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## **THE ROLE OF SOCIO-EDUCATIONAL INCLUSION IN SUPPORTING YOUTH MENTAL HEALTH AMID WAR-INDUCED UNCERTAINTY**

*The article presents an empirical study on the role of socio-educational integration in supporting the mental health of young people amid war-induced uncertainty. It has been found that among persons with disabilities, the most resonant life resources are primarily social connections, a sense of belonging, social support, as well as life philosophy, faith, personal beliefs and moral values, cognitive strategies, imagination, dreams, and memories. In conditions of uncertainty caused by the war, it is essential that the promotion of positive content for social integration be approached as an imperative and sustained effort. Socio-educational inclusion is one of the significant conditions of mental health, which testifies to the capabilities of the personality functioning, the team even in such conditions due to multidisciplinary and an integrated approach built on the actualization of multidimensional resourcefulness.*

*Keywords: socio-educational integration, mental health, life resources, uncertainty due to the war, young people, people with disabilities.*

**Юлія ПРИМАК**

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## **РОЛЬ СОЦІАЛЬНОЇ ОСВІТНЬОЇ ІНКЛЮЗІЇ В ПІДТРИМАННІ МЕНТАЛЬНОГО ЗДОРОВ'Я МОЛОДІ В УМОВАХ НЕВИЗНАЧЕНОСТІ, СПРИЧИНЕНОЇ ВІЙНОЮ**

*У статті представлено емпіричне дослідження щодо ролі соціальної (освітньої) інтеграції в підтриманні ментального здоров'я молоді в умовах невизначеності через війну. Розв'язання поставлених завдань реалізовувалося за допомогою методів теоретичного опрацювання проблеми (аналіз, систематизація та порівняння), емпіричних методів (авторська анкета з запитаннями переважно відкритого характеру щодо власного здоров'я, ментального зокрема, та сенсожиттєвих пошуків), опитувальника для знаходження життєвих ресурсів (на основі моделі BASIC Ph M. Лахада)), математико-статистичних методів обробки даних та інтерпретаційних методів пояснення досліджуваних феноменів. В емпіричному дослідженні взяли участь 145 молодих осіб (20 з них – особи з порушеннями різного характеру) – здобувачі вищих навчальних закладів. Виявлено, що старша людина за віком наразі частіше звертається до актуалізації та задіяння таких життєвих ресурсів як віра, філософія та цінності життя, фізична активність, тілесні ресурси, а також когнітивні стратегії, а рідше – до уяви, мрій, сподів та вираження емоцій і почуттів. Особам жіночої статі характерна краща здатність і можливість розпізнавати останні, їх виражати, шукати позитивні джерела емоційної підтримки (у родині, друзях зосібна). В осіб з інвалідністю*

*серед життєвих ресурсів частіше резонують передусім соціальні зв'язки, приналежність, соціальна підтримка, а також філософія життя, віра, переконання та моральні цінності, когнітивні стратегії, уява, мрії, спогади. Важливо, щоб в умовах невизначеності через війну увиразнювалася на імперативних і перманентних засадах соціальна освітня інтеграція позитивного змісту завдяки мультидисциплінарності та інтегрованому підходу, побудованому на актуалізації поліресурсності.*

*Ключові слова: соціальна освітня інтеграція, ментальне здоров'я, життєві ресурси, невизначеність через війну, молоді люди, особи з інвалідністю.*

### **Problem statement**

Health is an objective descriptor that has been and remains a priority under any conditions of human life. Currently, in conditions of prolonged uncertainty and trauma due to the war, the significance of the impact of such a factor as social inclusion on health at all its levels is especially pronounced. The health of the individual and society as a whole has become an integral marker clearly indicating the level of psychological well-being (in particular, social, physical, and subjective well-being). At the same time, lifestyles and networks of effective social support have become indications not only of the socio-economic level of development of society, but also of the psychological well-being of its individual members, and especially now in the context of uncertainty caused by the war. Therefore inclusion can be defined as a virtuous desire to improve legal access to social and economic well-being, involvement, and promote the opening of new resource opportunities (psychological in particular) to reduce the role of the impact of disability, restoration of status (or even the formation of a new one more adaptive, more independent), and from psychological – finding the meaning of life, achieving an optimal level of subjective well-being due to knowledge about life resources, their potential and self-regulation skills.

Improving the life of disadvantaged, unemployed, lonely people, with health disorders of various nature, discriminated against by race, gender, age and others – the tasks have been and remain a priority for the implementation of social inclusion of positive content in peaceful conditions. Currently, there is often talk of the need to procedurally improve the social inclusion of people with health problems, and even more so those who are traumatized (including psychologically). Various aspects of «exclusion» deepen disability (mental disability) and prevent recovery, but «inclusion» reduces the first and contributes to the second. It is important not only to treat, care, support, but also to promote effective social educational inclusion for the sake of habilitation or rehabilitation of self-sufficient human functionality. Due to social isolation, this can be reflected on the mental level, for example, in a high level of stress/distress, and therefore insufficient vitality and resilience. Social inclusion, in general, refers to the process of ensuring that individuals and communities have the opportunity to participate

more effectively in society, regardless of their background or circumstances. Therefore, it is about access to resources such as education, vocational employment, housing, health care and social support networks, as well as the opportunity to realize creative activity, apply certain bodily practices, and even find the meaning of life, and thus be existentially fulfilled.

### **Analysis of recent studies**

Supporting mental health requires a permanent study of the factors of its mediation and appropriate response. Thus, on the example of people with mental disorders, researchers especially focused on the analysis of four approaches-tools: legislative decisions (which are the most common and provide an opportunity to implement social inclusion tasks, but at the same time their full implementation remains problematic), support and services at the community level (person-centered, rehabilitation; they are generally promising but not widely available), anti-stigma/anti-discrimination initiatives, and, finally, systematic monitoring and evaluation (especially with regard to the involvement of people with intellectual disabilities) (Cobigo et al., 2010; Gardner, 2019) [1; 7]. Scientists clarify that the leading determinant of health can be social inclusion, and not political interventions. At the same time, they warn that in contrast to social inclusion, there is a high risk of conceptualizing social exclusion in relation to users of services in the fields of education, health, and mental health in particular, work through such indicators as: violations, discrimination, decrease in the importance of effective social functionality, lack of economic and/or social participation, especially in the case of disability (Filia, 2019; Fitzgerald, 2021; Lindsay, 2019; Sayce, 2001) [4; 5; 11; 17]. Actualizing the methodological foundations of the interdisciplinary approach and addressing the socio-psychological and individual-psychological determinants of health, mental in particular, the desire for a more inclusive society is now especially justified. It is the feeling of valuable social belonging, affiliation, value and self-worth at all levels, the ability to find the meaning of life, to be existentially fulfilled and socially involved that can contribute to the positive mental well-being of a particular individual, and therefore of society as a whole. But social exclusion, discrimination and isolation, on the contrary, provoke exacerbation of mental health problems (in particular, depression, anxiety and distress). At the same time, pandemic specifications (caused by COVID-19) (Nagesh, 2022; Sharma, 2020) [14; 18] are the first and then the prolonged war for Ukrainians complicated the trajectory of continuous positive socio-functional integration (for example, through physical distancing or forced migration movements), and therefore there were conditions that contributed to a certain degree to stigmatization, handicapism, and isolation in particular,

even of physically capable individuals. And in the conditions of digitalization and distance learning, which are gaining more and more momentum, modern children and young people are especially affected by this isolation. Therefore, the study of the mental health of the individual and opportunities, as well as the role of life resources in the conditions of uncertainty caused by the war, due to taking into account the factor of social integration, are now becoming especially relevant tasks.

**The aim** of the presented research was to identify the role of life resources (especially social educational integration) in maintaining the mental health of young people (including those with various disorders) in conditions of uncertainty caused by the war.

### **Presentation of the main material**

We conducted an empirical study involving 145 participants, aged 16 to 35 years (67% are female, 33% are male) who were physically in Ukraine during the full-scale war (we are talking about the Chernihiv region and Chernihiv), but some of them were forced to move within the country due to active hostilities. The individuals involved in the study were students pursuing higher education (who had the opportunity to study offline for at least three months), including people with disabilities (especially those with musculoskeletal disorders and visual impairments) (these are 20 people, 13.8%). As a methodological toolkit, the author's questionnaire with questions of a predominantly open nature about one's own health, mental in particular, meaningful life searches, and a questionnaire for finding life resources (M. Lahad's BASIC Ph model, which is presented according to the following descriptors: Belief – philosophy of life, faith, beliefs and moral values; Affect – feelings and emotions; Social – social ties, belonging, social support; Imagination – imagination and its mechanisms, creativity, intuition; Cognition – cognitive strategies, knowledge, logic, real thoughts; Physiology – physical-sensory modality, bodily resources) (Lahad et al., 2013) [10].

All respondents joined the study on a voluntary basis, at the same time we note that they have a sufficient level of motivation. The principles of ethics in interaction and confidentiality have become the leading ones in the implementation of the tasks of the presented scientific intelligence. The results are consistent with the conditions for establishing trust in the relationship between the diagnostician and the respondents.

It should be noted that although a person has a unique combination of resources, some of them, or even several of them may dominate (for example, express themselves by the criterion of age and gender), which was revealed through the use of correlation analysis Pearson (R) and Spearman ( $r_s$ ) in appropriate cases. Based on the results, a computer database was

formed, the processing of which made it possible to make a number of interpretations and conclusions according to the tasks of the presented study. The criterion for data certainty was the use of mathematical statistics methods using the SPSS 26 for Windows package of applied statistical tools. The chosen approach made it possible to obtain objectively probable data with their subsequent interpretation.

Thus, it is recorded that the older a person is in terms of passport age, the more often he now turns to the actualization and use of such resources as faith, values, philosophy of life (.380,  $p \leq .01$ ), physical activity, bodily resources (.346,  $p \leq .01$ ), as well as cognitive strategies (.322,  $p \leq .01$ ), and vice versa less often to imagination, dreams, memories (-.227,  $p \leq .01$ ) and the expression of emotions and feelings (-.202,  $p \leq .01$ ).

It is considered that the life experience of an older individual (referring to an age approaching 35 years), especially under conditions of uncertainty caused by war, enables a faster and more active existential fulfillment (finding meaning in life even through suffering (Frankl, 1992)) [6], actualize beliefs in the possibility of the best, in God or in oneself, since the system of values formed and rethought repeatedly turns out to be clearer, consciously more accessible, stronger even in difficult situations of uncertainty and risks due to the war. Better ability to plan, more critically evaluate information, analyze problems, self-reflection also help a person with age not only to physically mature, but also to be personally fulfilled in existential terms «here and now». We admit that with age, the number of supporters of a conscious healthy lifestyle and various bodily practices, balanced physical activity (the discussion focuses on relaxation techniques and breathing exercises) also increases. Therefore, mental health resources related to the philosophy of life, faith, beliefs and moral values actualize deep self-understanding in accordance with their own values better in older people, but at the same time, they need to expand knowledge about the possibilities of active involvement and other resources (in particular, it can relate to emotions and feelings, creativity, social support).

It was found that female respondents, regardless of age, in times of war, compared to male respondents, are more likely to use feelings and emotions as a resource for stress management (.205,  $p \leq .01$ ). Therefore, it is they who are characterized by a better ability and opportunity to recognize feelings, express them, look for positive sources of emotional support (in family, friends) (and therefore we assume that they have better emotional intelligence skills) (Prymak et al., 2023) [15]. The results of respondents with disabilities showed that among the life resources they often chose primarily social ties, belonging, social support (.367,  $p \leq .01$ ), as well as philosophy of life, faith, beliefs and moral values (.282,  $p \leq .01$ ), cognitive strategies (.253,

$p \leq .01$ ), imagination, dreams, memories (.224,  $p \leq .01$ ). Therefore, it is important for such persons to have the opportunity to communicate directly and support, but with an independent intention of thoughts, actions, emotions.

As a result of processing the answers to the questionnaire thanks to the content analysis procedure, we were able to note and supplement the conclusion that young people, whose life unfolds in conditions of uncertainty due to the war, taking care of their mental health, have an extensive arsenal of active resources: listen to music (37%), try to relax (35%) and self-reflect (27.2%) or walk in the fresh air (26%), communicate (21.6%), but at the same time there are enough people who do not worry about it at all – 21%. Some answers showed that there are those among young people who «do not tell anyone about their experiences at all» and those who «just feel sorry for themselves» (and this is the situation both among respondents with disabilities and those with disabilities).

The meaning in life now for young Ukrainians is «a happy quiet life and the opportunity to just live» (67%), «the opportunity to be useful to others» (42%), «family» (28%), «constant development and career» (22% each), «overcoming your fears and finding yourself» (20%), «giving a new life» (19%), «financial stability» (18%), «try everything» (17%), «little things» (15%). At the same time, there were such answers that drew special attention: «to die» (16%), «there is no meaning in life, to live only for yourself» (14%). We also regard the latter as evidence of a clear aggravation of the feeling of social isolation among young people, and hence the actualization of the marker of problematic in terms of their social cohesion and support for each other, and resources for self-support (by the way, we are not talking about people with disabilities). At the same time, we remember that the problem of the meaning of life, its search and evaluation can be quite a normotypical vector of reflection in adolescence.

It was the last mentioned cases of answers that laid the groundwork for the practical tasks of scientific intelligence in the near future: the development and implementation of an appropriate formative program aimed at familiarizing and developing skills regarding the possibilities of facilitating young people's own mental potential, constructive overcoming of life stresses, productive and fruitful work, feasible contribution to the life of the community for the sake of victory and the future, and finally certainty.

Therefore, it is valuable to continue to provide access to information and resources on psychological assistance and self-help, developing functional differential protocols for war traumatized (and this is, after all, each of us), using interactive and virtual technologies, online resources for psychological facilitation and support, attracting more and more responsible specialists, the public to psychological support and assistance to war victims.

Therefore, it is important to further develop crisis centers and hotlines for providing emergency psychological assistance (especially now in times of war), as well as to train people in psychological self-help techniques (in particular, to develop the capabilities of a self-sustaining style of humor (Prymak et al., 2024) [16].

### **Conclusions and prospects for further research**

Therefore, social educational inclusion is an imperative not only of legal, but also of psychological and therapeutic practice, the daily interaction of ordinary people, as well as all participants in the educational process. The threat of armed aggression, the natural need and aspiration of a person for security, awareness of the value of national unity and the acquisition of authenticity and identity, historical justice, social responsibility and parity, prospects, leadership and mutual trust, assistance and support are the leading arguments of social integration in the conditions of uncertainty caused by the war. Therefore, it is important that today, on an imperative and permanent basis, there would be a social educational integration of positive content: the creation of a facilitative space for the accumulation of parts of different experiences, the actualization of various life resources (students, teachers), joint reflection, certain structured and repetitive educational rituals, a significant figure of the teacher (for the formation of predictability), as well as symbols and metaphors for the inclusion of the unconscious, its elaboration. Socio-educational inclusion can help participants in the processes of emotional awareness, perception of themselves and others, building a temporal holistic experience, and the formation of personal boundaries. At the same time, the cohesion of negative content will be evidenced in the prevalence of insecurity, stigmatization, social inhibition, forced over-distancing and self-distancing, avoidance of social ties.

It has been found that in persons with disabilities, social ties, belonging, social support, as well as philosophy of life, faith, beliefs and moral values, cognitive strategies, imagination, dreams, and memories are more likely to resonate among life resources. At the same time, life resources are essential functional tools of any person, regardless of the percentage of his or her capacity. Resource practices are noticeably expressed both at the cognitive, emotional and behavioral levels in a person (and at the same time constructive symbolization is supported), and in general – health. The results indicate the need to actualize attention to those vital resources-channels of each person, which are now either still insufficient, weak, or passive. This paper discusses the effectiveness of a permanent system of psychological monitoring and psycho-emotional support for individuals affected by military

events (including art therapy, music therapy, animal-assisted therapy, synemology, virtual reality).

Especially important in the training and development of the personality in functional strategies for overcoming stress will be, for example: meditation, breathing exercises, physical activity, self-sustaining style of humor, promotion of social ties with a family, friends, classmates, colleagues.

Mental health programs for inclusive education will involve young people and integrate communities, help to implement a positive subjective perspective on the mental health of a particular individual. Social, in particular educational, networks should in no case exclude direct (offline) communication between people (at the same time, unfortunately, due to the danger of war, it may not be satisfied). Having meaningful educational activities and access to an educational environment are conducive to everyone's well-being cognitively, emotionally, behaviorally. Therefore, social (in this case, educational) inclusion and life resources are significant conditions of mental health, which testify to the possibility of the functionality of the individual and the team even in conditions of uncertainty due to the war.

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