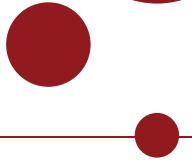


UNIVERSITY OF COPENHAGEN

DEPARTMENT OF PSYCHOLOGY



Displaced Ukrainians in Denmark II

Results from the Danish Refugee Cohort (DARECO)

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Results from DARECO (The Danish Refugee Cohort)

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BACKGROUND AND SUMMARY OF THE FIRST DARECO SURVEY

The full-scale Russian invasion of Ukraine in February 2022 has resulted in a large number of Ukrainians seeking refuge across Europe. As of December 2023, a total of 41,119 Ukrainians have gained a residence permit in Denmark through the special act for displaced Ukrainians. Of these, 27,502 are adults aged 18 years or older, and the remainder are children.

Individuals fleeing war have been exposed to a range of aversive and potentially traumatic events. These include direct exposure to acts of war, shelling of their hometowns, or loss of relatives as a result of the war. The first round of the DARECO data collection (conducted in the spring of 2023) found that 75.3% of respondents came from a town that had been under direct attack and that 75.2% of these individuals were present when it happened. In addition to this, 42.1% had been exposed to direct acts of war, while 38.9 % had lost a close relative or friend as a result of the war.

Considerable research shows that exposure to acts of war increases the risk of developing mental health problems such as posttraumatic stress disorder (PTSD).^{1,2} In the first DARECO data collection, we found that 29.4 % of respondents had symptoms equaling a potential diagnosis of PTSD (15.9%) or complex PTSD (CPTSD; 13.5 %), where CPTSD is typically a more chronic a treatment-requiring condition. Hence, the first data collection of DARECO found that while the majority of displaced Ukrainians in Denmark did not show marked symptoms of PTSD, there was a substantial subgroup who did.

Symptoms of psychological problems such as PTSD typically change over time: some will recover spontaneously, some will seek treatment and get better, and some will get worse over time. It is therefore important to track developments in mental health over time in large, representative populations, and to identify factors that positively or negatively affect mental health trajectories. This is the overall aim of the DARECO project.

In addition to mental health outcomes, the DARECO project measures factors that provide a wider picture of experiences in Denmark, including: difficulties and challenges in everyday life, trust in the Danish society and institutions, social support and whether or not the participants in the study wish to go back to Ukraine or to stay in Denmark in the shorter or longer term. The first data collection showed that a range of everyday problems are critical for participants in the study, especially worries about the family and access to health care in Denmark. Further, it showed a very high degree of trust in the Danish society and Danish institutions, and that 49.5% of the participants wished to stay in Denmark even when the war no longer posed a threat to the hometown. This report is based on the second data collection and presents a follow-up on these central findings from the first data collection.

CENTRAL FINDINGS OF THIS REPORT

This report shows that the majority of Ukrainians in Denmark still do not experience severe symptoms of PTSD or depression, and that high level of trust in Danish authorities have been maintained. However, it also shows that just short of 44% have lost a family member or close friend as a result of the war, and that almost one in four (24.4%) have symptoms of PTSD or CPTSD indicative of a diagnosis. The proportion with a potential diagnosis is smaller than in the first data collection, where 29.4% had (C)PTSD-symptoms corresponding to a potential diagnosis.

Respondents with more severe PTSD-symptoms also reported experiencing more problems in their everyday life; feeling more alone, even though they wished to be with someone else, and; more often having no one to talk to when they were in need of support. Finally, they reported a lower level of trust in Danish authorities than those without PTSD-symptoms (although trust was still high).

Almost two-thirds (60.4%) of the respondents wished to stay in Denmark, even when the war was no longer a threat to their hometown. The respondents in this group are characterized by lower levels of PTSD and depression, by fewer experienced problems in their everyday life (except worries about being sent back to Ukraine), and by higher levels of trust in Danish authorities than those who wish to go back to Ukraine in the shorter or longer run.

Central numbers in the report:

- 43.8% have lost a family member or close friends as result of the war compared to 38.9% at the first data collection.
- 24.4% have symptoms corresponding to a potential diagnosis of PTSD (11.8%) or CPTSD (12.6%). The corresponding number for both diagnoses combined at the first data collection was 29.4 %.
- Worries about the family in Ukraine are a serious or fairly big problem for 56.5 % of the respondents, while fear of being sent back to Ukraine is a serious or fairly big problem for 32.7 % of the respondents. The proportion of individuals who report such fears of being sent back to Ukraine increased from 25.1% at the first data collection.
- 13.3% report that they are often alone even though they wish to be with someone else, and 6.0% report that never or almost never have someone to talk to when they need support.
- 93.9% have high or very high trust in Danish authorities in general. Also, 65.9% have high or very high trust in their local job centre, while 67.4% have high or very high trust in the Danish health care system.
- 60.4% wish to stay in Denmark, even when the war is no longer a threat to their hometown. This is an increase from the first data collection, where the corresponding number was 49.5%.

METHODS

Population and sample

The DARECO population consist of Ukrainians who arrived in Denmark between February 24th 2022 and February 17th 2023 and who have turned 18 by 1st of February 2023. In the first data collection, the total population fitting these criteria consisted of 18,369 Ukrainians of which 6,993 (38,0 %) completed the questionnaire. In this second round of data collection, the entire population was again invited to participate, including those who did not respond to the first survey. However, the sample for this report is limited to those who responded to both the initial (T1) and follow up (T2) surveys to enable comparisons and development over time. That sample includes 3,975 respondents¹. Characteristics and analysis of attrition can be seen in Table 2 (page 7).

Ethics

The study protocol has been approved by the internal ethical committee at the Department of Psychology, University of Copenhagen (approval no. IP-EC-26092022). The study adheres to the rules of the Danish Data Protection Agency and the rules of confidentiality. Participants received information about the study aim, data security, voluntary participation and publication of results, after which they gave consent.

Questionnaire

Data were collected through an electronic survey sent out via E-boks by Danmarks Statistik in the period between October 13th 2023 and January 7th 2024. The questionnaire consists of a number of questions designed for the purpose of this study, and a number of validated scales targeting for example symptoms. An overview of themes and scales can be seen in Table 1.

Theme	Scale (if relevant)
Pre-migration living conditions and characteristics	
Post-migration living conditions	Post-migration Living Difficulties Checklist ³
Trust and social support	
PTSD and CPTSD	International Trauma Questionnaire (ITQ) ⁴
Depression	Patient Health Questionnaire – 8 item version (PHQ-8) ⁵
Language, living conditions, and wishes for the future	

Table 1. Overview of themes and scales in the questionnaire

Analyses

In this report, we present a series of analyses that describe the characteristics of the respondents and their experiences. For normally distributed data, we present mean and standard deviation (SD), for non-normal data, we present median and quartiles. Please note that for median and quartiles, what is presented is a mean of the five values around the median and quartiles to avoid sharing individuals' data points. For categorical variables, we present the prevalence. We compare the respondents on PTSD-status as well as their wish to leave or stay in Denmark. When testing if differences in such comparisons are statistically significant, we use a p-value of 0.05 (two-sided). Post hoc tests are conducted with Bonferroni-correction for multiple comparisons. When testing the development from T1-T2 in categorical variables, we use McNemar testsⁱⁱ. For most questions, respondents have the possibility of choosing "Do not know/Do not wish to respond" as their response. The proportion who did this are listed in the individual analyses and those respondents are not included in that analysis.

RESULTS

Characteristics of respondents and attrition

Table 2 shows characteristics of respondents at T1 for the sample in this report (T1+T2 respondents) compared to respondents who only answered at T1. Here we can see that there are significant differences between the two samples for gender distribution, period of arrival, age, and level of education.ⁱⁱⁱ

Characteristics of respondents at T1 for those who responded at T1+T2 compared to those who responded only at T1.			
	T1+T2	Only T1	p-value
Gender, N (%)			0,038
Male	940 (23.6%)	594 (21.5%)	
Female	3,035 (76.4%)	2,170 (78.5%)	
Age, N (%)			<0,001
18-24	395 (9.9%)	363 (13.1%)	
25-29	372 (9.4%)	328 (11.9%)	
30-34	543 (13.7%)	389 (14.1%)	
35-39	720 (18.1%)	456 (16.5%)	
40-44	634 (15.9%)	365 (13.2%)	
45-49	403 (10.1%)	237 (8.6%)	
50-54	217 (5.5%)	158 (5.7%)	
55-59	177 (4.5%)	107 (3.9%)	
60+	514 (12.9%)	361 (13.1%)	
Period of arrival, N (%)			0,006
2022 Q1	171 (4.3%)	108 (3.9%)	
2022 Q2	2,472 (62.2%)	1,631 (59.0%)	
2022 Q3	537 (13.5%)	383 (13.9%)	
2022 Q4	577 (14.5%)	439 (15.9%)	
2023 Q1	218 (5.5%)	203 (7.3%)	
Education, N (%)			< 0,001
No education	13 (0.3%)	17 (0.6%)	
Primary school	211 (5.3%)	190 (6.9%)	
Secondary school	352 (8.9%)	337 (12.2%)	
Vocational training	589 (14.8%)	498 (18.0%)	
Some higher education (e.g. diploma)	271 (6.8%)	189 (6.8%)	
Undergraduate university degree	654 (16.5%)	468 (16.9%)	
Postgraduate university degree	1,885 (47.4%)	1,064 (38.5%)	

Table 2. Characteristics for those who responded at T1+T2 (the sample of this report) and those who responded only at T1. All variables are collected at T1.

Psychological problems

Psychological problems among individuals exposed to potentially traumatic experiences can take many forms. In this report, we focus on symptoms of PTSD and depression, of which PTSD-symptoms were also assessed in the first data collection. We chose to focus on PTSD and depression since these are often studied outcomes in refugee populations and comparisons with international studies of refugee populations are therefore possible.

Besides symptoms, we have also asked if the respondents have lost a family member or a close friend because of the war. The results can be seen in Figure 1, which shows that 43.8% have lost a family member or close friend as a result of the war. This is a statistically significant increase for the same group at T1 ($p<0.001$).

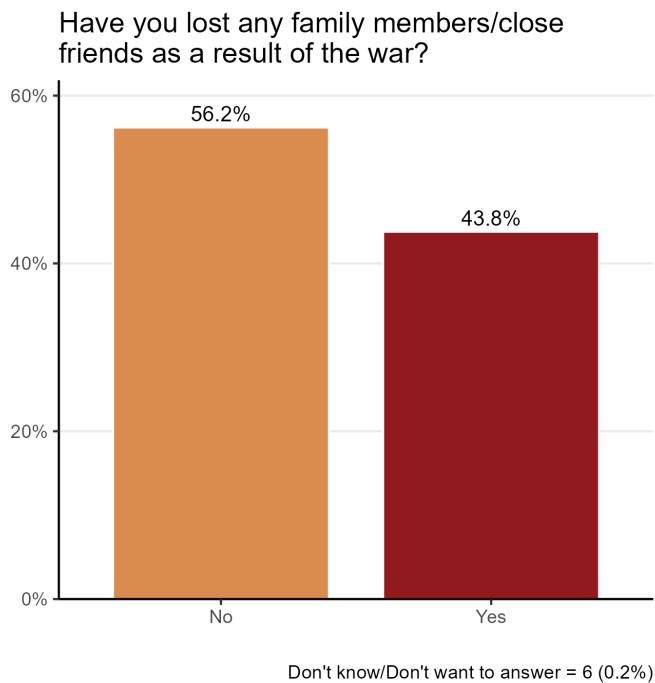


Figure 1. Proportion who has lost a family member or close friend because of the war

Symptoms of PTSD

Symptoms of PTSD were assessed using the International Trauma Questionnaire (ITQ)⁴, which assesses symptoms of PTSD and complex PTSD (CPTSD) as they are defined in the WHO diagnosis system ICD-11. Based on the questionnaire and the diagnostic criteria, the respondents are categorized based on their symptoms and their level of functioning into the categories *No Diagnosis*, *PTSD* and *CPTSD*. Since symptoms are self-reported it is important to note that these categorisations do not qualify as actual diagnoses. Instead, categories represent levels of symptoms and functional disability that indicate a *possible* diagnosis. As shown in Figure 2, 75.6% do *not* qualify for (C)PTSD, while 11.8% fulfils the criteria for PTSD and 12.6% fulfils the criteria for CPTSD. Hence, 24.4% in total fulfils the criteria for either PTSD or CPTSD.

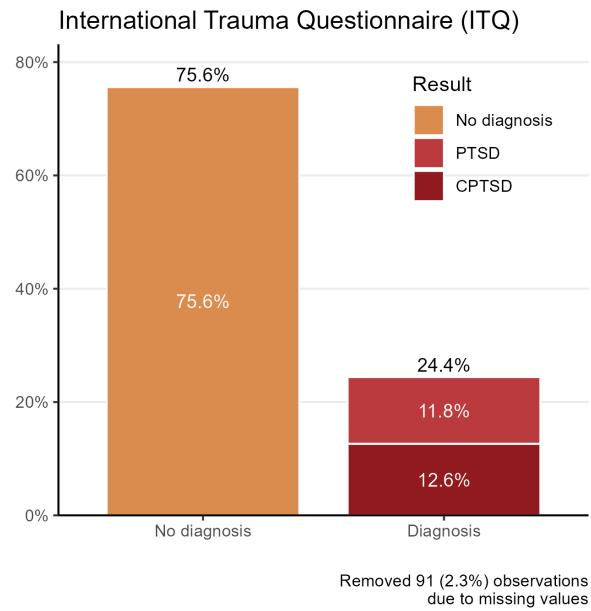


Figure 2. Proportion with No diagnosis, PTSD and CPTSD

When comparing this to the equivalent data from the first data collection, we find that there is a decrease in the number of respondents with a potential (C)PTSD diagnosis. This difference is statistically significant ($p<0.001$).

Symptoms of depression

Symptoms of depression were assessed using the Patient Health Questionnaire, 8-item version (PHQ-8).⁵ In this, five levels of depression symptom severity are defined: *No, mild, moderate, moderate-severe, and severe*. Figure 3 shows the distribution of responses across these five categories. We see here that almost half of the respondents (44.9%) have no significant symptoms of depression, 26.6% have mild symptoms, 15.7% have moderate symptoms, 8.3% have moderately severe symptoms, and 4.5% have severe symptoms of depression. We did not assess the level of depression symptoms at the first data collection and therefore, we cannot test the development of depression symptoms over time.

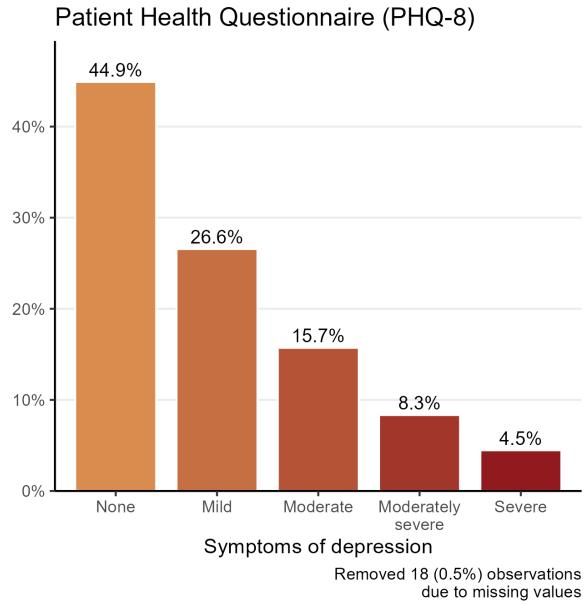


Figure 3. Severity of depression symptoms

Challenges and problems in everyday life

As Ukrainians live in and adapt to Danish society, one could expect a range of everyday situations that might be perceived as challenges and barriers to adaptation. Figure 4 gives an overview of various possible challenges and barriers in everyday life and the degree to which these are perceived as a problem for the respondents.

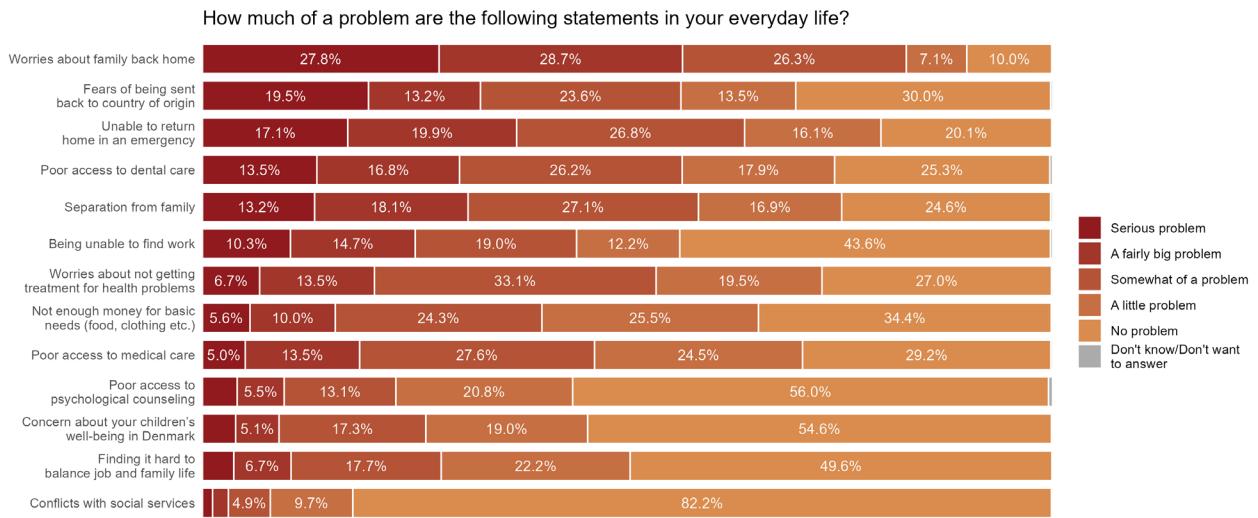


Figure 4. Challenges and barriers in everyday life, ranked after the proportion of individuals who experience it as a serious problem

Here, we see that most experience *Worries about the family back home* as a serious (27.8%) or a fairly big problem (28.7%). *Fears of being sent back to country of origin* is perceived as a serious problem for 19.5%

and a fairly big problem for 13.2%, while being *unable to return home in case of an emergency* is perceived a serious problem for 17.1% and a fairly big problem for 19.9%. In the opposite end of the spectrum, we see that *Conflicts with social services* are a serious or fairly big problem for only 3.2%.

When the two most significant problems are compared to the first data collection, we see that *Worries about family back home* poses a serious or fairly big problem for *fewer* individuals than at the first data collection, while *Fears of being sent back to country of origin* poses a serious or fairly big problem for *more* individuals. Both differences are statistically significant ($p<0.001$).

Next, respondents were asked to indicate which of the everyday problems is the biggest problem for them. An overview of responses can be seen in Figure 5, which shows that for 23.6% of respondents the biggest problem is worries about family back home, for 17.4%, the biggest problem is fears about being sent back to country of origin, and for 16.8%, the biggest problem is worries about not getting treatment for health problems. In the other end of the spectrum, we see that conflicts with social services is the biggest problem for 0.3% and poor access to psychological counselling is the biggest problem for 0.7%.

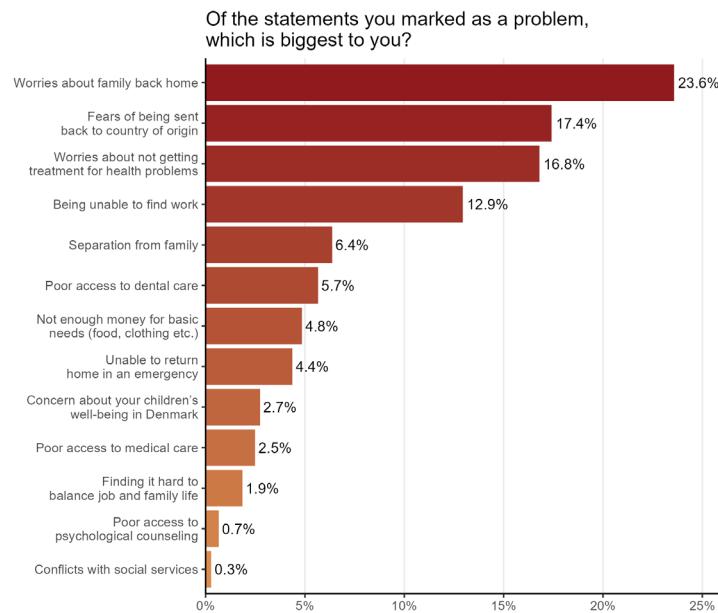


Figure 5. Challenges and barriers perceived to be the biggest problem for responders

Social support and trust

Social networks are built over time and are of immense importance for adaptation and mental health. Hence, it is central in this project to study how respondents perceive their social network and their access

to social support. Further, trust in societal institutions and authorities can be expected to change over time and to impact and be impacted by the adaptation to life in a new country.

Social support

Perceived social support was assessed in two single items, namely *Does it ever happen that you are alone though you really wish to be with someone else?* and *Do you have someone to talk to when you are in trouble or need of support?* The distribution of respondents on both questions can be seen in Figure 6.

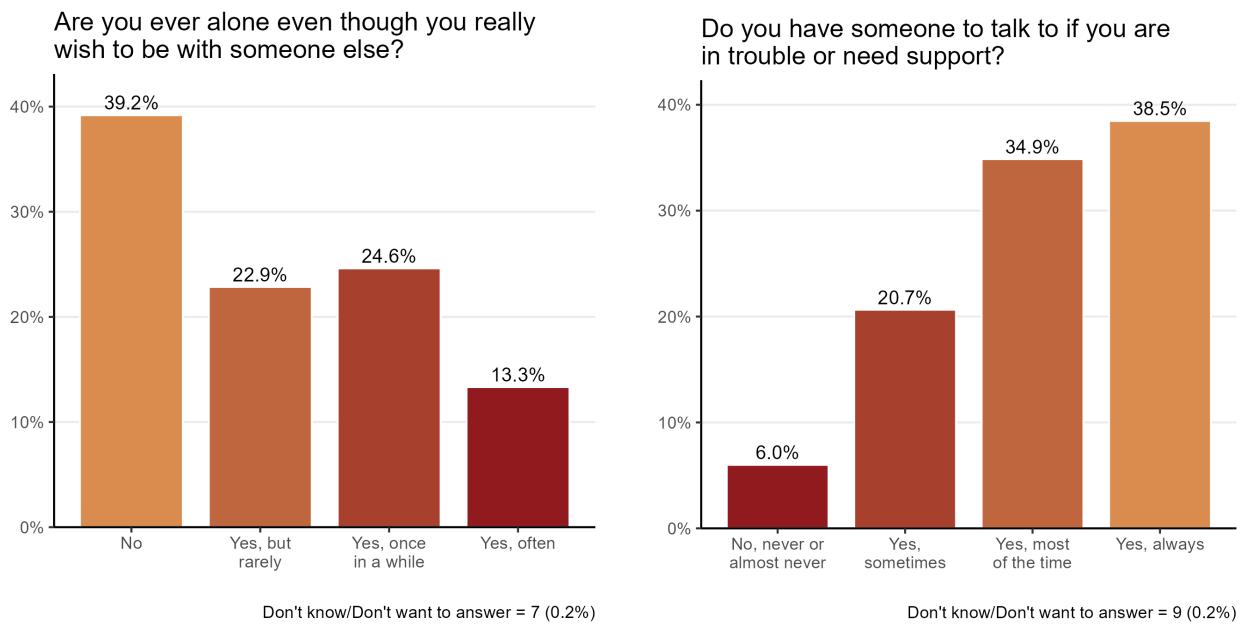


Figure 6. Being unwanted alone (left panel) and having someone to talk to when in need of support (right panel)

As the figure shows, 13.3% are often alone though they really wish to be with someone else, while it happens once in a while for 24.6%. Correspondingly, 6.0% does never or almost never have someone to talk to when they are in trouble or need of support, while the same happens *sometimes* for 20.7%.

The same questions were asked in the first data collection, however, because of a translation error in the first data collection, only the question about having someone to talk to when in need of support can be compared between the two data collections. For this question, the number of individuals who *never*, *almost never* or *sometimes* had someone to talk to when they needed support was higher in the first data collection, while the proportion of individuals who *always* had someone to talk to was lower in the first data collection. These differences are statistically significant ($p<0.001$).

Trust

The respondents were asked about their level of trust in Danish institutions and authorities; more specifically, they were asked three questions about *Danish authorities in general*, *The job centre in the municipality*, and *The Danish health care system*. Figure 7 shows the distribution of respondents in levels of trust for these three domains, and we can see that 93.9% have high or very high level of trust in Danish authorities in general, while the corresponding numbers are 65.9% for the job centres and 67.4% for the Danish health care system.

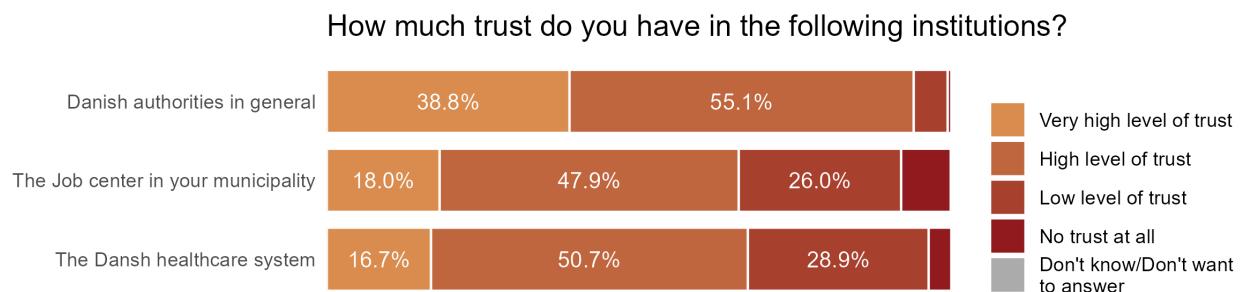


Figure 7. Levels of trust in institutions in general as well as in the job centre and the Danish health care system.

Compared to the first data collection, we see a small but significant increase for trust in overall authorities as well as a small but significant decrease for trust in the job centre. No significant change is seen for trust in the health care system.

PTSD-diagnosis, trust, everyday problems, and social support

An additional aim in this report is to examine whether trust, everyday problems, and social support are different across the PTSD diagnostic groups (No Diagnosis, PTSD, and CPTSD).

For social support, Figure 8 shows the proportion of individuals that are often alone even though they wish to be with someone else across the three PTSD-groups, as well as the proportion of respondents who never or almost never have someone to talk to when they are in need of support. As the figure shows, individuals with PTSD and especially CPTSD are more alone even though they wish to be with someone else, just as they are more likely to not have anyone to talk to when they are in need of support.

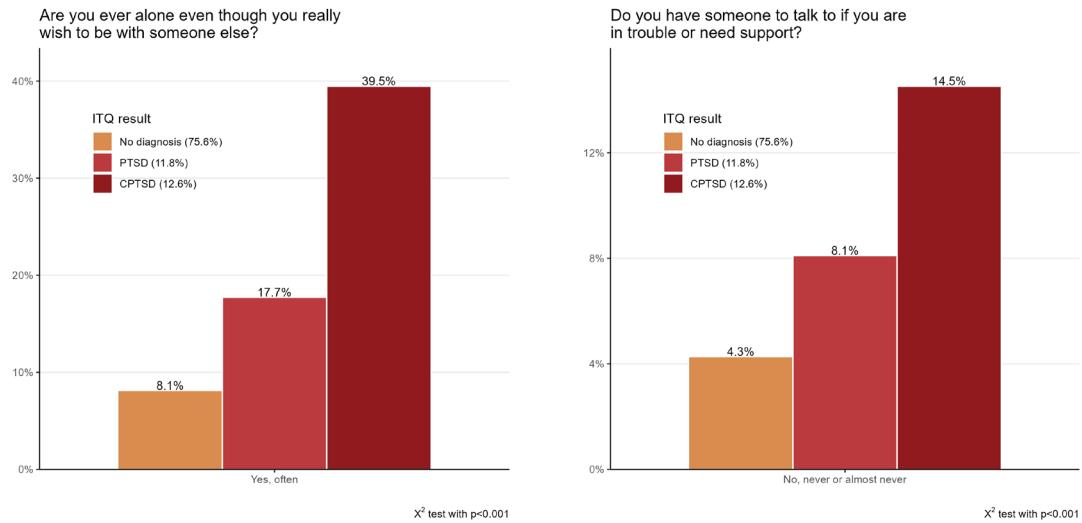


Figure 8. *Being alone in spite of a wish to be with someone else (left panel) and no access to social support for the three PTSD-groups. Please note the different scales on the Y-axis.*

Further, we have compared the three PTSD-groups in terms of challenges and barriers in everyday life related to *Home and family*, *Access to health care* and *Other potential barriers*. Results can be seen in Figures 9, 10, and 11. For *Home and family* Figure 9 shows a clear picture of how individuals with PTSD especially CPTSD experience more challenges and barriers in everyday life. The same picture emerges when it comes to challenges related to access to health care, as well as other challenges and barriers (Figure 10 and 11).

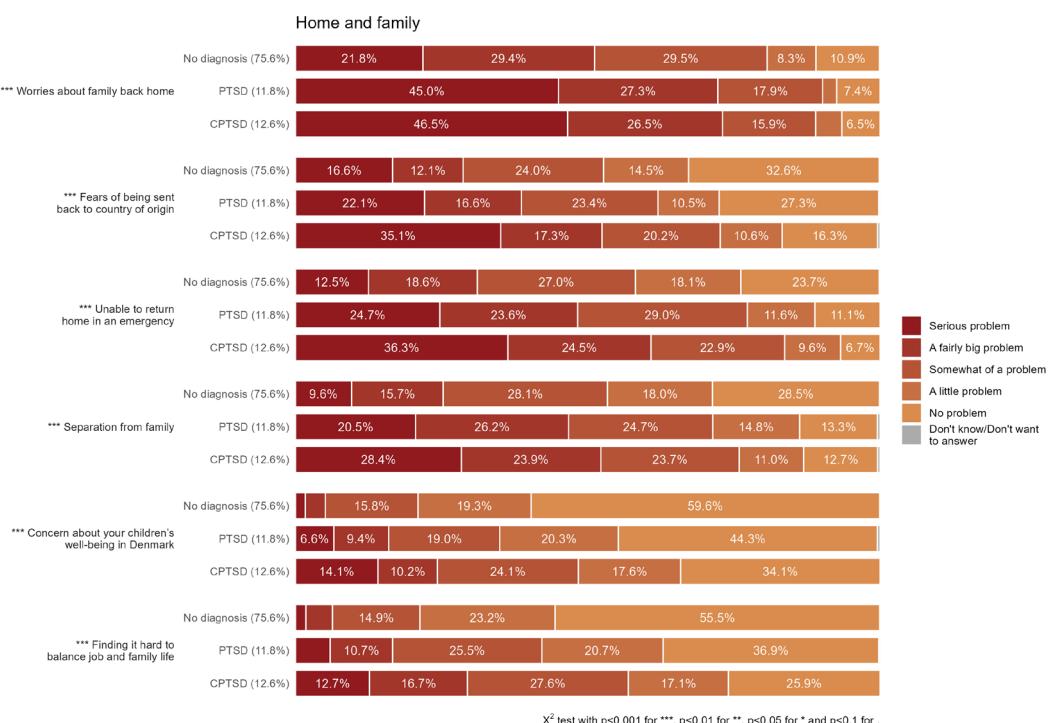
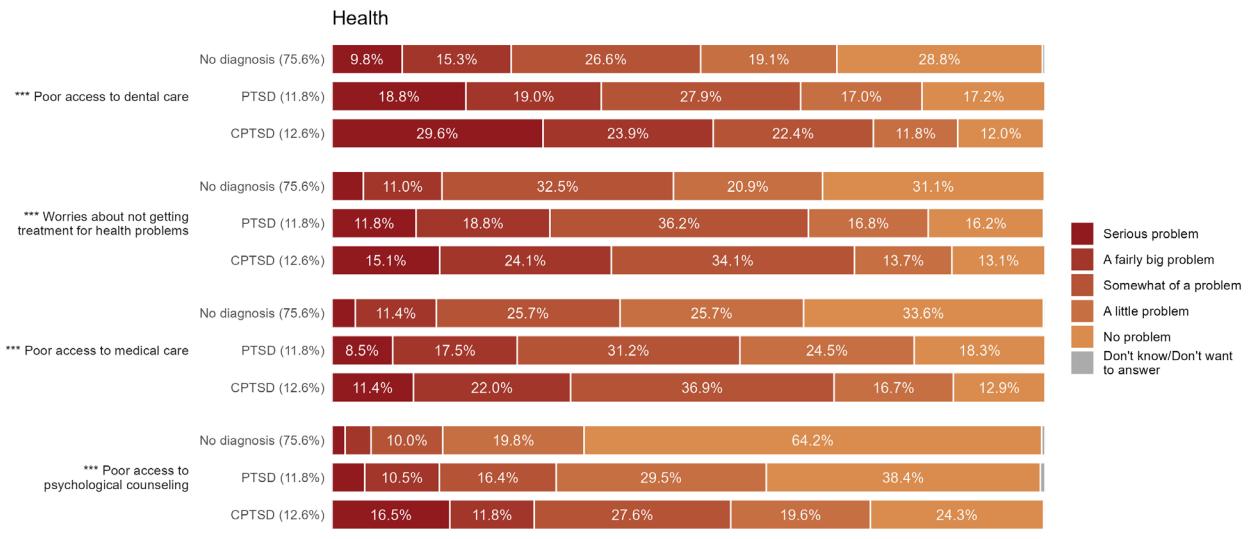
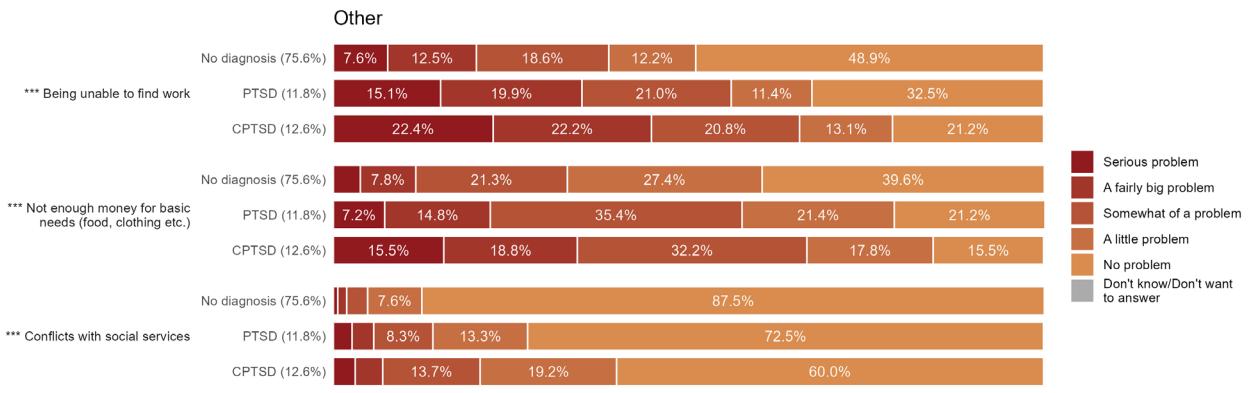


Figure 9. *Challenges and barriers in everyday life related to home and family for the three PTSD-categories*



χ^2 test with p<0.001 for ***, p<0.01 for **, p<0.05 for * and p<0.1 for .

Figure 10. Challenges and barriers in everyday life related to access to health care for the three PTSD-categories



χ^2 test with p<0.001 for ***, p<0.01 for **, p<0.05 for * and p<0.1 for .

Figure 11. Challenges and barriers in everyday life in other domains for the three PTSD-categories

Finally, we compared the level of trust for the three different PTSD-categories. Here, we also see a general pattern (Figure 12): Those with no diagnosis have the highest level of trust, while those in the CPTSD-category have the lowest level of trust. However, it is worth noting that while respondents in the CPTSD-category have lower levels, trust is still high: In the CPTSD-group, 85.7% have high or very high levels of trust in Danish authorities in general, while the same is the case for 95.7% in the no diagnosis-group.

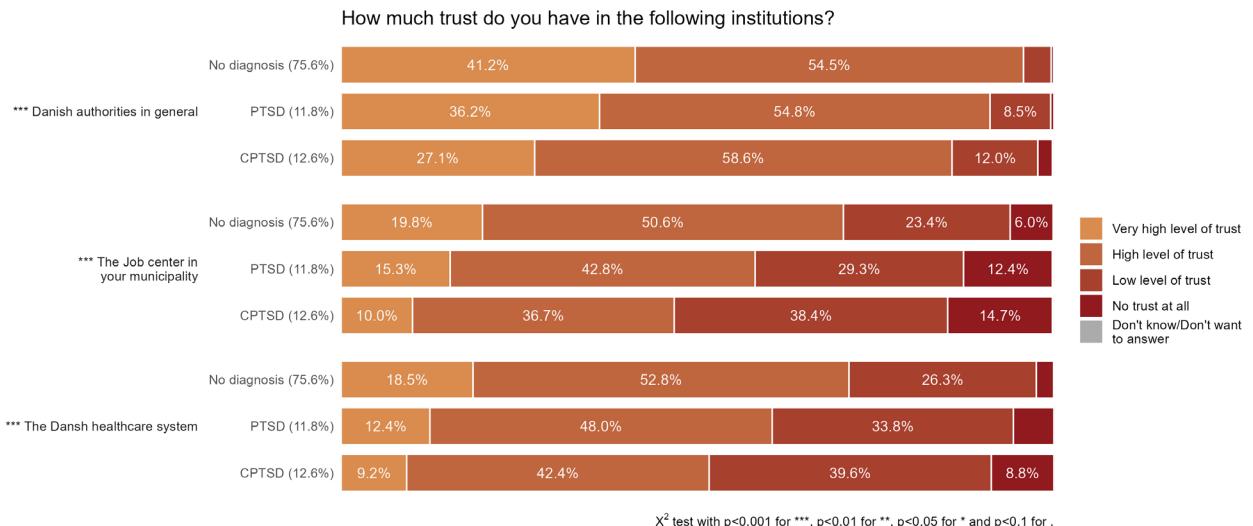


Figure 12. Levels of trust for the three PTSD-groups

Thoughts about the future: Denmark or Ukraine?

As in the first data collection, we asked respondents if they wish to stay in Denmark in the shorter or longer term. The distribution of answers to this question can be seen in Figure 13, which shows that 3.7% wish to go back to Ukraine now, while 36.0% wish to stay in Denmark as long as the war poses a threat to their hometown, and 60.4% wish to stay in Denmark even when the war no longer poses a threat to their hometown. Compared to the first data collection we find that the proportion of individuals in the latter category – wanting to stay even after war has ended – has increased.

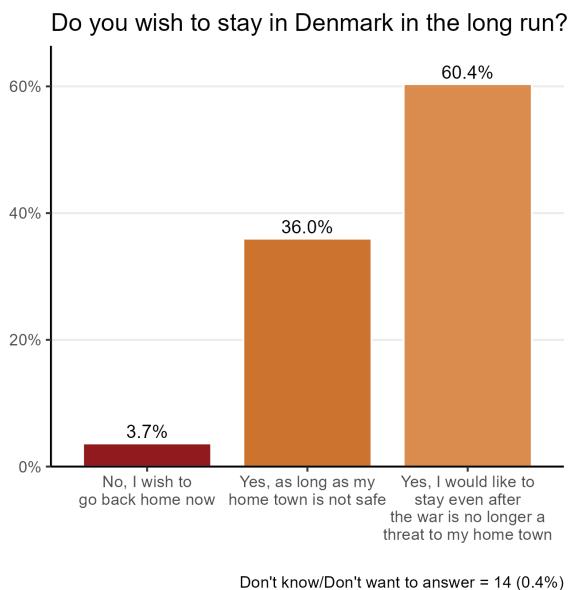


Figure 13. The distribution of respondents who wish to leave now, who wish to stay as long as the war poses a threat to their hometown, and who wish to stay even when the war no longer poses a threat.

We then examined the characteristics of those who wish to leave and those who wish to stay in Denmark in the shorter or longer term. Figure 14 shows the distribution of PTSD- and depression symptoms across these three groups. Here, we see that for both PTSD and depression symptoms, those who wish to leave now have the *highest* level of symptoms, while those who wish to stay in Denmark also in the long term have the *lowest* level of symptoms.

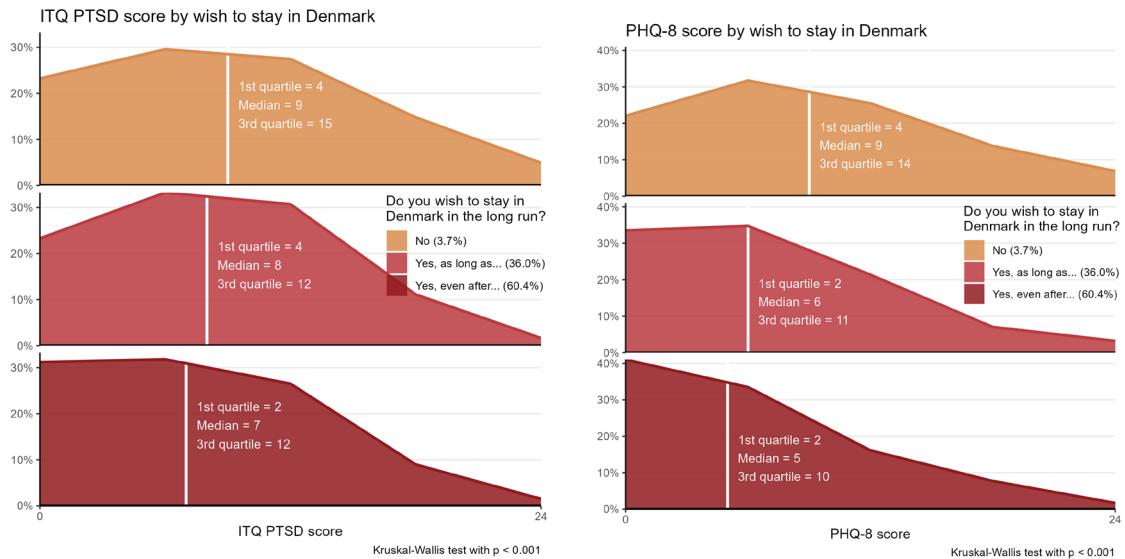
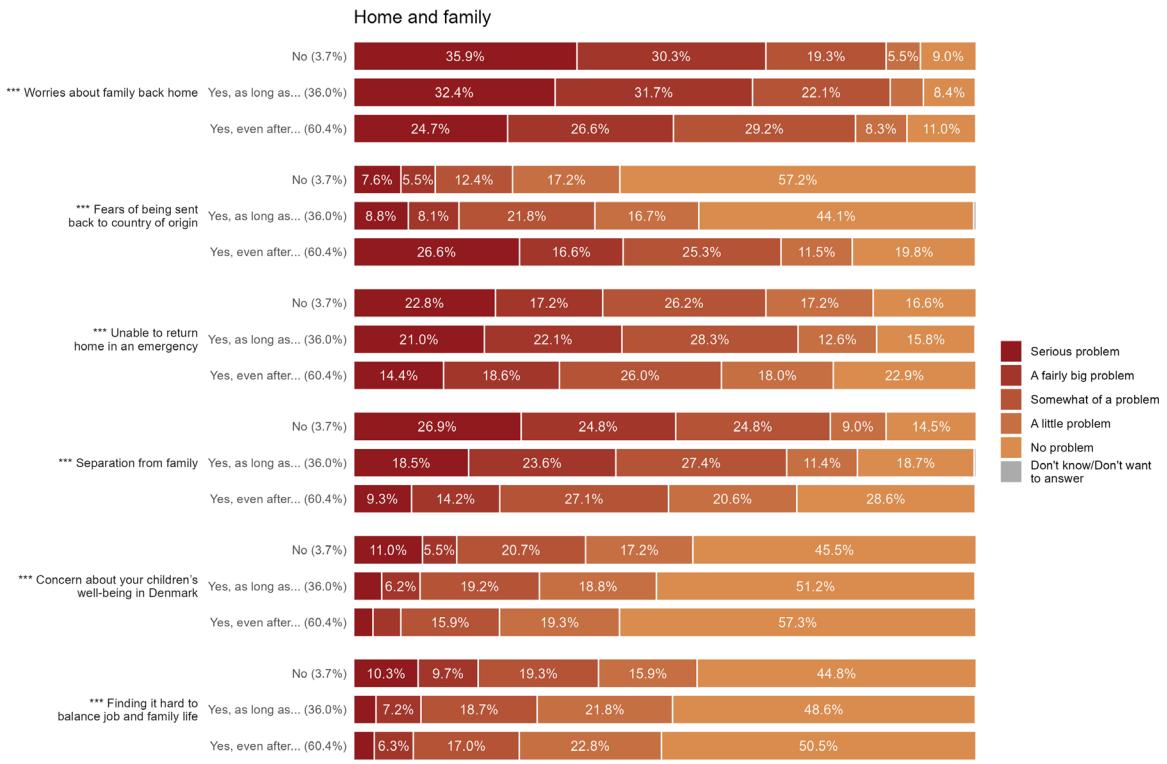


Figure 14. PTSD- (left panel) and depression- (right panel) symptoms distributed on those who want to leave, and those who want to stay in Denmark in the shorter and longer term.

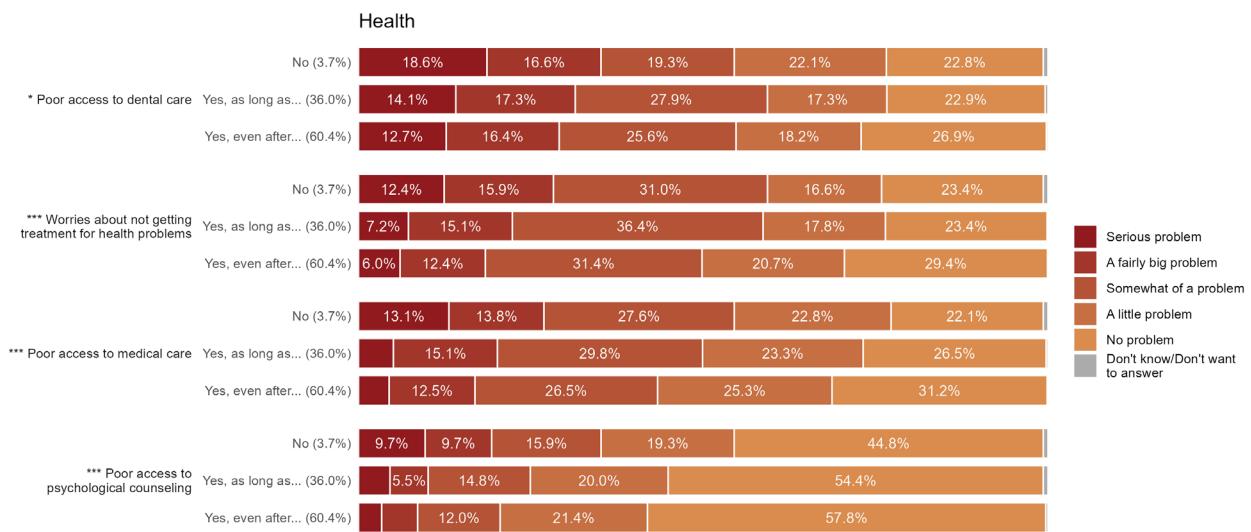
Further, we compared the experienced barriers and challenges in everyday life for those who want to leave and those who want to stay in the shorter and longer term (Figure 15, 16, and 17). For everyday problems related to home and family, we see that with one exception, those who wish to leave now have the *most* problems related to home and family, while those who wish to stay, even when the war no longer poses a threat to the hometown, experience *fewest* problems. The exception from this general tendency is fears of being sent back to Ukraine, which is seen as a serious or fairly big problem for 43.2 % of those who wish to stay in Denmark, even when the war no longer poses a threat to the hometown. For those who wish to stay in Denmark until their hometown is safe, the corresponding number is 16.9 %, while it is 13.1 % for those who wish to leave now.



χ^2 test with p<0.001 for ***, p<0.01 for **, p<0.05 for * and p<0.1 for .

Figure 15. Challenges and barriers in everyday life related to home and family for those who wish to leave and those, who wish to stay in Denmark in the shorter or longer term.

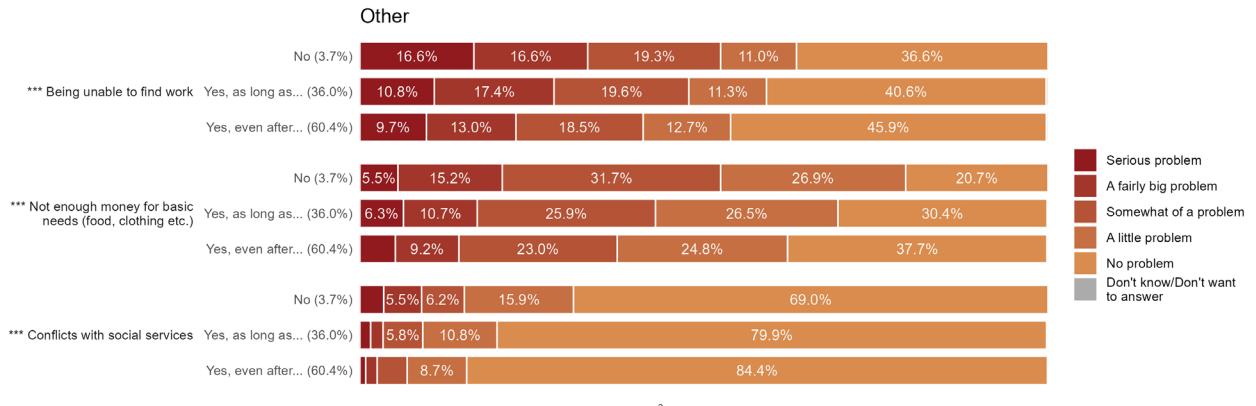
For challenges and barriers related to access to health care, the same overall pattern can be seen (Figure 16): Those who wish to leave now experience the *most* problems, while those who wish to stay in Denmark in the long term experience *fewest* problems.



χ^2 test with p<0.001 for ***, p<0.01 for **, p<0.05 for * and p<0.1 for .

Figure 16. Challenges and barriers in everyday life related to access to health care for those who wish to leave and those, who wish to stay in Denmark in the shorter or longer term.

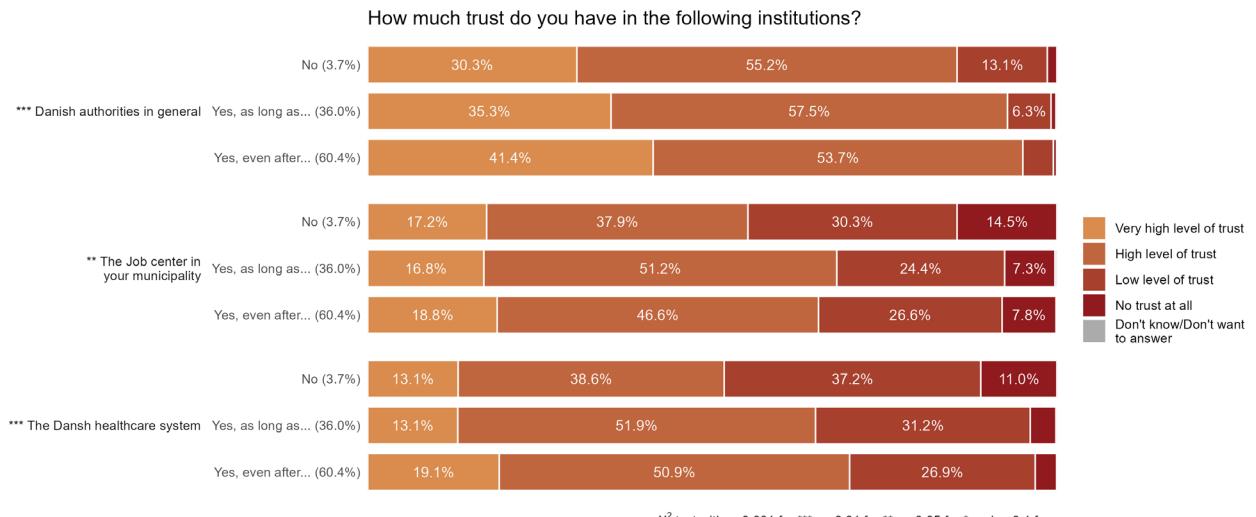
The same picture is also evident for everyday life challenges and barriers in other domains (Figure 17).



χ^2 test with $p<0.001$ for ***, $p<0.01$ for **, $p<0.05$ for * and $p<0.1$ for .

Figure 17. Challenges and barriers in everyday life in other domains for those who wish to leave and those, who wish to stay in Denmark in the shorter or longer term.

Finally, we compared levels of trust in overall authorities, the job centre, and the health care system between those who wish to leave and those who wish to stay in the shorter and longer term. Results can be seen in Figure 18, which shows an overall pattern of those wanting leaving having the lowest level of trust, and those wanting to stay in Denmark, even when the war is no longer posing a threat to the hometown, having the highest level of trust.



χ^2 test with $p<0.001$ for ***, $p<0.01$ for **, $p<0.05$ for * and $p<0.1$ for .

Figure 18. Level of trust in overall authorities, the local job center, and the health care system for those who wish to leave and those who wish to stay in Denmark in the shorter or longer term.

Summary

The current report provides a snapshot of displaced Ukrainians in Denmark regarding their mental health, challenges and barriers in everyday life, social support, trust, and their wishes for the future in terms of where they want to live. The report also presents a series of comparisons for how these indicators have developed since the first data collection of the DARECO project, which took place in the spring of 2023.

The report indicates that the majority do not meet the criteria for PTSD or CPTSD, with 24.4% fulfilling the criteria for either of these diagnoses. This represents a decrease compared to the first data collection.

Those in the PTSD categories generally also have more symptoms of depression, experience more problems in daily life, have lower levels of social support, and have lower (though still high) levels of trust in Danish authorities, the job center, and the healthcare system.

The report shows that various challenges and barriers in everyday life are present for the respondents.

Worries about family back home are a fairly big or serious problem for many, however, the proportion is slightly smaller compared to the first data collection. Almost a third indicate that fear of being sent back to their home country is a fairly big or serious problem. This is an increase from the first data collection, where this proportion was about a quarter.

Social isolation is still a problem for some, thought this has improved over time. 13.3% indicate that they are often alone even though they want to be with others, while 6.0% indicate that they never or almost never have anyone to talk to when in need of support, whereas 38.5% report always having someone to talk to when they need support. Compared to the first data collection, the proportion who always have someone to talk to when they are in need of support has increased.

The level of trust is high; 92.5% indicate having a high or very high level of trust in Danish authorities in general. For the job center, the figure is 70.2%, and for the healthcare system, it is 64.2%.

The proportion of respondents who wish to stay in Denmark even when the war no longer poses a threat to their hometown is 60.4%. This represents an increase from the first data collection, where the corresponding number was 49.5%. The group that wishes to stay in Denmark in the long term has fewer symptoms of PTSD and depression, experiences fewer problems in everyday life (except for being more worried about being sent back to Ukraine) and has a higher level of trust in Danish authorities in general as well as in the job center and healthcare system.

Future perspectives

The data in this report are from the second round of data collection in the DARECO project, collected approximately eight months after the first data collection. In spite of this limited time frame, we see some

substantial developments across key indicators. Particularly notable is the reduction in the proportion with PTSD symptoms corresponding to a potential diagnosis, as well as the increase in the proportion who wish to stay in Denmark even when the war no longer pose a threat to their hometown. Trust in Danish authorities remains high, and more people indicate having someone to talk to when they need support. It is also worth mentioning that a larger portion now than before are worried about being sent back to Ukraine. Overall, this paints a picture of a group that are generally thriving in Denmark, for whom a majority do not have severe symptoms of either PTSD or depression, and that displays an improving mental health profile since the first data collection. At the same time, there is still a group experiencing significant symptoms of PTSD and/or depression as well as reporting significant challenges in their everyday lives.

Going forward, it will be important to monitor developments in mental health, challenges and barriers in everyday life, trust, and social support, as well as the desire to return home or stay in Denmark in the short or long term. The DARECO project has a new data collection on the same population planned for the autumn of 2024, where several of the same factors will be studied again. This will allow us to examine the further developments in the group of displaced Ukrainians in Denmark up to 2.5 years after Russia's invasion of Ukraine and after their initial period of residency has expired.

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ⁱ In total, 4229 of the T1 respondents completed the questionnaire, but of these, 254 could not be identified due to filtering errors at Statistics Denmark. These will later be added to the sample using registry data.

ⁱⁱ When comparing from T1 to T2, we use the sample that has completed the questionnaire at both T1 and T2 (N=3975). In the introduction of the report, we provide figures from the total sample of the first data collection (N=6,993). Note that these figures do not represent the numbers being tested against here. The numbers from T1 based on the T1+T2 sample will be reported in later publications.

ⁱⁱⁱ We also compared T1 and T1+T2-responders on PTSD-diagnosis, total number of everyday problems, and wishes for the future. For PTSD and everyday problems we found no differences between the samples, while for wishes for the future we found that at T1, a larger proportion of the T1+T2 sample wished to stay in Denmark also in the long term.