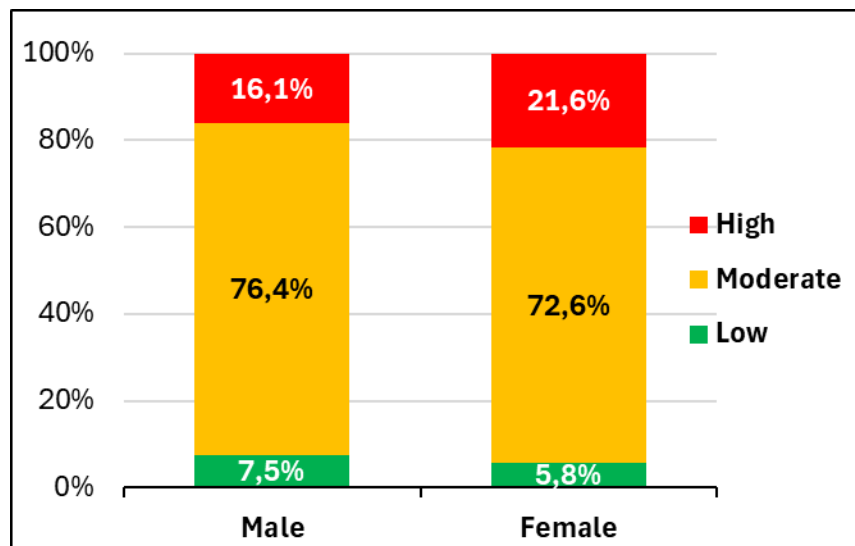
Figure 33. Groups by stress level (standard scale)



Our sample shows an average stress level of 21.9 points. To understand the impact of the war, we compared this to an international study during the global COVID-19 pandemic<sup>4</sup>, which involved 1,685 respondents from 57 countries and found an average stress level of 19.1 points. This means the stress level in Ukraine is 2.8 points higher than during the difficult period of the pandemic.

A detailed breakdown of stress levels is presented in Figure 34. Women's perceived stress levels are, on average, higher than men's. The average for men is 21,0, and for women is 22,4 points. 21,6% of women show signs of high levels of stress, compared to 16,1% men.

Figure 34. Stress level (PSS-10) by gender

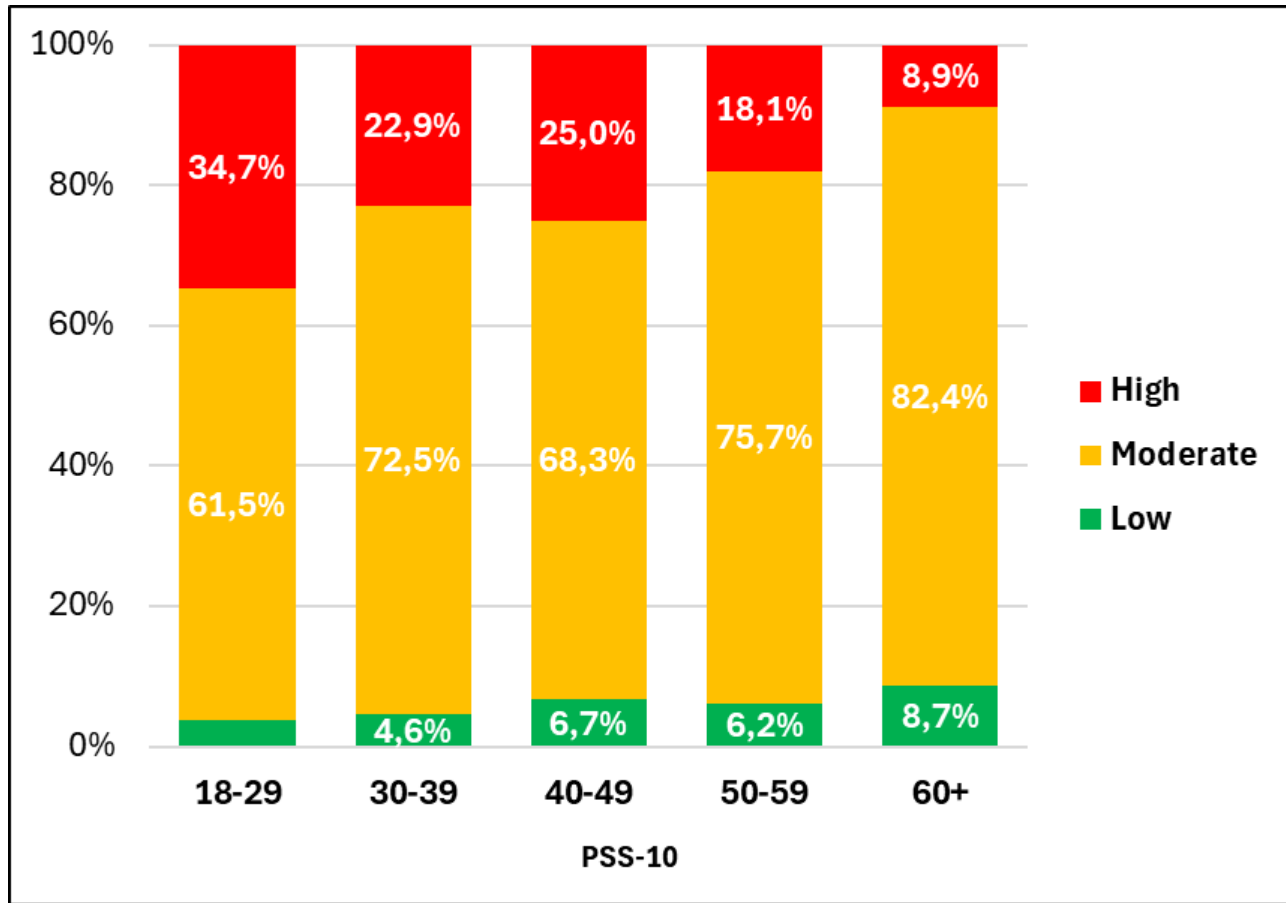


The level of stress in does not differ very significantly for residents of urban or rural areas. From 5% (villages, regional centers) to 7% of respondents (cities, large cities) have low stress. Moderate stress values range from 71% for cities to 78% in regional centers. Most people with a high level of stress live in smaller cities (22%), the least – in larger regional centers (17%).

With age, the percentage of those with signs of high stress decreases significantly. 34,7% of young people aged 18-29 have high stress level, compared to just 8,9% of those aged over 60. The percentage of those with low stress levels increases slightly, from 3,8% of those aged 18-29 to 8,7% of those aged over 60. The most vulnerable age group is young people between 18 and 29 years old, in whom almost one in three show signs of high levels of stress (Figure 35).

<sup>4</sup> Adamson MM, Phillips A, Seenivasan S, Martinez J, Grewal H, Kang X, Coetzee J, Luttenbacher I, Jester A, Harris OA, Spiegel D. International Prevalence and Correlates of Psychological Stress during the Global COVID-19 Pandemic. Int J Environ Res Public Health. 2020 Dec 10; 17(24):9248. doi: 10.3390/ijerph17249248. PMID: 33321950; PMCID: PMC7763004.

Figure 35. Stress level (PSS-10) by age



Similar dynamics are typical for other countries. In the United States, a community study was conducted in which 2000 respondents were interviewed<sup>5</sup>. This data is used as a reference by NovoPsych, an Australian company providing software for psychologists and mental health professionals<sup>6</sup>.

The table shows the average PSS values for different age groups in the United States and Ukraine (Table 4). The Ukrainian scores are significantly higher than the U.S. reference values across all age groups. However, the trend remains the same: as people get older, the average stress level gradually decreases.

<sup>5</sup> Cohen, S. and Janicki-Deverts, D. (2012), Who's Stressed? Distributions of Psychological Stress in the United States in Probability Samples from 1983, 2006, and 2009†. *Journal of Applied Social Psychology*, 42: 1320-1334. <https://doi.org/10.1111/j.1559-1816.2012.00900.x>

<sup>6</sup> Perceived Stress Scale (PSS-10). Psychometric Properties. <https://novopsych.com.au/assessments/well-being/perceived-stress-scale-pss-10/>

Table 4. Comparison of average PSS-10 values for the USA and Ukraine

	Age					
	< 25	25-34	35-44	45-54	55-64	> 64
<b>Ukraine (2024)</b>	24,29	23,52	22,81	22,05	20,54	20,18
<b>USA (2012)</b>	16,78	17,46	16,38	16,94	14,50	11,09

Regression analysis of sociodemographic factors influencing stress levels ([Annex 9.2](#)) shows that financial factors contribute to the highest increase in stress levels. Those who do not have a job have a higher level of stress than people who work or do not work because of childcare and studying. Being retired or having a disability is also associated with higher stress.

Characteristics associated with lowest stress levels:

- **Older age.** The older the person, the lower the stress level.
- **Gender.** Men have lower stress levels than women.

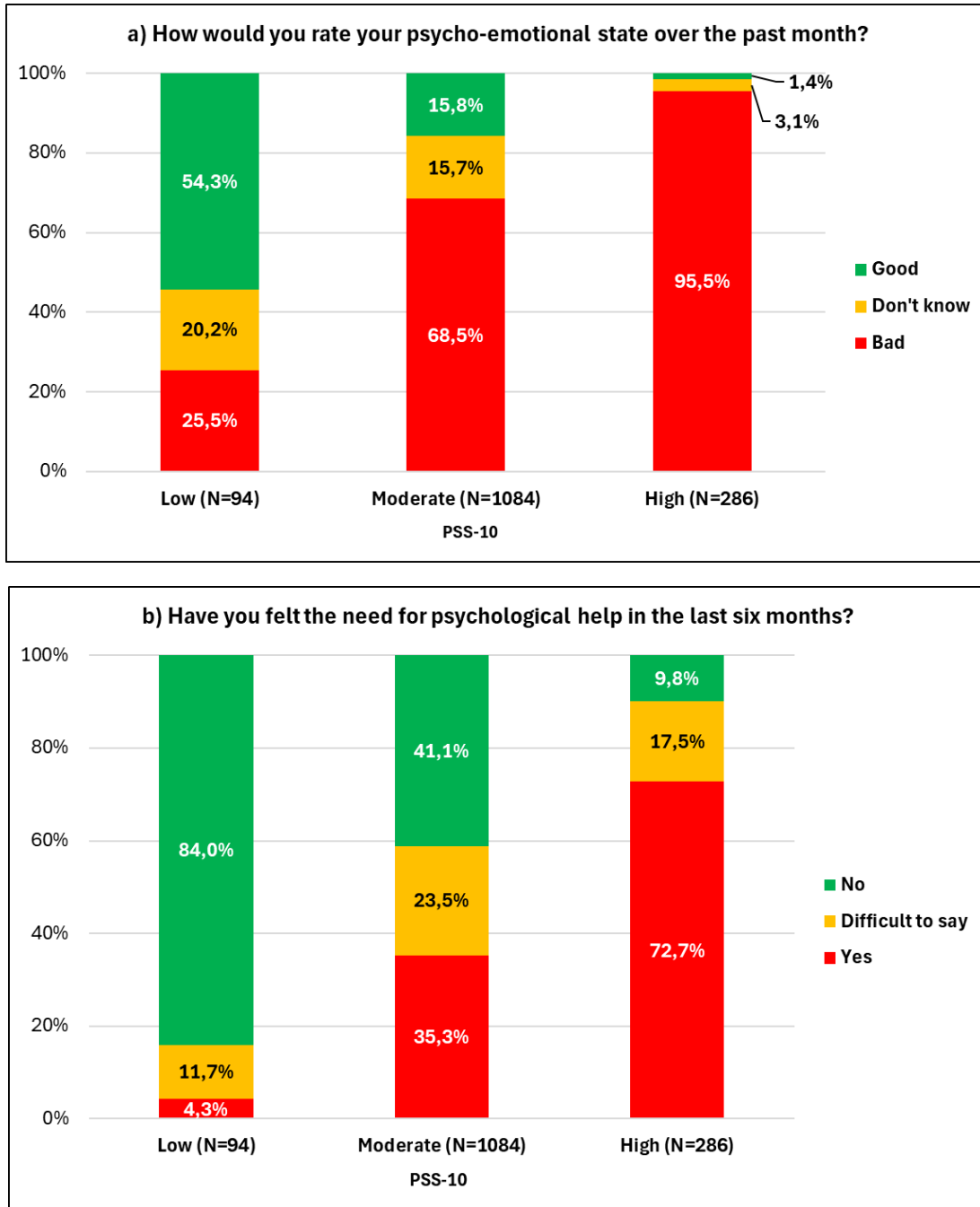
## 6.2. The need for psychological help and self-assessment of psycho-emotional state

In addition to questions about the level of perceived stress, respondents were also asked about the need for psychological help and a self-assessment of their psycho-emotional state over the past month. The answers to these questions correlate with stress levels on the PSS-10 scale (Figure 36).

There is a connection between the self-assessment of the psycho-emotional state (Figure 36, a) over the last month and the level of stress. As the level of stress increases, the share of respondents who assess their psycho-emotional state as bad increases. 25,5% of people with low stress level report their state as psycho-emotional, compared to 95,5% with high stress.

A similar relationship exists between stress level and the need for psychological help (Figure 36, b). 72,7% of respondents with high stress report experiencing a need for psychological help in the last 6 months, compared to only 4,3% with low stress.

Figure 36. Stress level (PSS-10) and a) self-assessment of the psycho-emotional state, b) the need for psychological help

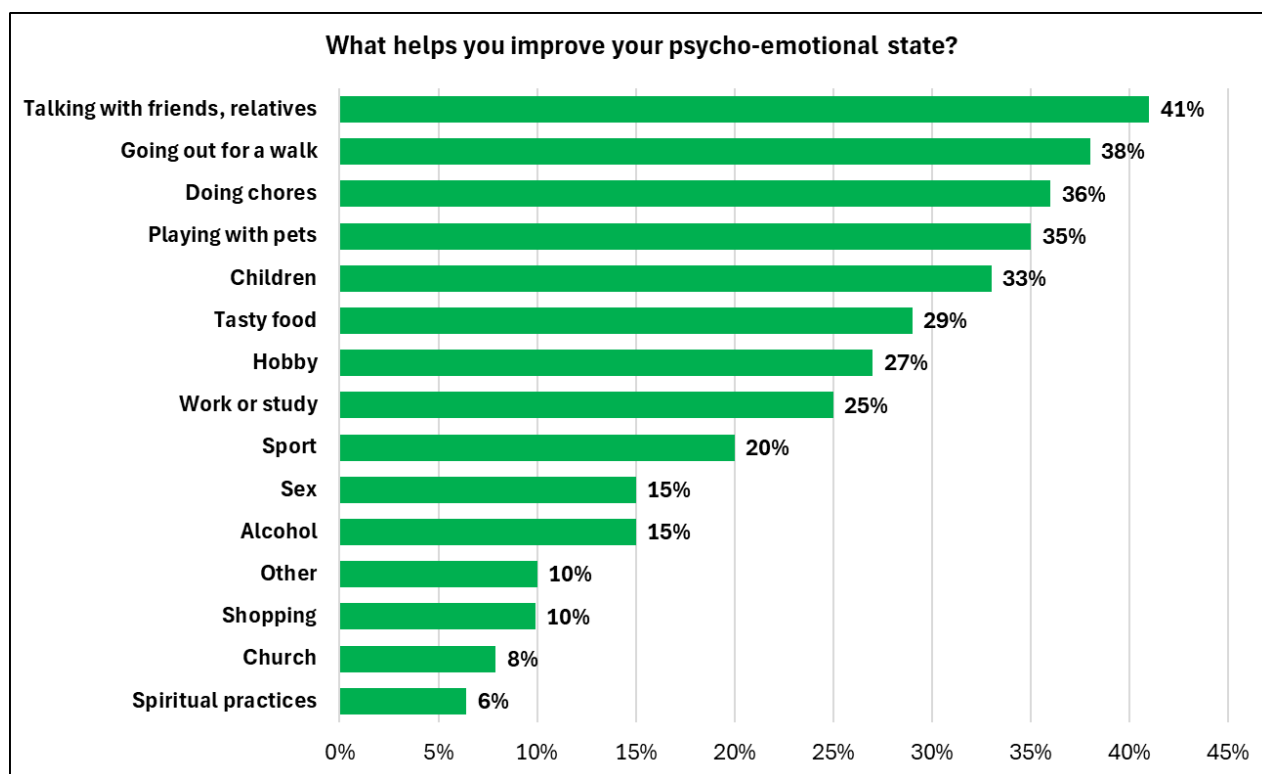


Thus, the respondents understand and adequately assess their psycho-emotional state quite well, and most often recognize the need to seek help.

### 6.3. Means of improving psycho-emotional state

Respondents answered a set of questions about how they improve their psycho-emotional state. The most common were talking to friends or loved ones (41%), going out for a walk (38%), doing household chores (36%), playing with pets (35%) and spending time with children (33%) (Figure 37). The least popular are shopping (10%), church (8%), and spiritual practices (6%).

Figure 37. Means of improving psycho-emotional state\*



\* Multiple choice question

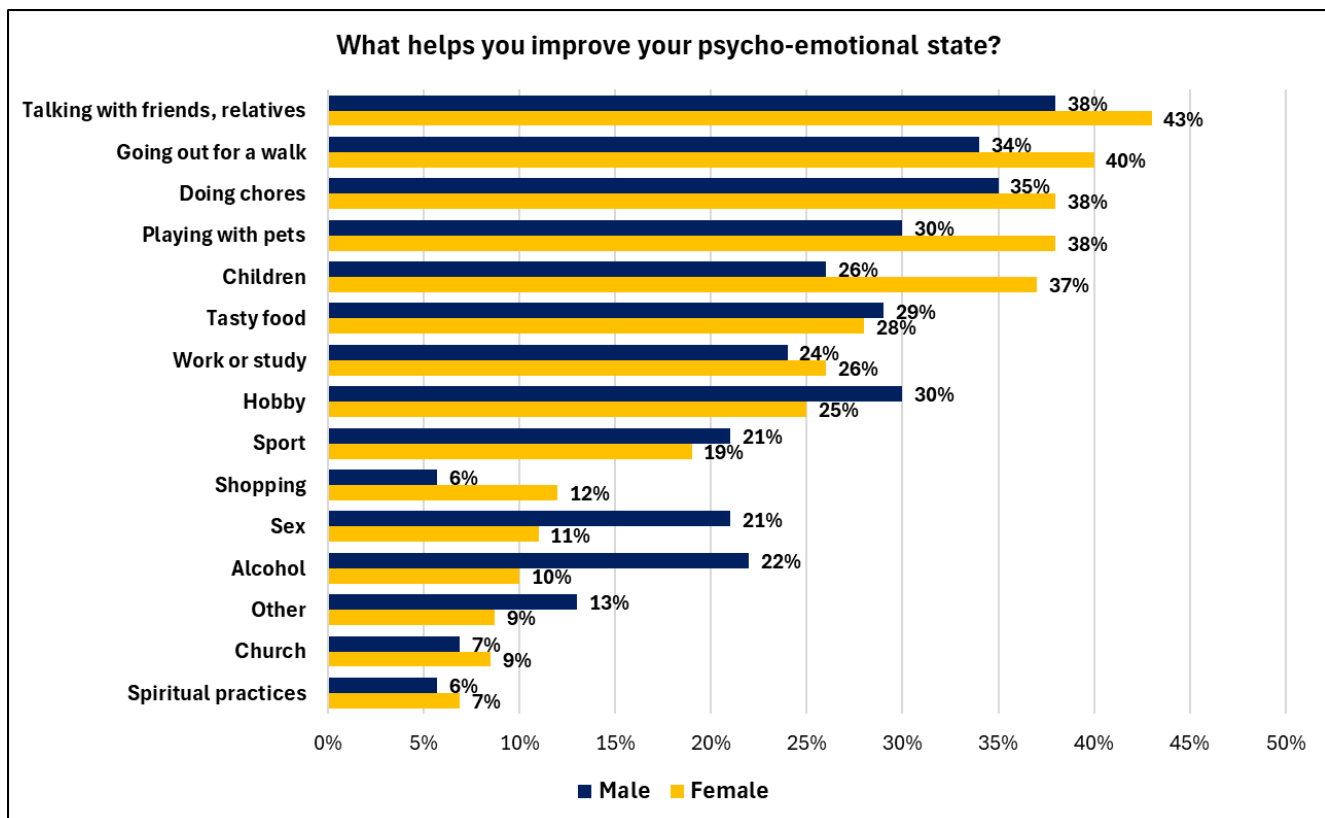
People who have low to moderate stress levels are more likely to indicate that they are psychologically supported by conversations with friends and family, doing household chores, spending time with children, working or studying, and being physically active (Table 5). Respondents with high levels of stress, on the other hand, are more likely to indicate that they improve their psycho-emotional state through the consumption of tasty food and alcohol.

Table 5. Means of improving psycho-emotional state by various levels of stress\*

What helps you improve your psycho-emotional state?	Stress level		
	Low	Moderate	High
Talking with friends, relatives	46%	43%	33%
Doing chores	43%	39%	24%
Children	39%	35%	23%
Playing with pets	39%	35%	36%
Going out for a walk	39%	38%	34%
Work and study	35%	26%	18%
Sports, physical activity	31%	20%	17%
Hobby	28%	28%	26%
Tasty food	23%	28%	33%
Sex	19%	15%	12%
Church	10%	8%	8%
Alcohol	9%	14%	20%
Shopping	7%	10%	10%
Spiritual practices	7%	7%	4%
Other	7%	10%	13%

\* Green color—methods that are more often used by people with low stress levels, red—with high.

Figure 38. Means of improving psycho-emotional state by gender



Men and women indicate similar means of dealing with stress: talking with friends and family, going for a walk, doing household chores (Figure 38). 37% of women and 26% of men indicated spending time with children; 38% of women and 30% of men – playing with pets; 12% of women and 6% of men – shopping. Men are more likely than women to turn to alcohol (22% of men, 10% of women), sex (21% and 11%), and hobbies (30% and 25%).

#### 6.4. War experience and stress levels

To assess the impact of personal war experiences on stress levels, respondents were asked what war events they witnessed or participated in. Events such as separation from relatives, shelling, and forced relocation are stress factors. The more such events someone goes through, the higher their stress levels. Over time, those who know how to manage stress gradually adapt. Otherwise, the negative effects of stress accumulate and gradually lead to the onset of a stress disorder<sup>7</sup>.

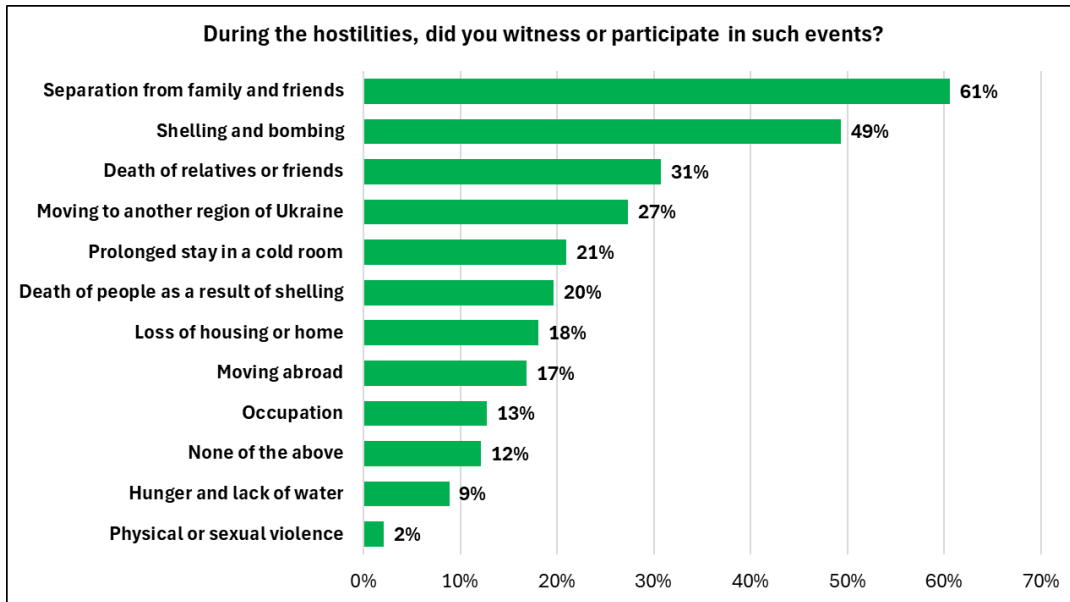
The answers to the question "Were you a witness or participant in such events during the hostilities?" were distributed as follows (

Figure 39). 61% experienced separation from family and friends. 49% witnessed shelling and bombing. 31% have experienced the death of relatives or friends. Only 12% did not encounter any of the listed events.

---

<sup>7</sup> Crosswell AD, Lockwood KG. Best practices for stress measurement: How to measure psychological stress in health research. *Health Psychology Open*. 2020; 7(2). doi:10.1177/2055102920933072

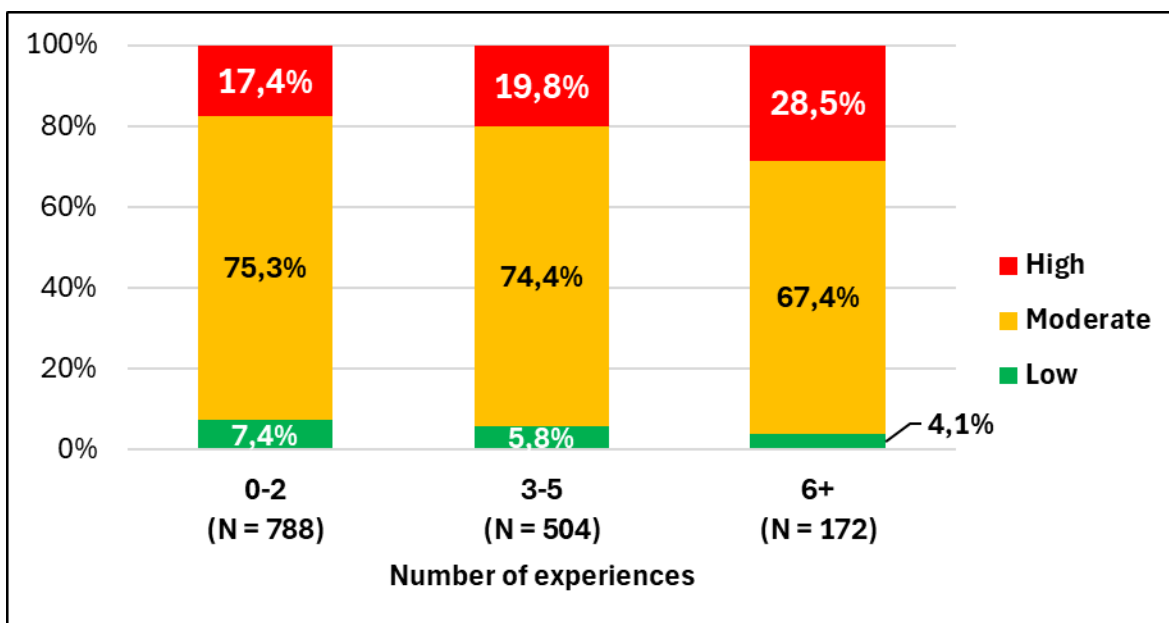
Figure 39. Experience of war\*



\* Multiple choice question

Figure 40 shows that people with more war experiences have higher level of stress. 28,5% of those with over 6 potentially traumatic experiences have high stress, compared to 17,4% with two or less experiences. Data confirm that the number of war experiences is associated with higher levels of stress.

Figure 40. Stress level (PSS-10) by number of war experiences



## Conclusions

In the sample, 6% of respondents have a low **level of stress**, 74%—a moderate level, and 20%—a high level of stress. The average stress level is 21,9 (the maximum possible value on the PSS-10 scale is 40). Women's stress levels are higher, at 22,4 points compared to 21,0 for men.

The difference in level of stress among different settlement types is insignificant.

**Older age groups** are less stressed than younger ones. The most vulnerable group is young people aged 18-29, in which one in three shows signs of high levels of stress.

**Self-assessment of the psycho-emotional state** and the need for psychological help correlates with the level of stress. People with higher levels of stress are significantly more likely to assess their own psycho-emotional state as bad and to express a need for psychological support.

The most common **means of improving the psycho-emotional state** are talking with friends or relatives (41%), walking (38%), doing household chores (36%), playing with pets (35%), spending time with children (33%). People with high levels of stress often turn to alcohol for this purpose (20%).

Women, compare to men, choose spending time with children, pets, shopping and going out on a walk as means of self-help. Men, on the other hand, more often indicate alcohol, sex and hobbies as means of improving their psycho-emotional state.

**Experience of war.** Two-thirds of respondents experienced separation from relatives, almost half experienced shelling and bombing, and one-third experienced the death of relatives or friends. Higher stress level is associated with a bigger number of negative war experiences.

There is a link between **trust and stress levels**. Higher levels of trust correlate with lower levels of stress.

## 7. Trust

Studies show that there is a link between general trust, interpersonal trust, psychological well-being, and health. For example, a study conducted in Japan found a significant positive relationship between interpersonal trust and the quality of life of Japanese adults. People with greater interpersonal trust reported a better well-being – physical, psychological, and social<sup>8</sup>.

Another study<sup>9</sup> found that trusting people can serve as a protective factor against the negative impact of stressful life events. Trusting people appear to be more resilient to stress, while those who trust less experience greater distress when faced with life's challenges. This is explained by the fact that people who trust others tend to be more inclined to seek and accept help from their social network during difficult times.

In general, more trusting people tend to have lower levels of stress, as trust reduces anxiety. This basic trust is formed in childhood and then maintained by social ties such as family and friends. Social support is one of the factors that significantly reduces the negative effects of stress.

Distrust, on the contrary, leads to suspicion, the formation of irrational attitudes, and a negative attitude towards people and the world. This makes it difficult to build and maintain relationships with other people and deprives a person of such important social support during difficult moments in life. As a result, stress levels increase.

Being trusting of others is one of the indicators of psychological health<sup>10</sup> and influences cooperation and interaction with other people, which is especially important in conditions of collective trauma such as war.

As part of the survey, respondents were asked three questions (a scale of answers in parentheses) that assess their level of trust:

- 1) Would you say that most people can be trusted, or that you can't be too careful in dealing with people? (*0 – you can't be too careful, 10 – most people can be trusted*)
- 2) Do you think that most people would try to take advantage of you if they got the chance, or would they try to be fair? (*0 – most people would try to take advantage of me, 10 – most people would try to be fair*)

---

<sup>8</sup> Tokuda Y, Jimba M, Yanai H, Fujii S, Inoguchi T (2008) Interpersonal Trust and Quality-of-Life: A Cross-Sectional Study in Japan. PLOS ONE 3(12): e3985. <https://doi.org/10.1371/journal.pone.0003985>

<sup>9</sup> Schill, T., Toves, C., & Ramanaiah, N. (1980). Interpersonal Trust and Coping with Stress. Psychological Reports, 47, 1192 - 1192. <https://doi.org/10.2466/pr0.1980.47.3f.1192>.

<sup>10</sup> For example, Why Trust Matters <https://www.psychologytoday.com/us/basics/trust>

- 3) Would you say that most of the time people try to be helpful or that they are mostly looking out for themselves? (0 – people mostly look out for themselves, 10 – people mostly try to be helpful)

To explore the relationship between religion and attitudes towards psychological help, question about the role of God in person's life was added:

- 4) How important is God in your life? (0 – not important at all, 10 – very important)

The first three questions fully correspond to the questions of the *European Social Survey* (ESS), allowing the comparison of the results with the tenth (or any other) wave of the ESS survey (2020), in which 22 European countries participated<sup>11</sup>. Answers from these questions are compared to results found in a sociological survey conducted by the Institute of Sociology of the National Academy of Sciences of Ukraine in 2005<sup>12</sup>, that was conducted as part of the second wave of the European Social Survey (ESS).

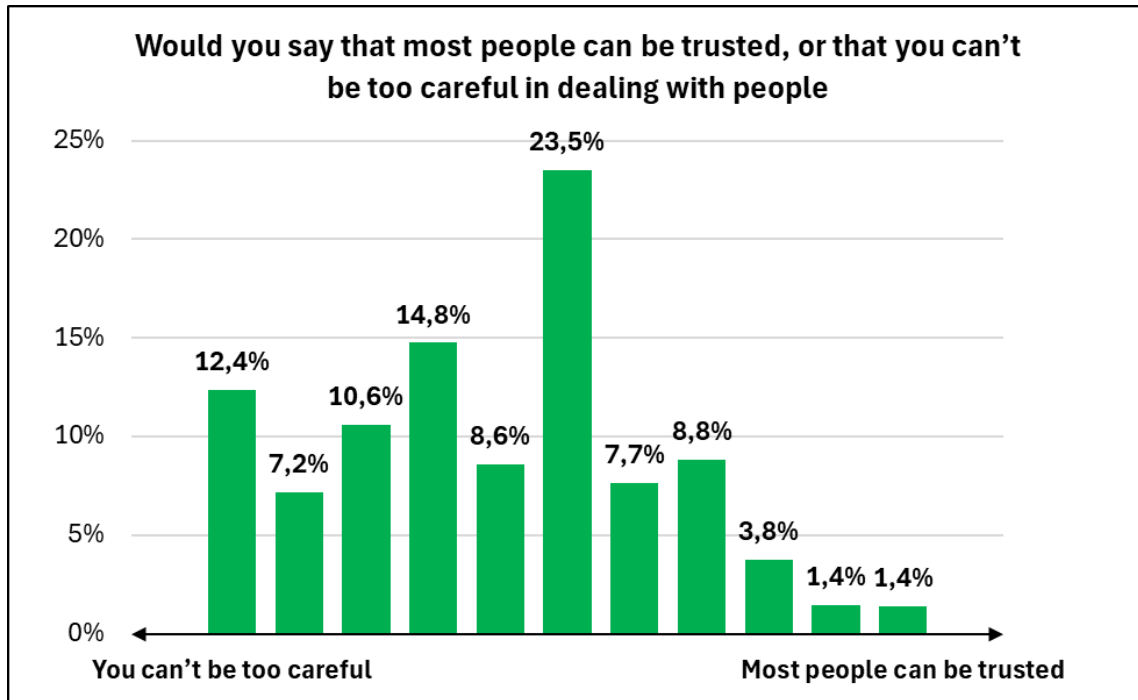
The answers to the first question about trust show that most Ukrainians tend to be cautious when dealing with other people (Figure 41). Moreover, men are more cautious than women: the average value for men is 3,6, for women it is 4,0.

---

<sup>11</sup> European Social Survey European Research Infrastructure (ESS ERIC) (2023) ESS10 - integrated file, edition 3.2 [Data set]. Sikt - Norwegian Agency for Shared Services in Education and Research. [https://doi.org/10.21338/ess10e03\\_2](https://doi.org/10.21338/ess10e03_2).

<sup>12</sup> Yevhen Holovakha, Andriy Gorbachyk, Natalia Panina. Ukraine and Europe: Results of International Comparative Sociological Research. Kyiv: Institute of Sociology of the National Academy of Sciences of Ukraine, 2006. – 142 p.

Figure 41. ESS1: People can be trusted, or you can't be too careful



Comparing results to the *European Social Survey*<sup>13</sup> data, Ukraine is at the level of Portugal, which ranks 19<sup>th</sup> out of 22 (Table 6, ESS1).

Table 6. Comparison of Ukraine with the data of the European Social Survey (wave 10)

ESS1: "You can't be too careful – people can be trusted" (ppltrst*)		ESS2: "Try to take advantage of you – try to be fair" (pplfair*)		ESS3: "Look out for themselves – try to be helpful" (pplhlp*)	
Country	Average	Country	Average	Country	Average
1. Finland	6,9	1. Finland	7,0	1. Iceland	6,5
2. Norway	6,7	2. Iceland	7,0	2. Finland	6,3
3. Iceland	6,5	3. Norway	7,0	3. Norway	6,3
...	...	...	...	...	...
19. Portugal	3,9	19. Slovakia	4,7	17. Slovakia	4,3
<b>Ukraine</b>	<b>3,9</b>	<b>Ukraine</b>	<b>4,7</b>	<b>Ukraine</b>	<b>4,2</b>
20. Montenegro	3,9	20. Bulgaria	4,2	18. Greece	4,1
21. North Macedonia	3,6	21. North Macedonia	4,1	...	...
22. Bulgaria	3,6	22. Montenegro	4,0	22. North Macedonia	3,4

\* variable names in the ESS database

<sup>13</sup> European Social Survey European Research Infrastructure (ESS ERIC) (2023) ESS10 - integrated file, edition 3.2 [Data set]. Sikt - Norwegian Agency for Shared Services in Education and Research. [https://doi.org/10.21338/ess10e03\\_2](https://doi.org/10.21338/ess10e03_2).

Figure 42 shows the distribution of answers to the second question regarding trust. The sample average is 4,7. For men it is 4,3, for women—4,9). Our neighbors in this indicator are Slovakia and Bulgaria (Table 6, ESS2). Finland tops the list with 7,0.

Figure 42. ESS2: People try to be fair, or try to take advantage of you

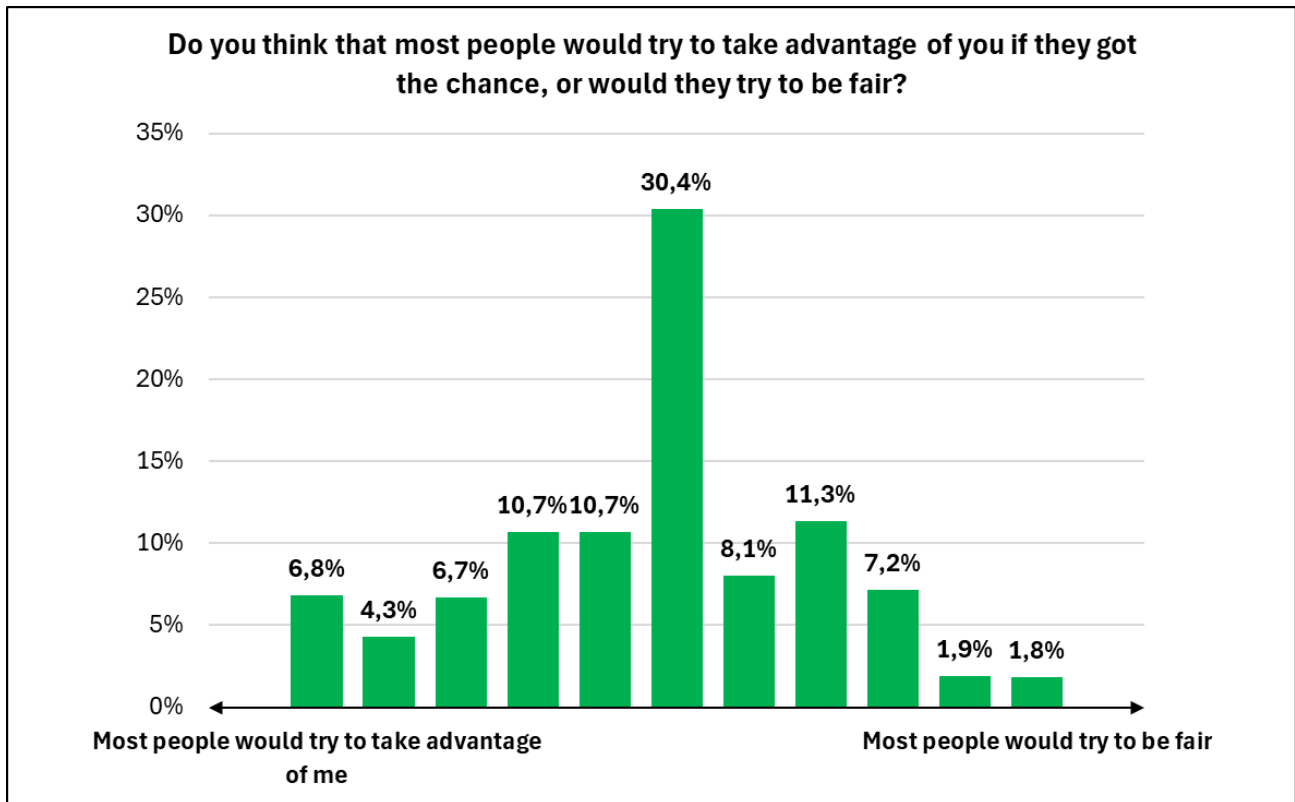
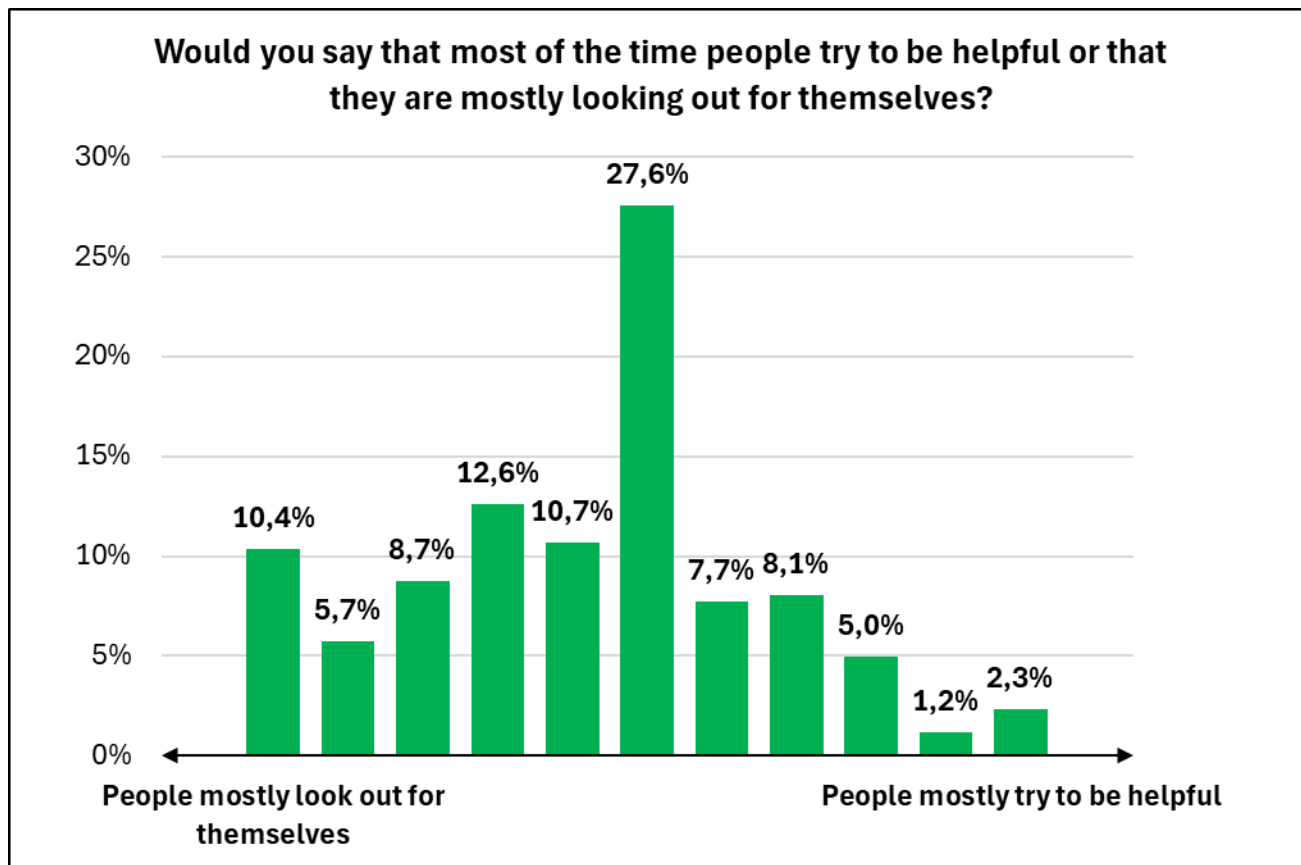


Figure 43 shows the distribution of answers to the third question about trust. The average value for the sample is 4,2 with women again having a higher level of trust of 4,4, compared to 3,9 for men. This result is at the level of Slovakia and Greece, according to the study *European Social Survey* (Table 6, ESS3). The maximum value is in Iceland (6,5), and the minimum is in North Macedonia (3,4).

Figure 43. ESS3: Try to be helpful, look out for themselves



Compared to the results of the 2005 survey, ESS1 has decreased, while ESS3 increased (Table 7). The latter could be a consequence of mutual assistance that many Ukrainians showed as the war against the Russian Federation unfolded. The opinion on whether people would try to be fair or take advantage of others (ESS2) has not changed much.

Table 7. Change in the level of trust in Ukraine (2024 to 2005)

Question	Average		Change
	2005 <sup>14</sup>	2024	
ESS1: "you can't be too careful – people can be trusted"	4,5	3,9	-0,6
ESS2: "try to take advantage of you – try to be fair"	4,8	4,7	-0,1
ESS3: "look out for themselves – try to be helpful"	3,8	4,2	+0,4

<sup>14</sup> Yevhen Holovakha, Andriy Gorbachyk, Natalia Panina. Ukraine and Europe: Results of International Comparative Sociological Research. Kyiv: Institute of Sociology of the National Academy of Sciences of Ukraine, 2006. – 142 p.

Figure 44 shows the distribution of answers about the importance of God in a person's life. 22,5% indicate that God is very important, 19,0%—not important at all, and 17,3% are undecided. Other respondents are scattered between the aforementioned 3 points. Thus, there are two large groups with opposing views on the importance of religion in life.

Figure 44. Importance of God in a person's life

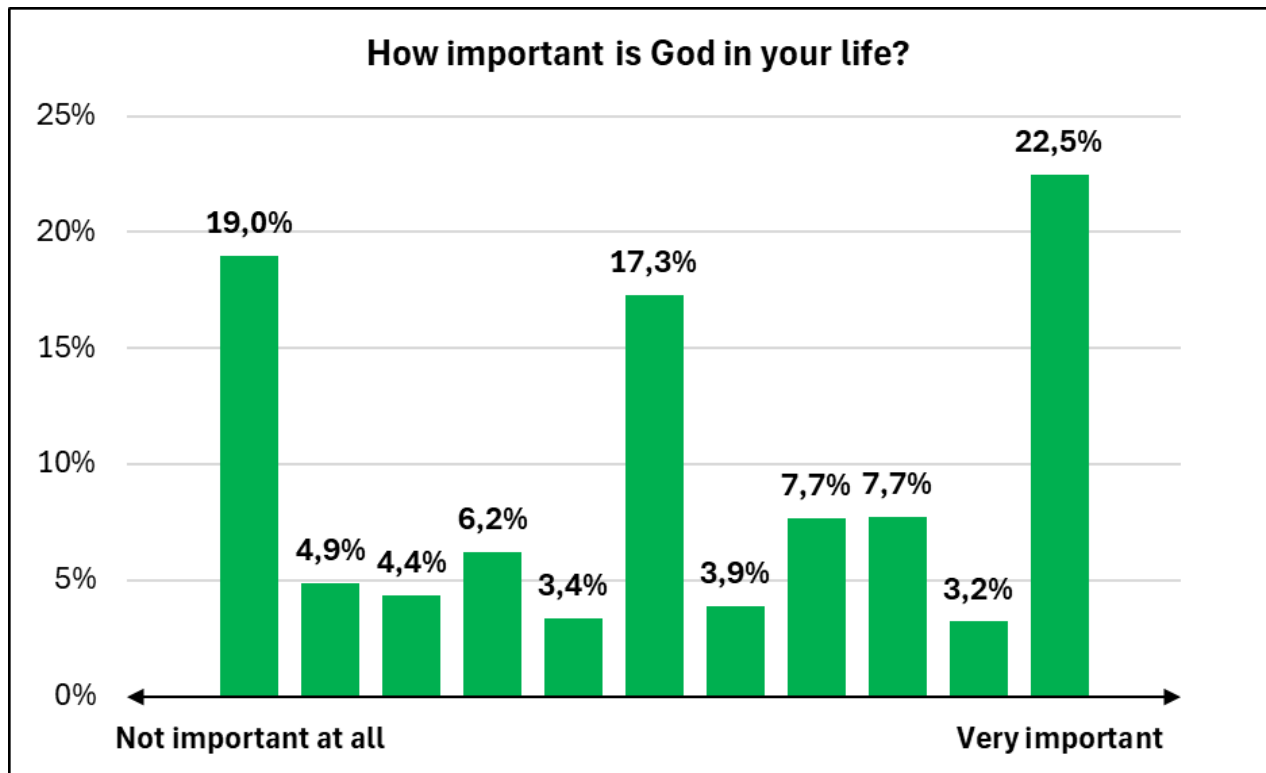


Figure 45 shows the mean values of ESS index and the importance of God in a person's life. ESS index (trust index), which is constructed based on high Cronbach alpha ( $\alpha = 0,81$ ) for the three ESS questions, is a sum of ESS1, ESS2 and ESS3 questions. The resulting index ranges from 0 to 30, where 0 is extremely distrusting individual, and 30 – trusting individual.

The lowest trust index of 10,5 is observed among those for whom God is "not important at all", while the highest belongs to respondents for whom God is rather important. This indicates that there is a link between a person's religious beliefs and the level of social trust, which in turn correlates with trust in mental health professionals.

Figure 45. ESS index by importance of God in a person's life

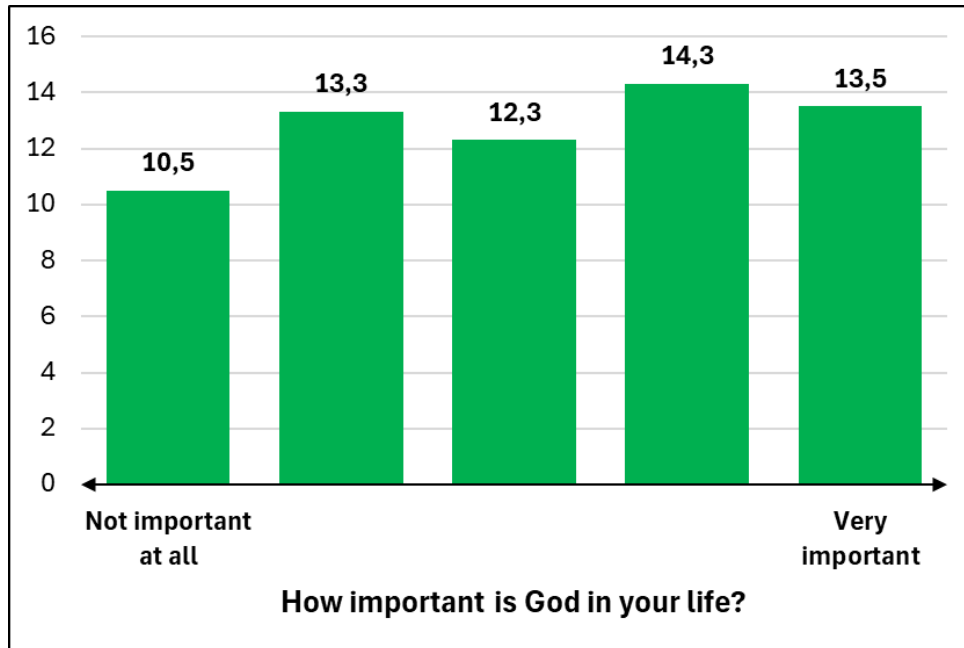


Figure 46 shows that there is a positive correlation between stress and trust level. A trust index of 10,2 is significantly lower for people with a high level of stress, compared to 13,3 for those with moderate and 13,6 with low stress levels. Regression analysis (Appendix 9.2) shows that there is a statistically significant relationship between trust and stress levels when controlling for key sociodemographic indicators.

Figure 46. ESS index by stress level (PSS-10)

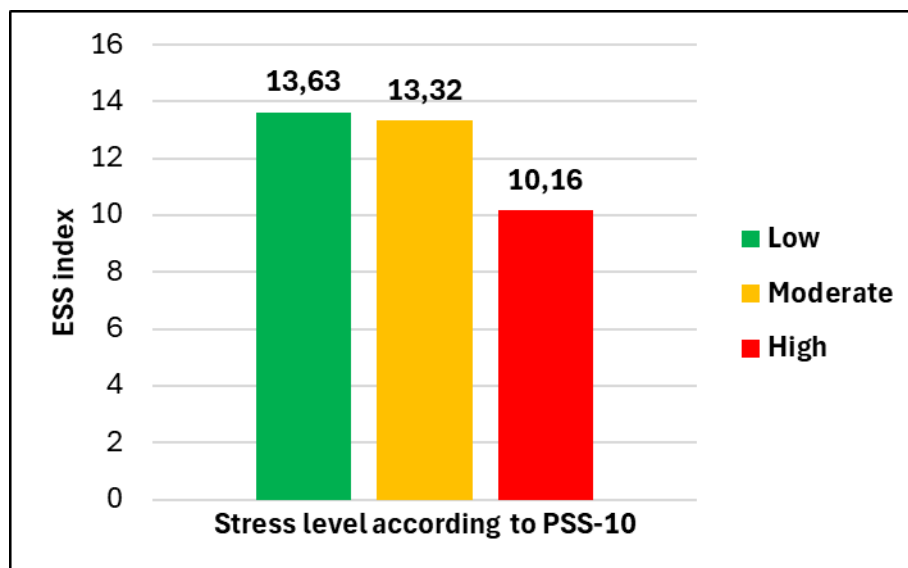


Figure 47 shows the level of trust increase with age. Individuals aged 18-29 have the lowest levels of trust at 11. The highest is among people aged 60+, at 14. Older people appear to trust others more because of more life experiences and the number of social connections. Worth noting that the growth of trust with age is gradual and stable.

Figure 47. ESS index by age group

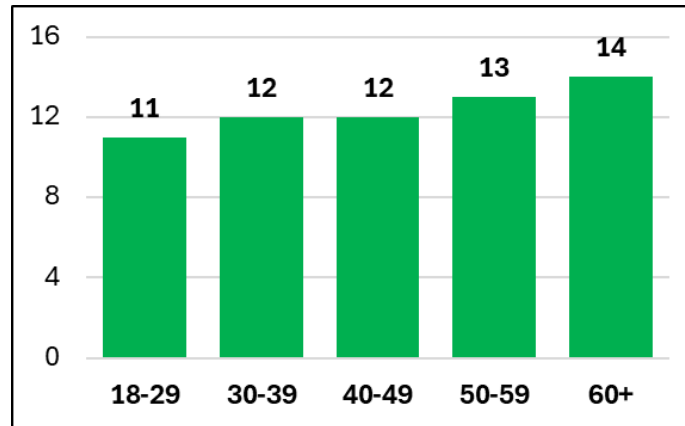
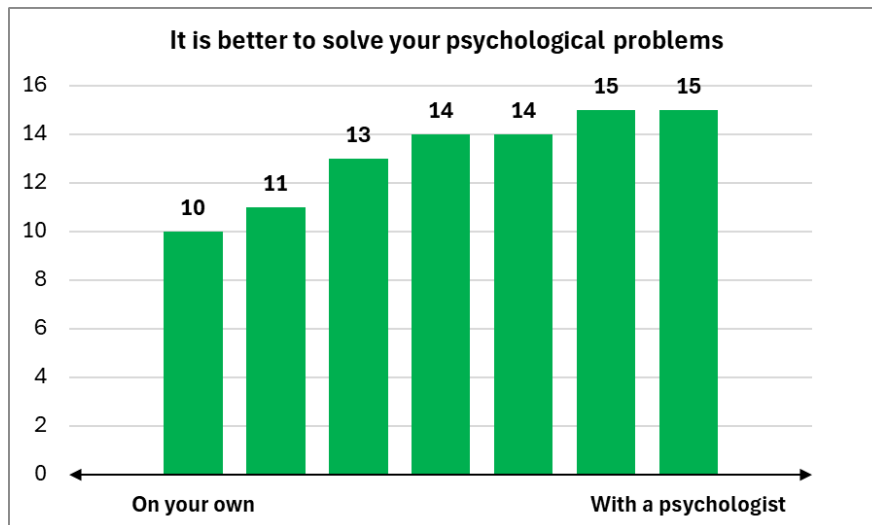


Figure 48 shows the relationship between the ESS index and answers to questions about how best to solve one's psychological problems (alone or with a psychologist). Respondents who believe that it is better to solve their psychological problems with a psychologist have a higher trust index. A lower trust index is observed among those who prefer to solve problems alone. This indicates that there is a relationship between the level of trust and how a person solves their problems – whether they do it on their own or seek help from others, including psychologists.

Figure 48. ESS index by means of solving psychological problems



## Conclusions

**The overall level of trust** in Ukraine on all three questions is relatively low compared to most European countries that participated in the tenth wave of *the European Social Survey*.

There are **gender differences** in the level of trust—women are more trusting than men.

Compared **to the results of the 2005 study**, the number of people who believe that “most people can be trusted” (ESS1) has decreased. On the other hand, the number of Ukrainians who believe that people “try to be helpful” (ESS3) has increased, and the number of those who believe that people “try to be honest” (ESS2) barely changed.

The answers to the question of importance of **God’s in person’s life** are quite polarized and the sample is divided into three large groups: those for whom God is important, not important, and those who cannot decide.

There is a connection between **trust and the means of solving**. People who trust others are more likely to answer that it is better to solve psychological problems with a psychologist than on their own.

## 8. Attitudes towards different mental health providers.

### Experiment results

#### 8.1. Experimental design

The topic of mental health raises many debatable questions, one of which is the importance of terminology. The words we use to describe mental health services and professionals can significantly impact people's willingness to seek help. For example, some individuals associate the term "psychologist" with severe mental illness, which may evoke fear or negative emotions and deter them from seeking assistance. In contrast, referring to a facility as a "mental well-being center" sounds more positive and welcoming, potentially reducing apprehension and increasing the likelihood that someone will visit. Therefore, how we name institutions or specialists who provide mental health care matters greatly, as individual words can influence attitudes and either reinforce or alleviate biases.

In recent years, Ukraine has also experimented with different names for psychosocial services. For example, governmental and international programs that deal with development of psychological support centers avoid using words such as "psychiatric" or even "psychological" and look for "softer" names in order to minimize stigma. Examples include:

- **Resilience Centers.** Created by the Ministry of Social Policy of Ukraine<sup>15,16</sup> within the framework of the mental health program "How are U?"<sup>17</sup>
- **Psychological Health Centers.** Their development is taken care of by the Mental Health for Ukraine (MH4U) project<sup>18</sup>.
- **Mental Health Centers** that are created in cluster hospitals within the framework of the Ministry of Health project "Mental Health Care in the Structure of Medical Care".<sup>19</sup>

In addition, a lot of efforts have been made recently to increase the availability of psychological services. This is done, among other things, through the provision of mental health services at the

---

<sup>15</sup> Resolution of the Cabinet of Ministers of Ukraine "On the organization of activities and ensuring the functioning of resilience centers" <https://zakon.rada.gov.ua/laws/show/83-2024-p#Text>

<sup>16</sup> Forty-eight new Resilience Centers have opened across Ukraine and are welcoming visitors <https://www.msp.gov.ua/news/23700.html>

<sup>17</sup> The All-Ukrainian mental health program «How Are U?». Priority Projects <https://howareu.com/pro-programu#section219>

<sup>18</sup> News of the MH4U project <https://www.mh4u.in.ua/newsletter/>

<sup>19</sup> Mental health centers will appear in cluster hospitals this year <https://www.kmu.gov.ua/news/tsentry-mentalnoho-zdorovia-ziavliatsia-u-klasternykh-likarniakh-vzhe-tsoho-roku>

level of primary health care<sup>20</sup>. According to First Lady Olena Zelenska<sup>21</sup>, almost 100 thousand primary healthcare workers have been trained under the WHO mhGAP program: family doctors, therapists, pediatricians, paramedics, and nurses. Now they can help people with the most common moderate stages of mental disorders (for example, depression, anxiety) if the person does not want to see a professional (psychologist, psychologist) psychotherapist, psychiatrist).<sup>22</sup>

This study tests:

- 1) whether "mental health" is perceived better than "psychological help".
- 2) whether the "psychiatrist" is perceived negatively.
- 3) whether the respondents view family doctors as potential providers of psychological help.

All respondents were randomly divided into five groups with approximately equal numbers of respondents. Each of them saw the following text:

*"Imagine the situation. An acquaintance has complained of increased anxiety, depressed mood or sleep disorders for some time. Last week, they contacted [name of a specialist or center from the list below] with this problem and told you about it".*

The following names of professions and centers for the provision of psychological services were chosen:

- Group 1. Family doctor
- Group 2. Psychologist
- Group 3. Psychiatrist
- Group 4. Psychological Help Center
- Group 5. Mental Health Center

Each respondent saw only one name and did not know about the other existence of other options. They then answered two questions:

- 1) *In your opinion, to what extent will going to [name of a specialist or center] help your acquaintance?*
- 2) *Would you recommend others to seek help from [name of a specialist or center] in such situation?*

---

<sup>20</sup> Mental health service in the family doctor's office <https://howareu.com/materials/posluha-z-mentalnoho-zdorovia>

<sup>21</sup> Olena Zelenska: Cooperation between Ukraine and WHO is important for the physical and mental health of Ukrainians. <https://www.president.gov.ua/news/olena-zelenska-spivpracya-ukrayini-ta-vooz-vazhliva-dlya-fiz-90969>

<sup>22</sup> The mhGAP program: what it gives to primary care physicians. <https://umj.com.ua/uk/novyna-242726-programa-mhgap-shho-vona-daye-likaryam-pervinki>

Both questions were answered using a 7-point scale. For the first question, the scale ranged from 1 ("won't help") to 7 ("will help") for the second question, from 1 ("no") to 7 ("yes"). For analysis, all responses were recoded into three categories:

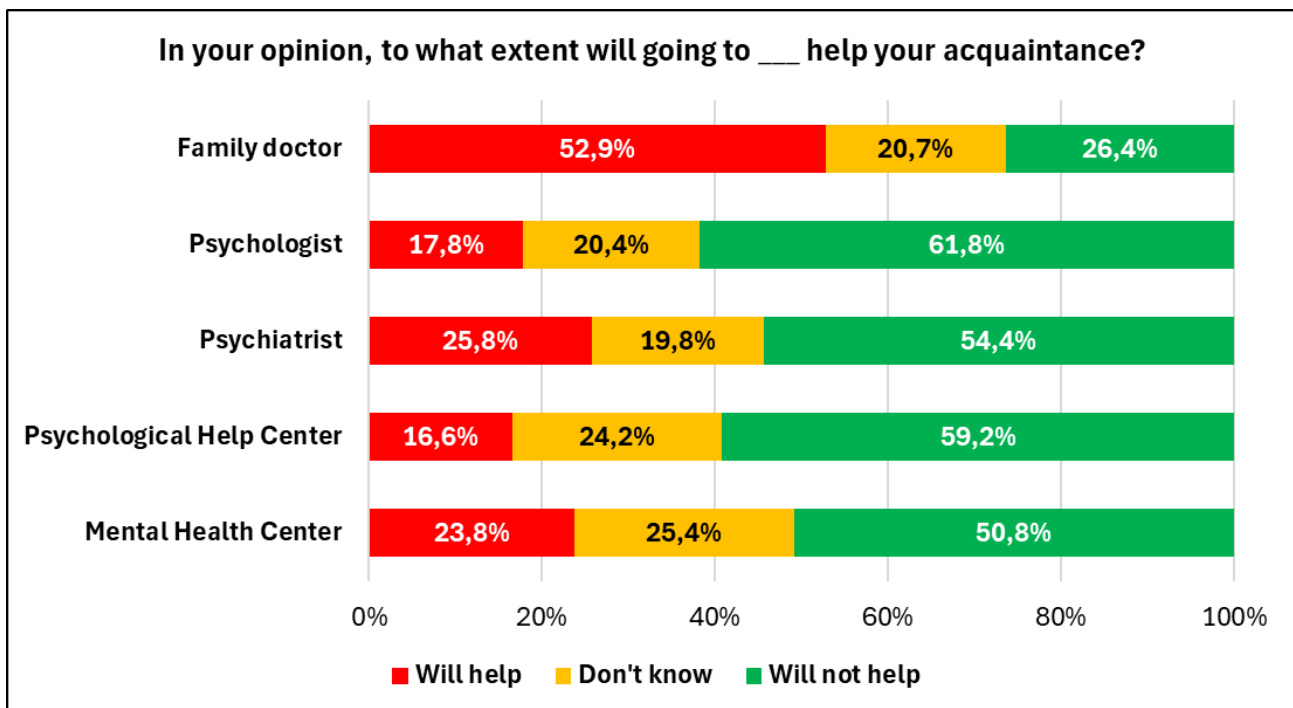
- Answers from 1 to 3 were classified as "won't help" or "no."
- An answer of 4 was labeled as "don't know."
- Answers from 5 to 7 were categorized as "help" or "yes."

## 8.2. Experiment results

### 8.2.1. Question one: "In your opinion, to what extent will going to [name of a specialist or center] help your acquaintance?"

Respondents do not perceive a family doctor as a specialist who can provide psychological help (Figure 49). 52,9% said that going to a family doctor will not help solve psychological problems, only 26,4% believe that family doctors can really help in such situation, which is significantly lower than for psychologists and psychiatrists.

Figure 49. Framing: answers to question one



If we compare the expected effectiveness of psychologists and psychiatrists, then in both cases at least half of the respondents believe that such a visit will help. At the same time, 61,8% think psychologists will help, for psychiatrist the percentage is lower at 54,4%.

The perception of Psychological Help Centers and Mental Health Centers is quite similar, but 59,2% believe in the effectiveness of the former, 50,8% - in the latter.

Thus, the data do not confirm that changing the name to *Mental Health Center* from *Psychological Help Center*) has a positive effect on people's attitudes. On the contrary, people rate psychological help centers higher—think they will help their acquaintance.

Respondents rate the effectiveness of psychiatrists working on a par with psychologists, although they give the latter a slightly higher preference. As for family doctors, it appears that many people are not yet aware of the possibility of receiving basic psychological help from them.

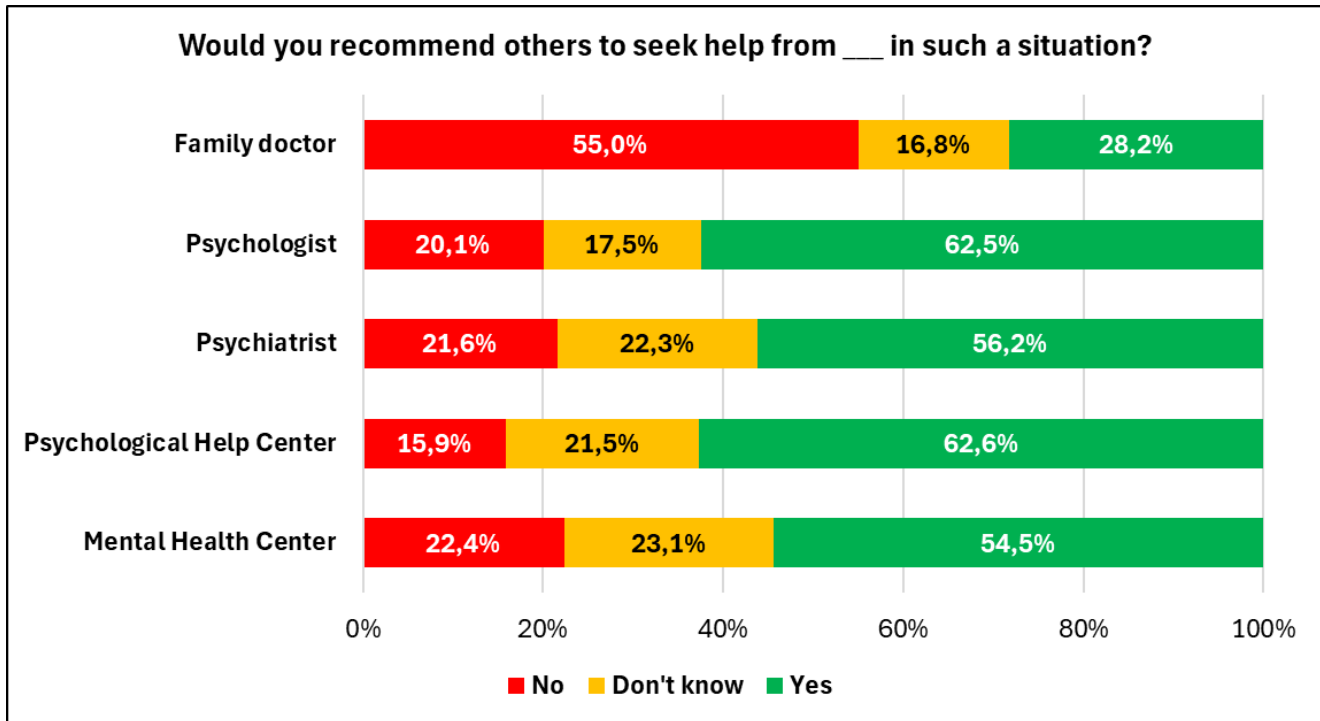
### 8.2.2. Question two: *"Would you recommend others to seek help from [name of a specialist or center] in such a situation?"*

Figure 50 shows the distribution of answers to the second question is very similar to the first. Again, family doctors are not thought of as a likely provider of psychological help. Only 28,2% of respondents would recommend seeking psychological help from them. 62,5% would recommend psychologists, 56,2% would recommend psychiatrists. This is similar to the difference in the first question.

As for the perception of Psychological Help Centers and Mental Health Centers, 62,6% would recommend others to contact a Psychological Help Center, and 54,5% - Mental Health Center.

The results of the experiment show that Mental Health Centers are not perceived better than Psychological Help Centers. Secondly, psychiatrists do not elicit much more negative attitudes than psychologists. Thirdly, the help of family doctors is perceived as the least effective.

Figure 50. Framing: answers to question two



This result for family doctors could be due to a lack of awareness of mental health training programs for primary care physicians. However, there is not enough data in this survey to test this hypothesis.

Appendix 9.3 provides a table with the results of a regression analysis of factors influencing attitudes towards different psychological service providers. The most significant factors include:

- **Age.** The older a person is, the worse they treat any service providers.
- **Gender.** Men have more negative attitudes than women.

### 8.2.3. Analysis of results by gender, age and type of settlement

Figure 51 and Figure 52 show how answers to **question one** by gender. On average, women are more likely than men to believe in the effectiveness of seeking help from any specialist or center, except for family doctors. 27,5% of men and 25,8% of women think that a family doctor will help with psychological problem. 50,0% of men and 54,5% of women believe that a family doctor will not help with psychological problems.

Figure 51. Framing question one by gender (specialists)

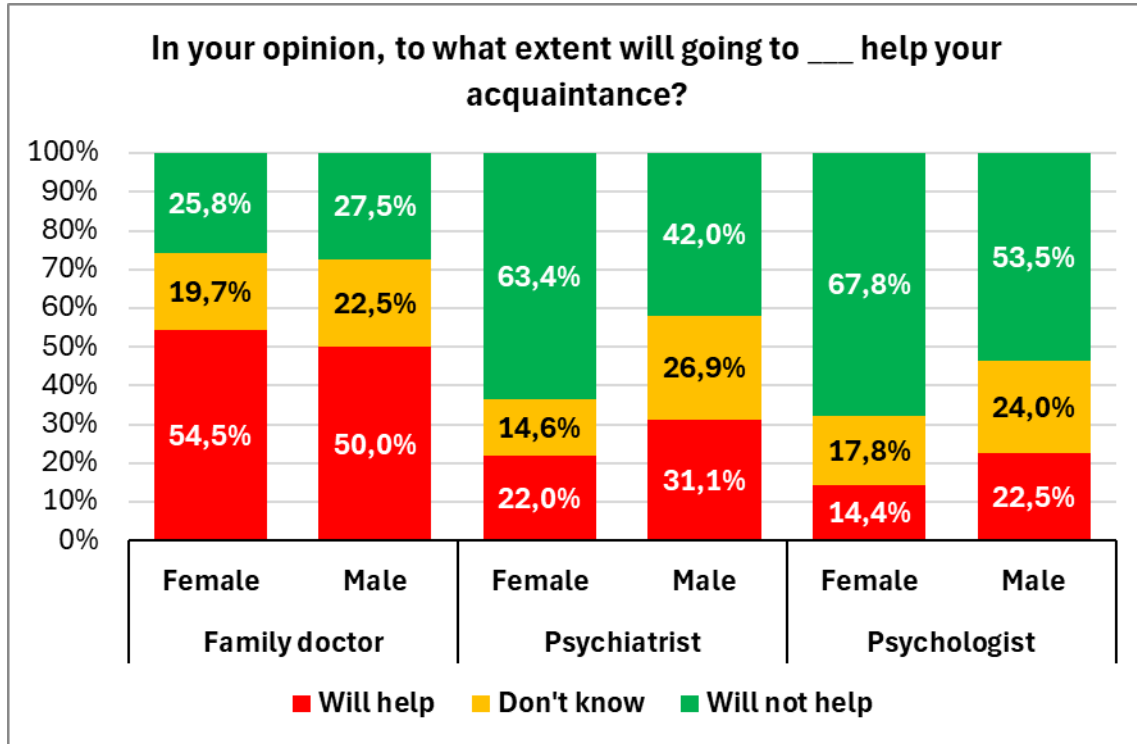
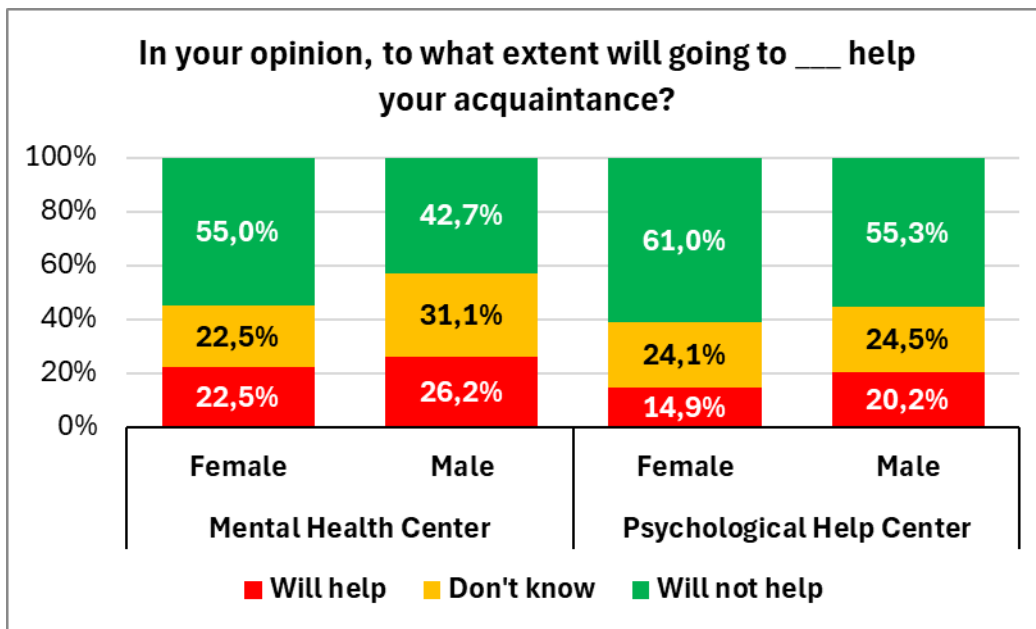


Figure 52. Framing question one by gender (centers)



55,3% of men think that reaching out to Psychological Help Centers will help. This is the highest percentage for men, for women it is psychologists—67,8% think they will help.

Figure 53 and Figure 54 show the results **by age groups**. There is a clear trend that young people believe in the effectiveness of seeking psychological help more than older people. Family doctors received the lowest results in each age group. 38,5% of those aged 18-29 and 19-24% of those aged over 40 think family doctors will help.

Figure 53. Framing question one by age groups (specialists)

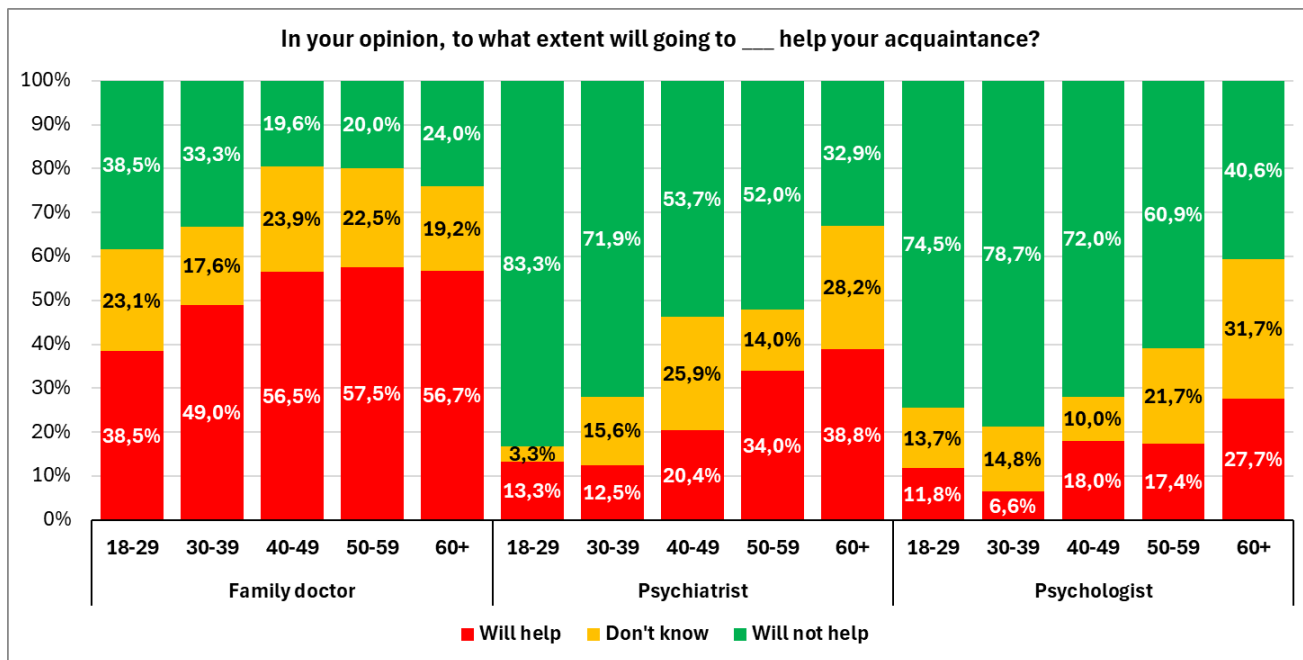
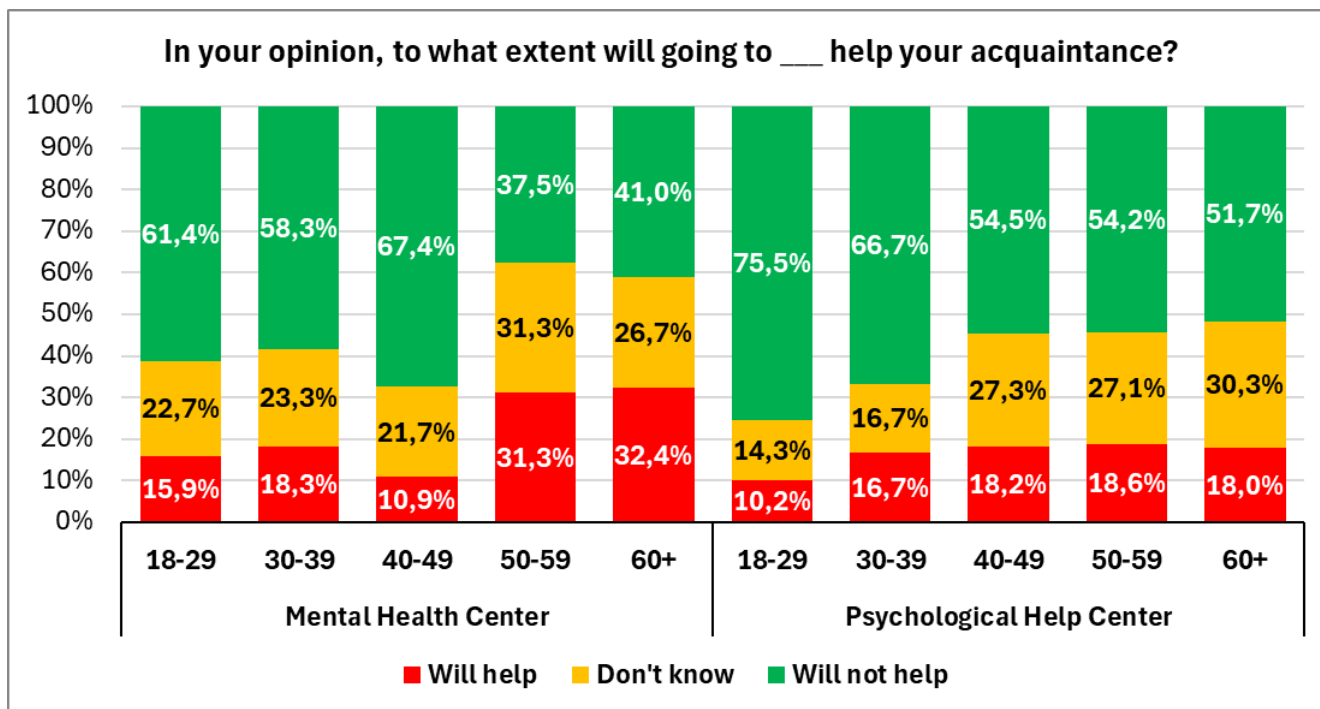


Figure 54. Framing question one by age groups (centers)



Examining other specialists and centers. In the youngest group (18-29 years old) 83,3% think that visit to psychiatrists will help, which is higher than other specialists and centers. 61% of young people trust mental health centers. At the same time, the oldest group (60+ years old) trusts psychiatrists the least, only 32,9% say the visit will help. 51,7% of this group rated Psychological Help Centers positively.

Figure 55 and Figure 56 show the results by settlement type. Again, family doctors have the lowest level of trust across all settlement types. 16,7% of people living in villages think family doctor will help to solve psychological problems, 28,6% are undecided. Family doctors are most trusted with psychological help in regional centers by 32,6% of respondents.

Among the other four potential service providers, rural residents trust Psychological Help Centers the most (62,1%), and psychologists the least (51,9%). Residents of cities trust Psychological Help Centers the most (67,6%), psychiatrists the least (44,0%). In regional centers and large cities, psychologists are considered the most effective (71,4% and 64,0%, respectively), and Mental Health Centers – the least effective (46,7% and 53,0%, respectively).

Figure 55. Framing question one by settlement type (specialists)

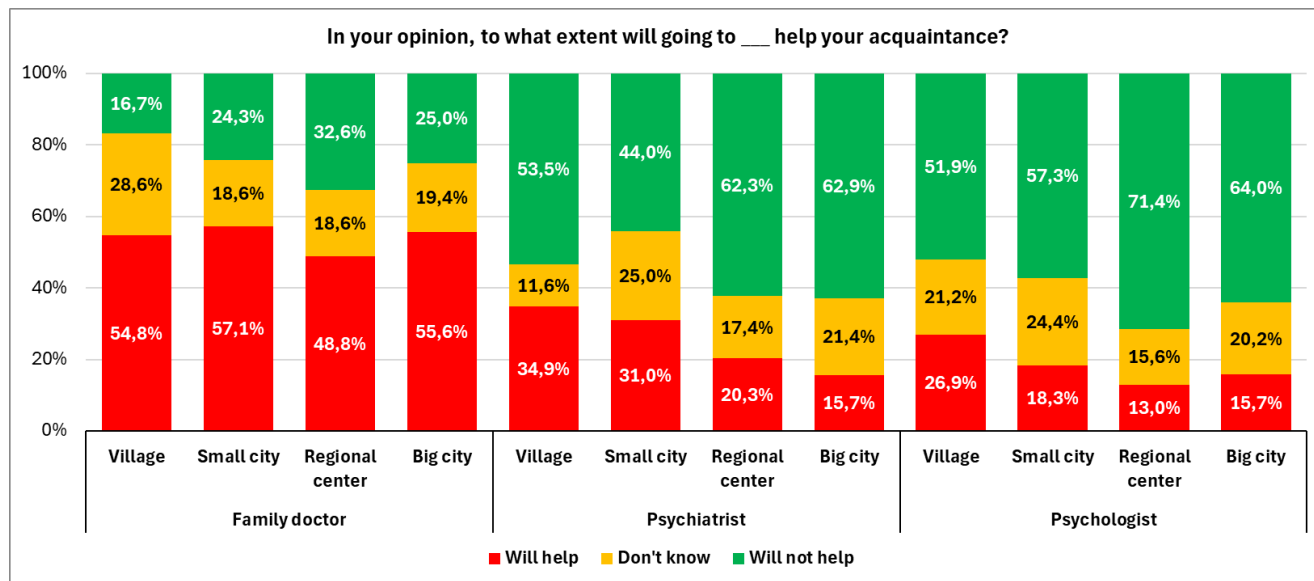
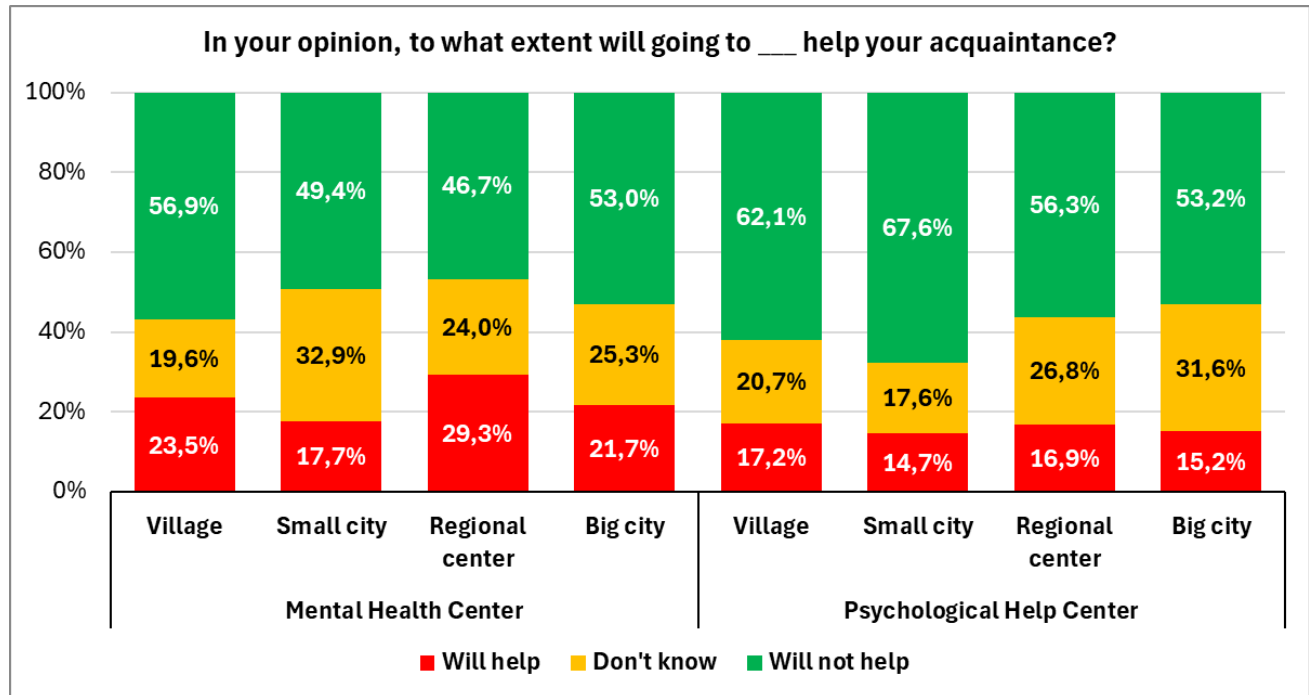


Figure 56. Framing question one by settlement type (centers)

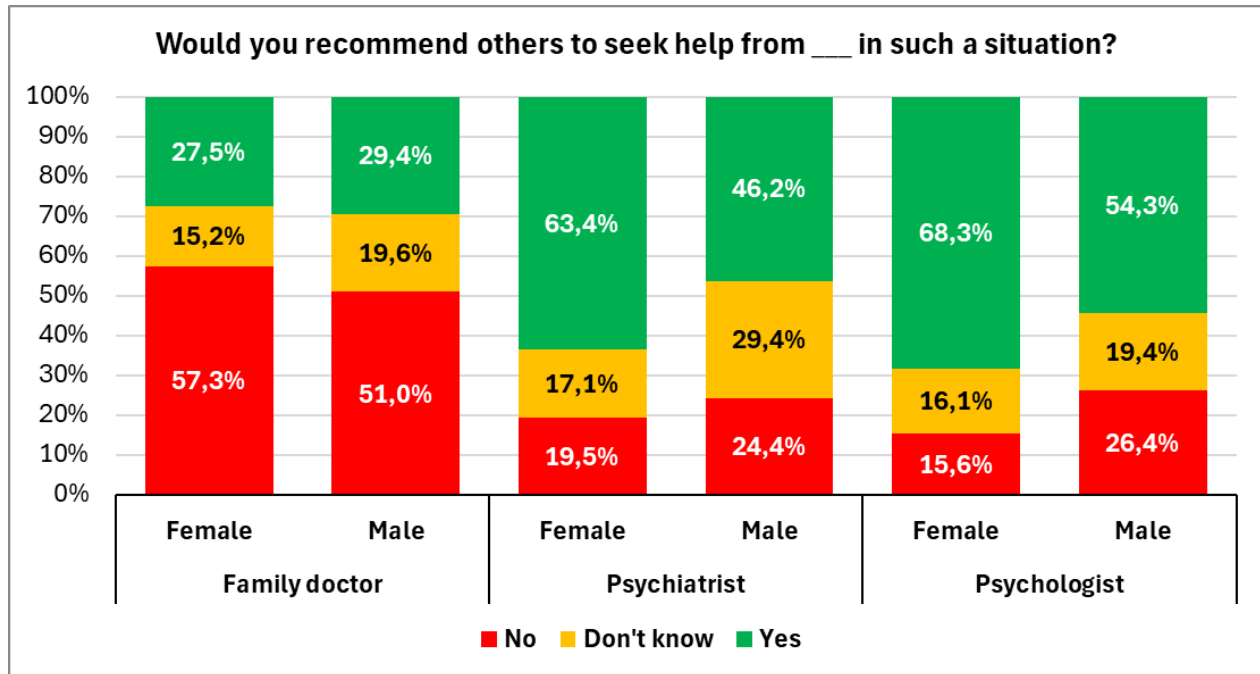


Interestingly, Mental Health Centers began to open in Ukraine only in 2024 and are relatively new to most Ukrainians in terms of both name and services they provide, are the most trusted among rural residents.

Figure 57 and Figure 58 show the answers to the **second question** by gender. Women are more likely to recommend psychiatrists and psychologists than men. As for family doctors, the difference is less pronounced, but women are slightly less inclined to recommend them.

Men are more likely to show uncertainty or reluctance to recommend, especially regarding psychiatrists—29,4% of men could not decide whether to recommend a visit to a psychiatrist to an acquaintance.

Figure 57. Framing question two by gender (specialists)



Women are generally more likely to recommend both types of centers, compared to men. The most significant difference is observed in the recommendations of Mental Health Centers—60,0% of women would recommend going to such a center, compared to only 43,7% of men. In addition, 31,1% of men could not decide on their attitude towards Mental Health Centers. What men and women have in common is that they have a more positive attitude towards Psychological Help Centers than towards Mental Health Centers.

Figure 58. Framing question two by gender (centers)

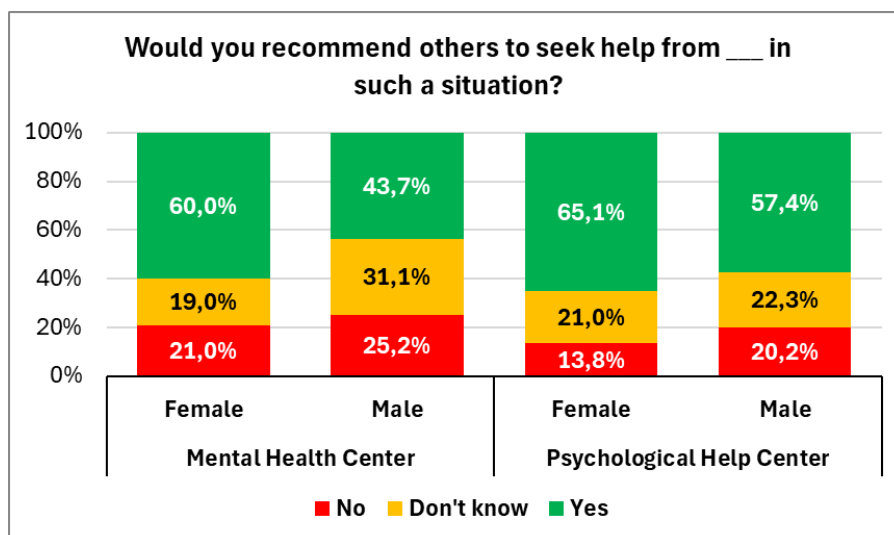
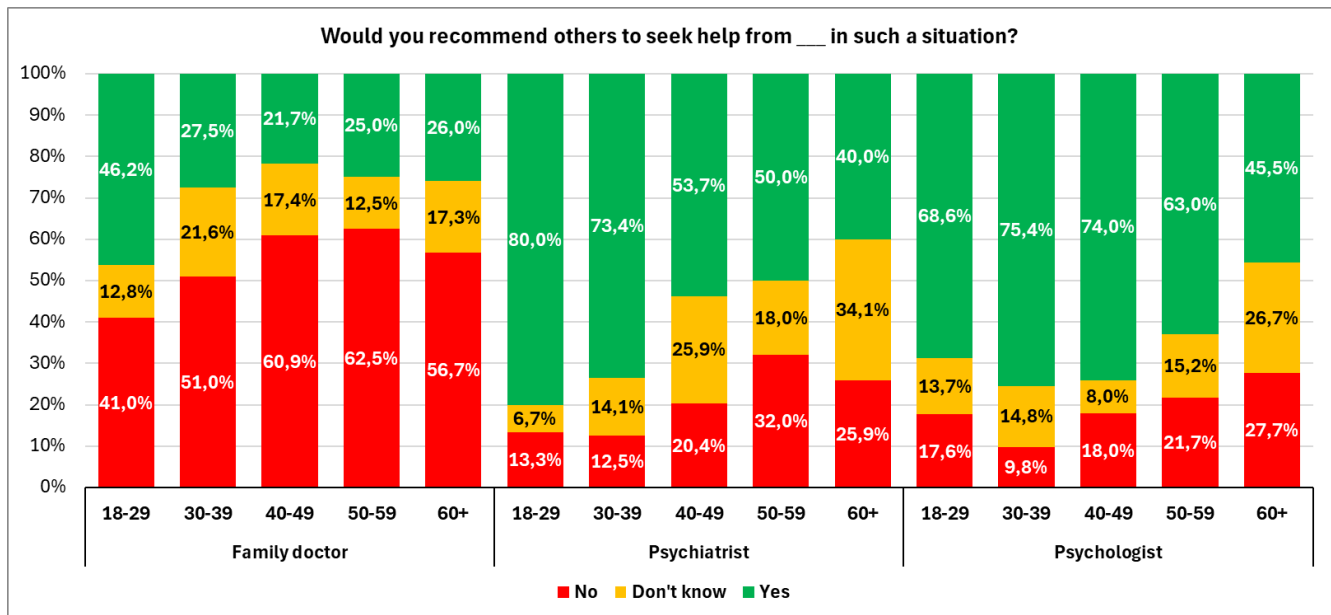


Figure 59 and Figure 60 show the answers by age groups. The age groups of 18-29 years and 30-39 are the most likely to recommend contacting all types of specialists. With age, this willingness decreases, especially about psychiatrists. Older age groups show greater uncertainty (percentage of "I don't know" responses) across all specialists and centers. 34,1% of people aged over 60 could not decide on the answer about recommending psychiatrist. Family doctors have the lowest level of trust among all specialists in all age groups. Most people in all age groups, except for those aged 18-29, who are more likely to recommend psychiatrist, would recommend psychologists.

Figure 59. Framing question two by age group (specialists)



Psychological Help Centers are more trusted than Mental Health Centers in all age groups. With age, there is a trend towards a slow decrease in the level of trust in Psychological Help Centers, from 73,5% of those aged 18-29 to 50,6% of those aged over 60 who would recommend these centers. As for mental health centers, there is no such connection that can be established.

Figure 60. Framing question two by age groups (centers)

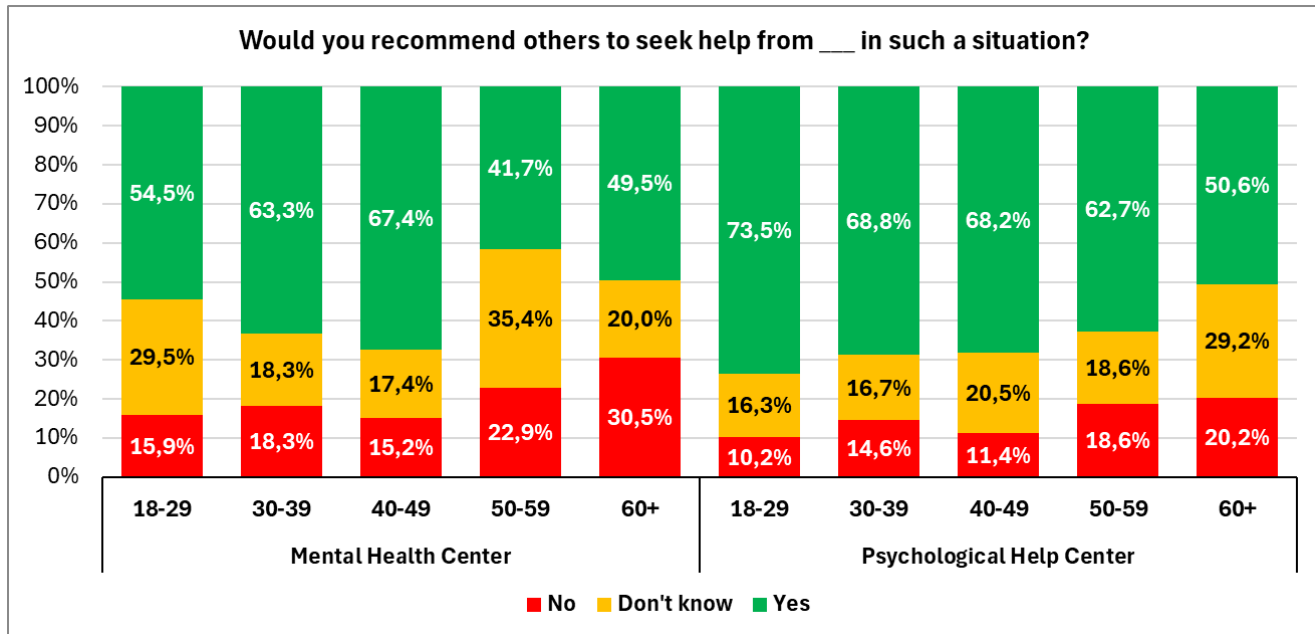


Figure 61 and Figure 62 show the answers by settlement type. Family doctors enjoy the greatest support in regional centers. However, in all types of settlements, at least half of the respondents would not recommend an acquaintance to seek psychological help from them.

The attitude towards psychiatrists is somewhat contradictory. On the one hand, in all types of settlements, more than half of respondents would recommend contacting them, and as the size of the settlement increases, the percentage of those who would not recommend contacting them decreases. On the other hand, we see that in large cities, smaller cities and regional centers there are quite large groups of people who are undecided on their attitude towards them.

As for psychologists, trust in them increases with the size of the settlement. In general, they enjoy the highest trust in regional centers and large cities, where the level of trust in them exceeds the trust in psychiatrists. A surprising finding is that villagers would recommend psychiatrist over psychologist to deal with psychological problem.

The level of support for Mental Health Centers is quite similar and ranges from 51,9% in smaller cities to 56,9% in villages, and to 56,6% in large cities. It is also noteworthy that 30,4% of people living in smaller cities could not decide on the answer.

Figure 61. Framing question two by settlement type (specialists)

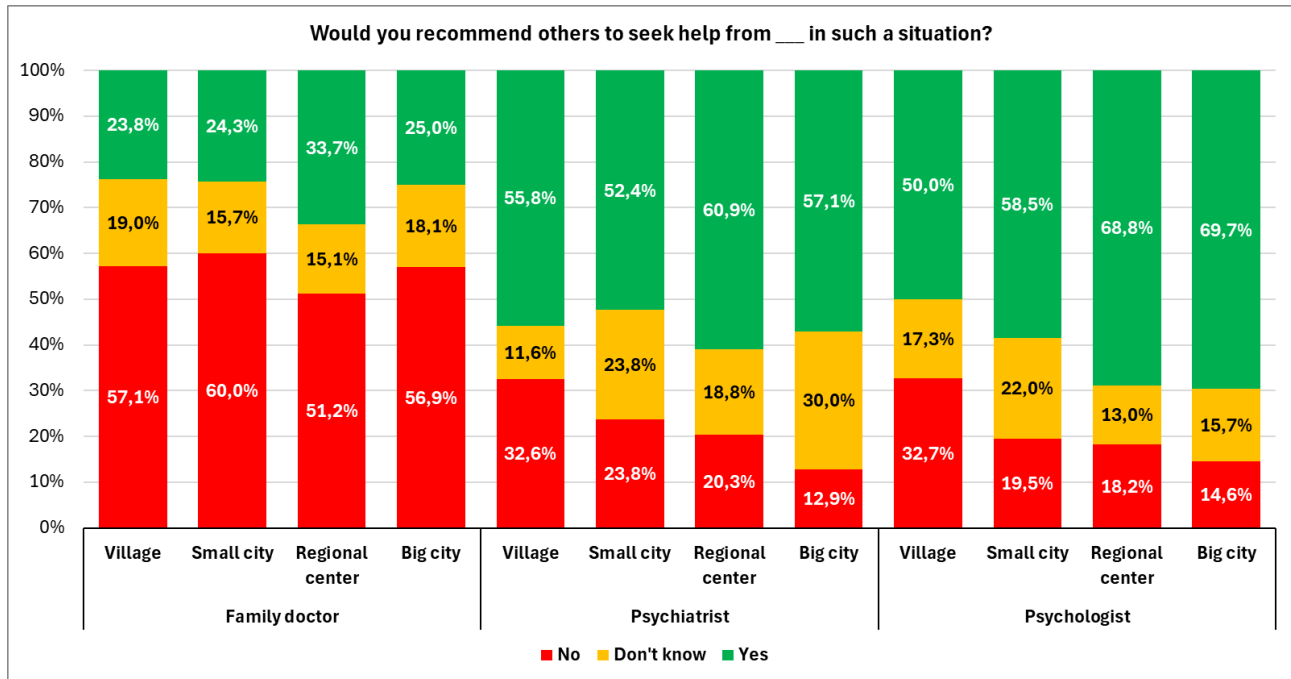
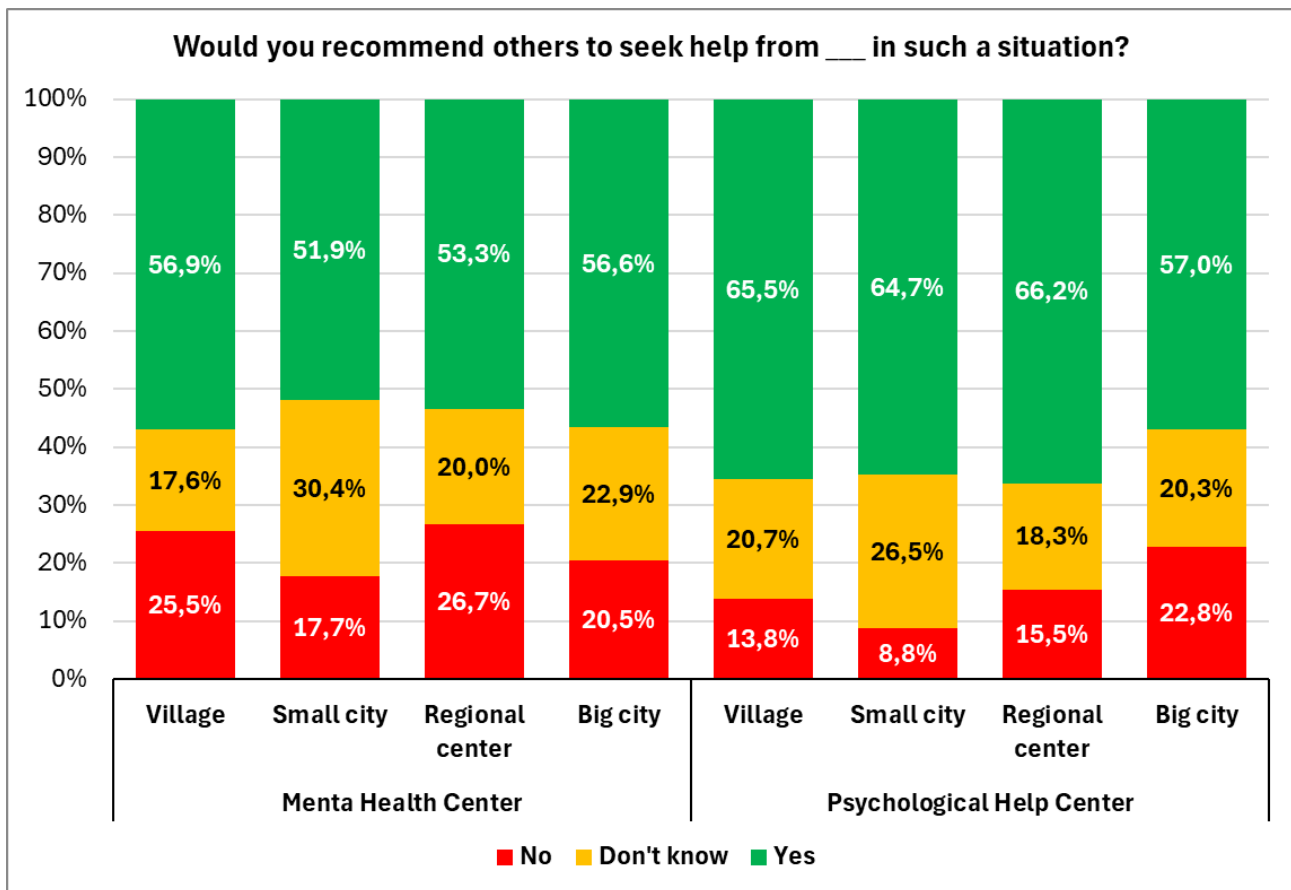


Figure 62. Framing question two by settlement type (centers)



Psychological Help Centers enjoy the greatest support in all types of settlements, except for large cities, where the levels of trust in them (57,0%) and Mental Health Centers (56,6%) are almost identical. As in the case of Mental Health Centers, a fairly large proportion of urban residents cannot decide on their attitude to such centers (26,5% answered "I don't know").

The general trend shows that Psychological Help Centers receive more support than Mental Health Centers in villages, smaller cities and regional centers.

## **Conclusions**

Respondents believe much less in the ability **of family doctors** to help with psychological problems than in other service providers. This could be because many do not know about the training of family doctors in the basics of psychological help.

People do not have a negative attitude towards **psychiatrists** and trust them in as much as psychologists, Mental Health and Psychological Help Centers. Psychiatrists are most trusted by younger age groups, women, and residents of regional centers and large cities.

**Mental Health Centers** are not thought of more favorably than Psychological Help Centers.

**Women and younger age groups** are more likely to believe that turning to the proposed specialists will help solve psychological problems than men and older age groups.

**Residents of regional centers and large cities** trust psychiatrists and psychologists more than residents of villages and smaller cities. However, the latter have more faith in the effectiveness of mental health centers and psychological assistance centers.

## 9. Appendix

### 9.1. PSS-10 questionnaire

In the last month, how often have you...

*(1 – never; 7 – continuously)*

- 1) Been upset because of something that happened unexpectedly?
- 2) Felt that you were unable to control the important things in your life?
- 3) Felt nervous and stressed?
- 4) Felt confident about your ability to handle your personal problems?
- 5) Felt that things were going your way?
- 6) Found that you could not cope with all the things that you had to do?
- 7) Been able to control irritations in your life?
- 8) Felt that you were on top of things?
- 9) Been angered because of things that happened that were outside of your control?
- 10) Felt difficulties were piling up so high that you could not overcome them?

## 9.2. Regression analysis of factors influencing stress levels (PSS-10)

	<i>PSS-10</i> <i>Beta (SE)</i>
<i>ESS Index</i>	<b>-0.189*** (0.024)</b>
<i>Gender</i>	
Female	—
Male	<b>-1.739*** (0.314)</b>
<i>Age group</i>	
18-29	—
30-39	-0.764 (0.552)
40-49	<b>-1.301** (0.570)</b>
50-59	<b>-2.149*** (0.588)</b>
60+	<b>-3.798*** (0.584)</b>
<i>Type of settlement</i>	
Village	—
(Small) city	0.479 (0.446)
Regional center	0.374 (0.442)
Big city (Kyiv, Kharkiv, Odesa, Lviv, Dnipro)	0.314 (0.452)
<i>Marital status</i>	
Married, living together	—
Married, living separately	0.838 (0.633)
Single, have a partner, live together	1.031* (0.602)
Single, have a partner, live separately	-0.465 (0.689)
Single, no partner	0.742* (0.404)
Widower / Widow	0.162 (0.529)
Other	0.135 (0.704)
<i>Do you have children under the age of 18?</i> <i>(1 = Yes, 0 = No)</i>	-0.026* (0.015)
<i>Do you have a job now?</i>	
Work	—
I don't work	<b>1.530*** (0.367)</b>
Not working, childcare	0.997 (0.932)
Not working, studying	0.322 (0.870)
Retired, disability	<b>1.071** (0.468)</b>
<i>N</i>	1,386

Levels of statistical significance \*  $p < 0.10$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$

### 9.3. Regression analysis of factors influencing attitudes towards providers of psychological help

	<i>Attitude to different service providers Beta (SE)</i>
<b><i>Gender</i></b>	
Female	—
Male	<b>−0.388*** (0.088)</b>
<b><i>Age group</i></b>	
18-29	—
30-39	−0.175 (0.146)
40-49	<b>−0.536*** (0.153)</b>
50-59	<b>−0.772*** (0.151)</b>
60+	<b>−0.884*** (0.133)</b>
<b><i>Type of settlement</i></b>	
Village	—
Small city	0.037 (0.128)
Regional center	0.187 (0.129)
Big city (Kyiv, Kharkiv, Odesa, Lviv, Dnipro)	0.204 (0.128)
<b><i>Framing</i></b>	
Psychologist	—
Family doctor	<b>−1.455*** (0.132)</b>
Psychiatrist	−0.196 (0.132)
Psychological Help Center	0.057 (0.131)
Mental Health Center	<b>−0.293** (0.129)</b>
<b><i>N</i></b>	<b>1,400</b>

Levels of statistical significance \*  $p < 0.10$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$

## 9.4. List of figures

Figure 1. Distribution of respondents by age .....	8
Figure 2. Distribution of respondents by settlement type .....	8
Figure 3. Distribution of respondents by marital status* .....	9
Figure 4. Do you have children under the age of 18? .....	9
Figure 5. Do you have a job (as of the time of the survey)?* .....	10
Figure 6. Distribution of respondents by financial wellbeing* .....	10
Figure 7. Service in the Armed Forces of Ukraine* .....	11
Figure 8. Language of communication at home* .....	11
Figure 9. Example of a question about attitudes towards psychologists .....	12
Figure 10. Attitudes towards psychologists and psychological help .....	13
Figure 11. Dendrogram of hierarchical clustering.....	15
Figure 12. Attitude clusters .....	16
Figure 13. Attitude clusters by gender .....	16
Figure 14. Attitude clusters by age .....	17
Figure 15. Attitude clusters by financial well-being .....	18
Figure 16. Attitude clusters by prior help-seeking experience.....	18
Figure 17. Prior experience of help-seeking by its effectiveness .....	19
Figure 18. Attitude clusters by need for psychological help.....	20
Figure 19. Example of a question about barriers .....	21
Figure 20. Barriers to seeking psychological help .....	22
Figure 21. Barriers by gender .....	23
Figure 22. Barrier "psychological help takes too long" by age group.....	23
Figure 23. Barrier "it is hard to open up to a stranger" by age group.....	24
Figure 24. Barriers of "group and social norm" by age group.....	25
Figure 25. Barriers "the condition may worsen" and "last resort" by age group.....	26
Figure 26. Sources of information about psychological help*.....	27
Figure 27. Experience in receiving psychological help .....	30
Figure 28. Experience of receiving psychological help by age groups .....	30
Figure 29. Previous experience of help-seeking by its effectiveness .....	31
Figure 30. Distribution of answers to the question "Why didn't you seek psychological help?"...	32
Figure 31. Distribution of PSS-10 scores.....	34
Figure 32. Groups by stress level (clustering).....	35
Figure 33. Groups by stress level (standard scale) .....	35
Figure 34. Stress level (PSS-10) by gender .....	36
Figure 35. Stress level (PSS-10) by age .....	37

Figure 36. Stress level (PSS-10) and a) self-assessment of the psycho-emotional state, b) the need for psychological help.....	39
Figure 37. Means of improving psycho-emotional state* .....	40
Figure 38. Means of improving psycho-emotional state by gender .....	41
Figure 39. Experience of war* .....	42
Figure 40. Stress level (PSS-10) by number of war experiences .....	43
Figure 41. ESS1: People can be trusted, or you can't be too careful.....	47
Figure 42. ESS2: People try to be fair, or try to take advantage of you .....	48
Figure 43. ESS3: Try to be helpful, look out for themselves.....	49
Figure 44. Importance of God in a person's life .....	50
Figure 45. ESS index by importance of God in a person's life.....	51
Figure 46. ESS index by stress level (PSS-10) .....	51
Figure 47. ESS index by age group .....	52
Figure 48. ESS index by means of solving psychological problems .....	52
Figure 49. Framing: answers to question one .....	56
Figure 50. Framing: answers to question two .....	58
Figure 51. Framing question one by gender (specialists).....	59
Figure 52. Framing question one by gender (centers).....	59
Figure 53. Framing question one by age groups (specialists).....	60
Figure 54. Framing question one by age groups (centers).....	60
Figure 55. Framing question one by settlement type (specialists).....	61
Figure 56. Framing question one by settlement type (centers) .....	62
Figure 57. Framing question two by gender (specialists).....	63
Figure 58. Framing question two by gender (centers).....	63
Figure 59. Framing question two by age group (specialists).....	64
Figure 60. Framing question two by age groups (centers).....	65
Figure 61. Framing question two by settlement type (specialists).....	66
Figure 62. Framing question two by settlement type (centers).....	66

## 9.5. List of Tables

Table 1. Correlation between answers to questions about attitudes towards psychologists .....	14
Table 2. Sources of information about psychological help: women and men.....	28
Table 3. Sources of information on psychological help: age distribution .....	29
Table 4. Comparison of average PSS-10 values for the USA and Ukraine.....	38
Table 5. Means of improving psycho-emotional state by various levels of stress*.....	41
Table 6. Comparison of Ukraine with the data of the European Social Survey (wave 10) .....	47
Table 7. Change in the level of trust in Ukraine (2024 to 2005) .....	49