

Impact of the war in Ukraine on mental health, psychosocial adaptation, and physical activity of the population: a systematic review of Ukrainian-language publications

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Abstract

Background and Study Aim

In the context of the ongoing armed conflict in Ukraine, war acts as a prolonged and multi-level stressor. It exerts a complex impact on various aspects of human and societal functioning. Scientific studies have examined the consequences of the war in Ukraine for mental health, psychosocial adaptation processes, and levels of physical activity in the population. These studies reflect the diversity of individual and group responses to chronic stress and the disruption of everyday living conditions. Despite the use of different analytical and empirical approaches, the relative representation and balance of these thematic areas in scientific publications remain a subject of practical and methodological interest. The aim of this study was to conduct a systematic analysis and thematic structuring of scientific publications addressing the impact of the war in Ukraine on mental health, psychosocial adaptation, and physical activity of the population.

Material and Methods

The Web of Science Research Commons database was used as the primary information source for this systematic review. The database represents a multilingual and interdisciplinary index of scientific publications. The analysis included publications published exclusively in Ukrainian scientific journals and focused on Ukraine and the war in Ukraine. Study selection was conducted in accordance with PRISMA guidelines and comprised stages of automated searching, thematic filtering, and expert screening. Initially, 5847 publications were identified. After refinement of the search criteria, 1431 sources remained, of which 92 scientific publications were included in the final qualitative analysis. The results were synthesized using thematic content analysis, followed by classification of publications into categories and subcategories.

Results

The thematic content analysis revealed an uneven distribution of studies across research directions. The largest number of publications focused on mental health and population stress responses. In contrast, studies addressing clinical and physiological consequences of chronic stress were less represented. Research on physical activity and sport under wartime conditions was also limited. A substantial body of research was devoted to psychosocial adaptation and social functioning. These studies encompassed individual, family, educational, and occupational contexts. The identified thematic structure reflects a predominance of psychologically oriented research. At the same time, behavioral and physical activity-related aspects remain underrepresented.

Conclusions

This systematic thematic review indicates a dominance of research focused on mental health. At the same time, physiological and behavioral aspects, including physical activity, remain insufficiently represented. The findings highlight the need for interdisciplinary research. Such research should aim to integrate mental, psychosocial, and physical activity-based approaches to population health preservation under conditions of war.

Keywords:

war, mental health, psychosocial adaptation, physical activity, systematic review, Ukraine

Introduction

Armed conflicts in the contemporary world are increasingly viewed not only as military and political events, but also as prolonged socio-psychological crises that fundamentally alter the living conditions of populations. The war in Ukraine represents such a multi-level stressor, affecting mental health, psychosocial adaptation, and everyday physical activity across a wide range of life

contexts. The combined effects of chronic stress, disrupted social ties, economic instability, and restrictions on habitual forms of physical activity generate a complex spectrum of consequences for the well-being and functional capacities of different population groups. Taken together, these factors underscore the interdisciplinary nature of the problem and the need for a comprehensive analysis that integrates mental, socio-behavioral, and physical activity-related components.

In this context, the impact of war on population health and physical activity has been examined

from different perspectives. Filippou et al. [1] reported that physical activity among refugees and individuals evacuated from conflict zones represents an important but heterogeneous resource for supporting mental and somatic health. Among asylum seekers living in a Greek refugee camp, perceived physical fitness and engagement in low-intensity physical activity were significant predictors of higher well-being. This association was observed despite the high prevalence of post-traumatic stress disorder, depression, and anxiety [1]. In another study, evacuees from conflict-affected areas who engaged in more than three hours of vigorous physical activity per week showed greater resilience and better well-being. A tendency toward lower anxiety levels was also reported [2].

A systematic review of 33 studies on mass traumatic events, including disasters, wars, and terrorist attacks, demonstrated that higher physical activity levels were associated with greater resilience and subjective well-being. Lower levels of anxiety, depression, tension, and post-traumatic stress disorder were also observed. Additional benefits included improvements in sleep, self-efficacy, quality of life, and physiological indicators [3].

Against this background, a systematic analysis of the effects of armed conflicts on cardiovascular risk indicates that war worsens cardiovascular risk profiles. These changes include blood pressure, body weight, and health-related behaviors. The effects are partly mediated through changes in physical activity. These findings highlight exercise-based programs as an important component in the prevention of chronic non-communicable diseases among conflict-affected populations [4].

Systematic reviews and meta-analyses addressing population mental health in armed conflict settings consistently report a high prevalence of depression, anxiety disorders, and post-traumatic stress disorder among individuals exposed to war. Synthesized evidence indicates that refugees, internally displaced persons, and civilians remaining in active conflict zones demonstrate a persistently elevated risk of mental disorders. This risk is associated with chronic stress, loss of safety, and repeated traumatic experiences [5, 6].

Meta-analytic estimates show that depression and post-traumatic stress disorder account for a substantial proportion of the global burden of mental disorders in war-affected countries. Absolute case numbers remain high even years after the cessation of active hostilities [7, 8]. More recent meta-analyses confirm that the prevalence of depression, anxiety, and post-traumatic stress disorder in conflict zones significantly exceeds levels observed in stable regions. This finding underscores the systemic nature of the mental health consequences of war [9].

An overview of reviews further highlights the cumulative effects of prolonged and recurrent

conflicts. Mental health is identified as one of the most vulnerable components of public health under wartime conditions [10].

Systematic reviews addressing the clinical and physiological consequences of war and humanitarian crises demonstrate a consistent association between conflict-induced stress, sleep disturbances, and increased cardiovascular risk. Studies on sleep among refugees and migrants highlight a high prevalence of insomnia and other sleep disorders. These conditions are closely linked to traumatic experiences, displacement conditions, and psycho-emotional strain. This evidence underscores the need for clinically oriented and personalized approaches to diagnosis and support [11, 12].

Reviews focusing on cardiovascular risk indicate that exposure to armed conflict is associated with adverse changes in risk factors and an increased likelihood of cardiovascular events. These effects reflect both the direct impact of stress and indirect consequences related to disrupted living conditions and reduced access to healthcare [4]. In humanitarian crisis settings, hypertension is identified as a significant chronic health problem. Systematic reviews document barriers to treatment access, limited continuity of care, and the importance of incorporating patient perspectives into blood pressure management strategies [13].

Taken together, these findings confirm that sleep disturbances and cardiovascular risks represent key clinical and physiological manifestations of chronic stress under conditions of war and forced displacement. The effectiveness of response measures largely depends on the availability of continuous healthcare and the adaptation of clinical approaches to crisis settings [4, 11, 12, 13].

Contemporary research on psychosocial adaptation under conditions of war and forced migration emphasizes the key role of post-migration factors in shaping the social functioning of refugees and asylum seekers. Systematic and narrative reviews indicate that traumatic war experiences, combined with chronic stressors in host countries, substantially hinder integration processes. These stressors include social isolation, language barriers, insecure legal status, and economic precarity. They also intensify feelings of loneliness and loss of control over life [14, 15].

Reviews examining the relationship between trauma, post-traumatic stress disorder, and social functioning demonstrate persistent impairments in interpersonal relationships, occupational activity, and civic participation [16]. These difficulties remain evident even when clinical symptoms decrease.

The study by Mässing and Cardeña, a scoping review, suggests that post-migration stressors can markedly modify the effectiveness of psychotherapeutic treatment [17]. The authors note

that treatment outcomes are reduced in the absence of social support and stable living conditions. In the study by Schlechter et al., empirical findings confirm the buffering role of social support, religious faith, and individual resilience in reducing psychological distress and maintaining social functioning [18].

At the same time, a meta-analysis of psychosocial interventions shows that structured support programs can improve both mental health and social adaptation. However, their effectiveness largely depends on the implementation context and the availability of resources under conditions of forced displacement [19].

Studies addressing physical activity and sport under conditions of war and forced displacement demonstrate a consistent association between regular physical activity and improved mental health among affected populations. Randomized controlled trials conducted in refugee camps have shown that structured exercise and sport programs contribute to reductions in symptoms of post-traumatic stress disorder, anxiety, and depression. Improvements in overall psychological well-being have also been reported [20, 21].

Observational and cross-sectional studies further confirm that higher levels of self-reported physical activity are associated with better mental health outcomes and lower severity of post-traumatic stress disorder among individuals exposed to war, torture, and forced displacement [1, 22]. At the same time, practice-oriented research highlights substantial organizational and contextual challenges in implementing sport-based interventions in humanitarian settings. These challenges include infrastructure limitations, environmental instability, and the psychological vulnerability of participants [23].

A systematic review and meta-analysis by Purgato et al. confirm the overall effectiveness of physical activity as a non-pharmacological approach to reducing psychological distress among refugees, migrants, and asylum seekers. The review emphasizes its potential as an accessible and culturally adaptable tool for psychosocial support under conditions of war [24].

An analysis of previously published studies indicates that war exerts a complex and multi level impact on population mental health, psychosocial adaptation processes, physical condition, and patterns of physical activity across different social and demographic groups. The authors emphasize that these effects arise from the combined influence of chronic stress, disruption of habitual living conditions, forced migration, restrictions within educational and social environments, and reduced access to resources for support and recovery. Scientific publications place particular emphasis on the interrelationships among psychological, social, and behavioral factors, highlighting the

need to consider them within a unified analytical framework. At the same time, there remains practical and methodological interest in systematizing accumulated evidence and identifying stable thematic research directions. This approach enables a deeper understanding of the structure of scientific knowledge in this field and provides a foundation for further comprehensive analysis of the problem.

The aim of this study was to conduct a systematic analysis and thematic structuring of scientific publications addressing the impact of the war in Ukraine on mental health, psychosocial adaptation, and physical activity of the population.

Materials and Methods

Information Sources

The Web of Science Research Commons database was used as the primary information source for this systematic review. This database represents a multilingual and interdisciplinary index of scientific publications. The analysis included publications published exclusively in Ukrainian scientific journals and focused on Ukraine and the war in Ukraine.

The search covered all records indexed in Web of Science Research Commons from database inception to January 2026. The final search was conducted in January 2026. No lower date limit was applied.

All identified records were exported to a tabular CSV format for subsequent screening, filtering, and analysis in accordance with predefined inclusion and exclusion criteria.

Search Strategy

The search was conducted in two stages. During the first stage, keywords reflecting the themes of war and armed conflict in Ukraine were applied. During the second stage, a refined search was performed to identify publications related to physical activity, health, and psychosocial aspects.

To ensure transparency and reproducibility of the search strategy, the keywords used are presented in Table 1. The table separately lists terms applied during the initial search and keywords used in the refined search. Ukrainian language search terms are provided in transliterated form. English equivalents are presented solely for semantic interpretation and were not directly used in the search process.

The keywords presented in Table 1 were combined using Boolean operators to construct the electronic search strategy. War-related terms were grouped within one thematic block and combined using the OR operator. Health-, psychosocial-, and physical activity-related terms were grouped within a second block and likewise combined using OR. The two thematic blocks were connected using the AND operator. Truncation symbols (*) were applied as indicated to capture morphological variations. No additional thematic filters were imposed beyond those described above.

Table 1. Keywords used at different stages of the search

Search stage	Ukrainian search term (transliterated)	Possible English variants
Initial search	viina	war, warfare, full-scale war
Initial search	zbroinyi konflikt*	armed conflict, armed confrontation, conflict-related violence
Initial search	voiennyi konflikt*	military conflict, war-related conflict, armed conflict
Initial search	boiovi dii	hostilities, combat actions, combat operations, military operations
Initial search	viiskovi dii	military actions, military activities, military operations
Initial search	voiennyi stan*	martial law, state of martial law, martial-law regime
Refined search	fizychna aktyvnist*	physical activity, activity level, habitual physical activity
Refined search	fizychni vpravy*	physical exercise, exercise, exercise training
Refined search	fizyчне navantazhenn*	physical load, physical exertion, training load
Refined search	rukhova aktyvnist*	motor activity, movement activity, physical activity
Refined search	rukhova diialnist*	motor activity, movement behavior, physical activity behavior
Refined search	sport*	sport, sports, sports participation
Refined search	fizychna kultura*	physical culture, physical education, PE
Refined search	rekreatsiina diialnist*	recreational activity, leisure-time activity, recreation
Refined search	zdorov*	health, health status, public health
Refined search	psykhichne zdorov*	mental health, psychological health, mental well-being
Refined search	psykholohichni stres*	psychological stress, perceived stress, mental stress
Refined search	stres*	stress, stress exposure, stress-related
Refined search	blahopoluchch*	well-being, psychological well-being, subjective well-being
Refined search	yakist zhytt*	quality of life, health-related quality of life (HRQoL)
Refined search	psykholohichna stiikist*	resilience, psychological resilience, mental resilience
Refined search	adaptatsi*	adaptation, coping, adjustment, psychosocial adaptation

Note. Search terms are presented in transliterated form and correspond to the Ukrainian language keywords used to retrieve publications from Ukrainian scientific journals. The truncation symbol (*) was applied to capture different morphological forms of the search terms. English equivalents are provided solely for the purpose of interpreting the search logic and were not directly used in the search process.

Search Procedure and Identification of Records

The initial search using keywords related to war and armed conflict in Ukraine identified 5847 records. After applying a refined search query aimed at selecting publications related to physical activity, health, and psychosocial aspects, the number of retrieved records was reduced to 1431.

All records obtained at this stage were exported to a tabular format for subsequent screening and analysis in accordance with the PRISMA protocol.

Data Processing and Filtering

During the data processing stage, all records retrieved through the search strategy were combined into a single dataset. Consolidation of the search results ensured dataset integrity and enabled the sequential application of selection criteria.

Subsequently, an automated filtering procedure was applied based on keywords indicating human involvement. For this purpose, predefined lists of inclusion and exclusion terms were used. Inclusion keywords reflected direct and indirect references to people, whereas exclusion lists were applied to remove publications related to non-relevant thematic contexts, such as management, law, economics, public administration, and other subject domains. Keyword searching was performed within

publication titles and abstracts.

After removal of duplicate and technically overlapping records, 1336 unique publications remained for automated keyword-based screening. From this dataset, 241 publications met the predefined thematic inclusion criteria and were transferred to the stage of manual expert review.

At the next stage, a manual expert review of the selected publications was conducted. Based on this step, the author compiled a list of publications that most closely aligned with the study objectives, which reduced the sample to 149 publications. After classification of publications into categories, 92 publications were retained for further analysis.

All stages of data processing and study selection were conducted sequentially and documented in detail, ensuring transparency and reproducibility of the methodological approach in accordance with PRISMA recommendations (Figure 1).

Inclusion and Exclusion Criteria

The eligibility criteria were structured according to a Population–Exposure–Outcome (PEO) framework in order to ensure logical consistency between the research objective and the study selection process.

Population: individuals or population

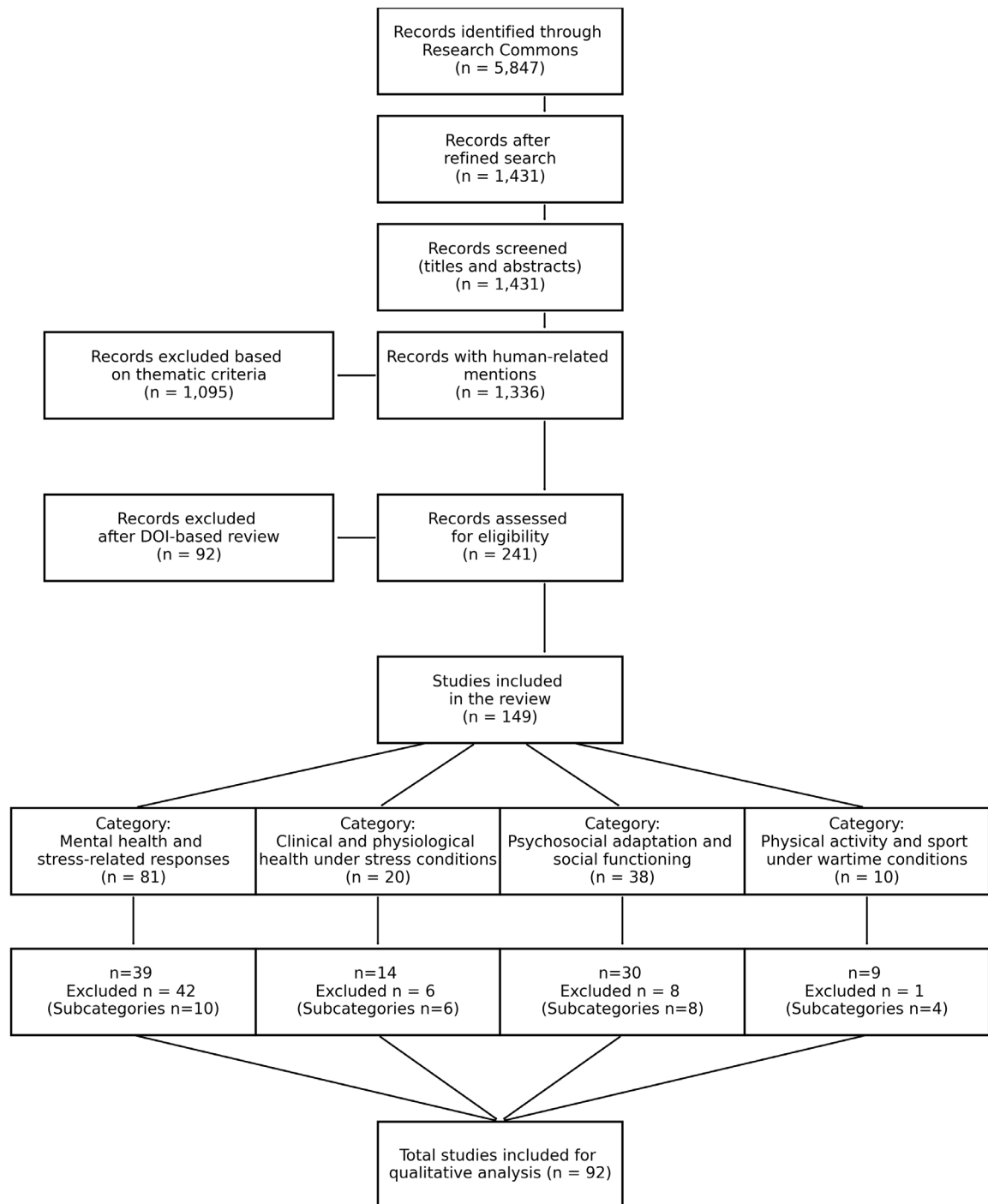


Figure 1. PRISMA flow diagram of the study selection process.

groups residing in Ukraine and affected by war-related conditions. Exposure: armed conflict, full-scale invasion, martial law, displacement, or chronic war-related stress. Outcomes: indicators of mental health, psychosocial adaptation, physical activity, health-related quality of life, physiological stress responses, or related behavioral health characteristics.

The selection of publications for the systematic review was based on predefined inclusion and exclusion criteria. These criteria were developed in accordance with the study objectives and were

applied sequentially during the stages of automated filtering and subsequent expert review.

Inclusion criteria comprised publications published in Ukrainian scientific journals and focused on Ukraine and the war in Ukraine, in which titles and or abstracts contained references to people or groups of people. The analysis included studies addressing physical activity, health status, mental health, and psychosocial well-being, as well as adaptation processes under conditions of war and armed conflict.

Exclusion criteria included publications that

did not correspond to the thematic scope of the study. Specifically, works primarily focused on legal, managerial, economic, financial, administrative, logistical, engineering, technological, or other non-relevant thematic contexts were excluded, even when references to people were present. Publications were also excluded when the research focus shifted away from the analysis of human condition, activity, or well-being toward institutional, organizational, or regulatory aspects.

In addition, an expert based exclusion stage was applied following automated filtering.

After completion of the automated screening and filtering stages, the final sample comprised 149 publications that met the established inclusion criteria. To conduct an in depth qualitative analysis and ensure sufficient analytical depth, a thematic structure was developed consisting of four key categories that reflected the main content directions of the selected publications:

- Mental health and stress related responses (n = 81),
- Clinical and physiological health under stress conditions (n = 20),
- Psychosocial adaptation and social functioning (n = 38),
- Physical activity and sport under wartime conditions (n = 10).

Within each category, an additional thematic decomposition into subcategories was performed. This approach allowed for a more detailed characterization of the content structure of the publication corpus and the identification of stable internal analytical directions. As a result, 10 subcategories were identified for the first category, 6 for the second, 8 for the third, and 4 for the fourth category.

The selection of publications for the final qualitative analysis was conducted manually based on content relevance and analytical significance in relation to the objectives of the present study. During this stage, some publications were excluded at the expert thematic synthesis step due to only formal references to the wartime context, absence of analysis of psychosocial, behavioral, or adaptation mechanisms, or a narrow focus on highly specialized biomedical or methodological aspects that did not correspond to the study objectives.

Summary information on the distribution

of publications and exclusions across thematic categories is presented in Table 2.

Excluded publications (n = 57) were not included in further qualitative analysis. The remaining studies (n = 92) were integrated into broader thematic subcategories within the corresponding research directions. The aggregation of publications into analytical blocks was applied solely for the purposes of thematic synthesis and data interpretation.

To enhance the robustness of the selection process and reduce decision related subjectivity, the formation of the final subsample was accompanied by expert discussion involving two independent specialists in physical activity, public health, and psychosocial research. In cases of divergent assessments, final decisions were made by consensus.

The application of this approach resulted in the formation of a representative and content rich subsample of publications (n = 92), which was sufficient for conducting qualitative analysis and subsequent discussion of the study findings.

Data Processing and Analysis

All stages of data processing and study selection were conducted using automated analytical procedures. The retrieved records were processed using the Python programming language, which was applied to merge datasets, standardize bibliographic information, and filter records based on predefined inclusion and exclusion criteria.

Automated text based screening was applied to publication titles and abstracts to identify records containing references to human participation. Additional filtering procedures were used to exclude records related to non-relevant thematic domains. The use of automated processing ensured consistency, reproducibility, and transparency of the selection process.

Following automated filtering, the remaining records underwent qualitative assessment. The review protocol was not prospectively registered in an external database (e.g., PROSPERO). The methodological procedures were predefined prior to data extraction and were applied consistently throughout the study selection and synthesis process.

A formal methodological quality or risk-of-bias assessment of the included studies was not conducted, as the primary objective of the review

Table 2. Distribution of studies and exclusions during qualitative thematic analysis

Category	Total studies (n)	Excluded during qualitative analysis (n)
Mental health and stress-related responses	81	42
Clinical and physiological health under stress conditions	20	6
Psychosocial adaptation and social functioning	38	8
Physical activity and sport under wartime conditions	10	1
Total	149	57

was thematic structuring and mapping of research directions rather than quantitative effect synthesis. Therefore, the findings presented in this review reflect the distribution and thematic orientation of the available literature and should not be interpreted as graded evidence of effectiveness or causal inference.

Results

To synthesize the findings of the qualitative analysis, the included studies were organized into a structured thematic framework. This categorization delineates four main research domains addressing the effects of war related stressors on health, psychosocial adaptation, and human functioning. An aggregated overview of all categories, subcategories, and corresponding study clusters is presented in Table 3.

The final analytical sample comprised 92 publications. Across the four thematic categories, the corpus included theoretical and analytical papers, cross-sectional empirical studies, questionnaire-based surveys, clinical observational investigations, and a limited number of intervention-oriented and experimental designs. The distribution of studies across categories reflects thematic prevalence rather than hierarchical differentiation by study design.

As shown in Table 3, the largest body of evidence relates to Mental health and stress related responses, encompassing multiple subcategories that capture population level psychological deterioration, mental health vulnerability among students, trauma in children and adolescents, resilience factors, coping

strategies, intervention effectiveness, displacement related stress, occupational burnout, posttraumatic growth, and the development of diagnostic tools for war related stress.

The category Psychosocial adaptation and social functioning reflects a broad spectrum of adaptive processes operating at individual, family, community, and societal levels. These include identity transformation, family and intergenerational resilience, educational and professional adaptation, vulnerability of specific population groups, and the role of psychosocial support programs.

Studies grouped under Clinical and physiological health under stress conditions indicate that prolonged exposure to war is associated not only with psychosomatic complaints but also with measurable physiological changes, deterioration of health related behaviors, reduced quality of life, exacerbation of chronic diseases, and nutrition related risks.

The category Physical activity and sport under wartime conditions is more limited in volume but methodologically diverse. It highlights adaptive modifications of training processes, the rehabilitative potential of physical activity, vulnerability and resilience of youth physical activity, and sport related quality of life under conditions of restricted mobility and chronic stress.

To illustrate the relative contribution of each thematic domain, the distribution of included studies across the four main categories is presented in Figure 1. The categories are indicated numerically on the horizontal axis, while color coding and the

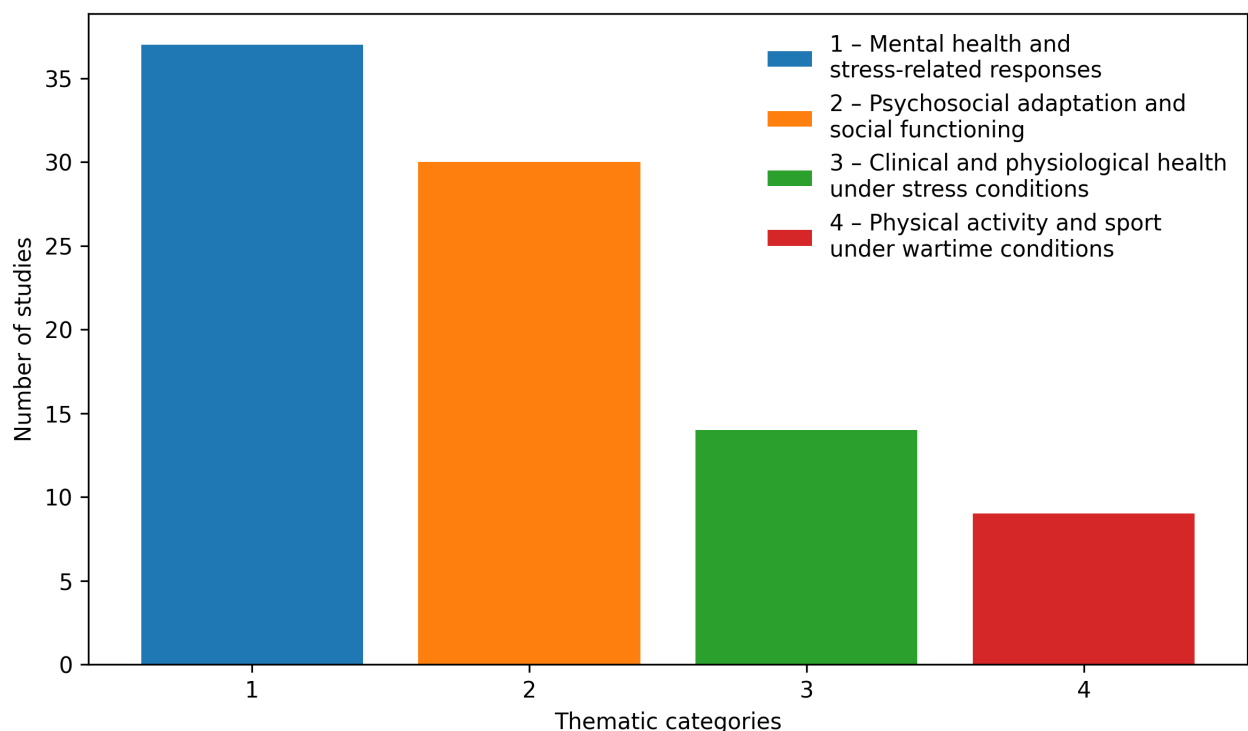


Figure 1. Distribution of included studies across four thematic categories (n = 92)

Table 1. Aggregated thematic structure of included studies across four main categories and corresponding subcategories

Articles	Study aim	Study design	Population	Key outcomes	War-related focus	Expert comment
Mental health and stress-related responses						
25, 26, 27, 28	Synthesize evidence on general mental health deterioration under war	Theoretical analytical and narrative reviews	General civilian population	War associated with increased anxiety depression emotional instability and reduced psychological well being	War as chronic stressor and collective trauma	Population level mental health decline under prolonged war stress
29, 30, 31, 32, 33, 34	Assess stress anxiety and emotional exhaustion in students	Cross sectional and comparative empirical studies	University students	High anxiety emotional exhaustion sleep disturbance and reduced stress resistance	Educational disruption uncertainty and chronic wartime stress	Students represent a high risk group for stress related mental health outcomes
35, 36, 37, 38, 39	Examine mental health consequences of war in children and adolescents	Empirical surveys narrative and clinical studies	Children and adolescents including IDPs	High prevalence of anxiety fear PTSD psychosomatic symptoms and emotional dysregulation	Direct exposure displacement and loss of safety	Children show heightened vulnerability to war related psychological trauma
40, 41, 42, 43, 44	Identify psychological resilience and protective resources under war stress	Correlational empirical and theoretical studies	Adolescents adults displaced populations	Resilience tolerance to uncertainty and hardness buffer negative mental health outcomes	Prolonged wartime stress and uncertainty	Resilience functions as a key moderator of war related mental health risk
45, 46, 47, 48	Analyze coping strategies and emotional regulation during war	Empirical correlational and intervention studies	Adults and students	Adaptive coping linked to better emotional regulation while avoidance increases anxiety	Chronic stress and traumatic exposure	Coping style significantly determines psychological adaptation to war
49, 50, 51, 52	Evaluate psychological interventions for stress anxiety and PTSD	Applied empirical and methodological studies	Children adolescents and adults	CBT art therapy mindfulness reduce anxiety depression and PTSD symptoms	War trauma displacement and chronic stress	Psychological interventions are reported in the included studies as being associated with reductions in selected psychological symptoms under wartime conditions.
53, 54, 55	Assess effects of displacement and migration on mental health	Empirical and comparative studies	Forced migrants displaced families youth	Migration linked to maladaptive adjustment and transgenerational stress transmission	War induced displacement and family separation	Displacement amplifies psychological vulnerability across generations
56, 57, 58	Analyze occupational stress and burnout during war	Empirical correlational and comparative studies	Lecturers IT specialists demining professionals	High burnout anxiety and emotional exhaustion under chronic war stress	Extreme occupational stress in wartime	Occupational mental health risks require targeted preventive strategies

Table 1. Continued

Articles	Study aim	Study design	Population	Key outcomes	War-related focus	Expert comment
54, 59, 60	Examine posttraumatic growth and positive adaptation	Mixed methods and correlational studies	Students and forced migrants	Posttraumatic growth linked to meaning making resilience and improved well being	War related trauma and adaptation	Positive psychological transformation is possible despite chronic stress
61, 62	Develop diagnostic tools for war related stress	Psychometric instrument development and validation	Civilian adult populations	Reliable scales capturing chronic war related stress dimensions	Daily and prolonged war stress exposure	Validated instruments strengthen methodological rigor of war related mental health research
Psychosocial adaptation and social functioning						
63, 64, 65, 66, 67	Conceptualize individual and collective psychosocial adaptation to war	Theoretical conceptual and analytical syntheses	General population and communities affected by war	Adaptation is driven by resilience coping strategies collective stability and transformational responses to chronic stress	Prolonged armed conflict and societal disruption	Provides integrative frameworks explaining psychosocial adaptation mechanisms under war
68, 69, 70, 71	Analyze community and collective identity transformation during war	Theoretical and mixed conceptual empirical studies	Youth and general population	War reshapes national identity values patriotism and collective trauma processing influencing social cohesion	Information psychological warfare and full scale invasion	Highlights identity based resources and risks for societal adaptation
72, 73, 74, 75	Examine family systems and intergenerational psychosocial adaptation	Theoretical analyses empirical and intervention studies	Families parents children wounded personnel	Family support parenting styles and parental identity enhance child resilience and recovery	Family functioning under war stress and injury	Family system acts as a key buffer for psychosocial adaptation
76, 77, 78, 79, 80	Assess psychosocial adaptation of children and youth in educational contexts	Longitudinal surveys empirical educational and conceptual studies	Schoolchildren students and youth	Educational environments support motivation social skills and identity adaptation but war increases anxiety and distancing	Disruption of education and distance learning during war	Education serves as a central arena for youth psychosocial resilience
81, 82, 83, 84, 85	Analyze psychosocial adaptation of vulnerable groups under war	Quantitative qualitative and mixed studies	Refugees IDPs persons with disabilities elderly and parents of disabled children	Higher distress and social losses coexist with resilience linked to support and needs satisfaction	Forced migration vulnerability and social exclusion	Demonstrates differentiated adaptation patterns among vulnerable populations

Table 1. Continued

Articles	Study aim	Study design	Population	Key outcomes	War-related focus	Expert comment
86, 87, 88, 89	Examine professional occupational and institutional adaptation during war	Analytical reviews surveys and applied qualitative studies	Police nurses educators social workers	Professional adaptation depends on psychological skills training and trauma informed practices	Occupational stress and institutional disruption under martial law	Highlights need for institutional psychosocial capacity building
90, 91, 92	Evaluate psychosocial interventions support programs and alternative resources	Qualitative program analyses and theoretical reviews	Displaced persons children and general population	Support groups psychological tourism and counseling enhance social connection and resilience	Displacement trauma and social isolation due to war	Interventions strengthen social functioning and recovery resources
Clinical and physiological health under stress conditions						
93, 94	Assess somatic and psychosomatic health under war stress	Comparative clinical and observational studies	Children and adolescents from conflict affected regions	High prevalence of somatic complaints psychosomatic symptoms fatigue emotional lability anxiety and reduced adaptive capacity	Direct exposure to armed conflict displacement and chronic threat	Clear evidence of combined physical and psychosomatic vulnerability in minors under war stress
95, 96	Examine health behaviors and lifestyle changes during wartime	Cross sectional and longitudinal observational studies	University and medical students	Deterioration of self-rated health reduced physical activity weight gain increased smoking alcohol use and unhealthy behaviors	War related stress combined with educational disruption and distance learning	Lifestyle mediated health decline represents an indirect but significant physical health risk
97, 98	Assess health related quality of life under armed conflict	Narrative review and clinical observational study	War affected populations and patients with chronic diseases	Reduced physical mental and social quality of life with functional limitations depression and anxiety	Direct exposure to war displacement and chronic stress	Quality of life integrates physical and mental health deterioration under war conditions
99	Identify physiological stress markers and allostatic load during war	Repeated laboratory observational study	University students aged 18 to 21	Altered neutrophil and monocyte profiles indicating increased allostatic load after war onset	Chronic war related stress combined with pandemic impact	Objective physiological confirmation of stress induced health burden

Table 1. Continued

Articles	Study aim	Study design	Population	Key outcomes	War-related focus	Expert comment
100, 101, 102	Analyze cardiovascular and endocrine responses to chronic war stress	Clinical observational and retrospective studies	Patients with hypertension and endocrine disorders	Impaired blood pressure regulation increased arrhythmias higher cardiovascular risk under chronic stress	Full scale invasion martial law and prolonged anxiety exposure	War stress exacerbates the course of chronic somatic diseases
103, 104, 105, 106	Assess eating behavior and nutrition under martial law	Questionnaire based and cohort observational studies	Students adults and pregnant women	Disordered eating nutrient imbalance stress related dietary changes fatigue and reduced well being	Disruption of daily routines food access and psychosocial stress due to war	Nutritional disturbances represent a significant physiological risk under prolonged war stress
Physical activity and sport under wartime conditions						
107, 108, 109, 110	Analyze organization and adaptation of sport training under wartime constraints	Questionnaire based surveys intervention and comparative longitudinal studies	Military cadets boxers students youth footballers	Restricted access to facilities led to adaptation of training formats use of shelters limited space programs and modified training loads while maintaining or improving selected performance indicators	Martial law air raids mobility restrictions and wartime safety requirements	Demonstrates feasibility and effectiveness of adapted sport training under wartime constraints
111, 112	Assess physical activity as a means of stress reduction and rehabilitation during and after war	Experimental intervention and narrative analytical studies	Combatants and war veterans	Regular running and football based programs reduced stress supported rehabilitation and facilitated social reintegration	Combat stress and post war adaptation	Physical activity is reported in the included studies as being associated with stress reduction and rehabilitation support under wartime conditions.
113, 114	Examine physical activity and physical education of children and youth under wartime conditions	Observational survey and testing studies	Schoolchildren and adolescents	Wartime distance education and stress reduced physical activity levels while structured exercises improved functional state and reduced anxiety	Educational disruption shelter use and psychosocial stress	Youth physical activity is highly vulnerable to wartime conditions but responsive to targeted physical education measures
115	Assess athlete well-being and quality of life under wartime conditions	Cross sectional questionnaire study	Esports athletes	War related stress associated with changes in psychological health and quality of life with identified coping and mitigation approaches	War and pandemic related uncertainty	Highlights sport related quality of life and well-being under indirect physical activity conditions

legend provide full thematic specification. As shown in Figure 1, research on mental health and stress-related responses (Category 1) clearly dominates the body of published research. In contrast, clinical and physiological outcomes (Category 3) and studies addressing physical activity (Category 4) are substantially less represented.

Discussion

The aim of this study was to conduct a systematic analysis and thematic structuring of scientific publications addressing the impact of the war in Ukraine on mental health, psychosocial adaptation, and physical activity of the population. The qualitative analysis identified four aggregated thematic categories that reflect the main directions of scholarly interpretation of war related consequences. These categories include mental health and stress related responses, psychosocial adaptation and social functioning, clinical and physiological consequences of chronic stress, and physical activity and sport under conditions of war.

The interpretation of the findings should be considered in light of the structural characteristics of the included evidence base. The majority of the reviewed publications were observational, descriptive, or theoretical in nature, while experimental and randomized controlled designs were limited in number. In addition, no formal methodological quality assessment was conducted. Therefore, the present synthesis reflects thematic prevalence and research orientation rather than graded evidence strength or causal verification.

The largest body of publications was concentrated in the domain of mental health and stress related responses, indicating the priority of this topic within the scientific discourse. Categories related to psychosocial adaptation and clinical and physiological consequences were represented more moderately and encompassed a wide range of populations and contextual settings. Studies addressing physical activity and sport under wartime conditions constituted the smallest but methodologically diverse group, reflecting both adaptive modifications of physical activity and its rehabilitative potential.

Taken together, these findings provide an integrated view of the structure and distribution of research interests in this field. The identified thematic configuration establishes a foundation for further interpretative analysis of the evidence base concerning population health, adaptation, and physical activity under conditions of war.

Mental health and stress related responses

Analysis of the Ukrainian body of publications indicates that the dominant research directions addressing the mental consequences of war focus on anxiety and depressive manifestations, post-

traumatic symptoms, and reduced psychological well-being in the general population. This pattern is consistent with meta-analytic evidence reporting a high prevalence of depression and post-traumatic stress disorder in conflict-affected groups [5, 6, 7, 8, 9]. Within Ukrainian studies, these outcomes are further specified through the identification of vulnerable subgroups, particularly students and educational settings, in which emotional exhaustion, sleep disturbances, and reduced stress tolerance are frequently reported. These manifestations are commonly interpreted as cumulative effects of prolonged exposure to chronic stress, disrupted daily routines, and sustained social uncertainty [29, 30, 31, 32, 33, 34]. Taken together, this thematic focus suggests that Ukrainian research complements international prevalence-based findings by providing a more differentiated understanding of context-specific vulnerability patterns and stress responses within civilian populations exposed to prolonged warfare.

Similarly, elevated risks of anxiety, fear, and post-traumatic stress disorder among children and adolescents, including internally displaced persons, align with international evidence on the psychological vulnerability of displaced populations and those living in threat-exposed areas. Systematic reviews and meta-analyses by Morina et al. demonstrated a high prevalence and persistence of depression and post-traumatic stress disorder among refugees, internally displaced persons, and civilians remaining in war-affected regions [5, 6]. Meta-analytic studies further showed that these disorders constitute a substantial share of the global mental health burden in countries affected by armed conflict and occur at significantly higher rates than in stable regions [7, 8, 9, 10]. In the Ukrainian corpus, however, greater emphasis is placed on school and family contexts as central environments shaping the experience of war-related stress [35, 36, 37, 38, 39]. A distinctive feature of Ukrainian publications is the pronounced focus on adaptive resources, including resilience, coping strategies, and post-traumatic growth. This perspective extends the predominantly deficit-oriented framework of global assessments by highlighting buffering factors and recovery potential [40, 41, 42, 43, 44, 45, 46, 47, 48, 59, 60]. The presence of studies addressing psychological interventions and diagnostic tools reflects a practice-oriented shift within the Ukrainian research corpus and corresponds to the international trend toward moving beyond symptom description to the evaluation of supportive approaches and instruments for assessing war-related stress [49, 50, 51, 52, 61, 62]. Taken together, these differences indicate that Ukrainian-language research not only reflects global patterns of war-related psychological burden but also contributes context-specific insights into adaptive mechanisms

and applied support strategies relevant to prolonged and large-scale societal stress.

International systematic reviews and meta-analyses consistently confirm the universal and cumulative nature of the mental health consequences of armed conflicts across national and cultural contexts. Large-scale reviews and meta-analyses have documented consistently elevated prevalence rates of depression, anxiety, and post-traumatic stress disorder among refugees, internally displaced persons, and civilians living in war-affected regions, as well as the persistence of these disorders long after active hostilities cease [5, 6, 7, 8, 9, 10]. Contemporary meta-analytic evidence further demonstrates persistently high prevalence rates of post-traumatic stress disorder, depression, and anxiety disorders among civilian populations in conflict regions, with comparable levels observed across countries exposed to prolonged violence and chronic insecurity [116, 117]. Global reviews indicate that refugees, internally displaced persons, and populations remaining in active conflict zones exhibit similar patterns of mental disorders, supporting the transnational comparability of war-related mental health outcomes. An overview of reviews additionally emphasizes that the cumulative effects of prolonged and recurrent conflicts generate a long-term burden of mental disorders that extends well beyond the acute phase of hostilities. Taken together, this body of international evidence provides a robust comparative framework for interpreting national-level findings within the broader context of global mental health research on war-related stress.

Overall, the findings of this subsection indicate a high degree of convergence between Ukrainian and international research in identifying the scale and persistence of war-related mental health problems. At the same time, important contextual distinctions are evident. International evidence primarily establishes the prevalence, cumulative nature, and long-term burden of depression, anxiety, and post-traumatic stress disorder across conflict-affected populations. Ukrainian-language studies, however, emphasize context-specific vulnerability patterns. They also highlight the role of educational and family environments, as well as the significance of adaptive resources and applied support strategies. Together, these perspectives provide an integrated understanding of mental health and stress-related responses to prolonged warfare. They reflect both shared global patterns and nationally specific features of psychological adaptation.

Psychosocial adaptation and social functioning

Analysis of Ukrainian publications on psychosocial adaptation and social functioning demonstrates conceptual alignment with international research emphasizing the key role

of post-traumatic and post-migration stressors in disrupting social ties, integration processes, and participation in community life [14, 15, 16]. At the same time, the Ukrainian research corpus extends this perspective by focusing on adaptation under conditions of ongoing internal conflict without a post-migration recovery phase. This allows psychosocial adaptation to be conceptualized as a dynamic and multi-level process developing against a background of prolonged social instability [63, 64, 65, 66, 67].

In contrast to international reviews that predominantly focus on refugees and host communities [5, 14, 15, 16], Ukrainian studies place greater emphasis on the transformation of collective and national identity, family systems, and educational environments as key spaces of social adaptation. These findings complement evidence on impaired social functioning by highlighting not only maladaptation but also the emergence of new forms of solidarity, shared values, and mechanisms of collective resilience [68, 69, 70, 71, 72, 73, 74, 75].

Particular attention within the Ukrainian corpus is given to vulnerable groups, including internally displaced persons, people with disabilities, older adults, and children and youth in educational contexts. This focus aligns with international evidence indicating a coexistence of high psychological distress and preserved adaptive resources when social support is available [18]. Studies on psychosocial interventions and alternative forms of support further confirm meta-analytic conclusions regarding the positive effects of structured programs on social functioning. At the same time, they emphasize that intervention effectiveness depends strongly on the institutional and social context of implementation under wartime conditions, which is consistent with international findings reported by Schlechter et al. [19] and other reviews [86, 87, 88, 89, 90, 91, 92].

Contemporary systematic reviews and meta-analyses indicate that psychosocial adaptation of refugees and internally displaced persons in armed conflict settings is shaped by the interaction of traumatic war experiences and post-migration stressors. These stressors include social isolation, insecure legal status, and economic instability, all of which substantially affect social functioning and quality of life. Synthesized evidence shows that impairments in social functioning, such as difficulties in interpersonal relationships, social integration, and occupational participation, often persist even when clinical symptoms of post-traumatic stress disorder and depression partially decrease [16, 17, 18].

Systematic reviews of psychosocial interventions confirm that support and social reintegration programs can improve emotional well-being and social engagement. However, their effectiveness

varies depending on contextual factors, levels of social support, and structural conditions within host communities [118, 119]. Studies conducted in low- and middle-income countries further highlight the increased vulnerability of displaced populations due to limited access to resources. These conditions intensify social isolation and reduce adaptive capacity [120]. Meta-analytic evidence from child samples indicates that psychosocial interventions implemented during early school age produce moderate but stable positive effects on social functioning and emotional regulation [121].

Taken together, these findings suggest that psychosocial adaptation in forced displacement is a prolonged and context-dependent process. Effective support requires sustained social resources, early intervention, and sensitivity to structural and environmental constraints affecting displaced populations.

Overall, the reviewed evidence indicates that psychosocial adaptation and social functioning in war-affected populations are shaped by the combined influence of traumatic experiences, prolonged social instability, and contextual support conditions. International studies primarily focus on post-migration stressors and their impact on social integration among refugees, whereas Ukrainian research emphasizes adaptation processes unfolding under ongoing internal conflict. Ukrainian publications also highlight the role of collective identity, family systems, and educational environments as key spaces of social adaptation. Across both international and Ukrainian research, vulnerable groups demonstrate persistent impairments in social functioning alongside preserved adaptive resources. The effectiveness of psychosocial interventions is consistently shown to depend on the availability of social support, institutional capacity, and broader structural conditions under wartime circumstances.

Clinical and physiological health under stress conditions

Findings from Ukrainian clinical and physiological studies confirm conclusions drawn from international systematic reviews indicating that chronic stress related to armed conflict exerts a pronounced and multi level impact on somatic health that extends beyond purely mental consequences [4, 11, 12, 13]. In particular, evidence from child and adolescent samples in Ukraine demonstrates a combination of somatic and psychosomatic manifestations, including fatigue, emotional lability, anxiety, and reduced adaptive reserves. These patterns are consistent with international observations highlighting the heightened vulnerability of minors to prolonged stress and unstable living conditions [93, 94].

In contrast to reviews primarily focused on

refugees and humanitarian crises, Ukrainian studies provide a more detailed characterization of the clinical and physiological effects of war under conditions of ongoing conflict and a functioning yet overburdened healthcare system. This is reflected in documented declines in quality of life, increased cardiovascular risk, and worsening trajectories of chronic diseases, including arterial hypertension and endocrine disorders [97, 98, 100, 101, 102]. These findings are conceptually consistent with evidence on stress induced cardiovascular dysregulation and barriers to healthcare access in crisis settings [4, 13].

An additional contribution of Ukrainian research lies in the use of objective physiological stress markers, including indicators of allostatic load. This approach extends the interpretation of clinical and physiological consequences of war by incorporating laboratory confirmed alterations in immune and regulatory systems [99]. Alongside this, studies addressing dietary behavior and lifestyle patterns among students, adults, and pregnant women emphasize the role of indirect mechanisms, such as disrupted eating routines, reduced physical activity, and increased harmful habits, in shaping long term somatic risks [95, 96, 103, 104, 105, 106]. These findings complement international evidence on the multifactorial nature of stress related health disturbances [11, 12].

International research further confirms that prolonged exposure to war results in long-lasting clinical and physiological consequences. These effects are manifested through both somatic complaints and objective indicators of health deterioration [4, 11, 12, 13]. The concept of weathering suggests that war related trauma during adolescence and early adulthood is associated with the accumulation of somatic symptoms and poorer health outcomes in later life, reflecting biological wear resulting from sustained stress exposure [122]. Population level data from protracted conflict zones indicate unfavorable blood pressure trajectories and increased cardiovascular risk among individuals exposed to war related trauma, underscoring the physiological embodiment of chronic stress [123]. Synthesizing reviews demonstrate that war affects health not only through direct mechanisms but also via disruption of healthcare systems, deterioration of living conditions, and restricted access to medical services, thereby exacerbating chronic disease burden [124]. Clinical studies among refugees and asylum seekers further confirm close associations between psychological stress, cardiovascular disease, and somatic pain, highlighting the integration of mental and physiological mechanisms [125]. Meta analytic evidence on mortality indicates that cumulative exposure to war related stress is associated with an increased risk of premature death, reflecting the systemic nature of the clinical and physiological consequences of war [126].

Physical activity and sport under wartime conditions

Findings from Ukrainian studies on physical activity and sport under conditions of war are broadly consistent with international evidence indicating a positive role of regular physical activity in reducing psychological distress and maintaining functional capacity among individuals exposed to war related stress [20, 21, 24]. In particular, national studies show that even under severe constraints related to infrastructure, mobility, and safety, it is possible to maintain and adapt training processes through the use of shelters, limited spaces, and modified exercise loads. These adaptations occur without critical performance decline and, in some cases, with preservation or improvement of selected physical fitness indicators [107, 108, 109, 110].

In contrast to studies conducted in refugee camps and humanitarian centers, where physical activity is more often conceptualized as a structured psychosocial intervention [20, 23], Ukrainian evidence reflects the functioning of sport and physical education within an ongoing internal conflict. This perspective expands the interpretation of physical activity by framing it not only as a therapeutic tool but also as a component of everyday functioning, professional preparation, and social resilience under wartime conditions.

Research focusing on veterans and combatants [111, 112] further supports international conclusions regarding the non-pharmacological rehabilitative potential of physical activity. The authors note that regular running- and football-based programs are associated with reduced stress levels, improved psychological well-being, and enhanced social reintegration. These findings are conceptually consistent with international intervention studies reporting reductions in post-traumatic stress disorder, anxiety, and depression following the inclusion of physical exercise in psychosocial support programs [1, 20, 21, 22, 24].

In child and adolescent samples, Ukrainian studies highlight the high vulnerability of physical activity levels to remote education, stress exposure, and safety restrictions, which is consistent with observational evidence from other conflict and post conflict settings. At the same time, targeted forms of physical education and structured exercise programs have been shown to partially compensate for activity reduction and to exert beneficial effects on functional status and anxiety levels [113, 114].

Studies conducted in contexts of armed conflict and forced displacement consistently confirm the potential of physical activity and sport as non-pharmacological resources for supporting mental and physical health. Pragmatic randomized controlled trials carried out in refugee camps demonstrate that structured exercise and sport

programs lead to reductions in symptoms of post traumatic stress disorder, anxiety, and depression, alongside improvements in overall mental state [20, 23]. Additional evidence indicates concurrent positive changes in physical fitness indicators and cardiometabolic risk profiles, underscoring the multidimensional effects of physical activity under conditions of chronic stress [127, 128, 129]. Systematic reviews and meta analytic studies further confirm that sport and physical activity programs exert stable positive effects on the mental health of children, adolescents, and adults in post conflict and humanitarian settings, despite substantial variability in implementation conditions and intervention designs [130, 131]. Collectively, international evidence supports the view that physical activity represents a universal, culturally adaptable, and relatively accessible tool for psychosocial support under conditions of war, complementing clinical and social forms of assistance.

The findings of this review should be interpreted within the context of the war in Ukraine as a prolonged and high intensity armed conflict that differs in scale and duration from many contemporary military crises. Chronic hostilities, extensive civilian involvement, repeated disruption of basic living conditions, and persistent uncertainty shape a distinctive stress profile and limit direct comparability with short term or localized conflicts. Within this context, the predominance of descriptive and observational study designs in Ukrainian publications reflects objective structural and ethical constraints associated with conducting research during active warfare, rather than methodological weakness.

The synthesis across the four thematic domains indicates that the impact of the war in Ukraine is systemic and multi level, affecting mental health, psychosocial adaptation, clinical and physiological functioning, and physical activity within the population. Research on mental health and stress related responses remains the most extensively represented domain, reflecting the central role of chronic stress, trauma exposure, and loss of safety in shaping psychological outcomes. Findings related to psychosocial adaptation demonstrate that individual and collective resilience, social support, and institutional resources can partially mitigate adverse effects by sustaining social functioning under prolonged instability. Clinical and physiological studies further reveal that psychological distress is closely interconnected with somatic health disturbances, lifestyle changes, and objective physiological markers of stress, resulting in cumulative health burden. Finally, evidence from studies on physical activity and sport shows that, when adapted to wartime conditions, physical activity may function as an effective non

pharmacological resource for maintaining mental and functional health, integrating into broader contexts of rehabilitation and social resilience during armed conflict.

Limitations and Future Research

This systematic review has several limitations that should be considered when interpreting the findings. First, the analysis included publications published predominantly in Ukrainian scientific journals, which determines the specificity of research approaches and data presentation formats. A substantial proportion of the included studies were descriptive or narrative in nature and relied on observational data, while quantitative indicators, standardized measurements, and statistically robust analyses were applied inconsistently.

In addition, the restriction of the search to a single database and to publications in Ukrainian scientific journals limits the external generalizability of the findings. The results reflect the structure of the indexed Ukrainian-language scientific corpus rather than the entirety of global research on war-related health consequences.

Second, heterogeneity in study designs, samples, and methodological approaches limits direct comparability of findings across categories and subcategories. This limitation is particularly evident in studies addressing clinical and physiological indicators and physical activity, where the number of investigations using objective measurements remains relatively small.

At the same time, the specific characteristics of the war in Ukraine, including its prolonged duration, high intensity, and the convergence of military, social, and humanitarian crises, create a unique exposure context that is not fully comparable to earlier armed conflicts. This circumstance increases the scientific relevance of national research while simultaneously highlighting the need for the development of more methodologically rigorous approaches, including the use of validated instruments, longitudinal designs, and expanded statistical analyses.

Future research should prioritize the transition from predominantly descriptive models to analytical and explanatory studies. Particular emphasis should be placed on the integration of mental, physiological, and behavioral indicators within interdisciplinary designs. The accumulation of quantitative data enabling assessment of long term trajectories of war related consequences and evaluation of intervention effectiveness represents a key direction for further investigation.

Conclusions

This systematic review provides a structured thematic mapping of Ukrainian-language scientific publications addressing the impact of the war in Ukraine on population health and functioning. The resulting framework reflects the multidimensional nature of war related consequences and underscores the necessity of examining these effects through an interdisciplinary and integrative perspective.

Synthesis of the available evidence demonstrates that research in this field emerges at the intersection of psychology, medicine, health pedagogy, social adaptation, and physical culture, while remaining characterized by substantial heterogeneity in methodological rigor and analytical depth. This reinforces the importance of systematic organization and comparative analysis of publications as tools for enhancing interpretability and coherence of scientific evidence.

The findings indicate directions for further development of interdisciplinary research models aimed at comprehensive understanding of war-related impacts, while acknowledging the descriptive nature of the current evidence base. The thematic framework established in this review may serve as an analytical basis for future empirical studies, the design of population support programs, and the advancement of health related scientific policy under conditions of prolonged crisis.

Conflict of interests

The authors declare that there is no conflict of interests.

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