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## HIGHER EDUCATION SEEKERS' MENTAL AND SOCIAL HEALTH INDEXES IN THE WAR-TIME

**Lazarenko Victoriia Ivanivna,**  
Candidate of Sociological Sciences,  
Associate Professor at the Department of General and Social Psychology  
*Oles Honchar Dnipro National University*  
viktoriya.lazarenko.dnu@gmail.com  
<https://orcid.org/0009-0006-0861-0411>

**Znanetska Olena Mykolaiivna,**  
Candidate of Psychological Sciences,  
Associate Professor at the Department of General and Social Psychology  
*Oles Honchar Dnipro National University*  
znanetska@i.ua  
<https://orcid.org/0000-0001-6075-6537>

**Purpose.** The article is dedicated to the investigation of psychological and mental health of students of Oles Honchar Dnipro National University in the war-time. The topicality of the research problem concerns the nature of mental, psychological and social health. The human health as a condition of physical, mental and social well-being is considered from the perspective of the holistic approach. The current state of mental and social health of education seekers in modern conditions determine the relevance of our research. Psychological health is an important component of a person's social well-being and vitality. **Methods.** Empirical methods were chosen for the research. The processing of the results of the empirical research was carried out using the calculation of the percentage of people with respect to the levels of manifestation of the selected signs of mental and social health, followed by a qualitative interpretation and meaningful generalization of the data. **Results.** It is empirically proved that the level of mental health of some students is quite low and only a small part of youth has no social anxiety disorder. Over half of the students have high and above average indicators, but a certain number of students have clinical implications of social anxiety disorder. Subclinical and clinical implications of anxiety are typical for the quarter of students of the 1–3 years of study of Oles Honchar Dnipro National University. The third of them has subclinical and clinical implications of depression. **Conclusions.** The obtained results testify to the recorded indicators of the level of psychological health of the students of Oles Honchar Dnipro National University. This is a hint about those aspects of psychological health that require special attention in preventive work with students of higher education by the Psychological Service of Oles Honchar DNU. In the conditions of war, the Psychological Service continues to provide psychological help to the participants of the educational process of our higher education institution, focusing on new requests under new conditions.

**Key words:** *students, mental and psychological health, social health, anxiety, social anxiety, depression.*

## ПОКАЗНИКИ ПСИХІЧНОГО ТА СОЦІАЛЬНОГО ЗДОРОВ'Я ЗДОБУВАЧІВ ВИЩОЇ ОСВІТИ ПІД ЧАС ВІЙНИ

**Лазаренко Вікторія Іванівна,**  
кандидат соціологічних наук,  
доцент кафедри загальної та соціальної психології  
*Дніпровський національний університет імені Олеся Гончара*  
viktoriya.lazarenko.dnu@gmail.com  
<https://orcid.org/0009-0006-0861-0411>

**Знанецька Олена Миколаївна,**  
кандидат психологічних наук,  
доцент кафедри загальної та соціальної психології  
*Дніпровський національний університет імені Олеся Гончара*  
znanetska@i.ua  
<https://orcid.org/0000-0001-6075-6537>

**Метою** статті є дослідження психологічного та психічного здоров'я студентів Дніпровського національного університету імені Олеся Гончара у воєнний час. Актуальність проблеми дослідження стосується природи психічного, психологічного та соціального здоров'я. Здоров'я людини як умова фізичного, психічного та соціального благополуччя розглядається з точки зору холістичного підходу. Актуальний стан психічного та соціального здоров'я здобувачів освіти у сучасних умовах зумовлюють актуальність нашого дослідження. Психологічне здоров'я є важливим складником соціального самопочуття людини та її життєвих сил. **Методи.** Для проведення дослідження були вибрані емпіричні методи. Обробку результатів емпіричного дослідження проводили шляхом розрахунку відсоткового співвідношення осіб за рівнями прояву виділених ознак психічного та соціального здоров'я з наступною якісною інтерпретацією та змістовним узагальненням отриманих даних. **Результати.** Емпірично доведено, що рівень психічного здоров'я частини студентів є досить низьким і лише незначна частина молоді не має соціального тривожного розладу. Більше половини студентів мають високі та вище середніх показники, але у певній кількості студентів є клінічні прояви соціального тривожного розладу. Субклінічні та клінічні прояви тривожності характерні для чверті студентів 1–3 курсів Дніпровського національного університету імені Олеся Гончара. Третина з них має субклінічні та клінічні прояви депресії. **Висновки.** Отримані результати свідчать про знижені показники рівня психологічного здоров'я здобувачів освіти Дніпровського національного університету імені Олеся Гончара. Це є підказкою щодо тих аспектів психологічного здоров'я, які потребують особливої уваги у проведенні профілактичної роботи зі здобувачами вищої освіти з боку психологічної служби ДНУ. В умовах війни психологічна служба продовжує надавати психологічні послуги всім учасникам освітнього процесу нашого ЗВО, орієнтуючись на нові запити і у нових умовах.

**Ключові слова:** здобувачі вищої освіти, психічне та психологічне здоров'я, соціальне здоров'я, тривога, соціальна тривога, депресія.

**Introduction.** The relevance of the researched topic is due to the fact that the transformational social processes in Ukraine, currently, in the conditions of the actual situation of war, social, economic and political instability, have been causing an increase in social tension, deterioration of the physical, psychological and social health of the population and have been complicating the viability of people. Armed attacks, shelling, destruction, loss of loved ones and relatives, homes, violence, capture, humiliation, forced migration – all these events are certainly overwhelming and potentially traumatic. They cause heavy and deep experiences, they require quick and urgent help from specialists in order for a person to be able to cope with extremely traumatic impact, acute emotional experiences, prevent psychological trauma and restore the mental state.

The identified processes are extrapolated to the educational process and affect its participants. In the conditions of war, it is impossible to avoid certain emotional disorders that affect the current state of psychological health.

**Theoretical substantiation of the problem.** Individuals with a low economic status, which include those with higher education, are exposed to a greater number of stressors, with fewer resources needed to cope with various stressors. It is the students of higher education who are extremely vulnerable to various stress factors. Teachers of higher education institutions and practical psychologists of higher education institutions face the task of finding potential resources to support student youth. Therefore, one of the most important issues in the functioning of higher education institutions during the war is the preservation and support of the mental and social health of students.

Comprehension of all the complexity of the problem, the choice of ways and tools for the provision of psychological assistance, requires clarification of the current state of mental and social health of education seekers. So, the current state of mental and social health of students in modern conditions determines the relevance of our research.

**The aim of our work** is the theoretical substantiation and presentation of the results of an empirical study of the current state of mental and social health of students of higher education at Oles Honchar Dnipro National University during the war.

**Presentation of the main research material.** To achieve the goal, a theoretical analysis of views on the nature of mental, psychological and social health, the formation of health psychology as an applied branch of psychological science was carried out. Namely, the theoretical analysis of modern scientific sources proves that health psychology is a relatively new field of human knowledge. As a field of scientific research, it took shape in the 70s and 80s of the 20th century abroad in opposition to the psychology of diseases and emphasized the fact that human health directly depends on the preservation, restoration and development of various vital human resources. Thus, the accent was transferred from disease to human health and its determinants.

At the same time, health psychology took shape as a branch of applied psychology. During this period, relevant sections in psychological societies in different countries emerged, and the first health psychology section of the American Psychological Association was created in 1978. Health Psychology was established in the USA in 1982. In 1984, health psy-



chology sections appeared in the International Association of Applied Psychology (IAPA). In 1986, the European Health Psychology Society (EHPS) was established, which has been publishing the *Journal of Psychology and Health* since its inception. Health psychology has been singled out as an academic discipline that creates its own research and didactic programs. In higher educational institutions, scientific centers have been established that are engaged in training and research in the field of health psychology.

In the post-Soviet scientific space, psychological aspects of health were addressed in the early 1990s. From that time, its development as an independent field of social and psychological research began. In Ukraine, health psychology as a new and independent scientific direction is just beginning its formation and is currently developing intensively.

The American psychologist J. Matarazzo is considered the founder of health psychology. In his definition, health psychology is the integrity of the specific, educational, scientific and professional contribution of psychology as a discipline to the promotion and maintenance of health, prevention and treatment of diseases, recognition of etiological and diagnostic correlates of health, disease and similar dysfunctions, as well as contribution to the analysis and optimization of the health care system and the formation of health policy (Sheridan et al, 1998).

Another American researcher S. Taylor in one of the first textbooks on health psychology (1986) defined it as a branch of psychology that studies the influence of psychological factors on people's ability to remain healthy, outlines their importance in the emergence of diseases, as well as their role in shaping people's behavior during the illness (Taylor, 1991).

Currently, there is no generally accepted definition of health psychology. The modern analysis of the concepts and models of a healthy personality proves that, at present, there is a polyvariation of philosophical and scientific interpretations of health, which involves a complex, integrative approach in understanding the model of a healthy personality.

J. Matarazzo draws attention to the fact that health psychology is an interdisciplinary scientific field and has fruitful connections with other psychological disciplines. These include experimental and clinical psychology, psychiatry, pediatrics, social psychology, developmental psychology, psychophysiology, etc. The author also notes the points of intersection of health psychology with dietetics, biology and social work. According to J. Matarazzo, there are four fields of knowledge that mostly determine the research context of health psychology – epidemiology, medical sociology, medical anthropology, social health (Sheridan et al, 1998).

The generalization of modern approaches proves that mental health is ensured at different but interdependent levels of human functioning: biological, psychological and social ones. As noted by G.V. Lozhkin, O.V. Noskova, I.V. Tolkunova, human health at each of the named levels has its own characteristics (Коцан та ін., 2011).

Modern scientists in the field of health psychology has proved that psychological health is the basis of full-fledged human development. The very concept of psychological health was included in the basic content of mental health as part of it for a long time and has been used in relation to the psyche of a healthy person.

The term “psychological health” was introduced relatively recently, and modern science distinguishes the spheres of mental and psychological health. The English “mental health” and “psychological health” are also translated as “mental health” or “psychological health” (Коцан та ін., 2011).

Mental health is balance and stability of the human psyche, adequate perception of the surrounding real world; normal functioning of higher mental functions (perception, thinking, imagination, memory, attention); adequate regulation of emotional states (emotions and feelings); management of one's own behavior (will). This is a state of the intellectual-emotional sphere, the basis of which is a feeling of mental comfort, which ensures an adequate behavioral response. Psychological health of a person integrates aspects of the inner world and ways of external manifestations of personality into a single whole. Psychological health is an important component of a person's social well-being and vitality.

In addition to mental and psychological health, physical and social health are also distinguished. From the perspective of a holistic approach, several components of human health are distinguished. Thus, experts of the World Health Organization (WHO) formulated the following definition: “Health is a state of complete physical, mental and social well-being, and not just the absence of disease. Mental health is much more than just the absence of physical and mental illness. When we speak of happiness, peace of mind, joy or contentment, we speak of mental health” (WHO Statute, 1976). Based on the approach of the WHO, human health is defined as the dynamic ability of a person to achieve the fullness of his own physical, mental and social capabilities, as well as to meet the requirements of the environment. It is the potential and resource of the organism, which provides the possibility of comprehensive human development and resistance to current social demands.

In our empirical study, we assume that students of higher education at Oles Honchar Dnipro National University in the conditions of war have

certain signs of decreased mental and social health, namely, increased rates of anxiety, social phobias, and depression.

In order to identify the indexes of mental and social health of students of higher education, a survey was conducted on the basis of Oles Honchar Dnipro National University. Indicators of positive functioning and signs of mental health of the individual, types of social anxiety and certain aspects of the manifestation of assessment fear in different situations, indicators of the current psycho-emotional state (anxious and depressive) were chosen as the subject of analysis.

205 students of 1–3 years of higher education, aged 18–20 y.o., from 6 different faculties of Oles Honchar DNU took part in the study, namely: Faculty of Psychology and Special Education (30 students); Faculty of History (20 people); Faculty of Chemistry (30 people); Faculty of Systems and Means of Mass Communication (25 people); the Faculty of Ukrainian and Foreign Philology and Art History (50 people); Faculty of Physics, Electronics and Computer Systems (50 students).

**Methodology and methods.** Empirical methods were chosen for the research, namely, surveys using the following psychodiagnostic tools: 1. Questionnaire “The Mental Health Continuum – Short Form (MHC-SF) Scoring” by Corey L.M. Keyes (2009), adapted to the Ukrainian sample by E.L. Nosenko and A.G. Chetveryk-Burchak (Носенко та ін., 2014); 2. “Questionnaire of social anxiety and sociophobia” by O.A. Sagalakova and D.V. Truevtsev (Сагалакова та ін., 2012); 3. The Hospital Anxiety and Depression Scale (HADS), developed by A.S. Sigmund and R.P. Snaitth (Араєв та ін., 1983).

The processing of the results of the empirical research was carried out using the calculation of the percentage of people with respect to the levels of manifestation of the selected signs of mental and social health, followed by a qualitative interpretation and meaningful generalization of the data.

**Results and discussion.** The results of the study of mental health of higher education students at Oles Honchar DNU are shown in Table 1.

Table 1

**The percentage ratio of the number of higher education graduates with different levels of mental health (according to the Questionnaire “The Mental Health Continuum – Short Form (MHC-SF) Scoring” by Corey L.M. Keyes (2009), adapted to the Ukrainian sample by E.L. Nosenko and A.G. Chetveryk-Burchak) (N=205)**

Level of mental health	Number of higher education graduates	Percentage of the total number (%)
High level	45	21,9
Average (moderate) level	105	51,4
Low level	47	22,8
Very low level	8	3,9

The obtained results indicate that students of higher education in the 1st–3rd years of study at Oles Honchar Dnipro National University have mostly a moderate level of mental health (51.4%), a high level has 21.9% of the students, a low level of mental health is found in 22.8%, and 3.9% of higher education students have very low mental health indicators. This indicates that the students have mostly positive emotional states are to some extent independent of the surrounding environment, have internal resources to resist negative influence, are successful in resisting social challenges and successful in social-psychological adaptation, which is important for mental health of a person.

The obtained results regarding the manifestation of certain aspects of the manifestation of fear of assessment in various situations of higher education applicants of Oles Honchar DNU are shown in table 2.

The analysis of the manifestation of the general indicators of social anxiety shows that among the students of Oles Honchar DNU, episodic manifestations of social anxiety prevail in 29.8% of the students, a moderately increased manifestation has 18.2%, an increased level of 14.4% of the students of education (together moderately increased and increased 32.6%), a high level was

Table 2

**The percentage ratio of the number of higher education graduates with different levels of social anxiety according to the “Questionnaire of social anxiety and sociophobia” by O.A. Sagalakova and D.V. Truevtsev (N = 205)**

Level of social anxiety	Number of higher education graduates	Percentage of the total number (%)
1. Clinical social phobia	22	10,6
2. High social anxiety	31	15,4
3. Increased social anxiety	30	14,4
4. Moderately increased social anxiety	37	18,2
5. Episodic manifestations of social anxiety	61	29,8
6. Not expressed social anxiety	24	11,5



detected by 15.4% and a clinical form of sociophobia – 10.6% (these are 22 students) (high and clinical manifestation together – 26.0%). There is no social anxiety in only 11.5% of education seekers (only 24 education seekers).

Analysis of the manifestation of certain types of social phobias shows the predominant manifestation of social anxiety in expert-situational assessment situations (50.6%), social anxiety due to fear of criticism (45.7%). The students experience the least social anxiety due to the fear of rejection.

The results of the study of the level of anxiety of students of higher education at the Oles Honchar DNU are presented in Table 3.

Table 3  
**The percentage ratio of the number of higher education recipients according to different levels of anxiety according to the Hospital Anxiety and Depression Scale (HADS), developed by A.S. Sigmund and R.P. Snaith (N=205)**

Anxiety level	Number of higher education graduates	Percentage of the total number (%)
Norm	91	44,2
Subclinically expressed	50	24,03
Clinically expressed	64	31,7

The results showed that 44.2% of students do not have anxiety symptoms. 24.03% of students have subclinical signs of anxiety. At the same time, clinically expressed signs of anxiety were found in 31.7% of higher education students (this is almost a third of the subjects). That is, more than half of the students (54.73%) have high and very high (at the level of clinical manifestations) anxiety indicators.

The results of the study of the level of depression of students of higher education of Olesya Honchar DNU are presented in Table 4.

The obtained results convincingly prove that the majority of higher education students (66.9%) do not have depression. But subclinical depression is expressed in 20.5% of higher education students (this is a group at risk of developing a clinical form of depression). And 12.6% of the students have clinically pronounced depression.

**Conclusions.** Thus, choosing as a hypothesis the assumption that higher education seekers of Oles Honchar Dnipro National University in the conditions of war have certain signs of decreased mental and social health, namely, increased indicators of anxiety, sociophobia

Table 4

**The percentage ratio of the number of higher education graduates according to different levels of depression according to the Hospital Anxiety and Depression Scale (HADS), developed by A.S. Sigmund and R.P. Snaith (N=205)**

Depression level	Number of higher education graduates	Percentage of the total number (%)
Norm	137	66,9
Subclinically expressed	43	20,5
Clinically expressed	25	12,6

and depression, having conducted an empirical study on a sample of 205 people, aged 18–20 y.o., with the help of the psychodiagnostic methods mentioned above, it was established that:

1. The students of the 1st–3rd years of higher education at Oles Honchar Dnipro National University have mostly a moderate level of mental health, only a fifth of the students have a high level of mental health, another fifth have a low level of mental health and there are higher education students who have very low mental health indicators (almost 4%).

2. A third of higher education students have a moderately elevated and elevated level of social anxiety, another third of higher education students have episodic manifestations of social anxiety. And almost a third have a high and clinical manifestation of social anxiety. There is no social anxiety in only one-tenth of higher education students. Social anxiety prevails in expert-situational evaluation situations and due to fear of criticism.

3. Somewhat less than half of the students have no signs of anxiety. But the greater half of the students still have high and very high (at the level of clinical manifestations) anxiety indicators.

4. The vast majority of higher education students do not have depression states. But a fifth have subclinical depression (this is a group at risk of developing a clinical form of depression). And a certain (insignificant) share of education seekers have clinically expressed depression.

Therefore, the obtained results testify to the reduced indicators of the level of psychological health of the students of Oles Honchar DNU. It is important to pay attention to those aspects of psychological health that require special consideration in preventive work with students of higher education by the Psychological Service of Oles Honchar Dnipro National University.

**BIBLIOGRAPHY:**

1. Агаєв Н.А., Кокун О.М., Пішко І.О., Лозінська Н.С., Остапчук В.В., Ткаченко В.В. Збірник методик для діагностики негативних психічних станів військовослужбовців : методичний посібник. Київ : НДЦ ГП ЗСУ, 2016. 234 с.
2. Галецька І., Сосновський Т. Психологія здоров'я: теорія і практика. Львів : Видавничий центр ЛНУ імені Івана Франка, 2006. 338 с.
3. Коцан І.Я., Ложкін Г.В., Мушкевич М.І. Психологія здоров'я людини / За ред. І.Я. Коцана. Луцьк : «Вежа», 2011. 430 с.
4. Носенко Е.Л., Четверик-Бурчак А.Г. Опитувальник «Стабільність психічного здоров'я – коротка форма»: опис, адаптація, застосування. *Вісник Дніпропетровського університету. Серія «Педагогіка і психологія»*, 2014. Т. 22. № 9/1. С. 89–97.
5. Сагалакова О.А., Труевцев Д.В. Опросник социальной тревоги и социофобии. *Медицинская психология в России* : электронный научный журнал. 2012. № 4 (15). URL: <http://medpsy.ru>.
6. Тимофієва М.П., Двіжона О.В. Психологія здоров'я : навчальний посібник. Чернівці : Книги-XXI, 2009. 296 с.
7. Холістична модель здоров'я. URL: <http://dlse.multycourse.com.ua/ua/page/19/114>.
8. Sheridan E.P., Matarazzo J.D., Boll t. j., Perry N.W., Weiss S.M., Belar S.D. Post-Doctoral Education and Training for Clinical Service Providers in Health Psychology. *Health Psychology*. 1998. № 7. Pp. 1–17.
9. Taylor S.E. Health Psychology. New York : McGraw-Hill, 1991. Vol. 2. P. 5.

**REFERENCES:**

1. Ahaiev, N.A., Kokun, O.M., Pishko, I.O., Lozinska, N.S., Ostapchuk, V.V., Tkachenko, V.V. (2016). *Zbirnyk metodyk dlia diahnostryky nehatyvnykh psykhychnykh staniv viiskovosluzhbovtiv: metodychnyi posibnyk* [Collection of methods for diagnosing negative mental states of servicemen: methodical manual]. Kyiv : NDTsHPZSU 234 p. [in Ukrainian].
2. Haletska, I., Sosnovski, T. (2006). *Psihologiya zdoroviia: teoriia i praktika* [Health Psychology: Theory and Practice] Lviv : Vidavnichii tsentr LNU imeni Ivana Franka. 338 p. [in Ukrainian].
3. Kozan, I.Ia, Logkin, G.V., Myshkevich, M.I. (2011). *Psihologiya zdoroviia liydny* [Health Psychology of human] / Za red. I. Kozana. Lutsk : «Vega». 430 p. [in Ukrainian].
4. Nosenko, E.L., Chetverik-Burchak, A.G. (2014). *Opytuvalnyk «Stabilnist psyhichnogo zdorov'a – korotka forma»: opys, adaptatsiya, zastosuvannia* [“The Mental Health Continuum – Short Form”: description, adaptation, application]. *Visnyk Dnipropetrovskogo universytetu. Seriya: Pedagogika i psihologiya*. Vol. 22. No. 9/1. Pp. 89–97 [in Ukrainian].
5. Sagalakova, O.A., Truevtsev, D.V. (2012). Oprosnik sozionalnoi trevogi i soziofobii [The social anxiety and social phobias Continuum]. *Meditinskaya psihologiya v Rossii: elektronnyi naychnyi gyrnal*. No. 4 (15). Retrieved from: <http://medpsy.ru> [in Russian].
6. Timofieva, M.P., Dvihona, O.V. (2009). *Psihologiya zdoroviia: navchalnii posibnik* [Health Psychology: teach. guidances]. Chernivzi: Knigi-XXI. 296 p. [in Ukrainian].
7. *Holistichna model zdoroviia* [Holistic model of health]. Retrieved from: <http://dlse.multycourse.com.ua/ua/page/19/114> [in Ukrainian].
8. Sheridan, E.P., Matarazzo, J.D., Boll, T.J., Perry, N.W., Weiss, S.M., Belar, S.D. (1998). Post-Doctoral Education and Training for Clinical Service Providers in Health Psychology. *Health Psychology*. No. 7. Pp. 1–17 [in English].
9. Taylor, S.E. (1991). *Health Psychology*. New York: McGraw-Hill. Vol. 2. P. 5 [in English].

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