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MPHTI: 15.31.00

10.51889/2959-5967.2025.85.4.015

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PSYCHOLOGICAL WELL-BEING AND DEVELOPMENT OF YOUNG PEOPLE

Abstract

This study presents a popular science review and practical recommendations for supporting the psychological well-being of young people aged 18–35 in the CIS countries, with a focus on Russia and Kazakhstan. It is based on scientific literature and the guidelines of WHO/mhGAP, LIVE LIFE, Doing What Matters in Times of Stress, UNESCO/IESALC, and UNICEF/UNFPA (2020–2025), as well as recent meta-reviews on physical activity, sleep, and digital interventions. The goal of this study is to synthesize the theoretical foundations of the concept of well-being (Ryff's model, Diener's subjective well-being model, and PERMA) with current epidemiological trends and translate them into a three-tier package of recommendations: for general practitioners (GPs), university psychologists, and young people themselves.

This methodological review combines an analysis of international initiatives in such areas as suicide prevention, the integration of brief psychosocial interventions at the PHC level, and multi-step models of assistance in educational institutions, with the regional context — including regulatory documents and programs from Russia and Kazakhstan, the development of youth health centers, and

intersectoral mental health promotion and suicide prevention projects. At the PHC tier, it highlights routine screenings (PHQ-2/9, GAD-2/9, suicide risk assessment), brief structured interventions (behavioral activation, problem-solving, PM+, WHO-guided self-help), rational pharmacotherapy according to the 2023 mhGAP updates, and “movement prescription” and sleep hygiene counseling as therapeutic modules. This review proposes a multi-step service model for universities (awareness → brief consulting protocols → referral), the introduction of digital interventions (iCBT, blended approaches), and regular well-being monitoring and crisis protocols. For young people, it formulates a “survival kit”: a target dose of physical activity (≥ 150 min/week), a 7–9-hour sleep schedule, daily stress management practices according to WHO guidelines, and clear criteria for seeking professional help.

Keywords: psychological well-being, youth, WHO, mhGAP, behavioral activation, problem solving (PST), self-help (Doing What Matters in Times of Stress).

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ПСИХОЛОГИЧЕСКОЕ БЛАГОПОЛУЧИЕ И РАЗВИТИЕ МОЛОДЕЖИ

Аннотация

В настоящем исследовании представлены научно-популярный обзор и практические рекомендации по поддержке психологического благополучия молодежи в возрасте 18–35 лет в странах СНГ, с акцентом на Россию и Казахстан. Исследование основано на научной литературе и рекомендациях ВОЗ/mhGAP, LIVE LIFE, Doing What Matters in Times of Stress, ЮНЕСКО/IESALC и ЮНИСЕФ/ЮНФПА (2020–2025), а также на недавних метаобзорах по физической активности, сну и цифровым вмешательствам. Цель данного исследования — синтезировать теоретические основы концепции благополучия (модель Риффа, модель субъективного благополучия Динера и PERMA) с современными эпидемиологическими тенденциями и трансформировать их в трехуровневый пакет рекомендаций: для врачей общей практики (ВОП), университетских психологов и самих молодых людей. Данный методологический обзор объединяет анализ международных инициатив в таких областях, как профилактика самоубийств, интеграция кратких психосоциальных вмешательств на уровне первичной медико-санитарной помощи и многоэтапные модели помощи в образовательных учреждениях, с региональным контекстом, включая нормативные документы и программы России и Казахстана, развитие молодежных центров здоровья и межсекторальные проекты по укреплению психического здоровья и профилактике самоубийств.

На уровне первичной медико-санитарной помощи особое внимание уделяется рутинным скрининговым обследованиям (PHQ-2/9, GAD-2/9, оценка риска самоубийств), кратким структурированным вмешательствам (поведенческая активация, решение проблем, PM+, самопомощь под руководством ВОЗ), рациональной фармакотерапии в соответствии с обновлениями mhGAP 2023 года, а также «предписанию движения» и консультированию по гигиене сна в качестве терапевтических модулей.

В данном обзоре предлагается многоэтапная модель обслуживания для университетов (информирование → протоколы кратких консультаций → направление к специалистам), внедрению цифровых вмешательств (iCBT, смешанные подходы), а также регулярному

мониторингу благополучия и протоколам кризисной помощи. Для молодых людей разработан «набор для выживания»: целевая доза физической активности (≥ 150 мин/неделю), режим сна 7–9 часов, ежедневные методы борьбы со стрессом в соответствии с рекомендациями ВОЗ и четкие критерии обращения за профессиональной помощью.

Ключевые слова: психологическое благополучие, молодёжь, ВОЗ, mhGAP, поведенческая активация, решение проблем, самопомощь

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ЖАСТАРДЫҢ ПСИХОЛОГИЯЛЫҚ ӘЛ-АУҚАТЫ ЖӘНЕ ДАМУЫ

Аңдатпа

Бұл зерттеу ТМД елдеріндегі, оның ішінде ерекше назар Ресей мен Қазақстанға аударыла отырып, 18–35 жас аралығындағы жастардың психологиялық әл-ауқатын қолдау бойынша ғылыми-көпшілік шолу мен практикалық ұсынымдарды ұсынады. Жұмыс ғылыми әдебиеттерге, ДДҰ/mhGAP, LIVE LIFE, «Күйзеліс кезінде не істеу керек», ЮНЕСКО/IESALC және ЮНИСЕФ/ЮНФПА (2020–2025) нұсқаулықтарына, сондай-ақ физикалық белсенділік, ұйқы және цифрлық интервенциялар жөніндегі соңғы мета-шолуларға негізделген. Зерттеудің мақсаты – әл-ауқат тұжырымдамасының теориялық негіздерін (Рифф моделі, Динердің субъективті әл-ауқат моделі және PERMA) қазіргі эпидемиологиялық үрдістермен синтездеу және оларды үш деңгейлі ұсынымдар топтамасына айналдыру: жалпы тәжірибелік дәрігерлер (ЖТД), университет психологтары және жастардың өздері үшін. Бұл әдістемелік шолу суицидтің алдын алу, МСАК деңгейінде қысқа мерзімді психоәлеуметтік интервенцияларды кіріктіру және білім беру ұйымдарындағы көп сатылы көмек модельдері сияқты халықаралық бастамаларды талдауды өңірлік контекстпен ұштастырады. Оған Ресей мен Қазақстанның нормативтік құжаттары мен бағдарламалары, жастар денсаулық орталықтарының дамуы, психикалық денсаулықты нығайту және суицидтің алдын алу жөніндегі салааралық жобалар кіреді. МСАК деңгейінде рутиндік скринингтер (PHQ-2/9, GAD-2/9, суицид қаупін бағалау), қысқа құрылымдалған интервенциялар (мінез-құлықтық белсендіру, мәселелерді шешу, PM+, ДДҰ басшылығымен өзіне-өзі көмек), mhGAP 2023 жаңартуларына сәйкес ұтымды фармакотерапия, сондай-ақ терапиялық модульдер ретінде «қозғалыс рецептісі» және ұйқы гигиенасы бойынша кеңес беру маңыздылығы атап көрсетілген. Шолуда университеттер үшін қызмет көрсетудің көп сатылы моделі (ақпараттандыру → қысқа кеңес беру хаттамалары → мамандарға жолдау), цифрлық интервенцияларды енгізу (iCBT, аралас тәсілдер), сондай-ақ әл-ауқатты тұрақты мониторингілеу және дағдарысқа қарсы хаттамалар ұсынылады. Жастар үшін «аман қалу жинағы» (survival kit) тұжырымдалған: физикалық белсенділіктің нысаналы мөлшері (аптасына ≥ 150 мин), 7–9 сағаттық ұйқы кестесі, ДДҰ ұсынымдарына сәйкес күйзелісті күнделікті басқару практикалары және кәсіби көмекке жүгінудің нақты критерийлері

Түйін сөздер: психологиялық әл-ауқат, жастар, ДДҰ, mhGAP, мінез-құлықтық белсендіру, мәселелерді шешу, өзіне-өзі көмек.

Introduction The psychological well-being of young people is a key indicator of a society's social health and its potential for future development. The 18–35 age group, transitioning from late adolescence to adulthood, faces unique challenges: completing education, starting a career, forming a family, and defining life goals. These factors, combined with today's rapidly changing environment,

affect the emotional state, stress levels, and life satisfaction of young people. This topic has become particularly relevant in recent years, as crises such as the COVID-19 pandemic and socioeconomic upheavals have profoundly affected the psychological well-being of young people worldwide. According to UNICEF's global estimates, one in five young people aged 15–24 reports depressive moods or a loss of interest in everyday activities [1]. These data reflect the scale of the problem and underscore the need for further scientific attention. This review examines the theoretical foundations of the concept of psychological well-being, current global trends, and the specific features of this phenomenon in the CIS countries, focusing on Russia and Kazakhstan during the period 2020–2025. Academic research, reports from international organizations (WHO, UNICEF), and government programs in these countries are analyzed. Prospects for developing practical measures and further research in this area are also discussed.

Material and methods This study is based on a synthesis of classical theoretical models of psychological well-being and current epidemiological data and guidelines from international organizations. Three key concepts of well-being are used as a theoretical framework: K. Ryff's six-core components model (positive relationships, autonomy, environmental mastery, personal growth, purpose in life, self-acceptance), E. Diener's concept of subjective well-being (life satisfaction and emotional balance), and M. Seligman's PERMA model (positive emotions, engagement, relationships, meaning, achievement). Methodologically, the review combines an analysis of international suicide prevention initiatives (LIVE LIFE), the integration of brief psychosocial interventions at the primary health care (PHC) level (mhGAP), and multi-stage models of care in educational institutions (UNESCO/IESALC), with an analysis of the regional context of Russia and Kazakhstan, including regulatory documents and programs. This allows us to translate theoretical foundations and current trends into practical recommendations for various levels: general practitioners, university psychologists, and the youth themselves.

Results and discussions Psychological (or mental) well-being is viewed by psychologists as a multidimensional construct encompassing positive functioning, life satisfaction, and the availability of personal resources to realize one's potential. Various approaches to its measurement have been established in the scientific literature. For example, C. Ryff identifies six key components of psychological well-being: positive relations with others, autonomy, environmental mastery, personal growth, purpose in life, and self-acceptance. An alternative approach, E. Diener's concept of subjective well-being, emphasizes life satisfaction and the balance of positive and negative emotions. In positive psychology, M. Seligman proposed the PERMA model, which focuses on five components: positive emotions, engagement, relationships, meaning, and accomplishment. It is important to note that youth and emerging adulthood have distinctive characteristics of psychological well-being. Young people are typically characterized by high psychological flexibility and a strong drive for self-realization, but also by heightened sensitivity to stressors. As noted by Russian researchers, today's youth — including those in Russia — represent a “digital generation” with its own values and attitudes. On the one hand, they think critically and value self-realization; on the other, they are emotionally vulnerable and express a clear demand for psychological support [2]. Thus, understanding the psychological well-being of young people requires considering both the universal criteria of well-being and the specific characteristics of this age group in the current sociocultural context. In recent years, serious challenges have affected the mental health of young people globally. The COVID-19 pandemic has become an unprecedented stressor: school closures, social isolation, and uncertainty about the future have had a negative impact on mental health. UNICEF's 2021 flagship report noted that the effects of COVID-19 on the mental health of children and young people are only the “tip of the iceberg” of a deeper mental health crisis. [3, 4]. According to the WHO, suicide has remained one of the leading causes of death among young people for several years. It is the fourth leading cause of death among adolescents aged 15–19 worldwide, while depression and anxiety disorders remain among the main factors limiting young people's ability to function effectively. About 20% of adolescents in the WHO European Region have a diagnosable

mental disorder, and a decline in life satisfaction has been observed among young people in many countries. [5]. At the same time, international comparisons reveal noteworthy differences. In Western countries, there is growing discussion about a youth mental health crisis: many studies document a decline in the psychological well-being of younger generations compared to previous ones. However, in post-Soviet states, this dynamic may differ. According to a comparative study by the NBER (2025) covering 31 countries in Eastern Europe and Central Asia, no significant relative decline in the mental health of young people compared to older generations was found — in contrast to trends observed in Western Europe [6]. In other words, overall, the level of subjective well-being among young people in post-Soviet states has remained relatively stable compared to older cohorts.

Nevertheless, the authors also note some alarming signs. For example, the 2023 Eurobarometer survey showed that young people aged 18–24 in several Eastern European countries report lower happiness levels than older groups. In addition, data from international surveys (such as the PISA program) indicate a decline in life satisfaction among 15–16-year-old students in these countries between 2015 and 2022. One possible factor is the increase in time spent by young people on digital devices, which correlates with lower levels of happiness [7].

Thus, the global picture is complex: on the one hand, younger generations face growing psychosocial risks (the pandemic, economic and political crises, information overload), while on the other, the severity of these trends varies across different regions of the world. Overall, the issue of youth psychological well-being has moved to the forefront of the international agenda. International organizations are calling for “breaking the silence” around young people’s mental health and increasing investment in youth support [8]. In 2022, WHO and UNICEF launched a joint global program to strengthen the mental health of children and adolescents, aimed at creating supportive environments and expanding access to care for young people [9, 10].

To gain a comprehensive understanding of the situation regarding youth psychological well-being, it is essential to consider the regional context of the CIS countries — both collectively and specifically with reference to Kazakhstan. The countries of the former Soviet Union have their own unique perspectives on youth psychological well-being. On the one hand, they have undergone major socioeconomic transformations that have affected the values and resilience of younger generations. On the other hand, several of these countries have traditionally experienced high rates of sociopsychological problems among young people (for example, suicide or alcohol abuse). In recent years, countries in the region have increasingly recognized the importance of supporting young people’s mental health and have begun implementing corresponding programs. The following section examines the situation in Russia and Kazakhstan — the two largest CIS countries.

At the time of writing, the data cited in studies on this topic were current. The analysis revealed several trends in the overall psychological well-being of young people in the Russian Federation. Russian youth in the 2020s demonstrate conflicting patterns in psychological well-being. On the one hand, studies show relatively high levels of subjective well-being. For example, in early 2021, a large-scale survey of 11,811 young Russians aged 18–35 was conducted using the PERMA-Profilier method. The results were encouraging: the levels of positive emotions and relationship quality among Russian youth were significantly higher than those recorded in comparable studies conducted in 2016 in countries such as the United Kingdom, Greece, South Korea, Italy, and the United States. In other words, on several scales (positive emotions, social connections), young Russian respondents scored higher than their foreign peers, indicating a notable degree of psychological resilience [11, 12].

On the other hand, some alarming findings have also been reported. The COVID-19 pandemic and subsequent economic difficulties have had a negative impact on the mental health of many young people. In 2022–2023, geopolitical tensions further exacerbated these challenges. By the end of 2022, several months after the onset of the so-called “special military operation,” researchers recorded signs of psychological trauma in one in three Russian male students aged 18–25. Social polarization and uncertainty about the future amid the ongoing external crisis have had a noticeable impact on many young people.

Furthermore, the public demand for psychological support has increased. According to a November 2022 VCIOM survey, 35% of young Russians aged 18–24 reported needing professional psychological assistance — a very high figure that reflects not only the prevalence of mental distress but also growing awareness among young people themselves. This trend also indicates a gradual erosion of stigma surrounding mental health in Russian society [13, 14].

In recent years, Russian authorities have integrated the goals of strengthening the psychological well-being of young people into national strategic documents. In 2023, the Strategy for Youth Policy of the Russian Federation until 2030 was adopted, outlining a comprehensive approach to supporting young people. One of the strategy's key areas focuses on health protection and the promotion of a healthy lifestyle. In particular, the document sets the goal of developing services to help young people maintain their psychological well-being and spiritual health [11].

This involves the creation and expansion of accessible psychological counseling services, hotlines, and psychosocial support centers for youth. The strategy also provides for information measures aimed at protecting young people from destructive psychological and informational influences on the internet and in the media — a particularly relevant priority in the era of digital risks such as cyberbullying and the promotion of harmful behaviors.

Within the framework of the national project Healthcare, steps are being taken to modernize the system of psychiatric and psychological care, including for young people. For instance, a nationwide child and adolescent helpline service is in operation, and psychological support centers are being developed at universities and schools. Educational institutions play a vital role as well: programs to enhance student resilience and improve help-seeking skills are being implemented.

Overall, between 2020 and 2025, the topic of youth mental health in Russia has evolved from a semi-taboo issue into a recognized national priority — reflected both in expanded research activity and in the implementation of concrete initiatives [12, 13].

In Kazakhstan, the issue of psychological well-being among young people is equally pressing. Just a few years ago, international rankings pointed to alarming trends: the country, unfortunately, held the highest rate of teenage suicides in the world. Despite some improvements, high levels of stress have persisted among young people in Kazakhstan between 2020 and 2025. According to a sociological study by the Qalam Foundation (August–September 2023), over 70% of young people in Kazakhstan experience chronic stress, sleep disturbances (including insomnia), and apathy [14].

This proportion significantly exceeds global averages. As the authors note, citing WHO estimates, the prevalence of depressive symptoms among young people in Kazakhstan is almost three times higher than the global average, while certain indicators—such as insomnia, anxiety, apathy, and prolonged low mood—exceed global levels by four to five times. Of course, direct comparisons of self-reported symptoms with medical statistics should be interpreted cautiously. However, such widespread emotional distress clearly represents a worrying signal for the country. Experts warn that the accumulation of chronic stress and depression among young people carries the risk of a surge in related problems, ranging from addictions to socially dangerous behaviors [15].

A separate challenge is the low rate of help-seeking. A significant proportion of young people still do not know where to turn when facing psychological difficulties. According to the same survey, approximately 71% of respondents are either unaware of, or have only a vague understanding of, available support services. As a result, one in three young people prefer to cope on their own, while only 11.4% have sought help from psychologists or medical institutions. This underscores the need for broad educational outreach and the development of a more accessible psychological support infrastructure in Kazakhstan.

In recent years, steps have been taken at the national level to improve the situation. The State Program for Healthcare Development in the Republic of Kazakhstan for 2020–2025 identified strengthening the health of children and youth—including disease prevention and early medical and psychological care—as one of its main priorities. A tangible result of this strategy was the establishment of a network of Youth Health Centers (YHCs) — specialized clinics for adolescents

and young people. By 2020, 128 such centers had been opened across the country, but their service coverage remained low (less than 1% of young people aged 14–28 per year). Therefore, the Healthcare Development Policy until 2025 set a goal to strengthen YHC capacity through new regulations, work standards, and staff training, supported by international organizations such as UNFPA. Particular emphasis has been placed on improving accessibility of services at the community level and enhancing the quality of psychosocial assistance [15].

In addition to the healthcare system, the education sector has also become actively involved. Together with UNICEF, the Government of Kazakhstan is implementing a national program to promote mental health and prevent suicide in schools. This intersectoral initiative aims to build the capacity of both teachers and healthcare professionals to identify and support adolescents with psychological difficulties at an early stage. The program includes introducing emotional skills training in schools, creating psychological support groups, and improving referral systems for students at risk of suicide. At the same time, information campaigns are being conducted to reduce the stigma surrounding mental health. In 2022, Kazakhstan also joined the global WHO/UNICEF initiative “Helping Adolescents Thrive (HAT)”, which is being adapted to national needs. The HAT program focuses on strengthening youth mental health and preventing risky behaviors such as self-harm and substance abuse [16].

Steps to improve the regulatory framework are also worth mentioning. In December 2020, the Ministry of Health issued Order No. DSM-285, which approved the rules for organizing medical care related to the reproductive and mental health of adolescents and young adults. This created the legal foundation for integrating psychological care into the broader youth healthcare system. In 2023, the new Social Code of the Republic of Kazakhstan entered into force, strengthening guarantees of social support for young people—including indirect contributions to their psychological well-being through improved living conditions.

Overall, Kazakhstan demonstrates a clear understanding of the problem at the state level and is striving for systemic solutions, from developing support services (medical and psychological) to implementing educational measures. However, as surveys show, the gap between intentions and reality remains wide: much work still needs to be done to ensure that assistance reaches every young person in need [17].

The analysis shows that the period 2020–2025 has been marked by heightened awareness of the importance of youth psychological well-being and proactive efforts by both the international community and national governments (including Russia, Kazakhstan, and others). Nevertheless, many challenges remain unresolved, pointing to several promising areas for further work:

- Strengthening prevention and support services. Expanding access to psychological services for young people remains essential. This includes introducing psychologists in schools, universities, and workplaces; creating youth counseling centers within walking distance; and developing anonymous online services and helplines. International experience (for example, the WHO mhGAP program) demonstrates the effectiveness of integrating basic psychological care into primary healthcare. It is important for CIS countries to adopt best practices and increase funding in this area. Government agencies should continue to focus not only on treating the consequences but also on the primary prevention of emotional problems among young people.

- Education and combating stigma. Despite progress, strong stereotypes persist in society, preventing young people from seeking help promptly. Therefore, large-scale information campaigns are needed, as well as active engagement of the media and opinion leaders to promote mental health awareness. The WHO recommends creating “supportive, nurturing environments”—for instance, transforming schools into spaces that foster well-being and social skills. In the digital environment, programs should aim to improve young people’s media literacy and teach safe, responsible social media use to reduce the impact of cyber risks on mental health.

- Considering new risk factors. Future research should explore more deeply the impact of the digital environment on well-being. By the early 2020s, young people were already spending a

substantial portion of their lives online, and evidence points to a link between excessive screen time and reduced life satisfaction. At the same time, digital technologies also offer new opportunities for psychological support. Research should focus on how to maximize the benefits of digitalization while minimizing its potential harm.

- **Sociocultural Resources and Resilience.** An important research direction concerns the factors that contribute to the psychological well-being of young people in CIS countries. For example, one Kazakhstani study found a link between religious faith and higher levels of psychological well-being among youth. Other studies highlight the importance of value systems, social cohesion, and family support. These findings suggest that well-being strategies can build on cultural and family resources—such as volunteerism, sports, and creative activities—that give young people a sense of meaning and belonging.

- **Monitoring and data.** Finally, it is essential to continue and expand the monitoring of youth mental health. Regular surveys (such as those conducted in 2021–2023 in Russia and Kazakhstan) can help track well-being trends and evaluate the effectiveness of implemented measures. Comparative studies—between regions, among CIS countries, and with other parts of the world—are particularly useful for identifying general patterns and local specificities. Previous comparisons with Western countries have already revealed relative stability in the well-being of post-Soviet youth, but the underlying reasons require further investigation.

Next, we will consider recommendations for professionals and young people aimed at maintaining psychological well-being [18].

For young people aged 18–35, the first contact with the healthcare system often occurs in a general practitioner’s office—not for mental health reasons, but for complaints such as insomnia, fatigue, pain, or appetite problems. Therefore, the primary care focus should be on the early recognition of anxiety and depression using ultra-short screening questionnaires (PHQ-2/9, GAD-2/7) and the mandatory assessment of suicide risk. In cases where “red flags” are identified, a clear referral algorithm (emergency services or psychiatrist) should be in place. This approach is directly recommended by the WHO through the LIVE LIFE initiative and the mhGAP package for non-specialized settings, where key measures include restricting access to lethal means, engaging with the media, teaching life skills, and ensuring the early identification and support of people in crisis.

The second pillar involves brief, structured psychosocial interventions that can be initiated at the primary care level: behavioral activation, problem-solving therapy, elements of PM+, and self-help guides. The WHO specifically promotes a “brief therapy” format for this purpose, as well as the illustrated guide *Doing What Matters in Times of Stress: 5 Practices with Audio Exercises*, which patients can practice daily for 10–15 minutes. This format increases treatment coverage and reduces barriers to accessing care.

If medication is required, the mhGAP 2023 updates emphasize the following: select drug therapy based on symptom severity, comorbidities, and safety profile. Specific warnings—such as the prohibition of valproic acid for women of childbearing age—are highlighted in the WHO news release accompanying the guideline update. This helps minimize risks and ensures treatment is consistent with the international evidence base.

Finally, physicians also play a key role as advocates for therapeutic lifestyle interventions. Evidence-based benefits for reducing symptoms of depression and anxiety include at least 150 minutes of moderate physical activity per week (or the equivalent), plus two days of strength training. Even “minimally sufficient” doses provide measurable benefits. The WHO and CDC present these recommendations clearly and consistently [19].

University psychologists play a crucial role in supporting the psychological well-being of young people. Through direct communication and timely identification of those in need of assistance, they can respond effectively to various aspects of students’ behavior and mental health.

The campus is not only a place for learning but also an environment where social connections, self-regulation skills, and help-seeking behaviors are developed. The university's stepped (tiered) support model can function as follows:

1. Education, self-help, and peer support;
2. Brief counseling protocols (4–6 sessions of behavioral activation or problem-solving therapy) provided by the psychological support service;
3. Referral to clinical specialists when necessary.

This approach is recommended in UNESCO/IESALC policy briefs and UNESCO practical guidelines on health and well-being in education.

Universities should also actively implement digital interventions—ranging from internet-based CBT (iCBT) programs to blended formats that combine online modules with short in-person consultations. Recent reviews demonstrate a moderate reduction in anxiety and depression symptoms among adolescents and young adults when such programs are properly moderated. While not a “magic bullet,” these approaches represent an effective way to expand access to support.

A key element of campus resilience is regular well-being monitoring (on a voluntary basis and within a clear ethical framework) and the existence of a crisis protocol—a clearly defined 24/7 contact map, roles for security services and the dean's office, and postvention procedures (community support following a crisis). Such frameworks are explicitly recommended in international guidelines for higher education systems.

Particular attention should be given to Kazakhstan, where school-level programs promoting mental health and preventing suicide are already being scaled up to cover older age cohorts. Universities can adapt existing modules in collaboration with the Ministry of Health, the Ministry of Education, and with methodological support from UNICEF and UNFPA [20].

Practical recommendations for young people aimed at maintaining and stabilizing their psychological well-being.

Psychological well-being is not about being “constantly in a good mood,” but rather about the ability to cope with challenges, recover, and stay on course toward meaningful goals. What practical steps can be implemented today?

1. Movement as medicine. The goal is to achieve at least 150 minutes of moderate physical activity per week (or 75 minutes of vigorous activity), supplemented by two days of strength training. The formula is flexible: 30 minutes a day, five times a week; short “bursts” of walking between tasks; or home workouts—all count toward the total. A recent WHO fact sheet reminds us that one in three adults worldwide fails to meet this target, which also negatively affects mental health outcomes.

2. Sleep is an irreplaceable resource. For young adults, the optimal duration is 7–9 hours. Sleep deprivation increases anxiety and reduces stress resilience. Try to establish a regular wake-up time, remove screens 1–2 hours before bed, and avoid caffeine in the afternoon. Consensus guidelines on sleep duration are consistently supported by authoritative sources.

3. Self-regulation skills according to the WHO. The illustrated guide *Doing What Matters in Times of Stress* offers a simple daily protocol: anchoring your breathing, grounding attention, managing difficult thoughts, and “expanding the space” for emotions. Practicing these for 10–15 minutes a day can gradually raise your mental resilience threshold. The exercises are freely available, including audio versions.

4. Social connections and digital hygiene. Stay in touch and meet with the people who support you—social connection is one of the strongest predictors of life satisfaction. In the digital sphere, introduce “screen-free windows,” especially before bedtime, and monitor how your social media feed influences your mood; curate or limit content as needed.

5. When professional help is needed. If symptoms of depression or anxiety persist for 2–3 weeks, accompanied by loss of interest, sleep disturbances, or appetite changes, it is time to seek help from a doctor or psychologist. If thoughts of self-harm arise, act immediately: call emergency services, crisis

hotlines, or contact an on-duty specialist at your university or local community center. These steps align with international LIVE LIFE protocols and clinical pathways [21, 22, 23].

In Kazakhstan, the infrastructure of Youth-Friendly Health Centers (YFHCs) has already been established and continues to be strengthened through regulatory improvements, expanded service packages, and collaboration with schools and universities. UNFPA and UNICEF have outlined priorities for 2025, including enhancing accessibility and quality of care, adapting programs to local contexts, and developing interagency suicide and stigma prevention measures. These efforts provide a strong foundation for expanding university-based initiatives and primary healthcare pathways.

In summary, to make psychological well-being not a “luxury” but the norm, three pillars must work in unison. Physicians, as the first point of contact, should identify issues early, initiate brief interventions, and guide lifestyle changes (mhGAP/LIVE LIFE). Universities should implement stepwise support systems, teach self-regulation skills, and use digital tools (UNESCO/WHO). Young people themselves should adopt accessible daily practices—movement, healthy sleep, stress management—seek help promptly, and maintain social ties. These are not isolated recommendations but parts of a unified, evidence-based ecosystem consistent with global standards and the regional priorities of the CIS countries.

Conclusion. The review revealed that psychological well-being among young people aged 18–35 is a multidimensional construct combining hedonic (subjective well-being) and eudaimonic (personal growth, meaning, autonomy) components. Integrating classical theoretical models (Ryff, Diener, PERMA) with 2020–2025 data makes it possible to outline the current profile of risks and resources among young adults. Key determinants include post-pandemic effects, the digital environment, economic and geopolitical uncertainty, the quality of social connections, sleep patterns, and levels of physical activity. Against this backdrop, demand for psychological support and the need for low-threshold, evidence-based interventions have significantly increased.

Global trends remain uneven. While several Western countries demonstrate signs of a deepening “mental health crisis” among young people, the post-Soviet macro-region (including Russia and Kazakhstan) shows a relatively more stable picture across multiple indicators of subjective well-being—despite persistently high distress levels within certain subgroups. This combination of relative stability and localized burden highlights the importance of culturally and contextually sensitive prevention and assistance strategies, as well as the role of family and social networks as potential resilience factors.

The effectiveness of stepped care models has been demonstrated in practice:

1. Primary care level — routine screening (PHQ-2/9, GAD-2/7, suicide risk assessment), brief psychosocial interventions (behavioral activation, problem-solving therapy, PM+, self-help programs based on WHO materials), and rational pharmacotherapy in accordance with current clinical guidelines.

2. Higher education level — systemic prevention, peer support, short counseling protocols, and structured referral pathways to specialized care.

3. Individual level — a “behavioral platform” comprising regular physical activity, sleep hygiene, basic stress management skills, and the maintenance of offline social connections.

These tiers align with the mhGAP and LIVE LIFE frameworks and are scalable within resource-limited settings.

Regional analysis shows that in Kazakhstan and Russia, the political and legal foundations for youth mental health services—national strategies, interdepartmental programs, youth health centers, and partnerships with UNICEF and UNFPA—were established between 2020 and 2025. However, an implementation gap persists: limited awareness of available services, persistent stigma, unequal access between urban and rural areas, overburdened primary care professionals, and fragmented digital infrastructure. Therefore, priorities for the coming years should include strengthening human and institutional capacity in primary care, simplifying referral pathways, expanding school and university programs, and conducting communication campaigns to reduce barriers to care-seeking.

Methodologically, it is important to recognize several limitations of recent data: the predominance of self-reports and cross-sectional designs, variation in measurement tools and thresholds, and the underrepresentation of vulnerable groups (young migrants, NEET youth, rural populations). Addressing these issues requires:

- (a) increasing the share of longitudinal studies;
- (b) harmonizing screening scales and assessment procedures;
- (c) expanding socio-demographic stratification in samples; and
- (d) combining quantitative and qualitative approaches to better capture cultural context.

From a scientific perspective, three directions appear most promising:

1. assessing causal relationships between digital behavior, sleep, physical activity, and well-being dynamics;
2. testing integrated “blended” protocols in real-world primary care and university settings, accompanied by cost-effectiveness analyses; and
3. studying sociocultural moderators—family support, religiosity, civic engagement—as resilience resources within CIS countries.

From a practical perspective, the following steps are recommended: institutionalizing regular monitoring of young adults’ well-being at national and regional levels; creating a unified “navigation window” for youth (an online portal or app with verified information, self-screening tools, and immediate referral options); training physicians and university psychologists in brief protocols and crisis algorithms; and standardizing mental health communication to reduce stigma and improve the population’s psychological literacy. Prioritizing preventive measures—including physical activity and sleep—should become a mandatory element of state programs, given their strong population-level impact and cost-effectiveness.

Integrating the theoretical framework of psychological well-being with current epidemiological evidence and short-term, evidence-based interventions provides a scalable model for the CIS region. Its success will depend on intersectoral coordination, sustainable financing, and a culture of performance evaluation. If these conditions are met, it will be possible not only to maintain current well-being levels but also to enhance them through early detection, accessible care, and strengthened individual and societal resilience among the younger generation.

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