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ANALYTICAL REVIEW OF THE LIMITS OF APPLICATION OF USA AND ISRAEL PRACTICES IN PROVIDING SOCIO-PSYCHOLOGICAL ASSISTANCE TO COMBATANTS

Military conflicts, in particular the full-scale war in Ukraine, pose a significant challenge not only to the national security system but also to the sphere of mental health care and social protection of the population. Combatants are exposed to intense psycho-emotional stress, act as witnesses and direct participants of traumatic events, which substantially increases the risk of developing maladaptive mental states, depressive disorders, and anxiety disorders. According to international studies, a considerable proportion of veterans display symptoms of post-traumatic stress disorder, the severity of which depends on the duration and intensity of combat experience. In the context of prolonged armed confrontation, this trend tends to intensify.

At the same time, the issue of veterans' resocialization and integration into civilian life requires particular attention, as this process is often accompanied by difficulties in employment, family relationships, and interpersonal communication. Research indicates that returning from war is frequently associated with feelings of alienation, reduced social activity, and a low level of trust in public institutions [2]. This highlights the need to implement a comprehensive approach to veteran support that combines psychological assistance, social support services, and measures aimed at restoring the individual's full functioning in peacetime conditions.

In international practice, socially oriented approaches to veteran support are implemented primarily through the activities of public institutions in cooperation with the civic sector. In particular, in the United States, the Veterans Affairs system operates as an integrated framework combining medical, educational, and social services for veterans. The USA Department of Veterans Affairs implements the Veterans Rehabilitation Program, whose main components include medical rehabilitation covering the treatment of injuries, consequences of amputations, and prosthetic care; psychological support aimed at addressing post-traumatic stress disorder, depressive conditions, and other psycho-emotional disturbances; as well as employment and vocational adaptation programs. An important place in the American model is also occupied by specialized initiatives, including the Wounded Warrior Project, which focuses on supporting wounded veterans, and Veterans Centers, which provide space for informal psychological support. One of the defining features of this system is its developed mechanism for monitoring and evaluating program effectiveness, which makes it possible to promptly adjust existing practices, introduce new approaches, and adapt interventions to the current needs of veterans and their family members. Thus, the American model of psychosocial support is characterized by comprehensiveness, institutional multilevel structure, and a pronounced focus on the family component of care [1;3;4].

The Israeli model of psychosocial rehabilitation for veterans is also noteworthy, particularly the activities of the Beit Halochem rehabilitation center.

Within these programs, veterans are provided with qualified psychological and psychiatric assistance, including interventions based on cognitive behavioral therapy; social adaptation is supported through participation in joint activities and educational courses; and physical rehabilitation is implemented, including through sports and Paralympic programs. A distinctive feature of the Israeli approach is its strong orientation toward family support, as well as the integration of psychological, social, medical, and professional components of assistance. For example, such programs as Peace of Mind enable veterans to process the consequences of combat experience in a group format while simultaneously involving family members in the process of psychosocial support. Alongside group therapy, national initiatives aimed at the prevention and treatment of post-traumatic disorders are of considerable importance. In particular, programs such as Shields of Resilience combine psychotherapeutic interventions with social support, contributing to the stabilization of the emotional state not only of military personnel but also of their immediate relatives. This makes it possible to reduce manifestations of secondary traumatization among family members, who are likewise affected by the consequences of their loved ones' war experience.

The generalization of domestic and international experience provides grounds for identifying significant differences in approaches to organizing the relevant support system. In Ukraine, such system is currently in the process of development, whereas in countries with long-standing experience of involvement in military conflicts, in particular the United States, Israel, and Canada, institutionally established and comprehensive support programs are already in operation. At the same time, the national model of social and psychological support of combatants and their family members should be developed due to the specific nature of Russian-Ukrainian war and the unique traumatic experience of Ukrainian society. Critically important conditions for increasing the effectiveness of such a system include overcoming of the stigma surrounding mental health problems, raising public awareness, creating clear pathways for obtaining assistance, and ensuring the availability of specialized services for veterans and their families.

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