

Current issues of state regulation of psycho-social support in the conditions of war in Ukraine

Olena Korolchuk¹, Ivan Zyma², Sergii Khrapatyi³, Mykhailo Vikhliaiev⁴, Kateryna Zavalko⁵

¹Uzhgorod National University, Ukraine

²Academie Huspol, Czech Republic

³Interregional Academy of Personnel Management, Ukraine

⁴Center for Ukrainian and European Scientific Cooperation, Ukraine

⁵Borys Grinchenko Kyiv University, Ukraine

Neuropsychiatria i Neuropsychologia 2023; 18, 1–2: 76–84

Address for correspondence:

Olena Korolchuk

Uzhgorod National University

Ukraine

e-mail: korolchuk8123@sci-univ.com

Abstract

The relevance of this article is due to the fact that the existing approaches to ensuring the high quality of social protection and mental health care have not been implemented or are not effective. Despite the fact that the number of people who have suffered from a traumatic effect of the war has increased, there is no single integrated system for ensuring the protection of mental health in Ukraine. The purpose of the article is to develop a strategy for high-quality public management of psychosocial support for war victims in Ukraine. The results of the research show that the war increases the chance of acquiring mental health problems. So, the main issues of state regulation of psycho-social support are to create a system of psychosocial support and facilitate psycho-social recovery and create rehabilitation centers.

Key words: PTSD, psychological treatment, psycho-social support, vulnerable groups, war trauma, rehabilitation.

Introduction

Today psycho-social problems are recognized to be among the most serious challenges of our time. This especially concerns people traumatized by military actions, such as the war (Guidelines on Mental Health... 2007). Traumatic life events and traumatic influences include war, hostilities and injuries, disasters, torture, mass violence, as well as lack of food, water, shelter and medical care, rape, imprisonment, ill-treatment and isolation, murder and death of a subject or family (Haldane and Nickerson 2016). In war conditions, all those who remain in the zone of active warfare (both the military and civilian population) suffer from health damage – physical, mental, social. The mental component of health is particularly affected by numerous traumatic experiences, such as constant stress, fear for life and the future, observation of cruelty, violence, death and destruction, the presence in the zone of active combat, shelling, bombing, a feeling of insecurity, self-doubt, uncertainty, separation from relatives/family, or horror and the consequences of participation in fighting, captivity, imprisonment, etc.

A high level of poor psychological health can affect the ability of individuals, communities and societies to function both during and after the war. Pham, Weinstein, and Longman (2004) and others investigated how traumatic events and high levels of mental stress can affect respondents' attitudes to reconciliation in post-war societies (Yasegnal 2022). It should be noted that research issues of the consequences of traumatic events and mass violence have expanded since the mid-1990s, when theories were proposed about how people physically and mentally cope with stress. Since then, such research has also included the study of the social, cultural, moral, and spiritual components of the environment and how they affect individual and group responses to trauma. It has been found that the process used to integrate traumatic experiences is more complex than simple adaptation and overcoming – it is also necessary to accept and give meaning to what has happened, recognize that life will never be the same and plan the development of new perspectives for the future (de Jong 2011).

Importantly, the research suggests that the presence of protective factors including family and society acceptance can act as a buffer against the negative effects of war, thereby reducing the risk of mental disorders and promoting psychosocial functioning (Betancourt *et al.* 2020) and growth. Therefore, it is clear that the ongoing war since 2014 in Ukraine requires the development and implementation of improved approaches to the provision of psycho-social care by the state.

Unfortunately, not all issues on ensuring the proper quality of social protection and mental health care are implemented and ensured, and not all mechanisms of public management on this issue are effective. This fact negatively affects the moral and psychological state of victims, war veterans and their families by reducing the level of resilience. As a result, it is a significant threat to social and national security of the state. The same problems exist in the area of mental health care. There is understanding of its importance; however, effective measures have not been implemented sufficiently. For example, there is no single integrated system to ensure the protection and improvement of mental health for the victims and war veterans. According to many, these two aspects should be integrated, combined into a system for synergy effects.

Consequences of Russia's invasion of Ukraine

On February 24, 2022 the Russian Federation with the assistance of the Republic of Belarus launched a full-scale unprovoked war on the territory of Ukraine. Using weapons with a wide range, including prohibited weapons, multiple rocket launchers, missile strikes, and aerial bombs, the Russian Federation deliberately destroys military and civil infrastructure, such as residential buildings, schools, hospitals, kindergartens, museums, theaters, etc. (In Ukraine, the number of children... 2022; Half a year of Russia's war against... 2022).

According to preliminary data, it is considered that the number of deaths may be more than 20 thousand people in Mariupol alone. In an interview, the First Lady of Ukraine Olena Zelenska cited figures on the consequences of the Russian aggression: *there are 40,000 deaths or injuries of Ukrainian citizens, 3 million people in the occupied territories, more than 8 million internally displaced persons; 6 million Ukrainians were forced to go abroad; 44% of our citizens are separated from their families; 50% of Ukrainians*

assess their psychological state as very tense. All these are direct indications for psychological help. According to the estimates of the Ministry of Health, today at least 60% of Ukrainians need it (At least 60% of Ukrainians... 2022).

Moreover, the use of heavy weapons causes significant negative consequences, polluting the environment. All these factors made the usual life impossible and caused a decline in the quality of life of hundreds of thousands of Ukrainian families. Consequently, the main task of the state, management, business, and the community is to alleviate its consequences and reduce this period of negative impact. In the context of the war, public management and authorities at all levels of Ukraine faced new challenges related to ensuring the security of the country, its territories, and population, the provision of administrative services, ensuring the activities of economic entities, the organization of territorial defense of communities, the evacuation of the population, social protection (Degtyareva 2022) for everyone who needs it because of the war, etc.

The war objectively determines the need for fundamental changes in all spheres of public life and mechanisms of public administration, including the humanitarian sphere and psycho-medical-social support. In this regard, the Cabinet of Ministers of Ukraine is actively developing a Post-War Economic Recovery Plan for Ukraine, which provides the measures for the restoration and modernization of social infrastructure and the development of cultural and sports systems, which will include extensive work on the psycho-social recovery of the population of Ukraine (Draft Sections of the Recovery Plan... 2022). This article provides a review of academic publications on the issues related to psychosocial problems and options for mitigating the effects of war.

As we noted above, the events of recent months have shown how vulnerable the territory and communities can be to the challenges of the war. On the other hand, it is generally recognized that if the management system of any level is not prepared to deal with such a difficult situation, the capacity of the system to perform its tasks decreases. Moreover, it should be taken into account that since 2014 most of the public administration systems of Ukraine have been undergoing permanent non-systemic transformations and have been partly destroyed by numerous reforms, corruption, personnel shortage, and professional imperfection. So, it is clear that after the outbreak of the full-scale

war, the improvement of public administration mechanisms at all levels has become extremely relevant. Under such conditions, first of all, public administration bodies at the regional and local levels make managerial decisions to ensure territorial security and mitigate the effects of military events, including psycho-social and medical support for all victims (such as support for the functioning of the territorial defense system, effective provision of social and communal services, quality shelters, work with displaced persons, effective communication measures in the context of military threats, etc.).

The issues and dangers facing Ukraine before the war included a decline in the level and quality of life, a decrease in social protection and increased social differentiation of the population; negative dynamics of demographic processes and a significant deterioration in the state of health of the population, the growth of sanitary-epidemic disadvantage, a decrease in the availability, quality and effectiveness of medical care and drug provision, the imperfection of measures in the social sphere, increased social and economic inequality (gender, territorial, etc.), and migration of the active part of the population (Korolchuk 2016). At the same time, the number of socio-economic and other problems has not decreased. So, this determines the need for the search for new, more effective, and science-based approaches to their solution at the present moment and in the future (Degtyareva 2022), including the issues of psycho-social support and recovery.

In times of severe and extreme instability, the unprecedented unity of the Ukrainian society provided a hopeful foundation for the social stability of the state and the national resistance to the military aggression of the Russian Federation. Moreover, such unity helps to overcome the problems and challenges associated with the war. Most people flee when there is a fear or when they witness violent acts (murder, rape, robbery, torture) (Vinck and Pham 2013). It should be noted that two socially vulnerable groups of the population that require special attention and special means of assistance from the state have appeared in Ukraine since 2014: combatants and members of their families, and internally displaced persons (IDPs). The number of these categories is constantly and rapidly growing in the conditions of the war in Ukraine.

For example, as of February 1, 2016, according to the Ministry of Social Policy, 1,705,000 IDPs from Donbas and Crimea or 1,346,276 families were registered; while as of June of the same year, more than 1,800,000 IDPs were reg-

istered (Ministry of Social Policy, 2022). In the summer of 2022, almost 13 million Ukrainians left their homes, fleeing the war. The International Organization for Migration and the UN consider that more than 6.6 million Ukrainians are IDPs (as of July 2022), constituting 15% of the total population of Ukraine. According to the UN, 6.65 million people left for Europe in mid-August. Almost 4 million of them (mostly women and children) received temporary protection in one of the European countries (Half a year of Russia's war... 2022). Unfortunately, today, people continue to be forced to flee mainly from the east, south and north of Ukraine.

Mental health consequences of war

In general, forced displacement is recognized as one of the most stressful experiences for a person. Escape from the war or civil conflicts is a more common factor of forced displacement in developing countries than displacement due to natural disasters such as floods or famine (Sasse 2020). Forced displacement is often associated with repeated and prolonged exposure to three groups of stressors: loss (of family, home, property, identity), deprivation (of basic needs, normal life, security) and trauma (from witnessing or experiencing a rape, a murder, etc.) (Lazarenko 2019). The unfulfillment of basic needs is one of the IDPs' problems. For example, in the case of the overpopulation of a certain territory due to forced displacement, the affected population has an increased risk of malnutrition, illness and death. So, it is important that assistance to IDPs should be aimed primarily at meeting their basic needs. When there is something that sustains life, a sense of security and safety will return, and other needs will also become more important.

In modern society, the role of the mental factor has increased, determining the relevance of studying the issues of improving and protecting mental health as a fundamental component of a high quality of life (full, active, creative). In any country, military actions will be reflected in the development of society and the country. The war provokes the growth of social tension, social rejection, polarization and marginalization in society, weapons overload, intolerance, and dehumanization.

The traumatic experience of the war can have long-term negative physical, psychological and social consequences. According to Ba and Bhopal (2017), those who cannot cope with them may resort to various forms of substance abuse. Others may become aggressive and continue to feel

insecure even after they are taken to a safe place because the usual social order and community rules frustrate them (Saile *et al.* 2013). Traumatic distress of war fears generate hostility among the masses, destroying human and family relations, reducing productivity and creating anger and resentment against the government and state bodies. In addition, society splits, and the social structure and unity are damaged. So, this causes social isolation between different segments of society (Corvalan and Vargas 2015). Another damaging factor of the war is chaos, which often violates the daily rules and social practices of communities and families. Families may be broken down by physical separation and family dysfunction; spouses may offend each other and children may question moral or cultural values and become more daring toward their parents (Zimmer *et al.* 2006). Losses destroy the emotional world of the individual when it concerns a loved, important person, a family member, a friend, or a pet (Morina *et al.* 2011).

At the same time, prolonged stress causes a number of risks of socio-psychological nature, such as an increase in the number of patients with mental disorders (including post-traumatic syndrome) and conduct disorders (socially dangerous and suicidal). For example, according to the Ministry of Defense, since 2014, more than 200 Ukrainian soldiers have committed suicide due to social maladaptation, alcoholism, drug addiction, etc. (Korolchuk 2015). Nevertheless, Ukrainian realities have proved that war is also a factor of uniting people, stoking anger and resentment against the enemy, developing national unity, stimulating patriotism, belief in victory by joint efforts and trust in the government and the country.

It is generally proved that war has a negative impact on the physical and emotional states of both combatants and civilians. Death, injury, sexual abuse, malnutrition, illness, and disability are the most threatening physical consequences of the war, while post-traumatic stress disorder, depression, and anxiety are its emotional consequences. Horror, death, and violence destroy lives, sever relationships and leave people and communities emotionally suffering (Pacek and Truszczyński 2020). The combined effects of war such as torture and repression often extend to civilians, who are caught up in hostilities or are forced to take part in war-related activities against their will. This factor is important for Ukraine in the sense of understanding the suffering of people in the occupied and uncontrolled territories of Ukraine. Another socially vulner-

able group consists of people who are members of military families, who are affected not only by the general consequences of the war, but also by constant anxiety and care for a dear person who is in the midst of military actions.

In addition, war-related emotional distress can occur not only because of the direct impact of life-threatening situations and violence, but also from indirect stressors such as injury or death of relatives, economic hardship, geographic displacement and persistent disruptions of a person's daily life (Yasegnal 2022). The fear of war causes feelings of dissatisfaction, horror, and helplessness leading to even more depression and anxiety about their personal and social well-being (Schmid 2005). People become victims of psychological disorders such as anxiety, irritation, aggression and frustration. Social relationships also suffer because of these psychological disorders (Wang *et al.* 2017).

The vulnerability to various types of violence, the duration of the conflict, the nature of experienced traumatic events and their consequences are associated with the occurrence and levels of severity of mental disorders among war-affected populations (Charlson *et al.* 2019). Growing social problems (social breakdown, increased gender-based violence, etc.), psychological stress (e.g. grief, etc.), mental health problems (depression, anxiety, post-traumatic stress disorder, psychosis, etc.), and individual difficulties in performances of daily activities are often noticed in crisis situations (Colliard *et al.* 2014). The war exacerbates mental health problems. Consequently, people suffer greatly; they become socially inactive, more vulnerable, prone to violence. They may also acquire a tendency towards suicidal behavior, unhealthy lifestyles and substance abuse. As a result, their socio-economic capacity is significantly decreased (Mollica *et al.* 2004).

The most common mental disorders among people who have experienced a military conflict include post-traumatic stress disorder (PTSD) and depression (Charlson *et al.* 2019). Mental health problems can occur within 10-15 years after the war. It is worth remembering that this is the 8th year of the war. So, according to all international experience, there is a great number of cases of PTSD, suicide, and complex mental health problems. Psychosocial problems which are related to cultural factors differ in the conceptualization of mental health, socio-environmental processes that affect psychological well-being and the expression of psychological

distress (Catani 2018; Halevi *et al.* 2016; Heim *et al.* 2017).

The lack of professional and social infrastructure for the application of an interdisciplinary approach in the mental health system (Mental Health) has become critical in Ukraine, despite the presence of thorough developments in this area. For example, there is a carefully studied concept of building public health as a system of scientific and practical measures of non-medical and medical nature. Over the past few decades, psychological and social support has become a frequent component of assistance programs in post-war contexts. It has also increasingly become an area of interest and activity for agencies working in such spheres. There is an increasing amount of literature that supports the need of war-affected populations for psychosocial support programs and proves their relevance in post-war reconstruction, peacebuilding, and social healing processes (Torre 2019).

It is necessary to take into account additional synergistic effects of the combination of health problems which will also require social support. For example, depression is a common problem as an intense and prolonged feeling of sadness, weariness, hopelessness or lack of interest in normal activities; as a reaction to the loss of family, community or property; as a frustration regarding a person's actions (The war in Ukraine and its consequences... 2022). Depression often accompanies a feeling of lack of control over what happens in life, or a feeling of being cut off from acquaintances and places. Depression sometimes leads to suicide (Thabet *et al.* 2004). Another dangerous consequence is a suicidal mood and behavior. For example, such persons may be willing to commit suicide or may deliberately expose themselves to danger. Depression often causes increased irritability and a tendency to lose control more quickly. This applies especially to children (Forrest *et al.* 2018). Sometimes war traumas are accompanied by psychoses, when a person becomes detached from reality. People who become psychotic during the war may have symptoms related to their experiences. For example, people who are displaced and caught up in hostilities may fail to realize what is happening around them (Rzesnitzek 2013).

Frequent consequences of experiencing war are substance abuse (alcohol, drugs, etc.). It is attributed to the fact that people who feel that life has become too difficult usually use alcohol and drugs as a way of escape; others use them as a means of combating anxiety, depression, insomnia, etc. A rise in alcohol and drug abuse is

common after widespread social unrest (Ba and Bhopal 2017). PTSD, as a mental illness, affects a proportion of people who have experienced brutal violence or maltreatment, such as war. They have painful obsessive memories of trauma even when they try to forget what happened (Al-Sheikh and Thabet 2017) and constantly feel the emotional impact of memories. If PTSD is not treated, it will become part of a personality and interfere with its normal functioning (Frounfelker *et al.* 2019). People suffering from PTSD find it difficult to distinguish the real and unreal worlds, always feel alert, are ready to flee or fight instantly. It is also important that people often avoid things that remind them of the trauma in order to eschew memories (Kienzler 2008).

State regulation of psycho-social support

Numerous studies and negative experiences of other countries indicate that the trauma of war will affect the psyche of people for years. Thus, at least one in every five people will have negative consequences for mental health and one in every ten will experience these consequences at the level of moderate severity or severe illness. Everyone will experience the negative consequences – even those who steadfastly resisted in the first months of the war will experience mental exhaustion, getting used to being in the condition of combat. Thus, public administration bodies have a priority task to systematize and consolidate all available resources, including effective international experience, in order to provide access to quality mental health services to everyone who needs it.

Since 2014 numerous amendments have been made to the work of bodies and systems, for example, the State Service of Ukraine has been created to deal with social protection of veterans and participants in the anti-terrorist operation (Resolution of the Cabinet of Ministers of Ukraine of 11.08.14. No. 326). The state policy on social protection of military veterans and participants in the anti-terrorist operation includes the provision of adaptation and psychological rehabilitation, sanatorium and resort treatment, technical and other means of rehabilitation, the provision of housing for veterans, educational services, social and professional adaptation of participants in the anti-terrorist operation who are dismissed from the military service, and organization of their funerals. In addition, the State Service is tasked with providing volunteer assistance to citizens involved in the execution or

provision of work related to combat operations, including care for sick, disabled, single, elderly and other persons who, due to their physical, material or other characteristics, need support and assistance and live in the area of military operations (Kravchenko 2015).

This war even after our victory will affect the psyche for at least the next 7-10 years. If we shorten this period or alleviate the consequences, it will be another great victory that we must gain for our people who have experienced so much, stressed First Lady Olena Zelenska (The war in Ukraine... 2022). *It is very important that the state actively implements a veteran policy. We want to prioritize the issue of psychological and medical rehabilitation for defenders of Ukraine*, said the head of the Ministry of Veterans Affairs. *Our system has post-Soviet inertia and there has still not been created a single rehabilitation system for defenders since the beginning of the war. However, on October 13, the Presidential Decree was issued which provides for the creation of modern rehabilitation centers in 2023 in each region that will facilitate services to veterans* (In 2023 modern rehabilitation 2021).

The state initiated the creation of the National Program of Mental Health and Psychosocial Support in order to systematically purposefully, qualitatively and effectively help citizens to overcome traumatic events, superstress and their consequences, prevent the development of mental disorders and their “opportunistic” diseases, forming a healthy nation and prosperity of the country in the future. To implement the project, an interagency group was created, whose task is to develop and implement measures for the audit of resources. On its basis, a model of the care system will be developed. This system will include training of family doctors, psychologists, social workers, and educators of rapid methods of psychological support, taking into account the potential impact of the war on mental health. It also involves the creation of special mobile applications, which will make it possible to do self-diagnostics and use self-help techniques. In addition, a large communication campaign will be launched to overcome the stigma of addressing a psychologist with some mental problems (At least 60% of Ukrainians... 2022).

Much attention is paid to building psycho-social care and rehabilitation centers for the military, their family members and war-affected people. There are 5 centers for social and psychological rehabilitation, which are subordinated to the Ministry of Veterans and provide relevant services to Ukrainian defenders, members of their families, and families of dead soldiers.

In their work, a comprehensive approach is used to provide assistance to Ukrainian veterans and members of their families such as socio-psychological, informational, legal, sports and recreational work, and involvement in public life. It is important that today there is understanding and a real vision for the creation and functioning of a single national system of rehabilitation and provision of medical services to veterans and their families. The Ministry of Health and the Ministry of Veterans Affairs actively work on this issue. This state system will also take care of other population groups that need assistance in connection with the injuries and losses during the war in Ukraine. There is also understanding of the need to form a culture of psychological rehabilitation for the military, members of their families, and victims of the war. Centers should become centers of growth, not just rehabilitation.

It should be noted that the importance of combining psychological and social components in an adequate standard and quality of life of the population is undeniable. “Psychosociality” describes the necessary relationship between a person, an individual (i.e., “psyche”) and their environment (i.e., their social context – interpersonal relationships, community and/or culture, etc.) (Yasegnal 2022). Psychosocial interventions form the basis for any response to the traumatic effect on mental health and psycho-social well-being. They include a range of social measures aimed at promoting psychological improvement, such as the exchange of experiences, social support, awareness raising and psycho-education (Welton-Mitchell 2013). Therefore, today, the assistance to victims of the war should be focused primarily on the creation of an integrated system of psychosocial intervention.

Psycho-social support for victims of war

The psychosocial intervention is aimed at ensuring the normalization of life, emotional and social integration, reducing unemployment, etc. A rapid physical and social reconstruction (e.g., rebuilding or creating housing, creating jobs, reuniting families, rebirth communities) is essential to restoring emotional balance and maintaining mental health. The inability to meet basic needs can be a powerful source of re-injury. Psycho-social activities plan to make positive changes for the population in three specific main psycho-social dimensions (Yasegnal 2022), taking into account the importance of the interdependence between the person and

his/her environment as an important element of the process of overcoming the traumatic effects of the war. In psychosocial support, the collaboration of both individual care and community support is vital. Thus, emotional well-being provides a sense of security, trust, hope for the future, self-esteem, and prosocial behavior and reduces anger and aggression. Meanwhile social well-being provides the basis for good relationships, a sense of belonging to the community, the restoration of culture and traditions, the ability to perform appropriate social roles, improved interaction, social cohesion, and sustained social engagement (de Jong *et al.* 2003).

According to de Jong (2011), the psychosocial intervention should be considered in terms of psychosocial components to address important areas. Consequently, the “psycho-” component provides support at the individual level and facilitates restoration of the connection of the affected person and his/her environment, community and culture. The “social” component helps to create an environment that will facilitate reintegration of the person or affected groups. “Psycho-” and “socio-” components should complement each other to ensure the mobilization of opportunities for recovery (de Jong 2011). Such a combination “focuses not so much on the reduction of clinical symptoms as on the presence of protective factors and the development of resilience” (Pedersen and Saltin 2015).

Over the past year, two breakthrough program documents were developed to ensure a comprehensive approach to psycho-social support. A program document on the post-war reconstruction plan of Ukraine was created based on the new principles using all available resources and opportunities. It states that the protection of mental health requires extraordinary solutions and large-scale measures in a very short time in the conditions of war and the post-war period. Objective 1 of the document is to ensure the development of rehabilitation assistance, develop, implement and ensure the sustainable functioning of a multilevel integrated model of rehabilitation assistance and financial support for patients with complex needs including the formation and operation of multidisciplinary teams. Objective 2 is to ensure the development of mental health services that are planned taking into account the needs of the community, in particular during the war and the recovery period (Draft Recovery Plan of Ukraine 2022).

Despite the generality of psychosocial problems encountered by people due to the military actions in Ukraine, medical and social workers

did not receive proper training in psychosocial intervention strategies to improve mental health and psychosocial support aimed at promoting well-being and enhancing positive aspects of mental health. After the beginning of the military aggression of the Russian Federation in 2014, similar strategies and their individual elements began sporadically to develop and be implemented throughout Ukraine. For example, in her extensive research, K. Zelenska (2021) outlined strategies for psychosocial rehabilitation of combatants and identified the changes that are necessary to implement as a state policy. In his work, Y. Brindikov (2018) substantiated the theoretical and methodological foundations of the organization of rehabilitation activities with servicemen who participated in combat actions, on the basis of the introduction of art therapy, game technology, training, and family therapy.

Today, with the participation and assistance of international partners, Ukrainian psychologists, doctors and social workers receive specific training on psychosocial intervention strategies to provide effective assistance to Ukrainian citizens. Apart from that, it is important to mention that an integrated system is being created to implement these strategies. High-quality public management of psychosocial support for victims of the war in Ukraine should “improve primarily the quality of life and well-being of citizens, based on a balance of the principles of humanity, social justice, economic feasibility and consistent with the priorities of development of society under specific real conditions” (Korolchuk 2016). The basis should be continuity, complementarity, common action, professionalism, empathy, and boldness as the basic principles and approaches to providing assistance to war victims in order to achieve a better level of adaptation and adjustment of a post-war life. After all, this is how a universal preventive tool should be created to ensure a proper level of psychosocial well-being, aimed at all people, regardless of risk factors and protection, acting by reducing the level of psychological stress, improving conditions and opportunities for daily functioning and ensuring effective strategies to overcome difficulties.

Conclusions

The understanding that the number of problems, including psycho-medical and social ones, will constantly increase in the next years necessitates research for obtaining scientifically based conclusions about the formation of effective administrative measures and the development

of new approaches to and tools of public administration to solve these problems. Taking into account the similar experience of other countries in the world, there is understanding that attention to the issues of psycho-social support for all victims, with a special focus on vulnerable groups (IDPs, combatants and their families), is important and life-sustaining both for citizens and the country. All this requires new approaches to the formation and implementation of preventive measures to mitigate direct, indirect and deferred losses caused by the war and reduce the cost of resources and efforts to revive territories and communities after the victory, in the post-war period.

The results of this research confirm that the war has severe psycho-social consequences for people traumatized by it, ranging from forced displacement, lack of opportunities to provide basic needs, fear for life, struggle for survival, etc. They lead to prolonged (can manifest themselves in 7-10 years) social maladaptations and disorders, health deterioration, aggression, mental illness (depression, psychosis, PTSD, anxiety, substance abuse, behavioral disorders), etc. The psychosocial impact of the war is enormous, and the consequences are severe. The number of victims and those who are in need of assistance will increase. It is important to mention that identified problems are being studied. It is proved that it is crucial to provide timely psychological and social support through the implementation of a system of integrated strategies for mitigating psycho-social war-related problems in order to ensure that the situation will not deteriorate in the future.

High-quality public management of psycho-social support for victims of the war in Ukraine is aimed at improving the quality of life and well-being of citizens and operates on the principles of humanity, social justice, economic feasibility. To ensure social well-being and health, it is necessary to create a system of psychosocial support that integrates various aspects of possible and necessary assistance with uninterrupted intersectoral support. Such a system should also improve the community's education and activity, as well as the development and implementation of psychosocial support programs, that is, strategies for mitigating war-related psycho-social problems. It is also necessary to complete the task of creating centers for psycho-social recovery and rehabilitation in all possible parts of Ukraine, focusing primarily on centers for the development of veterans and their families. Strategic program documents based on inter-

national and national experiences of the last 7 years are already being discussed and are being prepared for implementation in order to ensure psycho-social stability in Ukraine. This issue still requires further research, scientific development and improvement.

Disclosure

The authors declare no conflict of interest.

References

1. Al-Sheikh NAM, Thabet AAM. Post-traumatic stress disorder due to War trauma, social and family support among adolescent in the Gaza strip. *J Nurs Health Sci* 2017; 3: 1.
2. At least 60% of Ukrainians need psychological support because of the war (2022). In Interfax-Ukraine. Retrieved from: <https://ua.interfax.com.ua/news/general/837474.html>
3. Ba I, Bhopal R. Physical, mental and social consequences in civilians who have experienced war-related sexual violence: A systematic review (1981–2014). *Public Health* 2017; 142: 121-135.
4. Betancourt T, Thomson D, Brennan R, et al. Stigma and acceptance of Sierra Leone's child soldiers: A prospective longitudinal study of adult mental health and social functioning. *J Am Acad Child Adolesc Psychiatry* 2020; 59: 715-726.
5. Bryndikov Y. Theory and Practice of Rehabilitation of Military Personnel Participating in Hostilities in the System of Social Services. Ternopil: Vector 2018. Retrieved from: http://tnpu.edu.ua/naukova-robota/documents-download/d-58-053-03/Aref_Bryndikov.pdf
6. Catani C. Mental health of children living in war zones: A risk and protection perspective. *World Psychiatry* 2018; 17: 104.
7. Charlson F, van Ommeren M, Flaxman A, et al. New WHO prevalence estimates of mental disorders in conflict settings: A systematic review and meta-analysis. *Lancet* 2019; 394: 240-248.
8. Colliard C, Bizouerne C, Corna F, et al. The psychosocial impact of humanitarian crisis: a better understanding for better interventions 2014. Retrieved from: https://www.actionagainsthunger.org/sites/default/files/publications/ACF_Psychosocial_Impact.pdf
9. Corvalan A, Vargas M. Segregation and conflict: An empirical analysis. *J Develop Economics* 2015; 116: 212-222.
10. de Jong K. Psychosocial and mental health interventions in areas of mass violence. A community-based approach. 2011. Retrieved from: https://www.msf.org/sites/default/files/msf_mentalhealthguidelines.pdf
11. de Jong K, Prosser S, Eeuweplein M. Community care versus individual care 2003. Soigner Malgré Tout. La Pensee Sauvage, Paris 2003; 98-112.
12. Degtyareva IO. Public management and administration in the conditions of war and in the post-war period in Ukraine. Proceedings of the Second International Scientific and Practical Conference. Kyiv, State higher educational institution "University of educational management" NAES of Ukraine, 2022; 240. Retrieved from: <https://ispp.org.ua/wp-content/uploads/2022/06/tezy0422-t2.pdf>

13. Draft Recovery Plan of Ukraine, 2022. Retrieved from: <https://www.kmu.gov.ua/storage/app/sites/1/recovery-rada/ua/health-care.pdf>
14. Draft Sections of the Recovery Plan for the post-war reconstruction and development of Ukraine promulgated and offered for commenting and proposals, 2022. In Government Portal. Retrieved from: <https://www.kmu.gov.ua/news/opryliudneno-dlia-komentuvannia-rozdily-pla-nu-vidnovlennia-ukrainy>
15. Forrest W, Edwards B, Daraganova G. The intergenerational consequences of war: Anxiety, depression, suicidality, and mental health among the children of war veterans. *Int J Epidemiol* 2018; 47: 1060-1067.
16. Frounfelker RL, Islam N, Falcone J, et al. Living through war: Mental health of children and youth in conflict-affected areas. *Int Rev Red Cross* 2019; 101: 481-506.
17. Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007. IASC, Geneva. Retrieved from: <https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Guidelines%20on%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings%20%28English%29.pdf>
18. Haldane J, Nickerson A. The impact of interpersonal and noninterpersonal trauma on psychological symptoms in refugees: The moderating role of gender and trauma type. *J Trauma Stress* 2016; 29: 457-465.
19. Halevi G, Djalovski A, Vengrober A, Feldman R. Risk and resilience trajectories in war-exposed children across the first decade of life. *J Child Psychol Psychiatry* 2016; 57: 1183-1193.
20. Half a year of Russia's war against Ukraine in 10 figures. In BBC News Ukraine 2022. Retrieved from: <https://www.bbc.com/ukrainian/features-62610639>
21. Heim E, Wegmann I, Maercker A. Cultural values and the prevalence of mental disorders in 25 countries: A secondary data analysis. *Soc Sci Med* 2017; 189: 96-104.
22. In 2023 modern rehabilitation centers for veterans will be created in each region 2021. Retrieved from: <https://mva.gov.ua/ua/news/u-2023-roci-u-kozhnij-oblasti-budut-stvoreni-suchasni-reabilitacijni-centri-dlya-veteraniv-yuliyi-laputina>
23. In Ukraine, the number of children killed and injured as a result of the war has increased. In *Suspilne* 2022. Retrieved from: <https://suspilne.media/268049-v-ukraini-zbilsilasa-kilkist-zagiblih-i-poranenih-vnaslidok-vijni-ditej/>
24. Kienzler H. Debating war-trauma and post-traumatic stress disorder (PTSD) in an interdisciplinary arena. *Soc Sci Med* 2008; 67: 218-227.
25. Korolchuk O. The relevance of studying issues related to the state management of medical and social security of ATO participants and their family members. *Investments: Practice and Experience* 2016; 15: 47-51.
26. Korolchuk O. Theoretical and methodological approaches to the formation of a system of medical and social assistance to the families of ATO participants. *Law and State Management* 2015; 4: 143-149. Retrieved from: http://nbuv.gov.ua/UJRN/Ptdu_2015_4_31.
27. Kravchenko M. The main problems of social protection of ATO participants. *Aspects of Public Administration* 2015; 11-12: 36-43. Retrieved from: http://nbuv.gov.ua/UJRN/aplup_2015_11-12_7.
28. Lazarenko V. Conflict in Ukraine: Multiplicity of narratives about the war and displacement. *European Politics and Society* 2019; 20: 550-566.
29. Ministry of Social Policy 2022. Retrieved from: <https://www.msp.gov.ua/>
30. Mollica RF, Cardozo BL, Osofsky HJ, et al. Mental health in complex emergencies. *Lancet* 2004; 364: 2058-2067.
31. Morin N, Von Lersner U, Prigerson HG. War and bereavement: Consequences for mental and physical distress. *PLoS One* 2011; 6: e22140.
32. Pacek P, Truszczyński O. Hybrid War and its psychological consequences. *Torun International Studies* 2020; 1: 23-30. Retrieved from: <https://doi.org/10.12775/TIS.2020.002>
33. Pedersen B, Saltin B. Exercise as medicine—evidence for prescribing exercise as therapy in 26 different chronic diseases. *Scand J Med Sci Sports* 2015; 25: 1-72.
34. Pham PN, Weinstein HM, Longman T. Trauma and PTSD symptoms in Rwanda: implications for attitudes toward justice and reconciliation. *JAMA* 2004; 292: 602-612.
35. Rzesnitzeck L. "Early psychosis" as a mirror of biologist controversies in post-war German, Anglo-Saxon, and Soviet psychiatry. *Front Psychol* 2013; 4: 481.
36. Saile R, Neuner F, Ertl V, Catani C. Prevalence and predictors of partner violence against women in the aftermath of war: A survey among couples in northern Uganda. *Soc Sci Med* 2013; 86: 17-25.
37. Sasse G. War and displacement: The case of Ukraine. *Europe-Asia Studies* 2020; 72: 347-353.
38. Schmid A. Terrorism as psychological warfare. *Democracy and Security* 2005; 1: 137-146.
39. Thabet AA, Abed Y, Vostanis P. Comorbidity of PTSD and depression among refugee children during war conflict. *J Child Psychol Psychiatry* 2004; 45: 533-542.
40. The war in Ukraine and its consequences for the mental health of the nation 2022. Retrieved from: <http://www.golos.com.ua/article/361064>
41. Torre C. Psychosocial support (PSS) in war-affected countries: a literature review. London School of Economics and Political Science, London 2019; 34. Retrieved from: <http://www.lse.ac.uk/Africa/research/politics-of-return>
42. Vinck P, Pham P. Association of exposure to intimate-partner physical violence and potentially traumatic war-related events with mental health in Liberia. *Soc Sci Med* 2013; 77: 41-49.
43. Wang SJ, Bytyçi A, Izeti S, et al. A novel bio-psycho-social approach for rehabilitation of traumatized victims of torture and war in the post-conflict context: A pilot randomized controlled trial in Kosovo. *Confl Health* 2017; 10: 34.
44. Welton-Mitchell C. UNHCR's Mental Health and Psychosocial Support. UNHCR, Geneva 2013; 116. Retrieved from: <https://www.unhcr.org/51f67bdc9.pdf>
45. Yasegnal AS. War related psycho-social problems and mitigating strategies: a time of crisis, a time to act. *Illness Crisis & Loss* 2022. Retrieved from: <https://doi.org/10.1177/10541373211073507>
46. Zelenska K. A personalized program for the correction of post-stress disorders in various categories of persons who have survived combat operations (combatants and volunteers). *Ukrainian Herald of Psychoneurology* 2021; 29: 27-29. Retrieved from: <https://doi.org/10.36927/2079-0325-V29-is4-2021-4>.
47. Zimmer Z, Knodel J, Kim K, Puch S. The impact of past conflicts and social disruption on the elderly in Cambodia. *Population and Development Review* 2006; 32: 333-360.