

UDC 616.89-008.44-008.454-07:355.097.2
DOI <https://doi.org/10.32689/2663-0672-2025-4-9>

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THE STATE OF MENTAL HEALTH OF VOLUNTEERS IN CONDITIONS OF WAR: A FOCUS ON ANXIETY AND DEPRESSION

According to contemporary scientific research, volunteers engaged in humanitarian activities aimed at supporting military personnel and individuals affected by war exhibit higher levels of anxiety and depression compared to the general population. Risk factors for increased anxiety and depression include the duration and regularity of work with wounded individuals, displaced persons, families of deceased persons, or those who are in captivity or missing, insufficient organizational support for individuals involved in volunteer activities, as well as pre-existing mental health problems and personality characteristics.

Scientific novelty. In recent years, there has been a noticeable increase in the number of studies specifically focused on individuals engaged in volunteer activities during wartime. These studies confirm that volunteers have specific risk factors as well as protective factors that influence mental health. Recent research indicates that a proportion of volunteers demonstrate simultaneously elevated anxiety and subclinical depression, but with different dynamics (for example, volunteer motivation may mitigate depressive symptoms while maintaining a high level of anxiety due to constant anticipation of threat). The intensity and duration of volunteers' exposure to traumatic events correlate with the level of anxiety and depressive symptoms [2]. This population group requires further research aimed at developing unified algorithms for the diagnosis of mental disorders and creating adapted practical programs that include psychoeducation and psychocorrection.

The research objective is to determine the levels of anxiety and depression among volunteers carrying out their activities in conditions of war and to develop an algorithm for diagnosis and comprehensive correction.

Results. Anxiety and depression indicators according to the Hospital Anxiety and Depression Scale (HADS) demonstrated a high level of emotional tension among volunteers who carried out their activities in conditions of war. On the anxiety subscale (HADS-A), the median level was 14 points ($Me = 14$; $IQR = 11-14.75$; $p < 0.001$), which corresponds to clinically significant manifestations of anxiety. On the depression subscale (HADS-D), the median level was 13 points ($Me = 13$; $IQR = 10-13$; $p < 0.001$), indicating the presence of clinically significant manifestations of depression.

Conclusions. There is a statistically significant positive correlation between the levels of anxiety and depression ($r \approx 0.7$): an increase in anxiety is accompanied by an increase in depressive symptoms. This confirms the presence of comorbidity of anxiety-depressive states among volunteers operating in conditions of war.

Key words: depression, anxiety, diagnostics, mental health, war, volunteers, trauma, psychocorrection, psychoeducation.

Світлана Савка. СТАН ПСИХІЧНОГО ЗДОРОВ'Я ВОЛОНТЕРІВ В УМОВАХ ВІЙНИ: ФОКУС НА ТРИВОГУ ТА ДЕПРЕСІЮ

За даними сучасних наукових досліджень волонтери які здійснюють гуманітарну діяльність з метою підтримки військових і постраждалих внаслідок війни мають підвищений рівень тривоги й депресії у порівнянні з загальною популяцією. Факторами ризику, щодо підвищення тривоги та депресії є тривалість та регулярність роботи з пораненими, переміщеними особами, з сім'ями загиблих осіб або тих, хто перебуває в полоні або зник безвісті, недостатня організаційна підтримка осіб, які займаються волонтерською діяльністю та попередні проблеми з ментальним здоров'ям й особливості особистості.

Наукова новизна. За останні роки помітно зростає кількість досліджень, які орієнтовані саме на осіб які займаються волонтерською діяльністю у період війни. Вони підтверджують, що волонтери мають специфічні фактори ризику, а також і захисні фактори, які впливають на ментальне здоров'я. Новітні дослідження показують, що частина волонтерів демонструє одночасно підвищену тривогу та субклінічну депресію, але з відмінною динамікою (наприклад, волонтерська мотивація може пом'якшувати депресивні симптоми, залишаючи високий рівень тривоги через постійне очікування загрози). Інтенсивність і тривалість волонтерської експозиції до психотравмуючих подій корелює з рівнем тривожних та депресивних симптомів [2]. Дана категорія населення потребує подальших досліджень щодо створення уніфікованих алгоритмів діагностики психічних розладів і створення адаптованих практичних програм, які включають психоосвіта та психокорекцію.

Мета дослідження. Визначити рівень тривоги та депресії у волонтерів, які здійснюють свою діяльність в умовах війни та розробити алгоритм діагностики та комплексної корекції.

Результати. Показники тривоги та депресії за Госпітальною шкалою (HADS) засвідчили високий рівень емоційного напруження серед волонтерів, які здійснювали свою діяльність в умовах війни. За підшкалою тривоги (HADS-A) медіанний рівень становив 14 балів ($Me=14$; $IQR=11-14,75$; $p < 0,001$), що відповідає клінічно значущим проявам тривоги. За підшкалою депресії (HADS-D) медіанний рівень становив 13 балів ($Me=13$; $IQR=10-13$; $p < 0,001$), що свідчить про наявність клінічно значущих проявів депресії.

Висновки. Між рівнями тривоги і депресії існує статистично значуща позитивна кореляція ($r \approx 0.7$) підвищення тривожності супроводжується зростанням депресивних симптомів. Це підтверджує наявність коморбідності тривожно-депресивних станів серед волонтерів, що діють в умовах війни.

Ключові слова: депресія, тривога, діагностика, психічне здоров'я, війна, волонтери, травма, психокорекція, психоосвіта.

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Introduction. According to contemporary scientific research, volunteers engaged in humanitarian activities aimed at supporting military personnel and individuals affected by war exhibit higher levels of anxiety and depression compared to the general population. Indicators of anxiety and depression vary depending on the characteristics of volunteer activity. An increase in these indicators is directly proportional to the duration of work and the intensity of contact with affected individuals [1].

The prevalence of anxiety and depression across different samples of volunteers and humanitarian workers ranged from 20-50%, depending on the country, research methodologies, and criteria for participant selection. In some studies, the indicators reached higher values when volunteers had long-term work experience in conflict zones or had frequent direct contact with affected individuals [2].

Risk factors associated with higher symptoms of anxiety and depression have been identified. These include volunteers who regularly work with wounded individuals, displaced persons, families of deceased individuals, or those who are in captivity or missing [3]. Insufficient organizational support for individuals engaged in volunteer activities, namely limited time for rest, lack of rotations, inadequate provision of psychological support and supervision, also contributes to increased risk [4]. Prolonged work shifts and emotional burnout correlate with depressive manifestations [5]. Pre-existing mental health problems and personality characteristics (low stress tolerance, anxiety, vulnerability) are additional contributing factors [6].

Local volunteers more often have a higher risk of developing anxiety and depressive states compared to volunteers from international organizations, due to the combination of providing assistance and their own loss of resources as a result of living in a country experiencing war [7]. Mechanisms of impact on volunteers include constant anticipation of threat activating anxiety systems, secondary traumatization when working with affected individuals leading to compensatory asthenia, and the combination of professional, family, and volunteer responsibilities resulting in exhaustion and depressive symptomatology [8]. Altruistic motives and solidarity may serve as a resource for psychological resilience, but at the same time may maintain increased anxiety due to excessive emotional involvement.

Protective and resilience factors associated with reduced symptoms of anxiety and depression include intra-organizational and extra-organizational social support, timely rotation, supervision, training in psychological techniques to reduce emotional burnout, and preparation for work in crisis situations (psychological education and practical skills that reduce stress levels) [9].

Methods for the prevention of non-psychotic mental disorders include pre-deployment trainings, briefings on self-help, and safety instructions. Organizational

interventions (supervision, regular rotations, limitation of workload) demonstrate positive outcomes and reduce the risk of emotional burnout and the development of anxiety and depressive symptoms [10]. Individual psychological programs (cognitive-behavioral therapy, group psychotherapy, brief psychological interventions focused on emotion regulation) to support volunteers are effective; however, few studies have been conducted in the context of active warfare [11].

To support the mental health of volunteers who experience direct contact with trauma, it is important to implement mandatory supervision programs and regular rotations, as well as to provide short trainings in basic psychological first aid and self-help, including guidance on rest and work boundaries [12]. The creation of accessible channels for psychosocial support (telemedicine, hotlines, support groups) for volunteers, as well as the implementation of mental health monitoring through regular screenings (PHQ-9/GAD-7) with clear referral algorithms to specialists providing professional care, is also essential [13]. In order to reduce chronic stress, it is necessary to integrate care for workers at the state level (provision of leave, compensation for health-related expenses, safety standards) [14].

In the Ukrainian context, numerous local volunteer initiatives providing psychological support have emerged. However, at present there is a high workload among mental health professionals and significant unmet needs for psychosocial support for volunteers and local workers. The scale of demand for these services exceeds local resources, increasing the risk of emotional burnout among individuals providing psychological assistance.

Contemporary scientific research emphasizes that the intensity and duration of volunteers' exposure to psychotraumatic events correlates with the level of anxiety and depressive symptoms. A promising area for further research is the frequency of occurrence of anxiety and depressive symptoms and their transition into clinical disorders [15].

Aim of the study. To determine the levels of anxiety and depression among volunteers carrying out their activities in conditions of war and to develop a diagnostic algorithm.

Materials and methods. The study involved 84 volunteers who carried out humanitarian activities in the Chernivtsi region in 2024. The Hospital Anxiety and Depression Scale (HADS) was used to assess the levels of anxiety and depression.

Results and discussion. During the assessment and subsequent analysis of the results, the median level on the anxiety subscale was 14 points ($Me = 14$; $IQR = 11-14.75$; $p < 0.001$). For a qualitative assessment of anxiety levels, a tiered approach was applied: pronounced symptoms were observed in 38 volunteers (45.2%); moderate symptoms in 18 volunteers

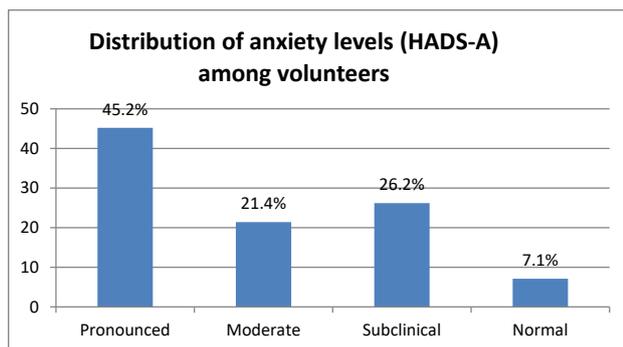


Fig. 1. Distribution of anxiety levels (HADS-A) among volunteers

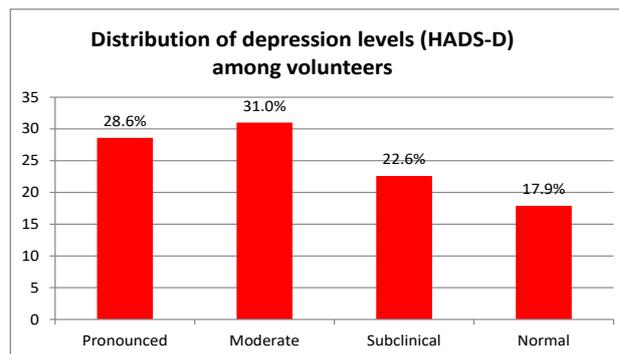


Fig. 2. Distribution of depression levels (HADS-D) among volunteers

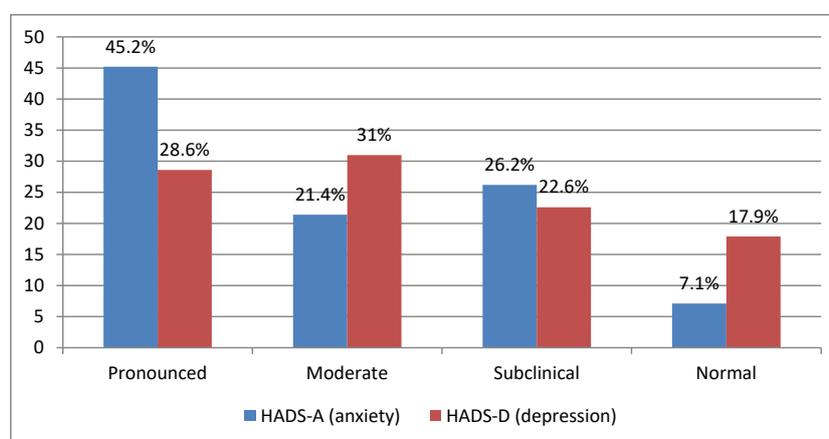


Fig. 3. Distribution of anxiety and depression levels (HADS) among volunteers

(21.4%); subclinical manifestations in 22 volunteers (26.2%); normal range in 6 volunteers (7.1%) (Fig.1).

Overall, clinically significant or moderate manifestations of anxiety were identified in the majority of volunteers (66.6%), indicating a high level of emotional tension in this group. On the depression subscale, the median level was 13 points (Me = 13; IQR = 10–13; $p < 0.001$).

During the tiered analysis of depression levels, the following results were obtained: pronounced symptoms were identified in 24 volunteers (28.6%); moderate symptoms in 26 volunteers (31.0%); subclinical manifestations in 19 volunteers (22.6%); normal range in 15 volunteers (17.9%) (Fig.2).

Overall, clinically significant or moderate manifestations of depression were observed in more than half of the respondents (59.6%), indicating a substantial level of emotional exhaustion among volunteers during the period of war (pic. 3).

Among volunteers, symptoms of anxiety and depression are combined with sleep disturbances and an increased risk of psychoactive substance use, which complicate treatment and rehabilitation [16].

There is a statistically significant positive correlation between the levels of anxiety and depression: an increase in anxiety is accompanied by an increase in depressive symptoms. The obtained correlation coefficient ($r \approx 0.7$) indicates a strong direct correlation between anxiety and depression levels. This confirms the presence of comorbidity of anxiety-depressive states among volunteers operating in conditions of war.

Conclusions. Statistical analysis of the Hospital Anxiety and Depression Scale (HADS) indicators demonstrated a high level of emotional tension among volunteers who carried out their activities in conditions of war. On the anxiety subscale (HADS-A), the median level was 14 points (Me = 14; IQR = 11–14.75; $p < 0.001$), corresponding to clinically significant manifestations of anxiety. Pronounced or moderate symptoms were observed in 66.6% of participants, indicating the predominance of elevated anxiety levels in the studied sample. On the depression subscale (HADS-D), the median level was 13 points (Me = 13; IQR = 10–13; $p < 0.001$), indicating the presence of clinically significant manifestations of depression. Pronounced or moderate symptoms were identified in 59.6% of volunteers.

The obtained results indicate a high prevalence of anxiety-depressive symptomatology among individuals involved in volunteer activities during war, which may be обусловлено chronic exposure to stressors, overload, and emotional exhaustion. These

data emphasize the necessity of systematic monitoring of volunteers' mental state and the implementation of psychoeducational and psychocorrective programs aimed at preventing the development of these disorders.

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Дата першого надходження статті до видання: 17.11.2025

Дата прийняття статті до друку після рецензування: 02.12.2025

Дата публікації (оприлюднення) статті: 30.12.2025