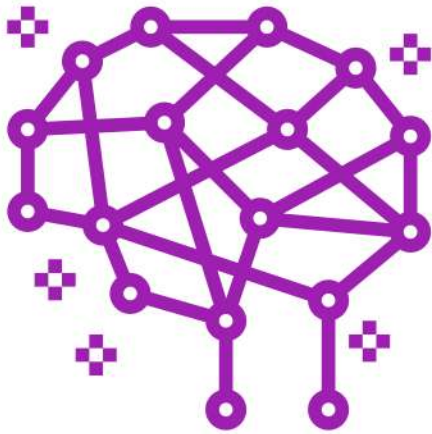


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28% (7 people) elevated level (18-21 points), 28% (7 people) with a high level (22-25 points) and 8% (2 people) with a very high level (26-28 points). According to the results of the survey on the scale of assessment of the impact of a traumatic event, 16% of respondents (4 people) had symptoms of avoidance, 32% (8 people) of intrusion, and 52% (13 people) had symptoms of agitation.

Conclusions: a high level of adaptation was found in 7 patients (28%), and in 18 patients (72%) there was a violation of adaptation. The combat experience of most patients who were in the Joint Forces Operation area ranged from medium to high. Only 8% received a very high level of combat experience, and 28% (7 people) received a high level. The duration of the respondents' stay in the combat zone ranged from 60 to 340 days. 16% of respondents (4 people) had symptoms of avoidance, 32% (8 people) had symptoms of intrusion, and 52% (13 people) had symptoms of agitation. Therefore, in the future in this direction the target of psychotherapeutic and psychoeducational programs in this category of patients will be considered.

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**MANIFESTATIONS OF ANXIETY AND DEPRESSIVE SYMPTOMS
DEPENDING ON THE DEGREE OF NERVOUS-MENTAL STRESS IN
FORCED MIGRANTS AND RESIDENTS OF KHARKIV REGION**

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Topicality. The phenomenon of forced migration has been familiar to mankind since its inception. In many cases, new refugee flows are associated with outbreaks of hostilities in designated areas and result in risks to life and inability to work and to provide an economic activities at the place of initial place of living. The problems of forced migration are severe: they are not only the economic, juridical, social and psychological difficulties faced by refugees, but also the problems created by forced migrants for the host country. After resettlement, there may be difficulties in adapting to the new place, which later determine the formation of a specific experience of forced



migrants. The main manifestations of disadaptation in such persons are anxiety disorders that occur on the basis of increased mental stress.

Purpose: to determine the features of anxiety and depressive symptoms depending on the level of nervous and mental stress in forced migrants in comparison with the same indicators in the residents of Kharkiv region.

Materials and methods: we conducted a comprehensive examination of 64 patients (1 group consisted of 21 forced migrants patients, 2 group - 43 patients permanently residing in the Kharkiv region), both sexes, aged 20 - 55 years. Patients were treated on the basis of KNP CHOR "Regional Clinical Psychiatric Hospital №3" and the Military Medical Center of the northern region. All subjects had signs of anxiety disorders. We used the following psychodiagnostic techniques: the questionnaire of neuropsychiatric stress (NPN) by Nemchin T.A., hospital scale of anxiety and depression (HADS), Hamilton clinical scale of anxiety and depression.

Results: the HADS scale showed: subclinical manifestations of anxiety were observed in 33.33% of migrants and in 48.84% of local residents, clinical manifestations of anxiety - 66.67% and 51.16%, respectively; subclinical manifestations of depression - 23.81% and 44.19%, respectively, clinical manifestations of depression - 76.19% and 55.81%, respectively. According to the NPN scale: weak nervous and mental stress was in 9.52% of migrants and 44.19% of locals, moderate (intensive) - in 23.81% and 34.88%, respectively, excessive (extensive) - in 66.67 % and 20.93% respectively.

Conclusions. The data obtained suggests that the degree of nervous and mental stress in forced migrants is much higher than in local residents, which leads to increased anxiety and depressive symptoms. We believe that more attention should be paid to this fact when conducting psychotherapeutic interventions.



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