TEENERGIZER!

Needs Assessment Snapshot:
Teenergizer Mental Health and Support Access Survey

September – 2025

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Conducted: September, 2025
Method: Online Survey
Target Audience: Women aged 18-30 in Ukraine
Total Respondents: 129

1. Executive Summary

This report analyzes the results of a survey of 129 young Ukrainian women, conducted in September 2025 to understand their mental health status, perceived safety, awareness of support services, and barriers to access. The data reveals a population under significant psychological strain, with widespread anxiety and depression. A critical gap exists between the high need for psychosocial support and the ability to access it, primarily due to financial constraints and a lack of clear information. Respondents show a strong preference for discrete, accessible formats like individual online counseling.

2. Methodology

The methodology for the "Needs Assessment Snapshot: Teenergizer Mental Health and Support Access Survey" was a targeted, cross-sectional study conducted via a non-probability online survey over a period of September, 2025. The research employed a digital data collection strategy to efficiently reach its specific target audience of women aged 18 to 30 residing in Ukraine, ultimately gathering a total sample size of 129 respondents. This approach was well-suited to the demographic, leveraging their likely high internet connectivity to facilitate participation. The cross-sectional design provided a timely "snapshot" of the mental health landscape, capturing the participants' self-reported status, perceptions, and experiences at that specific moment. While the methodology allowed for rapid deployment and cost-effective data gathering on sensitive topics within a defined and vulnerable population, the data yielded critical qualitative insights into the prevalent psychological strain, the significant gap between need and access to support services, and the clear preferences for discrete, online counseling modalities among the participants.

3. Detailed Findings and Data Analysis

3.1. Respondent Profile
All 129 respondents were women aged 18-30. Their primary occupations were:
- **Studying at University:** 52 (40.3%)

- **Working:** 32 (24.8%)
- **Both Studying and Working:** 30 (23.3%)
- **Not Working and Not Studying:** 10 (7.8%)
- **Studying at School:** 5 (3.9%)

3.2. Perceived Safety (Q: Do you feel a threat to your personal safety in your area?)

The sense of insecurity is prevalent among respondents.
- **Sometimes:** 84 (65.1%)
- **Very Often:** 23 (17.8%)
- **Always:** 8 (6.2%)
- **No:** 14 (10.9%)

Conclusion: 89.1% of young women report feeling unsafe in their area at least some of the time.

3.3. Exposure to Stressors (Q: Have you or your family faced situations in the last 3 months?)

Mental health challenges are nearly universal in the sample.
- **Depression and Anxiety:** 117 (90.7%)
- **Discrimination:** 9 (7.0%)
- **GBV:** 1 (0.8%)
- **Other (Anxiety from sirens, emotional pressure):** 2 (1.6%)

Conclusion: The overwhelming majority are dealing with significant mental health challenges directly linked to the current environment.

3.4. Awareness of Support Services (Q: Do you know where to turn for help in case of danger or psychological crisis?)

Knowledge of where to find help is fragmented.
- **Partly:** 54 (41.9%)
- **Yes:** 66 (51.2%)
- **No:** 9 (7.0%)

Conclusion: While over half say they know where to go, the large proportion who only know "partly" indicates a significant information gap and uncertainty about referral pathways.

3.5. Accessibility of Safe Spaces (Q: How do you assess the availability of safe spaces for women 18+?)

Perception of available services is mixed but leans towards negative.
- **Somewhat Available:** 88 (68.2%)
- **Almost Unavailable:** 31 (24.0%)
- **Much Available:** 8 (6.2%)

- **Unavailable:** 2 (1.6%)

Conclusion: Only 6.2% find services "much available," while 93.8% believe they are somewhat available or worse, indicating a critical lack of adequate, visible service provision.

3.6. Mental Health Prevalence (Q: How often do you feel stress, anxiety, or emotional exhaustion?)

The frequency of mental distress is alarmingly high.

- **Often:** 60 (46.5%)
- **Sometimes:** 37 (28.7%)
- **All the Time:** 29 (22.5%)
- **Seldom/Never:** 3 (2.3%)

Conclusion: 97.7% of respondents experience stress, anxiety, or exhaustion regularly, with 69% experiencing it "often" or "all the time."

3.7. Knowledge of Local Psychological Services (Q: Do you know about available psychological help in your region?)

There is a stark disconnect between awareness and usage.

- **No:** 53 (41.1%)
- **Yes, but never requested:** 52 (40.3%)
- **Yes, and I requested:** 24 (18.6%)

Conclusion: 81.4% of respondents who are aware of services have never used them, pointing to major barriers beyond mere awareness.

3.8. Preferred Support Format (Q: What support format is most convenient for you?)

Preferences are clear for accessible and private options.

- **Individual Online Counselling:** 66 (51.2%)
- **Anonymous Service (chats/bots):** 45 (34.9%)
- **Group Sessions:** 11 (8.5%)
- **Hotline:** 5 (3.9%)
- **Individual Offline Counselling:** 2 (1.6%)

Conclusion: 86.1% prefer remote, anonymous, or individual formats (online counseling + anonymous services), highlighting a demand for privacy and accessibility.

3.9. Barriers to Accessing Help (Q: If you haven't sought psychological help, indicate reasons)

The primary barrier is financial, followed by systemic knowledge gaps.

- **No Financial Resources:** 91 (70.5% of all respondents)
- **I don't know where to:** 14 (10.9%)
- **All reasons above:** 19 (14.7%)

- **No Confidentiality:** 5 (3.9%)

Conclusion: Cost is the single largest obstacle. The fact that "all reasons above" is the second-highest category underscores that these barriers are cumulative and overlapping for many.

3.10. Accessibility for Vulnerable Groups (Q: Do you think psychosocial support is accessible for women from vulnerable groups?)

There is a consensus that services are not adequately accessible for the most vulnerable.

- **Partially:** 78 (60.5%)
- **Yes:** 36 (27.9%)
- **No:** 14 (10.9%)
- **"There are such services but nobody knows about them":** 1 (0.8%)

Conclusion: 71.4% believe services are either not accessible or only partially accessible for vulnerable groups, indicating a significant equity gap.

4. Conclusions

The findings from this needs assessment paint a stark and urgent picture of the mental health landscape for young women in Ukraine. At the core of this analysis lies a profound and **widespread mental health crisis**, where an overwhelming majority of respondents report living under the debilitating weight of chronic stress, anxiety, and depression. This is not merely a collection of individual struggles, but a collective psychological reality, indicating a population grappling with the profound and cumulative impacts of ongoing adversity. However, this pervasive need is met not with a robust system of support, but with **a critical and deeply concerning service gap**. The data reveals a stark chasm between the high prevalence of psychological distress and the actual utilization of support services, highlighting a systemic failure to connect those in need with effective care.

The primary obstacle bridging this chasm is unequivocally **the formidable barrier of cos**t. For the young women surveyed, the financial burden of mental healthcare is not merely an inconvenience but the paramount factor rendering essential services out of reach. This economic reality is compounded by **a pervasive information deficit**, where uncertainty about where to find reliable help and a lack of trust in the confidentiality of existing services create a paralysing fog of confusion. This indicates a critical breakdown in communication and outreach, leaving many to suffer in silence, unaware of potential lifelines. In response to these systemic shortcomings, the assessment reveals a clear and pragmatic path forward articulated by the respondents themselves: **a strong, demonstrated demand for digital solutions**. The expressed preference for remote, flexible, and discreet service formats—such as individual online counseling and chat-based

support—is not merely a convenience but a strategic adaptation. It represents a call for services that align with their realities, offering accessibility, anonymity, and a sense of control that traditional, in-person models currently fail to provide. In conclusion, this assessment underscores that the challenge is twofold: addressing the overwhelming scale of mental health needs while simultaneously transforming the delivery system to be financially accessible, well-communicated, and digitally native, as explicitly demanded by those it aims to serve.

5. Recommendations

The compelling findings of this assessment demand a decisive and multi-faceted response. The identified gaps between need, awareness, and access are not insurmountable but require strategic interventions tailored to the specific realities of young women in Ukraine. The following recommendations propose a concrete roadmap for stakeholders—including NGOs, government agencies, and international donors—to bridge the critical service gap and build a mental health support ecosystem that is accessible, trustworthy, and effective.

1. Scale up free, remote services
The most direct response to the assessment's findings is to rapidly expand the availability of services that align with the expressed preferences of the target population. This entails a dual approach: prioritizing funding for programs that provide free individual online counseling to address the high demand for one-on-one, professional support, and concurrently developing anonymous, low-threshold services such as chat-lines and Telegram bots. These digital tools are crucial for reaching individuals who may not be ready for formal counseling, offering a first step towards support that is accessible anytime, anywhere, and with guaranteed discretion.

2. Launch targeted information campaigns
To combat the pervasive information deficit, it is essential to develop and disseminate clear, simple, and reassuring messaging. These campaigns, deployed through trusted social media channels and community partners, must directly answer the core questions respondents are asking: where to find help, what to expect from a counseling session, and unequivocal confirmation that services are both free and confidential. By demystifying the process and building trust, these campaigns can cut through the "fog of confusion" and connect individuals to the lifelines that already exist.

3. Implement financial support mechanisms
Given that cost is the paramount barrier, targeted financial interventions are non-negotiable. We must advocate for and design specific subsidy programs or

vouchers that cover the full cost of mental healthcare. These mechanisms should be strategically aimed at the most economically vulnerable, such as students and unemployed youth, for whom the financial barrier is most absolute. This can be achieved through funded NGO programs that remove the cost burden at the point of service.

4. Strengthen referral pathways

No single organization can meet the entire need, making coordination essential. A critical step is to create and vigorously promote a centralized, easy-to-navigate, and regularly updated directory of vetted mental health services. This directory should be filterable by region, specialization, service type (online/offline), and cost (specifically highlighting free options), acting as a reliable "one-stop-shop" for both individuals seeking help and frontline workers making referrals.

5. Focus on inclusive programming

An equitable response must consciously address the perceived lack of fairness in current service provision. Outreach strategies and service design must be explicitly tailored to include and be accessible to vulnerable subgroups, such as internally displaced persons (IDPs) and members of the LGBTQ+ community. This involves culturally competent staff, materials in accessible formats, and proactive outreach through channels trusted within these communities to ensure that support reaches those who need it most.

6. Advocate for systemic funding

Finally, the sustainability of these efforts depends on shifting the systemic prioritization of mental health. The powerful data from this assessment must be used as a compelling evidence-based tool to advocate with government bodies and international donors for sustained, long-term funding for Mental Health and Psychosocial Support (MHPSS) programs. By highlighting the overwhelming scale of need and the specific, solvable barriers identified, we can make the case for investing in the psychological well-being of young women as a fundamental component of Ukraine's resilience and recovery.