EHRA – European Harm Reduction Association

Overview of barriers to access to mental health and addiction treatment services in the Czech Republic for people displaced from Ukraine

Country Report

Mgr. David Pešek
1.9.2023

This report has many sources. Firstly it is the rewritten experience directly collected from war refugees through semi-structured interviews and through the **dostup.health** platform. Also, there were contacted many professionals from direct care services (SANANIM, Podané Ruce, Ulice Plzeň, Česká společnost AIDS pomoc, Prevent 99 and others) and there is a lot of contribution from them in the Report. Thank you for your cooperation!

SANANIM ehra eurasian harm reduction association

Content

1. Preface 5

2. Executive Summary 3

3. Introduction 6

4. Czech and Ukrainian context in terms of addiction issues 7

4.1. Pathway of People Displaced from Ukraine 8

5. Barriers to access to addiction and other mental health care services for citizens of Ukraine 9

5.1. Structural and system-based barriers 9

Health insurance 9

Labor market 10

Visa and asylum factors 10

Housing 11

Infrastructure 11

5.2. Barriers related to the system of healthcare 11

Mental health care and psychiatry 13

Infectious diseases 13

5.3. Barriers related to the drug policy and treatment of addiction 14

OAT 15

A course of treatment of addiction 15

Drug law 16

5.4. Barriers related to the stigmatization or prejudices 16

5.5. Linguistic, cultural information-related barriers 17

Language 17

Cultural differences ... 18

Knowledge and information-related barriers ... 18

6. Preview of the SANANIM Drop-in Centre practice ... 19

7. Recommendations ... 21

Health insurance availability ... 21

Continuity and availability of services for PWID ... 21

OAT ... 21

NSPs ... 22

Case management ... 22

Tailored interventions ... 23

The context of psycho-socio-spiritual needs ... 23

8. Conclusion ... 24

9. Methodology ... 24

10. Disclaimer ... 24

11. Resources ... 25

1. Executive Summary

This report dives into the multifaceted barriers facing Ukrainian refugees seeking mental health and addiction treatment services in the Czech Republic. Despite a strong desire to return home, many refugees find themselves struggling with the challenges of integrating into their host country's healthcare system. Historical data indicate that not all refugees return home after conflicts end, emphasizing the importance of designing interventions with this in mind.

The Czech Republic has become a significant destination for Ukrainian refugees, with over 300,000 people obtaining visas due to the conflict with Russia. The ongoing war and various factors have fueled the demand for mental health and addiction treatment services. Separation from family, unemployment, discrimination, and limited educational opportunities have contributed to elevated rates of mental disorders among these refugees.

Additionally, the report explores addiction issues, comparing drug use patterns between Ukraine and the Czech Republic. Notable differences in opioid and methamphetamine use, access to opioid agonist therapy (OAT), and HIV prevalence among drug users in both countries are highlighted.

The report sheds light on structural and system-based barriers to healthcare access for Ukrainian citizens in the Czech Republic, encompassing health insurance, the labor market, visa and asylum issues, and housing challenges. Many refugees struggle with maintaining health insurance, finding employment, and securing adequate housing. To address these barriers, the report underscores the urgency of mental health care reforms, enhanced access to health and social services, and improved socioeconomic support for vulnerable groups, both long-term residents and refugees. A critical aspect is addressing the potential barrier caused by missing medical records.

Furthermore, the text emphasizes the need for a case management approach to tackle the complex challenges faced by Ukrainian refugees accessing healthcare. This approach involves professionals guiding clients through the healthcare system, overcoming systemic and cultural obstacles, and providing essential support, including destigmatization, crisis management, and motivation. Tailored interventions, such as information campaigns in Russian and Ukrainian languages, educating Czech professionals about the Ukrainian healthcare system, and reducing referral requirements for mental health care, are recommended.

Language barriers are addressed through technology and Russian and Ukrainian-speaking staff. A systemic solution involves employing Ukrainian citizens in healthcare institutions. The SANANIM Drop-in Centre plays an active role in supporting Ukrainian clients with free, anonymous services. However, it faces challenges like limited spaces and language barriers.

They offer infectious disease testing and employ a case-management approach to address these challenges, especially for Ukrainian clients.

In conclusion, the Czech Republic's commitment to accommodating Ukrainian war migrants must be supplemented with proactive measures to bridge healthcare access and support gaps. A holistic approach is vital, considering the interconnected nature of mental health, access to care, treatment adherence, and overall well-being for Ukrainian refugees in the Czech Republic. This report highlights the urgency of addressing these issues, particularly in light of the ongoing crisis in Ukraine.

2. Preface

The majority of war refugees from Ukraine are planning to return to their homes. This is obviously the main mindset they are living in all the time in the past and still nowadays. But this mindset alone at the same time is a huge barrier toward their integration to mental health and addiction treatment services in Czech Republic and other countries. They are living temporary life and looking forward return to Ukraine. In this mindset you don't want to settle or integrate too much. This is very understandable!

At the same time, we have a huge historical experience that the majority of war refugees from different countries do not return at the end of the conflict and remain in the countries they fled to. This happens for several reasons (politics of the countries, the conditions in the country which gave them refuge, level of integration, willingnesss to return, the scale of war destruction of the infrastructures in the country, economic reasons etc.).

This is a key component we should have in minds when we tailor interventions toward war refugees – to respect their mindset of return but also to expect that this is something that in many cases will not happen. Over time, the probability of return decreases. Returns of majority of refugees after the end of conflicts are simply historically exceptional (Andrle, 2023).

A large part of the refugees has nowhere to return. And that is even more valid for people we are talking about in this report – vulnerable people in need of mental health and addiction treatment support.

3. Introduction

Russia's invasion of Ukraine has changed Europe. In addition to economic and political changes, it has also brought many social and health problems and challenges. Ukrainians fleeing Russian aggression have been forced to seek a new home in safer countries in Europe and the world. Surveys show that most refugees want to return to their homeland. Some have already done so, while others have only recently decided to emigrate, after a year and a half of continuous war.

The Czech Republic is one of the main destinations of war refugees. This may be related, among other things, to historical and socio-economic contexts - people from Ukraine have long been a significant minority in the Czech Republic. Given the constant movement of people across the borders of Ukraine and Schengen, it is difficult to estimate how many Ukrainian citizens have found a temporary home in the Czech Republic. However, data from the Ministry of the Interior from April 2023 speak of more than 300 thousand people who have obtained a visa in the Czech Republic in connection with their flight from Russian aggression (MVČR, 2023).

The effects of the war do not only affect Ukrainian citizens. Many people from Russia also seek safety in our country. Although data on the state of mental health and addiction in the Russian Federation cannot be relied upon, the criminalization of people who use drugs, the lack of access to specialist services, the high percentage of infectious diseases among people, and human rights violations are common.

As long as the war continues, the number of war refugees can be expected to increase. Not only in the context of war, and the covid 19 pandemic but also with general lifestyle trends and advances in psychiatric and psychological care, we are also seeing a long-term increase in mental illness. Depression, anxiety disorders and other mental illnesses, addictions or existential problems - all of these affect us all in the long term and globally. Health systems in host countries in particular face the challenge of providing accessible and affordable healthcare for this population, including care for mental disorders and treatment for chronic infectious diseases.

In addition - separation from family, unemployment, discrimination, and lack of educational opportunities after displacement even worsen past traumas and lead to higher rates of mental disorders such as post-traumatic stress disorder, depression, and anxiety (Murphy et al., 2023; Reinhard, Dang & Matesva, 2021).

Reforming mental health care, increasing access to health and social services, developing services with specialized care for those struggling with addictions or dual diagnoses, and improving the socioeconomic level of vulnerable groups are necessary steps needed not only in countries that have granted asylum to war migrants. The Czech Republic should also achieve these goals for the well-being of all its long-term and temporary residents.

4. Czech and Ukrainian context in terms of addiction issues

As was said in the introduction, there are more than 300 thousand Ukraine people who are officially living in the Czech Republic due to Russian invasion of their country. For comparison, data from 2018 show that a similar number of people living in Ukraine (347 thousand) at that time could be identified as people with high-risk drug abuse behavior (PWID – people, who are using street drugs such as heroin and other opiates and/or meth, intravenously or very frequently). The primary drug of the PWID community in Ukraine, are opiates/opioids, unlike in the Czech Republic, where the use of methamphetamine is most common (UNAIDS, 2018).

The Ukrainian population is approximately four times larger than the population of the Czech Republic. In Czechia, there are almost 45 thousand of high-risk drug users, and approximately 25 % of the total number were identified as opioid users. In Ukraine, opioid users account for 75% of PWID. It is estimated that less than 10% of opioid users in Ukraine are in substitution treatment (25% in the Czech Republic). The buprenorphine pharmacotherapy is prescribed in the Czech Republic in 32 % of cases (in Ukraine it is only 9 %). Methadone therapy is more common in Ukraine, where almost 90 % of clients are using the tablet form of methadone, which is not standardly prescribed in the Czech Republic. In Ukraine, 40.3 % of OAT clients are living with HIV diagnosis, while in the Czech Republic prevalence of HI among PWUD is below 1% in the long term). Per capita, the prevalence of PWID in Ukraine is double that of the Czech Republic. More than half of these people may have an untreated hepatitis C infection (HCV). Almost one-quarter of them may live with HIV (Chomynová et al., 2022; Public Health Centre of the Ministry of Health of Ukraine, 2022; UNAIDS, 2018). There are many differences in services provided, there are different drug market habits, also the Czech and Ukraine drug-related laws differ. On the other hand, both countries are facing high levels of problem drinking.

The number of injecting drug users among at-risk drug users in the Czech Republic has long been very high. The insufficient capacity of substitution programs, the trend of injecting illicitly obtained buprenorphine, and the increasing age of the target population, among other things, all lead to an increasingly deteriorating health condition of clients of drug treatment and low-threshold services.

The level of stigmatization of people using illicit drugs has long been high in the Czech Republic. A long-term problem in our country is the lack of specialized services, especially those providing OAT or dual diagnosis care. There is a long list of barriers that stand between the system and access to it for vulnerable groups, which partially reflects the barriers that can be identified as key in the context of mental health care for people who have come to the Czech Republic from Ukraine.

4.1. Pathway of People Displaced from Ukraine

In the first quarter of 2023, regional Centers (KACPU) have been established in the Czech Republic, as “one-stop services” for Ukrainian war immigrants. These coordination points have been serving as places where people can apply for temporary protection after their arrival in the Czech Republic, as well as get important information and help with basic needs, such as information about housing options (when needed), health care etc.

All people who have immigrated to the Czech Republic in the last six months due to the conflict in Ukraine can apply for public insurance free of charge. The period of health insurance protection is currently set at 150 days. After this period, health insurance must be obtained in the standard ways.

In 2022, "Blue points" were established as specialized units of regional hospitals to serve as accessible healthcare for Ukrainian refugees. These are places providing acute and emergency care. These are staffed with Ukrainian and Russian-speaking professionals and are partially accessible - they are located in more than half of the regions of the Czech Republic.

In 2022, some systemic measures have been also established in relation to the mental health care area. The Ministry of Homeland Security has set up an expert working group on mental health for the cases of crises and disasters. There are also many Czech mental health professionals involved in the development of a supportive network, which brings together psychotherapists working in Ukrainian or Russian language. In addition, telephone helplines were established and have shown very useful, especially in the first months after the escalation of the Russian invasion of Ukraine. However, the capacity and ability for individual coordination and spread of all of these measures are significantly limited.

People who are in treatment for mental health problems often arrive in the Czech Republic in an acute condition, without a sufficient supply of medication they needed. People with an addiction history or people who have been treated in OAT may experience withdrawal symptoms. It is also important to mention the significant stress experienced by people fleeing war. In addition to the decompensation of previously treated mental health conditions, it should be assumed that mental health difficulties may also occur in people who have not experienced them before. The prevalence of experience of mental illness or other difficult mental health conditions in Ukraine is estimated at almost one-quarter of the population (WHO, 2022).

5. Barriers to access to addiction and other mental health care services for citizens of Ukraine

The experience of the last 18 months has highlighted the already existing gaps in the system that the mental health care system in the Czech Republic is facing. Changes in the system and culture of mental health care have been a long-standing topic of professional and political debate, national action plans and reform visions. In some areas, the Czech Republic can be considered relatively progressive compared to other countries. The network of low-threshold services for PWUD have been established and many experienced NGOs provide their specialized services with high levels of quality. Mental health care reform and new approaches and institutions are being developed. Health care provision is of a high standard in many areas and health insurance is generally available to Czech citizens. However, while some services are of a high standard and are flexible to the natural evolution of the situation, other changes are happening very slowly or not at all. The availability, as well as the default philosophies of some areas of addiction and other types of mental health services have long been dysfunctional and do not respond to the needs of their clients or to scientific knowledge and global trends.

In addition to systemic obstacles, we are also facing obstacles that are specific to the current situation of the Ukrainian minority in the Czech Republic. The following chapters focus on the main barriers to accessing mental health care for people who have immigrated to the Czech Republic in the context of the war conflict in Ukraine (although this issue can also be partially applied to the difficulties faced by many ethnic and national minorities living in the Czech Republic).

5.1. Structural and system-based barriers

These barriers are related to the internal politics of the state and the setting of public institutions, not only in relation to migration policy but also to attitudes towards the social services and social security system. Infrastructure, employment policy, and funding also play a role in access to services.

Health insurance

Citizens of Ukraine have access to the Czech healthcare system for 150 days after receiving a "protection" visa. After this period, they need to get a new contract to keep their insurance continuing. There are some exceptions for people in special conditions of health and social life (i.e. students, adolescents, children, people of pension age, people caring for children under 7 y.o., and seriously chronically ill people). In other cases, health insurance must be

paid by the employer, or by the self-payment. Labour office pays for insurance for official jobseekers, in a temporary way. ways direct payment, through employment on a regular employment contract or participation in the register of job applicants. Visa validity or its extension is a prerequisite in every case. With the public or commercial health insurance is possible to visit virtually any health facility. For people who want to pay for the insurance by their own, there are several types of insurance coverage, from basic to complex care coverage. Treatment for infectious diseases, such as HCV, is usually not available in the regime of basic insurance programs

In summary, adult people who are able to work have 3 options for accessing the public health care system. Despite this, many of Ukraine's citizens have difficulty obtaining health insurance. Among other factors, it is related to the situation in the labor market. Other factors are associated with asylum and visa policy. Self-payments are usually possible only for a period longer than 4 months or are accessible only in basic form, which includes urgent care and essential medicines only. The price of a complex care insurance program is usually unreachable, especially in the case of people in poor socioeconomic situation, such as people who are struggling with addiction who we meet in low threshold services. Many people with several mental health and addictology problems, which are in need of treatment or support, are completely falling through the gaps of the system and its requirements.

Without health insurance, the spectrum of health care is very limited. Through the services provided by NGOs it is possible to achieve some types of harm reduction or outpatient care. Psychiatric care, pharmacotherapy (OAT included), inpatient treatment of addiction or treatment of infectious diseases is practically unavailable.

Labor market

Opportunities for employment for UA citizens vary, however, the need to earn money, the language barrier and the lack of information may lead to getting an undervalued job with no official contract or guarantee. Due to the adverse working conditions and options and tight financial situation, “workload as a lifestyle” is common – which is associated with complicated compliance to other commitments and needs (doctor checks, arranging offices etc.).

At the same time, unemployment is a common problem in the population of clients of low-threshold and addictology services (even for Czech citizens). Homelessness, unemployment, symptoms related to addiction and dual diagnosis, as well as barriers related to stigma are long-standing phenomena occurring in the PWID population.

Visa and asylum factors

This barrier is significant in cases of people, who had been working or lived in Czech Republic before the 24th of February. After the 150 days of protection, the application for a long-term stay visa is needed. There are obstacles to achieving these visas without evidence of war-related migration. Many people also obtained visas in other European countries where they

had only stayed temporarily for work before the war. After the war started, they became asylum recipients in that country and are now unable to apply for protection in the Czech Republic, even though they have family here.

Housing

In the Czech Republic, there is a lack of socially supported housing options, as well as shelters for people without home. Rentals of flats are increasing especially in bigger cities. Rural areas and small cities are characterized by a lack of opportunities (employment, public services, including health and addiction services, and a drug market).

Many of shelters for one-night stay for homeless people have requirements difficult to reach by the target group, such as sobriety from alcohol and other drugs. Shelters for long-term stay are overloaded, have long waiting lists and usually have strict rules. To apply for this kind of sheltering, ID and a statement about the state of health from some GP is usually needed. Accommodation is usually paid by social welfare allowance, which only people registered with the Labour Office can access.

Many people who cannot afford to live in a rented apartment or other stable housing live in temporary lodging houses. These vary in standard and may offer relative security and facilities, however often offer overpriced accommodation with low level of privacy, equipment or security. Social integration is a related issue, which can be negatively affected by this type of housing. Isolation from public life, low income, lack of health care - all of these can discourage refugees from participating in social, educational and professional activities. This could affect their integration into the local society and affect their quality of life.

Infrastructure

Usually, the drug market, as well as the civil and community amenities are more accessible in large cities and regions. The opiod market is based mainly in the capital and in several larger cities. Access to health care is reduced and lacking in some areas. There are regions where no OAT service is available. Lack of mental health care services is one of the issues which is considered in the national strategy of mental health care reform. Centers of mental health care have been established across the country, aiming to increase the accessibility of this type of care. However, there are still regions that have difficult access, which is only possible by traveling tens of kilometers.

5.2. Barriers related to the system of healthcare

In comparison with UA, the Czech system works differently in many aspects. One of them consists in a specific fragmentation of medical disciplines. Unlike in Ukraine, it is not very common here to be able to obtain medication for infectious diseases at the same place, where

psychopharmaceutic are prescribed. However, this experience is shared by some Ukrainian clients. “Limited” competence of Czech doctors may be confusing to them.

It is often necessary to see several specialists for simultaneous treatment of multiple illnesses. This in itself increases the threshold for access to treatment and lengthens the interval for initiating treatment. Without knowledge of the medical care system or the accompaniment of another person, it can be very difficult to obtain adequate care.

At the same time, some Ukrainians may not understand all the subtleties and conditions for receiving assistance, for example, in the Czech Republic. Differences in access to medical care in Ukraine and in the Czech Republic are noticeable.

Differences in health care include different standards for prescription drugs, which are available without a prescription in Ukraine. There it is also common practice to purchase products, that are not available in the Czech Republic for home use (e.g. infusions). The ways of obtaining the necessary medicine or supplies in the Czech Republic may be incomprehensible to patients and clients from Ukraine, causing feelings of rejection or creating a barrier to obtaining help. Medicines available in pharmacies without a prescription, including dietary supplements, may be submitted as medicines indicated for the patient's condition, which requires a prescription-based treatment in the Czech Republic. This also applies to medication for mental disorders. A barrier to adequate treatment could be caused also by missing medical records (Jelínková et al., 2023)

However, difficulties in accessing further healthcare are also related to language barriers or a lack of trust and mutual relationship. These can take the extreme form of refusing to provide the care requested, as some Ukrainian citizens in the Czech Republic have experienced. When refugees repeatedly encounter barriers to seeking care, they may develop a sense of mistrust towards the health system. This could further discourage them from following treatment recommendations.

At the same time, the different functioning of health care also shapes a different the doctor-patient relationship. Although doctors in both countries are perceived as authorities, the Czech approach to patients may appear more paternalistic. Due to the limitations and specificities that the Ukrainian healthcare system involves at some levels, the attitude towards cooperation with the doctor on the part of the Ukrainian patient may be difficult for Czech medical practitioners to accept. It may take the form of a request for treatment that the patient himself suggests because he was used to it in his native country. The relationship between doctor and patient in Ukraine may be also affected by the existence of direct (often informal) payments for the provision of healthcare and medical supplies and medicines in Ukraine; as mentioned above, all of the above can lead to misunderstandings and

confrontations that can act as a barrier to further cooperation and trust (Jelínková et al., 2023).

Mental health care and psychiatry

The availability of psychiatric care in the Czech Republic is generally low, especially in the fields of child psychiatry and addiction medicine. Coupled with language barriers, low awareness of the manifestations and treatment of mental disorders among patients, limits on care provided without health insurance, and the stigma that accompanies mental illness, access to the system is difficult.

There are also some governmental facilities, such as the National Institute of Mental Health, providing psychiatric care for people from Ukraine on a priority basis and without the need of a referral. MHCs can also be used for comprehensive psycho-social support (Svobodová, 2022). However, this kind of comprehensive care is rather rare.

Commonly available services can be burdened by high costs for services and medications. Together with financial problems, they can lead to refugees dropping out of treatment prematurely.

There may be cases where treatment was started after arrival in the Czech Republic and obtaining visas and insurance under temporary protection. Difficulties in obtaining a long-term visa, difficulties with integration, high work levels can all lead to mental health treatment becoming unavailable or not a priority. It can also worsen health conditions and lead to more serious health problems.

Mental health problems can have a direct impact on physical health. For example, untreated mental health problems can lead to stress-related illnesses, impaired immune system function and reduced adherence to HIV-related care.

Infectious diseases

In terms of somatic comorbidities and infections, the issue of HIV, HCV and tuberculosis must be mentioned. Ukraine has one of the largest HIV epidemics in Europe. In the last 20 years, linkage to care for HIV has been improved, and specialized publicly funded AIDS centers were established. An estimated 82% of people living with HIV who knew their HIV status were linked to care and receiving antiretroviral therapy (ART) which is provided for free to all patients registered at AIDS centers (Owczarzak et al., 2023). ART treatment can be continued

in the Czech Republic through health insurance while a very high standard of care (Massmann et al., 2023).
A common topic for both countries is represented by the hepatitis C epidemic. The prevalence of HCV is relatively high among people who use drugs worldwide. Most people who needed help after getting tested for blood-borne infectious diseases received modern HIV or HCV treatment. The barrier can be seen in people's access to diagnostics or insurance that would cover expensive treatment.

The testing of these diseases in the PWID population is mainly provided at drop-in centers, addiction clinics, and other non-governmental public health organizations. NGOs usually provide social and health services free of charge, regardless of whether the person seeking help is insured. Drop-in centers and outpatient services are relatively accessible, although they face problems related to capacity (mainly in larger cities) or funding limitations (in general, but mainly within small NGOs). A concern may be the impact on hidden populations that do not come into contact with these types of facilities. A separate chapter is given to the diagnosis and treatment of tuberculosis, which cannot be routinely diagnosed using simple screening methods.

Furthermore, there are more other factors than diagnosis and initiation of treatment which are critical for successful management of HVC and HIV. A good understanding of the treatment process is essential for treatment adherence. Language barriers and misunderstanding of treatment regimens can lead refugees to misuse/abuse mental health and HIV medications. This can lead to treatment ineffectiveness and drug resistance. Good cooperation with the doctor is also contingent on regular check-ups, adherence to appointments and other conditions that can be difficult for a person who is not well integrated into the system.

The issue of stigma attached to these diseases may represent a massive obstacle that is not easy to overcome. Along with the stigma attached to drug use, reinforced by the stigma attached to immigration, there is a growing barrier of shame, fear or low self-esteem.

5.3. Barriers related to the drug policy and treatment of addiction

These barriers are addressed specifically to the system of drug services and to the differences between the Czech and Ukrainian settings.

OAT

The important topic of an insufficient network of OAT services was already mentioned. This barrier includes a limited number of spaces for substitution therapy, a shortage of organizations providing this service, and long waiting lists.

This factor is very important in the context of Ukraine refugees, who arrive in the Czech Republic with an inadequate supply of medication and thus develop acute withdrawal syndrome in many cases. Lack of OAT programs is also related to the higher prevalence of somatic comorbidities, infectious diseases, opioid overdoses and drug related crime and offenses. The context of the whole situation also contributes to this, regarding the impact of stress on physical and mental manifestations. In addition, in Ukraine, methadone is widely used as a substitution substance, while in the Czech Republic, buprenorphine is used mainly. Thus, many people are forced to switch to buprenorphine replacement therapy (Subutex, Suboxone) and have to undergo detoxification.

Besides the capacity and access issue, barriers have been found also in the form of provided OAT care. As was already mentioned, most people in UA OAT programs have been treated by methadone preparations, which are usually dispensed in tablet form. In contrast, Czech methadone programs provide a solution form of methadone as standard.

The effectiveness of the drug may be influenced by the manufacturer and the form of administration. These differences, as well as differences in dosage or dispensing regimen, can also act as barriers to effective treatment.

Through health insurance can people from Ukraine access the OST, however, many (but not all) substitutes need to be partially funded by the patient. The demand for methadone programs exceeds their capacity. OAT programs with buprenorphine are also overloaded. Some OAT facilities offered in spring 2023 immediate capacity for Ukrainian refugees, but even so, service capacity was limited and not available in all regions of the country (which is problematic in the care system in general, not just in the Ukrainian context).

A course of treatment of addiction

The course of detoxification and residential treatment in Czech Republic and Ukraine differs. Long-term treatment is typically indicated for people with long drug and alcohol abuse in Czechia. In contrast, it is not so common and available in Ukraine; often is referred to short-term treatment (3 weeks) followed by outpatient care. The course of detoxification and the medication used also have different characteristics.

At the same time, due to language and other barriers, residential services for this target group are also very difficult to access. Detoxification is usually possible despite the language barrier, but its availability is limited by capacity, waiting time and health insurance. Acute care for life-threatening conditions can be provided, often without follow-up psychiatric care.

As was already said, other barriers are represented by differences in pharmacotherapy dispense and dosing regimen.

Drug law

Although drug use is not a crime in Ukraine or the Czech Republic, there are differences that can lead to a higher risk. In Ukraine, drug use in public places is a criminal offense punishable by imprisonment. Hiding and fear of retaliation increase the risks - e.g. overdose, infectious diseases. They can also act as a barrier to entry into harm reduction services.

5.4. Barriers related to the stigmatization or prejudices

Stigma is one of the biggest barriers the Czech Republic faces. It applies to all mental illnesses, including addictions. Public awareness of various mental health problems is low, as is the acceptance of addictive disorders, even though these are areas targeted by the current National Mental Health Strategy. Stigmatization also occurs in the authorities, in public institutions, but also by the police. These are, for example, barriers at the authorities or in other institutions, especially for people who have been falling through the social support system for a long time.

Stigma against people with mental illness and people who use drugs is generally very high. Along with the prevalence of infectious diseases, the level of stigma can increase. People with a history of TB may be a specifically stigmatized group (Hook et al., 2021; Podolsky, 2019). Specific role plays also problematic of gender, despite overall improvements in HIV care cascade indicators in Ukraine, significant gaps remain among women living with HIV (Owczarzak et al., 2023). Problems associated with the stigmatization of women drug users in the Czech Republic are a significant barrier to their entry into treatment for addiction and other related diseases.

The barriers may be also attributed to the mutual distrust between clients and medical professionals. Even this type of barrier is typical for both the Czech and Ukrainian PWID populations. On the medical practitioners' side, there may be specific prejudices, for example, the belief that Ukrainian patients use the Czech medical system on purpose to solve their

long-term untreated health problems (Jelínková et al., 2023). Creating similar stereotypes makes another barrier to entry into treatment.

However, we can also talk about stigma in the sense of prejudice on the part of those interested in care towards the interventions provided. Distrust of vaccination or stigmatization of mental illness can lead to lower interest in preventive screening or late diagnosis (Jelínková et al., 2023). Stigmatization of mental illness is also common in Ukraine, whose history of mental illness is also linked to inhumane repressive practices. Although this is partly a generational issue, concerns about the limitations and disadvantages of a psychiatric diagnosis in personal medical records can act as a barrier to seeking professional help (Quirke et al., 2021; Reinhard, Dang & Matesva, 2021).

The stigma associated with the use of psychiatric medication can also be a barrier to appropriate treatment. The necessity of taking psychopharmaceuticals regularly can be difficult to accept by the patient. Alternatively, the patient's prejudice may be related to a lack of understanding of the differences in pharmacotherapy practices in the Czech Republic.

The prevalence of xenophobia and growing patriotic and other extremist movements across Europe may negatively affect the integration of Ukrainian citizens in general, including a negative impact on their mental health.

5.5. Linguistic, cultural information-related barriers

Language

Communication difficulties cut across all of the above areas.

Residential treatment facilities in the Czech Republic usually provide therapeutic services only in the Czech language. There are only a few private facilities where it is also possible to receive the treatment program and psychotherapy in English. However, private stays are very expensive and are not covered by insurance. The possibilities of addiction treatment in a foreign language are practically limited to outpatient services. There are facilities (mostly NGOs) providing counseling and therapy in Ukrainian or Russian. However, their capacity is limited. As far as drug services are concerned, the language barrier causes considerable difficulties, except for those facilities that have a Russian or Ukrainian-speaking staff member. A similar situation applies to psychiatric care and other health and social services.

There are non-profit organizations that bring together professionals who specialize in working with foreigners. In other institutions, the possibility of care in another language depends on the staff resources, their language skills, and their willingness to accept foreign language

clients. Recent experience with PWID who arrived in the Czech Republic in connection with the Russian invasion of Ukraine has shown that it is possible in some hospitals to admit a patient without knowledge of Czech or English to a detoxification unit. However, this is very often only a short-term program focusing only on the somatic aspect of addiction treatment, not on its psycho-social component. However, in some acute cases, there are wards of psychiatric residential care, which are open to cooperation with the help of online translators. Although this method of communication allows for a basic level of discussion, many misunderstandings and confusion can arise. The language barrier also affects service delivery and limits the services provided by the workers themselves. An example of a type of service where language is a significant barrier is psychotherapy.

The language barrier plays a role in direct contact with the patient - here it depends on the ability to communicate in English, Russian or Ukrainian - both on the side of the doctor and other professional staff and on the side of the patient/client. The use of professional interpreters encounters difficulties with the time extension of the examination, the same as using online translators. In addition, in the context of mental health problems, this method can be inadequate or very uncomfortable for the client. The language barrier is also a difficulty in the context of medical records and other documentation. A specific area is telemedicine, where communication is even more difficult. Regarding existing international evidence, misunderstandings and poor-quality communication can lead to lower patient satisfaction and adherence, and consequently poorer healthcare outcomes (Jelínková et al., 2023).

Cultural differences

In the context of access to mental health care, a list of these barriers can be found in the chapter describing barriers related to the system of health care. For example, in relation to the culture of the health system in general, but also to the culture of the relationship between service providers and their clients.

Cultural differences are also reflected in the use of psychoactive substances, in terms of OAT and also in terms of black market supply, drug administration habits etc.

Knowledge and information-related barriers

Language barriers, cultural differences and unfamiliarity with the local system form a set of obstacles. Despite the development of many specialized information campaigns, it can be difficult for foreigners to obtain relevant information. Many of the resources available are conditional on the ability to use internet resources. The distribution of factsheets information bulletins, and the availability of information centers or specialized helplines are linked to the general ability to pass information to the target group.

6. Preview of the SANANIM Drop-in Centre practice

Throughout 2022, we actively collaborated with clients from Ukraine. Currently, our cooperation continues, and the overall number of clients from Ukraine has increased.

We strive to make our services accessible to all clients, regardless of age, century, nationality, gender, or religious beliefs, as we are a low-threshold institution.

All our services are free and anonymous. Additionally, some of our staff members are fluent in the Russian language, which allows our clients from Ukraine to receive our services in Russian. Not only this, but the possibility of providing basic health care to people without health insurance makes such facilities an important point of contact and assistance for the target group of PWID from Ukraine (and other countries). However, despite the partial substitution of hard-to-reach health and social services, low-threshold centers cannot cover all needs in the field of social stabilization, mental health and addiction.

To help with basic information and navigation in the medical care system, a helpline was set up and staffed by several Russian and Ukrainian speaking employees of our NGO. The telephone counseling serves not only to pass on relevant contacts, but also to mediate direct care in SANANIM facilities.

One of the main areas of collaboration last year was providing substitution therapy. Ukrainian clients predominantly utilized individual addiction counseling, social and legal consultations, as well as assistance with infectious disease testing and exchange programs. Some clients were referred to our center from other social services, such as low-threshold and substitution services, integration centers, and acquaintances. Despite positive changes, there are some barriers faced by clients from Ukraine (as well as the Czech clients) when it comes to receiving substitution therapy. These barriers include a limited number of spaces for substitution therapy, a shortage of organizations providing this service, and long waiting lists. Barriers associated with switching from methadone to buprenorphine pharmacotherapy have also been observed in our practice.

We have also noticed an increase in the overall number of clients from Ukraine using standard services at the contact center, such as needle exchange, testing, counseling, social and medical assistance, and support in accessing institutions.

The ability to quickly and painlessly test for infectious disease is an important part of care that we consider to be critical to both public health and access to needed care for individuals. Our facility is equipped with laboratory machine that allows TB, HCV and HIV testing at the level of PCR diagnostics, which enables rapid orientation in the client's health status and targeted interventions leading to follow-up care.

For people with refugee status in the Czech Republic, language barriers are another issue preventing them from accessing services without a translator or a staff member who speaks Ukrainian or Russian. The individual accompaniment of a client to such facilities with our assistance was therefore often dependent on our ability to provide translation services or to collect and translate medical histories.

Clients seeking medium- or long-term addiction treatment face obstacles as treatment and therapy programs (both group and individual) and psychiatric assistance are conducted in the Czech language. Therefore, clients are referred primarily to outpatient care.

A psychiatrist is present in the contact center once a week to provide low-threshold care to those in need, including pharmacotherapy. His care can be provided even without public health insurance registration. The presence of health professionals aims, among other things, at basic diagnosis and treatment of somatic comorbidities.

Overall, Ukrainian clients using drugs and seeking addiction help in another country may experience challenges in accessing necessary assistance and support due to the aforementioned problems and barriers. We are doing our best to eliminate these obstacles and provide the best possible help to all our clients. It has been successful to use a case-management approach. Individual case management, linking to resources, accompanying the client to the necessary institutions, helping with communication and information retrieval.

7. Recommendations

The mental health care system reacted to the situation quite quickly in some areas, especially in the first wave of solidarity. Non-profit organizations and volunteers have been involved, offering material, health, social or psychological support. From experience, UA points and Regional Centers are very helpful, especially regarding the first integration to the basal needs and institutions. What has proved to be very workable is the establishment of telephone helplines. Employing people who were able to communicate with refugees in their language proved essential.

What needs to be done to improve the quality of mental health care (and thus the quality of life of people who use these services) is broadly contained in the current Czech Strategy for the Reform of Psychiatric Care. The final recommendations on improving access to services for Ukrainian refugees to some extent reflect the challenges facing the Czech health system in general.

Health insurance availability

The accessible system of health insurance is one of the most important measures, enables to provide refugees with OAT, but also HIV or hepatitis treatment and other psychiatric, psychological and medical assistance. The availability of health insurance is directly linked to the visa policy. Simplifying the process, providing insurance together with the visa, or individualized conditions for people in a disadvantaged social situation, all make sense from a public health perspective. In the case of high-risk populations, funds for the treatment of infectious disease would be rational in terms of prevention. However, in the context of migration policy, these measures would make sense if they were part of pan-European strategies.

Continuity and availability of services for PWID

Expanding the network of addiction services and psychiatric care is crucial – especially the OAT programs, outpatient clinics with integrated healthcare, drop-in centers (and other NSP).

OAT

Local, temporal, and especially financial availability of OAT needs to be significantly increased, and the range of services provided should be extended. Despite the fact that waiting times for some OAT programs can take up to half a year, a few dozen Ukrainians were placed in these programs on a priority basis and almost immediately. Compared to the capacity that would be needed to fully meet the demand, however, this is a very small fraction.

Increasing the availability of methadone is crucial in the context of care for people in Ukraine, but the introduction of other substances - heroin, etc. - is also a challenge in terms of improving the OAT system.

Related to this, low threshold psychiatric interventions are very effective in this context. However, given the nature of the demand and the limited medical capacity in low-threshold facilities, it is necessary to cover access to psychiatric care and OAT in a systemic way. Increase its outpatient and residential capacities, link it to related health and social services and distribute it flexibly and regarding the background of individual needs.

NSPs

The use of low-threshold centers for the target population seems logical from the point of view of establishing a relationship and care, as well as from the point of view of public health, as in the case of the Czech PWID. In relation to lack OAT programs, the issue of overdose cannot be ignored. The availability of low-threshold services is preventive in this respect. The distribution of naloxone, but also education about trends on the Czech drug scene, is crucial, especially for opiate users. Differences in potency and quality of drugs used can lead to unintentional opiate poisoning. Homemade opium substances are a specific risk here.

The exchange of injection material is then essential in terms of preventing the spread of infectious diseases. The anonymous and free distribution of this material can be a practical reason to establish cooperation between the NSP and the Ukrainian PWID. The aim is to make these services as accessible as possible and as well informed as possible about the possibilities of using them. With the help of snowballing, but also well-targeted advertising materials, it is possible to contact a group of people who are hidden for many reasons. Closing the Ukrainian drug scene increases the risk of transmission of infectious diseases, but also of overdose, social exclusion, etc. The offer of possible help must be clear and safe.

Among other things, NSPs play a major role in screening for infectious diseases and linking these clients to adequate treatment. Availability of rapid antibody testing is essential. Due to the many barriers in access to health care, the possibility of PCR testing directly in the facility seems to be very advantageous. In general, integrated care in one location is ideal for the target group of people at risk of mental health problems and specifically for PWID. Incentives such as food vouchers have proven to be very useful, increasing motivation to attend regular testing.

Case management

All of the points above indicate the need for linkage of care. The imperfections of the mental health care system are partly substituted by the individuals and organizations that provide some kind of “personal assistance” of support throughout the system for those who need it. Although we are dealing with human capacity here - experience shows the case-management approach is useful and irreplaceable for people who face multiple barriers to entering the care system. Coordination of care and treatment is the responsibility of the professional who helps the client not only to find and visit appropriate services and institutions, but also to learn how to navigate and prosper in them. Such cooperation can help to overcome both

systemic and cultural barriers (orientation in the city and the system, language barriers...). It can also have a supportive function in the area of destigmatisation - it can offer the client human support to overcome fears and shame, provide relevant information. It helps also in communication between other professionals and institutions. Can offer an individual plan of action to support the client in treatment. It can help the client to deal with crisis moments and increase motivation.

Access to such a partnership is based on trust. The setting of the service determines its availability. The low-threshold approach, informal approach, out-reach work – it all can increase the inclusion of those clients who are not in contact with mainstream institutions.

Tailored interventions

To increase accessibility and awareness, it is necessary to organize information and education campaigns and distribute materials in Russian and Ukrainian. At the same time, however, the education of Czech professionals is also crucial - in the context of the differences of the Ukrainian healthcare system, education about the nature of the healthcare system in Ukraine can help to remove communication and relationship barriers. This context, along with the removal of language barriers, can help to facilitate adequate and adherent communication and treatment. Accompaniment to institutions is one way to increase the bond between the client and the indicated services. In some cases, we are not only talking about accompaniment but about case management, which is generally considered as an effective approach in the mental health field. At the same time - being able to be examined and treated without the need for a prior referral from another specialist or GP is also seen as useful in lowering the threshold for mental health care.

Language barriers are currently overcome mainly through technology or the presence of Russian and Ukrainian-speaking staff. At a systemic level, effective solutions can be achieved by employing Ukrainian citizens directly in institutions, either in terms of mutual cooperation or in terms of providing jobs to Ukrainian professionals.

The context of psycho-socio-spiritual needs

In terms of access to public health, we also need to look beyond immediate health problems and work comprehensively to improve the social determinants of health, such as access to financial assistance, safe housing, employment and educational opportunities. Nor can we neglect activities leading to destigmatization.

Given the political as well as human commitments, in addition to interventions related to the protection of public health, it is imperative to prioritize the topic of mental health as one of the basic needs and to reflect the needs related to quality and healthy living as the need for healthy relationships and social integration. In addition to building a functional and coherent cascade of health and addiction services, the challenge is to remove bureaucratic barriers and, last but not least, to intervene in a way that clearly rejects xenophobia or racism and, on the contrary, promotes and supports solidarity-building.

8. Conclusion

Although the Czech Republic is among the countries that have committed to providing a decent place to live for Ukrainian war migrants, there are still many gaps that need to be filled. The whole situation needs further research and mapping; research conducted before 2022 may not meet the needs of the specific population of people who have emigrated to the Czech Republic as a result of the war. With the prolonged crisis in Ukraine, access to health care is not yet perfectly prepared for all important potential challenges. Crises often bring opportunities to reform and innovate, but action is needed as soon as possible.

The correlation of barriers listed in previous chapters highlights the intersections between mental health, access to care, adherence to (infectious disease) treatment, and the overall well-being of Ukrainian refugees in the Czech Republic. It is important to address these barriers holistically at the government and service provider level to ensure refugees receive the care and support they need to rebuild their lives.

9. Methodology

This report was produced thanks to multisource content. Firstly it is the experience directly collected from the war refugees through semi-structured interviews and also through the dostup.health platform. Also there were contacted many professionals from direct care services (in addictology, mental health care but also GPs and doctors from specialized health services such as hepathologists etc.). There are also referred different resources, texts and reports written in the bibliography section below.

10. Disclaimer

We are grateful for the financial contribution of UNAIDS to this report. However, the content and ideas expressed here do not necessarily reflect the views or opinions of UNAIDS and do not commit UNAIDS.

11. Resources

Andrle, J.: ANALÝZA: Kolik Ukrajinců se vrátí domů? Rozhodne trvání války a úspěšnost obnovy (2023). Retrieved from: https://ct24.ceskatelevize.cz/svet/3575948-analyza-kolik-ukrajincu-se-vrati-domu-rozhodne-trvani-valky-a-uspesnost-obnovy

EMCDDA (2020). Report on drug situation in Ukraine. Retrieved from: https://www.emcdda.europa.eu/system/files/attachments/13559/Report-on-drug-situation-in-Ukraine-2020.pdf

Harm reduction international (2018). Regional Overview Euarasiaa. Retrieved from: https://www.hri.global/files/2018/12/10/Eurasia-harm-reduction.pdf

Hook, K., Sereda, Y., Makarenko, O., Bendiks, S., Rybak, N. R., Dutta, A. & Lunze, K. (2021). TB stigma and its correlates among HIV-positive people who inject drugs in Ukraine. *The International Journal of Tuberculosis and Lung Disease*, *25*(9), 747-753.

Chomynová P., Grohmanová, K., Dvořáková, Z., Orlíková, B., Rous, Z., Černíková, T. (2023). Souhrnná zpráva o závislostech v České republice 2022 [Summary Report on Addictions in the Czech Republic in 2022] CHOMYNOVÁ, P. (Ed.). Praha: Úřad vlády České republiky.

Ioffe, Y., Abubakar, I., Issa, R., Spiegel, P., & Kumar, B. N. (2022). Meeting the health challenges of displaced populations from Ukraine. *Lancet (London, England)*, *399*(10331), 1206–1208. https://doi.org/10.1016/S0140-6736(22)00477-9

Jelínková, M., Dobiášová, K., Těšinová, J. K., & Koščík, M. (2023). Physicians' experiences of intercultural differences in communication with Ukrainian refugees during the Russian-Ukrainian armed conflict. *Casopis Lekaru Ceskych*, *162*(2-3), 76-83.

Kumar, B. N., James, R., Hargreaves, S., Bozorgmehr, K., Mosca, D., Hosseinalipour, S. & Severoni, S. (2022). Meeting the health needs of displaced people fleeing Ukraine: Drawing on existing technical guidance and evidence. *The Lancet Regional Health–Europe*, *17*.

Massmann, R., Groh, T., Jilich, D., Bartková, D., Bartovská, Z., Chmelař, J. & Sedláček, D. (2023). HIV-positive Ukrainian refugees in the Czech Republic: a retrospective, observational study. *AIDS*, 10-1097.

MVČR. (2023). Zpravodajství: V České republice je aktuálně 325 tisíc uprchlíků z Ukrajiny. Ministerstvo Vnitra České republiky. Retrieved from: https://www.mvcr.cz/clanek/v-ceske-republice-je-aktualne-325-tisic-uprchliku-z-ukrajiny.aspx

Murphy, A., Bartovic, J., Bogdanov, S., Bozorgmehr, K., Gheorgita, S., Habicht, T. & McKee, M. (2023). Meeting the long-term health needs of Ukrainian refugees. *Public health*, *220*, 96-98.

Owczarzak, J., Fuller, S., Coyle, C., Davey-Rothwell, M., Kiriazova, T., & Tobin, K. (2023). The relationship between intersectional drug use and HIV stigma and HIV care engagement among women living with HIV in Ukraine. *AIDS and Behavior*, *27*(6), 1914-1925.

Podolsky, M. (2019). Trajectories of stigma among opioid dependent individuals in Ukraine: A comparison between individuals currently receiving opioid agonist treatment and those not in treatment.

Public Health Centre of the Ministry of Health of Ukraine. (2022). Situational report on OST in Ukraine as of 15/05/2022.

Quirke, E., Klymchuk, V., Suvalo, O., Bakolis, I., & Thornicroft, G. (2021). Mental health stigma in Ukraine: Cross-sectional survey. *Global Mental Health, 8*, E11. doi:10.1017/gmh.2021.9

Reinhard, S., Dang, A., & Matesva, M. (2021). Mental health in Ukraine. *Yale Institute for Global Health. medicine. yale. Edu*.

Svobodová, I. (2022). Možnosti péče o duševní zdraví. Retrieved from: https://www.mzcr.cz/wp-content/uploads/2022/03/Moznosti-pece-o-dusevni-zdravi.pdf

UNAIDS (2018). Data 2018 reference. Retrieved from: https://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf

WHO. (2022). Scaling-up mental health and psychosocial services in war-affected regions: best practices from Ukraine. Retrieved from: https://www.who.int/news-room/feature-stories/detail/scaling-up-mental-health-and-psychosocial-services-in-war-affected-regions--best-practices-from-ukraine