Review Article

Received: 19 February, 2026
Accepted: 29 May, 2026
Published: 21 June, 2026

Resilience and Psychological Well-Being of Students From Vulnerable Groups: The Role of Crisis Counseling in an Inclusive Educational Environment

Anastasiia Turubarova
Department of Psychology and Social Work, Municipal Institution of Higher Education "Khortytsia National Educational Rehabilitation Academy" of Zaporizhzhia Regional Council, Zaporizhzhia, Ukraine, turubarovaan@gmail.com

Olha Haliieva
Department of Psychology and Social Work, Faculty of Special Edu., Soc. Sci. and Humanities, Municipal Institution of Higher Education "Khortytsia National Educational and Rehabilitation Acad." of Zaporizhzhia Regional Council, Zaporizhzhia, Ukraine

Liudmyla Anisimova
Department of Special Education, Faculty of Special Education, Social Sciences and Humanities, Municipal Institution of Higher Education "Khortytsia National Educational Rehabilitation Academy" of Zaporizhzhia Regional Council, Zaporizhzhia, Ukraine

Anastasiia Bessarab
Department of Psychology and Social Work, Municipal Institution of Higher Education "Khortytsia National Educational Rehabilitation Academy" of Zaporizhzhia Regional Council, Zaporizhzhia, Ukraine

Olha Sklianska
Department of Psychology, University of Customs and Finance, Dnipro, Ukraine

Cite this article:
Turubarova, A., Bessarab, A., Haliieva, O., Sklianska, O., & Anisimova, L. (2026). Resilience and psychological well-being of students from vulnerable groups: The role of crisis counseling in an inclusive educational environment. Cultura Científica, (24), pp. 723–734.

Abstract

A large-scale military conflict in Ukraine has caused serious deterioration in the state of mental health of students, especially the most vulnerable among them. The paper aims at analyzing the connection between adaptive resource level, psychological well-being, and measures of psychological distress among students and proves the importance of crisis counseling within an inclusive learning environment. Secondary analysis was carried out using the results of "Mental Health Screening in Ukraine: December 2024" dataset. The research sample included 56 students (under the age of 25, bachelor's and master's degrees). The variables were scaled by the ordinal method. To determine the relationships, Spearman's correlation analysis was conducted with the use of IBM SPSS Statistics 27 and R programming software. Significant negative correlations between adaptive resources and measures of distress scores ($r = -0.38$ to -0.61; $p < 0.01$) were found, which demonstrates the protective role of resilient and positive characteristics. On the basis of data received, an integrated model of crisis counseling for vulnerable group students in an inclusive educational context was elaborated. The model comprises the following four main components: (1) Stabilization, (2) Resource Activation, (3) Social Inclusion, and (4) Continuous Monitoring. The suggested model is designed to quickly reduce severe distress while building up resilience and psychological well-being. As shown by the findings, crisis counseling can be considered an important transition stage between psychological distress and adaptive behavior. Systemic application of crisis counseling in Ukrainian higher educational establishments could improve quality of mental assistance considerably and promote successful inclusion of students in wartime environment.

Keywords: resilience, psychological well-being, crisis counseling, psychological distress, students from vulnerable groups, inclusive educational environment

1. INTRODUCTION

The current situation involving the outbreak of war in Ukraine creates a particularly stressful psychological atmosphere for students, especially the representatives of the vulnerable category (such as internally displaced people, students with a history of trauma, socially disadvantaged people, etc.). In case of heightened anxiety, post-traumatic disorders, sleep disorders, and social isolation, students may face a number of urgent issues requiring an immediate solution. Therefore, apart from diagnosing the problem, it is important to explore and provide effective solutions in order to reduce anxiety and develop adequate personal coping resources.

The application of crisis counseling as a short-term and goal-oriented strategy for addressing a psychological problem is of significant relevance in the context of an inclusive learning environment. While being regarded as an emergency tool, crisis counseling provides the necessary resources for strengthening psychological well-being of students and increasing their personal resilience. In addition to utilizing psychological first aid, cognitive behavioral therapy, mindfulness practices, and resource-oriented methods, crisis counseling can ensure rapid stabilization of one's mental health state.

Thus, the goal of this study is to explore the association between resilience, psychological well-being and various psychological indicators among students during the war period. In addition to theoretical substantiation of the importance of crisis counseling in terms of addressing students' needs, the empirical evidence is provided as a basis for further practical implications.

2. LITERATURE REVIEW

Existing literature on students' mental health indicates that current studies are mostly focused on theoretical and empirical models that describe the psychological adaptation of the target population in the context of chronic stress, educational load, and social instability. According to meta-analytical findings, the student population experiences higher levels of anxiety and depressive symptoms, while the prevalence of sleep disorders is a specific characteristic of young people's condition in times of high educational and social adaptation [1–3]. In the broad context of mental health problems, the World Health Organization notes the vulnerability of young people in the context of social crises and instability associated with prolonged stressful loads [4]. This aspect is highly relevant in the case of military conflicts when stress, social relations destruction, and educational adaptation contribute to the formation of emotional problems and trauma [5, 6].

The analysis of recent Ukrainian empirical research indicates an increasing prevalence of psychological problems among student youth under conditions of a full-scale war. In particular, existing data confirm the high levels of anxiety, post-traumatic symptoms, emotional exhaustion, and cognitive problems, which are associated with a prolonged exposure to war stress, social problems, and changes in the education process [6]. The concept of student mental health in this context may be viewed from the perspective of an adaptive process dependent on the balance between stress loads and adaptive psychological resources of students, particularly resilience and social support [4, 7, 8].

A specific part of current studies relates to the issue of the relationships between resilience and well-being. Psychological well-being is defined as a multidimensional construct that encompasses aspects of emotionality, cognitive, and behavioral characteristics including positive mood, activity, and satisfaction with life [9, 10]. Empirical evidence suggests a strong positive correlation between resilience and the measures of psychological well-being, as well as the negative association with emotional problems, fatigue, and lower levels of motivation [11]. Modern approaches to the problem note the value of cognitive-emotional involvement as an adaptive resource mitigating the impact of stressors on psychological problems [7, 8].

Another area of interest of the modern literature concerns transdiagnostic approaches to the analysis of psychopathology and the identification of common elements of different types of mental disorders. For instance, the HiTOP model offers a dimensional approach when anxiety and post-traumatic symptoms are viewed as an element of the spectrum of negative emotionality associated with anxiety and characterized by high emotional sensitivity and affect dysregulation [12]. Studies among student samples confirm that anxiety and post-traumatic manifestations under the conditions of chronic stress form a persistent distress cluster that includes continuous tension, inability to relax, obsessive negative expectations, and cognitive impairment [2, 13]. During crises, in particular in a war situation, the symptoms are systemic and reciprocal resulting in a coherent emotional disturbance syndrome [2, 6, 13].

The issues of sleep disorders constitute another integral component of the psychological functioning of people and serve as important factors contributing to the formation of anxiety and post-traumatic symptoms in the context of stress [14, 15]. Recent meta-analytical research confirms that insomnia is related to high levels of anxiety and depression, as well as cognitive difficulties including poor concentration, particularly among students [16, 17].

In addition to anxiety and sleep disorders, social isolation and low levels of motivation serve as specific characteristics associated with psychological well-being. Current literature indicates the risk of anxiety, depressive symptoms, and low academic engagement among students with feelings of loneliness and alienation from others [18, 19]. Simultaneously,

social connectedness and social support is considered as an important protective factor promoting psychological well-being in students [20, 21].

Under crisis conditions, in particular in war and emergency situations, crisis counseling becomes particularly relevant as an effective tool for the stabilization of the mental state and recovery of psychological functioning. Empirical research supports the effectiveness of cognitive-behavioral interventions, psychoeducation, and stress coping strategies for anxiety reduction and psychological adaptation [22, 23]. Moreover, mindfulness-based methods demonstrate high potential in decreasing psychological distress and increasing attention regulation [24]. In educational settings, crisis interventions are incorporated into psychosocial assistance programs recommended by the World Health Organization in cases of crisis [25].

In conclusion, based on current findings, it is possible to speak about a two-sided model of the mental functioning of students under conditions of crisis, including on one side the aspects of adaptation in terms of resilience and psychological well-being, and, on the other hand, the manifestations of distress in the form of anxiety, PTSD, sleep disturbances, and social isolation. The outlined model is consistent with transdiagnostic approaches to psychopathology and confirmed by current empirical findings, including in relation to Ukrainian students in wartime [5, 6].

3. MATERIALS AND METHODS

The empirical study was carried out using a secondary analysis of the data of the sample screening of mental health of the population of Ukraine "Mental Health Screening in Ukraine: December 2024" [26]. As part of this work, a target sample of students was selected as follows. Selection criteria were the following: age less than 25 years and education level "bachelor" or "master". In result, a sample of $N = 56$ students (inclusive education) was obtained.

Data collection was performed using a standardized online questionnaire, including blocks of questions on resilience, psychological well-being, anxiety, post-traumatic stress, sleep quality, and social isolation/motivation. All studied variables were quantified using ordinal scales of different levels (number of scale divisions from 3 to 6).

Six generalized psychological constructs were defined as dependent variables for this study: Resilience (3 indicators); Psychological well-being (3 indicators); Anxiety / emotional distress (3 indicators); post-traumatic stress disorder / traumatic stress (3 indicators); Sleep and functioning (2 indicators); Social isolation / lack of motivation (1 indicator).

This study is based on openly accessible data available through the Open Science Framework [26]. An original research was carried out in compliance with the ethical norms. Secondary data analysis did not require additional ethical approval since the data are anonymized.

Statistical data processing was done using IBM SPSS Statistics 27 software and R language. Given the ordinal scale of measurements and the limited sample, Spearman's correlation coefficient rho was applied to quantify the relationships between variables. Statistical significance of the correlations was set at the level of $p < 0.05$. Results visualization included distribution charts and correlation heatmap.

In connection with the fact that this research was performed by means of the secondary analysis of the data from the sample screening survey "Mental Health Screening in Ukraine: December 2024", the volume of the student sample was $N = 56$ people. Such sample volume is typical for preliminary researches related to mental health in conditions of active hostilities and limited access to the respondents.

4. RESULTS

Given modern theoretical approaches to students' mental health during periods of crisis, the research of the relations between adaptive psychological resources and indicators of psychological distress appears especially interesting. According to modern transdiagnostic approaches, resilience and psychological well-being should be perceived as possible protective factors, whereas anxiety, post-traumatic symptoms, sleep disorders, and motivational exhaustion are psychological distress components. Therefore, the empirical part of the present work was aimed at revealing structural relations between the specified psychological characteristics in the sample of students under conditions of permanent stress.

The study was conducted on the grounds of data provided by the dataset of the survey Mental Health Screening in Ukraine: December 2024 [26]. For further analysis, a subsample of participants (n = 56) was selected, meeting the criteria of age under 25 years and the current level of education being bachelor or master (interpreted as a student group according to inclusive education paradigm).

For the empirical part of the study, the following generalized psychological constructs were identified based on the data set of indicators of the survey.

1. Resilience: rapid recovery from stress; coping with problems; replenishment of psychological resources.
2. Psychological well-being: positive affect (vigor); calmness and relaxation; involvement in everyday activity.
3. Anxiety / emotional distress: uncontrollable excitement; inability to relax; fear of the future.
4. Post-Traumatic Stress Disorder / Traumatic Stress: hypervigilance; constant tension; cognitive difficulties.

5. Sleep and functioning: quality of sleep; influence of sleep disorders on everyday life.

6. Inclusiveness / social isolation: loss of motivation as an indicator of socio-psychological alienation.

All measures were calculated on ordinal scales. As a result, non-parametric analysis was applied, namely Spearman correlation.

Let us briefly discuss the general situation regarding each of the surveyed indicators.

As can be seen in Figure 1, resilience on the whole is manifested through moderate and rather high levels (Fig. 1). For all three indicators, the highest frequency of responses corresponds to categories 2-4, which implies a moderate level of recovery after stressful episodes. However, for some participants, there were rather low levels, especially for "I manage without additional worries" where responses 1-2 prevail.

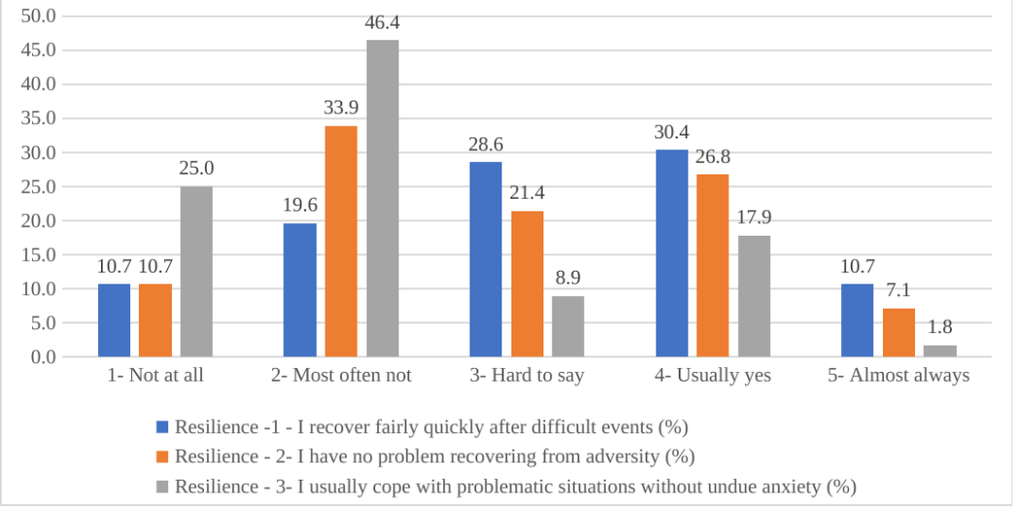

Figure 1. *Responses Distribution among Resilience Indicators in the Sample of Students (%)*

Source: Own analysis based on [26]

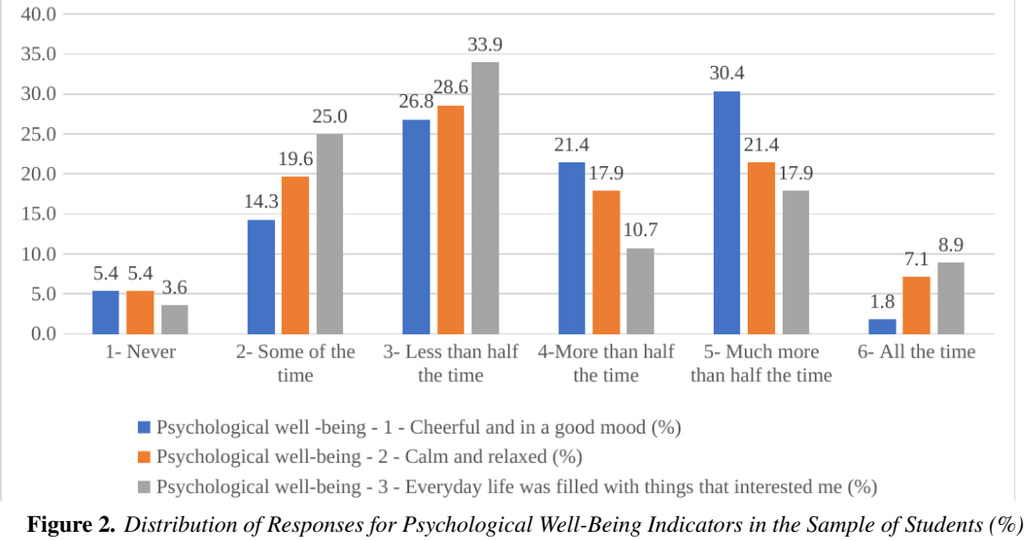

Figure 2. *Distribution of Responses for Psychological Well-Being Indicators in the Sample of Students (%)*

Source: Own analysis based on [26]

Regarding psychological well-being, the situation is rather heterogeneous, yet moderately positive (Fig. 2). By the indicator of cheerfulness and good mood, the highest response frequencies correspond to medium-high and high values (4-6: 53.6%), which indicates the prevalence of positive emotions. A similar tendency is characteristic in the case of the indicator "I am relaxed" with a more even distribution, yet a dominance of medium values. As for involvement in everyday activities, it shows rather evenly distributed frequencies of medium values (category 3 – 33.9%), which might imply that the process of cognitive-emotional involvement is unstable in conditions of permanent stress.

Anxiety / emotional distress, on the whole, is manifested mostly in moderate values (Fig. 3). Most indicators are characterized by responses from 1-2 or 2-3, yet the high values (3-4) also manifest themselves frequently, especially concerning inability to relax. Thus, one might conclude that there is a moderate level of distress in the sample.

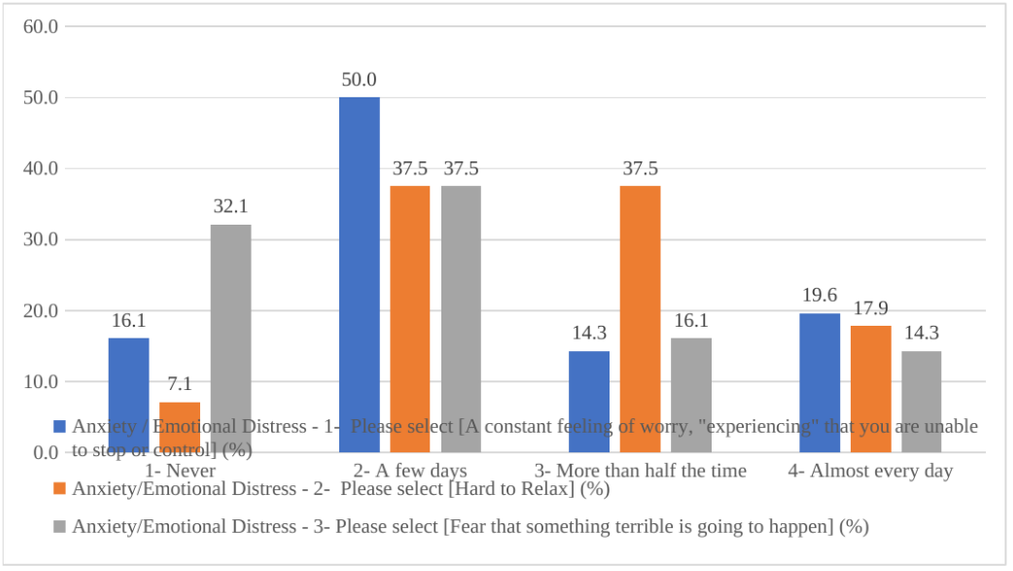

Figure 3. *Responses distribution for anxiety and emotional distress indicators in the sample of students (%)*

Source: Own analysis based on [26]

As for post-traumatic stress disorder / traumatic stress disorder, moderate values also prevail, along with frequent manifestation of high scores (Fig. 4). The most frequent symptom is trouble concentrating, with a relatively high number of high responses (4-5). Therefore, it might be concluded that the cognitive symptoms of the stress syndrome prevail.

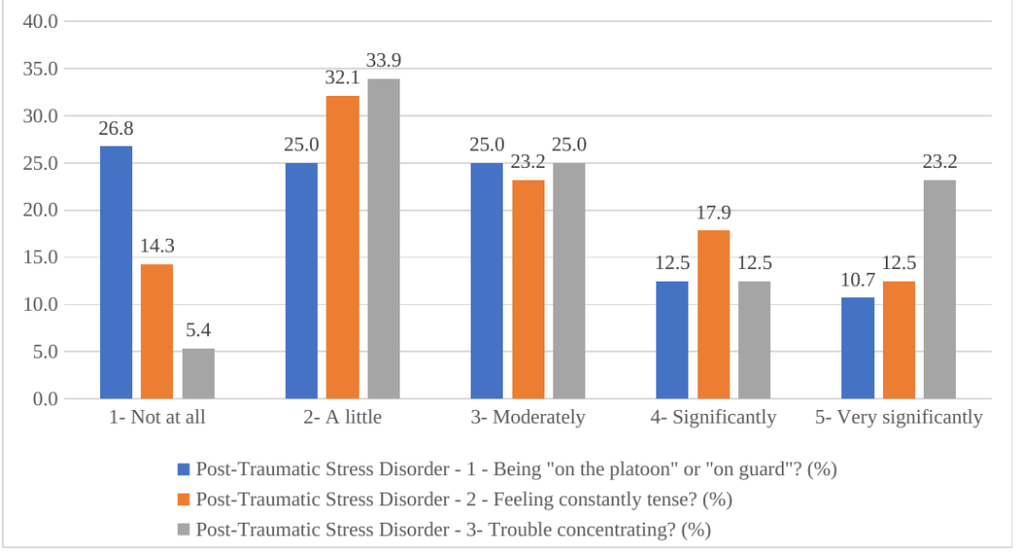

Figure 4. *Distribution of post-traumatic stress disorder symptoms among the students of the sample (%)*

Source: Own analysis based on [26]

Regarding sleep and functioning, mainly medium values with negative evaluations are characteristic (Fig. 5). Quality of sleep is assessed rather evenly as “quite acceptable” or “rather poor”, while functional impairment due to sleep disorders is often assessed as moderate or rather high (3-5). Thus, there is rather common subjective disturbance of sleep in the sample.

Finally, social isolation (unmotivation) is mostly characterized by medium values with the considerable share of responses with a high score (4) (Fig. 6). Hence, a moderate level of emotional exhaustion with a considerable risk of decreased academic and social involvement might be expected.

In its turn, the correlation matrix (Fig. 7) in form of the heatmap represents a rather structured system of relations between all investigated psychological constructs, which allows us to identify the most significant and statistically valuable tendencies. Note that we will discuss only significant correlations in the descriptive part.

Firstly, let us consider an especially pronounced mutual correlation between resilience components: all indicators are

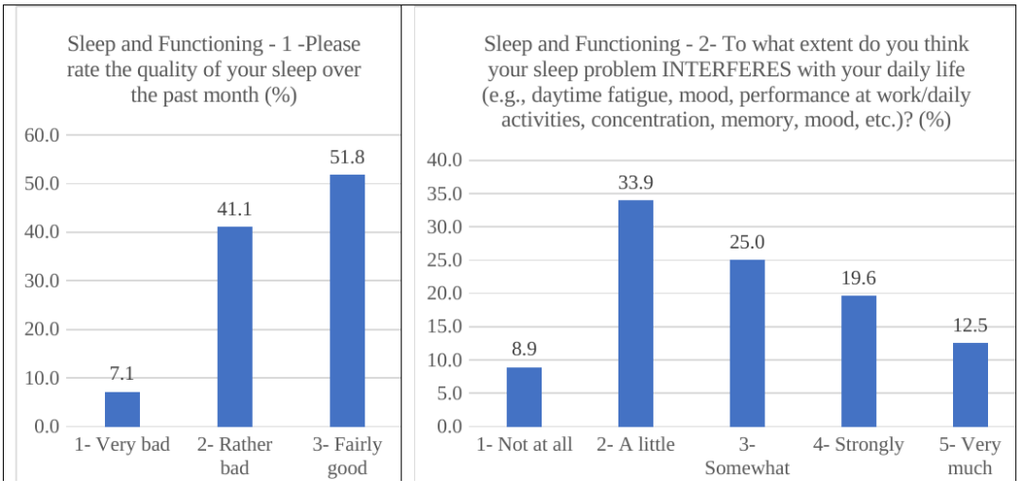

Figure 5. *Sleep quality and sleep-related functional impairment distribution among the students of the sample (%)*

Source: Own analysis based on [26]

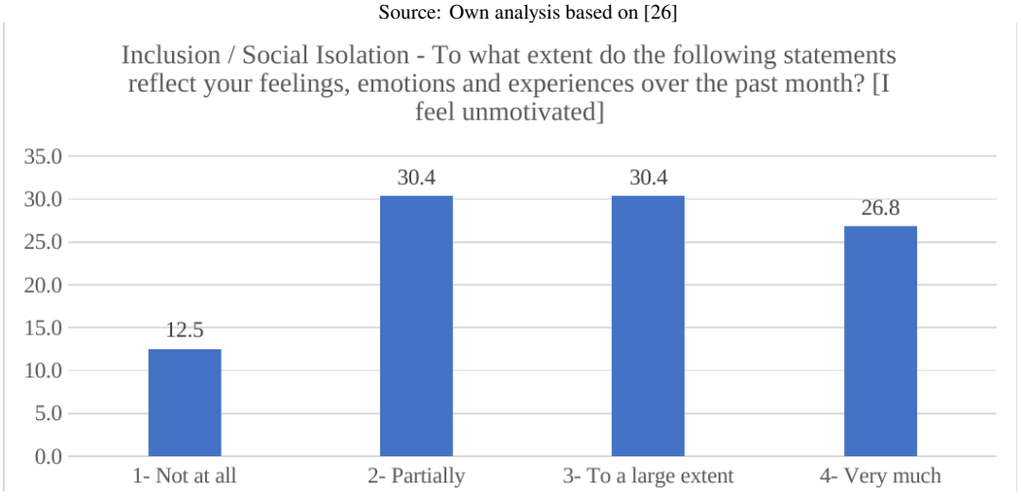

Figure 6. *Social isolation and lack of motivation perception among the students of the sample (%)*

Source: Own analysis based on [26]

positively correlated with each other with very high coefficients ($r = 0.53–0.79$; $p < 0.01$). This suggests that resilience in the sample is a holistic construct reflecting the overall capability of recovery.

Secondly, it is essential to mention persistent negative correlation between resilience and indicators of psychological distress. In particular, there is a connection between resilience and such indicators as constant anxiety and experience of uncontrollable situations (Anxiety / Emotional Distress 1 – Please select [A constant feeling of worry, "experiencing" that you are unable to stop or control]; up to $r = -0.61$), Anxiety / Emotional Distress - 2 – Please select [Fear that something terrible is going to happen]; to $r = -0.44$), symptoms of the post-traumatic distress spectrum (Post-Traumatic Stress Disorder - 1 – Being "on the platoon" or "on guard"?; Post-Traumatic Stress Disorder - 2 – Feeling constantly tense?; to $r = -0.49$) and concentration disorders (Post-Traumatic Stress Disorder - 3 – Trouble concentrating?; up to $r = -0.43$). In addition, the negative correlation between resilience and social isolation/unmotivation was found (Inclusion / Social Isolation – I feel unmotivated; up to $r = -0.38$). These data demonstrate that higher resilience is systematically connected with reduced levels of cognitive, emotional, and social distress.

Thirdly, we need to analyze the structure of psychological well-being, which consists of positively related components (Psychological well-being - 1 – Cheerful and in a good mood; Psychological well-being - 2 – Calm and relaxed; Psychological well-being - 3 – Everyday life was filled with things that interested me; $r = 0,41–0,44$; $p < 0,05–0,01$). Besides, stable negative correlations were discovered in relation to indicators of anxiety (Anxiety / Emotional Distress - 1–3; up to $r = -0.57$; $p < 0.01$) and post-traumatic stress (Post-Traumatic Stress Disorder - 1–3; up to $r = -0.49$; $p < 0.01$). Moreover, psychological well-being is negatively correlated with sleep disturbances (Sleep and Functioning - 1–2; up to $r = -0.39$; $p < 0.01$) and social isolation/lack of motivation (Inclusion / Social Isolation; up to $r = -0.55$; $p < 0.01$).

Especially interesting is the correlation between the indicator of psychological well-being "Everyday life was filled with things that interested me" (Psychological well-being - 3) and indicators of anxiety (Anxiety / Emotional Distress - 1–3; $r = -0.27$ to -0.57) and post-traumatic stress (Post-Traumatic Stress Disorder - 1–3; $r = -0.32$ to -0.49). The findings obtained

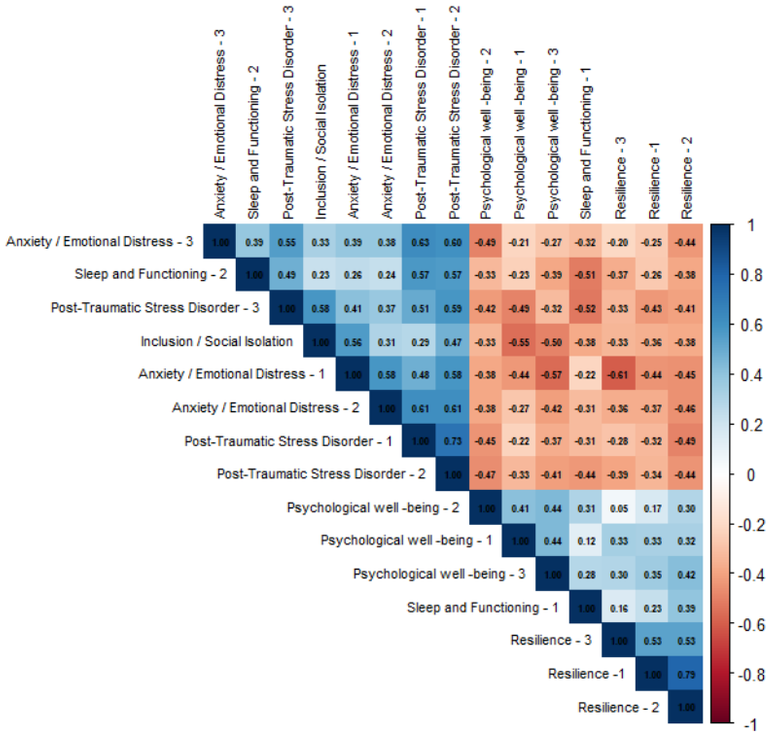

Figure 7. *Correlation matrix for investigated psychological indicators (Spearman's rho)*

Source: Own analysis based on [26]

highlight the role of cognitive-emotional involvement in everyday activities as a protective factor against emotional distress.

Fourthly, the important block concerns the emergence of a homogeneous group of anxiety and post-traumatic stress, which indicators are highly correlated with each other (the correlations between Anxiety / Emotional Distress - 1–3 and Post-Traumatic Stress Disorder (1–3): r = 0.37–0.63; p < 0.01). In particular, the correlation coefficients between post-traumatic stress disorder indicators are especially high (r = 0.73; p < 0.01), indicating a significant interconnectedness of symptoms of hypervigilance, emotional tension and cognitive difficulties as one complex distress system.

Thus, there is a high level of emotional distress: anxiety, hypervigilance, tension and cognitive disorders form one integrated symptom system.

Fifthly, it is important to highlight that sleep disorders and functioning show negative correlations with resilience and well-being; positive with anxiety and post-traumatic stress disorder (up to r = 0.57; p < 0.01); especially high positive correlation with cognitive symptoms (concentration disorder, r = -0.52; p < 0.01).

These data support the role of sleep as a holistic indicator of psychological condition.

In its turn, let us highlight the phenomenon of social isolation (lack of motivation), which positively correlates with anxiety and post-traumatic stress disorder (up to r = 0.56; p < 0.01); negatively with resilience and well-being (up to r = -0.55; p < 0.01).

As a whole, the obtained correlation matrix demonstrates a holistic hierarchical structure of the relationships between psychological constructs in the sample of students. The revealed structure of correlations is divided into two distinct but mutually dependent groups of functioning: the first group includes resilience and psychological well-being, which are positively correlated with each other, showing consistent negative correlations with all components of distress. On the other hand, the second group of psychological characteristics (anxiety, post-traumatic symptoms, sleep disorders, social isolation) forms a complex network of mutually reinforcing relations, representing a unitary system of psychological distress.

5. DISCUSSION

The findings of an empirical study based on a sample of Ukrainian students support major tenets of the modern scientific literature on the psychological functioning of students in crisis situations. Bipolar structure of psychological indicators – the cluster of adaptive psychological characteristics (resilience, psychological well-being) and the cluster of psychological distress (anxiety, post-traumatic symptoms, sleep disturbances, lack of motivation) – is fully consistent with transdiagnostic models (HiTOP) and multidimensional theory of resilience [7, 8, 12]. Negative correlations between psychological adaptive characteristics and distress symptoms ($r = -0.38$ to -0.61) prove that resilience and psychological well-being are highly significant protective factors for students from vulnerable groups in times of total war.

Summarizing the results of the study, let us develop an integrated model of crisis counseling, based on the empirically established bipolar structure of psychological functioning of students. The developed model implies the role of crisis counseling as a key mechanism ensuring the transition from a cluster of psychological distress to a cluster of adaptive characteristics in an inclusive educational environment.

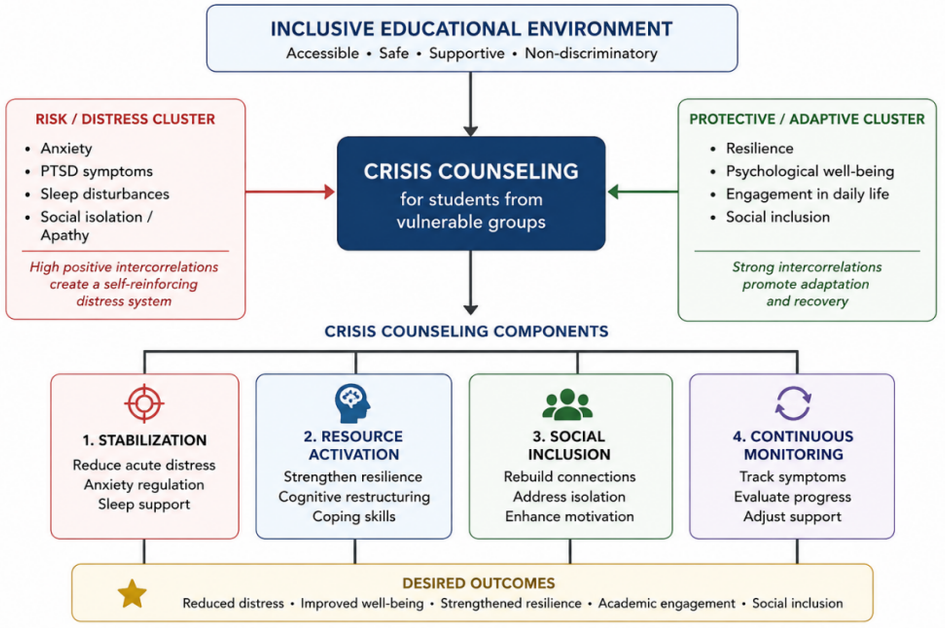

Figure 8. *Model of Crisis Counseling in an Inclusive Educational Environment for Students from Vulnerable Groups*

Source: authors'

According to the proposed model, crisis counseling is a systematic and goal-directed process of psychological assistance for students from vulnerable groups, conducted in an inclusive educational environment (universal access, safety, availability, non-discrimination). The center point of this model is "Crisis counseling for students from vulnerable groups" block, which mediates two opposing psychological clusters:

Risk / Distress Cluster (on the left) – including such psychological features as anxiety, symptoms of post-traumatic stress disorder, sleep disturbances, as well as social isolation/apathy. All components have significant positive correlations and constitute self-propelled system of psychological distress.

The Protective / Adaptive Cluster (on the right) includes resilience, psychological well-being, as well as everyday engagement and social inclusion. All these components show highly significant positive correlation and facilitate adaptation and psychological recovery.

According to the model, four components of crisis counseling may be distinguished:

Stabilization – rapid decrease in acute psychological distress, anxiety and sleep normalization. This is the crucial first step to stop the vicious circle of distress.

At this first stage of work, aimed at decreasing psychological distress and returning the basic level of student functioning, the following tasks are set: regulation of intensive anxiety, decreasing hypervigilance, constant psychological tension and catastrophic thoughts, as well as primary sleep support. Such methods as grounding techniques, breathing exercises (e.g., 4-7-8 breathing or box breathing), psychoeducation on the nature of reactions to traumatic stress, as well as general methods of self-regulation are applied. Sleep problems are particularly taken into account, as it was shown in the results of the study, being tightly interconnected with cognitive difficulties and psychological distress. This stage of work helps a student to achieve psychological security, decrease the level of emotional activation and break a vicious circle of distress (anxiety → sleep disorders → poor concentration → intensified anxiety). Without efficient stabilization, further work on the increase in resilience and psychological well-being becomes significantly more difficult.

Activation of resources – activation of internal resources: building resilience, restructuring cognitions, development of coping strategies. This is the second component directed at the transition from a cluster of distress to a cluster of psychological well-being.

It aims at shifting the student towards an adaptive cluster, developing resilience via cognitive restructuring and focus on previous experiences, working with cognitive distortions (restructuring negative automatic thoughts and catastrophizing), building coping skills. An important part of the work is rebuilding cognitive-emotional engagement into daily activities –

getting back the feeling of "interest in my surroundings". For these purposes, mindfulness techniques, exercises to develop self-efficacy, making resource circles and planning small and achievable actions are used. This stage fully corresponds to the results of the study, as the most protective factors for anxiety, PTSD symptoms and social isolation turned out to be resilience and psychological well-being.

Social engagement – social connections' recovery, elimination of isolation and enhancement of motivation. Of particular importance is the feeling of belonging to the educational institution.

Isolation and low motivation are the significant reasons for staying in the distress cluster. Among the components, there are such activities as expansion of social contacts, involvement in peer support groups and university community life, as well as work with motivation to study and social activities. Along with working with the student, efforts are made by a psychologist in order to help the student overcome barriers to interaction, increase academic motivation and motivation to take social initiatives. A special role is played by students who belong to vulnerable groups (internally displaced people, students who have experienced some kind of loss, representatives of national minorities): for them, an inclusive educational environment should become not the source of stress, but an important source of resources. This step helps shift the student from isolation and apathy to academic and social engagement.

Monitoring – constant assessment of symptom dynamics, evaluation of the progress and adjustment of intervention. It is necessary for the stability of the results achieved.

Finally, the last but not least important component that provides a sustained effect of the intervention. The stage implies regular assessment of symptom dynamics (anxiety, sleep disorders, motivation, resilience), progress control in relation to critical indicators and timely correction of support program. Such measures as use of quick questionnaires, self-assessment, and feedback are carried out here. The stage allows for early detection of possible relapses and correction of the intervention strategy to ensure smooth transition from crisis counseling to long-term psychological assistance (if needed, referral to specialized psychotherapy). Thus, this model does not stop at a one-time crisis, but helps sustainably support psychological recovery.

In this way, desired outcomes of crisis counseling are: reduction of distress, improvement of psychological well-being, increase in resilience and involvement in academic and social life.

In particular, this model of crisis counseling is highly relevant to Ukrainian higher education institutions in the wartime. It integrates fast psychological aid with building of protective factors, thus corresponding to the WHO recommendations and modern research on mental health of students [4–6, 25]. Application of this model in practice within psychological services, inclusive centers and curatorial programs in higher education institutions will allow effectively provide psychological assistance to students from vulnerable groups, ensuring not only temporary improvement of the student's state, but also his/her successful education and social integration.

The limitations of the study relate to the small sample ($N = 56$), cross-sectional design, and self-report data used. The promising directions of further research may include empirical examination of effectiveness of applying the proposed model of crisis counseling in practice.

Overall, the results of the study and the proposed model show that systemic crisis counseling is a highly effective measure of enhancing resilience and psychological well-being of students from vulnerable groups in conditions of chronic war.

6. CONCLUSIONS

The results of the empirical study indicate the presence of a definite bipolar structure of students' psychological activity during the war period, consisting of an adaptive cluster (resilience and psychological well-being) and a distress cluster (anxiety, symptoms of PTSD, sleep disorders, and isolation). The discovered strong negative relationships between the clusters allow us to claim that the development of such personal qualities as resilience and psychological well-being is an effective strategy to protect students of vulnerable groups.

Crisis counseling can be considered an essential element in ensuring the transition from the distress cluster to the adaptive cluster. The developed integrated model of crisis counseling, consisting of four core stages - Stabilization, Resource Activation, Social Inclusion and Monitoring, demonstrates good applicability prospects in practice. The combination of the processes of stabilization of emotional state with the gradual cultivation of resilience and social inclusion allows for successful maintenance of academic achievements by vulnerable groups of students under conditions of war.

Therefore, the regular use of crisis counseling as a practice for the activities of university psychological services, inclusive centers, and support programs appears to be a prospective strategic direction for preserving the mental health of students from vulnerable groups. It should be noted that crisis counseling, besides providing assistance to cope with emergencies, becomes a valuable means of psychological recovery, development, and preventing adverse situations in the field of mental health.

Perspectives for future research include, among others, the longitudinal evaluation of the developed model of crisis counseling and the analysis of its influence on the academic achievement of students.

REFERENCES

[1] Stallman, Helen M. "Psychological distress in university students: A comparison with general population data." Australian psychologist 45.4 (2010): 249-257.

[2] Li, Yang, et al. "Impact of the COVID-19 pandemic on the mental health of college students: a systematic review and meta-analysis." Frontiers in Psychology 12 (2021): 669119.

[3] Wang, Xiaomei, et al. "Investigating mental health of US college students during the COVID-19 pandemic: Cross-sectional survey study." Journal of Medical Internet Research 22.9 (2020): e22817.

[4] World Health Organization. (2022). *World mental health report: Transforming mental health for all*. World Health Organization. https://www.who.int/publications/i/item/9789240049338

[5] Giordano, Francesca, et al. "Resilience processes among Ukrainian youth preparing to build resilience with peers during the Ukraine-Russia war." Frontiers in Psychology 15 (2024): 1331886.

[6] Pinchuk, Irina, et al. "Psychological well-being of Ukrainian students three months after the emerge of full-scale war." Psychiatria Polska 58.1 (2024): 121-151.

[7] Masten, Ann S., et al. "Resilience in development and psychopathology: Multisystem perspectives." Annual Review of Clinical Psychology 17.1 (2021): 521-549.

[8] Ungar, Michael, ed. Multisystemic Resilience: Adaptation and Transformation in Contexts of Change. Oxford University Press, 2021.

[9] Ryff, Carol D. "Psychological well-being revisited: Advances in the science and practice of eudaimonia." Psychotherapy and Psychosomatics 83.1 (2013): 10-28.

[10] Diener, Ed, Shigehiro Oishi, and Louis Tay. "Advances in subjective well-being research." Nature Human Behaviour 2.4 (2018): 253-260.

[11] García-Pérez, Laura, Mar Cepero-González, and Rosario Padial-Ruz. "Resilience as a Key to Mental Well-Being in Higher Education: A Systematic Review of Evidence and Strategies." Universitas Psychologica 24 (2025): 1-15.

[12] Kotov, Roman, et al. "The Hierarchical Taxonomy of Psychopathology (HiTOP): A dimensional alternative to traditional nosologies." Journal of Abnormal Psychology 126.4 (2017): 454.

[13] Forbes, Miriam K., et al. "The network approach to psychopathology: Promise versus reality." World Psychiatry 18.3 (2019): 272.

[14] Harvey, Allison G. "A cognitive model of insomnia." Behaviour Research and Therapy 40.8 (2002): 869-893.

[15] Germain, Anne. "Sleep disturbances as the hallmark of PTSD: where are we now?." American Journal of Psychiatry 170.4 (2013): 372-382.

[16] Baglioni, Chiara, et al. "Sleep and mental disorders: A meta-analysis of polysomnographic research." Psychological Bulletin 142.9 (2016): 969.

[17] Lund, Hannah G., et al. "Sleep patterns and predictors of disturbed sleep in a large population of college students." Journal of Adolescent Health 46.2 (2010): 124-132.

[18] Hawkley, Louise C., and John T. Cacioppo. "Loneliness matters: A theoretical and empirical review of consequences and mechanisms." Annals of Behavioral Medicine 40.2 (2010): 218-227.

[19] Loades, Maria Elizabeth, et al. "Rapid systematic review: the impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19." Journal of the American Academy of Child & Adolescent Psychiatry 59.11 (2020): 1218-1239.

[20] McMillan, David W., and David M. Chavis. "Sense of community: A definition and theory." Journal of Community Psychology 14.1 (1986): 6-23.

[21] Allen, Kelly, et al. "What schools need to know about fostering school belonging: A meta-analysis." Educational Psychology Review 30.1 (2018): 1-34.

[22] Hofmann, Stefan G., et al. "The efficacy of cognitive behavioral therapy: A review of meta-analyses." Cognitive Therapy and Research 36.5 (2012): 427-440.

[23] Roberts, Albert R., ed. Crisis Intervention Handbook: Assessment, Treatment, and Research. Oxford university press, 2005.

[24] Khoury, Bassam, et al. "Mindfulness-based stress reduction for healthy individuals: A meta-analysis." Journal of Psychosomatic Research 78.6 (2015): 519-528.

[25] World Health Organization. (2011). *Psychological first aid: Guide for field workers*. https://www.who.int/publications/i/item/9789241548205

[26] Open Science Framework. (2024). Mental health screening in Ukraine: December 2024. https://osf.io/smhnr/overview