http://dx.doi.org/10.18623/rvd.v23.n3.4671

# THE RELATIONSHIP BETWEEN THE LEVEL OF EDUCATION AND SOME INDICATORS OF THE MENTAL HEALTH OF THE CIVILIAN POPULATION IN WAR CONDITIONS

## *A RELAÇÃO ENTRE O NÍVEL DE ESCOLARIDADE E ALGUNS INDICADORES DE SAÚDE MENTAL DA POPULAÇÃO CIVIL EM CONDIÇÕES DE GUERRA*

Article received on: 9/2/2025
Article accepted on: 12/1/2025

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The authors declare that there is no conflict of interest

**Abstract**
The article is devoted to studying the relationship between education and the state of the population's mental health in wartime. Referencing the results of studies conducted by foreign and Ukrainian scientists, the authors note that in EU countries the level of education is associated with the content of work, the nature of employment, professional status and prestige, as well as with the level of wealth. Thus, people with a higher educational attainment have more prestigious jobs and higher incomes, which, firstly, create conditions for well-being and, secondly, provide wide access to mental health resources and professional help. It is emphasized

***Resumo***
*O artigo é dedicado ao estudo da relação entre a educação e o estado de saúde mental da população em tempo de guerra. Referindo-se aos resultados de estudos realizados por cientistas estrangeiros e ucranianos, os autores observam que, nos países da UE, o nível de educação está associado ao conteúdo do trabalho, à natureza do emprego, ao status profissional e ao prestígio, bem como ao nível de riqueza. Assim, pessoas com maior nível de escolaridade têm empregos mais prestigiados e rendimentos mais elevados, o que, em primeiro lugar, cria condições para o bem-estar e, em segundo lugar, proporciona amplo acesso a*

that in Ukraine there is no stable relationship between the level of education, the prestige of work, and the level of wages, and therefore the level of education cannot be considered a determinant of mental health. Instead, involvement in the educational process forms strong social networks and coping skills and can be a resource, increasing the level of psychological and social resilience. The article considers the results of a study conducted by the Department of Sociology and Psychology at Kharkiv National University of Internal Affairs, devoted to monitoring the mental health of the population of Kharkiv and the Kharkiv region during the period of the full-scale Russian invasion of Ukraine (two waves of the study in 2023 and 2024; n = 730 and n = 543, respectively). We conducted a secondary analysis of the second wave data aimed at identifying the relationship between education and mental health indicators. The results of the analysis proved that, in wartime, a high level of education is not a guarantee of mental health. In addition, Ukrainian realities are such that neither the level of education nor the stability of employment determine the level of material security. At the same time, we note that continuous involvement in education does have a positive effect on mental health and is an important factor in the psychological resilience and subjective well-being of participants in the educational process.

**Keywords:** Education. Level of Education. Participants in the Educational Process. Mental Health. Uncertainty. War Conditions. Subjective Well-being. Psychological Well-being.

*recursos de saúde mental e ajuda profissional. É enfatizado que, na Ucrânia, não há uma relação estável entre o nível de educação, o prestígio do trabalho e o nível de salários e, portanto, o nível de educação não pode ser considerado um determinante da saúde mental. Em vez disso, o envolvimento no processo educacional forma redes sociais fortes e habilidades de enfrentamento e pode ser um recurso, aumentando o nível de resiliência psicológica e social. O artigo considera os resultados de um estudo realizado pelo Departamento de Sociologia e Psicologia da Universidade Nacional de Assuntos Internos de Kharkiv, dedicado ao monitoramento da saúde mental da população de Kharkiv e da região de Kharkiv durante o período da invasão russa em grande escala da Ucrânia (duas ondas do estudo em 2023 e 2024; n = 730 e n = 543, respectivamente). Realizamos uma análise secundária dos dados da segunda onda com o objetivo de identificar a relação entre os indicadores de educação e saúde mental. Os resultados da análise comprovaram que, em tempo de guerra, um alto nível de educação não é garantia de saúde mental. Além disso, a realidade ucraniana é tal que nem o nível de educação nem a estabilidade do emprego determinam o nível de segurança material. Ao mesmo tempo, observamos que o envolvimento contínuo na educação tem um efeito positivo na saúde mental e é um fator importante na resiliência psicológica e no bem-estar subjetivo dos participantes no processo educacional.*

***Palavras-chave:*** *Educação. Nível de Educação. Participantes no Processo Educativo. Saúde Mental. Incerteza. Condições de Guerra. Bem-estar Subjetivo. Bem-estar Psicológico.*

## 1 INTRODUCTION

The long-term and aggressive course of Russia's full-scale invasion of Ukraine, along with the persistent stress Ukrainians have been experiencing for almost four years, negatively affects their mental health.

The importance of population mental health for societal development cannot be overstated. Mental health is directly linked to happiness, motivation, and the ability to study and work. According to the World Health Organization (WHO), mental health is a

state of well-being in which each person can realize own potential, cope with life's stresses, work productively and fruitfully, and contribute to community (Concept for the development of mental health care in Ukraine for the period until 2030, 2017). When a person is mentally healthy, he/she is more socially active, purposeful, have a positive self-view, and hold optimistic views about the future. Conversely, deterioration in mental health leads to reduced social activity, adaptability, and labor productivity, fosters hopelessness, and diminishes a sense of personal subjectivity. In conditions of global social upheaval, such as protracted war, there is a risk of widespread mental health problems. When a society is at war, deterioration of its members' mental health is nearly inevitable. However, the inevitability of deterioration should not lead to inaction in prevention and recovery. To maximize the effectiveness of prevention and recovery measures, it is essential to continuously monitor population' mental health using reliable psychodiagnostic tools that can identify vulnerable groups, the most influential stressors, and factors of psychological resilience.

Education plays a crucial role in developing the population's psychological resilience because it not only provides knowledge but also fosters a set of skills that help people cope with stress, adapt to changes, and maintain psychological balance. Education contributes to the formation of adaptive coping strategies as tools for overcoming stress. Social interaction within the educational environment strengthens resilience by expanding social resources. Additionally, the educational environment can promote "healthy habits" and values that positively affect well-being and subjective psychological well-being. Access to information about mental health and support resources in educational institutions aids early detection of problems at the mental health level and encourages help-seeking. Overall, education forms the foundation for the population's mental resilience through a combination of cognitive skills, social support, economic opportunities, and the development of self-efficacy, which collectively enable better overcoming of challenges, quicker return to functioning after crises, and maintenance of an optimal level of mental energy.

Given the above, the aim of the article is to study the relationship between the level of education and some indicators of the mental health of the civilian population during wartime (using the example of the population of Kharkiv and Kharkiv region, Ukraine).

## 2 LITERATURE REVIEW

Even before the COVID-19 pandemic, which caused a significant deterioration in the mental health of populations worldwide, when the disease progressed, mental health accounted for about 7% of the global burden of disease and 19% of all years lived with disability (James, 2018; Rehm, & Shield, 2019). The psychological well-being of the population is of crucial importance for society, since a decrease in its level is a key factor in a number of negative socio-economic phenomena, such as premature mortality (Graham & Pinto, 2019), reduced life expectancy (Wahlbeck, 2011), etc. Hobkirk et al. (2015) prove that people with impaired mental health and low levels of psychological well-being have a higher risk of infectious and non-communicable diseases (Hobkirk, Towe, Lion, & Meade, 2015).

As for the economic consequences, Frijters et al. (2014) note that people with lower psychological well-being are more likely to be unemployed; Graham et al. (2004) confirm that people with lower psychological health receive lower wages; Oswald et al. (2015) prove that people with lower psychological health are less productive at work. All of the above makes such people vulnerable to economic and social shocks, and significantly increases the risk of poverty, as discussed in the scientific publications of Lund et al. (2011). Scientists also note that the negative consequences of poor mental health are exacerbated in low- and middle-income countries due to insufficient treatment. According to researchers, the level of unmet treatment of mental and psychiatric disorders is about 76–90% in low- and middle-income countries, in contrast to 35–50% in developed countries (Patel, et al., 2010).

Pan et al. (2025) examine the connection between social well-being and mental health literacy. In order to investigate the relationship between mental health literacy and social well-being as well as the relative static and dynamic development of the two, 793 college students were surveyed using the socioeconomic status scale, mental health literacy scale, and social well-being questionnaire at T1 and T2, respectively. The findings revealed a somewhat good correlation between mental health literacy and social well-being (T1: $r = 0.31$; T2: $r = 0.35$). Furthermore, the across-lagged model was used to determine the relationship between mental health literacy and social well-being over time, revealing that mental health literacy and social well-being only have a one-way

predictive relationship; social well-being at T1 can significantly and positively predict mental health literacy at T2, but mental health literacy at T1 cannot predict social well-being at T2. The scientists discovered that having a greater degree of T1 social well-being can help improve mental health literacy later on. Patel and Chaudhari (2025) conducted a comprehensive review discovering the patterns of interconnection of psychological well-being and mental health. By reviewing existing literature, analyzing key determinants, and highlighting intervention strategies, their paper provides insights into promoting mental well-being. The study also examines challenges in maintaining psychological health in contemporary society and offers recommendations for future research.

We also consider it necessary to note the stigmatization of mental health issues. In particular, Shibre et al. (2001), based on their own research, demonstrate that such stigmatization occurs in low-income countries (Ethiopia, India, Nigeria). In these countries, people with mental health problems do not seek help from appropriate specialists because they fear discrimination and ostracism from society. Mascayano et al. (2015) note that such stigmatization and concealment of mental health problems, combined with low investment in mental health infrastructure and limited availability of specialists (psychologists, psychotherapists, psychiatrists), lead to significant losses in the well-being of society as a whole. Ukrainian researchers Kravets et al. (2023) show that stigmatization manifestation reveals itself in sessions of cognitive-behavioral therapy, when clients use zoomorphic metaphors to describe their stress experiences.

Within the pull of recent studies, Habib et al. (2025) attempt to identify the status and future directions concerning the issue of stigma in mental health. According to this review, stigma around mental health is pervasive and may significantly deter people from getting treatment. In summary, the stigma associated with mental health issues continues to be a major obstacle to receiving quality care. The authors stress that in order to effectively remove stigma, a multidisciplinary approach is necessary. Governmental and non-governmental groups' current initiatives alone are insufficient. This can be achieved through the implementation of focused awareness campaigns to alter public perceptions, the creation of special workshops and courses for patients, families, and community members, and the start of coordinated campaigns involving the media, education, and health sectors to advance mental health literacy. Mental problems are among the most

stigmatized conditions in the society, which hinders their ability to rehabilitate, according to Ozamiz-Etxebarria (Ozamiz-Etxebarria, de Azúa García, Gorrotxategi, & Cornelius-White, 2022). They contend, however, that stigmatizing attitudes may be altered and that exposure to individuals with mental illnesses, as well as education, can lessen stigmatizing attitudes.

Ukraine should also be included among countries where mental health problems have been stigmatized. Even in the context of a full-scale invasion, against the backdrop of rising mental disorders (post-traumatic stress disorder, anxiety disorder, depressive disorder, etc.), despite significant development of the mental health infrastructure and state programs to support and develop mental health, there remains neglect of one's own mental health at the civilian level, and a misunderstanding of the need to seek help from specialists.

Back in 2011, Bloom et al. (2011), based on their analysis, hypothesized that by 2030 the global prevalence of mental disorders would lead to a loss of about 20% of global GDP. If we consider the consequences of COVID-19, as well as Russia's continued aggression against Ukraine, as well as the raise of uncertainty landscape in Europe due to war in Ukraine, we should expect that the loss figure determined about 15 years ago will be significantly higher.

The above makes it necessary to study factors that can help maintain or improve the mental health of the population. Kondirolli and Sunder (2022) have shown that one of these factors is the level of education: the higher a person's level of education, the lower their risk of mental illness. Li et al. (2023) analyze the relationship between education level and the risk of various mental disorders (depression, substance use disorders, self-harm) and conclude that the lower the education level, the higher the risk. Kirkbride et al. (2024) investigate the relationship between educational level and depressive symptoms in adults. At the same time, education is considered a factor that, through professional status and level of material security, affects the risk of depression (Cohen, et al., 2020). Bauldry (2015), based on empirical findings, suggests that a higher level of education sometimes has a "protective effect" against depression, but this effect varies across groups differing in income level, job responsibilities, and social support. Patria (2022) analyzes the relationship between educational level and the risk of depression and confirms that people with more years of education tend to have better

mental health indicators and a lower risk of severe mental conditions. Although this relationship is not direct, it is mediated by other factors, in particular those related to social status and material security.

Ukrainian researchers Korda et al. (2025) conduct research on the mental health and academic performance of Ukrainian students during wartime. They analyze the relationship between academic performance, learning conditions, and psychological state. The researchers demonstrate that learning conditions and access to education are associated with indicators of anxiety and depression. Accordingly, unfavorable learning conditions and a lack of continuous access to education negatively affect the mental health of Ukrainian students, increasing anxiety and generating depressive symptoms. Other Ukrainian scientists, Tolstoukhov and Lunov (2023) conduct an analysis of the impact of the Russian-Ukrainian war on the mental health of participants in the educational process (students and teachers). He concludes that the destruction of educational infrastructure by the Russian aggressor, as well as interruptions in the educational process caused by the war, worsen the mental health of students and teachers. Tsybuliak, et al. (2025), using qualitative observational methods, study the impact of war conditions on the mental state of Ukrainian scientific and pedagogical workers.

According to UNESCO, access to education, regular attendance at classes, and a variety of services and technologies to support the educational process are important protective factors for the mental health of children and adolescents (Ukraine: First UNESCO workshop on school mental health, 2023). Karagodina et al. (2024) conducted a study of the mental health of key groups of education stakeholders, their needs, and opportunities for receiving appropriate services in the conditions of the full-scale invasion of Russia and Ukraine. The study's results emphasize the growing need among teachers and students for mental health services. At the same time, involvement in the educational process (learning and teaching) is viewed, on the one hand, as a risk factor, and, on the other hand, as a resource for mental health.

From the above, the following conclusions can be drawn regarding the relationship between education (level of education, involvement in the educational process, etc.) and the mental health of citizens:

1. The level of education is related to the content of work, the nature of employment, professional status and prestige, as well as to the level of income. Therefore, it is

understandable that people with higher educational attainment tend to have more prestigious jobs and higher income levels, which, firstly, supports well-being and, secondly, provides wide access to mental health resources and professional help.

2. Involvement in the educational process helps form social networks and coping skills.
3. Interruption of education (for example, due to war) is a significant stressor that increases the risks of anxiety, post-traumatic stress disorder, and depression, especially among children and adolescents.
4. Involvement in education can have different effects on the mental health of participants in the educational process: on one hand, it can be a resource that enhances psychological and social resilience; on the other hand, learning and teaching constitute duties, the fulfillment of which creates additional stressors for those obliged to teach and learn, particularly under wartime conditions and the numerous obstacles that war creates for a full-fledged educational process.

Thus, we see that scientific publications often discuss the positive impact of education (level of education) on people's mental health: the higher the level of education, the lower the risk of deterioration of mental health and of mental illnesses. However, wartime conditions can negate this positive impact, because the problems faced by the country's population, which is continually subjected to the aggressor's terrorist actions (loss of housing, jobs, the death of children and loved ones, and many others), are so severe that it would seem that neither the level of education nor engagement in education by citizens who experience these horrors has any significance or "preserves" their mental health in any way.

Meanwhile, there are studies of non-Ukrainian authors devoted to mental health issues in people living in war-affected areas. In particular, Carpiniello (2023) conducts an analysis of all systematic reviews and/or meta-analyses published from 2005 to the present to examine the mental health impacts of war on adults, child/adolescent refugees, and those living in conflict zones. This review included fifteen systematic reviews and/or meta-analyses conducted in adult populations, as well as seven relevant to children and adolescents. People exposed to armed combat had two- to three-fold higher rates of anxiety, depression, and post-traumatic stress disorder (PTSD) than those who had not been exposed, with women and children being the most sensitive to the consequences of

armed conflict. A variety of war-related, migratory, and post-migratory stressors contribute to both short- and long-term mental health concerns among internally displaced people, asylum seekers, and refugees. A more targeted analysis was carried out by Betancourt et al. (2020), specifically for Sierra Leone. In addition to examining the possible mechanisms through which emotional and behavioral disruptions brought on by war trauma may be passed down from generation to generation, the Longitudinal Study of War-Affected Youth (LSWAY) in Sierra Leone is a seventeen-year prospective longitudinal study that examines the long-term effects of children's experiences during the country's eleven-year (1991–2002) civil war on their adult mental health and functioning. LSWAY sheds light on how post-conflict and war-related experiences affect family relations, long-term adult functioning, and offspring developmental outcomes. This case study looks at LSWAY's development from the beginning to the end, including its implementation and distribution. It also builds on the findings of the study to develop and assess a number of intervention models. The case study provides a distinctive viewpoint on the difficulties and practicalities of doing health research in a precarious, post-conflict environment, which is typical in humanitarian crises. In order to address the mental health and development of young people affected by war, LSWAY results and lessons gained from the field can guide future study as well as intervention research and implementation science.

In areas ravaged by war, education is thought to be essential for restoring a sense of routine, normalcy, and hope. It also protects children and young people by promoting social-emotional learning and enhancing their ability to withstand stress. By including psychosocial and mental health services within the curriculum, schools serve as an essential venue for providing these services. According to research from the National Institutes of Health (NIH) and Concern Worldwide US, education can greatly lessen the psychological toll of war and aid in children's recovery by modifying curricula to reflect the realities of conflict, encouraging life skills, and creating a supportive learning environment.

According to Mayengo et al. (2025), the transition from school to the workforce for young people affected by war in post-conflict environments is difficult and is made worse by the lack of focus on personal responsibility and mental health. The discussion of war-affected youth skilling programs in post-conflict environments is examined in this

review, which ignores the importance of mental health and personal agency in the transfer from school to the workforce. Based on the Cumulative Stress Hypothesis (CSH) and Albert Bandura's Self-Efficacy Theory (SET), the review offers a comprehensive strategy for skill development aimed at enhancing the transition of war-affected youngsters from school to the workforce. According to SET, verbal persuasion, physiological arousal, vicarious experience, and enactive mastery serve as the foundation for the development of self-efficacy. Furthermore, the negative effects of violent confrontations also undermine individual agency factors that are protective for a successful transition from school to the workforce, such as ambition, aspiration, goal orientation, active efforts, and alignment of intents with skills. Likewise, the CSH posits that prolonged exposure to violent conflicts has cumulative effects that might result in a variety of mental health issues following violent wars. The authors emphasize that in order to improve the employability of students impacted by war, work environments and skill-training facilities must give priority to the youth's mental health and personal agency in addition to learning skills for particular trades. In order to reintegrate war-affected and vulnerable youth, they suggest an integrated model that is based on professional technical and vocational skills training, individual agency recognition, mental and psychosocial support, and life skills training, all of which are nested within the local economic realities.

At the same time, we did not find studies considering the correlation between the level of education and ability to cope with war-induced mental stress effectively. Taking the above into account, we attempted to clarify the relationship between the level of education and the population’s mental health under war conditions (using the Kharkiv city and Kharkiv region as an example).

## 3 MATERIALS AND METHODS

To achieve the set goal, the article uses methods of analysis and synthesis (analysis of the scientific literature, theoretical approaches to studying the phenomenon of adaptation, and the basic conceptual provisions that reveal the essence of this process), comparative analysis (comparison of research results and identification of common and divergent conclusions), and interpretation (interpretation of the results in the context of contemporary research and theories). In overall. The method of literature analysis is based

on narrative review approach. The sample of literature sources for analysis was compiled based on search in ScienceDirect, Wiley, and MDPI libraries databases.

The factual base of the research is the results of a study conducted by the Department of Sociology and Psychology at Kharkiv National University of Internal Affairs (head of the research project – Prof. Iryna Nechitailo). The study monitors the mental health of the population of Kharkiv and the Kharkiv region during Russia's full-scale invasion of Ukraine. The research team conducted two waves of the study in 2023 and 2024 (n = 730 and n = 543, respectively; samples are non-representative; fieldwork conducted in November of each year). The data collection method was an online survey using Google Forms. Respondents were selected randomly via social media. The new research tools consisted of psychodiagnostic methods (validated and verified). Compared with 2023, in 2024 the toolkit was improved and supplemented with new methods to test some hypotheses proposed on the basis of the 2023 results. Thus, the 2024 toolkit included five such methods: 1) The Modified BBC Subjective Well-Being Scale (BBC-SWB); Pontin, M. Schwannauer, S. Tai, & M. Kinderman, adaptation by Karamushka et al. (2022); 2) The Neuropsychic Tension Questionnaire (Nechitailo, 2024); 3) Posttraumatic Stress Disorder Self-Rating Scale (PCL-5 Methodology) [Ukrainian Institute of Cognitive Behavioral Therapy]; 4) Connor–Davidson Resilience Scale–10 (Kokun, 2024); 5) Coping Strategies Questionnaire (short form; CSI-SF) (Addison, et al., 2007). All methods were included in the questionnaire in full. In addition to the above methods, the toolkit included questions that collect information about: 1) socio-demographic, socio-economic and other characteristics of respondents (gender, age, marital status, presence/absence of children, level of financial support and its dynamics, main activity, level of education); 2) losses suffered by respondents during the full-scale invasion (human, material, property, physical and psychological health, etc.); 3) place of residence of respondents at the time of the survey (Kharkiv city or Kharkiv region); 4) presence/absence of experience of being in occupation. Thus, the final questionnaire contained 130 questions. Since the methodology of survey was approved for the second wave of the study, we did not consider the results of the first wave. We conducted a secondary analysis of the data of the second wave of the study. The study was conducted based on strict compliance with key ethical principles in sociology research include respect for persons, beneficence (do no harm), justice, informed consent, confidentiality,

and integrity. Informed concern form was provided for all participants and signed by all participants. The participants' personal data were anonymized.

The analysis was aimed at studying the relationship between education and mental health indicators, such as the level of subjective well-being, the level of neuropsychiatric tension, the level of post-traumatic stress disorder and the level of psychological resilience. That is, the data of a study that was not conducted for the purpose that is consistent with the purpose of this article were analyzed. The existing data were re-analyzed in order to obtain additional information that could allow us to investigate trends related to the role of education (education level) as a factor in the mental health and well-being of the civilian population in wartime. Thus, we had certain methodological limitations, as well as limitations of the research tools, and therefore we emphasize that the results and conclusions obtained are not final, they only reveal certain trends, which requires further deeper, narrowly focused (on the specified problem) research.

## 4 RESULTS AND DISCUSSION

Before examining the relationship between education (level of education) and mental health indicators (level of subjective well-being, neuropsychic tension, post-traumatic stress disorder, psychological resilience) of the civilian population in wartime, let us consider some socio-demographic and socio-status characteristics of the sample, in particular those that are important in terms of further correlation analysis.

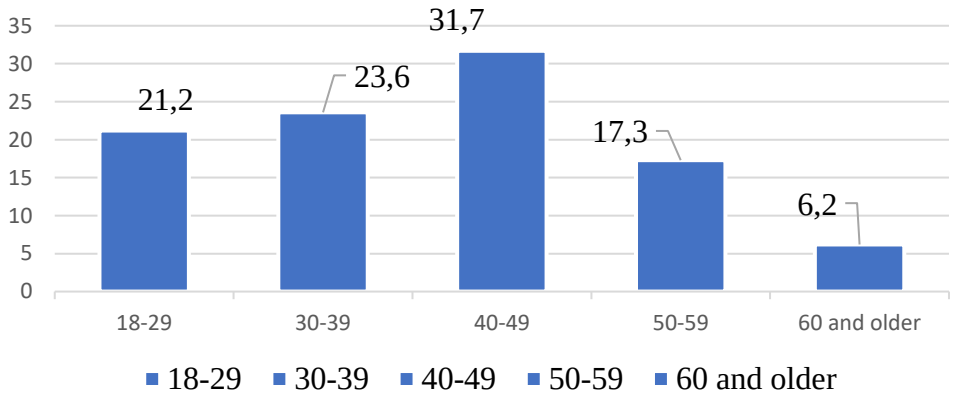
Let us begin by describing the distributions by gender and age. Among the respondents, women make up 70%, men - 30%. The preponderance of female respondents in the sample is obvious, however, hypothetically such a distribution reflects the real situation of gender distribution among the civilian population, considering the fact that with the beginning of the full-scale Russian invasion, many conscripted men joined the ranks of military personnel.

The age indicator was measured using an ordinal scale presented in unequal intervals of 9-12 years (the width of the interval varied depending on the logically established parameters of belonging to a particular age group). The minimum age of respondents was 18 years (in Ukraine this is the age of full majority), the maximum age was 80 years. The average age for the entire sample was 40.2 years. The most common

age in the sample was 47 years. Almost half of the respondents were young people under 40 years old. Compared to young people, the share of people of older working age and retirement age was almost half as small and totaled 23.5%. The age distribution is presented in more detail in Figure 1.

**Figure 1**

*Distribution of respondents by age (n=543; in % of all respondents)*

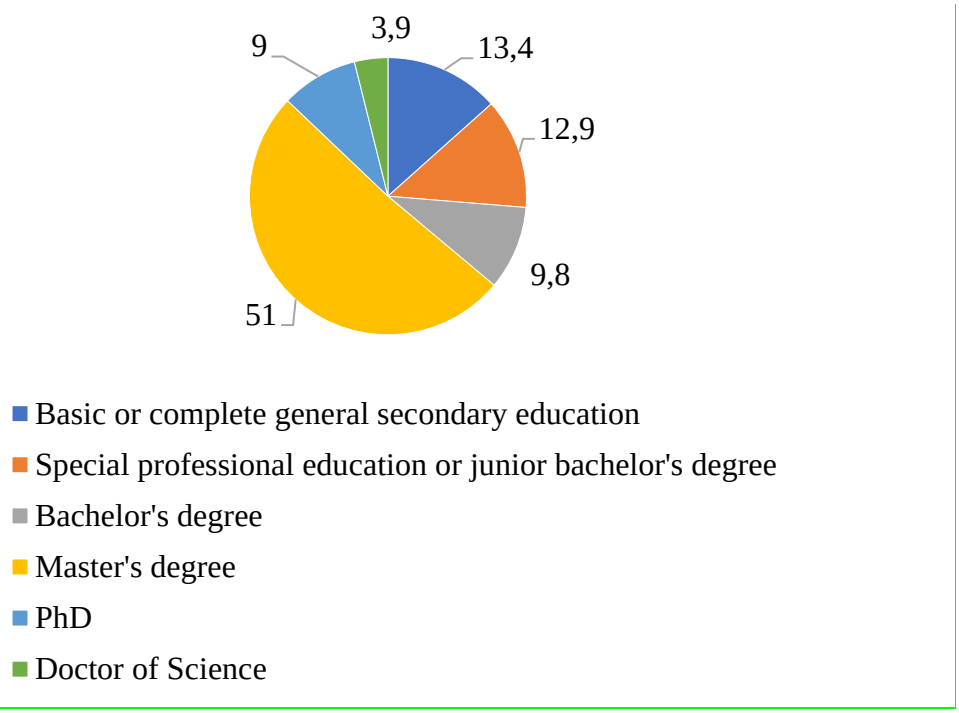



Source: developed by the authors based on (Nechitailo, et al., 2024)

The vast majority of respondents have higher education at least at the bachelor's level (60.8%), among them 9% have a PhD (Candidate of Sciences) degree and about 4% have a Doctor of Sciences degree (the general distribution by level of education is shown in Fig. 2).

**Figure 2**

*Distribution of respondents by educational level (n=543; in % of all respondents)*




Source: developed by the authors based on (Nechitailo, et al., 2024)

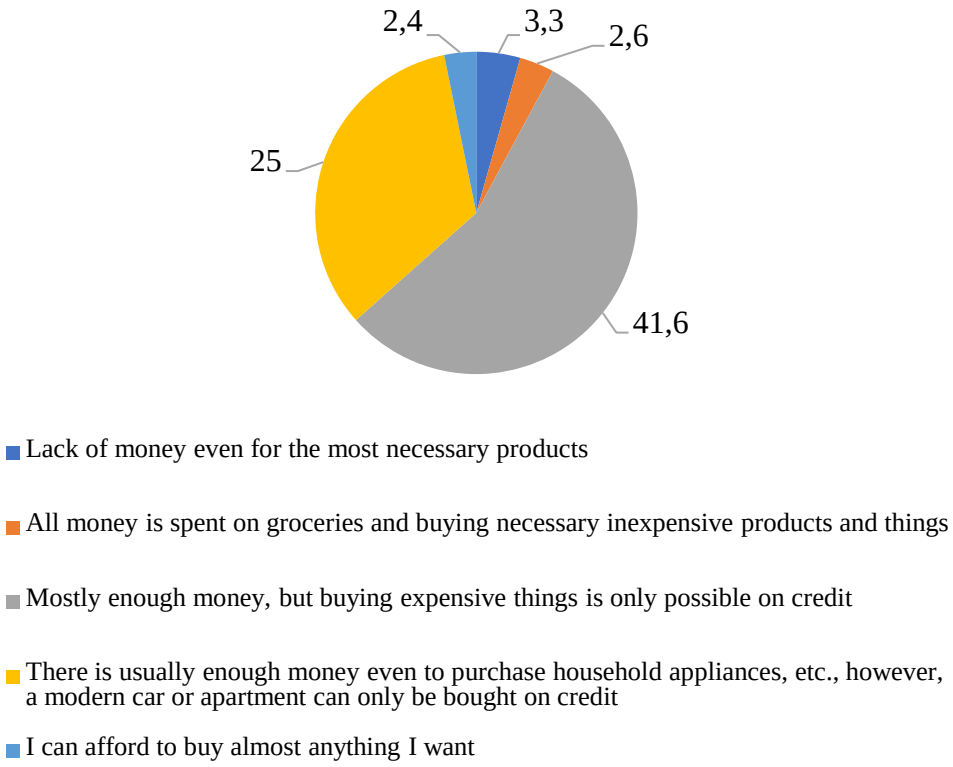
In terms of employment status, the vast majority of respondents (64.8%) indicated that they have a stable job, 11.6% have a job but it is not stable, and 3.7% are temporarily unemployed or have been unemployed for a long time. A relatively large proportion of respondents (12.0%) are unemployed because they are students, although some of them combine their studies with temporary work (part-time work). 2.8% of respondents, both before the war and at the time of the survey, are unemployed because they are engaged in household chores; 2.4% are retired, and 0.6% are on maternity leave.

The distribution of responses by financial status (self-assessment scale) shows that the majority of respondents (41.6%) believe that they generally have enough money and can afford to take out a loan for expensive purchases (e.g., expensive durable household appliances). Additionally, 25.7% note that they spend all their money on food and necessary items, but claim that they can easily afford to buy expensive household appliances, etc., and can afford to take out a loan to buy a car, apartment, etc. A relatively small percentage of responses lie at the extremes: 2.4% believe that they can afford practically anything financially, and 3.3% note that there is not enough money even for

the most necessary things. The distribution of respondents' answers by self-assessed financial security is presented in more detail in Figure 3.

**Figure 3**

*Distribution according to respondents' assessments of their own material well-being (n=543; in % of all respondents)*




Source: developed by the authors based on (Nechitailo, et al., 2024)

Thus, the analysis of socio-demographic and socio-status characteristics of the sample indicates that the vast majority of respondents have higher education not lower than bachelor's level, and the share of respondents with PhD and doctor of science degrees is also noticeable. The vast majority of respondents has stable jobs. We also emphasize that despite the war and constant bombing of the city of Kharkiv and the Kharkiv region, respondents, all of whom are residents of the specified area, in the vast majority of cases tend to characterize their level of material well-being as generally sufficient to provide not only basic needs, but also needs related to making expensive purchases that provide comfort of life and everyday life.

If we consider the general distribution of respondents' answers by indicators of

mental health, such as the level of subjective well-being, neuropsychic tension, post-traumatic stress disorder, and psychological resilience, the following should be noted:

1) among respondents, those with a low level of subjective well-being (64.5%) significantly prevail. The average level is characteristic of 23.8% of respondents, and a high level – for 11.8%;
2) contrary to the above data, among respondents, those whose level of neuropsychic tension is low (61%). Respondents with a moderate level of neuropsychic tension – 33.7%, and with a high level – only 5.3%;
3) considering that, according to the specifics of the psychodiagnostic method that was used, the screening for post-traumatic stress disorder is positive if the number of points scored by the respondent exceeds 33 points, 78.1% of respondents showed results lower than 33. Thus, 21.7% have signs of post-traumatic stress disorder. In general, the average indicator is 21.7 points, and the median is 19 points, that is, significantly lower than the defined cut-off score.
4) regarding the level of psychological resilience, out of the five levels determined according to the psychodiagnostic method used (where the first level is the lowest, and the fifth is the highest), the respondents' answers were distributed almost evenly across all levels. At the same time, respondents with the third (average) level of resilience slightly prevailed – 24.5%.

Next, we will move on to correlation analysis and directly to identifying relationships between education (education level) and the above indicators of mental health. The first thing that was analyzed is the correlations between indicators of education level, occupational status, and material security, as well as indicators of mental health (subjective well-being, neuropsychic tension, post-traumatic stress disorder, and psychological resilience). According to the results of a correlation analysis (paired-correlation method), there were statistically significant (significance level 0.01) direct relationships between the level of education and certain mental-health indicators: subjective well-being ($r = -0.23$) and neuropsychic tension ($r = 0.16$). The directions of these relationships indicate that higher education is associated with lower subjective well-being and higher neuropsychic tension.

There is a statistically significant inverse relationship between the level of education and employment status ($r = -0.29$) at the 0.01 significance level. The direction

of this relationship means that the higher the respondents' education level, the more stable their employment tends to be.

In turn, employment stability has weak but statistically significant relationships with all mental-health indicators, with patterns similar to those observed for education level. In particular, respondents who have worked for a long time and under continuous wartime conditions feel less well-off (especially physically and psychologically), are more nervous and tenser, exhibit PTSD symptoms more often, and are characterized by lower resilience.

A typical feature of Ukrainian society is the absence of a relationship between education level and material security. That is, a high level of education does not guarantee a prestigious job or a high salary. This is reflected in our study's results: no statistically significant relationship was found between education level and material security, or between material security and employment stability. In other words, the following picture emerges: respondents with higher education are more stably employed, but this does not affect material security in any meaningful way.

Next, we conducted a more detailed analysis of the relationship between education level and certain mental-health indicators. First, we propose to examine the distribution of respondents across different levels of subjective well-being depending on their education level (see Table 1).

**Table 1**

*Distribution of respondents with different levels of education by levels of subjective well-being (in % for each "educational" category)*

| Level of subjective well-being | Educational level | | | | |
|---|---|---|---|---|---|
| | Basic or complete general secondary education (n1=73) | Special professional education or junior bachelor's degree (n2=70) | Bachelor's degree (n3=53) | Master's degree (n4=277) | PhD or Doctor of Science (n5=70) |
| Low | 50.7 | 45.7 | 66.0 | 70.0 | 71.4 |
| Middle | 31.5 | 25.7 | 13.2 | 23.8 | 21.4 |
| High | 17.8 | 28.6 | 20.8 | 5.4 | 7.1 |

Source: * developed by the authors based on Nechitailo et al. (2024)

The data in the table indicate that the largest number of respondents with a low level of subjective well-being is among those who have an educational and scientific

degree. There are relatively many of them among those respondents who have a bachelor's or master's degree. In contrast, the largest number of respondents with a high level of subjective well-being is among those who do not have a higher education. We also propose to consider the distribution of respondents with different levels of neuropsychic tension depending on their level of education (see Table 2).

**Table 2**

*Distribution of respondents with different levels of education by levels of neuropsychic tension (in % for each "educational" category)*

| Level of neuropsychic tension | Educational level | | | | |
|---|---|---|---|---|---|
| | Basic or complete general secondary education (n1=73) | Special professional education or junior bachelor's degree (n2=70) | Bachelor's degree (n3=53) | Master's degree (n4=277) | PhD or Doctor of Science (n5=70) |
| Low | 69.9 | 82.9 | 77.4 | 53.1 | 48.6 |
| Middle | 26.0 | 15.7 | 15.1 | 42.2 | 40.0 |
| High | 4.1 | 1.4 | 7.5 | 7.4 | 11.4 |

Source: developed by the authors based on (Nechitailo, et al., 2024)

As we can see from the table, namely those respondents who have higher educational and scientific degrees, are more likely to experience neuropsychic tension. Despite the fact that no statistically significant relationship has been established between the level of education and the level of psychological resilience, in our opinion, visualizing the distribution by relevant characteristics can also be useful and informative in terms of the stated topic of this article (see Table 3).

**Table 3**

*Distribution of respondents with different levels of education by levels of psychological resilience (in % for each "educational" category)*

| Level of psychological resilience | Educational level | | | | |
|---|---|---|---|---|---|
| | Basic or complete general secondary education (n1=73) | Special professional education or junior bachelor's degree (n2=70) | Bachelor's degree (n3=53) | Master's degree (n4=277) | PhD or Doctor of Science (n5=70) |
| I (lowest) | 24.7 | 15.7 | 18.9 | 19.1 | 25.7 |
| II | 23.3 | 17.1 | 18.9 | 27.8 | 12.9 |
| III | 24.7 | 21.4 | 18.9 | 27.1 | 21.4 |
| IV | 17.8 | 24.3 | 17.0 | 15.9 | 24.3 |
| V (highest) | 9.6 | 21.4 | 26.4 | 10.1 | 15.7 |

Source: developed by the authors based on (Nechitailo, et al., 2024)

The data from the show that almost a quarter of respondents who do not have higher education (special vocational education or junior bachelor's degree) are characterized by the highest level of psychological resilience, more than a quarter of respondents with a bachelor's degree. Among respondents with the highest level of education, as well as with scientific degrees, there are significantly fewer of those who have a high or highest level of psychological resilience. In contrast, a high level of material security is an influential factor in both psychological resilience and subjective well-being, as evidenced by statistically significant correlations between the relevant characteristics (r=-0.21 r=-0.33). For example, among respondents who do not have enough money even for the most necessary things, more than half (55.6%) are characterized by the lowest level of psychological resilience and only 5.6% have the highest level of resilience. Among wealthy respondents who have enough money, who can easily purchase any household appliances, etc., paying the full cost immediately (however, a modern car, an apartment - only on credit), only 13.2% have the lowest level of resilience, 25% - a high level, and 19.1% - the highest. For clarity, let us consider in more detail the distribution of respondents with different levels of material security by levels of subjective well-being (see Table 4).

**Table 4**

*Distribution of respondents with different levels of material security by levels of subjective well-being (in % for each "educational" category)*

| Level of subjective well-being | Level of material well-being | | | | |
|---|---|---|---|---|---|
| | Lack of money even for the most necessary products (n1=18) | All money is spent on groceries and buying necessary inexpensive products and things (n2=150) | Mostly enough money, but buying expensive things is only possible on credit (n3=226) | There is usually enough money even to purchase household appliances, etc., however, a modern car or apartment can only be bought on credit. (n4=136) | I can afford to buy almost anything I want (n5=13) |
| Low | 94,4 | 82.7 | 61.1 | 47.1 | 53.8 |
| Middle | 5.6 | 11.3 | 29.2 | 33.1 | 0 |
| High | 0 | 6,0 | 9.7 | 19.8 | 46.2 |

Source: developed by the authors based on (Nechitailo, et al., 2024)

The results of the correlation analysis also indicate that there is a statistically significant relationship between the levels of material security and neuropsychic tension (r = -0.15): the higher the level of the former, the lower the level of the latter.

Thus, we observe that the level of education is not a determinant of the mental health of the civilian population, particularly in wartime conditions and in the context of those socio-economic processes that occurred in Ukraine before the start of the full-scale invasion (the absence of stable connections between the level of education, professional prestige, wage levels, material security, etc.).

However, in the theoretical part of this article, referring to the results of research by Ukrainian scientists, we note that not so much the level of education, but constant involvement in the educational process can have a positive effect on the mental health of the population in wartime conditions. This conclusion is supported by our studies, the results of which are presented in our previous publications (Nechitailo & Alieva, 2025). Within the framework of this article, we briefly recall that, according to the results of a study conducted by us at the end of 2023, students living in the city of Kharkiv and the Kharkiv region have high indicators of subjective (psychological) well-being, and these indicators are significantly higher than those of other groups of respondents, particularly those who are not in the process of studying. Despite the persistence of stress factors associated with the proximity of hostilities and the constant bombing by the Russian aggressor, the generalized indicators of neuropsychic tension among students tend to the normal range. If we compare these results with the data obtained from the cluster of respondents who are not students, the difference is evident: members of this group report neuropsychic tension at an average level, while individual indicators suggest a high degree of neuropsychic tension (Nechitailo, et al.,2025; Nechitailo, et al., 2024). We also note that, despite the difficulties of the war, students do not lose hope and believe in a prosperous future, which is an important indicator and resource of psychological resilience (Nechitailo, et al., 2024).

While lower income and education levels are significant risk factors for poor mental health in conflict-affected areas, higher education frequently offers protective mechanisms like coping skills and structural advantages, according to certain Western and Asian experts' studies (Kim & Cho, 2020; Magakwe, et al. 2025). Income also directly affects mental health since those with low earnings are more prone to experience mental health issues. In and of itself, conflict is a major risk factor because it makes it difficult to get necessary care and exacerbates mental health inequities. Education level was a strong predictor of mental distress among Syrian refugees, especially women

refugees, according to Atrooz et al. (2024). Improving access to higher education is suggested as a way to improve the socioeconomic standing of refugees, which may act as a protective measure against mental suffering in this susceptible group. Leon-Giraldo (2024) claims that COVID-19 worsened mental health disparities in conflict-affected territories in Colombia, and Vulnerable groups: women, conflict zone residents, and less educated. This contradicts our results and can indicate the crucial role of cultural factors, as well as big role of historical patterns in socio-economic formations evolution.

Our analysis of scientific publications devoted to the study of education and the level of education as factors of mental health of the population allowed us to draw the following conclusions:

Foreign researchers focus more on the significance of the level of education and demonstrate in their research that people with higher levels of education have more prestigious jobs and higher incomes, which, firstly, create conditions for well-being and, secondly, provide broad access to mental health resources and professional help;

Ukrainian researchers emphasize the positive functions of participants' involvement in the educational process (students and teachers) in learning and teaching: involvement in the educational process forms social networks and stress-coping skills; interruption of education (for example, due to war) is a stressor that increases the risks of anxiety, post-traumatic stress disorder, and depression, especially among children and adolescents.

The results of our empirical study allow us to challenge the above conclusions of foreign researchers. In wartime, a high level of education is not a guaranteed shield for mental health. Moreover, more educated people often report worse mental health, which is plausibly related to their tendency to analyze situations comprehensively, to assess more objectively the risks of war to their lives and well-being, and therefore to feel psychologically worse. The same can be said about people who have steady employment in war conditions: firstly, they experience constant stress due to performing professional duties under war conditions and high uncertainty; in carrying out these duties they may risk their lives and health, since not all enterprises and organizations in Kharkiv and the region have bomb shelters; secondly, they experience tension due to the constant threat of job loss. Additionally, Ukrainian realities are such that neither the level of education nor employment stability determines material security. A person with the highest level of

education, or even a scientific degree, may be on the verge of poverty and struggle to meet even basic needs, which negatively affects their well-being and mental health.

## 5 CONCLUSION

Summing up, we consider it necessary to emphasize the following conclusions, derived from the results of our data analysis:

- In wartime conditions, a high level of education is not a guarantee of mental health; educated people may actually have worse mental health.
- In wartime conditions, employment stability is also not a guarantee of mental health.
- The above can be explained by the fact that neither education level nor employment stability determines material security.
- Instead, material security influences mental health indicators such as subjective well-being, neuropsychic stress, and psychological resilience. The higher the respondent's level of material security, the better these mental health indicators tend to be.

Additionally, the results of our previous studies support the conclusions of Ukrainian scientists cited in the literature review of this article. Specifically, the finding that disruption of education is an influential stressor that increases the risks of anxiety, post-traumatic stress disorder, and depression, especially among children and adolescents; and that continued involvement in education, particularly during wartime, serves as a resource that enhances psychological and social resilience. We have previously demonstrated that ongoing engagement in education indeed has a positive effect on mental health and is an important factor in the psychological resilience of participants in the educational process and in their subjective well-being, as discussed in our earlier publications.

Regarding prospects for further research, we note that this article was based on secondary data analysis. The empirical study from which we drew data to identify the relationship between the level of education and indicators of the civilian population's mental health had a different goal and was not conducted on the specified topic. Consequently, this imposes certain methodological limitations on achieving the aims of

this article. Given the relevance of the issues raised, we see future research as including an independent study dedicated to identifying the role of education (level of education) in processes that ensure mental health and prevent the spread of mental disorders.

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**Authors' Contribution**

All authors contributed equally to the development of this article.

**Data availability**

All datasets relevant to this study's findings are fully available within the article.

**How to cite this article (APA)**

Nechitailo, I., Boriushkina, O., Kolisnyk, L., Varypaiev, O., Yelchaninova, T., & Agalarova, K. (2026). THE RELATIONSHIP BETWEEN THE LEVEL OF EDUCATION AND SOME INDICATORS OF THE MENTAL HEALTH OF THE CIVILIAN POPULATION IN WAR CONDITIONS. *Veredas Do Direito*, 23(3), e234671. https://doi.org/10.18623/rvd.v23.n3.4671