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## MENTAL HEALTH OF STUDENTS UNDER MARTIAL LAW AS A SOCIAL PARADIGM

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**Purpose:** to dissect the psychological implications of living and studying in an environment characterized by conflict and uncertainty, emphasizing the need to identify strategies and support mechanisms to safeguard the mental well-being of students amidst these challenging circumstances.

Against the backdrop of the ongoing conflict, particularly in Ukraine, the article underscores the pressing need for higher education students to manage stress effectively and fortify their resilience, ensuring uninterrupted pursuit of their academic endeavors amidst emergencies.

**Materials and Methods.** The study used general scientific and special research methods: theoretical generalisation, comparative analysis, classification and grouping, statistical comparison and generalisation

**Results.** In the context of a complex, globalizing society and the intensified challenges imposed by martial law in Ukraine due to Russian aggression, preserving and stabilizing mental health has gained paramount significance. A decline in mental well-being significantly impacts an individual's quality of life, often manifesting in chronic fatigue, neuroticism, emotional instability, depression, and other adverse psychological manifestations.

Mental health, an increasingly significant concept in modern psychology, encompasses a state of mental well-being devoid of painful mental expressions and enables conscious regulation of behavior and activity. Its structural analysis delves into the hierarchical structure of personality components that determine mental health. This involves a biological level associated with balanced internal organ functions, a psychological level aligned with a cohesive personality, and a social level wherein healthy individuals actively engage within the social system.

**Conclusions.** In conclusion, preserving students' mental health during wartime assumes paramount importance, necessitating strategies to sustain psychological safety, foster social support, promote resilience, provide restorative spaces, offer professional psychological aid, and disseminate accurate information. Future research aims to explore students' psycho-emotional health for effective well-being support and learning strategies.

**KEY WORDS:** mental health; health; psychological health; students; Higher Institutions; emotions; anxiety; martial law.

The war started on 24 February 2022 by the Russian Federation on the territory of Ukraine is the greatest horror caused by the hand of man, which has stirred up all spheres of life, disrupted people's daily routines, and filled their lives with significant uncertainty and uncertainty. Many psychologists who study the impact of war on human life emphasise the change in personal development, which can leave both invisible wounds on the psyche of an individual and mobilise internal and external resources to protect the psyche. In other words, war can promote personal growth, openness to change and behaviour in an atypical way. The changes associated with martial law have become an impetus for the awareness and actualisation of resources, skills, experience, and transformation of values for personal adaptation to external conditions and challenges of society. Personal maturity is characterised by many phenomena that manifest themselves in a positive self-attitude, flexibility, autonomy, attentive behaviour towards others, openness to experience and the ability to form close relationships.

The relevance of this issue is of a global nature nowadays. Because when there is a war in Ukraine, it is important for students of higher education insti-

tutions to learn how to cope with stress and develop stress resistance so that no emergency situation can confuse a person during their studies.

There is a large amount of evidence that stress is a companion of student life, especially at the initial stage, during self-analysis, personal self-determination, exam sessions, etc. At the same time, when there are still wartime stresses, it is extremely important for students not to lose motivation to study and to their chosen profession.

The student period of life is a time of active mental formation of the individual, and therefore creates a favourable basis for the development of self-control skills in different emotional states. This will ensure effective adaptation of students in the social environment and their successful professional development. Given the above, an important task is to study the psychological characteristics of students' health in situations of emotional stress and to identify certain tips aimed at forming skills and developing students' ability to control themselves in such situations.

**Purpose:** to dissect the psychological implications of living and studying in an environment characterized by conflict and uncertainty, emphasizing the need to identify strategies and support mecha-

nisms to safeguard the mental well-being of students amidst these challenging circumstances.

**Materials and Methods.** The study used general scientific and special research methods: theoretical generalisation, comparative analysis, classification and grouping, statistical comparison and generalisation. Research materials of domestic and foreign authors are used. The study was conducted on the basis of the analysis of competencies and practical results acquired by the applicants in the process of training for future professional activities.

**Results.** The development of modern society, accompanied by complex, sometimes contradictory globalisation processes, has determined increased demands on the level of mental health, and in the context of martial law imposed in Ukraine due to the military aggression of the Russian Federation, the issues of its preservation and stabilisation have intensified. Not only the military events, but also the COVID-19 pandemic has changed the pace and rhythm of life in all areas of the economic, spiritual, and educational spheres [2]. After all, the loss of mental health has a significant impact on the quality of life of an individual. The latter is mostly accompanied by permanent chronic fatigue, neuroticism, emotional imbalance, depression, irritability, aggressiveness, anxiety, a sense of emptiness of life, loss of self-control, and pronounced egocentrism. According to the World Health Organisation, 300 million people on our planet suffer from psychological disorders. In this regard, the problem of identifying the causes of the weakening of mental health and its timely prevention is becoming more and more relevant.

The concept of mental health is one of the relatively new but most significant categories of modern psychology. The works of A. Maslow, C. Rogers, V. Frankl, V. Ananiev, B. Bratus, F. Vasyliuk, I. Dubrovina, V. Pakhalyan, O. Shuvalov and others are dedicated to it. One of the universal definitions of this is the interpretation of mental health as a state of mental well-being of a person, characterised by the absence of painful mental manifestations and the possibility of conscious regulation of behaviour and activity [5]. Important elements of its analysis are its structural characteristics and main criteria. In determining the structure of mental health, the hierarchical structure of the personality is most often used, the components of which determine the components of mental health.

Health at the biological level implies a dynamic balance of functions of all internal organs and their adequate response to environmental influences. As noted, it makes sense to understand psycho-emotional health as "species" in relation to "generic", which is the psychological health of the individual. If we understand psycho-emotional health as a subjective formation, then such a feature as the orientation of emotions to meet certain needs of the individual becomes more prominent [18]. The health is associated with the personal context within which a person appears as a mental whole at the psychological level. The more harmoniously all the essential properties that

make up a personality are combined, the more stable, balanced and able to counteract influences that impede its integrity. Mental health is influenced (both positively and negatively) by the social environment. Only people with healthy mental health feel like active participants in the social system [1].

In defining mental health, the World Health Organization identifies seven components, including:

- awareness of the permanence and identity of one's physical and mental self;
- the constancy and uniformity of experiences in similar situations;
- critical attitude to oneself and one's activities;
- adequacy of mental reactions to environmental influences;
- ability to manage their behaviour in accordance with established norms;
- planning and implementing one's own life activities;
- ability to change their behaviour depending on changes in life circumstances [4, 12].

Various criteria are used to assess the level of a person's mental health. The most informative, according to most authors, are the following criteria: correspondence of subjective images to the reflected objects of reality and the nature of reactions to external stimuli; age-appropriate level of maturity of the individual, in particular, emotional and volitional and cognitive spheres; adaptability in microsocial relationships, ability to consciously plan life goals and maintain activity in achieving them.

Mental health is well-being in the mental, emotional, social and somatic domains that enables one to function effectively in the environment and to achieve and develop personal goals [24, 25]. It is an integral and important element of health that should be considered in both positive and negative aspects. For many years, the need to include positive aspects of health in research has been advocated [9]. Medical models of mental health, by focusing only on mental disorders, describe only "half the mental health field" [17]. Most experts argue that mental health and mental disorder are not opposing concepts. The absence of a recognised mental illness does not necessarily mean mental health [22].

In the psychological and psychiatric literature, there has been an increasing number of studies pointing to the growth of mental health problems among students [10, 15]. The reasons for this are diverse. Part of it is certainly due to the fact that, on the one hand, the period of study is a time of increased risk, as most mental disorders begin in late adolescence and early adulthood. On the other hand, mental health problems are associated with less social stigma [7, 15], and it is possible that young people with more stigma are more open about them. In addition, the level of stress and social expectations that young people face in the early stages of their education plays an important role [21]. This apparent increase in the severity of mental health problems and mental health problems among academic youth, with the simultaneous realisation that proper development and good health, including mental health, in

youth is a resource for health and quality of life in later life (Sokolowska et al, 2016), increases the need for culturally sensitive diagnostic tools that allow for the assessment of students' mental health.

According to the World Health Organisation [24], mental health is a state of well-being that enables a person to realise his or her own potential, cope with the normal stressful events of life, work effectively and contribute creatively to society. contribute to their society. Positive mental health refers to a person's well-being and resources that enable them to cope with difficulties and avoid health problems. Examples of variables that characterise the positive dimension of health are: sense of coherence, self-esteem, life optimism, self-efficacy, resilience/stamina, endurance/resilience, attachment, emotional intelligence, effective coping, proactive coping, social competence, sense of self-efficacy, sense of life satisfaction [8, 14, 19]. The negative dimension of mental health Mental health is associated with symptoms described as psychological distress and the occurrence of mental disorders classified according to ICD-10 or DSM-5 [15].

Mental health is described by Ville Lehtinen as (1) a state of well-being, (2) individual resources (self-esteem, optimism, sense of influence over one's own life, sense of coherence), (3) the ability to establish and maintain satisfactory interpersonal relationships, and (4) the ability to cope with difficult situations (resilience) [14]. People in good health are characterised by, among other things, the ability to enjoy life; the ability to cope with daily stress; an active life that includes meaningful activities; the ability to build satisfying relationships; a sense of balance; the ability to meet one's own needs; development in various areas of life; caring for others; self-confidence; self-esteem; and the ability to achieve self-fulfilment. life; caring for others; self-confidence; and high self-esteem. Mental health is influenced by biological factors, psychological factors and environmental characteristics.

There is a clear lack of instruments that cover the majority of mental health indicators, including both positive and negative dimensions simultaneously. While the negative dimension – psychopathological symptoms – is emphasised in diagnostic studies, the positive dimension is very rarely. There are many well-known instruments that measure individual indicators of mental health, for example, the SOC Life Orientation Questionnaire, the LOT-R Life Orientation Test, the Rosenberg Self-Esteem Scale, the Generalised Self-Efficacy Scale, the INTE Emotional Intelligence Inventory, the GHQ-28 General Health Questionnaire by David P. Goldberg and Valerie F. Hillier [10].

Health consciousness is an important component of mental health, as it reflects awareness of and attention to one's own physical and psychological state. It includes an understanding of one's own needs, healthy habits, and techniques for maintaining and improving health.

Self-observation and self-awareness: Health awareness means being aware of one's own physi-

cal and mental state. This includes being aware of your emotions, thoughts and physical sensations.

Self-regulation: A healthy mindset depends on the ability to regulate one's actions and reactions to different situations. This includes controlling emotions, stress and reactions to stressful events.

Self-monitoring and health maintenance: Health consciousness means being aware of the importance of a healthy lifestyle, such as regular physical activity, a balanced diet, rest and recuperation, and other healthy habits.

Awareness and education: Being educated about health issues – knowing preventive measures, risks and ways to improve one's physical and mental health.

Support and assistance: Health consciousness also includes an awareness of the need for support and assistance from others in maintaining their health.

Health consciousness helps to develop a healthy attitude towards oneself and encourages a healthy lifestyle. It can contribute to mental well-being, enabling a person to manage stress more effectively, cope with challenges and maintain their overall health.

Health consciousness is an ambiguous concept due to the inability to adopt an unambiguous definition. It is most often associated with colloquial thinking and the need to assess one's own physical, mental or social well-being on a daily basis. An attempt to define health consciousness was made by Elżbieta Korzeniowska, who, following Kojder (1976), concluded that this concept is on the verge of science and has the character of a cluster of concepts [13]. The most important procedure was to define the range of problems related to the sphere of health reality. Korzhenovska included 1) understanding of health, 2) health status, including self-assessment and criteria for its assessment, 3) determinants of health, their type, strength and nature of influence on health, as well as the ability and influence of a person on it, 4) health assessment [13, 16]. In turn, Cisek, Gniadek, Richter, Chmiel suggest that “health awareness includes general knowledge about factors and behaviours that affect health, and indirectly, beliefs about the ability to influence one's own health, motivation and ability to carry out activities aimed at improving health” [11]. On the other hand, Krzysztof Puchalski draws attention to the existence of health unconsciousness, when the value of health dominates other values, and other life goals are indicated to increase self-esteem. Health problems are pushed out of consciousness, especially when health determinants beyond the individual's control are identified [19, 20, 23].

Thus, as practice shows, mental health covers the ways of harmonising a person, his or her desires, ambitions, abilities, ideals, feelings and consciousness. It is characterised by the absence of any pronounced painful changes or conditions of the personality, and is closely related to the internal state of the body. Mental health is realised at different levels of a person's life, in particular: at the biological le-

vel, which means the absence of defects in personal development, at the mental level, which involves the resources and capabilities of a person to cope with stressful challenges and situations, and at the social level, which is ensured by the realisation of a person's existential needs. All of this contributes to successful social integration and creates the pre-conditions for mental self-regulation and correction of mental states.

Most domestic scientists emphasise that mental health is a relatively stable state of the body and personality that allows one to consciously fulfil and meet one's individual and social (collective) biological and social needs based on the normal functioning of psychophysical systems, healthy psychosomatic and somatic relations in the body, taking into account one's physical and mental capabilities, as well as the surrounding natural and social conditions. At the same time, we recognise that the state of mental health of each of us depends on the adaptive capabilities, the level of mental balance and the organic organisation of the psyche.

### Conclusions

Maintaining the mental health of students during wartime is extremely important, as a situation of conflict can create significant stress and difficulties for young people. Here are some tips that can help them in such circumstances: Maintain psychological safety: It is important to create a safe environment where students can feel psychologically comfort-

table. This can include regular safety information, access to psychological support and opportunities to discuss their emotions and fears. Building social support: Promote the formation of support groups among students. You can organise joint meetings, forums or discussions where students can share experiences and support each other. Promote psychological resilience: Provide opportunities to develop stress management and relaxation techniques such as meditation, yoga, breathing exercises. This can help students find ways to cope with stress. Create space for rest and distraction: Providing opportunities for distraction from stress through recreational activities, sports, art, or hobbies can help reduce stress levels. Access to professional psychological help: Providing access to psychological counsellors or psychotherapists for those who need serious psychological support. Information support and education: Providing objective and accurate information about the situation, government actions and security advice can help reduce fear and uncertainty.

These approaches can contribute to the mental health of students during martial law by providing them with support, coping tools and resources for psychological resilience.

**Prospects for further research.** Further theoretical and practical research will be based on the study of students' psycho-emotional health, which is an important aspect for the development of effective strategies to support their well-being and learning.

### Список літератури

1. *Корольчук М. С.* Психологічне забезпечення психічного і фізичного здоров'я / М. С. Корольчук. – К. : Інкос, 2002. – 272 с.
2. *Особливості дистанційного навчання студентів в умовах пандемії COVID-19 (за результатами анкетування)* / Н. О. Теренда, О. А. Теренда, М. І. Горішний, Н. Я. Панчишин // *Медична освіта*. – 2020. – № 4. – С. 57–60.
3. *Павлик Н. В.* Структура й критерії психологічного здоров'я особистості / Н. В. Павлик // *Психологія і особистість*. – 2022. – № 1 (21). – С. 34–59.
4. *Пляка Л. В.* Психологічне здоров'я як психологічна проблема / Л. В. Пляка // *Збірник наукових праць Інституту психології ім. Г. С. Костюка НАПН України* / за ред. С. Д. Максименка. – К. : ГНОЗІС, 2011. – Т. XIII, ч. 2. – С. 315–322.
5. *Психологічна енциклопедія* / автор-упорядник О. М. Степанов. – К. : Академвидав, 2006. – 424 с.
6. *Федчишин Н. О.* Дистанційне навчання іноземної мови майбутніх лікарів: виклики часу / Н. О. Федчишин, Н. І. Єлагіна, О. Г. Пермякова // *Медична освіта*. – 2020. – № 2. – С. 32–39.
7. *Allen J. G.* Mindfulness-based positive psychology interventions: a systematic review / J. G. Allen, J. Romate, E. Rajkumar // *BMC Psychology*. – 2021. – Vol. 9 (116). DOI 10.1186/s40359-021-00618-2.
8. *Altinyelken H. K.* Improving the psychosocial wellbeing of international students: the relevance of mindfulness / H. K. Altinyelken, L. Hoek, L. Jiang // *British Journal of Guidance and Counselling*. – 2020. – Vol. 48 (4). – P. 524–536. DOI 10.1080/03069885.2019.1600189.
9. *Associations between perfectionism and generalized anxiety: Examining cognitive schemas and gender* / J. Klibert, D. A. Lamis, K. Naufel [et al.] // *Journal of Rational-Emotive Cognitive Behavioral Therapy*. – 2015. – Vol. 33. – P. 160–178.
10. *Cieślak B.* Przegląd wybranych kwestionariuszy oceny jakości życia / B. Cieślak, H. Podbielska // *Acta Bio-Optica et Informatica Medica. Inżynieria Biomedyczna*. – 2015. – T. 21 (2). – S. 102–135.
11. *Jue J.* The Person-in-the-Rain Drawing Test as an Assessment of Soldiers' Army Life Adjustment and Resilience / J. Jue, J. Ha // *Psychology*. – 2019. – Vol. 10. – P. 1418–1434. DOI 10.4236/psych.2019.1011093.
12. *Keyes C. L. M.* Toward a Science of Mental Health: Positive Directions in Diagnosis and Interventions / C. L. M. Keyes, S. J. Lopez // *Handbook of Positive Psychology* / S. J. Lopez, C. R. Snyder (Ed.). – New York : Oxford University Press, 2002. – P. 45–59.
13. *Korzeniowska E.* Zachowania zdrowotne i świadomość zdrowotna w sferze pracy / E. Korzeniowska. – Łódź : Instytut Medycyny Pracy im. prof. Dra med. Jerzego Nofera, 1997.
14. *Lehtinen V.* Building up good mental health: Guidelines based on existing knowledge / V. Lehtinen. – Access mode : <https://thl.fi/documents/10531/115966/Building%20up%20good%20mental%20health.pdf>.

15. Ocena zdrowia psychicznego studentów na podstawie Skróconego Kwestionariusza Zdrowia Pacjenta / J. Białkowska, D. Mroczkowska, E. Zomkowska, A. Rakowska // *Hygeia*. – 2014. – T. 49 (2). – S. 365–369.
16. Ogińska-Bulik N. Osobowość. Stres a zdrowie / N. Ogińska-Bulik, Z. Juczyński. – Warszawa : Difin, 2010. – 319 s.
17. Peterson C. Character strengths and virtues: A handbook and classification / C. Peterson, M. E. Seligman. – Oxford : Oxford University Press, 2004. – Vol. 1. – 816 p.
18. Psycho-emotional health of medical student at the stage of choosing the future direction / L. V. Lishtaba, M. Kichula, N. O. Fedchysyn, A. V. Vyshniovskyi // *Медична освіта*. – 2022. – № 4. – С. 57–65.
19. Puchalski K. Zdrowie w świadomości społecznej / K. Puchalski. – Łódź : Instytut Medycyny Pracy im. prof. Dra med. Jerzego Nofera Krajowe, Centrum Promocji Zdrowia w Miejscu Pracy, 1997. – 217 s.
20. Schabracq M. J. Everyday well-being and stress in work and organizations / M. J. Schabracq, J. A. V. Winnubs, C. L. Cooper. DOI 10.1002/0470013400.ch2.
21. Społeczno-kulturowe uwarunkowania zachowań zdrowotnych w rodzinie / M. Cisek, A. Gniadek, B. Richter, I. Chmiel // *Annales Universitatis Mariae Curie-Skłodowska*. – 2004. – T. LIX, cz. XIV (68), sectio D. – S. 103–107.
22. Vaillant G. E. Positive mental health: is there a cross-cultural definition? / G. E. Vaillant // *World Psychiatry*. – 2012. – Vol. 11 (2). – P. 93–99.
23. What mental health promotion do university students need? / E. Sokołowska, L. Zabłocka-Żytka, S. Kluczyńska, J. Wojda-Kornacka // *Polish Journal of Applied Psychology*. – 2016. – T. 14 (3). – S. 53–72. DOI 10.1515/pjap-2015-0062.
24. WHO. Constitution of the World Health Organization. – 1948. – Access mode : <http://apps.who.int/gb/bd/PDF/bd48/basic-documents48th-edition-en.pdf#page=7>.
25. WHO. Promoting mental health: Concepts, emerging evidence, practice. – Geneva : WHO, 2005.

#### References

1. Korolchuk, M. (2002). *Psychohlohichne zabezpechennia psykhičnoho i fizyčnoho zdorovia [Psychological support of mental and physical health]*. Kyiv: Inkos [in Ukrainian].
2. Terenda, N. (2020). Osoblyvosti dystantsiinoho navchannia studentiv v umovakh pandemii COVID-19 (za rezultaty anketuvannia) [Features of distance learning for students in the context of the COVID-19 pandemic (based on the results of the survey)]. *Medychna osvita – Medical Education*, 4, 57-60 [in Ukrainian].
3. Pavlyk, N. (2022). Struktura y kryterii psychohlohichnoho zdorovia osobystosti [Structure and criteria of psychological health of a person]. *Psykhohohiia i osobystist – Psychology and personality*, 1(21), 34-59 [in Ukrainian].
4. Pliaka, L. (2011). Psychohlohichne zdorovia yak psychohlohichna problema [Psychological health as a psychological problem]. *Zbirnyk naukovykh prats Instytutu psykholohii im. H.S. Kostiuka NAPN Ukrainy – Collection of scientific papers of the H.S. Kostiuk Institute of Psychology of the National Academy of Pedagogical Sciences of Ukraine*. (Vol. XIII, Part 2). (pp. 315-322). Kyiv: HNOZIS [in Ukrainian].
5. Stepanov, O. (2006) *Psychohlohichna entsyklopediia [Psychological Encyclopaedia]*. Kyiv: Akademydav [in Ukrainian].
6. Fedchysyn, N. (2020). Dystantsiine navchannia inozemnoi movy maibutnikh likariv: vyklyky chas [Distance learning of future doctors in Foreign Language: challenges of time]. *Medychna osvita – Medical Education*, 2, 32-39.
7. Allen, J.G., Romate, J., & Rajkumar, E. (2021). Mindfulness-based positive psychology interventions: a systematic review. *BMC Psychology*, 9(116). DOI 10.1186/s40359-021-00618-2.
8. Altinyelken, H., Hoek, L., & Jiang, L. (2020). Improving the psychosocial wellbeing of international students: the relevance of mindfulness. *British Journal of Guidance and Counselling*, 48(4), 524-536. DOI 10.1080/03069885.2019.1600189.
9. Klibert, J., Lamis, D.A., Naufel, K., Yancey, A.T., & Lohr, S. (2015). Associations between perfectionism and generalized anxiety: Examining cognitive schemas and gender. *Journal of Rational-Emotive Cognitive Behavioral Therapy*, 33, 160-178.
10. Cieślak, B., & Podbielska, H. (2015). Przegląd wybranych kwestionariuszy oceny jakości życia [A review of selected quality of life assessment questionnaires]. *Acta Bio-Optica et Informatica Medica. Inżynieria Biomedyczna – Acta Bio-Optica et Informatica Medica. Biomedical Engineering*, 21(2), 102-135.
11. Jue, J., & Ha, J. (2019). The Person-in-the-Rain Drawing Test as an Assessment of Soldiers' Army Life Adjustment and Resilience. *Psychology*, 10, 1418-1434. DOI 10.4236/psych.2019.1011093.
12. Keyes, C.L.M., & Lopez, S.J. (2002). Toward a Science of Mental Health: Positive Directions in Diagnosis and Interventions. *Handbook of Positive Psychology*. S.J. Lopez, C.R. Snyder (Ed.). (pp. 45-59). New York: Oxford University Press.
13. Korzeniowska, E. (1997). *Zachowania zdrowotne i świadomość zdrowotna w sferze pracy [Health behaviour and health awareness at work]*. Łódź: Instytut Medycyny Pracy im. prof. Dra med. Jerzego Nofera, Krajowe Centrum Promocji Zdrowia w Miejscu Pracy.
14. Lehtinen, V. (2008). Building up good mental health: Guidelines based on existing knowledge. Retrieved from: <https://thl.fi/documents/10531/115966/Building%20up%20good%20mental%20health.pdf>.
15. Białkowska, J., Mroczkowska, D., Zomkowska, E., & Rakowska, A. (2014). Ocena zdrowia psychicznego studentów na podstawie Skróconego Kwestionariusza Zdrowia Pacjenta [Assessment of students' mental health using the Abbreviated Patient Health Questionnaire]. *Hygeia*, 49(2), 365-369.
16. Ogińska-Bulik, N., & Juczyński, Z. (2010). *Osobowość. Stres a zdrowie [Personality. Stress and health]*. Warszawa: Difin.
17. Peterson, C., & Seligman, M.E. (2004). *Character strengths and virtues: A handbook and classification*. (Vol. 1). Oxford: Oxford University Press.

18. Lishtaba, L., Kichula, M., Fedchyshyn, N., & Vyshniovskyi, A. (2022). Psycho-emotional health of medical student at the stage of choosing the future direction. *Medyczna osvita – Medical Education*, 4, 57-65.
19. Puchalski, K. (1997). *Zdrowie w świadomości społecznej*. Łódź: Instytut Medycyny Pracy im. prof. Dra med. Jerzego Nofera, Krajowe Centrum Promocji Zdrowia w Miejscu Pracy.
20. Schabracq, M.J., Winnubs, J.A.V., & Cooper, C.L. Everyday well-being and stress in work and organizations. DOI 10.1002/0470013400.ch2.
21. Cisek, M., Gniadek, A., Richter, B., & Chmiel, I. (2004). Społeczno-kulturowe uwarunkowania zachowań zdrowotnych w rodzinie [Social and cultural determinants of health behaviour in the family]. *Annales Universitatis Mariae Curie-Skłodowska*, LIX, XIV (68), sectio D, 103-107.
22. Vaillant, G.E. (2012). Positive mental health: is there a cross-cultural definition? *World Psychiatry*, 11(2), 93-99.
23. Sokołowska, E., Zabłocka-Żytka, L., Kluczyńska S., & Wojda-Kornacka, J. (2016). What mental health promotion do university students need? *Polish Journal of Applied Psychology*, 14(3), 53-72. DOI 10.1515/pjap-2015-0062.
24. WHO (1948). Constitution of the World Health Organization. Retrieved from: <http://apps.who.int/gb/bd/PDF/bd48/basic-documents48th-edition-en.pdf#page=7>.
25. WHO (2005). Promoting mental health: Concepts, emerging evidence, practice. Geneva: WHO.

### ПСИХІЧНЕ ЗДОРОВ'Я СТУДЕНТІВ В УМОВАХ ВОЄННОГО СТАНУ ЯК СОЦІАЛЬНА ПАРАДИГМА

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**Мета:** проаналізувати психологічні наслідки життя і навчання в середовищі, що характеризується конфліктами і невизначеністю, наголошуючи на необхідності визначення стратегій і механізмів підтримки для збереження психічного благополуччя студентів у цих складних обставинах.

На тлі конфлікту, що триває в Україні, у статті підкреслено нагальну потребу студентів закладів вищої освіти ефективно справлятися зі стресом і зміцнювати свою життєстійкість, забезпечуючи безперервне продовження академічної діяльності в умовах надзвичайних ситуацій.

**Матеріали і методи.** У процесі дослідження використовували загальнонаукові та спеціальні методи дослідження: теоретичного узагальнення, метод порівняльного аналізу, класифікації і групування, статистичного порівняння та узагальнення.

**Результати.** В умовах складного глобалізованого суспільства та посилення викликів, спричинених воєнним станом в Україні через російську агресію, збереження та стабілізація психічного здоров'я набувають першочергового значення. Зниження психічного благополуччя суттєво впливає на якість життя людини, часто проявляючись у хронічній втомі, невротизмі, емоційній нестабільності, депресії та інших несприятливих психологічних проявах.

Психічне здоров'я, поняття, що набуває все більшого значення у сферах громадського здоров'я, охоплює стан психічного благополуччя, позбавлений хворобливих психічних проявів і такий, що уможливує свідому регуляцію поведінки та діяльності. У статті здійснено структурний аналіз, що заглиблюється в ієрархічну будову компонентів особистості, які визначають психічне здоров'я. Це включає біологічний рівень, пов'язаний зі збалансованими функціями внутрішніх органів, психологічний рівень, пов'язаний із цілісною особистістю, і соціальний рівень, на якому здорові люди беруть активну участь у соціальній системі.

**Висновки.** Отже, збереження психічного здоров'я студентів у воєнний час набуває першочергового значення, що вимагає стратегій, спрямованих на забезпечення психологічної безпеки, соціальної підтримки, сприяння життєстійкості, створення відновлювальних просторів, надання професійної психологічної допомоги та поширення достовірної інформації. Подальші дослідження спрямовані на вивчення психоемоційного здоров'я студентів для ефективної підтримки благополуччя та стратегій навчання.

**КЛЮЧОВІ СЛОВА:** психічне здоров'я; здоров'я; психологічне здоров'я; студенти; заклади вищої освіти; емоції; тривога; воєнний стан.

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