

Committee: World Health Organization

Topic: The Question of Mental Health Issues in Warfare Zones

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Introduction

These days, wars are taking place in certain zones such as Ukraine, Afghanistan, Iraq, and Syria in which the inhabitants are getting mental illnesses from them. According to various investigations, one in five people living in a war zone suffers from depression, anxiety, post-traumatic stress, bipolar disorder, or schizophrenia. This not only includes the citizens in there, but also involves soldiers engaged in combat and the refugees from the zone. The continuous exposure to trauma, fear, and loss fosters the development of severe mental health problems among those victims. The psychological toll of battle can be long-lasting and pervasive, ranging from PTSD (post-traumatic stress disorder) to anxiety, depression, and other related problems.

Massive attempts have been made to solve this problem by nations, committees, and NGOs. For example, when the Syrian conflict began in 2011, many health experts escaped and more than 23 million people were left without any mental healthcare. Fortunately, MHPSS (Mental Health and Psychosocial Support), an institutional priority for the UN and for UNICEF, arrived to support those people and today, there are 5000 community workers and volunteers participating in the MHPSS services. However, even with these efforts, there are still many patients who are unable to get treatments due to the scarcity of international help. Therefore, active cooperation among nations in order to create durable solutions is a necessary step to assisting innocents and soldiers with mental health disorders.

Definition of Key Terms

Warfare zone

A warfare zone is described as an area or territory where there is armed conflict, specifically combat or military operations. It refers to a geographical area that is strongly impacted by continuous conflicts and is marked by intense violence, danger, and instability as a result of active combat or military actions.

PTSD (Post-traumatic stress disorder)

PTSD (Post-traumatic stress disorder) refers to a mental health illness that can develop in those who have encountered or seen a horrific event. PTSD is characterized by a variety of distressing symptoms, including flashbacks, nightmares, intrusive thoughts, hypervigilance, and avoidance of traumatic event reminders. These symptoms can seriously interfere with everyday functioning and quality of life. PTSD can affect people who have been through traumatic experiences such as military warfare, natural catastrophes, accidents, physical or sexual assault, or other life-threatening occurrences.

Depressive disorders

Depressive disorders are mental health diseases that develop as a result of the tremendous stress and traumatic experiences that people face in conflict or war zones. Individuals may suffer prolonged sensations of sadness and lose interest in daily tasks under such conditions. This category of disorders comprises major depressive disorder, persistent depressive disorder (dysthymia), and other identified or unspecified depressive illnesses.

Anxiety disorders

Anxiety disorders are mental health illnesses that develop as a result of the increased stress, fear, and uncertainty experienced in conflict or war zones. Excessive and persistent emotions of anxiety, worry, and fear characterize these disorders, which can have a major influence on a person's daily functioning and general well-being.

War crime

War crime is a term used in international humanitarian law in relation to warfare. It refers to crimes that breach the rules of war and international law, such as attacks or acts of violence against innocent civilians. Massacres of prisoners of war, forced recruitment, summary executions, and other acts of disregard for human life are included in this term. Such actions are expressly forbidden by international humanitarian law, which requires humane treatment and the protection of human rights even in the midst of violent military conflict.

Psychopathology

Psychopathology refers to the study and understanding of mental disorders and abnormal behaviors that may arise or be exacerbated in the midst of armed conflicts. It entails studying and diagnosing the psychological problems of war-affected persons, such as troops, civilians, and others exposed to the traumatic and stressful situations of war zones. Understanding psychopathology in this environment is critical for providing appropriate mental health care and interventions to persons suffering from the psychological consequences of conflict.

International humanitarian law

IHL (International humanitarian law), often known as the law of war or the law of armed conflict, is a system of rules and principles that govern the behavior of parties involved in armed conflicts. Its primary goal is to safeguard individuals that are not or are no longer involved in hostilities, such as civilians, wounded soldiers, and prisoners of war. IHL aims to reduce the suffering and devastation caused by armed conflicts by assuring humane treatment of those impacted and preserving the core principles of humanity, distinction, proportionality, and military necessity. It applies to both international and non-international armed conflicts, with the goal of maintaining human dignity and rights even in the midst of conflict.

Geneva Conventions

To observe the history of IHL, it goes with the advent of the Geneva Conventions. The First Geneva Convention for the Amelioration of the Condition of the Wounded in Armies in the Field took place on August 22nd, 1864. It came from an international conference that was conducted during a time of largely peaceful times in Europe to discuss the aftermath and humanitarian difficulties of war. Henry Dunant and Swiss lawyer Gustave Moynier, a colleague of his, served as the conference's organizers. Dunant underlined the necessity for laws to protect foreign war prisoners and wounded after witnessing the suffering of soldiers during the Battle of Solferino in Italy in 1859. The First Geneva Convention was created as a result, establishing global guidelines for the humane treatment of injured soldiers and detainees during times of armed conflict. The Geneva Convention of 1864, as it is commonly known, served as the model for later international humanitarian law.

The "Convention for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea," often known as the Second Geneva Convention, was ratified on July 6, 1906. This international agreement set guidelines and safeguards for military personnel who are injured or ill while at sea during armed conflicts. It was a significant advancement in the field of humanitarian law, and later other Geneva Conventions added to and enhanced it.

When the First and the Second Geneva Conventions were based on the wounded soldiers, the Third Geneva Convention was related to the treatment of prisoners of the war. This Convention was initially adopted in 1929, but it was revised at the 1949 conference. The newly changed one involved 143 Articles, whereas the 1929 version had only 97 of them.

The Fourth Geneva Convention was relative to the Protection of Civilian Persons in Time of War. It was adopted in August 1949, and came into force in October 1950. This Convention had a basis on dealing with humanitarian protections for civilians in a war zone. There are currently 196 countries that are party to the 1949 Geneva Conventions.

Background Information

PTSD (Post-traumatic Stress Disorder)

Before the APA (American Psychiatric Association) formally recognized PTSD as a distinct mental health disease in 1980, symptoms resembling PTSD had been seen and reported in the nineteenth century. These symptoms were seen in citizens involved in catastrophic occurrences such as railway collisions and in American Civil War soldiers. During the Civil War, soldiers often suffered from conditions like nostalgia, melancholia, and various physical issues. These included fatigue, exertion syndrome, and heart problems like "irritable heart," "soldier's heart," and "cardiac muscular exhaustion." Medical doctors at the time blamed the conditions on heavy loads, insufficient acclimatization time for new recruits, homesickness, and excessive battle expectations.

It was not until after the Vietnam War that research and methodical documentation of what was then termed combat fatigue began to accelerate in response to the many veterans suffering from chronic psychological problems that resulted in social and occupational dysfunction. NVVRS (The National Vietnam Veterans Readjustment Survey), which was established in the early 1980s, was one of the first large-scale studies to look at PTSD and other combat-related psychological difficulties in veterans. The survey itself was conducted between 1984 and 1988. It involved collecting data from a nationally representative sample of over 3,000 Vietnam veterans. The survey included questions about their wartime experiences, post-war adjustment, and mental health. The identification of PTSD (Post-Traumatic Stress Disorder) as a distinguishing aftereffect of the Vietnam War was made possible in large part by the NVVRS. This important study helped to clarify that PTSD is a serious mental health problem. The APA officially recognized PTSD as a distinct illness as a result of the findings from the NVVRS and related research projects. Additionally, the knowledge obtained from these studies helped to improve the diagnostic criteria and typical PTSD symptoms. In essence, the NVVRS and associated studies played a crucial role in the development of PTSD into a recognized and distinct mental health condition that is directly related to the experiences of Vietnam War soldiers.

World War I

World War I, also known as the Great War, was a global conflict that lasted from July 28, 1914, to November 11, 1918. This war had huge impacts on the people in warfare, creating 20 million deaths and 21 million wounded. However, this war had major influences on the people's psychological well-being, especially the soldiers.

During World War I, one of the words used to characterize what we now know as psychological trauma was "shell shock." Soldiers who were subjected to the horrors of combat, such as incessant artillery bombardment, trench fighting, and witnessing colleagues' deaths, frequently displayed symptoms such as anxiety, panic attacks, emotional numbness, and severe psychological discomfort. The problem was that because the understanding of mental health in this era was inadequate, treatments that are not based on medical knowledge were given to the soldiers. These treatments included rest, isolation, and electroconvulsive therapy. To be specific, Massage and electrical therapy were some of the treatments provided to the wounded. Hospitals were places to convalesce from injury, and men also rested outside when the weather was clement. Sometimes they required more surgery, or physiotherapy and bed rest were prescribed. For this reason, by 1921, approximately 9,000 veterans had undergone treatment for psychological disability in veterans' hospitals. As the decade progressed, greater numbers of veterans received treatment for "war neurosis." Ultimately, whether mental or physical, 200,000 veterans would return home with a permanent disability.

World War II

After a few years when World War I ended, the Second World War took place from 1939 to 1945. It was one of the largest and most devastating wars in human history, resulting in significant geopolitical, and technological changes. As the previous world war had an enormous effect on the soldier's mental health, this conflict also provided both civilians and soldiers with unavoidable psychological damage.

Soldiers in World War II had battle stress reactions or combat weariness, which were similar to shell shock in World War I. The phrase "battle fatigue" was frequently used to characterize soldiers who developed symptoms of psychological anguish as a result of combat pressures. Anxiety, sleeplessness, impatience, and difficulty concentrating were among the symptoms. Alarming, 40 percent of medical discharges during the war were for psychiatric conditions. In addition, the mental health issue from the fear of the war also spread among the citizens in the warzone. The experiences of them

enduring air raids, displacement, and loss of loved ones led to various psychological issues, including anxiety and depression.

As compared to World War I, there were advanced treatments and comprehension of mental health issues in this war. In the case of soldiers, they were frequently given time to rest and relax away from the front lines where direct combat occurred between armies. Psychiatric services were also extended, and efforts were made to give soldiers in need with more sympathetic care. Meanwhile, in the point of citizens, they leaned on one another for emotional support. During tough times, friends, family members, and neighbors would gather to express their fears and anxieties, offering a sense of community and connection. Moreover, propaganda was also utilized by governments and groups to raise civilian morale and foster resilience. By using posters, films, and advertisements, the war effort was highlighted as a team effort through propaganda, encouraging a sense of belonging and shared responsibility. Moreover, it also aimed to increase morale by fostering a sense of unity, purpose, and patriotism among the populace. Favorable reinforcement for resiliency and the value of their commitment to the war effort may have a favorable effect on mental health.

Cold War

Following World War II, the Cold War was a period of geopolitical tension and ideological competition between the United States and its allies, known as the Western Bloc, and the Soviet Union and its allies, known as the Eastern Bloc. This battle lasted from the conclusion of World War II in 1945 to the breakup of the Soviet Union in 1991.

The Vietnam War is the event that represents the situation of this time. Veterans, civilians, and families all experienced significant and long-lasting effects on their mental health as a result of the Vietnam War. The trauma of war and the difficulties of reintegrating into society led to PTSD, depression, and anxiety among many Vietnam War veterans. Abuse of drugs or alcohol typically developed as a coping technique. Veterans experienced moral injury, social humiliation, and remorse, while civilians in conflict areas experienced trauma and loss. Veterans' families and children were affected throughout generations. These difficulties were exacerbated by the slow emergence of mental health concerns and a lack of suitable care. Despite increases in knowledge and assistance, the Vietnam War's legacy still has an impact on mental health in a number of different ways.

The Korean War is also one of the main events that took place in the Cold War. This conflict caused more than 2 million deaths and created about 6 million refugees. Among those victims, especially the

Korean War veterans, approximately 80 percent of them had current PTSD. However, during that era, understanding and addressing mental health issues were less advanced compared to contemporary approaches.

Syrian Civil War

The Syrian Civil War is an ongoing armed conflict that began in 2011 as part of the broader wave of protests and uprisings during the Arab Spring

Due to the war, Syria's economy has declined massively and brought a problem in terms of health-care resource allocation, with just 1.5 hospital beds and 1.22 physicians available for every 1000 inhabitants, making mental health disorders nearly hard to treat. Furthermore, the economy and health-care system are far worse during the time of war. The destruction of medical facilities and the loss of medical personnel have had a significant impact on Syria's health-care system. For decades, mental health has been ignored in Syria, with little initiatives to remove stigma and few psychologists and psychiatrists available. During the war, the mental health field suffered far more than other medical disciplines.

Furthermore, many Syrians have fled the nation in search of refuge in other countries. Although the majority of them lived in a relatively safer environment after facing grave dangers on their way to their destination, they suffered mentally because they were separated from their homeland, family members, friends, and usual work environment, all while experiencing poor living conditions if they were in camps.

Yemeni Civil War

The Yemeni Civil War, also known as the Yemeni Crisis, is a complex and ongoing conflict that began in 2014, escalating into a devastating humanitarian crisis. This war has led many people to suffer from mental disorders.

In Yemen, where the average 25-year-old has already lived through military conflicts, an estimated 19.5% of the population suffers from mental disorders, the most common of which are anxiety, sadness, trauma, and schizophrenia. Children have been severely affected; studies have indicated that 55% of children are sad or depressed, 19% are always scared, and 79% of school-aged children in Sana'a report symptoms of posttraumatic stress disorder. Moreover, the conflict has exacerbated the

country's already precarious health-care system, rendering it incapable of meeting the demands of this impending mental-health crisis. Only 51% of all health institutions are completely operational, salaries for healthcare personnel are largely unpaid, and crucial pharmaceuticals are in limited supply. However, prior to the recent war, the Yemeni government mostly ignored its legal obligations to respect, defend, and fulfill the right to mental health. The corruption, poverty, and apathy that existed at the time have only been worsened and aggravated by six years of conflict.

Russia-Ukraine War

Following the Ukrainian Revolution of Dignity, which concentrated on Crimea and sections of the Donbas, the Russian-Ukrainian conflict began in February 2014. The Russians have successfully annexed Crimea, but the conflict in Donbas continues. Thousands of Russian troops and military equipment began massing on the Russia-Ukraine border by the end of 2021. The battle erupted after Russian President Vladimir Putin decided to launch a large-scale invasion of Ukraine on February 24, 2022.

Ukraine's government said that more than 60% of its soldiers are suffering from post-traumatic stress disorder and about half of the population needs psychological help to cope with the war. Psychiatric disorders such as depression, anxiety, and PTSD were prevalent among people in Ukraine.

Nations' effort

Governments from all over the world have taken efforts to solve the problem of mental health in warzones. Especially nations that are in the situation of ongoing war have executed some actions to treat the mentally disordered patients.

To be specific, Ukraine has begun to provide the groundwork for the government, corporate sector, and civil society to transform the current system into a high-quality mental healthcare system once the current acute humanitarian phase is passed. Ukraine, for example, has joined the Pan-European Mental Health Coalition, established 126 community mental health teams in collaboration with the WHO (World Health Organization), and participated in the mhGAP (Mental Health Gap Action Program) initiative to help scale the management of Common Mental Disorders in primary care.

Possible solutions

Improvement of Mental Health Clinics

Even though there are mental health clinics in the warzone, many people are suffering from not being able to get service from those places. Accordingly, improvement of the mental facilities is significantly required. To explain the method, it is essential to implement telehealth services, implement trauma-informed training, provide mental health education and awareness, foster collaboration with international and local organizations, invest in capacity building, establish data collection and monitoring systems, offer psychosocial support, ensure access to psychiatric medications, plan for long-term care, and more in order to improve mental health clinics in war zones. These all-encompassing approaches help improve mental health treatment in war-torn areas by addressing the diverse needs of people and communities coping with violence.

Training and Deployment of Mental Health Personnel

Since many medical professionals constantly escape from war zones, citizens are left with lack of care from them. For this reason, the training and deployment of mental health personnel are essential components of a comprehensive mental health response in warfare zones. By equipping experts with the necessary skills and knowledge about mental health and ensuring their safety and well-being, this solution can significantly enhance the availability and effectiveness of mental health services for individuals coping with the psychological impacts of conflict.

Awareness of Campaigns and active advertisements

Since having additional volunteers is helpful in executing such mental programs, advertising the programs would be effective. Through involving the community and raising awareness about mental health issues, this solution seeks to create a supportive environment that encourages individuals to seek help, access mental health services, and foster a sense of solidarity and collective responsibility for mental well-being in warfare zones.

International Collaboration and Funding

Having international support could be a pragmatic solution since it requires world-wide attention. Getting concentrated by the world means gaining access to help in more various ways. It includes forming international organizations, executing negotiations between countries, and sending volunteers

from everywhere. To give a case of this, ICRC, known as the International Committee of the Red Cross, ensures humanitarian protection and assistance for victims of armed conflict and other situations of violence. Therefore, people with mental disorders would be able to cure through this kind of assistance.

Major parties involved

United States of America

Even though the United States itself is not considered a warfare zone, the military of the United States is deployed in most countries around the world, with between 160,000 to 170,000 of its active-duty personnel stationed outside the United States and its territories. This list consists of deployments excepting active combat deployments, including troops in Syria and Yemen. For this reason, the United States addresses mental health issues in war zones in a comprehensive manner, with a focus on providing proper care to military members, veterans, and civilians affected by combat. Recognizing the long-term effects of mental illness on individuals and communities has resulted in attempts to minimize stigma, increase access to care, and enhance psychological well-being in the setting of war and its aftermath.

United Kingdom

The United Kingdom employs a comprehensive strategy to manage the mental health needs of its soldiers, placing specific emphasis on professional military mental health services, routine mental health evaluations, and mental health education. Peer support groups are offered, and soldiers have access to counseling, therapy, and psychiatric care as needed. Additionally, the NHS in the UK provides post-service veterans' mental health services as well as 24-hour mental health helplines. Research and innovation, efforts to lessen stigma, trauma-informed care, coordination with welfare and support organizations, and efforts to promote soldiers' mental health are all essential to ensure they receive the required mental health care and assistance.

Canada

With a strong commitment to improving mental health care through ongoing investment and efforts, Canada has taken a number of steps to support the mental health of its soldiers, including the provision of mental health services, operational stress injury clinics, lowering stigma and raising awareness, crisis helplines, support for military families, research and collaboration, mental health education, treatment programs, and support for veterans.

Sweden

Sweden provides mental health services for its soldiers, both during active duty and after service, through access to professionals such as psychiatrists and psychologists. Post-deployment screenings are conducted to assess the mental health of returning soldiers, and there is ongoing support for veterans who may experience mental health challenges. Stress management programs and resilience training are available to help soldiers cope with the stresses of military service. Efforts to reduce the stigma surrounding mental health care-seeking are in place, with education and awareness campaigns. Sweden also invests in research and international collaboration to continually improve military mental health care.

State of Israel

Being a country that has been exposed to a war, Israel has developed specialized techniques to address mental health issues in battle zones and among its citizens. The Israeli government and organizations understand the necessity of providing psychological treatment and interventions to both military personnel and civilians who have experienced conflict-related trauma. Their approach to mental health in conflict zones is impacted by its particular setting, continuous security issues, and the need to manage both military personnel and civilians' psychological well-being. To assist persons dealing with the mental health consequences of living in a conflict-affected zone, the Israeli government and nonprofits promote psychological support, resilience, and specialized interventions

Syrian Arab Republic

The ongoing violence in Syria has contributed the most to the high PTSD, anxiety, and depression burden. More than 60% of the population suffered from PTSD and severe mental disorders. However, due to the conflict's complexity and fluidity, the provision of mental health services and interventions has been fraught with difficulties. Accordingly, the international community recognizes the need for

continued support to address the mental health needs of Syrians and to provide resources and interventions that can contribute to healing and resilience in the face of extreme adversity.

The Republic of Yemen

Similar to Syria, there is no doubt that Yemen's protracted conflict has exacerbated psychiatric illnesses. Yemen has the highest rate of mental health disorders in comparison to other Middle Eastern countries experiencing conflicts and wars since it is accompanied by traumatic experiences and severe chronic psychological crises. Many people have been psychologically damaged by the conflict, and when they are subjected to further severe psychological traumas, their risks of developing chronic psychological and mental illnesses increase. Yemen had a 48.19% total prevalence of psychological diseases in 2018, according to the Family Counseling and Development Foundation, with 195 incidences of mental disorders per 1000 patients. Additionally, around 5.455.348 Yemenis were diagnosed with psychological disorders between 2014 and 2017.

Ukraine

The ongoing conflict in Ukraine, specifically in the eastern regions of Donetsk and Luhansk, has given rise to notable mental health challenges among the population directly affected by the war. Since its initiation in 2014, the conflict has caused displacement, loss of lives, and exposure to highly traumatic incidents. The resulting mental health repercussions have been a subject of increasing concern. The conflict's impact on civilians, soldiers, and children, in particular, has garnered significant attention due to the severe consequences for mental well-being.

Timeline Of Events

Date	Description of event
1864	The First Geneva Convention The first of the four Geneva Conventions was signed on August 22, 1864. "The foundation on which the rules of international law for the protection of victims of armed conflict rest" is defined in this passage.

1906	The Second Geneva Convention The Second Geneva Convention was ratified on July 6, 1906. This international agreement set guidelines and safeguards for military personnel who are injured or ill while at sea during armed conflicts.
1914~1918	World War I World War I caused mental diseases among the soldiers during the war and after the war.
1929	The Third Geneva Convention The Third Geneva Convention was related to the treatment of prisoners of the war. This Convention was initially adopted in 1929, but it was revised at the 1949 conference. World War I caused mental diseases among the soldiers during the war and after the war.
1939~1945	World War II World War II provided both civilians and soldiers with unavoidable psychological damage such as anxiety, depression, and trauma.
1949	The Fourth Geneva Convention The Fourth Geneva Convention was relative to the Protection of Civilian Persons in Time of War. It was adopted in August 1949, and came into force in October 1950.
1950~1953	Korean War Veterans and civilians of the Korean War got massive damage in their psychological health but got poor treatments.
1955~1975	Vietnam War As a part of the Cold War, it gave soldiers and citizens with terrible experiences of war.
1980	Appearance of PTSD American Psychiatric Association (APA) formally recognized PTSD as a distinct mental health disease in 1980
2011~	Syrian Civil War Many people have got mental disorders from this war but the low number of mental health facilities made them hard to treat.
2014~	Yemeni Civil War Even though there were a number of mental health patients through the war, the Yemen government initially ignored them.
2022~	Russia Invasion of Ukraine

	<p>The Ukraine government claimed that more than half of their population needed mental treatment and their soldiers were also harmed mentally. Yemeni Civil War Even though there were a number of mental health patients through the war, the Yemen government initially ignored them.</p>
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UN Involvement, Resolutions, Treaties and Events

[Unanimously adopting resolution 2668 \(2022\), 21 December 2022, \(S/RES/2668\(2022\)\)](#)

Including the World Health Organization, many communities such as the Human Rights Council and the Security Council have executed a lot of debates in order to solve the problem of mental health issues widely. The Security Council unanimously agreed that it was necessary to educate United Nations peace operations personnel about the value of mental health and psychosocial assistance in resolution 2668 (2022).

[Implementation of resolution WHA75.11 \(2022\), 21 December 2022, \(EB152/16\)](#)

WHO (World Health Organization) has submitted the resolution named ‘Implementation of resolution WHA75.11 (2022)’ which includes treating psychological victims from the Russo-Ukrainian war.

[Post-traumatic stress disorder framework for uniformed personnel, 23 August 2022, \(A/76/662\)](#)

‘Post-traumatic stress disorder framework for uniformed personnel’ resolution is submitted pursuant to General Assembly resolution 76/662 and presents a holistic analysis of the policy, legal, administrative and financial aspects of PTSD for uniformed personnel deployed to United Nations peace operations.

[Draft comprehensive mental health action plan 2013–2020, 16 May 2013, \(A66/10 Rev.1\)](#)

The ‘Draft comprehensive mental health action plan 2013–2020’ recognizes the essential role of mental health in achieving health for all people. It is based on a life-course approach, aims to achieve equity through universal health coverage, and stresses the importance of prevention.

[Right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 15 April 2020, \(A/HRC/41/34\)](#)

The resolution of ‘Right of everyone to the enjoyment of the highest attainable standard of physical and mental health’, submitted pursuant to Human Rights Council resolution 41/34, the Special Rapporteur elaborates on the elements that are needed to set a rights-based global agenda for advancing the right to mental health.

[Resolution adopted by the Human Rights Council on 19 June 2020, 1 July 2020, \(A/HRC/RES/43/13\)](#)

‘Resolution adopted by the Human Rights Council on 19 June 2020’ relates human rights with mental health and mentions some actions required for states to solve the problem associated with it.

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