Project "UKR-18/0016 Health Collaboration with Ukraine: Psychosocial First Aid, Psychosocial Support and Crisis Leadership. Suicide Prevention,,

SNA RESEARCH REPORT

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Introduction

Since 2014 Ukraine has been fighting against Russian invasion. Occupation of Crimea and the Eastern part of the country in early 2014 was followed by the protracted military conflict over the next 8 years. It has resulted in death of military and civilian people, 1.5 million of internally displaced persons, worthening socio-economic situation, damaging infrastructure in the front-line areas. In February 2022 Russia invaded Ukraine massively opening up the biggest conventional war in European continent since the World War II. The scale of casualties among military and civilian people and destruction of civil infrastructure in Ukraine increased dramatically causing cascading problems in security, economic, social, health, education sectors[1]. At the same time Ukrainian people proved to be extremely resilient and able to conduct successfully military defence and counteroffensive operations, mobilize large-scaled international support, deal effectively with multiple problems at all societal levels.

The current project (local title: Input to Community Resilience Building in Ukraine) started in 2020 and was aimed at building local capacity in mental health and crises response spheres in two local communities of Ukraine (Pokrovsk and Irpin).

The mental health sphere in Ukraine was in the process of reforms before the massive Russian invasion. National Mental Health Concept Note[2], adopted in December 2017 by the Government of Ukraine, highlights a number of challenges in Ukraine's MHPSS sphere for the period till 2030, among those are following:

- ✓ low access to psychotherapy/ PSS services, lack of community-based services;
- ✓ insufficient level of crisis intervention and first psychological aid programs in communities;
- ✓ insufficient level of academic and in-service programs in mental health: outdated, nonrelevant curriculum, methodologies and competence evaluation standards;
- ✓ low awareness of mental health issues, stigmatizing of mental health problems and psychotherapy/ psychosocial support (PSS) services.

Ukraine's mental health resources were not well aligned to meet the population's needs: services were too much focused on tertiary care, there was a lack of qualified specialists applying intervention approaches in line with the best MHPSS practices and standards, and low access for clients to MHPSS services on all levels.

Ukraine was also in the middle of transformation process moving from centralized to community-based government, including decentralization of government and of MHPSS services. This reform was supposed to provide an opportunity to involve local governments in providing services to improve community resilience in response to past, present, and future adverse events. Also needed were community-based treatment services for those with significant mental health problems, and referral to specialist services where needed. This comprehensive service model is in line with the IASC pyramid with its various levels.

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[1] Ukraine Flash Appeal (March to December 2022). https://reliefweb.int/report/ukraine/ukraine-flash-appeal-march-december-2022?_gl=1*uxbrcb*_ga*MjAxNjI0NDQxNC4xNjcxMTY1NzU2*_ga_E60ZNX2F68*MTY3MTE2NTc1NS4xLjAuMTY3MTE2NTc1NS42MC4wLjA.

[2] http://old.moz.gov.ua/ua/portal/Pro_20170503_0.html

In the current project were suggested to introduce to Ukraine two interventions: training in suicidal prevention for gatekeepers and training on crises management for community leaders.

We expected that these interventions will not only cover the gap in existing knowledges and skills among first responders in communities of Irpin and Pokrovsk but also strengthen community resilience.

In the current war time situation, the state of mental health services and first response as well as community resilience became crucial for Ukrainian society.

Our research conducted before February 2022 and aimed at describing some aspects of community resilience can provide better insights on the current situation and be applied for future PSS programs.

Communities Profile

Irpin
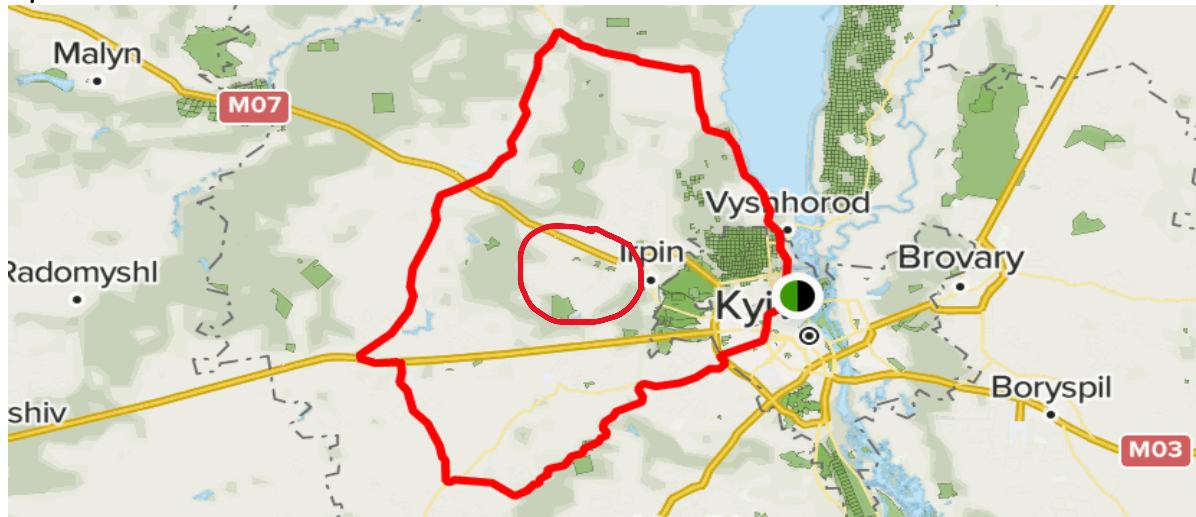
   Irpin is a located on the Irpin River in Bucha District, Kyiv oblast, right next to the city Kyiv in northern Ukraine. Irpin hosts the administration of Irpin urban community, one of the local communities of Ukraine. The city has a population of 65,167 before the war.
The city has a railway station built in 1899. Until 18 July 2020, Irpin was incorporated as a city of oblast significance and the center of Irpin municipality, which also included the urban-type settlements of Hostomel, Kotsiubinske and Vorzel.
   During the 2022 Russian invasion to Ukraine, Irpin became the site of a battelfield engagement during the Kyiv offensive. Russian forces took the Hostomel airport in the north of the city to facilitate an advance southwards, around Kyiv. The city was shelled by Russian artillery while the Ukrainians were able to repel and destroy multiple forces attempting to move into the town.

Pokrovsk
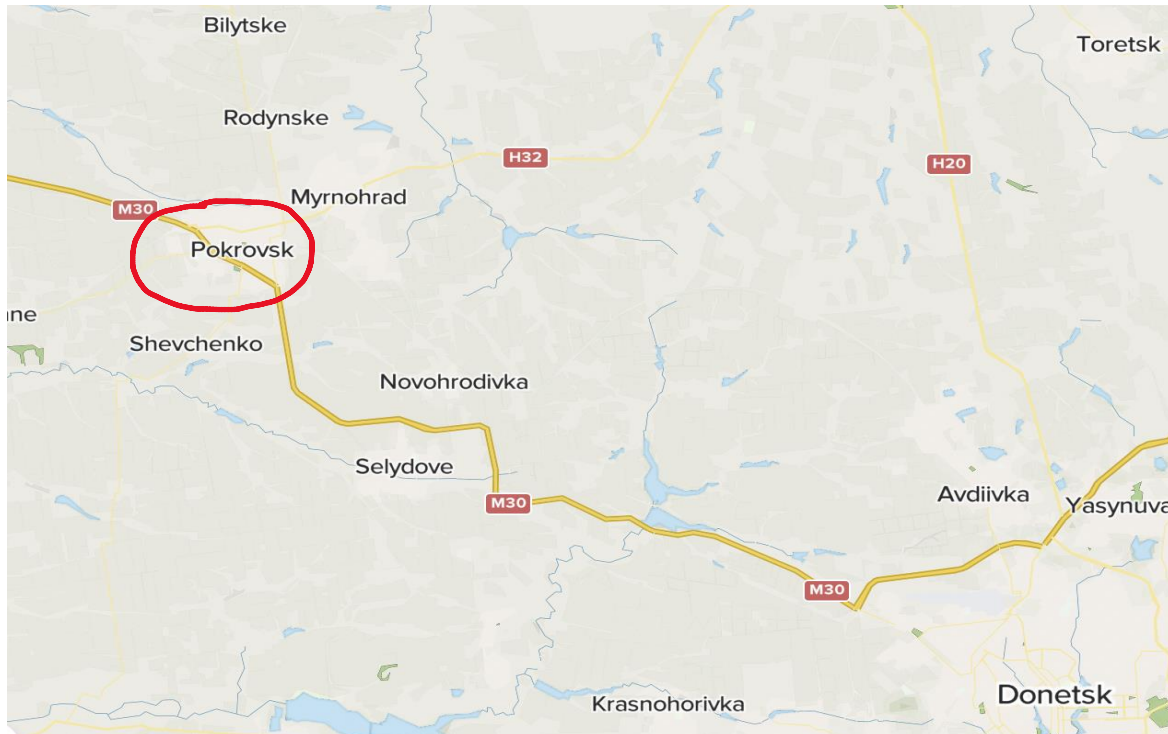
      Pokrovsk (until 2016: Krasnoarmiisk), is a city and administrative center of the Pokrovsk District, Donetsk Oblast. Pokrovsk is an industrial town in Eastern Ukraine, western part of Donetsk oblast. It is a transportation hub, known as "the western gate of Donbas." It is located about 37 miles (60 kilometers) from the front-line. In 2014 Pokrovsk had a population of 64,500 people, and in 2017 it grew to about 75,200 people as a result of IDP influx. Since February 2022 the city is frequently under attacks of Russian forces.

Description of training programs

Suicide Prevention
The SP training program objective is to educate lay persons known as 'gatekeepers' to gain knowledge, skills, and confidence to identify an at-risk individual and provide support at the informal social level. This strategy has been shown as an effective suicide prevention method.
The project experts (master trainers) conducted a series of two-day workshops for the local community members on skills of being gatekeepers and teaching 3-hour gatekeeper classes in their communities.

Crises Management
The CM training program aims at providing local practitioners with the skills of first response on a community level and being effective crisis leaders on the ground. The program includes three main elements: 1) tasks and challenges for professionals working with disasters, including first psychological aid, 2) leadership, including caretaking of involved personnel groups, 3) crisis communications.

The project experts (trainers) conducted a series of two-day workshops for the representatives of local authorities, first response, communal and PSS services.

Community Resilience Concept

International Federation of Red Cross (IFRC) model of community resilience defines a set of core components to this construct[3]. A resilient community is knowledgeable, healthy and able to meet its basic needs; is socially cohesive; has economic opportunities; has well-made and accessible infrastructures and services; can manage its natural assets; is connected.

In our study we focused on description social cohesion and utilizing new knowledges within two local communities of Irpin and Pokrovsk.

Social Cohesion means that communities provide protection and security for all of their members and have the capacity to draw on formal and informal community networks of support to identify problems, needs and opportunities, establish priorities and act for the good and inclusion of all in the communities.

Knowledgeable means that community people are able to assess and manage the risk facing them. Everyone has opportunity to learn new skills, build on past experience and share and apply this knowledge in the practice.

First component of community resilience Social Cohesion is operationalized through the social map of community first respond organizations resulted from Social Network Analysis complimented with data from semi-structured interviews in two communities.

Component Knowledgeable is operationalized through representation of 5 assets of the implementation of the trainings on suicide prevention and crises management conducted in two local communities.

Below we provide results from Social Network Analysis complimented with qualitative data as well as results of the online survey describing implementation process of two training interventions in both communities.

Study of community cohesion in Pokrovsk and Irpin

Context

We proposed to use mixed method approach for studying community cohesion as a key characteristic of community resilience which included social network analysis complimented with qualitative data obtained from semi-structured interviews and social network mapping exercise.

The approach of social network analysis (SNA) was applied to explore the cohesion within the communities between service providing organizations. Network ties were based on one-wave survey data collected among representatives of service providing organizations

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[3] https://www.ifrc.org/sites/default/files/IFRC-Framework-for-Community-Resilience-EN-LR.pdf

in Pokrovsk and Irpin. Specifically, the definition of each connection in the network was based on interorganizational collaboration reported on by respondents. This statistical data was complimented with qualitative data obtained from semi-structured interviews with some of the survey participants that provided better understanding of statistical data and social network mapping approach.

Local communities were expected to adapt and assimilate new knowledges, to develop new connections between different social sub-networks by using data obtained within SNA. This should happen within several workshops conducted in each community with first responders. These workshops series started with formal presentation of SNA results followed by group discussion and continued in 3-4 meetings focused on issues identified by community representatives themselves.

The current report describes findings from exploration of social networks by using quantitative and qualitative methods to study community cohesion among first responders' organizations at local community level

Methodology of social network analysis

The online survey and phone survey techniques were applied with the use of the platform SurveyMonkey. People listed as participants of the trainings on crisis management and suicide prevention were asked to complete an online survey in July 2021. Each participant who provided email address received a link to the survey site via personal email. To maximise the response rate, several follow-up reminders were emailed to non-respondents over one month. Non-respondents were also followed-up by phone.

The initial list of the sample from Pokrovsk consisted of 105 individuals from 50 organizations who participated in the trainings. Questionnaire was sent to 83 emails. Follow-up by phone covered 105 individuals. 96 completed questionnaires, with 88 of them for the listed organizations and another 8 filled-in by respondents from the other organizations, not in the list. 37 unique organizations out of the listed 50 were identified. The initial list of the sample from Irpin consisted of 86 individuals from 61 organizations who participated in the trainings. Questionnaire was sent to 86 emails. Follow-up by phone covered 59 individuals. 55 completed questionnaires. 33 unique organizations out of the listed 61 were identified. The data was collected during July-August 2021.

Prior to the participation in the survey, respondents were provided with the information sheet about the study and were required to give consent. The first part of the questionnaire contained the list of organizations covered by the project in every community, so that every respondent from the two communities responded to an identical and complete list of network participants. In order to define ties in the interorganizational networks, we asked providers about the past collaboration. The providers were asked to mark those organizations that they collaborated with from their organization in the past. We also asked about possible collaborations in the form of asking for advice in the way of dealing with clients as well as preferable collaboration in the future. The attributes data was also collected: for organization (state or non-state, N of staff, years of operations, estimated N of clients within the last 12 months, etc) and for the provider as an individual actor (sex, age, years of experience in the sphere, years of employment in the organization, estimated N of clients during the last 12 months, etc.).

Once data were collected, the interorganizational networks were created. This was done with the use of the procedure of transforming 2-mode 'actor-by-affiliation' network dataset into 1-mode 'affiliation-by-affiliation' dataset, service providing organizations were treated as actors while ties meant shared individuals affiliated with both companies thus connecting them into pairs[4].

Three types of connections — such as past collaboration, potential collaboration in the form of asking for advice and preferable collaboration in the future — are illustrated. The network ties on past collaboration are based on responses to questions: "C1. Which organizations out of the listed had your organization worked with in the past ever?", "C2. Which organizations out of the listed had your organization worked with most often in the past 12 months?", "C3. Which organizations out of the listed had you personally interacted with on behalf of your organizations (as its staff member or representative) in the past 12 months?". The network ties on possible collaborations in the form of asking for advice are based on responses to question: "C5. Which of these organizations would you consider asking for advice in the way of dealing with clients [i.e. on suicide prevention or other matters]?". The network ties on potential collaboration are based on responses to question: "C6. If to imagine the situation that your organization needs to engage specialists from other organizations to provide full support to the client, what organizations would that be?"

The analysis of density[5] of networks was performed. Analysis was conducted in UCINET with visualization in NetDraw.

Network Indicators (quantitative): for inter-organizational network

Indicator	Definition and Interpretation
Network level	
Density	The measure of connectedness in the network; share of existing ties among all possible dyads; varies from 0 to 1, where 1 means that all possible ties are present in the network
Centralization (by degree and by betweenness centrality)	The measure of concentration of ties around particular actors (nodes); varies from 0 to 1, where 1 means that all ties are concentrated around 1 actor

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[4] Hanneman, Robert A. / Riddle, Mark:Introduction to Social Network Methods, Riverside, CA: University of California, Riverside, 2005

[5] Network density is the measure of connectedness in the network; share of existing ties among all possible dyads; varies from 0 to 1, where 1 means that all possible ties are present in the network

Homogeneity-heterogeneity (E-I Index)	This measure shows how likely two actors that differ by attribute (i.e. sphere of work, public or non-profit sector) will be connected in the network, varies from -1 to 1 , where -1 means homogeneous ties in dyads of similar actors, and 1 means ties in dyads of different actors
Clustering	The number of cohesive subgroups in the network; option 1 is to measure clustering by cliques – a network segment where all actors are connected (density is 1); the smallest clique contains 3 actors (triad); we focus not only on the number of cliques but also on cliques overlaps (which actors and dyads appear in two or more cliques)
Node level	
Degree centrality	The 'local' importance of particular node; the number of direct – incoming and outgoing – ties with the other nodes; the highest degree is the N-1 where N is the number of nodes in the network
Brokerage (or Betweenness Centrality)	The 'global' importance of particular node; shows how important is the node for connecting different parts of the network being a broker. Alternatively, we can use betweenness centrality to reveal the gatekeepers in the network
Two-step reach	The measure of ego-network showing the % of the network that can be reached by 1 node via ties of this node with alters and alters' alters (with 2-steps radius)
Brokerage roles	Five different types of brokerage are defined in the network depending on the attributes and ties: coordinator, consultant, gatekeeper, representative, and liaison; we'll check what roles are observed more often for each node (i.e. in the interaction between public and non-profit organizations), and we'll compare that with the organization profile

Personally Identifiable Information

Name, signature, initials, or other identifiable code	☒
Geographic identifier: address, GPS location, etc.	☐
Dates: birth, death, clinical service, discharge, etc.	☒
Contact information: phone numbers, email address, etc.	☒
ID: Social Security Number, driver's license number, etc.	☐
Health record identifiers: medical record, insurance plan number, etc.	☐

Account numbers	☐
Device identifiers: e.g., implants	☐
Internet identifiers: IP address, social media accounts	☐
Biometric identifiers, including finger and voice prints	☐
Audio recordings	☐
Video or full face photographic images	☐
Genomic/genetic data	☐
Any other unique identifying number, characteristic, or code (note: this does not mean the unique code assigned by the investigator to code the data)	☐
Other: Click here to enter text.	☐

Results of social network analysis in Pokrovsk and Irpin communities

Fig.1 represents network ties among service providing organizations in Pokrovsk in terms of past collaboration[6]. Most ties in the network are unidirectional. Among possible reasons are omission of ties due to respondent from organization A being not well informed about the collaboration with organization B, problems of recall, non-participation in the survey representatives from organization B. The routine of density calculation has shown that the interorganizational dataset contains 14% of all possible connections (with isolates), which indicates a low interconnectedness of the inter-organizational network. The network density score increased up to 26% after data transformation through symmetrizing of a dataset with a method of maximization. The network has 2 isolated organizations that have no connections. This indicates that the network can become more cohesive, and the collaboration between service providing organizations can become more active.

The most active collaboration is observed around the issue of education and youth, mostly between state/municipal organizations. Among the most frequently mentioned organizations for past collaboration based on sphere of activity are 3 organizations that work in the sphere of education/youth, 2 organizations from the sphere of health, one organization from the sphere of social protection and one organization from the sphere of governance. Among the most frequently mentioned organizations for past collaboration based on type of organization are 6 state/municipal organizations and one non-governmental/non-profit organization.

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[6] Note: Color of nodes correspond the type of organization (b) and the spheres of activity of organizations (c). The size of the node shows that the organization was mentioned more often than the others (b, c).

Fig 1. Inter-organizational network in Pokrovsk based on past collaboration
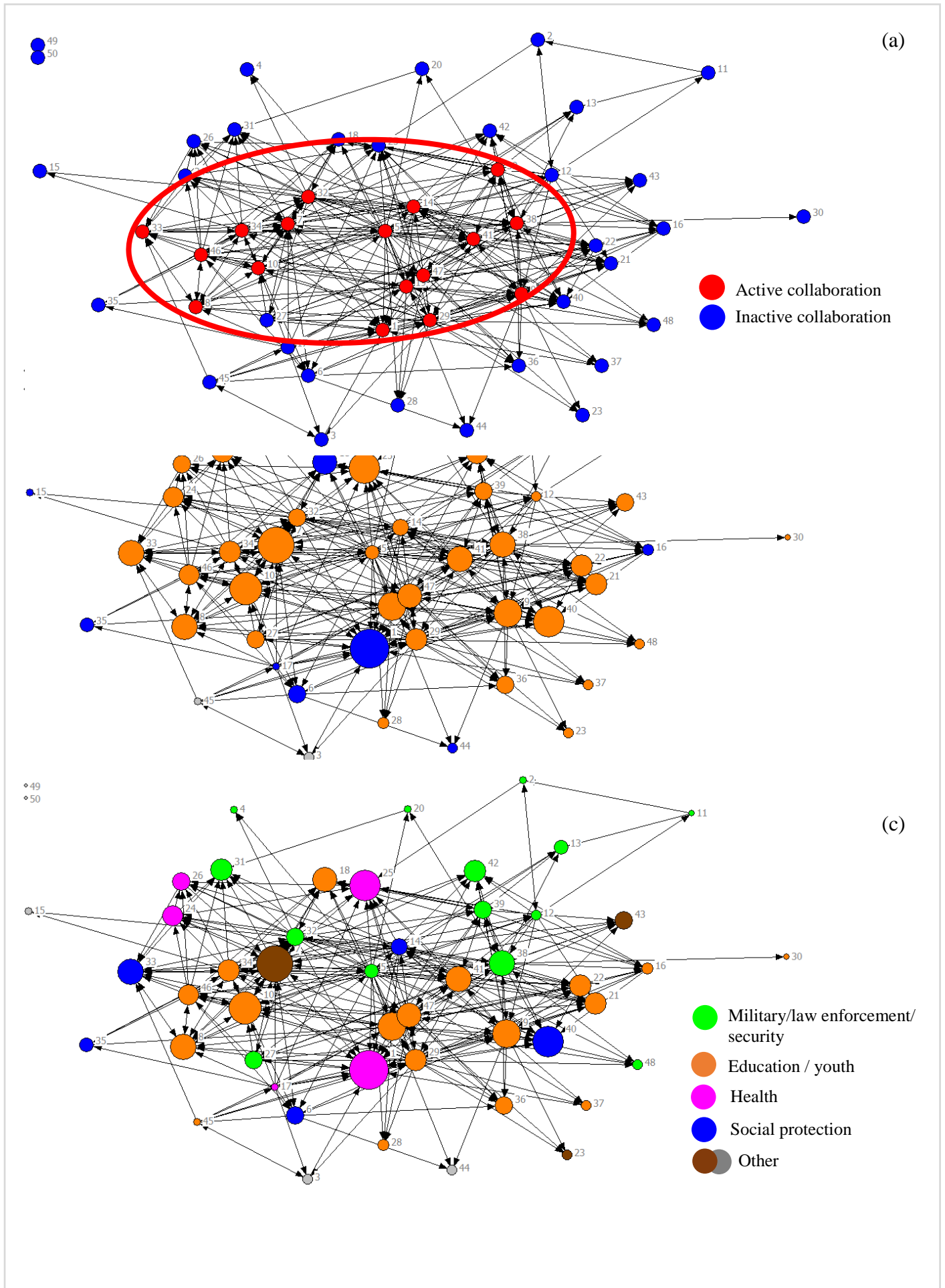
Fig.2 represents network ties among service providing organizations in Pokrovsk in terms of potential collaboration. We observe that the structure of this network differs from the network based on past collaboration. Specifically, more organizations are isolated: number of isolates equals 8. The network density for potential collaboration is lower compared with past collaboration (6%).

The most frequently mentioned organization is non-governmental/non-profit organization that works in the sphere of health. Among other most frequently mentioned organizations for potential collaboration are 2 organizations from the sphere of health, 3 organizations that work in the sphere of education/youth, one organization from the sphere of military/law enforcement/security. Among the most frequently mentioned organizations for potential collaboration based on type of organization are 6 state/municipal organizations and one non-governmental/non-profit organization.

Fig 2. Inter-organizational network in Pokrovsk based on potential collaboration
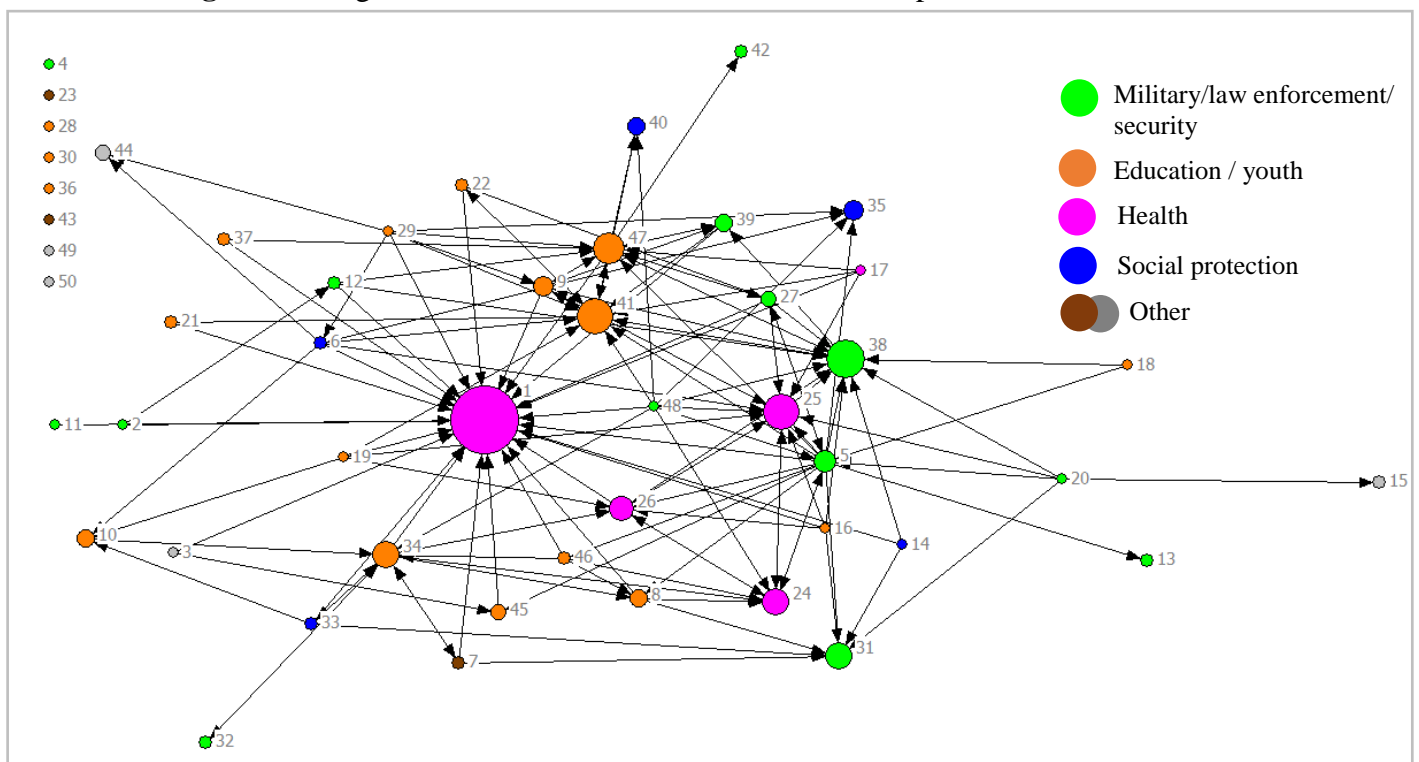
Fig.3 represents network ties among service providing organizations in Pokrovsk in terms of preferable collaboration. The network has 6 isolates. The network density score is 7%.

The most frequently mentioned organization for preferable collaboration is non-governmental/non-profit organization that works in the sphere of health, which was most frequently mentioned for potential collaboration. Among other most frequently mentioned organizations for preferable collaboration are 2 organizations from the sphere of health, 2 organizations that work in the sphere of education/youth, 2 organizations from the sphere of military/law enforcement/security. Among the most frequently mentioned organizations for preferable collaboration based on type of organization are 6 state/municipal organizations and one non-governmental/non-profit organization.

We identified two clusters in the network of preferable collaboration based on the sphere of activity of organizations: the first cluster include organizations that work in the sphere of military/law enforcement/security and the second cluster include organizations that work in the sphere of education/youth. At the time we haven't identified cohesive subgroups in the network based on past and potential collaboration.

Fig.3. Inter-organizational network in Pokrovsk based on preferable collaboration

Fig.4 represents network ties among service providing organizations in Irpin in terms of past collaboration. The network density score with isolates is 3% and 4% - without isolates. The network density score increased up to 6% after symmetrizing of a dataset with

a method of maximization. The density score in the main component that includes 48 nodes is 5% and 10% after symmetrizing of a dataset.

Fig 4. Inter-organizational network in Irpin based on past collaboration

The most active collaboration is observed in the sphere of education and youth, mostly between state/municipal organizations. Among the most frequently mentioned organizations for past collaboration based on the type of activity are organizations that work in the sphere of education/youth, veteran organizations, and authorities. Half of the most frequently mentioned organizations for past collaboration based on type of organization are state/municipal organizations and another half - non-governmental/non-profit organizations.
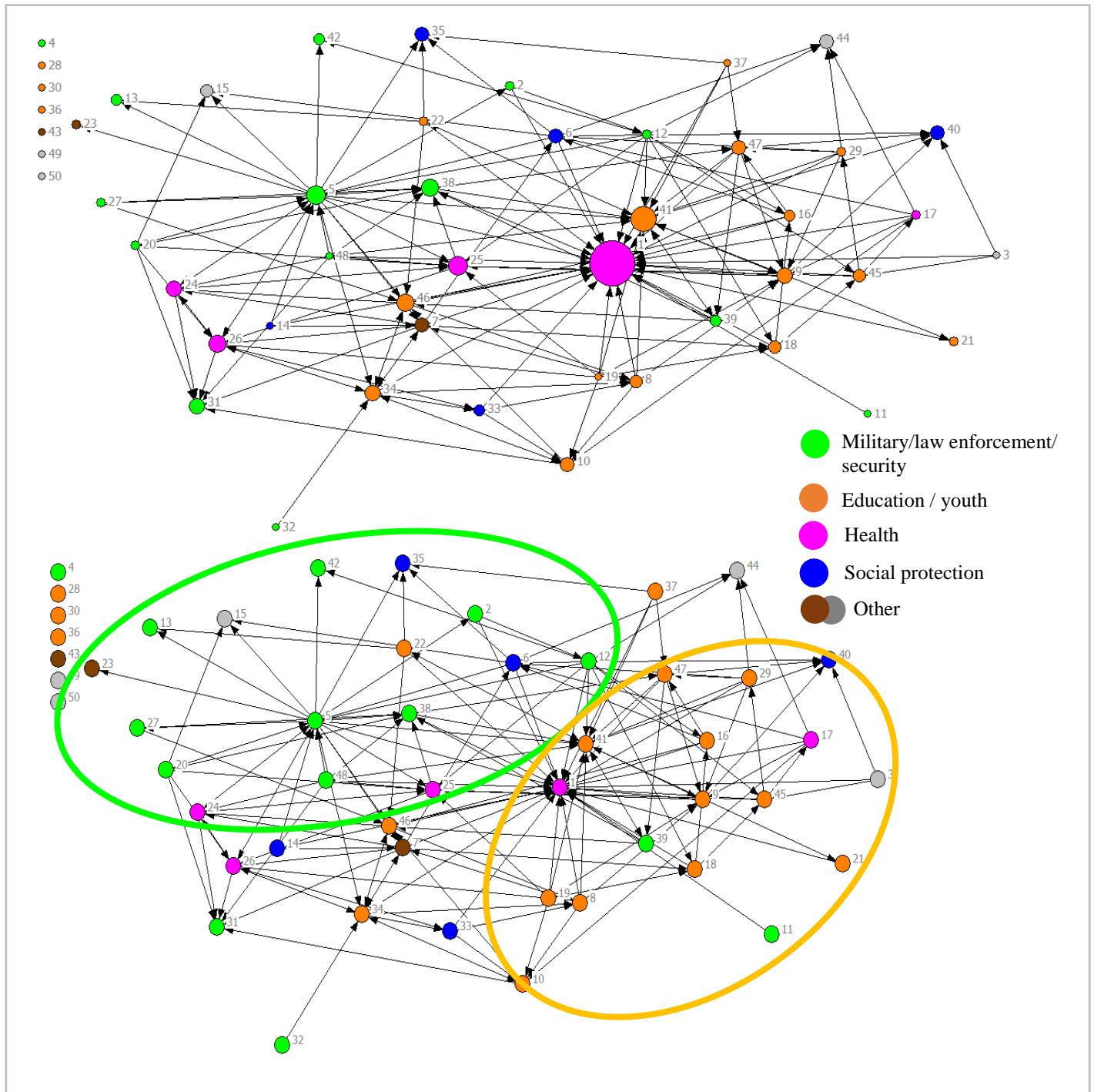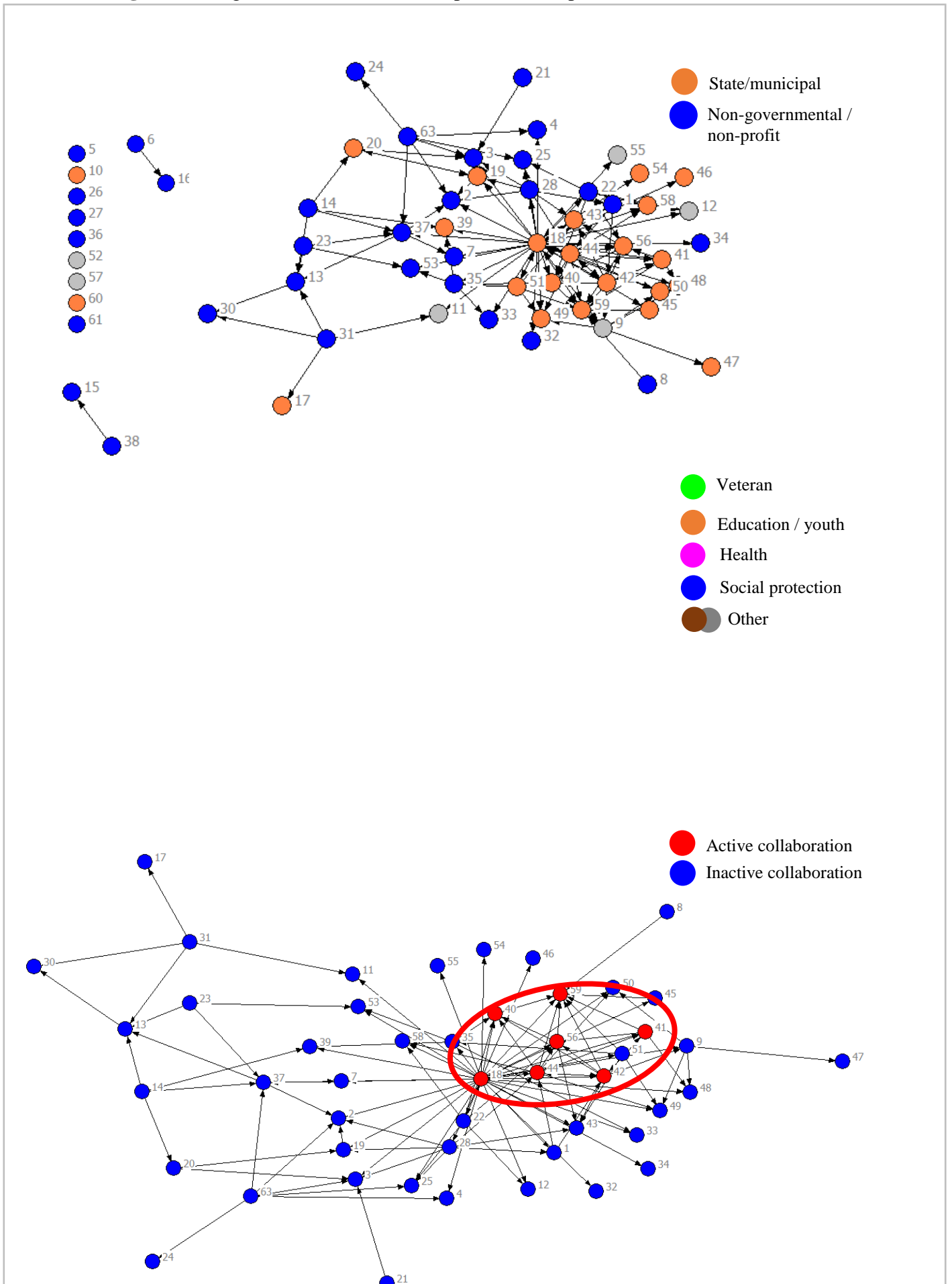
Fig.5 represents network ties among service providing organizations in Irpin in terms of potential collaboration. The network density score with isolates is 2% and 4% - without isolates, number of isolates equals 15. The network density score increased up to 6% after symmetrizing of a dataset.

Among the most frequently mentioned organizations for potential collaboration based on sphere of activity are 2 organizations that work in the sphere of health, one veteran organization and authorities. Half of the most frequently mentioned organizations for potential collaboration based on type of organization are state/municipal organizations and another half - non-governmental/non-profit organizations.

Fig 5. Inter-organizational network in Irpin based on potential collaboration
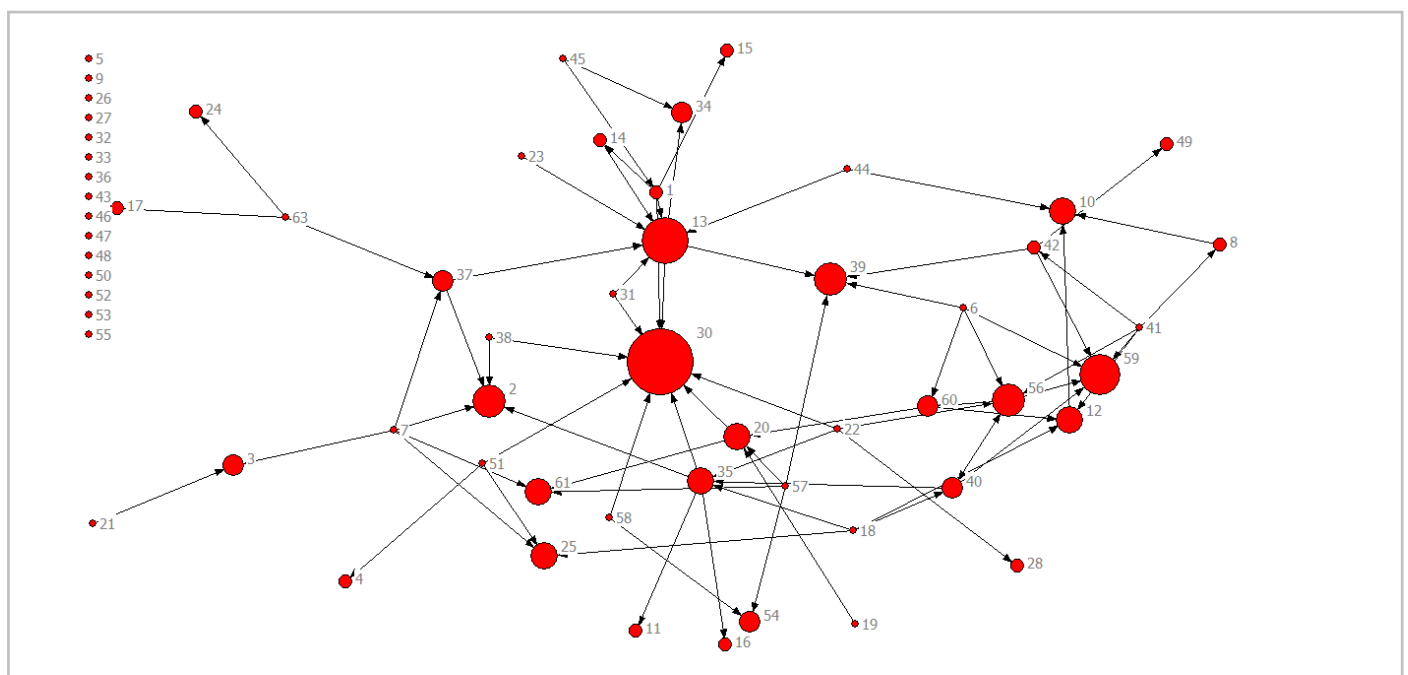
Fig.6 represents network ties among service providing organizations in Irpin in terms of preferable collaboration. The network density score with isolates is 3% and 4% - without isolates, number of isolates equals 10. The network density score increased up to 5% after symmetrizing of a dataset.

Among the most frequently mentioned organizations for potential collaboration based on sphere of activity are 3 organizations that work in the sphere of health, 2 veteran

organizations and authorities. Half of the most frequently mentioned organizations for potential collaboration based on type of organization are state/municipal organizations and another half - non-governmental/non-profit organizations.

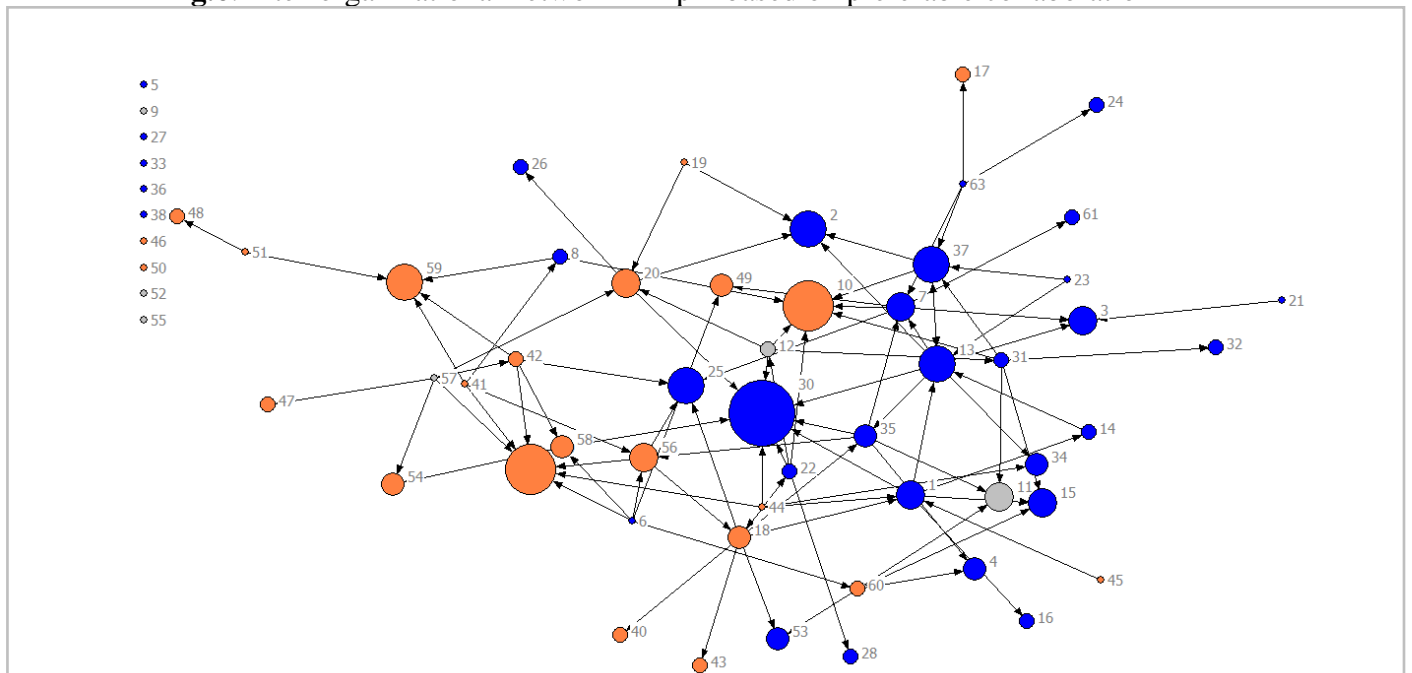**Fig.6**. Inter-organizational network in Irpin based on preferable collaboration

Conclusions

1. Pokrovsk community was more cohesive then Irpin community
2. Governmental organizations were better connected then non-governmental organizations in both communities
3. Organizations from education sector were better connected then other sectors in both communities
4. Education sector was more attractive for potential collaboration in both communities. In Pokrovsk community military and security sector was ranked as most attractive for future collaboration. Health and veteran serving organizations were named for Irpin community.
5. Local non-governmental MHPSS organization in Pokrovsk community was one of the best-connected organizations and ranked as most preferrable for future collaboration and shows best potential to collaborate with.
6. There was an interest in Irpin community to increase collaboration with non-governmental sector.

Qualitative study

The report presents findings from qualitative study conducted to collect additional data on the interaction between organisations representing multiple sectors within communities of Irpin and Pokrovsk to complement social network analysis (SNA) survey.

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Methodology of qualitative data collection

Semi-structured in-depth interviews were carried out in October 2021 with representatives of governmental and non-governmental organisations from each community, who participated in trainings on suicide prevention and\or crisis management and participated in the social network analysis (SNA) survey. We aimed to describe perceptions of participants on that how organisations within each community collaborate to address the issue of suicide prevention and crisis management, what was the impact of trainings on collaboration between organisations and what should be done to make interorganisational collaboration more effective.

One of the more durable and widely-cited definitions of collaboration comes from Barbara Gray's 1989 book, Collaborating: Finding Common Ground for Multiparty Problems. Gray describes collaboration as "a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own limited vision of what is possible."

In our interviews we were interested to explore how representatives of local organizations describe their real collaboration between first respond organizations and identify which barriers can limit such collaboration and which possible direction for further development of interorganizational collaboration could be prioritized.

Telephone interviews were conducted with 6 people from 5 organisations in Irpin and 7 people from 6 organisations in Pokrovsk. The interviews lasted between 9 and 40 minutes, with an average duration of 19 minutes. Audio recordings were made and after the interviews were conducted, the interviewers transcribed the recorded information. Data analysis involved inductive coding of raw data for each sub-group of the sample and identification of central themes.

Results of qualitative data in Pokrovsk and Irpin communities

Table 1 presents the full list of response categories mentioned by respondents.

Respondents from Irpin reported that the scope of interactions and collaboration include participation of representatives of different organisations in various joint events, like round tables or meetings to discuss different issues, events for the exchange of experience, consultations (for example, representatives of NGOs train and consult representatives of social services and representatives of social services consult school psychologists). One participant mentioned that collaboration involves signing a memorandum of cooperation, two participants noted that collaboration is limited to the level of direct individual communication and cooperation between representatives of organisations. One participant said that organisations may not collaborate directly but rather refer the client to another organisation. Several participants from Irpin couldn't describe inter-organisational collaboration due to lack of knowledge and some indicated that inter-organisational collaboration in community is in the process of formation. Participants from Pokrovsk couldn't describe inter-organisational collaboration in their community due to lack of knowledge and some participants indicated that there is no inter-organisational collaboration.

Most participants reported at least some degree of impact of training, however, they noted that in collaboration between organisations there were small changes or no changes. Among the results mentioned by participants from Irpin were acquisition of new knowledge, including the ability to discuss more issues as a result of what knowledge participants have received, increasing knowledge about organisations in community (participants got to know the organisations in the community, found out that they exist, exchanged contacts), establishing communication at the level of personal contacts, cooperating in the form of personal consultations, beginning of the process of meetings with discussions. Respondents also identified the impact of these trainings on the perception that "serious problems need to be solved in collaboration with other organisations" as well as the increase of productivity of staff within the organisation.

Participants from Pokrovsk reported that effects of training included acquisition of new knowledge that can be used when working with clients, as well as skills on how to build relationships and how to communicate properly, understanding the possible ways of cooperation with other organisations in the community. Among the other effects was getting to know different organisations, establishing better communication and "stronger friendly relations". One participant mentioned that his organisation began to cooperate more with another one organisation after training. It was mentioned that there's a shift in interest to issues related to crisis management from local NGOs. In addition, these issues were discussed at the meeting of the public council in Pokrovsk. One participant said that she plans to conduct training on crisis management for representatives of various organisations in the community.

Participants highlighted an array of options for improving the efficiency of inter-organisational collaboration.

Respondents from Irpin reported that local authorities must be interested in improving the efficiency of inter-organisational collaboration; be intermediaries; create necessary conditions for collaboration, help financially, allocate premises; hold joint events and invite representatives of organisations; advertise activities related to suicide prevention and crisis management; promote the managers to allow their employees to participate in such activities; sing cooperation agreements / memorandum. Respondents from Pokrovsk suggested that local authorities must: be interested in improving the efficiency of inter-organisational collaboration; be active; bring things to an end; effectively inform the population and representatives of NGOs; raise salaries; prescribe the process of subordination in regulations; transform the public council and involve more NGOs; organise activities and involve all organisations in community; create a centralised department responsible for crisis management.

It was suggested that central authorities similarly to local authorities must be interested in improving the efficiency of inter-organisational collaboration, be intermediaries, create necessary conditions for collaboration, help financially, allocate premises, as well as, improve the legislation; develop a policy on dissemination, promotion of crisis management; launch a national program to support NGOs; develop projects aimed to improve the efficiency of inter-organisational collaboration; organise joint educational activities; inform the population through the media.

Respondents from both communities highlighted the need of community members to be more active and initiative, be attentive to each other, undergo training and participate in other activities. Participants from Irpin mentioned that community members must convey their wishes to public authorities and services, form a request for training or counselling, share information with each other, and exchange experiences. Participants from Pokrovsk said that community members must be more conscious, build communication, follow the rules, create NGOs to resolve crisis situations and support people.

Other ideas were suggested by participant from Irpin for improving the efficiency of collaboration, such as "reminding community members that they are members of the community"; finding a person who would promote collaboration and "kick everyone"; conducting some events for representatives of different organisations; conducting trainings on suicide prevention in schools; offering material about suicide prevention to relevant services, school administration, psychologists, doctors, social workers; cooperating on request; facilitating networking among representatives of different organisations. Respondents from Pokrovsk suggested that efficiency of collaboration would be improved by creating more NGOs; supporting small NGOs; mentoring for organisations to advise; show the community members that they have some credentials as well; informing the authorities about the needs of the population; providing more psychological support to people.

Table 1. Response categories identified from semi-structured interviews

Response categories to the question: "How organizations in your community collaborate on the topic of suicide prevention?"	
Pokrovsk	*Irpin*
• There are not many organizations in the city • I don't know	• Non-governmental organizations do prevention • State organizations react when there is a crisis situation • A memorandum of cooperation is signed • Various activities are conducted • Exchange of experience • I can't say anything • We consult and cooperate with social services • There is an algorithm of actions, to whom to contact • We meet, discuss issues • We gave phone numbers of hotlines • We suggested people to consult a psychologist • Non-governmental organizations train service specialists and consult them
Response categories to the question: "How organizations in your community collaborate on the topic of crisis management?"	
Pokrovsk	*Irpin*
• I do not know • There are not many organizations in	• Round tables, just meetings where we discuss issues

the city, no cooperation	• I don't know anything
	• There are personal connections
	• Everything is being adjusted, in the process of establishing

Response categories to the question: "Has participation in the training changed anything for your organization in cooperation with others?"

Pokrovsk	*Irpin*
• We got to know each other more closely	• An understanding appeared that it is necessary to solve serious problems in cooperation with other organizations
• We established communication, not cooperation	• We can discuss more issues as a result of what we received
• Friendships were strengthened	• I do not know
• We understood the ways of cooperation, in which cases we can cooperate with other NGOs	• We gained new knowledge
• The training and knowledge that was given were used in work	• The process of these meetings and discussions has begun
• We plan to conduct training and invite representatives of these organizations	• We began to work more productively (within the organization)
• We learned how to build relationships and how to communicate properly	• We just got to know the organizations in the community and found out they exist:
• We began to cooperate more closely with the Service of Emergency Situations	- Communication has improved at the level of personal contacts
• We discussed these issues of crisis management at a public council meeting	- We cooperate in the form of consultations - we call the participants
• With each training you get more information and think more	- We exchanged contacts
• There is great interest in the issue of crisis management in NGOs	• Nothing has changed in cooperation Due to quarantine, we cannot invite outsiders to cooperate (hold a joint event)
• We do not consult with anyone or discuss how it works	
• We haven't established new contacts	
• I don't know, I can't say anything	
• No, we work in accordance to regulatory documents - we cannot change anything	
• No, we have our schemes, our interactions, our directions, how we work in this or that situation	
• No, not my job profile	
• No, organizations with which we cooperated have not changed	

Response categories to the question: "What, in your opinion, should be done to make cooperation more effective? What should local authorities in the community do?"

Pokrovsk	*Irpin*
• Be interested	• Be interested
• Bring things to an end	• Be mediators so that they can organize it,

• Conduct effective informing of both the population and NGO representatives • Raise salaries • Organize events so that all organizations take part • Prescribe the process of subcontracting according to regulatory documents, • Be active • Transform our public Public Council • Create a centralized department so that people know that if there is a crisis, this is where to go	help financially, allocate premises, create all necessary conditions • Conduct joint events and invite representatives of organizations • Advertise • Encourage the managers of these structures to allow their employees to participate in such events • Create cooperation agreements • Sign a memorandum with our organization

Response categories to the question: "What, in your opinion, should be done to make cooperation more effective? What should central authorities do?"

Pokrovsk	*Irpin*
• Difficult to answer • Work better • Create national program to somehow support these public organizations • Develop projects • Laws must be improved • Do informing through mass media	• Be mediators so that they can organize it, help financially, allocate premises, create all necessary conditions • Engage in the development of this policy and dissemination, promotion of the approach to CM • Organize joint educational events • Be interested in cooperation

Response categories to the question: "What, in your opinion, should be done to make cooperation more effective? What should community residents do?"

Pokrovsk	*Irpin*
• Be active • Be attentive to each other • Our community works - reacts to everything • Must participate in trainings and events • Comply with fire safety rules and everything else • Provide assistance • Improve communication • Create some NGO and support those people through the NGO	• Be more active and proactive • Be attentive to each other • Share wishes with structures and services • Rorm a request for training or counseling • Transfer information among themselves, share experience • Undergo training

Response categories to the question: "What, in your opinion, should be done to make cooperation more effective? Other"

Pokrovsk	*Irpin*
• There is a need for more non-governmental organizations • Public projects are not well supported • A mentor for organizations who can	• The community needs to be reminded that they are full members of the community • Acquaintances are important • Find a person who would promote all this, kick everyone

consult • There is no specific one leader • Support is needed for small public organizations in small cities • Show the community that they have some authority as well • Some psychologists, centers, and services should work with the population • We cooperate at a very good level • Informative work with the authorities	• Some events for representatives of various organizations were supposed to happen • There is not always enough time for cooperation • Conduct trainings on suicide prevention in schools • Offer material about suicide prevention to relevant services, school administration, psychologists, doctors, and social workers • Cooperate on request

Conclusions

1. Collaboration was usually described as participation in joint events like workshops, round tables, conferences.
2. The description of collaboration includes establishing contact, getting know each other, sharing information and discussion of problems.
3. Suicide prevention and mental health sphere in general was perceived as such that has more opportunities for collaboration, that includes referral of clients, consulting on some issues, training on specific subjects.
4. Respondents from Pokrovsk couldn't describe how collaboration looks like and referred that there were not so many organizations in its community to collaborate with.
5. Representatives of both communities consider that increase in information exchange about other organizations and their activities is crucial for collaboration. They have also stated that generally interest in collaboration should increase and local actors should be more active. Pokrovsk community representatives consider that passiveness results from low salaries and lack of coordination structures. Irpin community representatives suggest establishing formal agreements to intensify collaboration.
6. Capacity building of organizations as well as providing assistance could be also beneficial in development further collaboration.
7. Representatives of both communities stated that more empowerment and supporting non-governmental organizations could drive better connectedness in communities and strengthen collaboration between first respond organizations

General Conclusions on social cohesion in Pokrovsk and Irpin and results of project implimentation

• Mixed method approach provided useful data for describing existing social connections within communities and helped to identify key differences in two investigated communities that could be used for future programming.
• Communities with established and well-functioning MHPSS community center like in Pokrovsk showed better community cohesion which may play an important role in program implementation in mental health sphere and first response to crises
• Educational sector and social networking practices used by educational organisations could be a good example for other sectors who want to strengthen their

connectedness within community. These organizations perceived as more active and more connected then other.

- Lack of contact and basic information about main actors within community created main barrier in development of cohesive community.
- Non-governmental sector has capacity to intensify its connections within community organizations but should overcome some barriers such as mistrust in the fairness and professionalism of non-governmental organizations, passiveness, lack of knowledge about other organizations and their activities, lack of funding and political influence. That needs more assistance and capacity building to balance existing lack of resources and political influence compared to governmental sector.

Studying of implementation process of two training programs

Context

Implementation research with the participants of trainings on suicide prevention and crisis management in Pokrovsk was conducted on 10th of February prior participatory discussion of SNA results with services providers in this community. The primary goal was to evaluate multiple implementation domains: adoption, acceptability, appropriateness, feasibility and accessibility of the trainings on suicide prevention and crisis management.

Methodology

The AMHR consumer implementation measure[1] was selected to explore participants' opinions and experiences with the trainings. The measure includes 5 subscales: Adoption (5 items), Acceptability (10 items); Appropriateness (4 items); Feasibility (10 items) and Accessibility (7 items). Each item was scored on a four point Likert-type scale with response options 0 "Not at all," 1 "A little bit," 2 "A moderate amount," and 3 "A lot." Scores for each item and domain were generated by calculating the mean response across all items on each sub-scale, which can can range from 0 to 3. Participants were provided explanations of the scale domains (acceptability, appropriateness, feasibleness, and accessibility) and asked to provide overall ratings of the program depicted in the vignette on each of these domains. Overall summary ratings were based on a 0 to 3 scale from "no, not at all acceptable /appropriate/feasible/accessible" to "yes, acceptable/appropriate/feasible/accessible." The study instrument also included open-ended questions to explore participants opinions on what aspects of trainings should be changed to make it more aligning, make it easier to participate, make it more likely to fit the providers' needs and make people willing to participate in.

Overall, the study involved 27 participants (12 participated in the training on suicide prevention and 15 participated in the training on crisis management).

Results

The highest mean score observed was on the sub scale of acceptability (M=2.79, SD = 0.25) (see table 1). The mean value of acceptability of the training on crisis management was slightly higher than the training on suicide prevention (M=2.86, SD=0.18 and M=2.69, SD=0.31). We observe high level of appropriateness of both trainings with the training on suicide prevention having higher mean value of appropriateness compared to the training on crisis management (M=2.54, SD=0.4 and M=2.45, SD=0.4). The mean level of accessibility was also high (M=2.46, SD=0.45) for both trainings almost at the same level. The lowest mean scores were on feasibility of both trainings (M=2.31, SD=0.49 for the training on crisis management; M=2.24, SD=0.52 for the training on suicide prevention) and adoption of the training on crisis management (M=2.25, SD=0.61). Among the duties that were difficult to get away from, work was mentioned by more than half of respondents. Four respondents mentioned that time resources are limited which makes the program less feasible. Three respondents explained that participation in trainings is feasible with loyal management at work.

All the respondents rated trainings on crisis management and suicide prevention as adoptable, acceptable, appropriate and feasible (see table 2). Overall, 12 respondents gave

answers to open-ended questions: 11 respondents mentioned that there are no aspects of trainings that should be changed, while one respondent mentioned that the time time for theoretical and statistical data should be reduced and the time for practical lessons should be increased for the training on crisis management.

Table 1. Mean scores for items and subscales

Items / Subscales	Crisis management		Suicide prevention		Total	
	Mean	SD	Mean	SD	Mean	SD
Have you discussed with others (e.g. family, friends, coworkers, or any other people) what training on Crisis management (Suicide prevention) is?	1,87	0,92	2,33	0,89	2,07	0,92
Have you used the skills you learned on training Crisis management (Suicide prevention)?	1,67	0,98	2,17	0,94	1,89	0,97
Have you encouraged others to attend training Crisis management (Suicide prevention)?	2,40	0,63	2,42	0,79	2,41	0,69
Would you return to training Crisis management (Suicide prevention) if you felt like you needed it in the future?	2,50	0,65	2,58	0,51	2,54	0,58
Will you continue to use the skills you learned in training Crisis management (Suicide prevention)?	2,27	0,70	2,58	0,67	2,41	0,69
Adoption	**2,12**	**0,55**	**2,42**	**0,66**	**2,25**	**0,61**
Overall, did you like training Crisis management (Suicide prevention)?	2,87	0,35	2,75	0,45	2,81	0,40
Did you feel comfortable raising questions to your trainer?	2,79	0,43	2,50	0,52	2,65	0,49
Did you feel satisfied with your trainer's abilities?	3,00	0,00	2,83	0,39	2,92	0,27
Did you feel that your trainer addressed any questions or concerns you had?	3,00	0,00	2,50	0,67	2,78	0,51
Was your trainer available when you wanted to talk to him/her?	2,80	0,56	2,67	0,65	2,74	0,59
Did you feel that you could trust your trainer?	2,80	0,41	2,83	0,39	2,81	0,40
Did you understand the way things were explained to you during training?	2,93	0,27	2,75	0,87	2,85	0,61
Does training on Crisis management (Suicide prevention) fit with your personal values?	2,79	0,43	2,67	0,49	2,73	0,45
Does training Crisis management	2,80	0,41	2,67	0,49	2,74	0,45

(Suicide prevention) fit with the local culture in your region? Do the organization that conducted training on Crisis management (Suicide prevention) fit with your values and cultural norms?	2,86	0,36	2,75	0,45	2,81	0,40
Acceptability	**2,86**	**0,18**	**2,69**	**0,31**	**2,79**	**0,25**
Did you feel comfortable with the location where training took place?	2,60	0,51	2,67	0,49	2,63	0,49
Did you learn helpful strategies in training on Crises management to deal with your working tasks?	2,60	0,51	2,75	0,45	2,67	0,48
Do you think training on Crisis management (Suicide prevention) helped you with your usual job related problems?	2,29	0,47	2,25	0,45	2,27	0,45
Do you believe training on Crisis management (Suicide prevention) is appropriate for helping other people with similar job related problems as yours?	2,27	0,46	2,50	0,67	2,37	0,56
Appropriateness	**2,45**	**0,40**	**2,54**	**0,40**	**2,49**	**0,40**
Were you able to attend all training sessions without difficulty?	2,47	0,52	2,33	0,78	2,41	0,64
Was your trainer on time?	2,80	0,41	2,83	0,39	2,81	0,40
How easy was for you to get away from your duties (eg. work, parenting) to attend training?	2,20	0,68	2,50	0,67	2,33	0,68
What duties were difficult to get away from?						
Childcare	20%		8%		15%	
Work	60%		58%		59%	
Household tasks	20%		8%		15%	
Care for other relatives	7%		8%		4%	
Was the amount of time you spent doing the training home practice manageable?	2,00	0,71	1,83	0,58	1,92	0,64
Did you have enough money to pay for any other things you needed to get to the Crisis management (Suicide prevention) training?	1,60	1,40	1,73	1,27	1,65	1,32
Did you have enough resources (phone, talk time) to communicate with your trainer	2,21	0,89	1,91	0,83	2,08	0,86

	Crisis management		Suicide prevention		Total	
if/when needed?						
Did you have the emotional support from your colleagues to attend training on Crisis management (Suicide prevention)?	2,07	0,70	1,92	0,90	2,00	0,78
Did you feel the training place was safe?	2,53	0,52	2,42	0,67	2,48	0,58
Did you feel the training place was convenient and comfortable?	2,53	0,52	2,50	0,67	2,52	0,58
Do you believe people in your community could participate in the Crisis management (Suicide prevention) training without fear of how others would view them?	2,67	0,49	2,33	0,49	2,52	0,51
Feasibility	**2,31**	**0,49**	**2,24**	**0,52**	**2,28**	**0,49**
Are people in your working environment aware that Crisis management (Suicide prevention) training is available?	2,33	0,72	2,33	0,65	2,33	0,68
When you decided to attend training, was the wait time reasonable?	2,50	0,52	2,50	0,67	2,50	0,58
Would the poorest people in your working environment who want to learn something new be able to attend training?	2,47	0,64	2,42	0,67	2,44	0,64
Would women who want to learn something new in the topic be able to attend the Crisis management (Suicide prevention) training?	2,53	0,52	2,50	0,52	2,52	0,51
Would men who want to learn something new in the topic be able to attend the Crisis management (Suicide prevention) training?	2,47	0,64	2,42	0,67	2,44	0,64
Do you think training on Crisis management (Suicide prevention) would be useful for IDPs?	2,47	0,52	2,64	0,50	2,54	0,51
Do you think training on Crisis management (Suicide prevention) would be useful for military veterans?	2,33	0,62	2,58	0,67	2,44	0,64
Reach/Accessibility	**2,44**	**0,39**	**2,48**	**0,52**	**2,46**	**0,45**

Table 2. Summary ratings of implementation outcomes

		Crisis management		Suicide prevention		Total	
Items	Responses	*N*	*%*	*N*	*%*	*N*	*%*

Question	Response	n1	%1	n2	%2	n3	%3
An Adoptable program is a program that people are willing to try and then continue to participate in after they started. Do you think training on Crisis management (Suicide prevention) is a program that people are willing to participate in?	No, not possible	0	0%	0	0%	0	0%
	Rather no	0	0%	0	0%	0	0%
	Rather yes	2	13%	5	42%	7	26%
	Yes, possible	12	80%	7	58%	19	70%
	NA	1	7%	0	0%	1	4%
An Acceptable program is one that does not violate your values. To what extent do you think training on Crisis management (Suicide prevention) aligns with local norms and values in your community?	Not aligns	0	0%	0	0%	0	0%
	Rather no	0	0%	0	0%	0	0%
	Rather yes	1	7%	3	25%	4	15%
	Aligns	13	87%	9	75%	22	81%
	NA	1	7%		0%	1	4%
An Appropriate program means that the program fits your needs. It would be an effective way to help your problems and suitable/compatible to your lifestyle and culture. To what extent does training onCrisis management (Suicide prevention) fit your needs?	No, it doesn't fit	0	0%	0	0%	0	0%
	Rather no	0	0%	0	0%	0	0%
	Rather yes	2	13%	2	17%	4	15%
	Yes, it does	12	80%	10	83%	22	81%
	NA	1	7%	0	0%	1	4%
A Feasible program is a program that you can participate in given your available resources (time, money, family/job obligations, etc.). Is participation training on Crisis management (Suicide prevention) feasible given your available resources?	No not possible	0	0%		0%	0	0%
	Rather no	0	0%	0	0%	0	0%
	Rather yes	4	27%	2	17%	6	22%
	Yes, possible	11	73%	9	75%	20	74%
	NA	0	0%	1	8%	1	4%

Conclusions

1. The overall conclusion indicated the adoption, acceptability, appropriateness, feasibility, and accessibility scales were generally high for both interventions.
2. Both programs can be suggested to further implementation in other communities of Ukraine
3. Existing legislative framework can prohibit or at list does not support intensive collaboration situations between state and non-governmental organizations in case of emergency. Lack of interest to collaborate with other organizations because of

existing rules prescribing how to deal in the emergency was frequently mentioned by interview participants. Substantial work could be done on national level to advocate legislative changes and create better opportunity to engage non-governmental community organizations in the first response actions.

4. Qualitative data showed that both training programs on suicide prevention and crises management increased collaboration within both local communities. Participation in the trainings created opportunities for respondents of first response organizations to get known each other, receive new knowledge in mental health and crisis management spheres, exchange experiences and develop new ideas how formal and non-formal first response could be strengthened in the future.

5. Trainees reported that after the training they have improved their relationship with the State emergency service what should strengthen first response and engage organizations from various sectors into first response activities. That could be particularly important for citizens who can receive continual social support after the crisis happened.