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Dynamics of non-specific quality of life in volunteers with neurotic and stress-related mental disorders before and after a corrective-therapeutic program

Bohdan Sumariuk, Olha Yurtsenyuk

Bukovinian State Medical University, Chernivtsi, Ukraine

Address for correspondence:

Bohdan Sumariuk

E-mail: sumariuk.bohdan.fpo19@bsmu.edu.ua

Abstract: *This article presents the results of a study on the dynamics of non-specific quality of life in volunteers with neurotic and stress-related mental disorders before and after completion of a corrective-therapeutic program. The study included 288 volunteers aged 18 to 60 years (mean age 27.10 ± 8.36), who were divided into three groups: an experimental group (40 participants), a control group (42 participants), and a reference group (206 participants). The experimental group underwent a program that combined pharmacological treatment with a low-intensity psychological intervention, Problem Management Plus. The control group received standard treatment, while the reference group consisted of volunteers without signs of mental disorders. Quality of life was assessed using the Medical Outcomes Study Short Form 36-Item (SF-36). At baseline, quality of life indicators in volunteers with mental disorders were significantly lower across all scales compared to the reference group. In particular, on the Physical Functioning scale, mean values were 89.1 ± 6.6 in the experimental group and 89.3 ± 6.7 in the control group, both lower than 95.5 ± 6.5 in the reference group. Three months after the program, the score in the experimental group increased to 98.7 ± 2.7, exceeding the reference level ($p = 0.003$), while the control group reached 94.6 ± 4.5. On the Role-Physical scale, scores in the experimental group improved from 71.4 ± 13.7 to 92.3 ± 6.6, surpassing the reference group ($p < 0.001$), whereas the control group showed a less pronounced increase to 78.8 ± 12.6. Marked improvements were also observed in psychological domains. The Role-Emotional score in the experimental group increased from 39.4 ± 13.8 to 79.3 ± 8.0, exceeding the reference level (72.4 ± 17.7; $p < 0.001$), while remaining lower in the control group. Vitality increased from 33.6 ± 10.1 to 64.1 ± 5.8 in the experimental group, higher than the reference group (58.1 ± 11.6; $p < 0.001$), whereas the control group achieved only 45.8 ± 8.3. On the Mental Health scale, the experimental group improved from 40.4 ± 8.9 to 70.0 ± 7.3, reaching a level comparable to the reference group (65.6 ± 13.6; $p = 0.053$), while the control group remained significantly lower (47.5 ± 10.6; $p < 0.001$). Similar positive dynamics in the experimental group were observed on other scales: Social Functioning increased to 88.5 ± 7.2, surpassing the reference group (77.5 ± 18.1; $p < 0.001$); Bodily Pain reached 100 ± 0.0, higher than the control group (93.1 ± 9.2; $p < 0.001$); and General Health increased to 73.1 ± 8.3, comparable to the reference group (70.0 ± 15.0; $p = 0.220$). In the control group, quality of life indicators also improved, but the changes were less pronounced, and even after three months, most scales remained lower than those of the reference group. The obtained results demonstrate the effectiveness of combining pharmacological treatment with the Problem Management Plus psychological intervention in improving the non-specific quality of life of volunteers*

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exposed to stress factors during wartime. The application of the comprehensive program contributed not only to the normalization of quality of life but also to exceeding the levels of healthy respondents in several domains. Further research should focus on evaluating the long-term effects of this intervention and the potential for its broad implementation within psychosocial support systems for volunteers.

Keywords: Adjustment Disorders, Anxiety Disorders, Depressive Disorder, Mental Health, Psychiatry, Quality of Life, Trauma and Stressor Related Disorders, Volunteers, Stress, Psychological, Stress Disorders, Post-Traumatic, Psychoeducation.

Introduction

During the period of russia's full-scale invasion of Ukraine, the number of people exposed to traumatic events has increased, leading to the development of neurotic and stress-related disorders. According to estimates by the World Health Organization (WHO), one in five individuals (22%) who have experienced war or another armed conflict within the past 10 years is at risk of developing depression, anxiety disorder, post-traumatic stress disorder, or other mental disorders [1].

A sociological survey conducted within the framework of the nationwide mental health program "*How Are You?*", initiated by First Lady Olena Zelenska and carried out by the 4Service company, revealed a gradual decline in satisfaction with one's own mental health. The study, which took place from December 12, 2024, to January 4, 2025, found that only 21% of respondents reported being satisfied with their mental state, whereas 44% indicated dissatisfaction [2].

With regard to the emotional sphere, high levels of fatigue, tension, fear, and irritability continue to be observed among Ukrainians. The main sources of stress remain the full-scale war with russia (78% in the fourth wave of the survey) and financial difficulties (52%). At the same time, the proportion of individuals concerned about the socio-political situation in the country has significantly increased from 29% in the first wave to 47% in the fourth [2].

The greatest war-related concerns are associated with the safety of loved ones (74% in the fourth wave) and the risk to life or potential for injury (54%). In addition, 39% of respondents expressed worry about losing their source of income [2].

Among the most common negative psycho-emotional states reported by respondents were: anxiety and tension (58%), sleep disturbances (50%), exhaustion (49%), low mood (49%), emotional instability (45%), and irritability or anger (44%) [2].

One of the main groups affected by traumatization consists of individuals who directly provide assistance to those in need volunteers. The impact of psychotraumatic factors, physical strain, and changes in living and working conditions significantly affect the quality of life of individuals engaged in volunteer activities [3].

Despite the relevance of this issue, the problem of non-specific quality of life among volunteers in Ukraine during wartime remains insufficiently studied. Therefore, the present study aims to assess the non-specific quality of life in volunteers with neurotic and stress-related mental disorders during the russia-Ukraine war.

Aim

To investigate the dynamics of non-specific quality of life in volunteers with neurotic and stress-related mental disorders before and after participation in a corrective-therapeutic program.

Materials and methods

Group formation

The study included 288 volunteers engaged in humanitarian aid during the russia–Ukraine war. The sample comprised individuals aged 18 to 60 years with varying levels of experience in volunteer activity. The dynamics of non-specific quality of life in volunteers with neurotic and stress-related mental disorders were analyzed before and after participation in a corrective-therapeutic program.

Three study groups were formed:

- *Experimental group (EG)*: volunteers with neurotic and stress-related mental disorders

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who underwent the corrective-therapeutic program developed by the authors (n = 40).
- *Control group (CG)*: volunteers with similar mental disorders who received standard treatment (n = 42).
- *Reference group (RG)*: volunteers without signs of neurotic or stress-related mental disorders (n = 206).

Inclusion criteria:
- engagement in volunteer activities;
- ability to provide informed consent;
- age between 18 and 60 years.

Exclusion criteria:
- established diagnosis of a mental disorder or substance use disorder according to ICD-10 prior to participation in the study;
- status of active-duty or demobilized military personnel;
- organic brain lesions;
- participation in any other research studies at the time of recruitment.

Methods

For qualitative data, absolute values (n) and relative frequencies (%) were used. Quantitative data with a normal distribution were described using the mean (M) and standard deviation (SD). In cases of non-normal distribution, the median (Me) and interquartile range (IQR) were applied. Normality was assessed using the Shapiro–Wilk test. Two-tailed tests were used for statistical hypothesis testing, and results were considered statistically significant at $p < 0.05$.

To assess non-specific quality of life, the MOS SF-36 (Medical Outcomes Study Short Form 36-Item) was employed a standardized self-report instrument developed to measure different aspects of quality of life in medical research and clinical practice. The questionnaire was originally designed in the United States in the 1980s based on the large-scale Medical Outcomes Study and has since gained wide international recognition [4].

The SF-36 consists of 36 items covering the following domains:
- physical functioning;
- role limitations due to physical health;
- bodily pain;
- general health;
- vitality;
- mental health;
- social functioning;
- role limitations due to emotional problems [4].

Each scale is transformed into a score ranging from 0 to 100, where 0 indicates maximum loss of function and 100 represents full functional capacity. Lower scores reflect poorer quality of life, whereas higher values indicate better functioning [5].

Results

A total of 288 respondents were assessed, with a mean age of 27.10 ± 8.36 years.

The experimental group (EG) participated in a corrective-therapeutic program that included pharmacological treatment combined with a low-intensity psychological intervention, *Problem Management Plus*. As a result, the quality of life of respondents in the EG, control group (CG), and reference group (RG) was analyzed before and after the program. Outcomes were evaluated using the scales of the MOS SF-36 (Medical Outcomes Study Short Form 36-Item) questionnaire.

Physical Functioning (PF)

The PF scale assesses the extent to which physical health limits daily activities (e.g., walking, climbing stairs, self-care).
- *At baseline:* mean PF scores in the EG and CG (89.1 ± 6.6 and 89.3 ± 6.7, respectively) were significantly lower compared to the RG (95.5 ± 6.5).
- *Immediately after completion of the program:* the PF score in the EG increased to the level of the RG, reaching 96.3 ± 3.5.
- *Three months after the program:* the EG demonstrated further improvement in PF, which was significantly higher than in the RG (98.7 ± 2.7; $p = 0.003$).
- *In the CG:* PF scores increased gradually. Only three months after treatment did the mean value (94.6 ± 4.5) no longer differ significantly from the RG ($p = 0.426$) (Table 1).

Role-Physical (RP)

The RP scale evaluates the extent to which physical problems limit the performance of work and other daily roles.
- *At baseline:* no significant differences were observed between groups (EG –

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Table 1. Physical Functioning (PF) scale results.

	EG n=40	CG n=42	RG n=206	p EG-CG	p EG-RG	p CG-RG
Baseline	89,1±6,6	89,3±6,7	95,5±6,5	0,914	p<0,001	p<0,001
post-program	96,3±3,5	92,4±5,0		p<0,001	0,472	0,004
3 months after program	98,7±2,7	94,6±4,5		p<0,001	0,003	0,426
p-baseline–post-program	p<0,001	p<0,001				
p baseline–3 months	p<0,001	p<0,001				
p post–3 months	p<0,001	p<0,001				

71.4 ± 13.7; CG – 75.3 ± 14.4; RG – 75.5 ± 18.3).

- *In the EG:* RP scores increased significantly immediately after the program ($p < 0.001$) and continued to rise three months later ($p < 0.001$), reaching an average of 92.3 ± 6.6.
- *In the CG:* a significant improvement in RP was recorded only three months after treatment ($p < 0.001$); however, the mean score (78.8 ± 12.6) did not exceed the level observed in the RG (Table 2).

Bodily Pain (BP)

The BP scale reflects the intensity of pain and its impact on work capacity and daily activities.

- *At baseline:* mean BP scores in the EG (89.1 ± 11.5) and CG (89.0 ± 11.7) were significantly higher than in the RG (83.1 ± 17.8; $p = 0.042$ and $p = 0.040$, respectively).
- *In the EG and CG:* significant increases in BP scores were observed both immediately after the program and three months later.
- *Three months after the program:* the mean BP score in the EG reached 100.0 ± 0.0 and was significantly higher ($p < 0.001$) than in the CG (93.1 ± 9.2) (Table 3).

General Health (GH)

The GH scale reflects the subjective perception of one's own health and expectations regarding its changes.

Table 2. Role-Physical (RP) scale results.

	EG n=40	CG n=42	RG n=206	p EG-CG	p EG-RG	p CG-RG
Baseline	71,4±13,7	75,3±14,4	75,5±18,3	0,219	0,187	0,958
post-program	86,4±10,3	77,2±14,1		0,001	p<0,001	0,554
3 months after program	92,3±6,6	78,8±12,6		p<0,001	p<0,001	0,278
p-baseline–post-program	p<0,001	0,199				
p baseline–3 months	p<0,001	0,018				
p post–3 months	p<0,001	p<0,001				

Table 3. Bodily Pain (BP) scale results.

	EG n=40	CG n=42	RG n=206	p EG-CG	p EG-RG	p CG-RG
Baseline	89,1±11,5	89±11,7	83,1±17,8	0,977	0,042	0,040
post-program	97,2±5,2	91,1±9,3		p<0,001	p<0,001	0,005
3 months after program	100,0±0	93,1±9,2		p<0,001	p<0,001	p<0,001
p-baseline–post-program	p<0,001	0,278				
p baseline–3 months	p<0,001	0,056				
p post–3 months	0,003	0,049				

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- *At baseline:* mean GH scores in the EG (43.3 ± 13.4) and CG (48.1 ± 16.2) were significantly lower compared to the RG (70.0 ± 15.0; $p < 0.001$).
- *I n the EG and CG:* significant increases in GH scores were observed both immediately after the program and three months later.
- *Three months after the program:* the mean GH score in the EG reached 73.1 ± 8.3 and did not differ significantly from the RG ($p = 0.220$). In contrast, the mean score in the CG (56.1 ± 13.2) remained significantly lower than in the RG ($p < 0.001$) (Table 4).

Vitality (VT)

The VT scale reflects levels of energy, vigor, and fatigue.

- *At baseline:* mean VT scores in the EG (33.6 ± 10.1) and CG (35.1 ± 11.6) were significantly lower compared to the RG (58.1 ± 11.6; $p < 0.001$).
- *In the EG and CG:* significant increases in VT scores were observed both immediately after the program and three months later.
- *Three months after the program:* the mean VT score in the EG reached 64.1 ± 5.8 and was significantly higher than in the RG ($p < 0.001$). In contrast, the mean VT score in the CG (45.8 ± 8.3) remained significantly lower than in the RG ($p < 0.001$) (Table 5).

Social Functioning (SF)

The SF scale reflects the extent to which physical or mental problems limit social contacts and communication.

- *At baseline:* mean SF scores in the EG (55.0 ± 16.5) and CG (54.2 ± 15.3) were significantly lower than in the RG (77.5 ± 18.1; $p < 0.001$).
- *In the EG:* a significant increase in SF was observed immediately after the program ($p < 0.001$), reaching values comparable to the RG ($p = 0.589$). Three months later, the mean SF score rose to 88.5 ± 7.2 and was significantly higher than in the RG ($p < 0.001$).
- *In the CG:* mean SF values increased gradually – 58.9 ± 15.0 immediately after the program ($p = 0.031$) and 63.4 ± 14.1 three months later ($p < 0.001$). However, they did not reach the level of the RG (Table 6).

Role-Emotional (RE)

The RE scale assesses the impact of emotional problems (e.g., stress, depression) on the performance of daily roles.

Table 4. General Health (GH) scale results.

	EG n=40	CG n=42	RG n=206	p EG-CG	p EG-RG	p CG-RG
Baseline	43,3±13,4	48,1±16,2	70,0±15,0	0,150	p<0,001	p<0,001
post-program	61,1±8,4	51,9±13,8		p<0,001	p<0,001	p<0,001
3 months after program	73,1±8,3	56,1±13,2		p<0,001	0,220	p<0,001
p-baseline–post-program	p<0,001	0,031				
p baseline–3 months	p<0,001	p<0,001				
p post–3 months	p<0,001	p<0,001				

Table 5. Vitality (VT) scale results.

	EG n=40	CG n=42	RG n=206	p EG-CG	p EG-RG	p CG-RG
baseline	33,6±10,1	35,1±11,6	58,1±11,6	0,535	p<0,001	p<0,001
post-program	53,0±8,8	40,2±10,5		p<0,001	0,008	p<0,001
3 months after program	64,1±5,8	45,8±8,3		p<0,001	0,002	p<0,001
p-baseline–post-program	p<0,001	0,002				
p baseline–3 months	p<0,001	p<0,001				
p post–3 months	p<0,001	p<0,001				

ISSN 2786-6661
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Table 6. Social Functioning (SF) scale results.

	EG n=40	CG n=42	RG n=206	p EG-CG	p EG-RG	p CG-RG
Baseline	55,0±16,5	54,2±15,3	77,5±18,1	0,816	p<0,001	p<0,001
post-program	75,9±11,3	58,9±15,0		p<0,001	0,589	p<0,001
3 months after program	88,5±7,2	63,4±14,1		p<0,001	p<0,001	p<0,001
p-baseline–post-program	p<0,001	0,031				
p baseline–3 months	p<0,001	p<0,001				
p post–3 months	p<0,001	p<0,001				

- *At baseline:* mean RE scores in the EG (39.4 ± 13.8) and CG (42.1 ± 16.7) were significantly lower than in the RG (72.4 ± 17.7; $p < 0.001$).
- *In the EG:* a significant increase in RE scores was observed immediately after the program ($p < 0.001$), reaching levels comparable to the RG ($p = 0.293$). Three months later, the mean RE score rose to 79.3 ± 8.0 and was significantly higher than in the RG ($p < 0.001$).
- *In the CG:* significant improvements in RE were recorded both immediately after the program and three months later ($p < 0.001$), but the scores did not reach the level of the RG (Table 7).

Mental Health (MH)

The MH scale reflects the level of psychological well-being, including anxiety, depressive symptoms, and emotional stability.

- *At baseline:* mean MH scores in the EG (40.4 ± 8.9) and CG (38.7 ± 10.6) were significantly lower compared to the RG (65.6 ± 13.6; $p < 0.001$).
- *In the EG and CG:* significant increases in MH scores were observed both immediately after the program and three months later.
- *Three months after the program:* the mean MH score in the EG reached 70.0 ± 7.3 and did not differ significantly from the RG ($p = 0.053$). In contrast, the mean score in

Table 7. Role-Emotional (RE) scale results.

	EG n=40	CG n=42	RG n=206	p EG-CG	p EG-RG	p CG-RG
Baseline	39,4±13,8	42,1±16,7	72,4±17,7	0,436	p<0,001	p<0,001
post-program	69,4±9,2	51,6±15,2		p<0,001	0,293	p<0,001
3 months after program	79,3±8,0	56,7±12,0		p<0,001	0,019	p<0,001
p-baseline–post-program	p<0,001	p<0,001				
p baseline–3 months	p<0,001	p<0,001				
p post–3 months	p<0,001	p<0,001				

Table 8. Mental Health (MH) scale results.

	EG n=40	CG n=42	RGn=206	p EG-CG	p EG-RG	p CG-RG
Baseline	40,4±8,9	38,7±10,6	65,6±13,6	0,444	p<0,001	p<0,001
post-program	60,9±7,1	44,2±10,9		p<0,001	0,033	p<0,001
3 months after program	70,0±7,3	47,5±10,6		p<0,001	0,053	p<0,001
p-baseline–post-program	p<0,001	p<0,001				
p baseline–3 months	p<0,001	p<0,001				
p post–3 months	p<0,001	p<0,001				

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the CG (47.5 ± 10.6) remained significantly lower than in the RG ($p < 0.001$) (Table 8).

Discussion

The obtained results indicate an increased vulnerability of volunteers to the development of stress-related mental disorders, which significantly affects their quality of life. This is largely due to the specific nature of volunteer activities, which are accompanied by intense workloads and prolonged exposure to psychotraumatic factors.

One of the key issues is the insufficient system of psychological support for volunteers, which complicates their adaptation and increases the risk of developing neurotic and stress-related disorders.

Our study demonstrated the feasibility of applying the scalable psychological intervention Problem Management Plus in combination with pharmacological treatment to improve non-specific quality of life among volunteers with neurotic and stress-related disorders during the period of full-scale invasion.

At the same time, this topic requires further comprehensive investigation to clarify the effectiveness of the proposed intervention in addressing stress-related mental disorders, as well as to develop a sustainable support system aimed at preserving the mental health of volunteers in the long term.

Conclusions

The study of the dynamics of non-specific quality of life in volunteers with neurotic and stress-related mental disorders before and after participation in a corrective-therapeutic program revealed significant improvements across all scales of the Medical Outcomes Study Short Form 36-Item (SF-36):

- Physical Functioning (PF): in the EG, scores reached the RG level immediately after the program and exceeded it three months later; in the CG, the RG level was achieved only after three months.
- Role-Physical (RP): in the EG, scores were significantly higher than those of the RG both immediately after the program and three months later; in the CG, scores remained at the RG level.
- Role-Emotional (RE): in the EG, scores reached the RG level after the program and exceeded it three months later; in the CG, scores did not reach the RG level even after three months.
- Vitality (VT): in the EG, significant improvements were observed, and scores exceeded the RG level after three months; in the CG, increases were significant but did not reach the RG level.
- Mental Health (MH): in the EG, scores increased significantly and reached the RG level after three months; in the CG, growth was insufficient, and RG levels were not achieved.
- Social Functioning (SF): in the EG, scores equaled those of the RG after the program and exceeded them after three months; in the CG, scores increased but remained below the RG.
- Bodily Pain (BP): significant increases were recorded in both groups, although scores in the EG were significantly higher than in the CG.
- General Health (GH): in the EG, scores reached the RG level after three months; in the CG, increases were noted, but values remained significantly lower than those of the RG.

Thus, the results indicate substantial improvement in quality of life among volunteers with neurotic and stress-related disorders following the implementation of the psychocorrective program. Further comprehensive studies are warranted to explore the potential of the scalable psychological intervention *Problem Management Plus*, in combination with pharmacological treatment, to enhance mental well-being and quality of life of volunteers in wartime conditions.

Financing

No external funding was received for this study.

Conflict of interest

The authors declare no conflicts of interest.

Consent to publication

All authors consent to the publication of this manuscript. All authors have read and approved the final version of the manuscript.

AI Disclosure

The authors used ChatGPT (OpenAI, San Francisco, CA, USA) for language editing of the

ISSN 2786-6661
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English text. The authors reviewed and verified all AI-generated content to ensure accuracy and integrity.

Ethical Considerations

The study was conducted in accordance with the principles of the World Medical Association's Declaration of Helsinki (2013). The study protocol was reviewed and approved by the Local Biomedical Ethics Committee (approval No. 2, dated 16.10.2025).

Author Contributions (CRediT taxonomy)

Conceptualization: Bohdan Sumariuk (ORCID: 0000-0002-1402-0040);
Methodology: Bohdan Sumariuk;
Software: Bohdan Sumariuk;
Validation: Bohdan Sumariuk;
Formal Analysis: Bohdan Sumariuk;
Investigation: Bohdan Sumariuk, Olha Yurtsenyuk (ORCID: 0000-0002-1450-1530);
Resources: Bohdan Sumariuk;
Data Curation: Bohdan Sumariuk;
Writing – Original Draft Preparation: Bohdan Sumariuk;
Writing – Review & Editing: Bohdan Sumariuk;
Visualization: Bohdan Sumariuk;
Supervision: Olha Yurtsenyuk;
Project Administration;
Funding Acquisition: Bohdan Sumariuk.

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Динаміка неспецифічної якості життя у волонтерів з невротичними та стрес-асоційованими психічними розладами до і після корекційно-лікувальної програми

Богдан Сумарюк, Ольга Юрценюк

Буковинський державний медичний університет, Чернівці, Україна

Address for correspondence:

Bohdan Sumariuk

E-mail: sumariuk.bohdan.fpo19@bsmu.edu.ua

Анотація: *У статті представлено результати дослідження динаміки неспецифічної якості життя у волонтерів з невротичними та стрес-асоційованими психічними розладами до та після проходження корекційно-лікувальної програми. У дослідженні взяли участь 288 волонтерів віком від 18 до 60 років (середній вік 27,10 ± 8,36), які були розподілені на три групи: експериментальну (40 осіб), контрольну (42 особи) та референтну (206 осіб).*

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Експериментальна група проходила програму, що включала медикаментозне лікування та психологічну інтервенцію низької інтенсивності «Управління проблемами +», контрольна група отримувала стандартне лікування, а референтна група складалася з волонтерів без ознак психічних розладів. Для оцінки використовувався опитувальник Medical Outcomes Study Short Form 36-Item. На початковому етапі показники якості життя у волонтерів з психічними розладами були достовірно нижчими за всіма шкалами порівняно з референтною групою. Зокрема, за шкалою Physical Functioning середні значення становили 89,1 ± 6,6 у експериментальній групі та 89,3 ± 6,7 у контрольній, що було нижче ніж 95,5 ± 6,5 у референтній групі. Через три місяці після програми у експериментальній групі показник зріс до 98,7 ± 2,7 і перевищив рівень референтної групи (p = 0,003), тоді як у контрольній групі він склав 94,6 ± 4,5. За шкалою Role-Physical у експериментальній групі показники зросли з 71,4 ± 13,7 до 92,3 ± 6,6, перевищивши рівень референтної групи (p < 0,001), у той час як у контрольній групі підвищення було менш вираженим і склало 78,8 ± 12,6. Значні зміни відбулися й у психологічних доменах. Показник Role-Emotional зріс в експериментальній групі з 39,4 ± 13,8 до 79,3 ± 8,0, перевищивши референтний рівень (72,4 ± 17,7; p < 0,001), тоді як у контрольній групі він залишався нижчим. Показники Vitality збільшилися з 33,6 ± 10,1 до 64,1 ± 5,8 у експериментальній групі, що було вище ніж 58,1 ± 11,6 у референтній групі (p < 0,001), тоді як у контрольній групі середнє значення склало лише 45,8 ± 8,3. За шкалою Mental Health у експериментальній групі середній бал зріс з 40,4 ± 8,9 до 70,0 ± 7,3 і не відрізнявся від референтної групи (65,6 ± 13,6; p = 0,053), у той час як у контрольній групі він залишався значно нижчим (47,5 ± 10,6; p < 0,001). Подібна позитивна динаміка в експериментальній групі спостерігалася й за іншими шкалами: Social Functioning зріс до 88,5 ± 7,2, перевищивши рівень референтної групи (77,5 ± 18,1; p < 0,001), Bodily Pain досяг 100,0 ± 0,0, що було вище ніж у контрольній групі (93,1 ± 9,2; p < 0,001), а General Health зріс до 73,1 ± 8,3, що відповідало рівню референтної групи (70,0 ± 15,0; p = 0,220). У контрольній групі зростання показників також відбувалося, але воно було менш вираженим, і навіть через три місяці більшість шкал залишалися нижчими за показники референтної групи. Отримані результати засвідчують ефективність поєднання медикаментозного лікування з психологічною інтервенцією «Управління проблемами +» для покращення неспецифічної якості життя волонтерів, які зазнали впливу стресових факторів у період війни. Встановлено, що застосування комплексної програми сприяло не лише нормалізації, а й перевищенню рівня якості життя здорових респондентів у низці доменів. Подальші дослідження мають бути спрямовані на оцінку довготривалих ефектів даної інтервенції та можливість її широкого застосування у системі психосоціальної допомоги волонтерам.

Ключові слова: Тривожні розлади; Депресивний розлад; Психічне здоров'я; Психіатрія; Психоосвіта; Якість життя; Психологічний стрес; Посттравматичні стресові розлади (ПТСР); Розлади, пов'язані з травмою та стресом; Волонтери.