



"Moe Kolo" Report:

Psychosocial support for Ukrainians

September 2025 – August 2026

www.moekolo.com

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1. Summary

In the second year of the Oak Foundation grant, we expanded our programme of psychosocial support for Ukrainians affected by the war. Alongside closed and open groups and workshops, we developed new formats for veterans and their families, individual support and professional training for psychologists.

The total reach for the second year was 7,983 Ukrainians who received psychosocial support. This includes 1,942 participants in group and training sessions, 5,764 in workshops and 277 receiving individual support. Together with the 6,277 participants from the first year, this brings the total to 14,260 over the two years of the grant. The cumulative total since the organisation began its work stands at 16,881. During the second year, we delivered 87 group and training sessions and 18 workshops – a total of 105 interventions.

Demand for our support is growing. Between January and May 2026, the number of applications was approximately 28 per cent higher than during the same period in 2025. During the February–April 2026 season, around 32 per cent of support group participants had already engaged with the project, notably via social media.

Pre- and post-group screenings over the three seasons of the second year, among respondents who completed repeat questionnaires, showed a 29 per cent reduction in average depression scores, a 28 per cent reduction in anxiety scores, and a 30 per cent reduction in distress related to traumatic events. The psychological resilience score increased by 9 per cent.

A total of 1,368 substantive responses were received via exit forms during the reporting period. The average satisfaction rating was 9.2 out of 10 for closed groups, 9.0 for open groups and 9.4 for workshops. The feedback confirms the value of a safe space, support from people with similar experiences, and practical self-help tools.

One of the new initiatives was a pilot scheme to support veterans based on the ‘peer-to-peer’ principle. We trained 11 facilitators from among veterans and their loved ones. Six pilot groups provided support to 63 veterans and their family members. Separate workshops for relatives supporting veterans attracted 542 participants.

In May 2026, we held four open online seminars for psychologists, attended by 387 participants. According to pre- and post-seminar assessments, the average increase in professional competence ranged from 31 per cent to 52 per cent, depending on the topic.

According to detailed data for September 2025–July 2026, the awareness campaigns recorded 2,370,507 impressions on social media. The cumulative figure since the start of the grant stood at 5,698,944. We published 348 pieces of content and carried out joint communication initiatives with 11 partners.

The programme grew despite limited co-funding and daily risks posed by the conflict. We prioritised direct support for participants, retained a team of 21 psychologists and strengthened our internal procedures. In the third year, we plan to develop longer-term support formats, digital tools, national partnerships and fundraising.

2. Results for the reporting period

2.1. Number of services provided

Between September 2025 and August 2026, we expanded our range of support formats. In the first year, with the support of the Oak Foundation, we ran 56 support groups and 22 workshops. In the second year of the grant, we ran 87 group and training sessions and 18 workshops. The 87 sessions included both group sessions and outreach programmes, as well as open meetings and seminars for psychologists.

Programme performance indicators

Format	Groups or events	Reach
Closed support groups	49	553
Open groups	14	757
Garden therapy groups	9	123

Therapeutic group	1	13
Five-day outreach support programmes for the families of fallen servicemen and veterans' families	2	46
Pilot groups for veterans and their families based on the 'peer-to-peer' principle	5	42
Open psychoeducational groups based on the 'peer-to-peer' principle for veterans' families	3	21
Professional seminars for mental health specialists	4	387
Total group and training interventions	87	1,942
Workshops	18	5,764
One-to-one consultations		277
Total reach	105 group and training sessions and workshops	7,983

We observed the highest demand for closed groups for the families of fallen defenders, particularly mothers and widows, for internally displaced persons, and for the families of serving military personnel. This year, we expanded the programme to include groups for relatives of those missing in action and families of prisoners of war.

The workshops helped people living with the consequences of daily wartime stress: constant fatigue, the loss of familiar points of reference, and prolonged traumatic stress. These formats complemented the regular support groups and enabled participants to seek help with specific, pressing issues.

Seasonal delivery of the programme

Regular support groups operate on a seasonal basis. The overall seasonal calendar also includes recruitment, workshops and additional activities:

Season and overall period	Group and educational interventions	Workshops	Overall coverage
Season 11 — September–December 2025	21	4	1,661
Season 12 — January–April 2026	21	4	2,119
Season 13 — May–August 2026	36	8	3,263
Half of Season 14 — August 2026	9	2	940
Total for the second year	87	18	7,983

2.2. Support for veterans, female veterans and their family members

In the second year, we launched a pilot programme of psychosocial support based on the 'peer-to-peer' principle. It was founded on interaction between people with similar life experiences: the groups were led by trained facilitators from among veterans and their relatives, with professional support from psychologists.

The results of the full pilot programme, which ran from **20 March to 20 September 2026**, are set out below. They also cover the period following the end of OAK's second reporting year – **31 August 2026**.

Participants and support formats

Support was provided to **63 participants: 26 veterans and 37 family members**. Among the veterans, there were 21 men and five women; all family members were women.

We ran **five closed groups**, each comprising **eight sessions**, involving 42 participants: two online groups for veterans, two online groups for family members and one face-to-face group for veterans in Lviv. A

further 21 participants joined three sessions of an open online group for family members. In total, **43 group sessions** took place: **35 online and eight in person**.

Programme content

The first sessions were devoted to getting to know one another, agreeing on the rules and building trust. The subsequent content was determined by the group's needs and requests. Participants worked on returning to civilian life, changes in family relationships, grief and survivor's guilt, stress and manifestations of traumatic experiences. Particular attention was paid to understanding one's own state of mind, regulating emotions and anger, finding personal sources of support, and rebuilding social connections.

The sessions combined the sharing of experiences with practical exercises for self-help and self-regulation. They began with an opening circle, where participants shared how they were feeling, and concluded with a debriefing. Between these stages, the group explored the chosen topic, practised relevant tools and discussed social issues.

At the participants' request, the social component covered issues such as humanitarian aid, bureaucratic procedures, employment, legal and financial difficulties, and opportunities for education and rehabilitation. The facilitators also helped participants to recognise when additional support was needed and to find out where to seek it.

At the same time, we ran workshops for family members and friends who support veterans. These workshops were attended by **542 participants**.

Training and support for facilitators

The selection process involved checking eligibility criteria and an interview with the project coordinator and a psychologist. During the interviews, readiness to facilitate and the need for additional support were assessed. The training also included working through personal experiences.

Eleven facilitators joined the training. One participant completed the face-to-face stage but did not continue due to family circumstances. The programme comprised **38 hours of training and professional support: 24 hours of training and 14 hours of supervision**. The training combined a two-day face-to-face session with four days of online learning.

The facilitators learnt basic skills in providing support, leading groups and working in pairs, as well as approaches to stabilising and supporting people with traumatic experiences. The online training provided in-depth preparation on specific topics, complex group dynamics, crisis situations and referral procedures.

The first two sessions of each group were led by trainer-supervisors. Thereafter, the facilitators worked independently with weekly supervisory support. Supervision helped them analyse complex cases, maintain a safe group process and prevent emotional burnout.

Nine out of ten facilitators said they were willing to lead groups in the programme's next cycles.

Evaluation results

Twelve group participants underwent full pre- and post-programme screening. The following changes were recorded in this sample:

- the average score for depressive symptoms on the PHQ-9 fell by **41.15 per cent** – from 12.7 to 7.5 points;
- anxiety symptoms as measured by the GAD-7 fell by **31.82 per cent**, from 10.0 to 6.8 points;
- traumatic distress as measured by the IES-R fell by **34.18 per cent**, from 40.3 to 26.5 points;
- psychological resilience as measured by the CD-RISC increased by **17.73 per cent** – from 51.6 to 60.7 points.

These results apply to participants who completed both assessments and do not automatically apply to all participants in the pilot study.

Participants' feedback

'There was an atmosphere of support, mutual understanding and respect within the group. It is incredibly important when you are heard and understood by people who have been through a similar experience' – feedback from a veteran.

"I really felt that I had found 'my circle', where people are on the same wavelength and understand your pain without needing an explanation. Thanks to taking part, my mental state has become much more stable, and other people's opinions now affect me far less," said a participant who is a family member.

2.3. Individual support

Individual support complemented the group programmes and included 'Problem Management Plus' (PM+), crisis counselling and meetings to assess needs and readiness to participate in groups. The annual report recorded **277 individual counselling sessions**

The 'Problem Management Plus' programme

PM+ helps adults manage stress, anxiety, depressive symptoms and difficulties in everyday life. Approximately six participants joined the programme each season. The full cycle comprised **seven sessions: an initial assessment, five main sessions and a final assessment.**

The initial assessment helped to identify the individual's needs and the suitability of this support format. Upon completion of the programme, their emotional state, day-to-day functioning and changes in the difficulties they had initially reported were reassessed.

A total of 21 participants completed the full cycle over the course of 11–14 sessions.

Crisis and pre-group sessions

Psychologists provided additional individual support to people in crisis both before the start of the groups and whilst they were participating in the programmes. Crisis interventions were also available to people who did not join the groups.

Separate sessions were held for people experiencing bereavement, relatives of prisoners of war and those missing in action, as well as for participants in the therapeutic group for women with experience of internal displacement. These sessions helped to clarify needs, assess the current situation and determine the appropriate format for further support. Where necessary, psychologists recommended additional specialist support. In crisis situations, the records also include the drawing up of a safety plan and referral to a psychiatrist.

2.4. Outreach support programmes

In partnership with the NGO 'Ukrainian Ants', we developed and delivered the psychosocial component of two five-day recovery camps in the Carpathians. The programmes reached 46 veterans, their family members and the relatives of fallen defenders. Our team led group sessions, provided psychoeducation, ran workshops and offered individual counselling, whilst ensuring psychological support throughout both camps.

3. Demographic profile of group participants

The demographic profile was compiled based on 1,120 initial questionnaires completed by participants in the second year of the grant.

Women accounted for 94.7 per cent of respondents, whilst men accounted for 5.0 per cent. A further 0.3 per cent identified as non-binary or chose not to specify their gender. The low proportion of men highlights the need to develop communication strategies and support formats that will help engage this audience.

The largest age group was 36–45 years, comprising 38.4 per cent of respondents. Overall, people aged 26–45 accounted for 64.1 per cent of the surveyed audience. At the same time, the groups included both young people and older adults.

Age distribution of respondents

Age group	Number of questionnaires	Proportion
18–25 years	126	11.3%
26–35 years	289	25.8%
36–45 years	430	38.4%
46–55 years	231	20.6%
56–65 years	36	3.2%
65 years and over	8	0.7%
Total	1,120	100.0%

According to responses to the question about current place of residence, 59.7 per cent of respondents were living at home in Ukraine, whilst 40.3 per cent reported having been internally displaced or living abroad since the start of the full-scale war.

Responses to the question about region of residence mentioned 22 regions of Ukraine. The most frequently cited regions were Kyiv Oblast – 21.1% of all questionnaires, Lviv Oblast – 9.5%, Dnipropetrovsk Oblast – 5.7% and Odesa Oblast – 3.7%. 5.4% did not wish to specify a region. The online format helped to maintain access to support for people in different parts of Ukraine and abroad.

In terms of marital status, 46.5 per cent of respondents were married, 16.4 per cent were in a relationship, 21.6 per cent were single, 11.6 per cent were divorced, and 3.9 per cent were widowed.

For 30.5 per cent of respondents, participation in the ‘Mogo Kola’ groups was their first attempt to seek psychological help. This highlights the programme’s role as an accessible way for people with no previous experience of seeking professional help to receive support.

62.5 per cent of respondents reported that, at the time of completing the questionnaire, they were not receiving any other psychological services, whilst 78 per cent had not previously taken part in the organisation’s activities.

4. Participant feedback

Feedback forms help us evaluate participants’ experiences and improve the programme. Between 1 September 2025 and 31 August 2026, 1,368 substantive responses were received: 197 regarding closed groups, 847 regarding open groups and 324 regarding workshops. This figure represents the number of completed questionnaires, not unique individuals. Ratings are given on a scale of 0 to 10; averages are calculated based on all included responses, rather than as a simple average of seasonal ratings.

Average ratings of the participation experience for the reporting period

Metric	Closed groups n = 197	Open groups n = 847	Workshops n = 324
Overall satisfaction	9.2	9.0	9.4

Metric	Closed groups n = 197	Open groups n = 847	Workshops n = 324
Intention to apply knowledge in daily life	9.0	8.9	9.3
Subjective improvement in condition	8.0	7.6	8.2
Perceived reduction in anxiety	7.3	6.9	7.6
Confidence in one's ability to cope	7.8	7.8	8.4

The highest average scores were for satisfaction and the intention to apply knowledge. Closed groups scored an average of 9.2 for satisfaction and 9.0 for the intention to apply knowledge; open groups scored 9.0 and 8.9 respectively; and workshops scored 9.4 and 9.3 respectively.

The score for subjective improvement in condition was 8.0 for closed groups, 7.6 for open groups and 8.2 for workshops. Confidence in one's ability to cope was 7.8, 7.8 and 8.4 respectively. These are self-assessments of the experience of participation; they complement clinical monitoring but do not replace it.

What participants valued and what they needed

In their feedback, participants described a safe space, a sense of acceptance, the psychologists' attentiveness and the opportunity to speak with people who had similar experiences. A sense of belonging and a reduction in loneliness were important, as were clear explanations of their own condition and specific exercises that could be used after the sessions had ended.

Alongside the positive feedback, there were requests for more practical activities, longer sessions and continued support after the groups had finished. Some participants asked for access to materials, more attention to their questions and a clearer structure to the group process. There are also suggestions to take into account the differences in participants' life circumstances and to strike a better balance in the time allocated to their stories. These are qualitative observations, without claiming that all participants share every request.

Participants' feedback

Below are anonymous quotes from questionnaires in which participants agreed to the use of excerpts in communications with donors. Abbreviations are indicated by [...].

A participant in a closed group for families of fallen servicemen

'I found the group format very comforting; I found answers to my questions in the stories of other participants, and the support and understanding I received from them were also very valuable and had a positive impact on my state of mind.'

Participant in a closed group for families of service personnel

"The two months I spent in the group became an important source of resilience for me. The project created a safe space where professional psychological support was combined with the unique experience of sharing with 'people like me'. This helped me to make sense of my inner state, find new sources of strength and realise that I am not alone in facing these challenges. I am sincerely grateful for the depth of the programme and the caring support."

A participant in a closed group for Ukrainians abroad

"I am truly grateful for the organisation of this project! I looked forward to the weekly meetings with the group and the psychologists. For 1½ hours, I felt safe and was able to freely express my thoughts and feelings. This is incredibly valuable."

Participant in a closed group for people experiencing burnout

“At this stage in my life, the group has become the only place where I can speak honestly about my exhaustion, about how I feel and what I’m going through. The group has become a source of strength and support. [...]”

A participant in a closed group for families of missing persons

“I am very grateful to the psychologists and the other participants; it was a very comfortable and safe space where I was able to find support and a sense of belonging, and I also gained some important insights and new ways of coping with difficulties.”

Participant in a workshop on prolonged traumatic stress

“A useful lecture, but there were too many people, so I realised it was more of a lecture-based, psycho-educational course than a therapeutic one. The therapeutic benefit will come more from working independently with the information provided. But the community itself—people with similar problems—is a powerful force, a way out of isolation. And it’s so valuable to realise this, to learn that I’m not the only one who’s ‘strange’ in my behaviour, which has become a reaction to the constant stress of the war.”

Feedback on the workshop on 26 June 2026

“[...] The discussion was conducted in plain language, understandable even to ordinary people. I am very grateful for your work.”

Feedback on the workshop on 31 July 2026

“Thank you for the workshop. The explanations were accessible and realistic, without any secret or instant-fix methods for stopping anxiety. It was interesting that we could try out the exercises together.”

5. Statistical analysis of participants’ screening results

We continued to assess the participants’ psychological and emotional state before the start of the programme and after they had completed their participation. The second year’s scientific monitoring covers September 2025 to July 2026 and the results of seasons 11–13.

The initial screening was completed by 259 respondents (support group participants) in season 11, 316 in season 12 and 267 in season 13. Follow-up questionnaires were completed by 60, 60 and 63 respondents respectively. These figures represent the seasonal screening samples, not the total number of programme participants.

Screening and follow-up assessments are voluntary. Screening is not compulsory for all target groups, in particular for relatives of deceased or missing servicemen. The analysis of changes before and after participation covers respondents who completed follow-up questionnaires; some participants in closed groups also attended open psychoeducational sessions.

Seasonal sample sizes

Season and period	Initial screening	Follow-up questionnaires
Season 11 — October–December 2025	259	60
Season 12 – January–May 2026	316	60
Season 13 — June–July 2026	267	63

Instruments and analysis: The following scales were used to monitor the psychological state of participants: PHQ-9¹, GAD-7², the Impact of Events Scale (IERS)³, the Work and Social Adaptation Scale (W&SAS)⁴, the Prolonged Grief Disorder Questionnaire (PG-13-Revised)⁵, the Conrad-Davison Resilience Scale (CD-RISC-25)⁶, the Continuous Traumatic Stress Response scale (CTSR)⁷

Research methods: analysis of variance (one-way ANOVA, to compare changes within groups), regression analysis (to identify predictors of change), and qualitative analysis of participants' feedback.

5.1. Statistical analysis of screening results for participants in the 11th season's support groups

During the 11th season (October–December 2025) of the project, 259 people who sought psychological support were enrolled in psychosocial interventions. Analysis of data from seasons 8–11 shows relative stability in the number of requests, which may indicate a consistently high demand for psychosocial support in conditions of prolonged stress and war.

At the same time, there is a trend towards a worsening of participants' psychological and emotional states. In particular, 22 per cent of participants in Season 11 had previously taken part in the project, which may indicate both established trust in the programme and a need among some participants for longer-term or repeat support.

The results also point to the gradual development of chronic psychological and emotional strain among a significant proportion of participants, as evidenced by consistently high levels of depression, anxiety, distress and the impact of traumatic events across several seasons of the project.

The overall values are shown in Table 1. The ANCOVA results indicate no statistically significant differences between participants in seasons 8–11 on most clinical scales (in particular, the PHQ-9 depression scale and the GAD-7 anxiety scale) when controlling for socio-demographic indicators (gender was included as a covariate; however, due to the very small number of men and people who identified as non-binary, its impact on the results is considered limited). This does not allow for an unambiguous conclusion regarding changes in levels of psycho-emotional disorders over time; however, it indicates their relative stability within the limits of the available data. At the same time, it should be borne in mind that the absence of statistically significant differences does not rule out the presence of effects of moderate magnitude, which may fail to reach significance due to sample size limitations. However, for the distress indicator across different areas of life (WS&S), a statistically significant difference was recorded between the data for 2024 and 2025 ($p < 0.01$), with the effect size (eta-squared) ranging from a low value of 0.02 to 0.6, which corresponds to a moderate effect. Although the most significant differences in distress were observed in the area of maintaining family relationships, the overall trend may indicate practically significant changes in functional and psychosocial status, even in the absence of pronounced changes in

¹ Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606–613. <https://doi.org/10.1046/j.1525-1497.2001.016009606.x>; Ukrainian translation by UIKPT, 2012

² Spitzer RL, Kroenke K, Williams JBV, Löwe B. A Brief Measure for Assessing Generalised Anxiety Disorder: The GAD-7. *Arch Intern Med*. 2006;166(10):1092–1097. doi:10.1001/archinte.166.10.1092.

³ Weiss, D.S. & Marmar, C.R. The Impact of Event Scale-Revised. In Wilson, J.P. & Kean, T.M. (eds.); *Assessing Psychological Trauma and PTSD: A Practitioner's Handbook* (ch 15). N.Y.: Guilford, 1995. Ukrainian translation by UIKPT, 2012.

⁴ Mundt, J. C., Marks, I. M., Shear, M. K., & Greist, J. H. (2002). The Work and Social Adjustment Scale: a simple measure of impairment in functioning. *The British Journal of Psychiatry: The Journal of Mental Science*, 180, 461–464. <https://doi.org/10.1192/bjp.180.5.461>; Ukrainian translation by UIKPT

⁵ Prigerson, H. G., Boelen, P. A., Xu, J., Smith, K. V., & Maciejewski, P. K. (2021). Validation of the new DSM-5-TR criteria for prolonged grief disorder and the PG-13-Revised (PG-13-R) scale. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 20(1), 96–106. <https://doi.org/10.1002/wps.20823>; translated and adapted into Ukrainian by O. Avramchuk, Department of Clinical Psychology, Ukrainian Catholic University, 2022.

⁶ Connor K. M. & Davidson J. R. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18, 76–82. <https://doi.org/10.1002/da.10113>

⁷ Goral A, Feder-Bubis P, Lahad M, Galea S, O'Rourke N, Aharonson-Daniel L. Development and validation of the Continuous Traumatic Stress Response scale (CTSR) among adults exposed to ongoing security threats. *PLoS One*. 27 May 2021;16(5):e0251724. <https://doi.org/10.1371/journal.pone.0253529>. Ukrainian translation – Zasiukina, Larysa; Goral, Aviva; Fedotova, Tetiana; Akimova, Anastasiya; Martyniuk, Anastasiia (2024). *East European Journal of Psycholinguistics*, 11(1), 156–171. <https://doi.org/10.29038/eejpl.2024.11.1.zas>; Frankova, I., Senyk, O., Avramchuk, O., Leshchuk, I., Rudys, A., Kurapov, A., & Goral, A. (2025). Psychometric properties of the revised Ukrainian version of the Continuous Traumatic Stress Response scale (CTSR) in the context of the Russo-Ukrainian war. *European Journal of Psychotraumatology*, 16(1). <https://doi.org/10.1080/20008066.2025.2463186>

clinical (psychopathological) indicators. No statistically significant differences were found for the year 2025 (seasons 10–11).

Taken together, the results may indicate a relative stabilisation of the participants' psycho-emotional state against a background of prolonged stress. Such stability may be interpreted as a manifestation of adaptation to chronic conditions; however, it does not rule out the risk of the development of protracted or chronic forms of psycho-emotional disorders. Further analysis of the dynamics is required to draw more substantiated conclusions.

Table 1

Comparative analysis of screening indicators at the start of each project season

		N	Mean	Standard Deviation
Symptoms of depression – PHQ-9	Season 8, 2024	227	13.60	5.29
	Season 9, 2024	220	14.10	5.44
	Season 10, 2025	235	14.70	5.99
	Season 11, 2025	259	13.70	5.17
Severity of suicidal thoughts (PHQ-9)	Season 8, 2024	227	0.47	0.84
	Season 9, 2024	220	0.53	0.80
	Season 10, 2025	235	0.65	0.93
	Season 11, 2025	259	0.45	0.77
Symptoms of anxiety disorders – GAD-7	Season 8, 2024	227	10.00	4.57
	Season 9, 2024	220	11.00	4.78
	Season 10, 2025	235	11.00	4.93
	Season 11, 2025	259	10.67	4.93
Everyday and work-related stress – WS&S	Season 8, 2024	227	19.60	9.25
	Season 9, 2024	220	20.00	8.67
	Season 10, 2025	235	20.50	9.26
	Season 11, 2025	259	20.70	8.49
WS&S-Empl	Season 8, 2024	227	3.26	2.33
	Season 9, 2024	220	3.73	2.37
	Season 10, 2025	235	3.68	2.58
	Season 11, 2025	259	3.76	2.44
WS&S-Home	Season 8, 2024	227	4.09	2.31
	Season 9, 2024	220	4.00	2.14
	Season 10, 2025	235	4.24	2.27
	Season 11, 2025	259	4.08	2.07
WS&S-Social	Season 8, 2024	227	4.54	2.46
	Season 9, 2024	220	4.64	2.38
	Season 10, 2025	235	4.78	2.63
	Season 11, 2025	259	4.76	2.33
WS&S-Hobby	Season 8, 2024	227	3.65	2.32
	Season 9, 2024	220	3.57	2.22
	Season 10, 2025	235	3.60	2.46
	Season 11, 2025	259	3.71	2.78
WS&S-Family	Season 8, 2024	227	4.07	2.41
	Season 9, 2024	220	4.02	2.23
	Season 10, 2025	235	4.22	2.44
	Season 11, 2025	259	4.38	2.27
Stress Resistance Scale – CD-RISK	Season 8, 2024	227	46.10	17.10
	Season 9, 2024	220	44.80	16.00
	Season 10, 2025	235	46.40	17.60

	Season 11, 2025	259	44.08	14.37
Distress due to the impact of traumatic events – IERS	Season 8, 2024	227	42.10	19.30
	Season 9, 2024	220	44.50	18.40
	Season 10, 2025	235	45.10	20.10
	Season 11, 2025	259	45.83	18.42
	Season 8, 2024	227	14.00	6.59
Chronic Traumatic Stress – CTS	Season 9, 2024	220	14.80	6.52
	Season 10, 2025	235	15.80	7.17
	Season 11, 2025	259	15.32	6.59

Regression analysis confirms that the level of depressive symptoms remains one of the key factors associated with participants' everyday psychosocial distress.

Following the completion of Season 11, 60 participants from the open and closed groups took part in a follow-up survey. Of these, 61.2% were participants in the closed groups. The proportion of participants who joined both formats was 46.6 per cent, whilst at the start only 16.6 per cent had expressed a desire to participate in both formats. The involvement of participants from closed groups in open formats throughout the project is an important indicator, demonstrating the broadening of their experience. The increase in this indicator compared with previous seasons (25–30 per cent) may indicate the effectiveness of open formats, particularly due to their educational focus and the flexibility of topics in line with participants' requests, which is partly confirmed by feedback.

Table 2 presents data on general indicators of psychopathology and psychosocial distress for the group of participants who completed the protocol questionnaires a second time (all indicators were non-normally distributed).

Table 2.

Overview of indicators of the effectiveness of the intervention in a group of 60 people

	Mean	SD		Statistic	p		Effect Size	95% Confidence Interval	
								Lower	Upper
Symptoms of depression – PHQ-9	14.02	4.93	Wilcoxon W	1,393	<.001	Rank biserial correlation	0.88		
	9.50	4.67							
Severity of suicidal thoughts (PHQ-9)	0.50	0.73	Student's t	2.51	0.015	Cohen's d	0.32	0.06	0.58
	0.25	0.54							
Symptoms of anxiety disorders – GAD-7	10.92	4.19	Student's t	7.73	<.001	Cohen's d	1.00	0.68	1.30
	7.25	4.08							
Distress due to the impact of traumatic events – IERS	46.20	18.96	Student's t	5.7	<.001	Cohen's d	0.74	0.45	1.02
	31.92	19.94							
avoidance	1.88	0.94	Student's t	4.19	<.001	Cohen's d	0.54	0.27	0.81
	1.36	0.95							
intrusion	2.19	0.96	Student's t	5.42	<.001	Cohen's d	0.70	0.41	0.98
	1.47	1.01							

hypervigilance	1.70	0.69	Wilcoxon W	1294.5	<.001	Rank biserial correlation	0.81		
	1.16	0.66							
Chronic traumatic stress – CTS	15.17	6.58	Student's t	5.7	<.001	Cohen's d	0.74	0.45	1.02
	10.83	6.39							
WS&S-Empl	4.25	2.59	Wilcoxon W	690.5	0.003	Rank biserial correlation	0.53		
	3.05	2.28							
WS&S-Home	4.38	2.13	Student's t	3.46	0.001	Cohen's d	0.45	0.18	0.71
	3.38	2.12							
WS&S-Social	4.87	2.52	Student's t	1.6	0.115	Cohen's d	0.21	-0.05	0.46
	4.32	2.47							
WS&S-Hobby	3.88	2.48	Student's t	2.34	0.023	Cohen's d	0.30	0.04	0.56
	3.07	2.22							
WS&S-Family	4.78	2.40	Wilcoxon W	786.5	<.001	Rank biserial correlation	0.59		
	3.62	2.43							
Distress in daily and work-related activities – WS&S	21.90	9.68	Student's t	3.65	<.001	Cohen's d	0.47	0.20	0.74
	17.43	9.06							
Stress Resistance Scale – CD-RISK	41.23	16.27	Student's t	-4.28	<.001	Cohen's d	-0.55	-0.82	-0.28
	47.00	17.31							

The results of the analysis showed statistically significant positive changes in most psycho-emotional indicators following the intervention or between the two waves of the study. The most pronounced changes were recorded in relation to levels of depression, anxiety and the impact of traumatic stress, where the effects were large ($r=0.74$ – 1.00). This trend is consistent with data from previous seasons, allowing us to confirm the stability and effectiveness of the proposed interventions.

The trend in changes to everyday functioning (WS&S) compared with other seasons shows a reduction in effect size: Season 11 – 0.47 (95% CI 0.20 – 0.74) compared with the moderate effect of the 10th season ($r = 0.635$). A similar situation is observed when analysing by domain, where effect sizes have fallen below moderate and range between 0.30 and 0.53 . Distress in the social domain of relationships did not show any significant changes. The absence of significant changes in the sphere of social relationships may indicate a limited impact of the intervention at the interpersonal level or the need for additional approaches. A reduction in the effect size was also observed for the increase in the stress resilience indicator following the intervention ($r = -0.55$ in the 11th season compared with $r = 0.65$ in the previous one). This may indicate a change in the participants' profile or the attainment of partial 'effect saturation' in certain indicators, given that 22 per cent of the sample comprised participants from previous intervention seasons. At the same time, the indicators remain stable and are consistent with trends in previous seasons. Overall, the data suggest that this season's interventions proved more effective in reducing symptoms of psycho-emotional distress than in improving functioning and social interaction, which are likely to be more inertial and sensitive to external factors. However, causal relationships should be interpreted with caution, given the absence of a control group, which limits the possibility of an unambiguous assessment of the effectiveness of a specific

intervention. Furthermore, the influence of external factors and the natural dynamics of participants' recovery cannot be ruled out.

An analysis of group attendance showed that the majority of participants attended meetings regularly: on average, 4–5 visits to open meetings and 6–7 to closed groups. The most stable groups were those for military families and those focusing on emotional exhaustion and low mood. A similar trend was observed in the previous season, reinforcing the earlier conclusions that the structure of the groups was relevant to the needs of the target audience.

Based on the statistical results obtained, as well as qualitative feedback from participants regarding their experience of taking part in the programme, the following recommendations can be formulated for the long-term development of the online support group project:

1. Given that the level of depressive symptoms (PHQ-9) remains the most significant predictor of everyday distress and accounts for a substantial proportion of its variation, it is advisable to maintain the focus of interventions on addressing depressive symptoms; it may be possible to strengthen the relevant modules (emotional regulation, behavioural activation); and to explore the possibility of integrating structured approaches for addressing low mood within both open and closed formats.
2. Strengthen components aimed at processing and integrating traumatic experiences; adapt the content of open sessions to current needs relating to the experience of traumatic events and the influence of external factors, particularly social ones
3. The absence of significant changes in the sphere of social relationships indicates the limited impact of current formats at the interpersonal level; it may be advisable to consider separate groups or modules aimed at developing interaction skills (for example, on social support, conflict management, or issues of attachment and intimacy in the context of adapting to traumatic experiences)
4. Given that some participants (22 per cent) have already taken part in previous seasons, and that a decline in effects is observed across certain indicators, it would be advisable to consider avoiding the repetition of identical content for 'experienced' participants, their participation in specific event formats, or to develop new, more in-depth programmes
5. Include follow-up measurements of changes over time resulting from psychosocial interventions to assess the stability of the effects.

5.2. Statistical analysis of the screening results for participants in the 12th season's support groups

During the 12th season of the project (January–May 2026), 316 Ukrainians took part in the support groups. A comparative analysis shows a steady increase in demand for the project's services: the number of enquiries rose by 28 per cent compared with the same period in 2025 and by 18 per cent compared with the previous period (September–December 2025). This growth in demand may be attributable both to a general deterioration in the population's psychological and emotional state due to the prolonged stressful context, and to an increase in the level of trust in the initiative. An important indicator of effectiveness is the almost twofold increase in the number of participants with previous experience of engaging with the project, from 57 people (22 per cent of the sample in the 11th season) to 102 people (32 per cent in the 12th season). Within this category, 60 people joined after attending open psychoeducational sessions (workshops) and 3 people became involved after taking part in training initiatives (seminars for psychologists) organised by 'Mogo Kolo'; the remainder engaged with the project solely via social media as followers.

An overall analysis of participants in the 12th season shows that key demographic trends have remained consistent, with some local variations:

- The gender distribution remains consistently uneven — the combined participation of men and non-binary individuals amounts to less than 5 per cent, indicating that the main target audience (over 95 per cent) is women.
- The 'core age group' of the audience has remained unchanged since 2024 — people aged 36–45 (38.6 per cent). At the same time, there has been a positive upward trend in the participation of young people (aged 18–25) — from 7.7 per cent to 11 per cent. The proportion of participants aged 55 and over fell from 5.4 per cent to 3.5 per cent.

- The majority of participants are married (47.4 per cent) or in a stable relationship (14 per cent). Compared with last season, there has been a slight decrease in the number of people in stable relationships (from 19 per cent to 14 per cent).
- An analysis of geographical distribution and security aspects indicates that the proportion of participants contacting us from abroad has fallen by 4.5 per cent. The number of enquiries from regions under active shelling remains stable. In the current season, there has been an increase in the number of refusals to provide data on participants' current whereabouts. As the collection of personal data is voluntary and based on principles of confidentiality, this complicates accurate geographical monitoring, but reflects participants' growing need for security and digital anonymity.

The overall values are shown in Table 1. The MANCOVA results indicate no statistically significant differences between participants in seasons 8–12 on most clinical scales (in particular, the PHQ-9 depression scale and the GAD-7 anxiety scale) when controlling for socio-demographic variables – age, gender, place of residence and marital status (gender was included as a covariate; however, due to the very small number of men and people who identified as non-binary, its impact on the results is considered limited). For the distress indicator across different life domains (WS&S), a statistically significant difference was observed between the seasonal data ($p < 0.01$), with the effect size (eta-squared) ranging from a low value of 0.02 to 0.6, corresponding to a moderate effect. An eta-squared value of >0.50 for the subjective perception of distress in the family sphere indicates that over 50 per cent of the variance (variability) is attributable specifically to participation in a particular season of the project. It is worth noting that, for psychosocial research in crisis conditions, such an effect size is abnormally high and indicates a critical dependence of participants' microsocial adaptation on the stages of external chronic stress. Post-hoc comparisons revealed that statistically significant differences in the area of family relationships occurred between the early (8–9) and late (10–12) seasons of the project, where a sharp increase in manifestations of distress was recorded, even in the absence of pronounced changes in clinical (psychopathological) indicators. During the later periods (between seasons 10 and 12), the indicators stabilised at a new level, and no statistically significant differences were found.

Table 1

Comparative analysis of screening indicators at the start of each season of the project

		N	Mean	Std. Deviation
Symptoms of depression – PHQ-9	Season 8, 2025	227	13.60	5.29
	Season 9, 2025	220	14.10	5.44
	Season 10, 2025	235	14.70	5.99
	Season 11, 2025	259	13.70	5.17
	Season 12, 2026	316	13.49	5.40
Severity of suicidal thoughts (PHQ-9)	Season 8, 2025	227	0.47	0.84
	Season 9, 2025	220	0.53	0.80
	Season 10, 2025	235	0.65	0.93
	Season 11, 2025	259	0.45	0.77
	Season 12, 2026	316	0.43	0.78
Symptoms of anxiety disorders – GAD-7	Season 8, 2025	227	10.00	4.57
	Season 9, 2025	220	11.00	4.78
	Season 10, 2025	235	11.00	4.93
	Season 11, 2025	259	10.67	4.93
	Season 12, 2026	316	10.39	4.87
Everyday and work-related stress – WS&S	Season 8, 2025	227	19.60	9.25
	Season 9, 2025	220	20.00	8.67
	Season 10, 2025	235	20.50	9.26
	Season 11, 2025	259	20.70	8.49

	Season 12, 2026	316	19.91	9.25
WS&S-Empl	Season 8, 2025	227	3.26	2.33
	Season 9, 2025	220	3.73	2.37
	Season 10, 2025	235	3.68	2.58
	Season 11, 2025	259	3.76	2.44
	Season 12, 2026	316	3.65	2.37
WS&S-Home	Season 8, 2025	227	4.09	2.31
	Season 9, 2025	220	4.00	2.14
	Season 10, 2025	235	4.24	2.27
	Season 11, 2025	259	4.08	2.07
	Season 12, 2026	316	4.19	2.06
WS&S-Social	Season 8, 2025	227	4.54	2.46
	Season 9, 2025	220	4.64	2.38
	Season 10, 2025	235	4.78	2.63
	Season 11, 2025	259	4.76	2.33
	Season 12, 2026	316	4.71	2.36
WS&S-Hobby	Season 8, 2025	227	3.65	2.32
	Season 9, 2025	220	3.57	2.22
	Season 10, 2025	235	3.60	2.46
	Season 11, 2025	259	3.71	2.78
	Season 12, 2026	316	3.70	2.28
WS&S-Family	Season 8, 2025	227	4.07	2.41
	Season 9, 2025	220	4.02	2.23
	Season 10, 2025	235	4.22	2.44
	Season 11, 2025	259	4.38	2.27
	Season 12, 2026	316	4.20	2.31
Stress Resistance Scale – CD-RISK	Season 8, 2025	227	46.10	17.10
	Season 9, 2025	220	44.80	16.00
	Season 10, 2025	235	46.40	17.60
	Season 11, 2025	259	44.08	14.37
	Season 12, 2026	316	45.75	16.99
Distress due to the impact of traumatic events – IERS	Season 8, 2025	227	42.10	19.30
	Season 9, 2025	220	44.50	18.40
	Season 10, 2025	235	45.10	20.10
	Season 11, 2025	259	45.83	18.42
	Season 12, 2026	316	44.11	18.70
Chronic Traumatic Stress – CTS	Season 8, 2025	227	14.00	6.59
	Season 9, 2025	220	14.80	6.52
	Season 10, 2025	235	15.80	7.17
	Season 11, 2025	259	15.32	6.59
	Season 12, 2026	316	14.77	6.64

To identify the key factors determining the level of psychosocial distress (WS&S) in the respondents' everyday lives, a multiple linear regression model was constructed: $F_{(8, 307)} = 11.5$, $p < 0.001$ with a moderate coefficient of determination (adj. $R^2 = 0.242$), which explains 24.2 per cent of the variation in the dependent variable through the included predictors. An analysis of the contribution of individual variables revealed significant changes in the structure of distress compared with previous periods:

- Depressive symptoms (PHQ-9) remain the dominant and stable clinical predictor of everyday maladjustment. An increase in the severity of depressive states has the strongest direct association with a deterioration in people's quality of life and functioning.
- In contrast to the previous season, where the subjective perception of acute traumatic experiences (as measured by the IERS scale) played a leading role, the 12th season saw a return to statistical significance for the prolonged traumatic stress (CTS) indicator
- In contrast to last season's data, the severity of suicidal thoughts in the current period did not show a statistically significant association with everyday distress as its direct predictor ($p = 0.618$). This may indicate a certain degree of encapsulation or autonomisation of this clinical phenomenon from an individual's routine social functioning.
- Age, gender and other demographic characteristics did not show any isolated significant influence on the level of distress.

Following the conclusion of the 11th season, 60 participants from the open and closed groups completed a follow-up survey. Of these, 61.2% were participants in the closed groups. The proportion of participants who joined both formats stood at 46.6 per cent, whilst at the start only 16.6 per cent had expressed a desire to participate in both formats. The involvement of closed-group participants in open formats throughout the project is an important indicator, reflecting the broadening of their experience. The increase in this indicator compared with previous seasons (25–30 per cent) may indicate the effectiveness of open formats, particularly due to their educational focus and the flexibility of topics in line with participants' requests, which is partly confirmed by feedback.

Table 2 presents data on general indicators of psychopathology and psychosocial distress for the group of participants who completed the protocol questionnaires a second time (all indicators were non-normally distributed).

Table 2.

Overview of indicators of the effectiveness of the intervention in a group of 60 people

	Mean	SD		Statistic	p		Effect Size	95% Confidence Interval	
								Lower	Upper
Symptoms of depression – PHQ-9	12.62	4.859	Student's t	7.303	<.001	Cohen's d	1.01	0.67	1.34
	8.12	4.422							
Symptoms of anxiety disorders – GAD-7	8.9	4.34	Student's t	4.692	<.001	Cohen's d	0.65	0.35	0.95
	6.4	3.81							
Distress due to the impact of traumatic events – IERS	42.85	19.53	Student's t	5.876	<.001	Cohen's d	0.81	0.50	1.13
	28.48	17.3							
avoidance	1.75	0.90	Student's t	4.679	<.001	Cohen's d	0.65	0.35	0.95
	1.19	0.71							
intrusion	2.05	0.95	Student's t	5.802	<.001	Cohen's d	0.80	0.49	1.11
	1.34	0.89							
hypervigilance	2.07	0.98	Student's t	6.057	<.001	Cohen's d	0.84	0.52	1.15
	1.36	0.89							
Chronic traumatic stress – CTS	13.23	5.39	Student's t	4.67	<.001	Cohen's d	0.65	0.35	0.94
	9.79	5.64							
WS&S-Empl	3.88	2.52	Student's t	3.736	<.001	Cohen's d	0.52	0.23	0.81
	2.44	2.26							

WS&S-Home	3.9	1.91	Student's t	1.925	0.06	Cohen's d	0.27	-0.01	0.54
	2.9	2.16							
WS&S-Social	4.31	2.41	Student's t	0.449	0.655	Cohen's d	0.06	-0.21	0.33
	3.58	2.34							
WS&S-Hobby	2.65	2.21	Student's t	3.219	0.002	Cohen's d	0.45	0.16	0.73
	2.52	2.36							
WS&S-Family	3.46	2.42	Student's t	3.04	0.004	Cohen's d	0.42	0.14	0.70
	2.46	1.98							
Distress in everyday and work-related activities – WS&S	18.21	9.27	Student's t	4.34	<.001	Cohen's d	0.60	0.30	0.90
	14.83	8.41							
Stress Resistance Scale – CD-RISK	47.23	16.05	Student's t	-1.83	0.073	Cohen's d	-0.25	-0.53	0.02
	50.27	17.56							

The project demonstrated effectiveness in reducing levels of psychopathology. A noticeable therapeutic effect was recorded on the depression scale (PHQ-9), where the effect size reached a critically high level (Cohen's $d = 1.01$, $p < 0.001$). The average depression score fell to a subclinical level (8.12 points), indicating a qualitative improvement in the participants' psychological and emotional state. There was also a statistically significant reduction in anxiety scores (GAD-7, from 8.9 to 6.4, $d = 0.65$) and chronic traumatic stress (CTS, from 13.23 to 9.79, $d = 0.65$). In terms of the perception of distress associated with traumatic experiences (IERS, $d = 0.81$), noticeable changes occurred on the subscales of hypervigilance (a decrease from 2.07 to 1.36) and intrusive memories (a decrease from 2.05 to 1.34). This indicates that the project's therapeutic groups are successfully alleviating the participants' state of constant psychological strain. The overall level of distress in everyday activities has decreased significantly; based on the data obtained, it can be seen that the proposed support activities helped participants reduce their level of maladjustment in the areas of employment and work, regain an interest in leisure activities, and stabilise distress in family relationships. The increase in psychological resilience reflects a positive growth in participants' internal resources (from 47.23 points at the start to 50.27 points after the project's completion); however, this does not show statistical significance, which may indicate a gradual but sustained recovery of personal resources.

In the 12th season, the proportion of participants who had previously been involved with the project almost doubled — to 32 per cent — and this may have influenced the outcome of the activities. We believe that people with previous experience return to participate in the programmes because the chronic stress of war builds up, and they need constant 'replenishment' of their resources; however, this also has a greater impact on how they process their experiences. It is worth noting that the stability of distress in social relationships over two consecutive seasons demonstrates that the sphere of broader social interaction, under conditions of prolonged traumatic stress, is the most inert, autonomous and subject to global external factors, rather than local psychological interventions.

An analysis of group attendance revealed that, amongst the 'open' (psychoeducational) group formats, the groups 'Managing Anxiety and Depression' and 'Emotion Management (Self-Regulation)' were in demand, together accounting for over 75 per cent. This confirms that most people come to acquire specific tools for coping with chronic anxiety and low mood. 33.5 per cent opted to participate in closed groups, of whom over 80 per cent attended groups on overcoming exhaustion and emotional burnout — 23 per cent of enquiries; groups on emotional effectiveness — 18.5 per cent of enquiries; and groups for people with low mood (depressive marker) — 17.5 per cent of enquiries.

The predominance of requests relating to chronic fatigue and depression is a clear clinical marker of affective disorders (depression, distress, exhaustion), as confirmed by our regression analysis. The high demand for emotional effectiveness groups also confirms that people experience a deficit in internal self-regulation tools when external stress becomes unmanageable.

Based on the data obtained, **the following recommendations can be formulated regarding the continuation of the online support group project in the long term:**

1. Changes between intervention seasons revealed an increase in distress in the area of family relationships, which began in seasons 8–9 (previous periods), when families were able to function as a relatively stable resource. However, by seasons 10–12 (late 2025 – early 2026), the prolonged, gruelling crisis had led to exhaustion and cumulative stress within family systems. This underscores the importance of family-centred interventions involving family members.
2. Given the high concentration of requests for the management of depressive and anxiety disorders, it is worth considering the introduction of self-monitoring for participants through automated screening at the start and end of the programme, in the form of a digital app providing access to self-help recommendations developed for closed support groups.
3. It is recommended to discuss the format of monthly supportive peer-to-peer meetings for project ‘graduates’, which will help reduce the risk of relapse into depressive states and promote social adaptation.

5.3. Statistical analysis of the screening results for participants in the 13th season’s support groups

During the 13th season of the project (June–July 2026), 267 people received psychological assistance and support. A comparative analysis shows a 21 per cent increase in demand for the project’s services compared with the same period in 2025, but a 15.5 per cent decrease compared with the previous period at the start of 2026. This trend in demand may be attributable both to a general deterioration in the population’s psychological and emotional well-being due to a prolonged stressful environment, and to an increase in the level of trust in the initiative.

The number of participants who continue to engage with the project and seek support remains stable compared with the figures for 2025 and stands at 21.3 per cent in the 13th season. However, this is lower than the 32 per cent recorded in the 12th season. It is also worth noting that the number of requests for psychosocial support tends to decrease during the summer months, as evidenced by scientific research. Despite the presence of non-specific factors linked to changes in the length of the day, it is worth noting social aspects such as the absence of school-related pressures on families, the opportunity to take holidays, or to relocate for the summer to areas less affected by military events. It is worth noting that the increase in the number of participants who joined the project’s services after attending workshops and training initiatives can be considered a significant motivational factor. In the 13th season, the percentage of such participants stood at 11, which is a significant increase compared with the previous period; maintaining this approach may also become an important component of psycho-educational work in the future.

The growing relevance of closed groups is also an important aspect of the effectiveness of the interventions: during June–July 2026, 75.67 per cent of participants opted for this format of support. At the same time, there has been a rise in interest in closed long-term support groups amongst new participants, reaching 71.5 per cent compared with 35.5 per cent in the 12th season. The largest number of participants expressed an interest in groups aimed at overcoming feelings of exhaustion in the context of a protracted war, the resource-based therapeutic group ‘How to Support Yourself and Others’, and a closed support group for parents caring for children during wartime.

An overall analysis of participants in the 13th season shows that key demographic trends have remained consistent, with some local variations:

- The gender distribution remains consistently uneven — the combined participation of men and non-binary individuals amounts to less than 5 per cent, indicating that the main target audience (95.9 per cent) is women.
- The ‘core age group’ of the audience has remained unchanged since 2024 — people aged 36–45 (37.5 per cent). The trend from the previous season of increasing participation among young people (aged 18–25) continues, standing at 15 per cent: 7.7 per cent in Season 11 and 11 per cent in Season 12. The proportion of participants aged 55+ remains within the range of the previous period at 3.7% (3.5% in season 12).
- The majority of participants are married (50.6 per cent) or in a stable relationship (18.4 per cent), which remains stable: in the 12th season, 47.4 per cent were married and 14 per cent were in a stable relationship. Overall, these figures demonstrate consistent trends over the past year.

- An analysis of geographical distribution and security aspects indicates that the proportion of participants contacting the service from abroad has once again risen to 25.5 per cent (as at the end of 2025). The number of enquiries from regions under active shelling remains stable.

The overall figures are shown in Table 1. The MANCOVA results indicate no statistically significant differences between participants in seasons 10–13 on most clinical scales (in particular, the PHQ-9 depression scale and the GAD-7 anxiety scale) when controlling for socio-demographic variables – age, gender, place of residence and marital status (gender was included as a covariate, but due to the very small number of men and people who identified as non-binary, its impact on the results is considered limited). Differences between seasons were found only for the hyperarousal indicator as a cluster of distress symptoms associated with traumatic experiences (IES-R). A subsequent post-hoc analysis confirmed a statistically significant difference in this measure between seasons, showing a significantly lower score in the 13th season compared with the others (no differences were found between seasons 10, 11 and 12).

According to the analysis of the one-year period from the first quarter of 2025 to the first quarter of 2026, a statistically significant difference was recorded between the seasonal data ($p < 0.01$) for distress in everyday life (the effect size ranged from low to moderate, particularly in the subjective perception of distress in the family sphere), however, these differences were not observed over the current one-year period. We hypothesise that the period of war, which coincided with the earlier seasons of the project (up to Season 9), reflected a transitional phase in the participants' microsocial adaptation to conditions of chronic external stress. Further observations may demonstrate stability over subsequent periods.

Table 1

Comparative analysis of screening indicators at the start of each season of the project

		N	Mean	Std. Deviation
Symptoms of depression – PHQ-9	Season 10, 2025	235	14.70	5.99
	Season 11, 2025	259	13.70	5.17
	Season 12, 2026	316	13.49	5.40
	Season 13, 2026	267	13.72	5.33
Severity of suicidal thoughts (PHQ-9)	Season 10, 2025	235	0.65	0.93
	Season 11, 2025	259	0.45	0.77
	Season 12, 2026	316	0.43	0.78
	Season 13, 2026	267	0.46	0.73
Symptoms of anxiety disorders – GAD-7	Season 10, 2025	235	11.00	4.93
	Season 11, 2025	259	10.67	4.93
	Season 12, 2026	316	10.39	4.87
	Season 13, 2026	267	10.36	4.69
Everyday and work-related stress – WS&S	Season 10, 2025	235	20.50	9.26
	Season 11, 2025	259	20.70	8.49
	Season 12, 2026	316	19.91	9.25
	Season 13, 2026	267	20.65	9.11
WS&S-Empl	Season 10, 2025	235	3.68	2.58
	Season 11, 2025	259	3.76	2.44

	Season 12, 2026	316	3.65	2.37
	Season 13, 2026	267	3.64	2.64
WS&S-Home	Season 10, 2025	235	4.24	2.27
	Season 11, 2025	259	4.08	2.07
	Season 12, 2026	316	4.19	2.06
	Season 13, 2026	267	4.23	2.26
WS&S-Social	Season 10, 2025	235	4.78	2.63
	Season 11, 2025	259	4.76	2.33
	Season 12, 2026	316	4.71	2.36
	Season 13, 2026	267	4.86	2.44
WS&S-Hobby	Season 10, 2025	235	3.60	2.46
	Season 11, 2025	259	3.71	2.78
	Season 12, 2026	316	3.70	2.28
	Season 13, 2026	267	3.54	2.47
WS&S-Family	Season 10, 2025	235	4.22	2.44
	Season 11, 2025	259	4.38	2.27
	Season 12, 2026	316	4.20	2.31
	Season 13, 2026	267	4.39	2.39
Stress Resistance Scale – CD-RISK	Season 10, 2025	235	46.40	17.60
	Season 11, 2025	259	44.08	14.37
	Season 12, 2026	316	45.75	16.99
	Season 13, 2026	267	45.52	15.99
Distress due to the impact of traumatic events – IES-R*	Season 10, 2025	235	45.10	20.10
	Season 11, 2025	259	45.83	18.42
	Season 12, 2026	316	44.11	18.70
	Season 13, 2026	267	41.53	18.37
Chronic Traumatic Stress – CTS	Season 10, 2025	235	15.80	7.17
	Season 11, 2025	259	15.32	6.59
	Season 12, 2026	316	14.77	6.64
	Season 13, 2026	267	14.60	6.27

Based on data from the 13th iteration of monitoring and the identification of key factors determining the level of psychosocial distress (WS&S) in respondents' everyday lives, a multiple linear regression model was constructed: $F_{(8, 258)} = 6.24$, $p < 0.001$. The coefficient of determination (adj. $R^2 = 0.136$) explains 13.6 per cent of the variation in the dependent variable through the included predictors (screening indicators of

clinical symptoms and distress in the context of prolonged traumatic experience), which is a small proportion. Given the multidimensional and complex nature of psychosocial distress in the context of prolonged traumatic experience, such a figure is to be expected in similar socio-psychological studies and indicates the presence of other significant factors that lie beyond the scope of the current model, which may need to be revised in the future.

An analysis of the contribution of individual variables revealed significant changes in the structure of distress compared with previous periods:

- In particular, depressive symptoms (PHQ-9) were not found to be statistically significant as a predictor. The increase in the severity of their impact in previous seasons had a strong direct correlation with a deterioration in people's quality of life and functioning. A similar situation was observed with the indicator of subjective perception of traumatic experience (on the IES-R scale).
- The general trend observed in previous analyses also showed a return to statistical significance for the chronic traumatic stress (CTS) indicator as a predictor, and it became the sole predictor in the overall regression model ($SE=0.036$, $\beta=0.21$, $p<0.018$)
- Age, gender and other demographic characteristics did not show any significant independent effect on distress levels.

In order to examine the stability of the relationships between predictors and distress in everyday life over time, a general linear model (GLM) analysis was additionally conducted, incorporating data from 10–13 seasons as covariates. The results demonstrated that, regardless of which season a person took part in, this had no effect on their level of distress. It can therefore be assumed that the temporal component did not influence the persistence of psychosocial disturbances over the course of a long-term traumatic experience. It is worth noting that although within the 13th season the role of depression was neutralised relative to other factors, in the overall dataset spanning several seasons this factor retains its significance. Key factors influencing psychosocial distress were found to be the level of depressive symptoms ($SE=0.017$, $\beta=0.092$, $p=0.011$, $n_p^2=0.006$), distress caused by traumatic events ($SE=0.006$, $\beta=0.132$, $p=0.002$, $n_p^2=0.009$) and the prolonged traumatic stress score ($SE=0.018$, $\beta=0.19$, $p<0.001$, $n_p^2=0.016$). Thus, we confirm that, of all the factors included, the indicator of prolonged traumatic stress made the strongest contribution to predicting psychosocial distress, reflecting adaptation to the conditions of living under the influence of the traumatic experience of war.

Following the conclusion of the 13th season, 63 participants from the open and closed groups took part in a follow-up survey. Of these, 93.7 per cent had participated in closed groups as part of the project, which is almost 30 per cent more than in the previous season. The proportion of participants who joined both formats was 50.8 per cent (46.6 per cent in the 12th season). The average attendance rate for closed-group sessions was 6 out of the 8 scheduled meetings. Participants' engagement with both formats shows that, on average, they attended 8 sessions over the course of the project's 2-month duration. Thanks to the programme's psycho-educational focus and the flexibility of topics in line with participants' requests, it has been possible to maintain their engagement.

At the same time, a challenge remains in terms of participants undergoing repeat screening, with the rate standing at 23–25 per cent, as in previous seasons. A comparative analysis of the group that underwent follow-up monitoring with the group that 'dropped out' showed that there was no statistically significant difference ($p > 0.05$) between the groups for most indicators. The only indicator that showed a difference was work-related psycho-emotional distress: the group that underwent repeat monitoring demonstrated a lower level of distress. It is worth noting that the effect size is small (Cohen's $d = 0.14$ at $p = 0.04$); therefore, it has been decided to interpret the missing data as 'lost to follow-up', and the results can be considered reliable. In view of the above, further analysis cannot include adjustments based on an intention-to-treat analysis; therefore, it is appropriate to retain the comparative analysis as a per-case analysis. Table 2 presents data on general indicators of psychopathology and psychosocial distress for the group of participants who completed the protocol questionnaires a second time.

Table 2.

Snapshot of outcome measures in the group of 63 participants

	Mean	SD		Statistic	p		Effect Size	95% Confidence Interval
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								Lower	Upper
Symptoms of depression – PHQ-9	12.95	5.93	Wilcoxon W	1394	0.01	Rank biserial correlation	0.38		
	10.41	5.64							
Symptoms of anxiety disorders – GAD-7	10.51	4.67	Wilcoxon W	1483	<.001	Rank biserial correlation	0.62		
	7.95	4.95							
Distress due to the impact of traumatic events – IES-R	41.98	17.88	Student's t	5.27	<.001	Cohen's d	0.66	0.39	0.93
	31.18	19.98							
avoidance	1.78	0.91	Student's t	4.28	<.001	Cohen's d	0.54	0.27	0.80
	1.35	0.98							
intrusion	1.93	0.86	Student's t	4.86	<.001	Cohen's d	0.61	0.34	0.88
	1.40	0.95							
hypervigilance	2.05	0.88	Wilcoxon W	1529	<.001	Rank biserial correlation	0.67		
	1.53	0.93							
Chronic Traumatic Stress (CTS)	14.10	5.41	Student's t	5.11	<.001	Cohen's d	0.64	0.37	0.91
	11.27	6.38							
WS&S-Empl	4.21	2.53	Wilcoxon W	799	0.01	Rank biserial correlation	0.48		
	3.16	2.73							
WS&S-Home	4.57	2.23	Wilcoxon W	1064	<.001	Rank biserial correlation	0.54		
	3.68	2.43							
WS&S-Social	5.10	2.48	Wilcoxon W	904	0.05	Rank biserial correlation	0.31		
	4.48	2.46							
WS&S-Hobby	3.37	2.41	Wilcoxon W	820	0.14	Rank biserial correlation	0.24		
	2.92	2.48							
WS&S Family	4.71	2.23	Wilcoxon W	797	0.07	Rank biserial correlation	0.30		

	4.13	2.56							
Stress in everyday and work life – WS&S	21.95	8.32	Wilcoxon W	1350	<.001	Rank biserial correlation	0.53		
	18.37	8.76							
Stress Resilience Scale – CD-RISK	46.65	14.94	Student's t	-2.22	0.03	Cohen's d	-0.28	-0.53	-0.03
	49.89	16.72							

Analysis of the pre- and post-intervention results demonstrated a statistically significant positive trend in most of the measured domains of mental health and daily functioning. In the area of affective disorders, a statistically significant reduction was observed in the severity of depressive symptoms as measured by the PHQ-9 scale and in anxiety disorders as measured by the GAD-7. The results obtained indicate that the intervention had a sufficient effect on common clinical manifestations. A comprehensive assessment of the consequences of traumatic events revealed an overall improvement. The overall distress score reflecting the subjective perception of traumatic events on the IES-R scale decreased significantly from 41.98 to 31.18, demonstrating a moderate to large effect size (Cohen's $d = 0.66$; 95% CI: 0.39 – 0.93). A similar trend was observed across the subscales: avoidance ($p < 0.001$, Cohen's $d = 0.54$), intrusion symptoms ($p < 0.001$, Cohen's $d = 0.61$) and hypervigilance ($p < 0.001$, $r_{rb} = 0.67$), which attests to the programme's sufficient effectiveness in addressing the consequences of trauma adaptation. Indicators of chronic traumatic stress (CTS) also demonstrate a consistent positive downward trend (14.10 versus 11.27, $p < 0.001$, Cohen's $d = 0.64$). Symptoms of anxiety and hypervigilance proved to be the most responsive to the intervention, continuing the trend observed in previous iterations of the programme. Further analysis using the Reliable Change Index (RCI) revealed a range of values from -1.43 to -1.95 for symptoms of anxiety and traumatic distress. At a 95 per cent confidence level (critical value 1.96), this reflects a marked trend towards statistical reliability, which is characteristic of and indicative for psychological interventions. Based on international cut-off norms (due to the lack of Ukrainian epidemiological studies conducted under wartime conditions), it can be stated that, although the absolute transition into the non-clinical zone is still ongoing, the overall severity of symptoms has become significantly lower.

An assessment of functional status using the WS&S scale indicates a general improvement in patients' adaptation to everyday activities (a reduction in the overall impairment index from 21.95 to 18.37, $p < 0.001$, $r_{rb} = 0.53$). A detailed analysis by sphere of life revealed a statistically significant improvement in professional activity and domestic life, whilst changes in the social sphere, family relationships and leisure activities did not reach statistical significance or remained at the trend level. At the same time, a statistically significant increase in the level of psychological resilience was recorded on the CD-RISK scale (Cohen's $d = -0.28$), indicating a strengthening of the participants' internal adaptive resources during the support process. However, this effect size is small. Given that the results from the previous season did not show any statistically significant changes in psychological resilience, the absence of significant changes in the areas of hobbies and family relationships may indicate a need for additional targeted work to restore social and recreational resources, which are likely to require a longer time to recover than clinical symptoms.

Based on the data obtained, **the following recommendations can be made regarding the long-term continuation of the online support group project:**

1. The observed trends in interest in closed-group support formats indicate a high level of trust in the project, the formation of a safe community, and the participants' need for deeper and long-term support
2. The programme has proven effective in rapidly alleviating 'acute' symptoms of anxiety and distress associated with peritraumatic experiences; however, to foster long-term resilience, its duration should be extended or additional support modules introduced
3. The recommendation for a format of monthly supportive peer-to-peer intervention meetings for project 'graduates' remains relevant; this will help reduce the risk of relapse into depressive states and promote social adaptation, whilst also facilitating monitoring over time
4. The experience of running workshops and training initiatives as specialists in the field of psychosocial support should be retained to promote the project and provide psychoeducation on psychological well-being

5.4 General conclusions and limitations

Over three consecutive seasons, the most consistent positive changes were observed in relation to depressive and anxiety symptoms and distress resulting from traumatic events. Day-to-day functioning also improved. Changes in the social and family spheres were slower and less consistent.

On average, symptoms of depression decreased by 29 per cent, anxiety by 28 per cent, and traumatic distress by 30 per cent, whilst resilience increased by 9 per cent. These figures are rounded summaries of the seasonal results, rather than the proportion of all participants whose condition improved.

Repeat referrals and growing interest in closed groups indicate that some participants require long-term or ongoing support. To further develop the programme, the research supervisor recommends in-depth modules, support for graduates, work on family and social connections, and follow-up monitoring.

6. Challenges and solutions

Growing needs and availability of support

The demand for psychosocial support exceeded our capacity. Between January and May 2026, the number of applications rose by approximately **28 per cent** compared with the corresponding period in 2025. At the same time, people were seeking help with issues that required long-term and consistent support: coping with loss, burnout, the aftermath of traumatic experiences, and difficulties in family relationships.

We combined regular support groups with open psychoeducational sessions, workshops and one-to-one meetings. This enabled us to offer varying levels of support depending on the individual's needs. We developed support for the families of serving personnel, those killed in action, those missing in action and prisoners of war, and launched a peer-to-peer support pilot scheme for veterans. We planned to further expand the programme, taking into account the needs of healthcare workers and frontline specialists.

Operational processes and digital infrastructure

As the number of participants and support formats increased, so did the workload on the team. Registration, group allocation, communication, attendance tracking and the processing of questionnaires remained largely manual. Separate seasonal spreadsheets helped to organise the work, but made it difficult to compile a comprehensive record of an individual's participation and to prepare aggregated metrics.

We identified automation and the development of digital infrastructure as priorities for the next phase. These are intended to reduce repetitive administrative work, improve data quality and make interaction with participants more convenient. At the same time, we strengthened procedures relating to security, financial management, risk management, monitoring and evaluation, and internal governance.

Limited co-financing and financial sustainability

The amount of co-funding raised was lower than originally planned. This limited our ability to expand programmes, recruit additional staff and develop internal systems. We prioritised direct support for participants and retaining the clinical team. Pay rises were largely limited to inflation adjustments.

Together with MedAid, we stepped up our fundraising efforts. MedAid focused on international donors, whilst 'Moje Kolo' concentrated on local opportunities and partnership proposals. In January 2026, a dedicated fundraising specialist was brought on board to support this work. Priority areas included veteran reintegration, peer-to-peer support and community resilience. Diversifying funding sources remained essential for the organisation's continued development.

Team wellbeing and working in wartime

Our psychologists work with participants experiencing severe loss, crisis situations and prolonged stress, whilst themselves living in a war zone. Combining professional demands with the threats of war increases the risk of emotional burnout and requires constant attention to the team's wellbeing.

We provided monthly group supervision sessions, additional case reviews of complex situations and professional training. This support enabled the team to discuss difficulties, agree on solutions and receive support from colleagues. During the reporting period, we maintained **a clinical team of 21 psychologists without any staff turnover**.

Engaging men and coordinating support

Around 95 per cent of respondents to the intake questionnaires were women. Engaging men remained a distinct challenge, requiring targeted communications, partnerships and appropriate support formats.

One solution was the ‘peer-to-peer’ veteran pilot scheme. Engaging facilitators with their own relevant experience helped to build trust: in their feedback, participants particularly valued the opportunity to be heard by people who had been through similar experiences. We also developed information-sharing partnerships with veterans’ initiatives and partner organisations.

Our work with crisis enquiries highlighted the importance of clear boundaries for group support and access to other services. Psychologists assessed each person’s current condition and, where necessary, recommended specialist help or provided relevant contacts. Further priorities identified included deepening cooperation with government bodies and service providers, updating referral pathways and improving the tracking of these referrals.

7. Supervision and professional development for psychologists

One of the objectives of the three-year grant was to provide at least 100 Ukrainian psychologists with the opportunity to improve their skills in providing psychosocial support to vulnerable Ukrainians by at least 25 per cent.

During the second year, we provided monthly group supervision sessions for our own team and additional supervision for complex cases upon request. The psychologists worked on group dynamics, crisis situations and practical difficulties in implementing the programmes. The findings from these supervision sessions were used to improve the quality and consistency of the support provided.

The team of 21 psychologists, led by Viktoriya Petrova, remained stable throughout the year. There are a further 50 qualified psychologists on the waiting list, ready to join when funding and programme capacity allow.

In May 2026, we also launched four open online seminars for psychologists. These were attended by 387 participants, exceeding initial expectations and demonstrating high demand for practice-oriented professional training.

The effectiveness of the seminars was assessed through structured pre- and post-training assessments. The average increase in professional competence across the topics ranged from 31 per cent to 52 per cent.

Changes in professional competence following the seminars

Assessment topic	Average increase
Complex trauma and structural dissociation	52%
Psychological safety in groups	42%
Trauma assessment and case formulation	41%
Group dynamics and facilitation	31%

The average overall rating for the seminars was 9.6 out of 10. Participants rated their intention to apply the knowledge gained in their professional practice at an average of 9.5 out of 10.

8. Collaboration with partners

The need for psychosocial support far exceeds the capacity of any single organisation. We have therefore developed partnerships to refer participants, run joint campaigns, share professional experience and create new programmes.

In the second year, we documented collaboration with 11 partner organisations and platforms. In addition, we engaged with a wider range of government bodies, civil society organisations, professional communities and veterans' initiatives.

Support for veterans and military families

We carried out joint awareness-raising initiatives with Azov Support, the Ukrainian Volunteer Service, the NGO 'La Strada-Ukraine' and the National Men's Helpline 2345. Partnerships with veterans' organisations, medical institutions and local authorities helped to expand access to support for people affected by the war.

In collaboration with the NGO 'Ukrainian Ants', we provided all the psychosocial support for two five-day recovery camps for 46 veterans, their family members and the relatives of fallen defenders.

The NGOs 'Veteranka' and 'Rozsadyk' are among the organisations with which we prepared joint grant applications. Nine out of 14 local applications were submitted in partnership with other Ukrainian NGOs.

Professional exchange and international cooperation

Team members took part in 11 external professional, public and cross-sectoral events. We shared approaches to psychosocial support and strengthened cooperation within the mental health sector.

We collaborated with the WHO Country Office in Ukraine and discussed digital mental health and innovation with Dr Ken Carswell from the WHO team in Geneva.

Support from the WHO Country Office in Ukraine

In a statement dated 28 May 2026, Hanna Legkova, a psychological interventions specialist at the WHO Country Office in Ukraine, noted that the activities of 'Mogo Kolo' represent a relevant and valuable contribution to strengthening mental health and psychosocial support in the context of a humanitarian crisis. The statement is provided as Annex 3.

The WHO positively assessed the scaled-up group-based approaches, the use of the recommended PM+ and 'Doing What Matters in Times of Stress' interventions, low-intensity CBT techniques, trauma-informed care and structured facilitation. Particular mention was made of standardised monitoring, crisis protocols, referrals and capacity-building for professionals.

The WHO emphasised the importance of aligning programmes with the national mental health system, complementing public services, and supporting local professionals and care pathways. Further coordination with national policies and technical guidelines should strengthen the programme's sustainability.

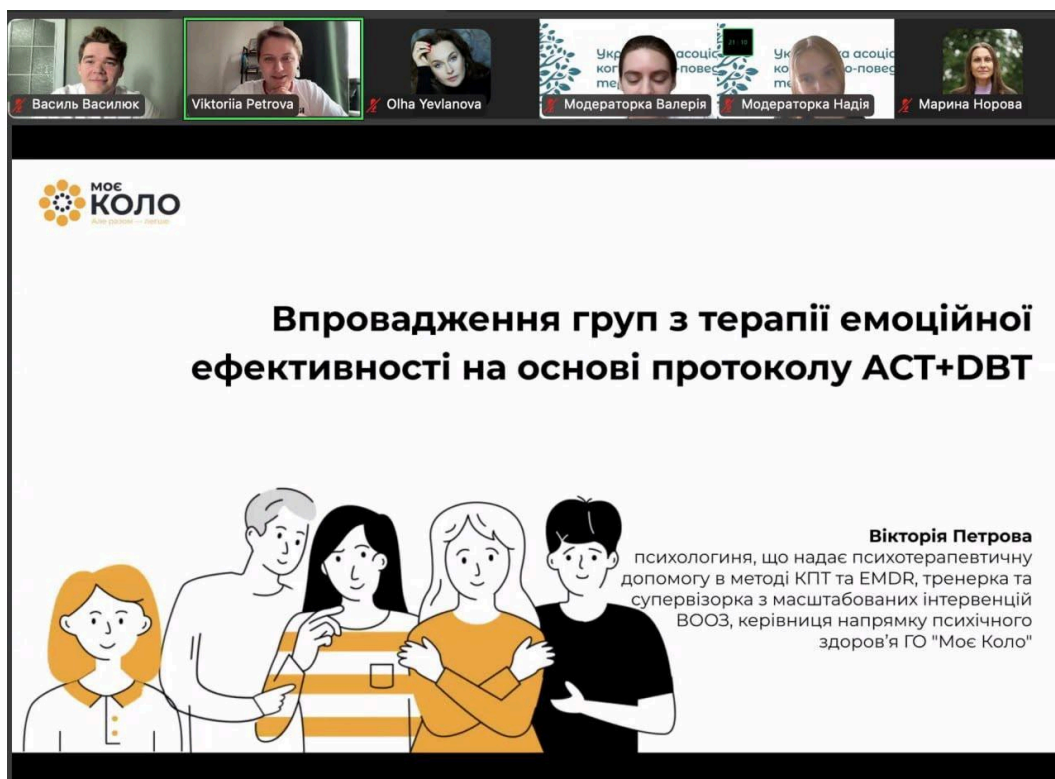
Participation in professional and public events

During the reporting period, Moe Kolo representatives took part in at least 11 external professional, public and cross-sector events, sharing the organisation's experience, evidence-based approaches to psychosocial support and practical lessons from group-based interventions.

- **15 November 2025:** Viktoriia Petrova took part in a professional exchange on nature therapy at the invitation of Canadian expert Julia Thiessen, presenting Moe Kolo's approach to combining psychological support with nature-oriented practices.
- **28 November 2025:** Anna Kurnatska took part in a forum for veterans and their families, presenting the organisation's vision for support programmes for veterans' families and discussing the current needs of this target audience.
- **19 December 2025:** Viktoriia Petrova and Anna Kurnatska presented Moe Kolo at the "Business. State. Volunteers / CSOs" forum in Lviv, discussed the organisation's psychosocial support

approaches and established new partnerships with organisations working with families of missing persons and prisoners of war.

- **7 May 2026:** The team held the first open online meeting of the “Together After Groups” community, presenting three years of organisational achievements, new areas of development and options for continued support for programme alumni.
- **May 2026:** Vasyl Vasyliuk and Viktoriia Petrova presented Moe Kolo’s achievements at a Ukrainian Catholic University alumni meeting and during events marking the 10th anniversary of UCU’s Department of Clinical Psychology, sharing their experience of implementing group-based psychosocial support during wartime.
- **6 June 2026:** Viktoriia Petrova and Vasyl Vasyliuk spoke at the annual conference of the Ukrainian Association of Cognitive Behavioural Therapy, ‘The Strength to Be: CBT in Times of Prolonged Exhaustion’, delivering two professional presentations on ACT+DBT emotional effectiveness groups and the use of CBT techniques in support groups for different audiences.



Moe Kolo presenting practical experience of ACT+DBT groups at the Ukrainian Association of Cognitive Behavioural Therapy conference, June 2026.

- **16 June 2026:** Viktoriia Hryshchuk presented Moe Kolo’s support work for veterans during the online event “Beside You: Rights, Support, Opportunities”, organised by the Donetsk Regional State Administration for veterans, their family members and bereaved families.
- **2 July 2026:** Olha Zahorodna and Anna Kurnatska hosted the online event “Easier Together: Why Communities Matter for Ukrainians’ Psychological Resilience” for veterans’ communities and cultural associations in the Odesa Region. The event showcased Moe Kolo’s programmes, the role of communities in coping with prolonged traumatic stress, and the principles of supportive communication.
- **10 July 2026:** Viktoriia Petrova took part in a strategic session on veterans’ policy within the Lviv Agglomeration Association, contributing to the development of a regional veterans’ policy roadmap alongside representatives from communities, public institutions, the business sector and

civil society.

- **22 July 2026:** Moe Kolo's veteran programme manager attended an inter-agency meeting in Novoiavorivsk aimed at strengthening cooperation amongst service providers for veterans and their families. The organisation presented its veteran programmes and discussed ways to improve coordination between support services.



Strategic session on veterans' policy within the Lviv Agglomeration Association, 10 July 2026.



Inter-agency coordination meeting in Novoiavorivsk, 22 July 2026.

- **15–16 August 2026:** Moe Kolo took part in the Eco Film Festival organised by CHYSTO.DE in Slavske, where the team created an interactive wellbeing space focused on self-care, slowing down and raising awareness of mental health. Festival visitors were able to take part in simple reflective and restorative activities, learn more about Moe Kolo's programmes and receive practical self-care resources. Over the two days, the team directly engaged with around **150 visitors** and attracted new followers to the organisation's social media channels, whilst also establishing new contacts with potential partners.



Moe Kolo wellbeing space at the Eco Film Festival by CHYSTO.DE, Slavske, August 2026.



An interactive self-care installation featuring a mirror bearing the message "The most important person in my life" — a simple reminder of the importance of self-care.

9. Awareness campaign

From September 2025 to August 2026, the communications activities of the NGO "Moe Kolo" focused on normalising the act of seeking psychological support, sharing reliable information about mental health, and fostering a more open public dialogue about the consequences of war, loss, exhaustion, traumatic experiences and recovery.

Data cut-off: quantitative communication statistics, including social media reach, publications and audience size, are reported as at 31 July 2026. Activities for August 2026 are included in the narrative section, whilst digital statistics for August were not yet available at the time of reporting.

Key communication results at a glance

2,370,507	348	28,161	12,405
Social media reach	Publications	Owned audience*	Email subscribers
8,781	2,600+	11+	11+
Workshop registrations	Support group registrations	Named outreach partners	Public/professional events

**The owned-audience figure is the total number of followers/subscribers across the listed channels. There may be some overlap between audiences across platforms.*

Social media and information reach

Between September 2025 and July 2026, Moe Kolo’s information materials reached 2,370,507 people via social media:

- Instagram — 265,394
- Facebook — 2,086,264
- YouTube — 6,904
- Telegram — 9,451
- LinkedIn — 2,494

Across social media, we regularly shared psychoeducational materials, information about available support services, explanations from psychologists, participants’ stories and practical advice for people living with the consequences of war. A total of **348 posts** were published during the reporting period.

These communications were designed not only to inform audiences about the organisation’s activities, but also to reduce fear and stigma associated with seeking psychological help or joining support groups.

Over the first two years of the project, from September 2024 to July 2026, Moe Kolo’s social media content reached a total of 5,698,944 people.

Communication-driven demand for Moe Kolo programmes

Communication and outreach activities also played a significant role in generating demand for Moe Kolo’s psychosocial support programmes.

Across Seasons 11–13, the organisation received 8,781 registrations for 16 public workshops. Across the individual workshop sessions, 5,013 attendances were recorded, based on unique participation in each session.

Demand for longer-term group support was also significant. Across Seasons 11–13, Moe Kolo received more than 2,600 registrations for support groups, with 1,151 participants ultimately joining the groups.

These figures show that Moe Kolo’s communication channels function not only as platforms for raising awareness, but also as an important pathway connecting people with accessible psychosocial support.

Growth of Moe Kolo’s owned audience

By the end of July 2026, the combined audience across Moe Kolo’s owned communication channels totalled 28,161 followers and subscribers, before accounting for possible overlap between platforms:

- [Instagram](#) — 5,864 followers
- [Facebook](#) — 6,587 followers

- [YouTube](#) — 998 subscribers
- [Telegram](#) — 2,183 subscribers
- [LinkedIn](#) — 124 followers
- Email mailing list — 12,405 subscribers

Examples of published content can be viewed via the links above.

A separate local Telegram channel, [Moe Kolo | Lviv](#), was also set up as a permanent platform for sharing information about support opportunities, local events and community activities.

Joint information campaigns and partner communications

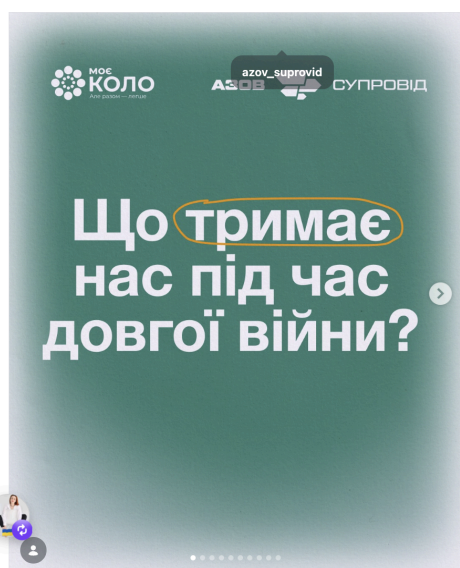
During Year 2, we developed joint information and outreach activities with organisations working with veterans, service members, their families and others affected by the war. At least 11 external organisations, platforms and community spaces are specifically documented in this report, in addition to other public, civil society, professional and veteran organisations that supported our outreach efforts.

Cooperation with [AZOV.Support](#) — an organisation providing comprehensive support to wounded service members, veterans, former prisoners of war and their families. Four joint publications were released:

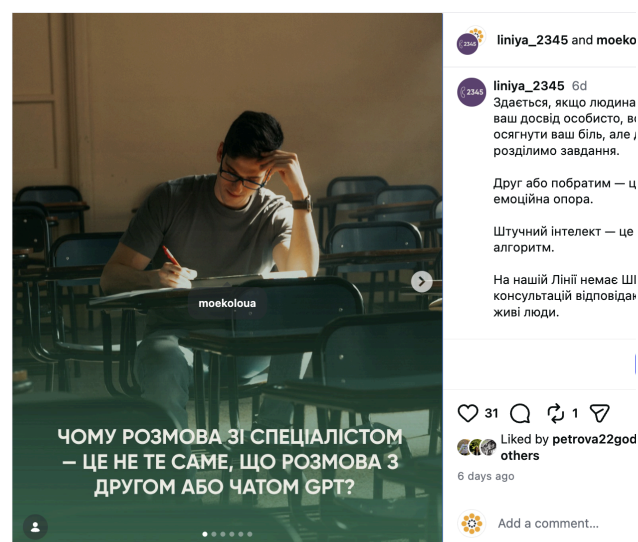
- [The power of community: why support groups matter](#)
- [Why looking after mental health is just as important as looking after physical health](#)
- [What helps us keep going during a prolonged war](#)
- [Why it is important to talk about exhaustion](#)

Our collaboration with the Ukrainian Volunteer Service included one joint post: [“How to do good without burning out”](#).

In July, we also began working with [La Strada-Ukraine](#) and the [2345 Men’s Hotline](#). One post in the series was published on the topic [“Why talking to a specialist is not the same as talking to a friend or ChatGPT”](#).



Joint information campaign with AZOV.Support, July 2026.



Joint campaign with the 2345 Men’s Hotline / La Strada-Ukraine, July 2026.

Information about Moe Kolo’s work and the support available was also shared by:

- NGO Ukrainian Ants — an organisation implementing support and recovery initiatives for people affected by the war, including the “Holidays in the Mountains” camp



Moe Kolo psychologists supported veterans and their family members during a recovery camp in the Carpathians, in partnership with the NGO Ukrainian Ants, July 2026.

- State Institution “Territorial Medical Association of the Ministry of Internal Affairs of Ukraine in Lviv Region” – a public medical institution working with service members, veterans and other patient groups
- Charitable Organisation “Foundation for Support of Medicine for the Military” – which is developing the VYBIR space for veterans in Lviv
- VYBIR – a local space for support, interaction and reintegration for veterans and their family members
- Rozsadnyk – a public space in Lviv where Moe Kolo jointly organised garden-based gatherings for internally displaced persons, families of service members, bereaved families and families of missing persons
- ECO FILM FESTIVAL by the NGO Chysto.de – an environmental and human rights initiative organising large-scale environmental events
- Platform for Assistance to Survivors – an online platform that helps people affected by war, including survivors of physical and psychological violence, to find relevant support resources
- Other public institutions, civil society organisations (CSOs), professional bodies and veterans’ organisations that shared information about group recruitment and available psychological support through their own channels

Dissemination by our partners helped us reach beyond Moe Kolo’s own audience and connect with people who may not previously have been aware of the support options available or may not yet have been ready to seek psychological support on their own.



Moe Kolo’s offline community event in Lviv, May 2026.

Media coverage

To foster public dialogue on mental health, Moe Kolo also shared its expertise via external media platforms. During the reporting period:

- GURT published an interview with Viktoriia Petrova on how support groups help people during wartime
- Hromadskyi Prostir published a feature on Moe Kolo's group work in the context of prolonged traumatic stress
- Happy Monday regularly included Moe Kolo programmes in its thematic round-ups of opportunities for wider audiences
- Veteran Media published invitations to join the veteran peer-to-peer project and psychological support groups
- Viktoriia Petrova and Viktoriia Hryshchuk appeared live on Pershe Radio to present the veteran peer-to-peer project
- Lvivska Khvyliia radio broadcast a series of news items about support groups and the offline "Garden Meetings" group



The Moe Kolo team during a radio appearance presenting the veterans' support programme, May 2026.

Overall communication impact

Taken together, social media, partner communications, public speaking and media coverage increased the visibility of mental health issues, helped make conversations about psychological support more open, and reinforced the message that seeking help is a normal and accessible practice.

The communications function also strengthened Moe Kolo's long-term outreach capacity through its own channels, including a mailing list of 12,405 subscribers and a combined platform audience of 28,161 followers and subscribers. Across Seasons 11–13, communications and outreach supported 8,781 workshop registrations and more than 2,600 registrations for longer-term support groups, providing a strong foundation for continued psychoeducation, programme recruitment and community engagement.

About the NGO Moe Kolo

‘Moje Kolo’ is a Ukrainian non-governmental organisation working in the field of mental health, which is developing a scalable, evidence-based online platform to tackle serious mental health issues caused by Russia’s war against Ukraine. The organisation was founded in May 2023 as a result of a collaboration between MedAid – a British charity supporting medical projects in Ukraine – and DeepInspire, a technology company based in Lviv.

The name ‘Moje Kolo’ comes from the Ukrainian word ‘kolo’. This reflects the idea that a circle – a circle of friends, family or colleagues – is a safe place where we receive help and support. Moje Kolo’s circles provide a sense of unity and an alternative to the many circles that have fallen apart during the war.

The team. The co-founders of “Moje Kolo” are Ukrainian volunteers – Pavlo Terletskyi (CEO of DeepInspire), Roman Cheryba (COO of DeepInspire) and Charles Harman (co-founder of MedAid International). Viktoria Petrova, a clinical psychologist and cognitive-behavioural therapist, leads a team of 20 psychologists specialising in cognitive-behavioural therapy (CBT), Gestalt therapy and EMDR. The team also includes: Mariana Mavko, PhD, project methodologist and clinical psychologist specialising in CBT; Oleksandr Avramchuk, PhD, M.D., research supervisor and trainer, and Head of the Department of Clinical Psychology at the Ukrainian Catholic University.

Why groups? There are a number of ways to provide support. Whilst one-to-one therapy is optimal in some cases, it requires accessible, trained and highly qualified therapists, and the reach of such support is limited.

Group psychosocial support is a powerful tool for providing help. Many of those who are reluctant to book individual therapy sessions are more willing to take part in group sessions. The power of the group can be transformative, yielding unexpected positive outcomes and effectively alleviating the symptoms of psycho-emotional difficulties. Participants benefit from interacting with others facing the same problems and from sharing experiences on how to manage their condition. Such sessions also make effective use of therapists’ limited time, as their consultations may not be accessible to a larger number of participants.

Participants benefit from the realisation that they are no longer alone and that regular interaction with others facing similar challenges helps to normalise their condition. The forums are moderated by trained therapists who can share best practices and identify participants who may require specialised one-to-one support.

The organisation specialises in group-based psychological support formats, psychoeducational programmes, training for professionals, and the development of evidence-based mental health support models.

Over the course of three years, the organisation has built a team of 25 specialists and is delivering support programmes across Ukraine. In our work, we use approaches such as cognitive-behavioural therapy (CBT), Acceptance and Commitment Therapy (ACT), EMDR and other modern evidence-based practices. As of July 2026, the NGO ‘Moje Kolo’ had provided support to 13,699 Ukrainians, conducted 1,109 group sessions, 52 workshops and 335 crisis counselling sessions. According to the results of an internal evaluation, participation in the programmes contributed to a 39 per cent reduction in depressive symptoms, a 35 per cent reduction in anxiety and a 30 per cent reduction in post-traumatic stress.