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The Impact of War on Mental Health of Young Students

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Abstract

War radically alters people's mental health. The present study aimed to examine the impact of the war on the mental health of young students and to identify their mental disorders. The study was conducted among a sample of 269 respondents aged 20-35 (79.2% women). Respondents divided into two groups: those who had not left their usual place of residence (Ukraine without active hostilities) and those who had been temporarily displaced (in Ukraine and in European Union countries). The impact of war on students' mental health as measured by the Mental Health Continuum-Short Form (MHF-SF), Patient Health Questionnaire, and Generalised Anxiety Disorder. Significant negative correlations found between total MHC-SF, depression symptoms and anxiety disorders. Students who forced to move during the war found to have lower levels of mental health and its components (especially social) than students who did not move. A further breakdown of psychopathological symptoms showed that students who changed their place of residence during the war have symptoms of severe depression (8.3%), moderately severe depression (28.8%), and severe anxiety (19.7%), and need psychological support. The results showed that war is a powerful stressor that negatively affects the mental health of young students, and its influence is so strong that it manifests even in participants who were in safe environments abroad. Despite methodological limitations discussed, the data obtained can serve as a basis for the development and active implementation of psychological assistance and psychoprophylaxis measures, as well as for optimising the education of university students under war conditions.
Key words: mental health, war, anxiety, depression, stress, young students.

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Novelty and Significance

What is already known about the topic?

- War has a significant impact on the human condition and mental health.
- War-related migration and displacement are becoming increasingly common in the European Union.
- Young students are one of the most vulnerable groups, suffering from psychological strain due to constant stress under wartime conditions.

What this paper adds?

- This study provides new insights into the mental health status of students living in a country at war, and students forced to become refugees in European Union countries.
- The results contributed to clarify characteristics and severity of depression and anxiety in students under war conditionst.

Recently, the frequency of active military conflicts has increased in different parts of the world. Understanding the impact of such conflicts on the mental health of the populations of these countries, especially young people, requires the attention of specialists in education, psychology, and medicine.

The full-scale Russian-Ukrainian war has significantly affected the mental health of the Ukrainian population. According to the Ukrainian Ministry of Health, about

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135,000 patients complained of mental health problems in 2023, and in seven months of 2024, their number increased to 300,000. The most common complaints are related to anxiety, depression, and sleep disturbance (Ministry of Health, 2024a, 2024b).

As a result of the active hostilities, a significant number of people have been forced to leave their homes and everyday lives and seek refuge both inside and outside the country.

All members of Ukrainian society experience mental disorders, whether they live in areas of active hostilities or learn about the atrocities of the aggressor army from the media and are in safer regions or abroad. Young students are not exempt. This group of young people is a particularly vulnerable category affected by the hostilities (Pypenko *et alii*, 2023; Stadnik *et alii*, 2023). Fear of death, anxiety, worries about their loved ones, and forced relocation to safer areas -all these negatively affect the mental state of students in war conditions (Mykhaylyshyn *et alii*, 2024; Stadnik *et alii*, 2022).

Exposure to war-related stressors has been consistently associated with increased prevalence of depression and anxiety among university students. Studies conducted during the past two and a half years of full-scale war in Ukraine have shown that a significant proportion of the population has elevated levels of anxiety, depression, and stress, with women and young people being particularly vulnerable (Kurapov *et alii*, 2023; Limone, Toto, & Messina, 2022; Mykhaylyshyn *et alii*, 2024).

Similarly, research focusing on university students during the war showed a trend towards increased depression and anxiety, alongside a stabilisation of acute stress indicators, suggesting a deterioration in mental health and the chronicisation of neurotic disorders (Pypenko *et alii*, 2023; Stadnik *et alii*, 2023). Chronic stressors (academic disruption, financial instability and loss of social connections) exacerbate mental health problems among students (Stadnik *et alii*, 2022). Findings from a longitudinal study suggest that these factors often lead to long-term mental health consequences, even after the cessation of hostilities (Betancourt, Keegan, Farrar, & Brennan, 2020).

The impact of war on the mental health of university students has received considerable attention in recent years, with numerous studies highlighting increased levels of depression and anxiety in this population (Betancourt *et alii*, 2020; Giordano *et alii*, 2024; Kurapov *et alii*, 2023; Limone *et alii*, 2022). In addition, forced migration and displacement due to military action exacerbate these mental health challenges (Barbui *et alii*, 2022; Bogic, Njoku, & Priebe, 2020; Brandt *et alii*, 2019; Turrini *et alii*, 2021; Uphoff *et alii*, 2020).

A systematic review of studies on the prevalence of mental illness among refugees around the world shows that not only post-traumatic stress disorder, but also depression, anxiety and psychosis are common in this social group. They therefore need ongoing, long-term mental health care (Blackmore *et alii*, 2020). For example, Brandt *et alii* (2019) reviewed nine studies involving 540,000 refugees. They found that the average incidence of psychosis was 43% higher among refugees than among the non-refugee population. Refugee students often face unique challenges. These include adapting to a new culture, dealing with stigma and experiencing family separation.

A systematic review of the literature has shown that, in terms of clinical outcomes, exposure to war and migration remains a risk for mental disorders for many years (Bogic, Njoku, & Priebe, 2020).

According to the UNHCR (2024), in the first two weeks alone, more than two million refugees were forcibly displaced from Ukraine to neighbouring countries because of the hostilities. Over the next few months, the number of refugees from Ukraine rose

to ten million, some of whom later returned home. However, a significant number (more than 6 million in Europe and more than 500 thousand in other countries) will remain with the status of refugees from Ukraine as of 2024.

This forced migration due to the armed conflict is the largest since the Second World War. This migration creates an additional level of stress that has a significant impact on mental health, leading to post-traumatic stress disorder (Bryant, Nickerson, Morina, & Liddell, 2020).

The Global Evidence Review on Health and Migration (GEHM; World Health Organization, 2023) series focuses on the mental health needs of refugees and migrants. It proposes policy statements that can serve as a starting point for recognising and responding to the needs of refugee and migrant groups. Emphasis is placed on ensuring that those at risk of mental health problems are identified and appropriately supported, and on understanding the factors that facilitate access to mental health services.

Organising the educational process in wartime requires both close attention to the mental and social health of students and the use of innovative strategies and technologies. According to Oniskovets (2023), online platforms for student learning are a promising solution, providing access to education despite physical barriers and instability due to conflict and displacement.

Addressing the mental health problems of war-affected university students therefore requires a multifaceted approach. Specialised interventions that include psychosocial support, academic adjustment and access to affordable mental health services are critical. In addition, integrating psychosocial support into university curricula can help improve the mental health and psychological well-being of young students.

Miller and Rasmussen (2017) proposed an ecological model of refugee distress, based on research showing that the mental health of refugees and asylum seekers is not only the result of war, but also the result of a number of ongoing stressors in their social ecology or displacement-related stressors.

Several psychological treatments have been probed and found to be effective in alleviating psychological symptoms in asylum seekers and refugees (Barbui *et alii*, 2022; Turrini *et alii*, 2021; Uphoff *et alii*, 2020).

We believe that psychological transformation games can be an effective psychotherapeutic method of social and psychological support for students under stress due to their displacement as a result of military operations. For example, the use of the psychological transformation game "My Dao" in psychological practice with students who had been close to the war zone for a long time had a positive impact on the participants' values, changes in self-esteem and motivation, and the disclosure of their personal resources for problem-solving and further development (Melnyk & Stadnik, 2021).

Some authors (for example, Chaaya *et alii*, 2022, and their colleagues from universities in Rwanda, Lebanon, India, Turkey, Sudan, US, and UK), that don't seem to have enough information about the organisation of psychological assistance in Ukraine and the demand for these services in Ukrainian society, when they get to make statements which do not correspond to the real circumstances may give a false impression of the real situation of psychological support in Ukraine during martial law.

As a result of the ongoing war, all members of Ukrainian society are experiencing mental disorders, whether they live in areas of active hostilities, in safer regions or abroad. University students live in difficult socio-economic and psychological conditions of war, which affect their mental health and psychological well-being.

The present study aims to examine the impact of the war on the mental health of students living in a country at war and of students who are internally displaced or refugees and to clarify the specifics of these disorders (depression and anxiety). This study contributes to the development of appropriate measures for psychological support and psychoprophylaxis for students, and to the optimisation of student learning in higher education during war.

METHOD

Participants

The study was conducted during the Russian Ukrainian war at Uzhhorod National University (Ukraine) in October 2024. The respondents were 269 students aged between 20 and 35 (79% women).

Due to the active phase of the war in Ukraine, the survey of students was conducted remotely by posting psychological methods on the Google Forms platform. In addition, students were observed during distance and face-to-face teaching.

Design

All participants were divided into two groups: Group 1 formed by 137 university students (78.8% women) who had not left their usual place of residence, living in a relatively safe place (Uzhhorod, Ukraine, area without hostile activities); and Group 2 formed by 132 university students (79.6% women) who had been temporarily displaced, living in a relatively safe place (in Ukraine) or in a safe place (in some country of the European Union).

Instrument and Measures

The Mental Health Continuum-Short Form (MHC-SF, Keyes, 2009; Ukrainian version Stadnik & Melnyk, 2023). The questionnaire consists of 14 items and considers the phenomenon of "mental health" in terms of the frequency of experiencing signs of social, emotional and psychological well-being. Emotional well-being (EWB) is measured by three items related to positive emotions and life satisfaction. Psychological well-being (PWB) is assessed by six items that address goals related to self-perception, positive relationships with others, autonomy, mastery of the environment, purpose in life and personal growth. Social well-being (SWB) is measured by five items related to social coherence, social acceptance, social relevance, social contribution and social integration. Responses are given on a 6-point Likert scale ranging from 0, "never", to 5, "every day". The following levels of mental health were assessed using the MHC-SF questionnaire: flourishing mental health, if participants experienced at least 1 of the 3 EWB symptoms and 6 of the 11 PWB/SWB symptoms "every day" or "almost every day" in the past month; languishing mental health defined as participants experiencing at least 1 out of 3 EWB symptoms and 6 out of 11 PWB/SWB symptoms "never" or "once or twice" in the past month; and, moderate mental health as level of mental health observed in participants not included in previous groups. The MHC-SF scores showed good internal consistency. The Cronbach's alphas were .921 and .932 for Group 1 students (who had not left their usual place of residence) and Group 2 students (who had been temporarily displaced) respectively.

Patient Health Questionnaire (PHQ-9, Kroenke, Spitzer, & Williams, 2001; Ukrainian adaptation by Stadnik & Melnyk, 2024b). The PHQ-9 is a 9-item depression scale, which assesses the presence of depressive symptoms based on the DSM-IV criteria for major depressive episode. Answers to each question are rated on a Likert scale

(0= not at all; 1= several days; 2= more than half the days; 3= nearly every day). The individual answers to the questions are added up to a score of 0 to 27. The severity of depression is usually classified as follows: minimal depression (0-4), mild depression (5-9), moderate depression (10-14), moderately severe depression (15-19), and severe depression (20-27). The Cronbach's alphas for the PHQ-9 scores in the present study were .882 and .839 for Group 1 and Group 2.

Generalised Anxiety Disorder (GAD-7, Spitzer, Kroenke, Williams, & Löwe, 2006; Ukrainian version by Stadnik & Melnyk, 2024a). The GAD-7 is a 7-item anxiety scale used to assess anxiety. Each item on the GAD-7 is rated on a Likert scale (0= not at all; 1= several days; 2= more than half the days; 3= nearly every day). The individual answers to the questions are combined into a score from 0 to 21, where (0-4) is minimal anxiety, (5-9) is mild anxiety, (10-14) is moderate anxiety, and (15-21) is severe anxiety. In the present study, we obtained Cronbach's alphas of .890 for the GAD-7 scores of Group 1 and .907 for the GAD-7 scores of Group 2.

Procedure

Before answering the three questionnaires, participants received instructions containing the information they needed to know before completing them, and answered questions about their sex, age, and country of residence. Participants were asked to read each item on the evaluation questionnaires and select the answer that best suited their case. To obtain reliable information, they were informed that there were no right or wrong answers and that the survey results were anonymous.

The psychological methods and research procedure used in the study were approved by the Committee on Ethics and Research Integrity of the Scientific Research Institute KRPOCH (protocol 025-1/SRIKRPOCH dated 10.08.2024).

Data Analysis

Descriptive statistics were estimated for each item referring to the mental health criteria (M, SD, distribution symmetry -asymmetry- and distribution asymmetry -kurtosis) for both groups. Correlation analysis was also used to examine the relationship between the variables. Cronbach's alpha coefficients were calculated to examine internal consistency. The total MHC-SF scale showed high internal consistency.

RESULTS

For Group 1, the results of the MHC-SF scale were: emotional criteria (EWB) 3.4 points for the total group (3.2 for women, 3.4 for women); social criteria (SWB) 2.6 (2.5 for men, 2.6 for women); and psychological criteria (PWB) 3.7 points (3.1 for men, 3.3 for women). For the Group 2 were found the results: total score 2.8 points (2.7 for men, 2.9 for women); EWB 3.0 points for the total group (2.9 for men, 3.1 for women); SWB 2.4 points (2.4 for men, 2.3 for women); and PWB 2.8 points (2.7 for men, 2.9 for women).

As is showed in Table 1, the participants that reported a satisfactory level of mental health (moderate mental health), were 65 % of Group 1 and 72% of Group 2.

Table 1. The Percentages of participants reporting every mental health level.

Mental health	Group 1			Group 2		
level	Total	Men	Women	Total	Men	Women
High	28.5	20.7	30.6	15.9	14.8	16.2
Moderate	65	69	63.9	72	70.4	72.4
Low	6.5	10.3	5.6	12.1	14.8	11.4

Participants reporting a high level of mental health (flourishing mental health), were 28.5% of Group 1; while for Group 2 participants thar reported this indicator was 15.9%. Finally, participants that reported a low level of mental health (languishing mental health) was 12.1% in the Group 1, and 6.5% in the Group 2. In both groups women reported a high level of mental health. Alike men in both groups reported a low level of mental health.

Table 2 shows the descriptive and correlational statistics obtained for the total MHC-SF scale and its three subscales. The results showed that subscales were strongly associated with each other ($p < .01$ for all correlations).

Table 2. Pearson correlation coefficients of the MHC-SF subscales and total MHC-SF score.

	EWB	SWB	PWB	MHC-SF Total
EWB	-	.793**	.814**	.956**
SWB	.687**	-	.695**	.899**
PWB	.925**	.660**	-	.901**
MHC-SF Total	.957**	.843**	.945**	-

Notes: Correlations for Group 1 are presented above the diagonal and correlations for Group 2 below the diagonal. EWB= Emotional well-being subscale of the MHC-SF scale; MHC-SF Total= the MHC-SF scale in total; PWB= Psychological well-being subscale of the MHC-SF scale; SWB= Social well-being subscale of the MHC-SF scale; **= $p < .01$.

Cronbach's alpha coefficients were calculated to examine internal consistency. For the total MHC-SF scale α were .921 and .932 for Group 1 and Group 2, respectively; for EWB .952 and .950 for Group 1 and Group 2, respectively; for PWB subscale .809 and .894 for Group 1 and Group 2, respectively; and for SWB .760 and .739 for Group 1 and Group 2, respectively.

Details of psychopathological symptoms reported were measured using the PHQ-9 and GAD-7 questionnaires. Table 3 shows the manifestations of depression among participants.

Table 3. Levels of depression severity among university students during the war.

Depression level	Group 1			Group 2		
	Total	Men	Women	Total	Men	Women
Minimal	19	44.8	12	9.9	37.1	2.9
Mild	35	17.2	39.8	19.7	14.8	20.9
Moderate	27	13.8	30.6	33.3	11.1	39
Moderately severe	14.6	17.2	13.9	28.8	22.2	30.5
Severe	4.4	7	3.7	8.3	14.8	6.7

The participants in Group 2 reported severe (8.3%) and moderately severe (28.8%) symptoms of depression, while in Group 1 these rates were 4.4% and 14.6%, respectively. Participants in Group 1 reported minimal depression (19%) and mild depression (35%). Some gender differences in depression were found. Men in Groups 1 and 2 reporting the highest rates of severe depression and minimal depression symptoms, and women showed a predominance of mild and moderate depression in both groups, whereas signs of moderate (38.8%) and moderately severe (30.6%) depression were more pronounced among women in Group 2.

Table 4 shows the anxiety reports in participants of both groups. Participants of Group 2 reported significantly higher levels of severe (19.7%) and moderate (38.6%) anxiety, whilst reports of minimal anxiety (28.5%) and mild anxiety (34.3%) were prevalent among participants in Group 1. Gender differences between the study groups showed a significant prevalence of severe anxiety among male students, with reports of moderate anxiety were almost the same in all gender groups, and higher reports of mild anxiety were found in women in Group 1 (41.7%) and Group 2 (29.5%).

Anxiety level	Group 1			Group 2		
	Total	Men	Women	Total	Men	Women
Minimal	28.5	55.2	21.3	14.4	14.8	14.3
Mild	34.3	6.9	41.7	27.3	18.5	29.5
Moderate	29.2	24.1	30.5	38.6	37.1	39.1
Severe	8	13.8	6.5	19.7	29.6	17.1

Finally, Table 5 shows the correlations between the MHC-SF and the corresponding validation measures of psychopathological symptoms. The results showed how report of symptoms of depression (PHQ-9) and anxiety (GAD-7) correlated with the total score of the MHC-SF and its subscales. Also, significant negative correlations ($p < .01$ for all correlations) were found. For example, between the total MHC-SF and the PHQ-9 depression symptoms (-.665), and between the total MHC-SF and the GAD-7 anxiety disorder (-.594) for Group 2 students (who had been temporarily displaced).

Table 5. Bivariate correlations with validation measures for MHC-SF subscales and total MHC-SF score.

Validity measure	EWB	SWB	PWB	MHC-SF total	PHQ-9	GAD-7
EWB	-	.793**	.814**	.956**	-.462**	-.377**
SWB	.687**	-	.695**	.899**	-.403**	-.311**
PWB	.925**	.660**	-	.901**	-.432**	-.343**
MHC-SF total	.957**	.843**	.945**	-	-.467**	-.382**
PHQ-9	-.644**	-.619**	-.642**	-.665**	-	.984**
GAD-7	-.584	-.517**	-.565**	-.594**	.882**	-

Notes: Correlations for Group 1 are presented above the diagonal and correlations for Group 2 below the diagonal. EWB= Emotional well-being subscale of the MHC-SF scale; GAD-7= 7-item scale of the GAD; MHC-SF Total= the MHC-SF scale in total; PHQ-9= 9-item scale of the PHQ; PWB= Psychological well-being subscale of the MHC-SF scale; SWB= Social well-being subscale of the MHC-SF scale; **= $p < .01$.

DISCUSSION

For many years, Ukraine has had well-organised and structured psychological support centres in educational institutions at all levels. Ukraine has well-developed digital technologies that make it possible to receive psychological support in a digital format. For example, on the second day of the war in Ukraine, the self-help chatbot Friend, based on Telegram, was already working (Frankova *et alii*, 2022). This chatbot was created to look after the mental health of Ukrainian citizens. It served as a first aid kit. It contains recommendations that are useful in the first hours after a traumatic event and what to do and what not to do to avoid harming your mental health. A longitudinal study of Ukrainian students found that active participation in training, psychological diagnosis and resilience-building programs significantly reduced symptoms of anxiety and depression over time (Giordano, Lipscomb, Jefferies, Kwon, & Giammarchi, 2024; Mykhaylyshyn *et alii*, 2024).

Many Ukrainian students continued their university studies despite the difficulties of martial law in Ukraine. They use different coping strategies to deal with stressful situations. However, the coping strategy of cognitive restructuring is more commonly used. Researchers (Pypenko *et alii*, 2023) attribute this to a general rethinking of the meaning of life, attitudes to oneself and to others as a result of the war.

To investigate the impact of the war on students' mental health, we used the MHC-SF instrument. This instrument measures mental health based on a person's assessment of their mental health in terms of social, emotional and psychological well-being. This understanding of mental health is based on the idea that mentally healthy people not only do not have mental disorders, but also experience satisfaction with life

and show signs of positive functioning, i.e. consider themselves to be psychologically well adjusted and socially adapted.

The study shows that refugee students' stay in unsafe conditions, even abroad, is a stressful factor that negatively affects their mental health. University students who were forced to move during the war have lower levels of mental health and its components (especially social well-being) than students who did not move. These results are in line with the previous studies (Brandt *et alii*, 2019; Pypenko *et alii*, 2023; Stadnik *et alii*, 2023). This is probably due to a significant deterioration in their psycho-emotional state, and increased manifestations of depression and anxiety, which may indicate their misunderstanding of the environment, feelings of loneliness and possible relationship problems in the new place of residence.

To examine the specificity of a disorder such as depression, we used the PHQ-9 depression scale, and to examine the specificity of a disorder such as anxiety, we used the GAD-7 anxiety scale.

We observed significantly higher levels of severe and moderate anxiety among students who moved during the war. This anxiety manifested itself in an inability to concentrate, helplessness, confusion, and extreme anxiety, and negatively affected their activity and quality of learning. This indicates that the events they experienced (bombing, destruction of homes, loss of loved ones and exposure to shelling) had a significant impact on their mental state and led to severe anxiety. It should be noted that the gender differences in anxiety manifestations between the groups studied were significant (almost twice as high) for male students as for female students. Thus, increased levels of depression and anxiety are common among students who have been displaced during the war. It agrees with previous studies (Melnyk *et alii*, 2024; Mykhaylyshyn *et alii*, 2024; Stadnik *et alii*, 2022). This is probably exacerbated by the stressors associated with their displacement.

In the present study, we observed a significant increase in depression and anxiety among students who were forced to change their place of residence during the war, probably related to being in a place far from home, an unfamiliar place. They are unable to adequately assess the level of threat to their homes because they only know about it from the media and from their relatives back home. These factors increase uncertainty, depression, and anxiety, deepen the chronic stress phase.

The loss of control over one's situation and one's life, the difficulty of adapting to new living conditions, aggravated by the blurring of one's personal identity and the longing for one's place of residence, are also reasons for the destructive effects.

The findings show the negative impact of war on students' mental health and add to the knowledge of resources that need to be developed to improve the mental health of university students. The data obtained can serve as a basis for the development of modern methods of social and psychological support for young students affected by the war.

Regardless of whether the study's results are relevant, certain methodological limitations must be considered. For example, the sample size and age range of participants could limit the generalizability of the results; likewise, the instruments used could reduce the validity and scope of this study. Furthermore, since the study is based on self-reported data, although we assume that all participants were honest and sincere in their responses and the information provided, this aspect must be considered, and future studies could test more objective forms of assessment.

In any case, given the relevance of the data obtained by this study, the need for further research should be considered on effective interventions aimed at providing

accessible mental health services and a supportive social environment to facilitate the recovery and integration of displaced students.

There are very few studies in the current academic research that examine the impact of war on students' mental health. To fill this void, more research is needed to explore the factors of influence, both in its short and long-term effects, as well as the longevity of psychotherapy to effectively address the mental health problems of youth in today's realities.

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