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EPIDEMIC ALARMS : SYSTEM CALLS SECURITY HEALTH UKRAINE

СИГНАЛИ ЕПІДЕМІЇ: ВИКЛИКИ ДЛЯ СИСТЕМИ ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ

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Abstract. *The article investigates the prevalence of anxiety disorders among the Ukrainian population during the full-scale war and the resulting systemic challenges to the mental healthcare sector. The relevance of the study stems from the increasing number of individuals exhibiting clinically loss, forced displacement, and social disintegration. The aim of the study is to identify key trends, clinical characteristics, and diagnostic results of anxiety disorders, as well as to assess the healthcare system's capacity to respond effectively. A total of 217 patients who sought psychiatric assistance at the Petro Mohyla Black Sea National University Clinic between 2023 and 2025 participated in the study. Clinical interviews and a range of psychometric instruments were applied. The results revealed that over 80% of participants exhibited high anxiety levels, with a significant portion also presenting comorbid depression. The highest prevalence was observed in the 26–60 age range, with a predominance of female patients. At the same time, help-seeking behavior remains low, indicating barriers such as stigma and lack of professional support. The practical value of this study lies in highlighting key areas for intervention: integrating mental healthcare into primary services, implementing mhGAP-based programs, increasing the training of mental health professionals, and combating stigma. The findings provide an empirical basis for further research and the development of mental health policy in wartime.*

Keywords: *anxiety disorders, depression, mental health, obsessive-compulsive disorders, war.*

Introduction.

Today Ukraine is experiencing complex times marked not only military actions , but also deep socio-economic instability . In conditions permanent stress , uncertainty and loss , mental health population turned out under serious threat . One of the most common consequences these the upheavals became significant growth disturbing disorders that actually acquired scale epidemics . This " epidemic " anxiety " becomes serious a challenge for the already overloaded systems security health Ukraine , demanding immediate and comprehensive solutions .

As indicated in their research by CHABAN, O. S.; KHAUSTOVA, O. O. (Medical and psychological consequences of war distress in Ukraine: what we expect and what needs to be taken into account when providing medical care. URL :

http://surl.li/ihpof , 2022.) for the population Ukraine in modern times conditions full-scale Russian military aggression is noted parallel formation of both individual and collective traumatization, which, accordingly, negatively affects both the individual and the psychosomatic and social health [2] .

According to the World Health Organization (WHO), as of 2019, about 301 million people worldwide had an anxiety disorder, making them the most common of all mental disorders.

Growth disturbing disorders: anxiety numbers and alarming trends Unfortunately, accurate statistics regarding prevalence disturbing disorders in Ukraine in conditions wars yet is formed . However , numerous research and observation specialists indicate a rapid growth the number of people who feel permanent anxiety , fear, irritability , problems with sleep and concentration.

Materials and methods

Since the beginning of full-scale intrusion observed significant growth equal anxiety among Ukrainians.Many research fix high interest population that feels stress , nervousness and anxiety .

- According to the Ministry of Health in October 2022, 71% interviewed Ukrainians felt recent stress or strong nervousness, and half - anxiety and tension.
- Forecasted magnification mental disorders: WHO predicts that close 10 million Ukrainians can have mental disorders because of war. Although it total number, alarming disorders are likely to be significant its part of .
- Prevalence among those who seeks help from: among patients who seek outpatient psychiatric care help , significant part has disturbing disorders :
- In 19.2% reveal isolated disturbing disorders .
- In 42.3% diagnose mixed anxious-depressive disorder .
- In 28.2% observed comorbidity disturbing disorder and depression .
- Impact wars: war is powerful traumatic factor that leads to growth disturbing disorders, post-traumatic stressful disorder (PTSD) and other mental health problems health .
- Barriers to seeking help: despite the high level anxiety, significant part of

Ukrainians do not seek professional help with the help of. In 2024 only 8% respondents consulted a specialist .

Research methods :

1. Clinical interview :

•Structured clinical interview : this standardized surveys designed for systematic assessments symptoms according to diagnostic criteria (e.g. , DSM-5 or ICD-11). They provide more objective and reliable assessment compared to unstructured interview . Examples include Diagnostic scheduled interview (DISC) or Structured clinical interview for DSM disorders (SCID).

•Semi-structured clinical Interview: doctor has certain set questions , but maybe flexibly to rearrange , to put additional question for clarification information and better understanding individual experience patient .

•Unstructured clinical interview: this more free conversation during which the doctor puts open question, allowing to the patient free to tell about your symptoms , history life and emotional state.

2. Psychological questionnaires and scales self-esteem :

These The instruments are standardized questionnaires that patient fills independently or by using researcher. They help to evaluate level anxiety , specific symptoms different disturbing disorders and their intensity. Some common questionnaires include :

•Beck Anxiety Scale (Beck Anxiety Inventory - BAI): evaluates expressiveness physiological and cognitive symptoms anxiety .

•Anxiety scale Spielberger-Khanin (State- Trait Anxiety Inventory - STAI): measures both situational (reactive) anxiety and personality Anxiety as a stable character trait.

•Questionnaire generalized anxiety (Generalized Anxiety Disorder 7-item scale - GAD-7): A short questionnaire for screening and assessment gravity generalized disturbing disorder .

•Hospital Anxiety and Depression Scale (Hospital Anxiety and Depression Scale) and Depression Scale - HADS): used to detect symptoms anxiety and depression in

non-psychiatric patients .

•Obsessive-compulsive scale symptoms Yale - Brown Obsessive Compulsive Scale - Y-BOCS): Specific for assessment obsessive -compulsive disorder .

•Social scale anxiety Liebowitz (Liebowitz Social Anxiety Scale - LSAS): assesses fear and avoidance in various social situations .

•Rating scales panicky disorder and post-traumatic stress disorder stressful disorder (PTSD) (e.g. , PCL-5, CAPS-5).

3. Psychophysiological methods :

These methods measure physiological reactions organism , which may be related to anxiety : •Measurement heart rate and variability Heart rate (HRV): elevated heart rate and decreased HRV can to indicate increased anxiety .

•Electrodermal activity (EDA) / conductivity Skin : enlargement sweating , which reflects activation nice nervous stress response systems or anxiety .

•Electromyography (EMG): measurement muscular tension , which often increases with anxiety .

•Electroencephalography (EEG): research electric activities brain that maybe detect specific anxiety patterns disorders .

•Measurement arterial pressure and frequency Breathing : these indicators can also change under influence anxiety .

4. Diagnostic tasks and provocative tests:

In research purposes can to be used special tasks designed to provoke disturbing reactions in a controlled environment (for example , a social assessment for research social anxiety).

The study used:

•Beck Anxiety Scale (Beck Anxiety Inventory - BAI): assesses the severity of physiological and cognitive symptoms of anxiety.

•Spielberger-Hanin Anxiety Scale (State - Trait Anxiety Inventory - STAI): measures both situational (reactive) anxiety and personality anxiety as a stable trait.

•Generalized Anxiety Questionnaire (Generalized Anxiety Anxiety Disorder 7-item scale - GAD -7): a short questionnaire for screening and assessing the severity of

generalized anxiety disorder.

•Anxiety and Depression Scale (Hospital Anxiety and Depression Scale) Anxiety and Depression Scale - HADS): used to detect symptoms of anxiety and depression in non-psychiatric patients.

•Obsessive-Compulsive Symptom Scale (Yale - Brown Obsessive Compulsive Scale - Y - BOCS). Specific for assessing obsessive-compulsive disorder.

All patients initially consulted their family doctor and were referred to a psychiatrist. 217 patients were examined who consulted a psychiatrist at the University Clinic of Petro Mohyla National University of Kyiv during 2023-2025 and who were diagnosed with one of the following diagnoses: (F40-F48) Neurotic , related from stress and somatoform disorders . All patients were administered the above scales after conducting a clinical interview.

The study involved 134 women and 83 men aged 18 to 73. All provided informed consent to be examined by a psychiatrist and to participate in the study.

Results

Among all patients, there was the following age distribution: 18-25 years old - 31, 26-40 years old - 76, 40-60 years old - 81, 60-73 years old – 29 .

According to the test results, we can see the following results:

Beck Anxiety Scale (Beck Anxiety Inventory - BAI): 0–5 normal 6-8 mild anxiety level - 0 patients, 9-18 average anxiety level 38 patients, More than 19 points – high level of anxiety – 179 patients

Spielberger-Hanin Anxiety Scale (State - Trait Anxiety Inventory - STAI): When interpreting the indicators in general, the following approximate anxiety scores can be used: •up to 30 points – low - 0 patients ; •31-44 points – moderate - 28 patients ; •45 and above – high – 189 patients .

Generalized Anxiety Questionnaire (Generalized Anxiety Anxiety Disorder 7-item scale – GAD -7): 0–4 points – no symptoms 0 patients, 5–9 points – mild symptoms – 3 patients, 10–14 points – moderate symptoms – 25 patients, more 15 points – clinically significant symptoms – 189 patients

Anxiety and Depression Scale (Hospital Anxiety and Depression Scale) Anxiety

and Depression Scale - HADS):

•0-7 – normal (absence of significantly expressed symptoms of anxiety and depression) - 0 patients;

•8-10 – subclinical anxiety; – 16 patients

•11 and above – clinically pronounced anxiety. – 201 patients

•8-10 – subclinical depression; – 214 patients

•11 and above – clinically pronounced depression. – 38 patients

Obsessive-Compulsive Symptom Scale (Yale - Brown Obsessive Compulsive Scale - Y - BOCS):

•0-7 – OCD symptoms are absent. - 198 patients

•8-15 – Mild OCD - 0 patients

•16-23 – Average degree in OCD, preferably consult a doctor . - 7 patients

•24-31 – Heavy degree of OCD required advice doctor - 9 patients

•32-40 – Extremely heavy OCD degree , urgent advice doctor . - 3 patients

Distribution patients by age (table 1) :

•The largest number patients observed in the elderly groups 26-40 years old (76 people) and 40-60 years old (81 people). This maybe to testify that disturbing disorders more often meet precisely in this age-related range .

•The smallest number patients in the age range group 60-73 years old (29 people). Perhaps with age changes perception anxiety or people of the elderly age less often are seeking help . It is also worth consider general demographic situation .

•Young people (18-25 years old) also make up significant share patients (31 people) who emphasizes the importance of mental health problems health at a young age .

Distribution patients by nosology (table 1) :

•Others disturbing disorders (F41) is the most common diagnosed (89 people), and women much prevail men (52 vs. 37). This maybe to point to a larger predisposition women to development nonspecific disturbing states or on their bigger readiness to seek help .

•Reaction to severe stress and disorders adaptation (F43) is also quite widespread

(37 people), which is expected in the conditions present (taking into account current time and location). Gender the distribution here is also in favor women (21 vs. 16).

•Phobias disturbing disorders (F40) (27 people) and Others neurotic disorders (F48) (25 people) have a similar prevalence , again with a predominance women .

•Obsessive-compulsive disorder (F42) (19 people) and Somatoform disorders (F45) (11 people) occur less often . Gender distribution in OCD almost uniform (10 women and 9 men), and with somatoform disorders women also predominate .

•Dissociative [conversion] disorders (F44) are the least common in this sample (9 people), with a slight advantage women .

Table 1. Age distribution of patients by nosology

(F40)	Phobic anxiety disorders	27 (19 w and 8 h)
(F41)	Other anxiety disorders	89(52 w and 37m)
(F42)	Obsessive - compulsive disorder	19(10 am and 9 pm)
(F43)	Reaction to severe stress and adjustment disorders	37(21 w and 16 h)
(F44)	Dissociative [conversion] disorders	9(5 w and 4 h)
(F45)	Somatoform disorders	11(6 w and 5 h)
(F48)	Other neurotic disorders	25(21 w and 4 h)

Autor`s development

Results testing :

•Anxiety Inventory (BAI): Preferential majority patients (179 people) have high level anxiety , and significant part (38 people) – medium level . Absence patients with mild anxiety maybe to show that people seek help when their symptoms become more pronounced .

•Anxiety scale Spielberger-Hanin (STAI): Similar to BAI, most patients (189 people) have high level anxiety , and less part (28 people) – moderate . Absence patients with low level anxiety confirms previous observation .

•Questionnaire generalized anxiety (GAD-7): Again , significant majority patients (189 people) have clinically significant symptoms generalized anxiety . A small

amount has mild (3 people) and moderate (25 people) symptoms . Absence asymptomatic patients is expected in clinical practice sample .

•Hospital Anxiety and Depression Scale (HADS):

oAlarm : Preferential majority patients (201 people) have clinically expressed anxiety , and a small part (16 people) – subclinical pronounced . Absence persons without pronounced symptoms anxiety is consistent with the results of other anxiety scales .

oDepression : Significant part patients has subclinically expressed depression (214 people), and a smaller , but still significant number (38 people) – clinically expressed depression . This indicates a high comorbidity anxious and depressive disorders in this sample .

•Obsessive-compulsive scale symptoms Yale -Brown (Y-BOCS): Majority patients (198 people) do not have clinically significant OCD symptoms that corresponds distribution by nosology , where OCD is not the most common Among those diagnosed with OCD, the majority have medium (7 people), heavy (9 people) or extremely severe (3 people) degree . Absence patients with mild OCD may be due to the fact that easy symptoms are not always lead to seeking help .

General conclusions and possible directions for further work analysis :

•In this sample patients observed high prevalence disturbing disorders , especially nonspecific disturbing states and reactions to stress .

•Women more often seek help for anxiety disorders , except for OCD, where gender distribution almost uniform .

•Majority patients have medium and high level anxiety according to the results of various scales, which emphasizes clinical significance their symptoms .

•High comorbidity anxiety and depression (according to HADS) is an important aspect that trace to be taken into account in diagnosis and treatment .

1. Communication between age and test results :

•For analysis communication between age and scores on anxiety and OCD scales can be use coefficient correlations Pearson (if data normally distributed) or Spearman (if distribution different from normal). This will show whether exists linear connection

between age patients and their scores on the scales.

2. Communication between nosologies and test results :

•For analysis communication between nosologies and test results can use one-way ANOVA. We would consider each scale (BAI, STAI, GAD-7, HADS- anxiety , HADS- depression , Y-BOCS) as dependent variable , and nosology (F40, F41, F42, F43, F44, F45, F48) as independent variable (factor). ANOVA will show whether there is a statistical significant differences in averages values of scales between different diagnostic groups .

3. Age and distribution by nosology :

•For analysis communication between by age and distribution by nosology can use criterion chi -square ($\chi 2$) for tables. We would create a table where the rows would represent the ages groups , and columns are nosologies , and we would check whether the distribution diagnoses dependent from age-related groups .

•Data indicate a high prevalence of anxiety disorders among the population and insufficient diagnosis and treatment at the primary level.

•Data indicate that other anxiety disorders are more common among anxiety disorders. These include: Panic disorder (F 41.0), which is manifested by panic attacks; Generalized anxiety disorder (F 41.1), which is characterized by persistently increased anxiety; Mixed anxiety-depressive disorder (F 41.2) - a combination of anxiety and depression. These disorders are most common in Ukraine during the war. In contrast, PTSD is much less common than is believed among general practitioners.

Conclusion

To summarize , this research demonstrates high prevalence and clinical significance disturbing disorders among investigated groups patients , with certain features distribution by age , gender , and nosologies , as well as significant comorbidity with depressive symptoms. These conclusions can be useful for planning granting medical assistance , development preventive measures and further research in this field industries .

The "epidemic of anxiety" is one of the most serious, though often invisible, consequences of the war for Ukraine. Ignoring this one problems maybe lead to long-

term negative consequences for society as a whole . Effective and timely reaction systems security health , in collaboration with other sectors and international partners, is critical to ensuring mental well -being Ukrainians and construction stable future.It is necessary already today invest in mental health nation , so that tomorrow we have strong and healthy society .

Implementation of mhGAP (Mental Health Gap Action Programme) in Ukraine is an important step in improving access to mental health services, especially in the context of war and its consequences. What such mhGAP ?

mhGAP is a global program World organizations security Health (WHO), launched in 2008. Its goal is to expand access to care for mental , neurological disorders and disorders related to from use psychoactive substances , especially in low and middle income countries levels income . Program provides teaching medical employees primary link (family) doctors , therapists , pediatricians , nurses) the basics of diagnosis and treatment common mental disorders .

Implementation mhGAP in Ukraine :

•Beginning: Ukraine started implementation programs mhGAP in 2019 .

•Teaching specialists : Until November 2022, training according to the program passed 669 people . However , full-scale war caused significant growing need for psychological services that requires activation efforts in this direction .

•Activation during the war : In due to the crisis mental health caused by war , Ministry security Ministry of Health (MOH) of Ukraine in cooperation with WHO and the National Health Service Ukraine (NSZU) have activated training according to the program mhGAP .

•Online courses : For expansion coverage specialists an online course " Maintaining" was launched common mental disorders in primary levels medical help with the use of mhGAP ". As of November 2023, certificates of completion first parts of the course received over 51 thousand specialists , and for the second part registered almost 4 thousand .

•Eye trainings : In addition to online training , face-to-face training is also available . advanced trainings study programs and practice practical skills .

•Integration into the security system health : Program mhGAP is part of priority of the Ministry of Health project within the All-Ukrainian mental health program " How are you ?", initiated by first lady Elena Zelenskaya .

•Medical package guarantees : doctors primary level, which passed mhGAP training , can give support and treatment services adults and children with mental disorders within the framework of the new package of the Program medical guarantees.

•Regional workers groups : for coordination implementation mhGAP created regional workers groups .

Advantages implementation mhGAP in Ukraine :

•Expanding access: approximation security services mental health to the population at the level primary medical help .

•Early detection and intervention : possibility timely detection and provision help with common mental disorders .

•Reduction load on specialized services:treatment of mild and moderate disorders in primary levels allows specialized centers to focus on more complex cases .

•Overcoming stigmas: integration mental general assistance medical practice contributes reduction stigmatization mental disorders .

•Increase qualifications medical employees: doctors primary care providers receive necessary knowledge and skills to provide basic psychological help .

Challenges implementation mhGAP in Ukraine :

•Insufficient number specialists: despite training , general number prepared specialists maybe remain insufficient to cover all needs.

•Uneven Distribution: access to training and services may be uneven in different regions countries.

•Integration with existing system: Effective integration mhGAP in already existing security system health needs coordination and resources .

•Stigmatization : Required continue to work on overcoming stigma associated with mental disorders , among population and medical employees .

•Financing : Software sustainable financing training and provision services within programs are an important aspect of successful implementation .

•Need for supervision and support : Doctors primary level, which begin give mental health services health , need regular supervision and support from specialized specialists.

Next steps:

For a successful implementation and expansion programs mhGAP in Ukraine necessary continue:

•Large-scale teaching medical employees primary level.

•Software high-quality supervision and support for trainees specialists .

•Improvement informing population about available mental health services health

•Strengthening cooperation between primary and specialized healthcare help .

•Engagement sufficient funding to support programs .

Implementation mhGAP is important element in the development effective and affordable systems security mental health in Ukraine , which is especially relevant in the conditions ongoing war and its consequences for mental well-being nations .

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Анотація. *У статті досліджено поширення тривожних розладів серед населення України в умовах повномасштабної війни та пов'язані з цим системні виклики для сфери охорони психічного здоров'я. Актуальність дослідження зумовлена зростанням кількості осіб із клінічно вираженими симптомами тривожності, депресії та обсесивно-компульсивного розладу внаслідок бойових дій, втрат, вимушеного переселення та соціальної дезінтеграції. Метою роботи є виявлення основних тенденцій, клінічних характеристик та діагностичних результатів тривожних розладів, а також аналіз спроможності системи охорони здоров'я відповідати на ці виклики. У дослідженні взяли участь 217 пацієнтів, які звернулись за психіатричною допомогою до клініки Чорноморського національного університету імені Петра Могили протягом 2023–2025 років. Було використано клінічне інтерв'ю та низку психометричних шкал. Результати дослідження показали, що понад 80% учасників мали високий рівень тривожності, а значна частка — коморбідну депресію. Найбільша поширеність спостерігалась у вікових групах 26–60 років, із переважанням жінок серед пацієнтів. Водночас рівень звернень за допомогою залишається низьким, що свідчить про бар'єри, зокрема стигматизацію та нестачу фахівців. Практична цінність полягає у визначенні ключових напрямів інтервенції: інтеграції психічного здоров'я на первинному рівні, реалізації програм mhGAP, підготовці фахівців та боротьбі з соціальними стереотипами. Стаття надає емпіричну базу для подальших досліджень та розробки державної політики у сфері психічного здоров'я в умовах війни.*

Ключові слова: *тривожні розлади, депресія, ментальне здоров'я, обсесивно - компульсивні розлади, війна.*

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