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PSYCHODIAGNOSTIC OF MENTAL HEALTH OF UKRAINIAN REFUGEES IN EUROPEAN COUNTRIES

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The full-scale war in Ukraine has led to the forced displacement of people and a large-scale humanitarian crisis, exacerbating mental health issues both within the country and among Ukrainian refugees abroad.

Mental health, according to the World Health Organization (WHO), is a state of well-being in which an individual realizes their abilities, can cope with normal life stresses, work productively, and contribute to their community. During a war, mental health becomes a focal point for both researchers and practitioners [1; 2; 3; 6; 7]. According to T. Tytyrenko, «the trauma experienced by the country's population due to direct and indirect

participation in modern hybrid warfare is primarily manifested in the loss of subjective well-being, indicating a significant decline in psychological health levels» [4, p. 8]. Emotions, as socially constructed behavior patterns, regulate human behavior in relevant situations. Forced migration can trigger stressful situations that require additional psychological resources for adequate adaptation. This involves the impact of acculturative stress on an individual's psychological state, mental health, and psychological well-being.

One crucial aspect of this issue is the diagnosis of psycho-emotional states to prevent and overcome exhaustion, emotional burnout, and to find personal resources for mental health recovery, as well as to foster a culture of self-care for mental health and well-being among citizens.

Hence, studying the psycho-emotional states and mental health of Ukrainian citizens is a pressing task, which determined the research goal: to identify the self-assessment of the current psycho-emotional state of Ukrainians.

In the empirical study, the psycho-emotional states of forcibly displaced Ukrainians abroad were diagnosed using the «SUPOS-8» method for self-assessment of the mobilizing and demobilizing components of the current mental state. The method was developed at the Prague Institute of Psychiatry by Dr. O. Miksic [5]. The idea is based on the concept of the multi-component nature of a person's current mental state, in which mobilizing and demobilizing elements of a single act of mental activity are unequally represented at any given moment. Each component is described by a series of adjectives (9 adjectives for each component).

This method allows the identification of a person's mental activity level, degree of asthenization, emotional tension, and self-control. It also tracks the dynamics of these indicators and assesses the mobilizing effect of the studied factor. These tasks are best accomplished by analyzing state shifts averaged across the study group. The main indicator is the percentage representation of the state components.

In our study, the questionnaire was completed twice: a self-assessment of the psycho-emotional state of Ukrainian refugees before and after the full-scale invasion. Accordingly, the subject of analysis was the shifts in the mobilizing and demobilizing components within the structure of the participants' psycho-emotional state.

The study involved forcibly displaced Ukrainians in European countries (Ireland, Lithuania, Germany, Poland, Romania). 48 participants (16 men and 22 women) of different age categories were involved.

The primary indicator from the «SUPOS-8» method is the percentage representation of the psycho-emotional state components.

Mobilizing state components: R – mental calmness; E – sense of strength and energy; A – desire for action, activity; O – impulsive reactivity.

Demobilizing state components: N – mental unrest; U – fear, worry, caution; D – depression, depression; S – despondency, gloominess.

Results from the first assessment of the psycho-emotional state (before the full-scale invasion) showed that mobilizing components were significantly more expressed in the mental state structure than demobilizing ones, with the exception of the 4th component O (impulsive reactivity). Results from the second assessment (after the full-scale invasion) indicated that the tendency in the ratio of mobilizing and demobilizing components of the current mental state persisted. However, the presence of mobilizing components (except for component O) decreased, whereas demobilizing components increased.

Analysis of shifts in the component structure of the participants' state revealed a decrease in the representation of mobilizing components (except for component O – impulsive reactivity) in the psycho-emotional state of refugees after the full-scale invasion. Significant differences (at $p < 0.05$) were found for components R – mental calmness (shift = -4.47) and E – sense of strength and energy (shift = -4.71). Component A – desire for action, activity decreased but not significantly (shift = -2.1). The percentage expression of the 4th mobilizing component O – impulsive reactivity increased insignificantly (shift = +0.53).

An increase was detected in all demobilizing components of the psycho-emotional state of forced migrants abroad. Significant differences (at $p < 0.05$) were found for components U – fear, worry, caution (shift = +3.58) and S – despondency, gloominess (shift = +3.49). The percentage expressions of components N – mental unrest (shift = +2.15), D – depression (shift = +2.95) increased insignificantly.

It was established that as mental fatigue increases, the representation of mobilizing components in the mental state decreases, whereas demobilizing components increase [5].

Analysis of the emotional state dynamics of Ukrainian refugees before and after the full-scale invasion showed a decrease in the representation of mobilizing components (mental calmness; sense of strength and energy) and an increase in demobilizing components (fear, worry, caution; despondency, gloominess). This allows us to consider forced migration as an unfavorable, demobilizing factor.

Effective and beneficial forms of social support for adaptation and improvement of mental health for Ukrainian refugees in European countries, besides learning stress management methods and psychological recovery skills, include establishing relationships with the host community and participating in cultural training programs. These programs help migrants gain information, develop sensitivity to the host country's culture, learn communication systems, and assimilate local practices and traditions.

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