KSE | Psychology

HOW TO COPE WITH STRESS IN WARTIME

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This white paper has been prepared by the team of the “Psychology” program at the Kyiv School of Economics for colleagues, partners, and everyone in need of reliable and practical information on supporting mental health in times of war. We are psychologists and biologists united by a common goal: to make evidence-based knowledge accessible and useful for people living and working in Ukraine under constant stress, uncertainty, and threat.

The document consolidates effective advice and strategies grounded in modern research and tailored to the Ukrainian context. It presents practical approaches to maintaining physical and emotional resources, methods for avoiding destructive behavioral responses to stress, and ideas for restoring inner strength. The paper contains sections on self-help during periods of anxiety, along with up-to-date contact information for those requiring professional assistance.

We aimed to create a resource that serves not only as a reference guide but also as a source of support: each chapter includes references to scientific studies for readers who wish to explore the subject in greater depth. At the same time, the primary focus is on simple, practical recommendations that can be applied in everyday life.

Our mission is to support the resilience of Ukrainian society. We believe this work will help every reader preserve strength and endurance so that together we can withstand the challenges of war and work toward victory and the country’s recovery.

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Wartime life puts immense psychological strain on civilians. Daily survival under threat, from air raid sirens to drone attacks, triggers intense stress responses. It is important to know that feeling anxious, scared, or sad in such circumstances is a normal human reaction. In Ukraine, where shelling and alarms disrupt life even far from the frontline, millions are experiencing chronic stress. The World Health Organization estimates that approximately 10 million people in Ukraine may develop a mental health condition due to the war trauma (Save the Children International, 2024). Numerous individuals experience symptoms such as insomnia, heightened anxiety, and difficulty concentrating. Constant nighttime attacks have made sleep a “rare and precious commodity,” leaving people exhausted and apathetic by day. Experts warn that chronic sleep deprivation and fear are causing elevated stress, anxiety, and even memory problems. Clearly, wartime stress is not just unpleasant – it can seriously harm our mental and physical well-being.

This white paper offers research-backed guidance on coping with stress during wartime.It describes the effects of prolonged stress on the mind and body, and then outlines practical techniques to find calm during crises and build resilience over time. Each suggestion is grounded in scientific evidence or expert consensus, presented in an empathetic tone for a broad audience. Even in this abnormal reality, there are healthy ways to adapt and endure. By understanding stress and using effective coping strategies, civilians can protect their mental health and support one another through the challenges of war.

THE PSYCHOLOGICAL IMPACT OF WAR

Intense anxiety and fear

War drastically heightens people’s sense of danger, triggering intense anxiety and fear on a regular basis. It is common for civilians to feel a constant undercurrent of dread – worry about their own safety and the lives of loved ones – as unpredictable threats emerge daily. The World Health Organization has noted that in conflict settings, roughly 20% of those exposed may develop mental health issues, with anxiety and depression among the most frequent outcomes (Murthy & Lakshminarayana, 2006). Feeling terrified by shelling, air raid sirens, or the sight of soldiers' actions is a normal human reaction to an abnormal situation (Hamblen & Barnett, 2018). In fact, trauma experts emphasize that such fear responses are not a sign of personal weakness, but an instinctive survival mechanism. During attacks, people often experience pounding heartbeats, sweating, rapid breathing, and an overwhelming urge to hide or flee. Even in moments of relative calm, the mind may remain anxious, anticipating further threats.

This persistent state of fear can be emotionally exhausting and make it hard to ever fully relax – life starts to feel like one continuous alarm bell. Over time, living in constant fear can contribute to deeper problems like panic attacks or anxiety disorders. In conflict zones, studies have found rates of post-traumatic stress disorder (PTSD) and severe anxiety skyrocket compared to peacetime. For example, one survey of war survivors found about 25% developed PTSD – many times higher than the typical 8% in peaceful populations (McInnes, Sarajlić, Lavelle, & Sarajlić, 1999). However, this does not imply that everyone who has witnessed war-related events will develop PTSD or have panic attacks. The bottom line is that people who are at risk of developing a mental disorder should be more concerned about their well-being and learn to cope with new challenges.

Cognitive impairment

Many people living through war report that it becomes harder to think clearly. Individuals may require greater focus to read and increased energy to manage daily activities. The chronic stress and trauma of wartime can lead to noticeable cognitive impairment, often described as "brain fog." It is common to have trouble concentrating, to be forgetful, or to feel mentally disorganized when under constant threat. In a crisis, the brain's resources are focused on survival, not on memory or multitasking. Sleep deprivation and continuous high alert also play a major role in cognitive difficulties. Without regular, restorative sleep, the brain cannot consolidate memories or recharge its thinking capacity. Psychologists in Ukraine have observed that relentless overnight air raids and the resulting lack of sleep are causing declines in cognitive function in both children and adults, with 58% reporting poor sleep quality and 30% reported chronic sleep problems (Kurapov, Schabus, Kahveci, Wilhelm, & Blechert, 2024).

Chronic stress floods the body with cortisol and adrenaline, hormones that, over time, disrupt brain regions involved in memory and attention. Medical research shows that prolonged exposure to stress can even shrink the hippocampus, a part of the brain critical for learning and memory (Kim, Pellman, & Kim, 2015). Thus, war's impact is not just emotional – it can literally alter brain function. The good news is that these cognitive effects are often temporary. Once safety and normal sleep are restored, many people find their memory and focus gradually improve. In the meantime, understanding that your mind is under unusual strain can help you be patient with yourself and seek simple strategies to strengthen your cognitive health.

Moral dilemmas and survivor guilt

War forces people into situations that collide with their deepest values. Moral injury describes the distress that follows when someone does something, fails to do something, or witnesses something that violates their moral code – whether by choice, under orders, or with no real choice at all.

It is not a psychiatric diagnosis; rather, it is a wound to one's sense of right and wrong, often accompanied by shame, guilt, anger, or a loss of trust in oneself, others, or institutions. People may replay events in their mind, question the kind of person they are, and feel cut off from former sources of meaning such as faith, community, or professional identity.

Survivor guilt is closely related. It is the painful feeling of "I lived when others didn't," or "I am safe while they are not" and can appear even when a person had no influence over the outcome (Murray, Pethania, & Medin, 2021). The mind searches for reasons and sometimes lands on self-blame as a way to make sense of the senseless. Both moral injury and survivor guilt can coexist with post-traumatic stress symptoms (intrusive memories, hypervigilance, avoidance), but they are distinct in tone: where PTSD is driven by fear and threat, moral injury is driven by grief, guilt, and moral conflict.

What helps is different from simply "forgetting". At its root, survivor guilt reflects a need to still belong to the community of those who suffered. By sharing in their pain, people affirm their membership in the group. But although this closeness feels meaningful, it comes at the cost of personal energy and well-being. People recover best when they can name what feels morally wrong, be heard without judgement, and place the event in a truthful context. Many find relief in making amends or contributing to repair: supporting others, volunteering, or engaging in acts that align with their values today. Restoring connection is key: trusted conversations with peers, family, spiritual leaders, or clinicians allow shame to be met with compassion rather than secrecy.

Evidence-based therapies that address trauma-related beliefs and self-blame can help people re-evaluate responsibility, mourn losses, and rebuild a coherent moral identity.

Emotional exhaustion

Living under constant threat not only provokes fear but also drains your emotional reserves. This can manifest as profound apathy, numbness, or a sense of "burn-out" in one's feelings. After months of extreme stress, the body and mind protect themselves by "shutting down" emotionally, leading people to feel detached or numb. They might describe feeling empty or unable to experience joy, love, or other positive emotions (Xia et al., 2025). When every day is an ordeal of endurance, it is hard to muster enthusiasm or hope – survival mode leaves little room for normal emotional life. Many also experience a deep hopelessness, feeling that the future has been "stolen" or that their efforts are futile.

Not everyone reacts with numbness – some become highly irritable or quick to anger, as their frazzled nerves have no capacity left for patience (Khammissa et al., 2022). When someone is on edge, even minor irritations or noises can elicit strong emotional responses. Others swing between intense emotions and numbness, or feel guilty for not feeling "enough". Emotional exhaustion is essentially the psyche's way of trying to protect itself from further pain. While it can be alarming to feel so flat or volatile, knowing that war often causes this can help individuals practice self-compassion. With time, support, and recovery of safety, emotional richness can return – the numbness and exhaustion do not have to be permanent. For now, acknowledging emotional fatigue and talking about it with trusted people (or a psychologist) can prevent further isolation and help begin the healing process.

Physical symptoms of stress

Psychological stress does not stay "in the head" – it often manifests throughout the body, activating the fight-or-flight response. The fight-or-flight response is your body's built-in alarm system (Chu et al., 2024). When your brain senses danger, it sends rapid signals that release stress hormones like adrenaline. Within seconds, your heart beats faster to push blood to the muscles, breathing speeds up, pupils widen, and muscles tense – so you can either face the threat or escape quickly. At the same time, "non-urgent" systems (like digestion) slow down, and thinking can feel foggy or narrowed to the threat. During these periods, individuals often report experiencing tunnel vision, trembling hands, and a distorted perception of time. After a danger passes, the body is meant to switch back to its "rest-and-digest" state: heart rate settles, breathing slows, and you feel steadier. In wartime, however, alarms go off so often that the system can stay half-on, leaving you tired, irritable, unable to sleep well, and finding it hard to concentrate.

It is not unusual to experience stomach issues for the reasons described as previously explained, stress can disrupt digestion, leading to nausea, indigestion, or changes in appetite. Some people under extreme duress either lose their appetite entirely or, conversely, may overeat as a comfort response. Other classic physical signs of stress include a pounding or rapid heart rate, chest tightness, shakiness or trembling, and sweating, especially during moments of acute fear. Doctors observe that chronic stress can lead to high blood pressure and cardiovascular strain, and generally wears down the body's defences.

If you find yourself experiencing frequent headaches, fatigue, or other mysterious physical complaints, it is likely not "all in your head" – these can be direct outcomes of psychological

stress. Taking steps to care for your physical health (through proper nutrition, any available rest, and medical check-ups if possible) is critical, as is understanding that these discomforts are a normal bodily reaction to sustained stress. With improved safety and stress reduction, many of these physical symptoms can diminish.

Hypervigilance and avoidance behaviour

War conditions often trigger an extreme state of alertness known as hypervigilance – essentially, living in "fight-or-flight" mode at all times. Hypervigilance is a heightened, continual awareness of potential danger. It develops because in a war zone, genuine threats can emerge at any moment, so the mind and body remain primed to react instantly. People in this state are constantly scanning their surroundings for signs of trouble, even in relatively safe environments. You may find that you react at the slightest unexpected sound, or feel your nerves jolt whenever a car backfires.

While hypervigilance is an adaptive response during actual threats (it can save your life by reacting quickly), in the long term it becomes physically and mentally exhausting. Imagine feeling on edge every minute: this chronic state of alarm uses up tremendous energy. People experiencing hypervigilance often struggle to sleep or even to sit still because their body refuses to fully relax. One consequence is that even when they manage to fall asleep, their sleep is light and easily disrupted – the brain stays partially alert, listening for danger. Suffering this state for extended periods can lead to irritability, concentration issues, and further anxiety, creating a vicious cycle. Even far from immediate danger, a person might still feel unable to relax, illustrating how deeply war can imprint on the nervous system. Hypervigilance is actually one of the hallmark symptoms of PTSD, reflecting how trauma keeps the body and mind keyed up even when the original threat is gone (Kimble et al., 2014). Recognizing hypervigilance in yourself (or loved ones) is important because it helps explain certain behaviours: why you cannot tolerate crowds or loud noises, why you always want your back to a wall, or why you are perpetually checking the news or the sky. These acts are protective instincts gone into overdrive. The goal over time will be to gently retrain your system to recognize that not every instance requires a fight-or-flight reaction. But while war continues, some degree of hypervigilance is unavoidable. It may help to establish routines that create small pockets of safety or calm (even something like a daily ritual or grounding exercise) to give your body a brief respite from the alert state.

Anima, a Ukrainian start-up, provides a practical way to measure, and gently reduce, hypervigilance through a webcam-based attention-bias test paired with brief, targeted exercises (Солонський, 2024, с. 2). Using a regular laptop webcam, Anima runs brief attention-bias tasks that objectively show how your brain reacts to threat, measuring your hypervigilance and avoidance behaviour (Anima, 2025).

STEPS TO CALM STRESS

Basic principles of support

Our brains have evolved to keep us alive, not necessarily to make us happy. The latter part cannot be achieved by ourselves and should be fostered by a supportive environment. Before offering (or engaging in) mental health support, we must ensure that basic human needs are met safely and people are treated with dignity. "Advocacy for basic services that are *safe*, *socially appropriate* and *protect dignity*" – is a basis of the framework for providing Mental Health and Psychosocial Support in Emergency Settings (IASC Reference Group, 2020). What does it mean?

Safety in this context implies safe access to basic services (i.e. water, shelter, healthcare, education). In educational settings, it means that students are able to get to campus, listen to lectures, and do their homework without risk of physical harm, discrimination, or retraumatization. Or, as we would add in the Ukrainian setting, "without additional risk".

Socially appropriate describes services that respect the local culture, norms, and beliefs of individuals and communities. For example, educational materials, communication channels, or psychosocial campaigns should align with student values, be inclusive of minorities and vulnerable groups.

Finally, any intervention or practice should *protect human dignity*, meaning it should be delivered in a way that preserves people's self-worth, autonomy, and sense of being treated as human beings, not as problems or burdens.

Help yourself with calming techniques

The emotional centers of our brain (i.e. the limbic system) evolved long before the regions responsible for complex thinking and planning (like the prefrontal cortex). This means that our initial response to extreme stress is often an automatic, emotional reaction, which is generated long before our "thinking" brain has time to critically analyze what is happening (Arnsten, 2009). Most of the time, this survival response works to our advantage: we instinctively jump away from danger or take cover and thus survive. And only after that, some of us are even able to analyze what has happened and come up with recommendations on what to consider in times of future crisis for better outcomes. In this section, we focus on ways to help yourself recover from a stressful situation once immediate danger has passed. Remember that many of the techniques described below are skills. Just as with other skills (i.e., learning a language or riding a bicycle), you should train the "muscles" of your mind with simple exercises so that you are able to use these techniques effectively when they are needed the most. Think of it like first-aid training – we hope we never need it, but we must practice and update our skills to reduce potential harm during emergencies.

Research shows that in moments of crisis, a useful approach is to work **"bottom-up"** – calming the body first, which in turn calms the mind (van der Kolk, 2014; Levine, 2010). A bottom-up strategy means intentionally manipulating your bodily reactions to influence your emotional state (slowing down your movements, taking deeper breaths, cooling your temperature, etc.) so that your brain receives the message to turn off your fight-or-flight response and engage in meaningful activity. As a result, intense emotions can subside, allowing you to process the situation more calmly and avoid negative secondary effects (extreme exhaustion or panic

contagion). You likely already know some bottom-up techniques from everyday life. Have you ever noticed how taking a few slow, deep breaths can steady your nerves? Or how a cold splash of water on your face can help you immediately come to your senses? Maybe you have gone for a short walk or jog to burn off anxiety, or you've hugged a loved one to elicit a soothing feeling of safety and connection? Many of these strategies are formalized in therapies like Dialectical Behavior Therapy (DBT), particularly in the DBT modules for distress tolerance and emotion regulation (Linehan, 2015). The general aim of these skills is often called "grounding" or "anchoring" – bringing your attention to the present moment and your immediate physical sensations, so that overwhelming emotions do not carry you away. Grounding techniques often engage the five senses. For example, you might look around and name 5 things you see, 4 things you can touch, 3 you can hear, 2 you can smell, and 1 you can taste. By reorienting to the here-and-now through your senses, you signal to your nervous system that *in this moment, you are safe* (Levine, 2010). This helps shift your state from alarm to calm. One of the DBT techniques from the distress tolerance skills has been proven by research to effectively reduce acute stress by targeting the body. It is called TIPP, which stands for: T – temperature, I – intense exercise, P – paced breathing, and P – paired muscle relaxation.

- Lowering your body *temperature* can rapidly quiet intense emotions. Plunging your face into cold water, holding an ice cube, or stepping outside into cold air triggers the "dive reflex," slowing your heart rate and eliciting a brief wave of parasympathetic activation that can instantly reduce panic (Linehan, 2015). One study found that even a short intervention mimicking the dive reflex led to reduced anxiety in participants (Keptner, Fitzgibbon, & O'Sullivan, 2021).

- *Intense exercise* (i.e. doing jumping jacks or sprinting in place for 1–2 minutes) temporarily elevates your heart rate and blood pressure, but then naturally brings them down afterward, often leaving a sense of relief and calm. Physiologically, it's difficult to feel very distressed and very physically exerted at the same time – the body's alarm systems and heavy exercise compete with each other (Broman-Fulks & Storey, 2008). Exercise also burns off excess adrenaline. Many people find that even a quick set of push-ups or a run up and down the stairs during high anxiety can ground them back in their bodies and reduce acute feelings of panic (Broman-Fulks & Storey, 2008).

- *Paced breathing* is one of the quickest ways to engage the calming parasympathetic response. Slowing your breathing in this way lowers blood pressure and tells your body to relax, counteracting panic or fight-or-flight urges. Research has shown that controlled deep breathing can significantly reduce stress and anxiety levels by increasing vagal tone, activating the "rest and digest" system (Ma et al., 2017; Gerritsen & Band, 2018).

- *Paired muscle relaxation* in DBT is a quick skill where you tense and release opposite muscle groups to reduce acute stress. It's hard to remain emotionally agitated when your body is physically relaxed. Studies confirm that progressive muscle relaxation effectively decreases anxiety and promotes a relaxation response in the body (Manzoni et al., 2008). In practice, you can do a quick version of PMR by, for example, clenching your fists for 5 seconds and then letting go, repeating with different muscle groups from your toes up to your shoulders.

Another class of calming techniques operates in what is called a **"top-down"** manner. In contrast to bottom-up methods, top-down methods involve using your mind (attention, interpretation, thoughts) to influence your emotional state. The quintessential top-down skill is mindfulness. In psychology, mindfulness is often defined as paying attention to the present moment, on purpose

and without judgment (Kabat-Zinn, 2013). Instead of immediately reacting to stress, mindfulness teaches us to observe our thoughts and feelings with a bit of distance. This can prevent us from getting carried away by worry or fear, because we learn to see experiences as passing events in the mind rather than facts. Techniques such as mindful breathing, body scan meditations, or mindful walking (paying calm, open attention to the sensations of each step) cultivate a stable mental state that can coexist with stress without overwhelming us. Importantly, mindfulness is not about ignoring stress or "thinking happy thoughts" – it's about acknowledging reality (even if it is scary or painful) in a calm, curious way. This attitude of acceptance can paradoxically reduce the intensity of negative emotions (Campbell-Sills et al., 2006). In other words, by saying "Yes, this is a difficult moment" instead of fighting the feeling, we often suffer less. One way to train this skill is covered in a well-known intervention method Mindfulness-Based Stress Reduction (MBSR), developed by Jon Kabat-Zinn. MBSR is an 8-week training in meditation and gentle movement (like yoga) that has been shown to help people cope with anxiety, pain, and even trauma (Goyal et al., 2014). For example, a recent systematic review of studies on MBSR for military veterans found meaningful reductions in symptoms of PTSD and depression after the program (Li et al., 2024).

Mindfulness-based approaches are also a core part of modern behavioral therapies like Acceptance and Commitment Therapy (ACT). ACT is essentially a therapy using mindfulness practices that helps people accept difficult internal experiences (thoughts, feelings, memories) while committing to actions aligned with their values (Hayes et al., 2016). In the context of stress management, ACT techniques encourage you to notice and name what you are feeling – for example, saying to yourself "I'm having the thought that I can't handle this" – and to allow those feelings space, rather than expending energy trying to fight them. This is coupled with identifying what matters most to you (family, freedom, helping others, etc.) and taking constructive steps in that direction, even in the presence of stress. Some practical ACT exercises that promote calm include the "leaf on a stream" visualization (imagining your thoughts as leaves floating away on a stream) and mindful breathing with curiosity (approaching each breath or sensation with gentle, nonjudgmental interest). These practices build the skill of not automatically reacting to stress, but rather responding to it with clarity and purpose.

It is worth noting that bottom-up and top-down approaches are not mutually exclusive – in fact, they complement each other. Often, the best strategy in a crisis is a combination: first, calm your physical state (bottom-up) so that your mind is steady enough to engage in reflection or reframing (top-down). For example, if you are sheltering during an attack and feel on the verge of panic, you might first use a bottom-up skill like paced breathing or holding something cold to ease the surge of fear. Then, once a bit calmer, you might apply a top-down approach by reminding yourself of something meaningful ("I am doing everything I can for my family; we're here together and this will pass"), or by using mindfulness to keep yourself anchored in the present moment, breathing through each minute.

In summary, calming techniques can range from physical interventions like breathing and muscle relaxation to psychological practices like mindfulness and acceptance. Each technique is a tool for your resilience toolbox. Like any tool, it works best when you have learned how to use it beforehand. By regularly practicing these calming skills, you build an inner sense of safety and control – so when life feels overwhelming, you know you can catch yourself.

Flourishing and languishing: Mental Framing

Well-being lies on a spectrum. On one side is the presence of a diagnosable mental health condition (e.g., depression, PTSD, eating disorders), but the absence of such a condition does not necessarily mean optimal mental health. Instead, individuals without a disorder but with persistently low levels of well-being, feelings of stagnation, and a sense of emptiness are described as *languishing* (Keyes, 2002, 2007). On the opposite end of the spectrum lies *flourishing*, a state that aligns with the World Health Organization's definition of mental health as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community" (WHO, n.d.). Crucially, not being sick (mentally or physically) is not the same as being healthy (Westerhof & Keyes, 2010). This also opens space for a more inclusive understanding of health: a person with a mental illness may still flourish when adequately supported in coping with stress, realizing their potential, and contributing meaningfully to their community.

In a comparative study aimed to clarify the differences between those who flourish and those who languish, Wissing et al. (2021) found that while both groups valued goals, relationships, and meaning, their core motivations diverged. Individuals who were languishing tended to focus more on self-oriented, hedonic goals (e.g. seeking personal happiness or relief from distress). In contrast, flourishing individuals more often pursued eudaimonic goals, such as striving for personal growth, contributing to others, and cultivating a sense of purpose beyond the self (Wissing et al., 2021).

These findings have practical implications for how individuals and institutions can support the shift from languishing to flourishing. Interventions should not only aim to increase the frequency of positive experiences but also promote a deeper reorientation of meaning and values. Encouraging individuals to move beyond self-focused goals toward broader, value-driven living (i.e. fostering connected relationships, engaging in purposeful action, and contributing to collective well-being) may facilitate this shift. Flourishing, therefore, is not simply "feeling better," but reflects a qualitatively different way of engaging with the world (Wissing et al., 2021).

Ground yourself in community

Since the beginning of the full-scale invasion, Ukrainians have been recognized for their extraordinary levels of resilience. Psychological and public health research shows that resilience is not just an individual trait – it extends deeply into the fabric of our relationships, communities, and broader society. It is within these social structures that people find meaning, purpose, and a sense of control that buffers against the chronic stress of war.

A study of Ukrainian forced migrants in the United States by Andrushko and Lanza (2024) found that resilience depends less on personality traits or material resources (although these are important as well) and more on two key life conditions: engagement and support. Individuals with strong social networks and active roles in their communities were significantly more resilient and, as a result, gained higher levels of assimilation and fewer trauma symptoms (Andrushko & Lupei, 2025).

Among those who remain in Ukraine, similar dynamics have been observed. In a nationally representative study, Kimhi et al. (2023) explored individual, community, and societal resilience during the war. Community resilience refers to a person's perception that their local environment (i.e. neighbors, support networks, local leadership) can withstand and recover from adversity. Societal resilience reflects a person's confidence in national systems and collective unity.

Crucially, the strongest predictors of resilience across all levels were not simply the absence of distress, but the presence of hope, morale, and a sense of purpose – factors closely tied to one's connection with and role in society.

Other studies confirm that active participation in society functions as a powerful psychological anchor. Kurylo (2025) documented how wartime civic engagement (i.e. volunteering, supporting soldiers, and organizing local aid) has helped Ukrainians reclaim agency in the face of chaos and trauma. This "grounding in agency" allows individuals to reaffirm their identity and maintain emotional stability. Ye et al. (2023), in a large-scale analysis of social media during the invasion, found that online support networks also played a key role. Through crowdfunding, solidarity appeals, and community-building, digital spaces fostered collective resilience and a shared sense of belonging.

Being grounded in societal roles as learners, volunteers, or citizens offers people a meaningful way to process a crisis. Such roles provide structure, validation, and belonging. For students, educators, and universities at large, this insight offers clear guidelines to encourage civic participation through volunteering or peer support, maintain the anchoring educational routines (i.e., providing shelters for lectures, adjusting timelines of coursework, celebrating important milestones), develop in-person and online networks, and integrate civic resilience and wellbeing programs into curricula.

Physical Activity as a Stress Shield

In times of prolonged stress and uncertainty, one of the simplest and most effective tools for calming the mind and restoring balance is sport and movement. Physical activity nudges brain chemistry (serotonin, GABA, endocannabinoids) toward calm (Di Liegro et al., 2019), while boosting brain-derived neurotrophic factor (BDNF), a growth signal that supports learning, memory, and emotional regulation (Phillips, 2017). Over time, these changes help the hippocampus and connected networks work more efficiently, which is one reason mood and concentration improve with regular activity. Exercise also steadies the stress system (the HPA axis) and dampens low-grade inflammation linked to anxiety and depression (Duclos & Tabarin, 2016).

Even a single bout of activity can take the edge off. After 20–40 minutes of moderate movement, such as a brisk walk, climbing stairs, or easy cycling, many people feel less keyed-up, less irritable, and more clear-headed for several hours. That immediate "state-anxiety" reduction from sport has been shown across dozens of controlled studies (Ensari et al., 2015). With consistency, the effects compound. Across hundreds of trials in diverse adult populations, regular physical activity produces meaningful reductions in symptoms of depression, anxiety and general distress. This is true for people with and without diagnosed conditions, including those with chronic illnesses. Reviews of the evidence conclude that activity should be a core pillar of care for common mental-health problems (Singh et al., 2023).

You do not need a gym, special equipment, or long sessions. The World Health Organization recommends, as a general target, 150–300 minutes per week of moderate-intensity activity (for example, a pace that quickens your breathing but still allows conversation) or 75–150 minutes of vigorous activity, plus muscle-strengthening work on two or more days (Bull et al., 2020). Different modes help in different ways. Rhythmic aerobic movement (walking, running in place, skipping rope) tends to lift mood quickly; strength work (bodyweight squats, push-ups against a wall, resistance bands) builds a sense of capability and improves sleep.

Begin from where you are. If you have been inactive, a few minutes once or twice a day is enough to start changing how you feel. Gradually lengthen or add sessions as energy allows. If you have heart, lung, or metabolic conditions (or are recovering from injury) follow your clinician's advice and scale intensity conservatively. Above all, enjoyment and consistency matter more than perfection.

DAILY HABITS AND MENTAL ROUTINE

Prioritize sleep and rest

Sleep quality affects every system and organ in the body, as well as our emotional well-being. While we sleep, our cells carry out tasks they cannot perform during wakefulness. Sleep quality is influenced by many factors, including alignment with individual needs and external circumstances. Research shows that most adults require 6–9 hours of sleep. This broad range is due to variables like age, workload, genetic predisposition, and even menstrual cycle phase. It is important to recognize your personal sleep requirements and make an effort to meet them.

When uncontrollable external factors — such as nighttime enemy attacks — disrupt sleep, it is crucial to prioritize rest during quieter periods. This helps ensure that isolated sleep loss doesn't lead to widespread negative effects. If possible, you can also compensate for nighttime deficits with daytime sleep. However, be cautious not to let daytime naps interfere with nighttime schedules or disrupt your circadian rhythms, as this can lead to a vicious cycle of disrupted regimen.

In general, it is recommended to limit daytime sleep to 1.5 hours (roughly one full sleep cycle), and opt for short power naps of 15–30 minutes. However, after intense nighttime shelling, you may need longer naps. The key is to set an alarm and wake up at least 4 hours before your planned bedtime (e.g., if you sleep at midnight, aim to wake from your nap no later than 8:00 PM).

Light exposure is a frequently overlooked aspect of sleep hygiene. The gradient of light during the day helps the biological clock in the hypothalamus stay aligned with the 24-hour cycle. For optimal regulation, spend time in bright, cool light during the day and make a transition to dim, warmer lighting in the evening.

While sleeping, avoid any light exposure to the retina. Use an eye mask, as the photoreceptors that detect light remain active even when your eyes are closed. During air raid alerts, keep lighting to a minimum. If you must move behind two walls at home, do so in darkness. If you head to a shelter, do so with dim light. Use dim yellow or red lights if possible,once inside — cover your eyes with a mask, hood, or scarf.

Phones used to monitor drone and missile activity should be set to night mode, which lowers screen brightness and shifts color to warmer tones. Additionally, avoid opening the refrigerator during nighttime alerts — not only is it discouraged nutritionally, but it also exposes you to a bright light source.

Whenever possible, aim for uninterrupted nighttime sleep at times that align with your chronotype and daily schedule. Take advantage of peaceful periods. If that is not possible, try to accumulate at least 6 hours of sleep across separate blocks during the day.

Sleeping, even sporadically, under extreme circumstances, is better than not sleeping at all. However, in peacetime, it is important to establish a consistent sleep routine and stick to set bedtimes and wake-up times — sleep regularity is one of the most crucial factors for long-term health.

Maintain a balanced diet

Chronic stress activates the hypothalamic-pituitary-adrenal (HPA) axis, raising cortisol levels. This hormonal shift can increase appetite, especially for high-fat and high-sugar foods, disrupt glucose metabolism and insulin sensitivity, weaken the immune system while promoting inflammation, and disturb sleep patterns and circadian rhythms. When nights are disrupted by sirens, evacuation, or lack of sleep, these effects become even more pronounced — making thoughtful, supportive nutrition especially important.

Nutritional Recommendations:

1. Maintain Regular Meal Timing.

   Keeping blood sugar levels steady helps prevent cortisol spikes and supports emotional regulation. Try to eat every 3–4 hours, and avoid long periods without food, especially before bed. If you are woken up during the night and can't fall back asleep, a small snack with complex carbs, protein, and healthy fats — such as a slice of wholegrain toast with nut butter or a banana with a few almonds — can help calm the nervous system.

2. Focus on Nutrient Density.

   Stress increases your body's need for key nutrients that support the brain and nervous system. Deficiencies, particularly in B vitamins and magnesium, are linked to a higher risk of anxiety and depression. Prioritize foods rich in these micronutrients: magnesium from pumpkin seeds, legumes, oats, and bananas; B vitamins from whole grains, eggs, leafy greens, and liver; tryptophan — a serotonin precursor — from turkey, oats, dairy, and sesame seeds; and zinc and selenium from seafood, eggs, sunflower seeds, and mushrooms.

3. Stay Hydrated.

   Even mild dehydration can affect your mood, focus, and memory. It can also worsen fatigue and irritability — all of which are already strained during high-stress periods. Make it a habit to sip water regularly, especially in dry or confined shelters. Keep a reusable bottle on hand, and prepare an emergency electrolyte option like a homemade ORS mix using water, salt, honey, and lemon.

4. Adapt Nutrition to Nighttime Alerts.

   Nighttime stressors call for additional care in how you eat in the evening. Consuming foods rich in tryptophan and magnesium before bed can support melatonin production and better sleep. During air raid alerts or other disruptions, keep "rescue snacks" within reach — like a mix of nuts and seeds, dried fruit, wholegrain crackers with nut butter, or a protein bar. Avoid caffeine, sugar, and heavy meals late in the day, and choose calming drinks before bed, such as warm milk, chamomile tea, or magnesium citrate.

5. Support the Gut-Brain Axis.

   Your gut microbiota plays a direct role in how you respond to stress. To support this connection, include fermented foods like yogurt, kefir, sauerkraut, or kimchi daily. Also, feed your gut with prebiotic fibers from garlic, onions, oats, apples, and legumes.

6. Avoid Harmful Coping Patterns.

   In times of stress, it is tempting to skip meals or lean on emotional eating — but both can worsen cortisol levels and mood. Make a conscious effort not to miss meals, even if your appetite is low. Limit excessive sugar, caffeine, and alcohol, which may provide short-term relief but disrupt long-term resilience. Avoid starting any restrictive diet during unstable periods; instead, focus on nourishment, stability, and self-compassion.

7. Prepare an Emergency "Food Kit" for Night Alerts or Evacuations.

   Having a ready-to-go bag with shelf-stable, nutritious items can make a big difference during stressful nights. Consider packing things like unsalted nut and seed mixes, wholegrain crackers or crispbread, protein-rich snacks like jerky, canned beans, or tuna, protein or oat bars, electrolyte sachets or homemade ORS ingredients, calming herbal teas such as chamomile or lemon balm, magnesium and B-complex supplements if your diet is limited, and bottled or filtered water.

Positive influence of natural environment on mental health

Contact with nature is essential for mental health and recovery in times of war. The natural environment reduces stress, supports healing, and fosters resilience. Eco-therapy is gaining attention worldwide, with evidence showing clear benefits. For example, Harvard Men's Health Watch (2018) reports that a 90-minute walk outdoors reduces prefrontal cortex activity linked to rumination. Sounds of nature also improve cognitive test results compared to city sounds.

Research confirms that greenery influences cognitive and emotional well-being. Schertz and Berman (2019) showed that greenery near schools enhances children's development, while green spaces near homes improve self-control and concentration. Danish researchers led by Engemann analyzed satellite and health data from 900,000 people, finding that children raised with more greenery had a significantly lower risk of depression, schizophrenia, and other disorders later in life.

Zelenski, Dopko and Capaldi (2015) explain nature's benefits through:

Biophilia: innate need to connect with nature;

Stress reduction: lowering cortisol, heart rate, blood pressure;

Attention restoration: replenishing cognitive resources and improving decision-making.

Nature contact also boosts happiness, social ties, and reduces loneliness. Studies show that even people with weak social connections but access to nature report higher well-being.

Psychologists already apply this in practice. "Walk and talk" therapy combines outdoor walks with counseling, reducing anxiety, aggression, and depressive symptoms. Safety and context remain key (Cooley & Robertson, 2020). Plant therapy is also popular, helping reduce stress, anxiety, and

depression through simple gardening activities and responsibility for living plants (Shao-Shan Lu et al., 2023).

Overall, nature heals and restores. In war conditions, reconnecting with green spaces, walking outdoors, or caring for plants can be simple yet powerful tools for recovery. At the same time, protecting and preserving nature is our responsibility.

AVOIDING UNHEALTHY COPING

Unhealthy coping mechanisms are approaches to stress management that may provide immediate relief but fail to address the root cause of the issue. Even if they may appear beneficial in the short term, they frequently exacerbate stress and lead to negative consequences over time. Also, they might generate additional problems in the future, making the consequences much more harmful, failing the main principles of one's well-being.

Excessive alcohol or substance use

Regular excessive use of substances like alcohol, cannabis, etc, without the will to regulate it, might be another way to cope with stress rather than constructively addressing problems. It is important to understand that a more often problematic factor is not a substance itself, but the purpose it serves. People may use alcohol or drugs to self-medicate symptoms of anxiety, depression, or unpleasant emotions or memories. However, while such behaviour may temporarily relieve distress, it exacerbates emotional and physiological dysregulation. That is why warning signs are increased use (specifically in certain situations and settings), increased use alone, and increased use before midday (Lewis & Sznitman, 2022).

This behaviour becomes problematic when it is highly influenced by one's beliefs and attitudes (Kian, 2002). Dysfunctional attitudes are inflexible and idealistic criteria that the individual uses to judge himself and others (A'zami et al., 2015). Learned from previous experience, they hinder constructive resolution of complicated personal issues, leading to bottling them and looking for short-term numbing practices.

Junk food

During chronic stress—such as repeated air-raid alerts and sleep disruption—people often crave ultra-processed “junk” food for quick comfort. However, while these foods may offer short-term relief, research shows they can worsen stress, increase cortisol levels, and negatively impact mood, sleep, and cognitive function.

Stress alters reward pathways in the brain, making individuals more likely to reach for high-fat, high-sugar foods. Yet, regular consumption of ultra-processed foods is linked to higher rates of depression, anxiety, and emotional dysregulation. Studies show that these foods contribute to systemic inflammation and disturb gut microbiota, which play a key role in mood regulation through the gut-brain axis.

Frequent intake of refined sugars, caffeine, and food additives found in junk food impairs glucose control, increases reactivity to stress, and disrupts sleep. These effects weaken resilience—both psychological and physiological—at a time when the body needs stability most.

In contrast, a diet based on whole, minimally processed foods—rich in fiber, healthy fats, vitamins, and minerals—helps support hormonal balance, immune function, and emotional regulation. Prioritizing such nutrition during stressful periods like air-raid nights may help maintain focus, calm, and overall well-being.

Doomscrolling

Doomscrolling is the habit of compulsive and excessive consumption of negative information on social media, despite its saddening or demoralising nature (Güme, 2024). This behavior is particularly prevalent during crises such as pandemics, political unrest, or natural disasters, when individuals seek information to manage uncertainty, even though it negatively impacts emotional well-being (Andersen et al., 2024).

It might be a response to excessive thoughts and has a direct effect on mental well-being, connection to negative mood, social media information overload, sleep disruption, loneliness, anxiety, and depression (Kaya & Griffiths, 2025; Simon, 2025; Stratton et al., 2022).

Social withdrawal and isolation

Social withdrawal is avoiding people and activities that were usually enjoyable. It can progress to a point of social isolation, where a person tends to avoid contact with family and close friends and just be alone most of the time. These are another avoidance coping mechanism of feelings, states, and memories that might be reminded of and hoped to be forgotten. It may be linked to thoughts that no one can understand or share the experience the person is going through, rejection sensitivity, ideas of necessity to deal with your challenges alone, and feelings of upsetting others because of incompatibility with expectations.

Growing evidence suggests a negative impact on health and well-being. There are established risk factors for cognitive decline and dementia, cardiovascular illness, and adverse psychological outcomes (Schoenmakers et al., 2025).

Overworking or hyper-productivity

Overworking is another coping strategy that involves excessive focus on tasks to evade emotional distress, uncomfortable thoughts, or low self-esteem. It is important to differentiate similar activities that may be used by a person to ease the processing of events more slowly by busying themselves. The damaging effects are caused if emotions that have to be experienced are constantly delayed and numbed by work.

While this may look or even feel productive, it typically masks underlying issues and diminishes the need for healthy processing by distracting from it. Hyper-productivity may also be a form of traumatic or perfectionistic tendencies, where achievement becomes a form of emotional escape.

Along with that, chronic overwork is associated with burnout, insomnia, anxiety, depression, reduced somatic health, and social dysfunction (Andreassen et al., 2018).

Avoidance

Avoidance coping involves conscious or unconscious efforts as behaviors or mental strategies to evade dealing with stressors or emotional distress. It includes denial, distraction, withdrawal, rumination, and experiential avoidance—avoiding thoughts, feelings, or reminders of the event. This behavior often manifests itself through media multitasking, which may be used to help detect anxiety and depression (Shin et al., 2025).

Like every other similar coping mechanism, it impairs the healing process. Excessive avoidance reduces problem-solving confidence, delays action, and perpetuates distress (Llera & Newman, 2023).

What can be done?

Relying on automatic or emotionally driven coping can be mentally exhausting. It places strain on the prefrontal cortex, the brain region responsible for self-control, planning, and attention regulation. In contrast, intentional and regulated coping strategies help conserve cognitive resources and support long-term mental health (Aitken et al., 2024).

Among the other factors that cause unhealthy coping choices could be intolerance of uncertainty (Kaya & Griffiths, 2025), suppression as a way of emotion regulation (Laçin & Kiye, 2025), lack of skills in the art of leisure (Davis, 2025)

We can specify two main vectors of work with unhealthy coping mechanisms.

The first one is focused on the underlying causes of this issue and might need a more reflective approach to tolerance to uncertainty, looking for healthy ways of dealing with anxiety, self-expression, and developing an approach to leisure organization that allows one to have a profound and meaningful life (this part might have, but not necessarily include, work with a psychologist or psychotherapist).

This vector will include two potential skills to work on, such as mindfulness and self-compassion, which, according to studies, usually is a starting point for habits in dealing with unhealthy coping (Uniyal & Shahnawaz, 2024)

In this context, mindfulness is viewed as purposeful awareness of one's emotional and moral state, along with cognitive flexibility and curiosity in the present moment.

Self-compassion presumes a gentle and discerning attitude towards oneself in the face of problems, recognising that shortcomings and failures are part of human existence. Practicing it will mean accepting complicated events in life without drowning in them or allowing them to corner you (Neff, 2003)

The second vector consists of particular steps and is generally based on developing relevant self-regulative habits.

Recognising and addressing unhealthy coping patterns is the first step to improving psychological well-being. Life events that are bringing behaviours which worsen quality of life and psychological discomfort have to be indicators and raise awareness, leading to noticing specific patterns that may no longer serve you.

Moderation and setting boundaries for coping. To make it less available and attractive. Making the behaviour less available or appealing and delaying its use when the urge arises can reduce its hold. This pause creates space for a reflective dialogue with yourself to clarify the reasons set for those moderation rules, so they can be remembered in the moment when they are challenged and there is a wish to deny them.

Developing meta-awareness by noticing why and when the coping activates. Often, unhealthy coping is activated in response to emotional states like stress, anxiety, frustration, or boredom. Becoming aware of these patterns allows for more conscious decision-making. A helpful strategy

is “urge surfing” - observing the rise and fall of an urge without acting on it, thereby reducing impulsivity over time (Stratton et al., 2022) and choosing more personally meaningful constructive activities: exercise, hobbies, or social interaction.

A further step is cognitive restructuring and kind self-talk - the process of identifying core ideas and beliefs that drive underneath the wish for certain behaviours and replacing them with healthier, more adaptive alternatives. Shifting away from unhealthy coping often brings up feelings of guilt, frustration, or self-criticism, especially in the case of setbacks. Responding to these moments with understanding rather than judgment can make a significant difference. Speaking to yourself the way you would to a close friend by acknowledging effort, normalising imperfection, and offering encouragement will help to reduce internal resistance and build emotional safety. This compassionate mindset supports behavior change and reinforces a healthier, more accepting relationship with oneself.

These practices may sound quite simple, but putting them into action requires a genuine commitment to mental well-being and a clear intention to improve it by implementation in everyday life. Such habits begin with a personal sense of readiness for change in the first place.

WHEN AND WHERE TO SEEK HELP

“Gray zone” of mental health

Mental health is not a strict division between being “healthy” or “ill.” Between these two poles lies a wide spectrum of conditions that specialists often describe as the “gray zone” or subclinical distress. This is a situation where emotional, cognitive, or behavioral difficulties are already present, but do not yet meet the full criteria for a mental disorder as defined in classifications such as the DSM-5-TR or ICD-11.

These states may last for weeks and often include persistent fatigue, low mood, irritability, anxiety, problems with concentration, sleep disturbances, or a loss of interest in everyday activities. A person may still be able to maintain their social functioning as before, but only by putting in much more effort. Such conditions are often referred to as subthreshold or subclinical, and they already affect quality of life (American Psychiatric Association, 2022; World Health Organization, 2019).

Research confirms that subclinical symptoms of anxiety or depression can increase the risk of developing a full-blown disorder if left without support (Karsten et al., 2011; Fergusson et al., 2005). For example, a large UK study by Kwong et al. (2019) identified critical periods in adolescence when depressive symptoms rise sharply, not yet reaching diagnostic thresholds but already signaling the need for intervention.

This is why it is important not to wait for an “official diagnosis,” but to seek help as soon as early symptoms appear: exhaustion, emotional instability, or a sense of losing control. Fortunately, today there are evidence-based short-term support programs – such as Problem Management Plus (PM+), Self-Help Plus (SH+), Cognitive Behavioral Therapy (CBT), and group interventions – that can help restore functioning in the early stages of emotional exhaustion.

Understand yourself

During prolonged stress – and especially in wartime conditions – we often lose touch with our own needs and emotional state. Yet the ability to notice inner changes in time (for example, chronic fatigue, irritability, a sense of helplessness, or loss of motivation) is the very first step in maintaining mental health. This is not about complex psychological techniques – it is about paying attention to yourself and being able to say: "Something is happening to me, and I want to deal with it."

In scientific literature, this approach is often described through the concept of mental health literacy. It includes not only knowledge about mental disorders, but also awareness of one's own state, the ability to recognize symptoms of anxiety, exhaustion, or apathy, and understanding when and where to seek help (Jorm, 2012; Kutcher et al., 2016). Numerous studies show that the higher a person's level of mental health literacy, the more likely they are to seek professional help without delay, to use self-help strategies effectively, and to prevent the worsening of a disorder (Wei et al., 2015; Wang et al., 2024).

One simple way to build this ability is through daily self-monitoring. This can mean short notes about mood, sleep, levels of anxiety, or feelings of exhaustion. There are also brief, scientifically validated self-assessment tools (such as the PHQ-9, GAD-7, or PCL-5) that help create a more objective picture. They do not provide a diagnosis, but they can serve as an important signal that it may be time to talk to a specialist.

Ultimately, understanding yourself is about inner honesty and responsibility for your own well-being. In times of crisis, this becomes not just a personal resource but also the foundation of one's ability to support others. Modern digital tools, such as the Ukrainian platform Anima (anima.ua), make this process of self-monitoring more accessible by combining scientifically validated self-assessment questionnaires with webcam-based eye-tracking that objectively detects early signs of anxiety or depression.

Available Resources

In Ukraine, a broad network of free psychological support services has already been established, accessible both online and offline. One of the largest initiatives is the psychological support hotline of the National Psychological Association (NPA) (help.npa-ua.org). It is available by phone in Ukraine (0-800-100-102), in 21 European countries, and also online via video connection. The hotline operates daily from 9:00 a.m. until 5:00 a.m. Kyiv time, offering consultations from both psychologists and psychiatrists. All conversations are anonymous, confidential, and follow international protocols and ethical standards.

Additional resources cover both specialized and general support services. The NGO "Vilnyi Vybir" (Free Choice) (vvybir.org.ua) focuses on psychological support for service members, veterans, and their families. The organization also provides the "Baza" mobile application, which includes self-help exercises, a mood tracker, and the option to connect directly with a psychologist. The Psychosocial Support Service for Military Families (syla.in.ua) offers consultations by phone in Ukraine and abroad, as well as organizes support groups for families experiencing separation or loss. Other hotlines – such as "La Strada – Ukraine" (la-strada.org.ua), the children's helpline "Voices of Children" (voices.org.ua) and other initiatives – address issues of domestic violence, child trauma, and acute crisis situations.

It is also important to highlight the national platform “How Are You?” (howareu.com), which brings together evidence-based recommendations for maintaining emotional well-being, as well as a directory of organizations providing psychological services both online and offline across Ukraine. This resource is valuable for anyone seeking immediate psychological assistance, as well as for those in need of longer-term support or specialized interventions.

What to expect from psychologist / psychotherapist / psychiatrist

Seeking help from a mental health professional can feel intimidating, especially if you are not sure what to expect. Broadly speaking, specialists can be divided into three main categories:

Psychologist – has an academic background in psychology, conducts assessments, offers counseling and support, and works with emotions, stress, self-esteem, relationships, and trauma.

Psychotherapist – a psychologist, psychiatrist, or medical doctor with additional training in psychotherapy who provides longer-term work aimed at changing thought patterns, behaviors, or deep-rooted emotional dynamics.

Psychiatrist – a medical doctor who diagnoses mental disorders, prescribes medication when needed, and can refer patients to other specialists. Their role is particularly important in severe cases such as prolonged depression, psychosis, suicidality, or PTSD.

During the first session, a psychologist or psychotherapist will usually ask what concerns you, how long it has been happening, and how it affects your life. They may use short questionnaires (such as the PHQ-9, GAD-7, or PCL-5) to get a clearer picture of anxiety or depression levels. Importantly, you decide what to share. All conversations are confidential and protected by professional ethical codes. Confidentiality may only be broken if there is an imminent risk to your life or safety, or to that of others.

A good professional will not give you ready-made advice like “just don’t think about it.” Instead, they help you understand the mechanisms that maintain your condition and work with you to find pathways to recovery. You have the right to ask about their education, experience, and methods. Most professionals will make sure you understand what is happening and that you do not feel pressured or judged.

Psychological support is not a magic pill but a process that requires time and joint effort. Yet numerous studies show that it is highly effective for most people experiencing emotional distress, particularly when started early (Wampold & Imel, 2015; Cuijpers et al., 2020).

SOURCES

A'zami, Y., Doostian, Y., Mo'tamedi, A., Massah, O., & Heydari, N. (2015). Dysfunctional attitudes and coping strategies in substance dependent and healthy individuals. Iranian Rehabilitation Journal, 13(1), 55-51.

Aitken, A., Jounghani, A. R., Carbonell, L. M., Kumar, A., Crawford, S., Bowden, A. K., & Hosseini, S. H. (2024). The Effect of Social Media Consumption on Emotion and Executive Functioning in College Students: an fNIRS Study in Natural Environment. Research Square, rs-3. https://doi.org/10.21203/rs.3.rs-5604862/v1

American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Andersen, Kim, Monika Djerf-Pierre, and Adam Shehata. (2024). The scary world syndrome: News orientations, negativity bias, and the cultivation of anxiety. Mass Communication and Society, 27 (3), 502-524. https://doi.org/10.1080/15205436.2023.2297829

Andreassen, C. S., Pallesen, S., & Torsheim, T. (2018). Workaholism as a mediator between work-related stressors and health outcomes. International journal of environmental research and public health, 15(1), 73. https://doi.org/10.3390/ijerph15010073

Andrushko, Y., & Lanza, S. T. (2024). Exploring Resilience and Its Determinants in the Forced Migration of Ukrainian Citizens: A Psychological Perspective. International journal of environmental research and public health, 21(11), 1409. https://doi.org/10.3390/ijerph21111409

Andrushko, Y., & Lupei, M. (2025). Acculturation Processes and the Experience of Traumatization in the Case of Forced Ukrainian Migrants. International Journal of Psychology, 60(2). https://doi.org/10.1002/ijop.70036

Anima. (2025). Anima – інноваційна AI-платформа ментального добробуту. https://ua.anima.help/

Arnsten, A. F. T. (2009). Stress signalling pathways that impair prefrontal cortex structure and function. Nature Reviews Neuroscience, 10(6), 410–422. https://doi.org/10.1038/nrn2648

Benton, D., Jenkins, K.T., Watkins, H.T., Young, H.A. (2016). Minor degree of hypohydration adversely influences cognition: a mediator analysis. The American Journal of Clinical Nutrition, 104(3):603-12. https://doi.org/10.3945/ajcn.116.132605

Benton, D., & Young, H. A. (2015). Do small differences in hydration status affect mood and mental performance? Nutrition Reviews, 73(S2), 83–96. https://doi.org/10.1093/nutrit/nuv045

Broman-Fulks, J. J., & Storey, K. M. (2008). Evaluation of a brief aerobic exercise intervention for high anxiety sensitivity. Behavior Therapy, 39(4), 324–336. https://doi.org/10.1080/10615800701762675

Bull, F. C., Al-Ansari, S. S., Biddle, S., Borodulin, K., Buman, M. P., Cardon, G.,... & Willumsen, J. F. (2020). World Health Organization 2020 guidelines on physical activity and sedentary behaviour. British journal of sports medicine, 54(24), 1451-1462. https://doi.org/10.1136/bjsports-2020-102955

Campbell-Sills, L., Barlow, D. H., Brown, T. A., & Hofmann, S. G. (2006). Effects of suppression and acceptance on emotional responses of individuals with anxiety and mood disorders. Behavior Research and Therapy, 44(11), 1251–1263. https://doi.org/10.1016/j.brat.2005.10.001

Chang, Z.S., Boolani, A., Conroy, D.A., Dunietz, T., Jansen, E.C. (2021). Skipping breakfast and mood: The role of sleep. Nutr Health, 27(4), 373-379. https://doi.org/10.1177/0260106020984861

Chu, B., Marwaha, K., Sanvictores, T., Awosika, A. O., & Ayers, D. (2024). Physiology, stress reaction. In StatPearls [Internet]. StatPearls Publishing. URL: https://www.ncbi.nlm.nih.gov/books/NBK541120/

Cuijpers, P., Noma, H., Karyotaki, E., Vinkers, C. H., Cipriani, A., & Furukawa, T. A. (2020). A network meta-analysis of the effects of psychotherapies, pharmacotherapies and their combination in the treatment of adult depression. World psychiatry : official journal of the World Psychiatric Association (WPA), 19(1), 92-107. https://doi.org/10.1002/wps.20701

Davis, D. R. (2025). Existential considerations: Review of Gary, K.H. Why boredom matters: Education, leisure, and the quest for a meaningful life. Journal of Moral Education, 54 (2). https://doi.org/10.1080/03057240.2025.2488698

Di Liegro, C. M., Schiera, G., Proia, P., & Di Liegro, I. (2019). Physical activity and brain health. Genes, 10(9), 720. https://doi.org/10.3390/genes10090720

Dinan, T. G., & Cryan, J. F. (2017). The microbiome–gut–brain axis in health and disease. Gastroenterology Clinics, 46(1), 77–89. https://doi.org/10.1016/j.gtc.2016.09.007

Duclos, M., & Tabarin, A. (2016). Exercise and the hypothalamo-pituitary-adrenal axis. Frontiers of hormone research, 47, 12-26. https://doi.org/10.1159/000445149

Ejtahed, H.S., Mardi, P., Hejrani, B., Mahdavi, F.S., Ghoreshi, B., Gohari, K., Heidari-Beni, M., Qorbani, M. (2024). Association between junk food consumption and mental health problems in adults: a systematic review and meta-analysis. BMC Psychiatry, 24(1):438. https://doi.org/10.1186/s12888-024-05889-8

Ensari, I., Greenlee, T. A., Motl, R. W., & Petruzzello, S. J. (2015). Meta-analysis of acute exercise effects on state anxiety: An update of randomized controlled trials over the past 25 years. Depression and anxiety, 32(8), 624-634. https://doi.org/10.1002/da.22370

Fan, R., Jia, Y., Chen, Z., Li, S., Qi, B., Ma, A. (2025). Foods for Sleep Improvement: A Review of the Potential and Mechanisms Involved. Foods, 14(7):1080. https://doi.org/10.3390/foods14071080

Fergusson, D. M., et al. (2005). Subthreshold depression in adolescence and mental health outcomes in adulthood. Archives of General Psychiatry, 62(1), 66-72. https://doi.org/10.1001/archpsyc.62.1.66

Gerritsen, R. J., & Band, G. P. (2018). Breath of life: The respiratory vagal stimulation model of contemplative activity. Frontiers in Human Neuroscience, 12, 397. https://doi.org/10.3389/fnhum.2018.00397

Goyal, M., Singh, S., Sibinga, E. M., et al. (2014). Meditation programs for psychological stress and well-being: A systematic review and meta-analysis. JAMA Internal Medicine, 174(3), 357-368. https://doi.org/10.1001/jamainternmed.2013.13018

Güme, S. (2024). Doomscrolling: A review. Psikiyatride Güncel Yaklaşımlar, 16(4), 595-603. https://doi.org/10.18863/pgy.1416316

Gutiérrez-Domingo, T., Vivas, S. (2025). Mindful eating intervention for preventing obesity in youth: A narrative review of literature. Nutr Res, 140, 116-134. https://doi.org/10.1016/j.nutres.2025.07.001

Hamblen, J., & Barnett, E. (2018). PTSD: National center for PTSD. Behavioral Medicine, 366-367. URL: https://www.ptsd.va.gov/professional/treat/specific/ptsd_child_teens.asp

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2016). Acceptance and Commitment Therapy: The Process and Practice of Mindful Change (2nd ed.). New York, NY: Guilford Press.

Haynos, A.F., Wang, S.B., Fruzzetti, A.E. (2018). Restrictive eating is associated with emotion regulation difficulties in a non-clinical sample. Eat Disord, 26(1), 5-12. https://doi.org/10.1080/10640266.2018

Hirshkowitz, M., Whiton, K., Albert, S. M., Alessi, C., Bruni, O., DonCarlos, L., Hazen, N., Herman, J., Adams Hillard, P. J., Katz, E. S., Kheirandish-Gozal, L., Neubauer, D. N., O'Donnell, A. E., Ohayon, M., Peever, J., Rawding, R., Sachdeva, R. C., Setters, B., Vitiello, M. V., & Ware, J. C. (2015). National Sleep Foundation's updated sleep duration recommendations: final report. Sleep health, 1(4), 233-243. https://doi.org/10.1016/j.sleh.2015.10.004

IASC reference group on mental health and psychological support in emergency settings. Who is Where, When, doing What in Mental Health and Psychosocial Support (4W Tool). (2014). Inter-Agency Standing Committee URL: https://interagencystandingcommittee.org/node/2838

Jakubowicz, D., Barnea, M., Wainstein, J., & Froy, O. (2013). High caloric intake at breakfast vs. dinner differentially influences weight loss in obese women. Obesity, 21(12), 2504–2512. https://doi.org/10.1002/oby.20460

Jorm, A. F. (2012). Mental health literacy: Empowering the community to take action for better mental health. American Psychologist, 67(3), 231-243. https://doi.org/10.1037/a0025957

Kabat-Zinn, J. (2013). Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness (Revised ed.). New York, NY: Bantam Books.

Karsten, J., et al. (2011). Subthreshold anxiety disorders in the general population: Prevalence, functional impairment and comorbidity with full anxiety disorders. Journal of Affective Disorders, 130(3), 536-544. https://doi.org/10.1016/j.jad.2010.09.006

Kaya, B., & Griffiths, M. D. (2025). Intolerance of uncertainty and mental wellbeing: the mediating and moderating role of doomscrolling. Behaviour & Information Technology, 44(10), 2323-2332. https://doi.org/10.1080/0144929X.2024.2314747

Keptner, K. M., Fitzgibbon, C., & O'Sullivan, J. (2021). Effectiveness of anxiety-reduction interventions on test anxiety: A comparison of four techniques incorporating sensory

modulation. British Journal of Occupational Therapy, 83(6), 384-392. https://doi.org/10.1177/0308022620935061

Keyes, C. L. M. (2002). The Mental Health Continuum: from languishing to flourishing in life. Journal of Health and Social Behavior, 43(2), 207-222.

Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: a complementary strategy for improving national mental health. American Psychologist, 62(2), 95-108. https://doi.org/10.1037/0003- 066X.62.2.95

Khammissa, R. A., Nemutandani, S., Feller, G., Lemmer, J., & Feller, L. (2022). Burnout phenomenon: neurophysiological factors, clinical features, and aspects of management. Journal of International Medical Research, 50(9). https://doi.org/10.1177/03000605221106428

Kian, P. M. (2002). Stress coping mechanisms in addicts comparing with non-addicts. Journal of shahid sadoughi university of medical sciences,10 (3), 13-18. URL: https://sid.ir/paper/36285/en

Kim, E. J., Pellman, B., & Kim, J. J. (2015). Stress effects on the hippocampus: a critical review. Learning & memory, 22(9), 411-416. https://doi.org/10.1101/lm.037291.114

Kimble, M., Boxwala, M., Bean, W., Maletsky, K., Halper, J., Spollen, K., & Fleming, K. (2014). The impact of hypervigilance: Evidence for a forward feedback loop. Journal of anxiety disorders, 28(2), 241-245. https://doi.org/10.1016/j.janxdis.2013.12.006

Kimhi, S., Eshel, Y., Marciano, H., & Adini, B. (2023). Impact of the war in Ukraine on resilience, protective, and vulnerability factors. Frontiers in public health, 11, 1053940. https://doi.org/10.3389/fpubh.2023.1053940

Kumar, A., Mehan, S., Tiwari, A., Khan, Z., Gupta, G.D., Narula, A.S., Samant, R. (2024). Magnesium (Mg2+): Essential Mineral for Neuronal Health: From Cellular Biochemistry to Cognitive Health and Behavior Regulation. Curr Pharm Des, 30(39),3074-3107. https://doi.org/10.2174/0113816128321466240816075041

Kurapov, A., Schabus, M., Kahveci, S., Wilhelm, F. H., & Blechert, J. (2024). Explaining post-traumatic stress symptoms and sleep disturbance in Ukrainian civilians: perceived threat versus objective war exposure. European journal of psychotraumatology, 15(1). https://doi.org/10.1080/20008066.2024.2381371

Kurylo, B. (2025). From individual to collective: Vernacular security and Ukrainian civil society in wartime. Security Dialogue 57(5). https://doi.org/10.1177/0967010625132988

Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental health literacy: past, present, and future. Canadian Journal of Psychiatry, 61(3), 154–158. https://doi.org/10.1177/0706743715616609

Kwong, A. S. F., Manley, D., Timpson, N. J., Pearson, R. M., Heron, J., Sallis, H., Stergiakouli, E., Davis, O. S. P., & Leckie, G. (2019). Identifying critical points of trajectories of depressive symptoms from childhood to young adulthood. Journal of Youth and Adolescence, 48(4), 815–827. https://doi.org/10.1007/s10964-018-0976-5

Laçin, B. G. D., & Kiye, S. (2025). Psychological Well-Being and Emotion Regulation as Predictors of Doomscrolling. Turkish Psychological Counseling and Guidance Journal, 15(77), 393-403. https://doi.org/10.17066/tpdrd.1570424

Lane, M.M., Gamage, E., Travica, N., Dissanayaka, T., Ashtree, D.N., Gauci, S., Lotfaliany, M., O'Neil, A., Jacka, F.N., Marx, W. (2022). Ultra-Processed Food Consumption and Mental Health: A Systematic Review and Meta-Analysis of Observational Studies. Nutrients, 14(13). https://doi.org/10.3390/nu14132568

Lei, T., Hua, H., Du, H., Xia, J., Xu, D., Liu, W., ... & Yang, T. (2024). Molecular mechanisms of artificial light at night affecting circadian rhythm disturbance. Archives of Toxicology, 98(2), 395-408. https://doi.org/10.1007/s00204-023-03647-5

Levine, P. A. (2010). In an unspoken voice: How the body releases trauma and restores goodness. North Atlantic Books.

Lewis, N., & Sznitman, S. R. (2022). Too Much Information? Excessive Media Use, Maladaptive Coping, and Increases in Problematic Cannabis Use during the COVID-19 Pandemic. Journal of Psychoactive Drugs, 54(3), 207–216. https://doi.org/10.1080/02791072.2022.2031355

Li, W. W., Nannestad, J., Leow, T., & Heward, C. (2024). The effectiveness of mindfulness-based stress reduction (MBSR) on depression, PTSD, and mindfulness among military veterans: A systematic review and meta-analysis. Health Psychology Open, 11. https://doi.org/10.1177/20551029241302

Linehan, M. M. (2015). DBT Skills Training Manual (2nd ed.). New York, NY: Guilford Press.

Llera, S. J., & Newman, M. G. (2023). Contrast avoidance predicts and mediates the effect of trait worry on problem-solving impairment. Journal of anxiety disorders, 94. https://doi.org/10.1016/j.janxdis.2023.102674

Lu, S., Liu, J., Xu, M., & Xu, F. (2023). Horticultural therapy for stress reduction: A systematic review and meta-analysis. Frontiers in Psychology, 14. https://doi.org/10.3389/fpsyg.2023.1086121

Ma, X., Yue, Z., Gong, Z., et al. (2017). The effect of diaphragmatic breathing on attention, negative affect and stress in healthy adults. Frontiers in Psychology, 8, 874. https://doi.org/10.3389/fpsyg.2017.00874

Manzoni, G. M., Pagnini, F., Castelnuovo, G., & Molinari, E. (2008). Relaxation training for anxiety: a ten-years systematic review with meta-analysis. BMC Psychiatry, 8(1), 41. https://doi.org/10.1186/1471-244x-8-41

Masento, N. A., Golightly, M., Field, D. T., Butler, L. T., & van Reekum, C. M. (2014). Effects of hydration status on cognitive performance and mood. British Journal of Nutrition, 111(10), 1841–1852. https://doi.org/10.1017/S0007114513004455

Mollica, R., McInnes, K., Sarajlić, N., Lavelle, J., & Sarajlić, I. (1999). Disability associated with psychiatric comorbidity and health status in Bosnian refugees living in Croatia. Jama, 282(5), 433-439. https://doi.org/10.1001/jama.282.5.433

Murakami, K., Shinozaki, N., Livingstone, M.B.E., McCaffrey, T.A., Masayasu, S., Sasaki, S. (2025). Chrononutrition behaviors in relation to diet quality and obesity: do dietary assessment methods and energy intake misreporting matter? Nutr J, 24(1):67. https://doi.org/10.1186/s12937-025-01129-1

Murray, H., Pethania, Y., & Medin, E. (2021). Survivor guilt: a cognitive approach. The Cognitive Behaviour Therapist, 14, e28. https://doi.org/10.1017/S1754470X21000246

Murthy, R. S., & Lakshminarayana, R. (2006). Mental health consequences of war: a brief review of research findings. World psychiatry, 5(1), 25-30.

Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. Self and identity, 2(2), 85-101. https://doi.org/10.1080/15298860309032

Noah, L., Pickering, G., Mazur, A., Dubray, C., Hitier, S., Dualé, C., Pouteau, E. (2020). Impact of magnesium supplementation, in combination with vitamin B6, on stress and magnesium status: secondary data from a randomized controlled trial. Magnes Res, 33(3), 45-57. https://doi.org/10.1684/mrh.2020.0468

Peuhkuri, K., Sihvola, N., & Korpela, R. (2012). Dietary factors and fluctuating levels of melatonin. Food & Nutrition Research, 56(1), 17252. https://doi.org/10.3402/fnr.v56i0.17252

Phillips, C. (2017). Brain-derived neurotrophic factor, depression, and physical activity: making the neuroplastic connection. Neural plasticity, 2017(8), 1-17. https://doi.org/10.1155/2017/7260130

Pross, N., Demazieres, A., Girard, N., Barnouin, R., Metzger, D., Klein, A., & Guelinckx, I. (2014). Effects of changes in water intake on mood of high and low drinkers. PLoS ONE, 9(4), e94754. https://doi.org/10.1371/journal.pone.0094754

Sahu, P., Thippeswamy, H., Chaturvedi, S.K. (2022). Neuropsychiatric manifestations in vitamin B12 deficiency. Vitam Horm,119, 457-470. https://doi.org/10.1016/bs.vh.2022.01.001

Schertz, K. E., & Berman, M. G. (2019). Understanding nature and its cognitive benefits. Current Directions in Psychological Science, 28(5), 496–502. https://doi.org/10.1177/0963721419854100

Schoenmakers, E. C., Lasgaard, M., & McHugh Power, J. (2025). Guidelines for evaluating and reporting social isolation and loneliness interventions. Journal of Health Psychology, 30(2), 338-352. https://doi.org/10.1177/13591053241238127

Selhub, E.M., Logan, A.C., Bested, A.C. (2014). Fermented foods, microbiota, and mental health: ancient practice meets nutritional psychiatry. J Physiol Anthropol, 33(1):2. https://doi.org/10.1186/1880-6805-33-2

Shin, M., Downes, C., Hopwood, J., Byers, M., & Kemps, E. (2025). Media multitasking, negative mood, and avoidance coping. Behaviour & Information Technology, 44(7), 1376-1386. https://doi.org/10.1080/0144929X.2024.2353276

Simon, K. (2025). Doomscrolling: A Correlational Study Testing Mood Management Theory in the Context of Mental and Social Well-Being (Master's thesis, The Florida State University). URL: https://www.proquest.com/openview/b8fa184ac1fea116e17ac7c7d681045a/1?pq-origsite=gscholar&cbl=18750&diss=y

Singh, B., Olds, T., Curtis, R., Dumuid, D., Virgara, R., Watson, A., ... & Maher, C. (2023). Effectiveness of physical activity interventions for improving depression, anxiety and distress: an overview of systematic reviews. British journal of sports medicine, 57(18), 1203-1209. https://doi.org/10.1136/bjsports-2022-106195

Sour mood getting you down? Get back to nature. (2018). Harvard Men's Health Watch. Harvard Health Publishing. URL: https://www.health.harvard.edu/mind-and-mood/sour-mood-getting-you-down-get-back-to-nature

Stewart, D., Albrecht, U. (2025). Beyond vision: effects of light on the circadian clock and mood-related behaviours. NPJ Biol Timing Sleep, 2(1), 12. https://doi.org/10.1038/s44323-025-00029-1

Stratton, C., Krumrei-Mancuso, E. J., & Miller-Perrin, C. (2022). The Moderating Effect of Mindfulness on the Relationship Between Problematic Smartphone Usage and Depression, Anxiety, and Stress. Psi Chi Journal of Psychological Research, 27(2), 113-123. https://doi.org/10.24839/2325-7342.JN27.2.113

Sun, M., He, Q., Li, G., Zhao, H., Wang, Y., Ma, Z., Fen, Z., Li, T., Chu, J., Hu, W., Chen, X., Han, Q., Sun, N., Shen, Y. (2023). Association of ultra-processed food consumption with incident depression and anxiety: a population-based cohort study. Food Funct, 14(16), 7631-7641. https://doi.org/10.1039/d3fo01120h

Ukraine: Mental health toll of war leaves children with speech defects, twitching, and sleep disorders | save the children international. Save the Children International. (2024). URL: https://www.savethechildren.net/news/ukraine-mental-health-toll-war-leaves-children-speech-defects-twitching-and-sleep-disorders

Tomiyama, A. J. (2019). Stress and obesity. Annual Review of Psychology, 70, 703–718. https://doi.org/10.1146/annurev-psych-010418-102936

Torres, S. J., & Nowson, C. A. (2007). Relationship between stress, eating behavior, and obesity. Nutrition, 23(11-12), 887–894. https://doi.org/10.1016/j.nut.2007.08.008

Türk-Kurtça, T., & Kocatürk, M. (2025). Beyond the scroll: exploring how intolerance of uncertainty and psychological resilience explain the association between trait anxiety and doomscrolling. Personality and Individual Differences, 233, 112919. https://doi.org/10.1016/j.paid.2024.112919

Uniyal, R., & Shahnawaz*, M. G. (2024). Wellbeing and problematic smartphone use: Serial mediation of mindfulness and self-compassion. Psychological Reports, 127(4), 1705-1726. https://doi.org/10.1177/00332941221141311

van der Kolk, B. (2014). The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma. New York, NY: Viking.

Vorster, A. P., van Someren, E. J., Pack, A. I., Huber, R., Schmidt, M. H., & Bassetti, C. L. (2024). Sleep health. Clinical and Translational Neuroscience, 8(1), 8. https://doi.org/10.3390/ctn8010008

Wampold, B. E., & Imel, Z. E. (2015). The Great Psychotherapy Debate: The Evidence for What Makes Psychotherapy Work. Routledge. https://doi.org/10.4324/9780203582015

Wang, Y., et al. (2024). Low mental health literacy and its association with anxiety and depression: A population-based study in China. BMC Public Health, 24, 702. https://doi.org/10.1186/s12889-024-20020-y

Wang, Y., Kasper, L. H. (2014). The role of microbiome in central nervous system disorders. Brain, Behavior, and Immunity, 38, 1–12. https://doi.org/10.1016/j.bbi.2013.12.015

Wei, Y., McGrath, P. J., Hayden, J., & Kutcher, S. (2015). Mental health literacy measures evaluating knowledge, attitudes and help-seeking: a scoping review. BMC Psychiatry, 15, 297. https://doi.org/10.1186/s12888-015-0681-9

Westerhof, G. J., & Keyes, C. L. (2010). Mental illness and mental health: The two continua model across the lifespan. Journal of adult development, 17(2), 110-119. https://doi.org/10.1007/s10804-009-9082-y

Windred, D. P., Burns, A. C., Lane, J. M., Saxena, R., Rutter, M. K., Cain, S. W., & Phillips, A. J. (2024). Sleep regularity is a stronger predictor of mortality risk than sleep duration: a prospective cohort study. Sleep, 47(1), zsad253. https://doi.org/10.1093/sleep/zsad253

Wissing, M. P., Schutte, L., Liversage, C., Entwisle, B., Gericke, M., & Keyes, C. (2021). Important goals, meanings, and relationships in flourishing and languishing states: Towards patterns of well-being. Applied Research in Quality of Life, 16(2), 573-609. https://doi.org/10.1007/s11482-019-09771-8

World Health Organization. (2019). International Classification of Diseases 11th Revision (ICD-11). URL: https://www.who.int/standards/classifications/classification-of-diseases

World Health Organization. (2022). WHO guidance on research methods for health emergency and disaster risk management, revised 2022. URL: https://iris.who.int/handle/10665/363502

World Health Organization. (n.d.). Mental health: A state of well-being that enables people to cope with the stresses of life, realize their abilities, work productively, and contribute to their community. WHO. URL: https://www.who.int/health-topics/mental-health

Xia, F., Fascianelli, V., Vishwakarma, N., Ghinger, F. G., Kwon, A., Gergues, M. M., ... & Kheirbek, M. A. (2025). Understanding the neural code of stress to control anhedonia. Nature, 637(8046), 654-662. https://doi.org/10.1038/s41586-024-08241-y

Ye, J., Jindal, N., Pierri, F., & Luceri, L. (2023). Online networks of support in distressed environments: solidarity and mobilization during the Russian invasion of Ukraine. Workshop Proceedings of the 17th International AAAI Conference on Web and Social Media. https://doi.org/10.36190/2023.05

Zelenski, J. M., Dopko, R. L., & Capaldi, C. A. (2015). Cooperation is in our nature: Nature exposure may promote cooperative and environmentally sustainable behavior. Journal of Environmental Psychology, 42, 24–31. https://doi.org/10.1016/j.jenvp.2015.01.005

Солонський, А. (2024). Управління когнітивними ресурсами у відновленні після бойових травм: нейропсихологічна оцінка на основі відстеження окорухової поведінки. Psychosomatic Medicine and General Practice, 9(2). URL: https://uk.e-medjournal.com/index.php/psp/article/view/510