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International collaboration for local action: development and implementation of a webinar series for providers in Ukraine

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Objectives: This study evaluated the utility of a webinar series conducted collaboratively between an international organization and a local partner to build capacity to address mental health support in Ukraine during an ongoing crisis.
Methods: Guided by RE-AIM and COM-B frameworks, the study examined reach, perceived effectiveness, adoption, implementation processes, and anticipated sustainability. A mixed-methods pre–post survey design assessed participant characteristics, satisfaction, perceived effectiveness, applicability, and behavioral mechanisms influencing engagement. Open-ended responses were translated and thematically analyzed using framework analysis.
Results: Webinar attendees included 275 psychologists, teachers, and allied professionals, representing 20 regions in Ukraine. Attendees reported high satisfaction, usefulness, and confidence applying webinar content. Qualitative data highlighted the relevance, clarity, and applicability of materials, while identifying structural barriers related to workload, scheduling, and war-related disruptions. Asynchronous engagement exceeded 17,000 views, indicating substantial extended reach and sustainability potential.
Conclusion: Findings suggest that international collaborations within public health leadership can provide accessible, evidence-based, culturally relevant educational content in crisis contexts. This initiative showed strong effectiveness and adoption, supporting potential for a scalable, sustainable approach to strengthening pediatric mental health in Ukraine.

KEYWORDS
capacity building, child and adolescent mental health and psychosocial support, implementation science, Ukraine war, workforce training

Introduction

On February 24, 2022, Russian armed forces invaded Ukraine in a significant escalation of the Russo-Ukrainian War [1]. In addition to the loss of lives among armed forces, civilian casualties and destruction of infrastructure have been significant. As of October 2025, over 14,000 Ukrainian civilians have been killed and more than 37,000 have been injured [2]. The war has resulted in the largest forced migration in Europe since World War II and the largest

refugee crisis in the 21st century: as of 2022, one-third of the Ukrainian population was reportedly displaced [3]. Since then, violence has continually escalated beyond the frontlines; in recent months, the frequency of aerial attacks have increased from a few dozen to hundreds each day across cities in Ukraine, resulting in increased disruption and uncertainty for civilians [4].

The World Health Organization (WHO) estimates that one in five adults who have experienced war or other conflicts in the previous 10 years will develop a mental health condition [5]. Applying these estimates to Ukraine, experts anticipate that approximately 9.6 million adults have a diagnosable mental health condition, such as depression, anxiety, post-traumatic stress disorder (PTSD), or other more serious mental health diagnoses, like bipolar disorder or schizophrenia [5]. In addition to these staggering estimates, the mental health burden experienced by Ukrainian adolescents is already substantial [6]. UNICEF estimates that 1.5 million children in Ukraine are at risk for depression, anxiety, PTSD, and other mental health issues [7].

As the war continues, a critical concern is the long-term impact of this humanitarian crisis for children, adolescents and young adults growing up facing sustained threats to their safety, uncertainty regarding the future, and resulting psychological distress [8, 9]. It is well known that psychological reactions (e.g., anxiety, sleep problems, depression) are common among children and adolescents following traumatic events [10]. Recent studies on Ukrainian youth show an increase of untreated mental health symptoms, often interfering with physical and social functioning, cognitive development, and school performance [6, 11]. It can be challenging for teachers and parents to identify, interpret, and effectively address these symptoms [12]. In Ukraine, significant barriers to mental health services for children and adolescents exist including stigma resulting from existing cultural attitudes and practices (e.g., reflecting times of institutionalization rather than community care) [13, 14], lack of public awareness and understanding of mental health symptoms and psychopathology, and distrust in the psychiatry system [15]. Underdevelopment and underutilization of mental health services for Ukrainian youth [6, 16, 17] negatively influences dissemination and implementation of evidence-based psychological services for children and adolescents with mental health problems, and urgent actions are, thus, needed.

In global health crises, public health leadership is vital to promote equitable and sustainable access to adequate care. To support Ukraine in addressing the ongoing health crisis, the European Pediatric Psychology Network (EPPN), (later renamed the International Health Psychology Association for Children and Youth (IHPAC) but will continue to be referred to as "EPPN" throughout the manuscript), founded the EPPN Ukraine Support Taskforce (hereafter referred to as "the Taskforce") in May 2022. The objective was to utilize knowledge and skills within EPPN to: a) build capacity among health providers in Ukraine to deliver evidence-based psychosocial support to youth and families affected by the war; b) promote peer-support and knowledge exchange among Ukrainian partners.

With these goals in mind, the Taskforce launched the webinar series, "Promoting Evidence-Based Pediatric Psychology and Resilience in Ukraine," which aimed at increasing awareness, knowledge, and skills regarding mental health concerns in children and youth. In close collaboration with Ukrainian partner, Voices of Children (VoC), a Ukrainian non-governmental organization (NGO), the Taskforce designed a webinar series to equip pediatric health providers with tools to identify, assess, and treat pediatric mental health symptoms.

The aim of the present study is to examine the reach, perceived effectiveness, adoption, implementation and maintenance of this public health initiative and collaboration between an international organization (EPPN) and a local partner (VoC) to build capacity to address mental health support in Ukraine during an ongoing health crisis, using established implementation frameworks and cultural adaptation strategies. Specifically, this digital training event was grounded in two public health implementation frameworks: the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) framework [18] and the integration of the Capability, Opportunity, Motivation–Behavior (COM-B) model for behavioral change [19] to assess barriers and facilitators of implementation.

Methods

Public health initiative by international and local partnership during a health crisis

Effective public health requires mobilization of resources, communication of evidence-based practices, and fostering multi-sectoral collaborations. In Ukraine, with known barriers to mental health services for children and adolescents [16, 20–22], a close collaboration between an international group with specialized expertise (EPPN) and local providers of psychosocial support (VoC) was essential to design support that was evidence-based, accessible, culturally relevant, and sustainable. EPPN and VoC co-designed a digital education program meeting these criteria. In this process, the Taskforce provided leadership by a) building partnership with VoC; b) supporting the needs assessment and design of the digital education; c) compiling international experts to deliver webinars; and d) coordinating efforts with VoC to ensure accessibility to Ukrainian healthcare professionals. By leveraging digital platforms and a large international network of experts, EPPN and VoC addressed language and geographical barriers and designed an educational program with expert webinars on pediatric mental health. This approach aligns with public health leadership principles, including ethical practice, competency-based education, and crisis-informed decision-making [23].

Study design

To examine the perceived effectiveness, implementation success, and impact of the webinar series, a pre–post survey study was conducted using the RE-AIM framework. Pre- and post-webinar surveys were designed to assess both implementation outcomes and mechanisms of behavioral change, guided by the COM-B model. In addition to these quantitative assessments, the evaluation incorporated qualitative data from open-ended questions to capture participants' reflections on helpful elements, barriers, and suggestions for improvement. The combined design allowed

examination of reach of the webinars across regions and professional groups, participants' perceptions of effectiveness and applicability, patterns of engagement throughout the series, and preliminary indicators of sustainability and ongoing training needs. The consolidated criteria for reporting qualitative research (COREQ) guided reporting [24], with the standards for reporting qualitative research (SRQR) used as a complementary cross-check [24].

Ethical approval for the study was provided by the National Institutes of Health (IRB001656). Data was collected and stored at Karolinska Institutet, in accordance with GDPR data regulations.

Participants and recruitment

Participants included individuals who registered for and/or attended the webinar series. Recruitment occurred through email invitations distributed by VoC. Participants provided consent via the first survey question. Participants were provided with information about the study and were informed that participation was voluntary and that survey responses would be collected anonymously. Participants were informed that they could decline participation or discontinue participation in the study at any time without any negative implications. Participation in the surveys and webinars was voluntary. No personal identifying information was collected; participants could choose to complete either or both surveys regardless of webinar attendance. No incentives were provided for participation.

Intervention: promoting evidence-based pediatric psychology and resilience in Ukraine: the EPPN webinar series

The digital education consisted of a webinar series with 9 lectures focusing on: anxiety, sleep problems, risk assessment/self-harm/suicidal ideation, trauma, supporting parents and caregivers, depression, eating disorders, psychopharmacology/medication management, and neurodevelopmental disorders/autism spectrum disorder. The webinars were delivered synchronously via a secure video-conferencing platform (Zoom). Each webinar included didactic content, case examples, and opportunities for participant questions and discussion via live translation. Webinars were delivered by subject-matter experts, lasted 60 min, and were held biweekly from April-August 2023.

Participants were encouraged to attend all sessions although attendance was not required for survey completion. The curriculum was developed to enhance participants' knowledge and skills while identifying and addressing potential behavioral determinants using the COM-B model (e.g., building psychological capability, increasing social and environmental opportunity, and strengthening reflective and automatic motivation).

Data collection

To evaluate effectiveness and sustainability, data was collected via online anonymous surveys pre- and post- the webinar series. The post-intervention survey additionally assessed satisfaction with the webinar series and included open-ended questions to explore participants' experiences and suggestions for improvement.

A link to the pre-intervention survey was emailed to participants prior to the first webinar. The post-webinar survey was distributed within 24 h of the final session. The datasets for this article are not publicly available due to concerns regarding participant anonymity. Requests to access the datasets should be directed to the corresponding author.

Measures

Pre-webinar survey measures

The pre-webinar survey was developed to obtain descriptive variables and as a needs assessment. Survey questions were designed with support from an educational course evaluation expert. VoC partners provided feedback on cultural appropriateness, translation of survey questions, and distributed survey links. As native Ukrainian speakers provided the survey translations, generative AI tools were not used in the creation or translation of the survey. The pre-webinar survey collected:

- Demographic and professional characteristics: gender, age, region of work, occupation, years of experience.
- Main mental health concerns observed in practice: assessed through an open-ended question.
- Motivations and expectations for attending the webinar series.

Post-webinar survey measures

The post-webinar survey included:

- Exposure variables: e.g., attendance at live sessions, viewing of recorded sessions, how participants learned about the webinars.
- Satisfaction and usefulness (5-point Likert-scale): evaluating perceived quality, usefulness, whether webinars met expectations.
- Applicability and perceived effectiveness: ability to apply content to their work and whether the training improved their ability to identify and assess mental health concerns.
- Likelihood of recommending the webinars to colleagues.
- Open-ended questions: exploring what participants found most helpful, suggestions for improvement, additional support needs.

Pre- and post-webinar surveys can be found in Supplementary Files one and 2.

RE-AIM framework evaluation

The RE-AIM framework, extensively used in public health research, is designed to evaluate the impact of health interventions across five key dimensions [18] and was applied in the development and evaluation of the webinar series [25]. Survey items were developed to assess key RE-AIM dimensions (See Table 1):

- Reach: Participant demographics, professional roles, and webinar attendance patterns.
- Effectiveness: Changes in knowledge, confidence, and perceived competence related to webinar content, assessed through parallel pre- and post-survey items.

TABLE 1 Reach Effectiveness Adoption Implementation Maintenance (RE-AIM) Framework for Promoting Evidence-Based Pediatric Psychology and Resilience in Ukraine: The EPPN Webinar Series Survey Creation and Intervention Implementation (Chicago, Illinois, United States 2026).

Reach	Who is attending the webinar (e.g., sex, age)? How many webinar registrants? What is the profession of webinar attendees? Where in Ukraine are they attending from?
Effectiveness	How effective do attendees find the webinars? Do the webinars meet attendees' expectations?
Adoption	Will attendees be able to apply content to their work with children and adolescents?
Implementation	How will we deliver the webinar? Webinar logistics, such as live translation, timing, virtual platform
Maintenance	Where can recorded webinars be housed for accessibility in the long term? How do we build upon this project?

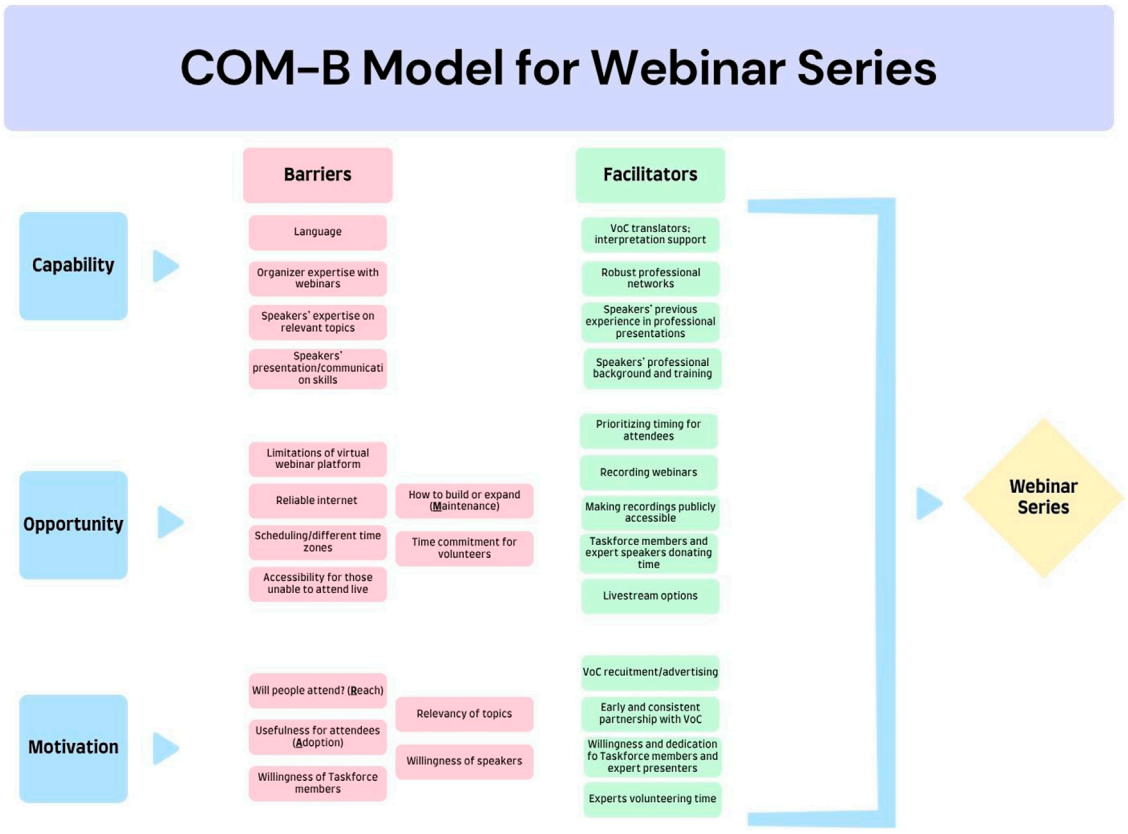

FIGURE 1
Capability Opportunity Motivation and Behavior (COM-B) Model for Promoting Evidence-Based Pediatric Psychology and Resilience in Ukraine: The EPPN Webinar Series (Chicago, Illinois, United States 2026).

- Adoption: Participant intentions to integrate webinar content into practice and perceptions of relevance to their professional context.
- Implementation: Perceived feasibility, clarity, and quality of webinar content; identification of barriers and facilitators encountered during or after the series.
- Maintenance: Anticipated sustainability of learned practices and ongoing support needs to apply the material.

Open-ended responses were translated from Ukrainian to English using an AI-assisted translation tool and subsequently reviewed for accuracy by a native Ukrainian–speaking author prior to analysis.

COM-B model evaluation

The COM-B model (Capability, Opportunity, Motivation – Behavior) was applied to identify barriers and facilitators

affecting participation and attendees' potential to apply knowledge from the webinars. The COM-B model proposes that for any behavior (B) to occur, capability (C), opportunity (O), and motivation (M) must be present [19]. This model allowed authors to systematically assess factors impacting the implementation of the webinar series, ensure that it addressed the real-world challenges providers were experiencing, and met attendees' needs and expectations. In applying the COM-B model to the webinar series, attending the webinar series and being able to apply knowledge was seen as "B." Participants were asked to describe any challenges or barriers they might face in applying the strategies discussed in the webinars, whether there were any aspects of the webinar series that they found confusing or difficult to follow, and to provide feedback on the structure or format of the webinars. Barriers and facilitators were organized using the COM dimensions (see Figure 1), which provides a structure that facilitates replicability and further development: Understanding barriers on Capability (e.g., speaking a language), Opportunity (e.g., having a stable internet connection, having time to attend) and Motivation (e.g., believing that mental health is a biomedical problem) yields necessary information to develop interventions aimed at overcoming such barriers (i.e., the way the intervention is delivered, bundled and presented may facilitate the behavior: attending to the webinars).

To examine mechanisms of change, survey items mapped onto COM-B components:

- Capability: Self-reported knowledge, understanding, and skills related to the webinar topics.
- Opportunity: Structural, organizational, and contextual factors that may enable or hinder use of webinar content in practice.
- Motivation: Confidence, perceived importance, and intentions to apply newly learned strategies.

Data analyses

Quantitative analyses

Quantitative data from closed-ended items were analyzed descriptively. Categorical variables (e.g., gender, age, region, professional role) were summarized using frequencies and percentages. For Likert-type items, we computed means, standard deviations, valid Ns, and the percentage of participants selecting high ratings (4 or 5), which reflect positive or very positive perceptions. Binary exposure variables (e.g., attendance: yes/no) were summarized using proportions. Implausible numeric values (e.g., >60 years of experience) were treated as invalid and excluded from descriptive analysis.

Qualitative analyses

Text-based variables were translated into English using AI tools (ChatGPT) and validated by a bilingual native Ukrainian speaker before organized into meaningful categories. Pre- and post-survey demographic variables were summarized separately to contextualize participant characteristics.

Open-ended responses were usually one sentence, and occasionally longer. They were analyzed using qualitative framework analysis, following the interconnected stages of familiarization, framework identification, indexing, charting, and mapping and interpretation [26], with the RE-AIM framework as a reference and the COM-B model integrated in the implementation domain. Responses were reviewed to identify recurring themes related to helpful aspects of the webinars, barriers and facilitators to implementation, and ongoing needs for additional support. Structured Excel matrices linked full-responses to domains and constructs. The analysis were led by RV, a PhD level researcher with training and experience in qualitative analyses and implementation frameworks. The matrices were shared with the full team and approved by all authors.

Results

Results are presented following the structure of the RE-AIM framework, first describing the reach of the webinar series, followed by perceived effectiveness, implementation outcomes, including COM-B mechanisms, and indicators of maintenance. Quantitative and qualitative findings are integrated within each domain to provide a comprehensive understanding of the webinar's impact and its potential for sustained use in practice.

Reach

A total of 275 participants completed the pre-webinar survey and 251 completed the post-webinar survey in full (the following numbers have the denominator of 275 for the pre-webinar survey and 251 for the post-webinar survey). Across both assessments, the sample was predominantly female (95%). Participants were mostly between 25 and 34 years (20%–39%) and 35–44 years (27%–37%), followed by those aged 45–54 years (15%–31%). Professional pediatric experience was substantial, with mean years ranging from 12.8 to 13.4 years across surveys.

The series achieved broad national penetration, engaging professionals from more than 20 out of 24 regions of Ukraine, with highest representations from Kyiv (24%) and Dnipropetrovsk (12%). Professional composition was diverse: most participants were psychologists (66%–69%); other professions included school psychologists (12%–16%), teachers/educators (4%–5%), and social workers or special educators (8%–11%).

Interest in the webinar series was high, with 3,177 registrants overall. Asynchronous engagement was also substantial: cumulative YouTube views across webinars exceeded 17,000, with the most-watched webinars focusing on anxiety (4,175 views), sleep problems (2,258), and neurodevelopmental disorders (2,129). The mean number of views per webinar was 2,120, indicating strong and sustained reach beyond the live sessions.

Effectiveness

Perceived effectiveness of the webinar series was consistently high. Participants reported that the sessions were effective in helping them identify and assess mental health concerns, with a mean score of 4.4 out of 5 (SD = 0.71) and 88% indicating it was very helpful. Similarly, 91% indicated that the webinars met or exceeded their expectations (M = 4.43, SD = 0.65). Satisfaction with the quality of the training was also high, with a mean rating of 4.36 (SD = 0.71) and 88% of respondents providing top scores. The strongest endorsement

came from participants' likelihood of recommending the webinars to colleagues, with 96% likely or very likely (mean of 4.62 [SD = 0.61]).

Qualitative responses strongly reinforced these findings. Participants described the webinars as "highly relevant and informative," noting the sessions provided practical tools for working with children and were extremely useful for assessment and psychological intervention. Several participants reported that their expectations were "exceeded," and many emphasized the clarity, professionalism, and engaging delivery of the speakers. Others highlighted the importance of receiving this type of training "especially in such a difficult time," pointing to the relevance and timeliness of the content within the current Ukrainian context.

Adoption

Adoption of the practices introduced in the webinar series was strong. Participants reported high confidence in their ability to apply what they learned, with a mean score of 4.4 (SD = 0.66) and 91% selecting top response options. Behavioral intention to adopt new practices was similarly high: when asked whether they planned to use the knowledge gained in their professional activities, participants reported a mean of 4.4 (SD = 0.70), with 91% indicating that they intended to apply the content "to a great extent" or "to a very great extent." Only a small minority expressed ambivalence or uncertainty.

Qualitative responses provided further insight into why adoption was high. Participants emphasized that the webinars offered practical, actionable tools they could immediately integrate into their work with children and adolescents. Several noted they now felt better prepared to make informed decisions in their daily practice. Many expressed appreciation for receiving guidance that was directly applicable to real-world cases.

Implementation

Implementation reflected both strong engagement with the training materials and notable contextual constraints affecting participation. Overall, 72% of respondents reported attending at least one webinar and patterns of exposure to individual sessions showed substantial dose variability. Attendance across the nine webinar topics ranged from 48% to 77% of respondents, with the highest participation in the first session and most topics receiving engagement from approximately half to two-thirds of attendees. These figures indicate consistent exposure to the program while also suggesting that participation fluctuated according to scheduling, competing demands, and ongoing uncertainty and disruptions due to the war.

Usefulness for practice, a core marker of implementation quality, was high, with participants rating the applicability of the webinar content at M = 4.44 (SD = 0.66) and 91% selecting top values of the scale. Qualitative feedback reinforced these findings, with many participants emphasizing that the webinars offered practical tools, clear examples, and actionable guidance that could be immediately used in their work with children and adolescents. Several noted that specific techniques demonstrated during the sessions were "easy to apply in day-to-day work" and "very helpful for understanding complex clinical cases."

Despite high applicability, several factors (barriers and facilitators) influenced participants' ability to fully attend or benefit from the webinars (which is the desired behavior). Below we provide an integration of those into the COM-B model, with the *a priory* specified sub-domains.

Capability. Only a small subset of participants reported capability-related *barriers*. Some described challenges keeping pace with complex clinical material or lacking prior expertise in certain topics. Qualitative comments noted instances where participants felt "not fully confident with advanced diagnostic content" or found the intensity of cases emotionally difficult to process. Concurrently, many participants emphasized *facilitators*, such as how the clarity of the presentations, structured explanations, and practical examples enhanced their capability, describing the sessions as "easy to understand and apply" and helpful for "making sense of complicated situations."

Opportunity. Opportunity-related *barriers* were the most prevalent and were strongly reflected in the quantitative findings. The primary obstacles to participation included schedule conflicts (35%), high workload (36%), and technical disruptions (e.g., unstable internet or electricity; 28%). Participants frequently described interruptions due to power outages, competing professional responsibilities, and unpredictable working conditions linked to the war. Emotional fatigue was noted by 8%, reflecting reduced opportunity to concentrate or remain engaged.

Opportunity-related *facilitators* included the availability of recorded sessions, the ability to engage asynchronously, and the flexible structure of the program. Many participants stated that recordings were "essential" for maintaining continuity during periods of instability or high workload.

Motivation. Motivational *facilitators* were consistently strong. Participants described the webinars as "very important in such a difficult time," emphasizing their relevance to the current mental-health needs of children and adolescents in Ukraine. Several participants reported that the training helped them feel more prepared, more confident, and more motivated to support young people effectively. The perceived relevance, compassionate tone of presenters, and immediate applicability of techniques contributed to high intrinsic motivation to engage and implement the content.

Motivational *barriers* were less common but included emotional exhaustion and the psychological strain of working under chronic stress.

Maintenance

Maintenance indicators demonstrated a strong likelihood of sustained engagement with the webinar content beyond the initial delivery. Although no follow-up period was implemented, several quantitative and qualitative markers pointed to substantial long-term use. Most notably, asynchronous engagement was exceptionally high: between 77% and 86% of respondents reported watching the recorded sessions on YouTube, depending on the session, suggesting that the webinar materials continued to be used after the live sessions ended.

Qualitative responses reinforced these indicators of continued use. Many participants explicitly expressed a desire for ongoing training (e.g., "*I am waiting for more webinars like these,*" "*I would like to continue participating in such events*"), and described recordings as essential for sustained learning, noting that they planned to revisit the material to consolidate skills (e.g., "*I watch everything later and take notes*"). Requests were made for additional materials and structured support (e.g., presentations, tools, curated resources).

Discussion

Although the "Promoting Evidence-Based Pediatric Psychology and Resilience in Ukraine" webinar series was initiated within advocacy efforts based on assumed needs during a health crisis, data collection and analyses facilitated an improved understanding of attendees' needs and preferences, the utility of the webinar series, and areas for growth and improvement, which promotes further development of the support activities, and replicability in other contexts.

Although exact national figures for psychologists are not available, estimates suggest that tens of thousands of professionals work in the Ukrainian educational and child-mental-health sectors [27]. This implies the webinar series reached many of the country's child mental health specialists.

Findings from the present study suggest the need for continued investment in digital health solutions, interdisciplinary collaboration, and policy-driven support to achieve long-term effects on pediatric mental health in Ukraine. More specifically, results highlight several relevant key lessons for public health leadership to build capacity in crisis zones. Lessons 1–3 are supported by the current data as well as the authors' continued collaboration with Ukrainian partners. Lessons 4 and 5 reflect implementation experience and provide relevant input regarding implementation challenges.

1. Strategic Use of Digital Health Interventions

Digital solutions are useful in addressing challenges in access and bridging gaps in training, learning, and care, particularly in areas of war and violence. In this project, use of webinars permitted rapid dissemination of expertise from outside of Ukraine without requiring physical presence. Also, the digital lectures (live and recorded) allowed course attendants to participate despite ongoing societal disruption due to the ongoing war (e.g., power outages and evacuating to bomb shelters).

2. Interdisciplinary Collaboration

Effective leadership requires multidisciplinary and sectoral engagement. This project successfully involved mental health experts from different fields, technology specialists, interpreters, and frontline providers, fostering interdisciplinary collaboration.

3. Public Health Development through International and Local Partnership

Engaging, collaborating, and partnering with cultural representatives was critical to the success of this initiative. By identifying leaders in the Ukrainian context, Taskforce leaders were able to assess needs, culturally adapt content, and design the educational program to ensure it was received well by the target group.

4. Ethical and Culturally Competent Implementation

Ethical leadership in public health requires culturally sensitive interventions that are contextually relevant and aligned with participants' lived experiences. This was illustrated by prioritizing Ukrainian-led discussions in the identification of webinar topics and implementation of the series.

5. Sustainability

To ensure long-term effects, involved stakeholders should advocate for incorporation of educational initiatives into broader health systems. In this project, collaborations with local institutions laid the foundation for continued training in pediatric mental health.

Limitations

Several limitations should be considered when interpreting these findings. First, the pre- and post-webinar surveys were anonymous and unlinked, which prevents the possibility to determine if observed differences reflect changes within participants. Second, although based on valid implementation frameworks (i.e., RE-AIM and COM-B), the evaluation relied primarily on single-item, non-validated measures of perceived effectiveness, confidence, applicability, and behavioral intentions. Outcomes were based exclusively on participant self-report and did not include objective measures of knowledge or skills or changes in clinical practice. Thus, demonstrating perceived utility and intention to apply the training rather than evidence of changes in professional practice or pediatric mental health outcomes. The post-webinar assessment was conducted within 24 h of the final session, and no longitudinal follow-up was conducted; consequently, the extent to which knowledge, confidence, or intended practice changes were sustained over time remains unknown. Voluntary participation and reliance on self-report may have introduced response and social-desirability biases, particularly given participants' potential investment in and appreciation of international collaboration. Relatedly, because surveys were anonymous and unlinked, the degree of overlap between pre- and post-survey respondents is unknown. Finally, approximately 95% of respondents were female, which limits generalizability to male providers. However, this distribution appears broadly consistent with the gender composition of professional workforces in Ukraine; a recent national webinar initiative involving more than 10,000 Ukrainian healthcare, education, and social-sector professionals reported that 92.6% of participants were women, with the authors noting that this distribution reflects the broader workforce structure in these sectors [28]. These limitations underscore the need for future evaluations using validated multi-item measures, linked longitudinal assessments, and objective indicators of practice change, to more rigorously assess the longer-term impact of digital capacity-building initiatives in conflict-affected settings.

Future plans

Based on the results of this study, and the existing collaboration between EPPN and VoC, a second phase were initiated to further build capacity in psychosocial support for children and families affected by the war.

In short, a 2-day workshop with Ukrainian psychologists was conducted in Kyiv in August 2025 to strengthen their capacity to train non-psychologists (e.g., nurses, social workers, teachers) in trauma awareness and psychosocial support. Combining didactic instruction, experiential role-plays, and peer supervision, the workshop launched

the *training-the-trainers* initiative. The initiative aims to build community-based care by enabling psychologists to transfer knowledge and foundational helping skills—drawn from a WHO manual—to frontline professionals who work directly with children and families. This approach increases access to support in everyday settings, particularly where formal health services are limited.

The program integrates international evidence with cultural adaptation to ensure relevance, safety, and sustainability. Its cascading structure creates a multiplier effect: one trained psychologist can indirectly support numerous families by preparing teachers, social workers, and NGO staff to recognize distress and respond with empathy. Although similar models have demonstrated effectiveness in other humanitarian contexts [29, 30], the training-the-trainers approach has not yet been systematically implemented and evaluated in Ukraine.

Subsequent steps include collaborating with Ukrainian psychologists to adapt, translate, and pilot test the training materials. A digital platform will further promote sustainability by providing ongoing access to resources, recorded content, and peer-support forums, while enabling asynchronous learning for professionals in regions with unstable electricity or internet connectivity.

Importantly, the webinar series served as a first step for EPPN as an international organization to support capacity building regarding mental health through the ongoing collaboration with Ukrainian partners. The webinar series was designed not only to increase access to evidence-based pediatric psychology knowledge, but also to connect healthcare staff and people with related professions from across Ukraine, increase awareness and reduce stigma surrounding children's mental health needs, and better understand the need for resources within the country. Findings and experiences from this initiative highlighted the importance of sustained, local capacity building and informed the next phase of collaboration, including the development of the training-the-trainers model to expand the reach of Ukrainian psychologists and strengthen the mental health and psychosocial support workforce. Beyond the direct educational impact of the webinar series, the initiative also helped foster a national community of pediatric psychology professionals, creating a foundation for continued collaboration and the development of a national EPPN chapter in Ukraine.

Acknowledging the need for contextual adaptations, findings from this project may be relevant for similar initiatives in Ukraine and beyond where international resources can be utilized to support local stakeholders in building public health capacity in conflict-affected regions.

Conclusion

The webinar series, "Promoting Evidence-Based Pediatric Psychology and Resilience in Ukraine" showed satisfactory effects and impact as assessed using RE-AIM and COM-B frameworks. Results illustrate the importance of public health leadership and collaboration between international and local organizations in addressing pediatric mental health challenges in ongoing health crises. Employing evidence-based frameworks facilitated the design and evaluation of the educational program, which showed perceived effectiveness and sustainability, providing a foundation for further initiatives to support pediatric mental health in Ukraine.

Data availability statement

The datasets for this article are not publicly available due to concerns regarding participant anonymity. Requests to access the datasets should be directed to the corresponding author.

Ethics statement

The studies involving humans were approved by United States National Institutes of Health. The studies were conducted in accordance with the local legislation and institutional requirements. The participants provided their written informed consent to participate in this study.

Author contributions

LP: Conceptualization; project administration; methodology; supervision; investigation; data curation; writing – original draft; writing – review and editing. RV: Methodology; formal analysis; interpretation of data; writing – original draft; writing – review and editing. ZS: Survey creation; data curation; investigation. NM: Investigation; data collection support; translation review; cultural adaptation insights. OC: Project coordination in Ukraine; participant recruitment; data collection support; translation review. RW: Conceptualization; methodology; supervision; interpretation of data; writing – review and editing.

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Conflict of interest

The authors declare that they do not have any conflicts of interest.

Generative AI statement

The author(s) declared that generative AI was not used in the creation of this manuscript.

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References

1. Mearsheimer JJ. The causes and consequences of the Ukraine war. *Horizons: J Int Relations Sustainable Development* (2022) 21:12–27. Available online at: https://www.jstor.org/stable/48686693.

2. United Nations. Civilians in Ukraine face death and injury amid new attacks (2025). Available online at: https://news.un.org/en/story/2025/10/1166074 (Accessed October 31, 2025).

3. United Nations. *Ukraine: Over 6 Million Refugees Spread Across Europe*. New York City, NY: United Nations Regional Information Centre for Western Europe (2024). Available online at: https://unric.org/en/ukraine-over-6-million-refugees-spread-across-europe/ (Accessed: June 13, 2025).

4. Sudworth J. In: *Russia's "Blitz" of Ukraine, the Question of Appeasement Is Back*. London, United Kingdom: British Broadcasting Corporation (2025). Available online at: https://www.bbc.com/news/articles/cew40lqvel2o (Accessed June 13, 2025).

5. World Health Organization. *Ukraine: WHO Health Emergency Appeal 2024*. Geneva, Switzerland: World Health Organization (2024). Available online at: https://cdn.who.int/media/docs/default-source/documents/emergencies/2024-appeals/2024-who-ukraine-emergency-appeal_en.pdf (Accessed June 13, 2025).

6. Goto R, Pinchuk I, Kolodezhny O, Pimenova N, Kano Y, Skokauskas N. Mental health of adolescents exposed to the war in Ukraine. *JAMA Pediatr* (2024) 178(5):480–8. doi: 10.1001/jamapediatrics.2024.0295

7. UNICEF. *War in Ukraine Pushes Generation of Children to the Brink*. New York City, NY: UNICEF (United Nations Children's Fund) (2023). Available online at: https://www.unicef.org/press-releases/war-ukraine-pushes-generation-children-brink-warns-unicef?utm_source=chatgpt.com (Accessed October 31, 2025).

8. Bürgin D, Anagnostopoulos D, Anagnostopoulos D, Doyle M, Eliez S, Fegert J, et al. Impact ofwar and forced displacement on children's mental Health—multilevel, needs-oriented, and trauma-informed approaches. *Eur Child Adolesc Psychiatry* (2022) 31(6):845–53. doi: 10.1007/s00787-022-01974-z

9. Seleznova V, Pinchuk I, Feldman I, Virchenko V, Wang B, Skokauskas N. The battle for mentalwell-being in Ukraine: mental health crisis and economic aspects of mental health services in wartime. *Int J Ment Health Syst* (2023) 17(1):28. doi: 10.1186/s13033-023-00598-3

10. Giannakopoulos G, Kolaitis G. Sleep problems in children and adolescents following traumatic life events. *World J Psychiatry* (2021) 11(2):27–34. doi: 10.5498/wjp.v11.i2.27

11. McElroy E, Hyland P, Shevlin M, Karatzias T, Vallières F, Ben-Ezra M, et al. Change in childmental health during the Ukraine war: evidence from a large sample of parents. *Eur Child Adolesc Psychiatry* (2024) 33(5):1495–502. doi: 10.1007/s00787-023-02255-z

12. Clinic M. Worried about your child's mental health? (2024). Available online at: https://www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/mental-illness-in-children/art20046577 (Accessed: October 31, 2025).

13. Bandura R. *Investing in Mental Health Will Be Critical for Ukraine's Economic Future*. Washington D.C.: Center for Strategic and International Studies (CSIS) (2023).

14. Quirke E, Klymchuk V, Suvalo O, Bakolis I, Thornicroft G. Mental health stigma in Ukraine: cross-sectional survey. *Glob Ment Health (Camb)* (2021) 8:e11. doi: 10.1017/gmh.2021.9

15. Wong BHC, Chkonia E, Panteleeva L, Pinchuk I, Stevanovic D, Tufan AE, et al. Transitioning to community-based mental healthcare: reform experiences of five countries. *Bjpsych Int* (2022) 19(1):18–21. doi: 10.1192/bji.2021.23

16. Steinberg JS, Sun J, Venturo-Conerly KE, Sood G, Mair P, Davydenko O, et al. Randomized trial testing a self-guided digital mental health intervention teaching calming skills for Ukrainian children. *Npj Ment Health Res* (2025) 4(1):20. doi: 10.1038/s44184-025-00134-w

17. UNICEF. Peer power: UNICEF study on Ukrainian adolescents' attitudes towards mental health support in Poland (2024). Available online at: https://www.unicef.org/eca/press-releases/peer-power-unicef-study-ukrainian-adolescents-attitudes-towards-mental-health#:~:text=At%20the%20same%20time%2C%20despite,weaker%20intentions%20to%20seek%20support (Accessed November 3, 2025).

18. Glasgow RE, Harden SM, Gaglio B, Rabin B, Smith ML, Porter GC, et al. RE-AIM planning and evaluation framework: adapting to new science and practice with a 20-year review. *Front Public Health* (2019) 7:64. doi: 10.3389/fpubh.2019.00064

19. Michie S, Van Stralen MM, West R. The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation Sci* (2011) 6(1):42. doi: 10.1186/1748-5908-6-42

20. Pinchuk I, Yachnik Y, Goto R, Skokauskas N. Mental health services during the war in Ukraine: 2-Years follow up study. *Int J Ment Health Syst* (2025) 19:11. doi: 10.1186/s13033-025-00667-9

21. UNICEF. *Child Protection Assessment* (2024). Available online at: https://repository.impact-initiatives.org/document/impact/71ac5976/UKR_Report_Child-Protection_July-2024.pdf (Accessed November 3, 2025).

22. Child W. Invisible at the frontline: disability and childhood in wartime Ukraine - needs and barriers faced by children with disabilities and their families in war-affected communities of Ukraine (2025). Available online at: https://www.impact-initiatives.org/stories/ukraine-child-protection-assessment-challenges-in-war-zones/ (Accessed: November 3, 2025).

23. Strudsholm T, Vollman AR. Public health leadership: competencies to guide practice. *Healthc Manage Forum* (2021) 34(6):340–5. doi: 10.1177/08404704211032710

24. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32 item checklist for interviews and focus groups. *Int J Qual Health Care* (2007) 19:349–57. doi: 10.1093/intqhc/mzm042

25. Potthoff LM, De La Vega R, Wicksell RK. Commentary: pediatric mental health in Ukraine: how much should every pediatric psychologist care? *J Pediatr Psychol* (2025) 25:jsaf068–934. doi: 10.1093/jpepsy/jsaf068

26. Ritchie J, Spencer L. Qualitative data analysis for applied policy research. In: *Analyzing Qualitative Data*. Thousand Oaks, CA: SAGE Publications Inc (1994). p. 173–94.

27. *Schools for Democracy Final Report 2017-2021*. (2025) Oslo, Norway: The European Wergeland Centre (EWC). Available online at: https://wergelandcentre.org/resources/schools-for-democracy-final-report-2017-2021/ (Accessed: November 24, 2025).

28. Fegert JM, Sitarski E, Danese A, Toepfer S, Pfeiffer E, König E, et al. *Webinars About Child and Adolescent Psychiatry Can Support Professionals in war-affected Regions: Lessons from the ESCAP-ukraine Webinar Initiative*. Berlin, Germany: Springer Nature (2026). p. 1–7.

29. Bhardwaj A, Gurung D, Rai S, Kaiser BN, Cafaro CL, Sikkema KJ, et al. Treatment preferences for pharmacological *versus* psychological interventions among primary care providers in Nepal: mixed methods analysis of a pilot cluster randomized controlled trial. *Int J Environ Res Public Health* (2022) 19(4):2149. doi: 10.3390/ijerph19042149

30. Pedersen GA, Shrestha P, Akellot J, Sepulveda A, Luitel NP, Kasujja R, et al. A mixed methods evaluation of a world health organization competency-based training package for foundational helping skills among pre-service and in-service health workers in Nepal, Peru and Uganda. *Camb Prisms Glob Ment Health* (2023) 10:e55. doi: 10.1017/gmh.2023.43