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CARE UNDER FIRE:

Rethinking Mental Health in Conditions of Chronic Threat

Clinical observations from interdisciplinary practice in wartime Ukraine

TeleHelp Україна

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BACKGROUND

Mental health care is often built on assumptions of safety, continuity, and stable access to care.

In wartime conditions, these assumptions collapse. Patients and clinicians may function under ongoing threat, where trauma exposure, sleep disruption, sensory overload, pain, TBI, medication interruptions, displacement, and uncertainty interact with existing psychological and neurodevelopmental characteristics.

Behavior must be interpreted in context, not in isolation.

CHRONIC THREAT AS A STRESS TEST FOR COMPENSATION

1. Premorbid Functioning
- personal routines
- preferred environments
- compensatory strategies
- masking or adaptation
- structured roles matching cognitive profile

2. Chronic War-Related Load
- ongoing threat
- disrupted sleep
- constant uncertainty
- sensory overload
- repeated adaptation demands
- trauma exposure
- pain / TBI
- interrupted recovery

3. Compensation Threshold Exceeded
Not a new ADHD. Not autism caused by war.
Previously compensated differences may become clinically visible under extreme environmental demands.

4. Mixed Clinical Presentation
- emotional dysregulation
- shutdown
- rigidity
- executive functioning difficulties
- sensory overload
- withdrawal
- reduced participation

These may reflect overlapping mechanisms:
PTSD + neurodevelopmental differences + exhaustion + environment mismatch.

WHAT MAY BE MISREAD

LACK OF MOTIVATION
may reflect exhaustion, executive dysfunction, overload, or difficulty initiating tasks.

NONCOMPLIANCE
may reflect unclear instructions, processing difficulties, sensory overload, or need for more time.

WITHDRAWAL
may reflect shutdown, emotional protection, or energy conservation.

RIGIDITY
may reflect need for predictability under excessive load.

RESISTANCE / LOW COOPERATION
may reflect environment mismatch, overload, or unclear expectations.

CLINICAL OBSERVATION (from frontline practice)

May function well when there is:
- structured, concrete tasks
- clear expectations
- rapid feedback
- good fit between role and cognitive style

May struggle when there is:
- constant switching
- unclear communication
- unpredictable demands
- sensory overload

Functioning depends not only on the person, but on the fit between person and environment.

REHABILITATION PERSPECTIVE (participation is load-sensitive)

In rehabilitation settings, difficulties may increase when there is excessive information, noise and sensory stimulation, multiple simultaneous instructions, or unexpected changes.

What may appear as "does not want to participate" may actually reflect overload and "cannot access participation under current load."

Participation is not the same as motivation.

CONTEXT-SENSITIVE ASSESSMENT

The clinical question is not only: ***"What diagnosis fits?"***
but also: ***"What mechanisms shape functioning?"***

Developmental history
What existed before trauma?

Previous functioning
Where did the person function well?

Current environment
What conditions worsen or improve functioning?

Multiple interacting factors
Trauma, ND profile, sleep, TBI, pain, stress

PRACTICAL ADAPTATIONS FROM REAL-WORLD CARE

1. Access before intervention
Can the person access care in its current format?

2. Regulation before processing
Reduce overload before demanding complex reflection.

3. Clear communication
short instructions
predictable sequence
explicit expectations

4. Environmental adaptation
reduce unnecessary sensory load
allow pauses
reduce simultaneous demands

5. Interdisciplinary continuity
psychiatry + psychology + rehabilitation + social support working together

CARE UNDER FIRE

When threat continues, care must adapt.
The goal is not always returning to a previous safe baseline.

Sometimes the goal is preserving regulation, agency, functioning, and connection while safety remains incomplete.

SCAN FOR EXTENDED MATERIALS + VIDEOS

KEY TAKEAWAYS

1. Chronic threat does not create neurodivergence but may expose previously compensated differences.
2. Trauma, neurodevelopmental characteristics, sleep disruption, TBI, pain, and environment interact.
3. Behavior should be interpreted in context, not in isolation.
4. Functional difficulties may improve when the environment becomes more accessible.
5. Sustainable care requires flexibility, collaboration, and attention to both patients and providers.

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Interdisciplinary clinical observations from psychiatry, clinical psychology, and rehabilitation medicine in wartime Ukraine