

SECTION 21.

PSYCHOLOGY AND PSYCHIATRY

DOI 10.36074/logos-19.07.2024.046

MENTAL HEALTH SCREENING OF UKRAINIAN STUDENTS DURING THE WARTIME

Polyvianaia Maryna¹

1. PsyD, PhD, Senior Research

Institute of Psychiatry of Taras Shevchenko National University of Kyiv, UKRAINE

ORCID ID: 0000-0001-9417-3743

One of the problems that arose as a result of Russia's military aggression against Ukraine is the deterioration of the mental health of the population, including a significant increase in the number of mental disorders among student youth [1-3].

When studying the mental health of war-affected populations, there are challenges in assessing and determining the level of mental health problems, as there are often no readily available and validated tools for detecting and obtaining reliable data on mental disorders [4].

Taking into account all the difficulties and limitations of conducting research in the conditions of war, we have developed a comprehensive screening toolkit for assessing the mental health of student youth in Ukraine. The online questionnaire consisted of a socio-demographic part (questions about age, gender, faculty and course of study) and an initial mental health screening using standardized psychodiagnostic scales to detect signs of mental disorders: depression (PHQ-9; Spitzer et al., 1999) and generalized anxiety disorder (GAD-7; Spitzer et al., 2006). If desired, students had the opportunity to indicate their name, phone number or e-mail for feedback.

In order to check the applicability of the proposed screening, its approbation was conducted among students of higher and secondary educational institutions of the city of Kyiv. The survey was conducted from 01.02.2024 to 30.03.2024, 235 students of various courses and faculties voluntarily participated in it, 195 (83.0%) women and 40 (17.0%) men, the average age was 18.4 ± 2.1 years. The majority of respondents were 1st year students – 74 (31.5%), 47 (20.0%) - 2nd year students, 50 (21.3%) – 3rd year students, 38 (16.2%) – 4th year students, 5th year master's degree – 26 (11.0%) people.

As can be seen (Table 1), 25 (10.6%) people had minimal or no depression. Severe depression was observed in 35 (15.05%) students, severe depression in 23

(9.85%) students. Depression of a mild degree prevailed in both men and women – 111 (47.25) respondents, and depression of a severe degree was peculiar only to women and made up 9.8% of the total sample.

Table 1

Distribution of respondents according to indicators of the PHQ-9 scale

Total respondents N = 235 (100%)	Indicators on the PHQ-9 scale (scores)				
	0-4 depression is minimal or absent n = 25 (10.6)	5-9 mild depression n = 111 (47.2)	10-14 moderate depression n = 41 (17.4)	15-19 moderately severe depression n = 35 (15.0)	20-27 depression severe n = 23 (9.8)
Man 40 (17)	4 (10.0)	20 (50.0)	9 (22.5)	7 (17.5)	0 (0)
Women 195 (83)	21 (10.8)	91 (46.6)	32 (16.4)	28 (14.4)	23 (11.8)

According to the indicators of the GAD-7 scale, 98 (41.7%) students had no or minimal symptoms of anxiety (Table 2). 69 (29.3%) students reported mild anxiety, 41 (17.5%) reported moderate anxiety. A pronounced level of anxiety was observed in 27 (11.5%) respondents, and the absolute majority of this subgroup was made up of women (25 people).

Table 2

Distribution of respondents according to indicators of the GAD-7 scale

Total respondents N = 235 (100%)	Indicators on the GAD-7 scale (scores)			
	0-4 minimal anxiety n = 98 (41.7)	5-9 mild anxiety n = 69 (29.3)	10-14 moderate anxiety n = 41 (17.5)	15-21 severe anxiety n = 27 (11.5)
Man 40 (17)	14 (35.0)	16 (40.0)	8 (20.0)	2 (5.0)
Women 195 (83)	84 (43.0)	53 (27.2)	33 (17.0)	25 (12.8)

According to the proposed algorithm, the answers to the 9th question of the PHQ-9 scale were analyzed: "Thoughts that it would be better if you died or thoughts about harming yourself." This made it possible to identify a high-risk group for suicidal behavior, it was made up of persons who answered "yes" to question No. 9 – 70 (29.8%) students. At the same time, 17 (7.2%) students answered that they have such thoughts almost every day.

The I high-risk group was also selected depending on the results of the assessment on the PHQ-9 and GAD-7 scales, when the respondents simultaneously observed pronounced anxiety (15-21 points on the GAD-7) and severe depression



SECTION 21.

PSYCHOLOGY AND PSYCHIATRY

(20-27 points on the scale PHQ-9). This group consisted of 14 people, exclusively women (100%), their average age was 18.42 years.

In relation to these students, an additional screening was carried out using the scales PC-PTSD-5 (Prins A., Bovin M. J., 2015), CRAFTT (Knight J.R. et al., 2002), PSS (Paykel E.S. et al., 1974) for detection of possible comorbid pathology, namely: post-traumatic stress disorder; problems related to the use of psychoactive substances; risk of suicidal behavior.

All individuals in risk group I were sent a letter to the e-mail address they indicated in the questionnaire at the first stage of screening, with information about the continuation of the survey in connection with the mental health problems identified in them at the first stage. The letter offered a link to a questionnaire that consisted of three scales: PC-PTSD-5, CRAFTT, PSS.

Out of 14 people in this group, 2 (14.3%) refused further survey, explaining this either by lack of mental health problems or unwillingness to answer the questions. Thus, at the second stage of screening, responses were received from 12 students. The frequency of traumatic events according to the PC-PTSD-5 scale reported by respondents is shown in Table 3. 100% of respondents indicated the war as a traumatic event. Direct exposure to shelling or bombing and the death of a loved one were noted by 75.0% of respondents, and another 41.6% experienced physical violence. Also, 5 (41.6%) female students indicated a traumatic experience related to sexual violence. All women in this group, without exception, had multitrauma, that is, each of them indicated at the same time 2 or more traumatic events.

The Peikel Suicidality Scale (PSS) demonstrated the following results. Two thirds of the respondents (66.7%) answered that they wished to die, for example, to fall asleep and not wake up; half (6 – 50.0%) felt that life was not worth living, 8 (66.7%) people thought about taking their own life, even if they would never do it. One girl reported a suicide attempt in the past.

Table 3

Frequency of traumatic events (PC-PTSD-5 scale)

Traumatic event	Number of responses	
	n	%
war	12	100.0
direct exposure to shelling or bombardment	9	75.0
seeing someone killed or seriously injured	4	33.3
death of a loved one	9	75.0
physical violence	5	41.6
sexual violence	5	41.6
stay in occupation	2	16.7
loss/damage to property	4	33.3
other	4	33.3

All respondents from risk group I indicated that they had consumed more than a few sips of beer, wine, or other beverages containing alcohol (CRAFFT) in the past year. At the same time, 10 (83.3%) of them used alcohol or narcotic substances to relax or to feel better, to fit into the company. In the last 12 months, a third of the respondents used alcohol or narcotic substances without others, alone. Also, a third of the respondents (4 – 33.3%) had problems or difficulties in the last 12 months due to the fact that they used alcohol or narcotic substances.

All respondents of the 1st high-risk group of mental disorders, which were identified during the screening test, were offered an online consultation with a medical psychologist. The consultation offer was sent to e-mail or offered orally at the indicated phone number.

The II risk group consisted of 84 respondents: 14 people who simultaneously experienced severe anxiety (15-21 points on the GAD-7) and severe depression (20-27 points on the PHQ-9 scale), as well as 70 students who responded "yes" to question number 9 of the PHQ-9 scale "Thoughts that it would be better if you died or thoughts about harming yourself."

Almost half of students from II risk group did not respond to the offer of online consultation (39 – 46.5%), a third of students (28 – 33.3%) answered that they did not need it, 17 (20.2%) people agreed to such an online meeting. With each of these 17 students, an online psychological consultation was conducted, during which problems with their mental health, ways to solve these problems. Three people were referred to a psychiatrist, and according to feedback, all three were prescribed psychopharmacotherapy and further supervision by a psychiatrist.

Based on the results of the approbation, we can recommend an annual screening of the mental health of Ukrainian students in two stages. Our data confirm the possibility of using two scales to detect symptoms of depression and anxiety (PHQ-9 and GAD-7) at the first stage. At the second stage, PC-PTSD-5, PSS, CRAFFT scales can be used for early detection of post-traumatic stress disorder, suicidal behavior, problems with alcohol and other psychoactive substances.

The proposed screening can become a means of standardizing the assessment of mental health of student youth both during the war and in the post-war period.

Acknowledgment. These abstracts have been prepared based on the results of the research project that was implemented with the grant support of the National Research Fund of Ukraine (project registration number: 2022.01/0030).

REFERENCES:

- [1] Kurapov, A., Pavlenko, V., Drozdov, A., Bezliudna, V., Reznik, A., & Isralowitz, R. (2023). Toward an understanding of the Russian-Ukrainian war impact on university students and personnel. *Journal of Loss and Trauma*, 28 (2), 167-174. <https://doi.org/10.1080/15325024.2022.2084838>



SECTION 21.

PSYCHOLOGY AND PSYCHIATRY

- [2] Pavlova, I., & Rogowska, A. M. (2023). Exposure to war, war nightmares, insomnia, and war-related posttraumatic stress disorder: A network analysis among university students during the war in Ukraine. *Journal of Affective Disorders*, 342, 148-156. <https://doi.org/10.1016/j.jad.2023.09.003>
- [3] Pinchuk, I., Solonskyi, A., Yachnik, Y., Kopchak, O., Klasa, K., Sobański, J. A., & Odintsova, T. (2024). Psychological well-being of Ukrainian students three months after the emerge of full-scale war. *Psychiatria Polska*, 58 (1), 121-151. <https://doi.org/10.12740/PP/177073>
- [4] Skowrya K., Coccozza J. Mental Health Screening: The Next Frontier (2008). https://nysap.us/assets/publications/behavioral/MH_Screening_nextfrontier.pdf