# Providing immediate digital mental health interventions and psychotrauma support during political crises

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**We describe the development and provision of a digital mental health intervention and trauma support platform for victims of political and social repression in Belarus. The Samopomoch platform provides secure and effective support tailored to the needs of such victims, and individuals are provided with access to the service via a modern, encrypted, and protected communication platform. The service involves personal health tracking (e-mental health self-screening), targeted and untargeted client communication (psychoeducation and self-help information), and psychological counselling sessions. The Samopomoch platform is also collecting evidence to show the effectiveness of the service and proposes a model for replication in similar settings. To our knowledge, this is the first immediate digital mental health-care response to a political crisis, and the high needs and increasing demand for this service within the targeted population indicate the necessity for its continuation and scaling-up. We urge policy makers to provide immediate responses for establishing digital mental health interventions and psychological trauma support.**

*Lancet Psychiatry* 2023; 10: 727–32

Published Online June 28, 2023 https://doi.org/10.1016/S2215-0366(23)00120-7

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## Introduction

Belarus is a post-Soviet country which has retained a number of Soviet policies and maintains a close partnership with Russia. The country is located between Russia, Latvia, Lithuania, Poland, and Ukraine; during World War 2, it became a battlefield, losing a quarter of its population. The current size of the Belarusian population is 9·4 million. In the early 1990s, after the collapse of the Soviet Union, Belarus declared independence. In 1994, Belarus elected its first president, Aleksandr Lukashenko, who became an authoritarian leader and has been ruling the country since. In the 2020 presidential election, Lukashenko was re-elected for the fifth time. The election was internationally considered to be manipulated in his favour, and the results were not recognised by the European Council.[1] The ensuing, peaceful, mass protests were violently suppressed by the Belarusian authorities and security forces imprisoned tens of thousands of citizens.[2,3] Any form of protest, and even suspected support of—or participation in—a protest could lead to arrest.[4] Among those arrested, thousands were subjected to inhumane and degrading treatment, beatings, torture, and rape.[4–7] The International Rehabilitation Council for Torture Victims categorised these practices as coordinated torture policies.[4] Thousands of activists and many others have fled the country and are now living in exile. The Lukashenko regime remains in power and continues to implement repressive policies.[8]

As we know from our personal contacts, continuing oppression in Belarus has led to many people experiencing depression, anxiety, burnout, and loss of hope. Many activists and protesters in Belarus and beyond seek professional help to deal with their distress and traumatic experiences and, in turn, mental health professionals become traumatised by what they hear and see. Furthermore, our colleagues in Belarus report that the Lukashenko regime demands that mental health professionals hand over clients' information to the state authorities, forcing them to break medical confidentiality. Access to public mental health services for victims of torture is made more difficult due to reasonable suspicions that registers of psychiatric patients and medical documentation are being shared with the police. Repression, violence, and torture have also been reported against health workers by our colleagues and clients.

Torture and repression are being used across the country, creating fear, feelings of helplessness and hopelessness, moral injury, and fragmentation of society.[9–11] This fragmentation can erode social support, which is a mediating factor to reduce the burden of stress and trauma.[12–14] Political oppression and violence increase the risk for mental health problems, particularly for at-risk individuals and groups such as children, adolescents, people with pre-existing physical or mental health conditions, people with learning disabilities, or already repressed minorities, such as LGBTQ+ people.[15–17] For those who have left the country after being exposed to political repression, besides exposure to political repression, the emigration process itself, including the separation from family and friends, and lost social and professional status, can pose additional risks to their mental health.[18] Furthermore, access to mental health care could be limited due to financial, cultural, language, and structural issues such as not having insurance or employment.

Trauma and mental distress affect not only people who are directly exposed to the repressions, torture, and inhumane treatment; they can also be transmitted vertically, from generation to generation,[15] and horizontally, to family members, people affiliated with the person who experienced the trauma, and those witnessing violence.[15,19–23] However, in countries of the former Soviet Union, mental health support is not routinely offered to survivors of political oppression. Memoirs written by dissidents show clearly that many of them and their families have experienced mental illness because of repression and arrest, and that they did not receive treatment. Many died by suicide, either while still living in Belarus, or after emigration to western Europe.[24–28]

For the **Federation Global Initiative on Psychiatry** see https://www.gip-global.org

For the **National Institute of Mental Health in the Czech Republic** see https://www.nudz.cz/en

For the **Global Initiative on Psychiatry–Tbilisi** see https://www.gip-global.org/organization/fgip-member-organizations/global-initiative-on-psychiatry-tbilisi

For the **Czech Samopomoch platform** see https://www.opatruj.se/

For the **Belarusian Samopomoch website** see https://www.samopomo.ch/

To address the mental health crisis in Belarus, the Federation Global Initiative on Psychiatry (FGIP), together with the National Institute of Mental Health in the Czech Republic (NIMH CZ), and the Global Initiative on Psychiatry–Tbilisi, established a safe online platform to provide psychological support to Belarusian citizens, particularly activists and human rights defenders. FGIP is an international non-profit organisation that was founded in 1980, and it has coordinated campaigns against the political abuse of psychiatry in the Soviet Union,[29] and subsequently in former countries of the Soviet Union, eastern Europe, and several other countries. FGIP started working in Belarus in October, 2020. The COVID-19 pandemic had already forced the FGIP team to switch to assisting people with mental ill health via digital health interventions as well as digital health-care provider communication and training.[30,31] Lessons learned from this transformation process were integrated into the Samopomoch system design. NIMH CZ serves as a centre for mental health research, care, and education, while also being the home of the WHO Collaborating Centre for Public Mental Health Research and Service Development. With a particular focus on implementation research, NIMH CZ is dedicated to enhancing mental health-care systems not only in Czechia but also throughout central and eastern Europe.

## The Samopomoch platform

In September, 2020, immediately after the political crisis in Belarus began, FGIP together with NIMH CZ and the Global Initiative on Psychiatry-Tbilisi started to build a digital health support platform for Belarus called Samopomoch (which means self-help in Russian). This development was in response to various calls from Belarusian human rights activists, and received funding from the Dutch embassy in Warsaw, Poland, and the Norwegian Human Rights House Foundation. The content of the platform was developed by mental health literacy specialists from NIMH CZ, and the Samopomoch platform was first published online during January, 2021, as a response to the COVID-19-related increase in mental health needs in the Czech population.[32,33] The platform was further developed with collaboration between NIMH CZ and FGIP to include trauma-related content.

The Samopomoch website, with its rich resources for self-help and self-orientation, has been programmed in a way that includes multiple levels of protection against hacking and uses Secure Sockets Layer encryption. Counselling and communication pathways function via protected channels, such as the smartphone apps Signal and Telegram for messaging, voice calls, and video calls. The online counselling service has been developed for addressing the mental health needs of human rights and social activists, and other oppressed people. The Samopomoch platform was created in Russian language only, as Belarusian people speak Russian, and the platform was intended to serve any Russian speaker in need of mental health support.

The Samopomoch platform draws on several key influences. First, it is based on the no health without mental health principle,[34] assuring a public mental health approach. Second, Samopomoch is informed by the UN Inter-Agency Standing Committee pyramid,[35] giving the platform a needs-based, multi-layered support that aims to protect and promote psychosocial wellbeing and prevent or treat mental illness. Third, the platform is inspired by the staging approach to the classification and treatment of mental disorders, as proposed in the Lancet *Commission* on global mental health and sustainable development,[36] assuring opportunities for intervention at all stages of the pathway, from wellbeing to different stages of disorder. Finally, the platform applies a transdiagnostic approach,[37,38] operating across traditional nosological boundaries and aiming to assure universal prevention for all, with selective prevention for at-risk groups, indicated prevention and early intervention for those who already have symptoms, and evidence-based advanced interventions for those who are showing more pervasive symptoms of mental illness (see panel). The transdiagnostic approach for preventing deterioration of mental health and strengthening of an individual's resilience and adaptive coping was chosen and conducted on the basis of the authors' experiences in working with young people.[39]

The support provided via Samopomoch is based on the biopsychosocial approach. This approach assures a holistic assessment of those using the platform, taking

***Panel:*** **Samopomoch platform—levels of intervention and modes of work**

**Level 1: Universal preventive interventions**

*Mode of support: Samopomoch website*

- Untargeted client communication (psychoeducation material and self-help information for all)
- Personal health tracking (e-mental health self-screening) and monitoring tools for common mental disorders, including stress and trauma-related conditions

**Level 2: Selective and targeted preventive interventions**

*Early detection and intervention—Mode of support: Telegram, Facebook, and online (Signal) counselling services*

- Early detection services for human rights and civil activists and other oppressed people
- Provision of brief counselling (1 h on average) based on a transdiagnostic approach for people who have non-specific mental distress or sub-threshold conditions

**Level 3: Advanced treatment interventions**

*Mode of support: online (Signal) counselling services*

- Advanced or complex interventions for those with symptoms corresponding to the diagnostic criteria of stress and trauma-related disorders and other frequent comorbid conditions (eg, depression and anxiety)

into consideration their life circumstances and background of trauma when establishing rapport. The Samopomoch platform addresses clients' psychological problems, as well as psychosocial and somatic needs via referral coordination through a referral network. Samopomoch does not provide diagnosis or pharmacological treatment. A network of organisations and individuals has been assembled for support; if psychiatric care is judged to be needed (eg, for psychosis or severe depression), clients are referred to trustworthy psychiatrists. For somatic problems, clients are referred to physicians, both inside and outside Belarus. A network of lawyers and human rights organisations are also available to provide support if needed. A referral network unites trustworthy organisations, including those that work with human rights activists.

The digital platform provides self-screening tools, evidence-based self-help information, and, if the person is interested, referral pathways to the case coordinator (figure). Partner organisations in the network also refer individuals affected by political oppression-related stress, general stress, and trauma to the case coordinator. The case coordinator is a medical sociologist trained in mental health, who provides triage. Triage is based on an initial interview, which assesses four factors. The first factor is whether the potential client has ever been diagnosed with a psychiatric condition, had a psychiatric episode requiring treatment in the past, or is currently undergoing psychiatric treatment. The second factor is what the client's mental health needs are, and whether these correspond to the service mandate (ie, whether their condition requires immediate care). The third factor is whether the client meets the inclusion criteria (Belarusian citizen, exposed to political oppression, human rights activist, and having symptoms of a common mental health condition (eg, anxiety, depression, PTSD), and the fourth is whether they meet the exclusion criteria (having a severe mental disorder, neurodevelopmental disorder, or personality disorder).

On the basis of the triage assessment, clients who have conditions that do not meet the service mandate are referred to external services. Clients who do correspond to the service mandate are referred by the case coordinator to a counsellor for further assessment. The initial session with the counsellor is scheduled for 60 min, with up to 10 60-min sessions in total, depending on the client's need and with the possibility to extend, when deemed necessary. Counsellors carry out their initial assessment of clients by use of screening instruments and an online clinical interview (via Signal or Telegram). On the basis of this assessment, counsellors can implement transdiagnostic interventions via online sessions to address clients' needs (eg, emotion regulation, problem solving, and interpersonal skills training).For clients whose symptoms meet diagnostic criteria for anxiety, depression, PTSD, or other stress-related or trauma-related conditions, counsellors can implement advanced trauma-focused interventions. Assessment is repeated at the end of the counselling course (discharge phase) and 3 months after discharge (follow-up).

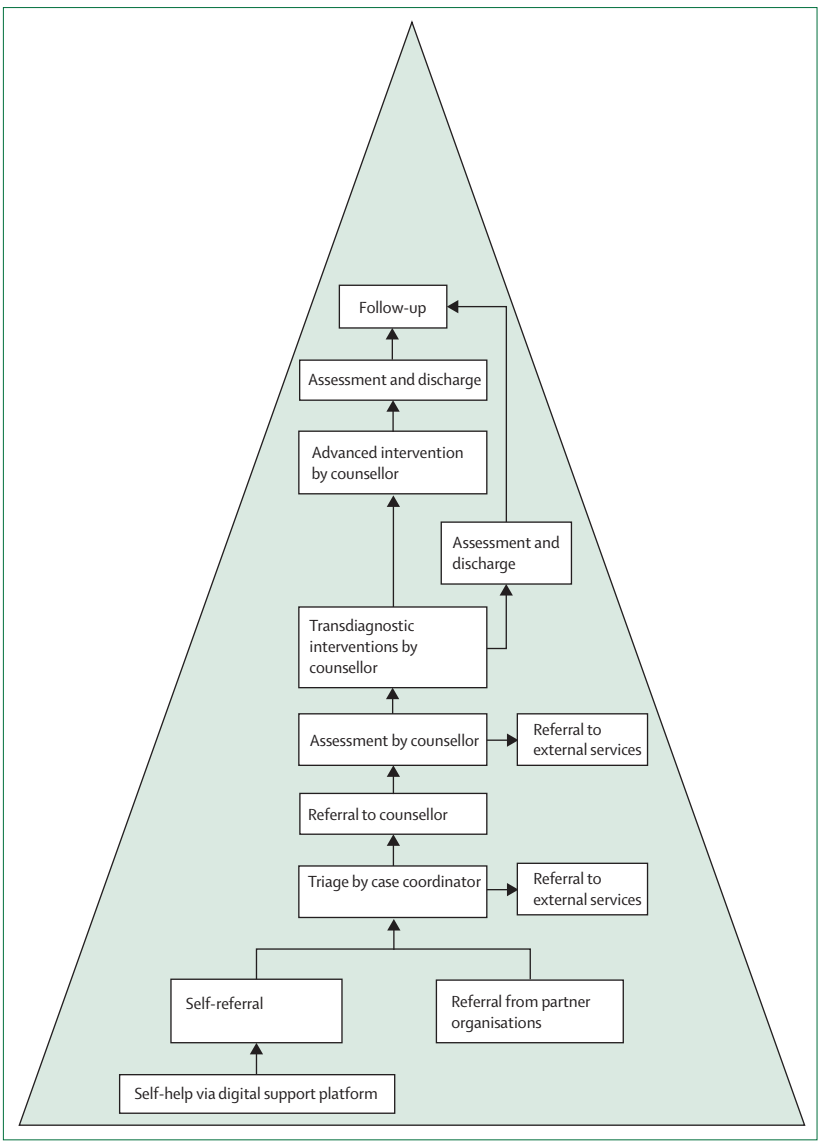


*Figure:* **Trajectories of service users engaging with the Samopomoch platform**

The Samopomoch platform was developed and functions through an evidence-based approach. All content on the website is supported by evidence, and references to scientific literature are provided where appropriate. Counselling for anxiety, depression, PTSD, or other stress-related or trauma-related conditions is provided using evidence-based therapy methods such as cognitive behavioural therapy, trauma-focused cognitive behavioural therapy, eye movement desensitisation and reprocessing, cognitive therapy, and present-centred therapy. The effectiveness of counselling is measured using screening tools for post-traumatic stress disorder (Primary Care PTSD Screen for DSM-5),[40] depression

For more on **trustworthy organisations that work with human rights activists** see https://spring96.org/en/about and https://humanrightshouse.org

(Patient Health Questionnaire, PHQ-9),[41] anxiety (General Anxiety Disorder Assessment, GAD-7),[42] and WHO's Well-being Index (WHO5).[43] The screening is applied by counsellors at three time-points: before the intervention, immediately after the intervention, and 3 months after the intervention. Screening results are collected by the data manager, maintained in the protected database, and used to analyse the effectiveness of the interventions and assure the quality of work.

A team of 18 counsellors were carefully selected to provide online counselling on the basis of references from trustworthy colleagues who are part of the FGIP pool of experts. The counsellors have a professional background in clinical psychology or psychiatry and come from five different countries. Therefore, their qualifications differ, based on the regulation of these two professions in their country, however, the minimum qualification requirement for the clinical psychologists is a Master's degree, or its equivalent, in psychology, and for psychiatrists it is a psychiatrist's licence. Of 18 counsellors, 13 (five from Czech Republic, two from Lithuania, two from Georgia, and four from Ukraine) already had knowledge and experience in trauma-focused care and began providing counselling in December, 2020. The remaining five counsellors from Belarus underwent basic training in assessment and management of stress and trauma-related conditions from Dec 5, 2020 to April 29, 2021. Online training for the counsellors in psychotrauma care and transdiagnostic interventions was delivered by FGIP experts, who were psychiatrists and psychologists from Georgia who specialise in public mental health and trauma prevention, treatment, and rehabilitation. The training involved a minimum of 36 h of online teaching, with 40 h of individual clinical work and reading. The training module was developed by the Georgian FGIP experts, based on the WHO Mental Health Gap Humanitarian Intervention Guide[44] and the psychotraumatology curriculum of the European Society for Traumatic Stress Studies.[45] Topics covered included the following: basic principles of mental health care; neuroscience of stress, stress-related, and trauma-related disorders; assessment (including using screening instruments and case reporting); management of trauma sequelae; crisis counselling; short-term cognitive behavioural counselling and transdiagnostic interventions using psychoeducation, techniques of emotional regulation, and stabilisation; and working with people who have experienced loss and bereaved individuals.

See Online for appendix

A Telegram channel and a Facebook page were set up both to advertise the platform and attract clients, and to disseminate psychoeducation-focused information. To address and counter mental illness-related stigma, short video clips in Russian were produced and uploaded to Facebook. In these clips, people with lived experience of psychological trauma discussed how they live with their trauma, or how they managed to recover from their traumatic experiences.

For the **Samopomoch Telegram channel** see https://t.me/samopomoch.

For the **Samopomoch Facebook group** see www.facebook.com/samopomoch

## Results to date

We are working with two separate databases, one from the Samopomoch website and one from the counsellors. The data from the Samopomoch website screening instruments have been collected since Jan 17, 2021 and are under the protection of the Amazon CloudFront web service. These data are being analysed and monitored regularly by the NIMH CZ. Data from the counsellors are coded and then uploaded to the safe platform managed by the data manager. These data have been collected regularly since January, 2022 and are currently being analysed.

By Dec 31, 2022, the website had 51 745 unique visitors (about half logging in from Belarus [25 246, 48·8%]), and more than 14 300 self-administered tests had been taken. The screening tests include the following: the PHQ-9 for depression,[41] the GAD-7 for anxiety,[42] the WHO-5 for wellbeing,[43] the Perceived Stress Scale for stress assessment,[46] the Alcohol Use Disorders Identification Test for alcohol misuse,[47] the Drug Use Disorders Identification Test for substance misuse,[48] the Athens Insomnia Scale for sleep difficulties,[49] and the Brief Resilient Coping Scale for coping with stress.[50] The tests were made available successively and therefore the number of completed tests does not necessarily indicate their popularity among users, but the WHO-5 (n=4479) and PHQ-9 (n=4016) have been taken most frequently.

The results of the screening indicate that the website is being mostly accessed by people who might have some problems with mental ill health. For instance, 2173 (54·3%) of 4016 people who completed the PHQ-9 screened positive for severe or moderately severe depression, and 1404 (50·4%) of 2788 people who completed GAD-7 screened positive for moderate or severe anxiety. Full results are shown in the appendix (p 1).

The behaviours of people who screened positively on the tests are not being specifically tracked and only aggregated data of all Samopomoch users are available. The mean average showed that visitors spent 2 min 35 s on the site, and 14 208 (27·5%) of 51 745 people who accessed the site were returning visitors. Of the returning visitors, 7251 (51·0%) returned on the day of their first visit and 1545 (10·9%) returned the day after. 31 338 (60·6%) of 51 745 visitors use their smartphones to access the website. The effectiveness of the Samopomoch website will be monitored only when the site is transformed into a smartphone app (a launch is planned for the third quarter of 2023), since this will enable tracking of individual user's screening test scores across time and in association with other covariates, such as time spent on the app.

The Samopomoch Facebook page, which started in March, 2022, has so far received more than 2 million views. Up to Feb 24, 2022, the day of the Russian invasion of Ukraine, the majority of Samopomoch website users were from Belarus (the location of users is tracked by the system). Following the invasion,

initially, the number of website users from Ukraine rose to twice the number of Belarusian users. However, after a Ukrainian language version of Samopomoch was launched, visitors returned to being mostly from Belarus and Russia. As of the end of December 2022, there were similar numbers of Belarusian (7385 people [35.17%]) and Russian (7342 people [35%]) users, with Ukrainians (777 people) only accounting for 3·7% of all users. However, the locations of users are to some extent distorted, since the use of services that protect users from tracking and surveillance, such as Tor Browser, is encouraged.

By March 31, 2022, a Ukrainian-language version of the programme (Samopomich, which means self-help in Ukrainian) was set up on the same platform and became fully operational. The Ukrainian-language version functions in an identical way to the Belarusian Samopomoch website. By Dec 31, 2022, there were over 50 million views on Facebook and 242 170 visits of the Ukrainian-language website Samopomich. The usage of Samopomoch changed after the launch of Samopomich: from March 22–June 30, 2022, 2846 (39.9%) of the 7128 visits were from Belarus, 1510 (21·2%) were from Russia, and only 382 (5·4%) were from Ukraine. A team of six Ukrainian counsellors was trained in August, 2022, and currently eight more counsellors are being trained, based on the system of training described previously for Samopomoch.

Psychological counselling through Samopomoch was provided to around 50 clients per month, with around 1000 sessions provided in 2021 and 2022. According to our initial analysis, 137 people attended the online counselling service during 2022, with an average of 7·2 sessions per client. 107 (78%) of the 137 Samopomoch clients were female, 134 (98%) were Belarusian; 75 (55%) clients were referred from a case coordinator via human rights partner organisations, 29 (21%) self-referred via the Samopomoch website, and 21 (15%) were referred by other clients (through word of mouth). Of those 137 clients, many people reported traumas, including imprisonment (41 [30%]), experiencing inhumane or cruel treatment (38 [28%]), witnessing torture (25 [18%]), a family member having been arrested (21 [15%]), experiencing torture (21 [15%]), and experiencing the violent death (killing) of a loved one (six [4%]). In total, 89 (65%) of all clients had been exposed to severe traumatic events.

## An appeal to policy makers globally

The Samopomoch platform was created as an immediate mental health response to the Belarusian political crisis. To our knowledge, this is the first time that a digital health intervention has been offered to victims of state repression immediately following its onset. The platform provides secure digital mental health interventions, tailored to the needs of the population in focus. The initial data analyses reveal high needs and increasing demand for psychological support within the traumatised target population, which indicates a requirement both to continue the service provision and increase its capacity. As well as providing mental health care, Samopomoch provides a powerful message of support and solidarity to Belarusian society. We urge global policy makers to provide and fund immediate stress-related and trauma-informed mental health support through similar platforms. Such a strategy would ensure access to safe, ethical, evidence-based, and confidential support in countries with totalitarian governance, amid any political crises, or due to military actions followed by occupation such as in Ukraine.

For more on **Tor Browser** please see https://www.torproject.org/

**Contributors**
JJ, NM, and RvV conceptualised the paper. JJ drafted the original manuscript, which was edited and revised by all authors.

**Declaration of interests**
JJ and NM are members of FGIP and GIP-Tbilisi. RvV and NV are members of FGIP. PW is member of FGIP and The National Institute of Mental Health (NUDZ).

**Acknowledgments**
This study was supported by funding from the Dutch Embassy in Warsaw and the Norwegian Human Rights House Foundation.

Editorial note: The Lancet Group takes a neutral position with respect to territorial claims in the published text and institutional affiliations.

For the **Ukranian Samopomich website** see https://www.samopomi.ch

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