

PSYCHOLOGY IN ACTION THROUGH SERVICE-LEARNING APPROACH: A CASE STUDY OF THE KOZOVA TERRITORIAL COMMUNITY (UKRAINE)

Oleksandr Avramchuk¹ <https://orcid.org/0000-0001-8512-7817>

Kristina Obluchynska-Shabazova¹ <https://orcid.org/0009-0009-8843-4922>

¹*Department of Clinical Psychology, Ukrainian Catholic University, Lviv, Ukraine*

Corresponding author: avramchuk.md@ucu.edu.ua

DOI: <https://doi.org/10.36059/978-966-397-609-9-4>

Keywords: service-learning; participatory action research; psycho-educational intervention; community-based intervention; wartime.

Abstract

This case study presents the design, implementation, and outcomes of a community-based psychoeducational intervention conducted within the master's level course "Scientific and Psychoeducational Practice" for psychology students at UCU, Lviv, in 2025. The intervention was developed using a Service-Learning framework integrated with Participatory Action Research (PAR) principles and implemented in collaboration with the Kozova territorial community in the Ternopil region of Ukraine. The initiative aimed to address mental health literacy, reduce stigma, and strengthen community resilience through co-created psychoeducational activities. Over 400 participants, including approximately 300 children, were engaged across schools, healthcare settings, and community spaces. The report outlines the stages of needs assessment, co-design, implementation, and evaluation, highlighting both outcomes and challenges. Findings suggest that embedding psychoeducational interventions within existing community systems enhances the possibility for maintaining resiliency and relevance, while structured reflection supports the development of students' professional and civic competencies.

1. Background

Mental health challenges in communities affected by social, economic, and wartime stressors require approaches that are both context-sensitive and resilience-focused. In Ukraine, the growing need for accessible mental health support is accompanied by persistent barriers, including stigma, limited awareness, and insufficient integration of psychological services into everyday community structures such as schools and primary healthcare (Gaschet MAP, Suvalo, Klymchuk, 2025).

Public mental health is an essential field of social life, especially in the context of prolonged crises such as a pandemic or wartime, where psychological consequences are often delayed and manifest as long-term mental health issues (Wadsworth, 2015; Martsenkovskiy et al, 2024). Despite the apparent stability in self-reported mental health among Ukrainians, a closer analysis reveals a gradual deterioration masked by the normalization of distress, as evidenced by the open reports of the Gradus research company in 2024 (Gradus, 2024), by rising dissatisfaction, increasing prevalence of negative emotions, and the sustained psychological burden of the full-scale war.

The war in Ukraine has created mental health issues that no one can solve alone. Preventing maladaptive responses and strengthening the individual's and the community's resource capabilities are essential strategies for improving psychological well-being in difficult life circumstances. Especially true for veterans returning and their families as they try to integrate into civilian life and address their war experiences (Shevchenko & Varina, 2025; Slozanska & Biront, 2025).

Traditional academic training in psychology often lacks sufficient real-world engagement, which may limit graduates' readiness to respond to complex community needs and the reality of trauma-related distress. One of UCU's key strategies is healing the wounds of war. We realized that to heal a nation, we had to transform how we train our professionals in the mental health field. We are moving

psychology education out of the classroom into the “field” by the Service-Learning approach. Service-Learning combines academic instruction with meaningful community engagement, fostering both professional competence and civic responsibility (Butin, 2003; Choi, Han, & Kim, 2026). When integrated with Participatory Action Research (PAR), this approach allows communities to act not merely as recipients of services but as co-researchers and co-designers of interventions (Cawston, Mercer, & Barbour, 2007; Kagan, 2012; Cornish, Breton, Moreno-Tabarez, et al., 2015).

2. Context and Case Description

The course “Scientific and Psychoeducational Practice,” designed for first-year master’s students in psychology, was developed to operationalize a combined Service-Learning and Participatory Action Research (PAR) framework. Its central aim is to prepare future psychologists to contribute to public mental health through psychoeducation, prevention, and community-based support, although this objective presupposes that such competencies can be effectively developed within short-term, practice-oriented formats.

This case study examines the implementation of the course within the Kozova territorial community, analyzing how academic learning was translated into practical interventions and how community collaboration shaped both the process and outcomes. The project was carried out within the Erasmus+ Capacity Building in Higher Education initiative “Service-Learning in Higher Education for Ukraine’s Recovery” (ServU), under the supervision of colleagues from LUMSA, Roma, Italy.

The Kozova territorial community in the Ternopil region represents a small town setting characterized by diverse and evolving mental health needs, particularly in the context of ongoing war-related stressors. Like many Ukrainian communities, Kozova faces challenges, including psychological distress, social isolation, and limited access to structured and sustainable mental health services, especially outside formal institutional settings.

The intervention involved master's students collaborating with local stakeholders, including school personnel, healthcare professionals, local authorities, and community service providers. A key principle guiding the intervention was the attempt to move away from a strictly top-down approach. Rather than imposing predefined solutions, students engaged in dialogue with community members to identify locally relevant concerns. However, this process remained shaped by institutional frameworks and academic expectations, highlighting the inherent tension between participatory ideals and structured educational settings. As a result, while activities were grounded in locally expressed needs, they were also influenced by external project timelines and pedagogical objectives.

3. Methodology

3.1 Conceptual Framework

The course is framed within a Service-Learning approach and informed by the principles of Participatory Action Research (PAR), both of which emphasize integrating knowledge production with social engagement. Rather than treating learning and community intervention as separate domains, this combined framework positions them as mutually constitutive processes. Students are expected not only to apply academic knowledge to real-world problems, but also to co-construct that knowledge through interaction with community actors.

The integration of Service-Learning and PAR supports a model of reciprocal learning, in which students, educators, and community members collaboratively shape both research and intervention processes. This approach foregrounds key concepts such as reciprocity, shared ownership, and contextual relevance, while challenging more traditional, expert-driven models of knowledge transfer. Within this model, the development of students' civic and social competencies—such as critical thinking, responsibility, and engagement with issues of social justice—is understood not as an isolated educational outcome, but as emerging through situated

practice. This positioning also requires careful negotiation of roles and expectations, particularly in contexts where power asymmetries and differing priorities may shape the collaboration.

The course structure, which includes intermodular assignments, intergroup and supervision sessions, is designed to support both experiential learning and critical reflexivity. These elements function as key mechanisms through which students process their engagement, adapt to community feedback, and navigate the ethical and practical complexities of applied work. In this sense, reflection and supervision are not supplementary components but are central to the operationalization of the conceptual framework.

3.2 Structure of the course as an intervention for implementation

The intervention was implemented in three main phases:

Phase 1: Participatory Needs Assessment and Research Planning

The first phase of the project focused on participatory needs assessment and the co-development of a research framework. Students began by engaging with academic literature and materials provided by community and NGO partners to contextualize local mental health challenges. This preparatory stage also involved internal group coordination, including role distribution and the formulation of guiding questions, which inevitably shaped the direction of subsequent interactions.

Direct engagement with community representatives constituted the core of this phase. Through community dialogue, collaboratively identified key mental health concerns and potential intervention areas. The needs assessment resulted in the identification of several recurring challenges, including stigma associated with seeking psychological support, emotional distress among vulnerable groups such as children and veterans, and broader issues related to social isolation. While these findings were grounded in community input, they were also shaped by the interpretive frameworks students brought into the field, highlighting the co-constructed nature of the data.

The primary output of this phase was a mini research proposal outlining the problem definition, research objectives, hypotheses, methodology, and required resources. Beyond its practical function, this activity represents a critical moment in which lived experiences and community-articulated concerns were formalized into academic categories and researchable questions. Reflection and reporting components further supported this process by encouraging students to critically examine how their assumptions, disciplinary knowledge, and interactions with the community influenced both the identification of needs and the design of proposed interventions.

Phase 2: Co-Design of Psychoeducational Interventions

The second phase focused on co-designing psychoeducational interventions, building on the needs identified during the initial assessment. This stage involved ongoing collaboration between students and community partners to translate identified concerns into feasible and contextually appropriate activities. Rather than a linear progression from assessment to implementation, the process required continuous negotiation between community priorities, academic requirements, and practical constraints. A central component of this phase was the joint development of intervention protocols. Students worked with stakeholders to define objectives, select appropriate formats, and establish evaluation criteria incorporating both quantitative indicators (e.g., participation rates) and qualitative feedback (e.g., participant reflections). These protocols were not developed in isolation but were refined through dialogue with community representatives, allowing for validation and adjustment based on local expectations and capacities.

Ethical considerations played a significant role throughout this phase. Issues such as informed consent, cultural sensitivity, and the potential impact of interventions on vulnerable groups were actively discussed with community partners. However, these considerations extended beyond procedural compliance, requiring students to navigate context-specific ethical dilemmas, including

balancing inclusivity with feasibility and managing differing expectations among stakeholders. Anticipated challenges, such as limited resources, time constraints, and variations in stakeholder engagement, were not only identified but also influenced the design of the interventions. In this sense, the co-design process shapes both the scope and format of proposed activities.

Reflection remained a key component of this phase, serving as a mechanism for students to critically examine their role in decision-making, their communication with community partners, and the evolving balance between responsiveness and structure.

Phase 3: Implementation and Evaluation

The final phase involved implementing psychoeducational interventions across local settings. Activities addressed previously identified needs and took diverse forms, including workshops, informational materials (e.g., leaflets and infographics), video content, and interactive sessions. These formats were selected to maximize accessibility and engagement across different target groups. Students co-facilitated activities alongside community partners, reinforcing the collaborative nature of the intervention while also navigating the practical realities of shared responsibility.

Implementation functioned as a critical testing ground for the assumptions developed during earlier phases. While co-design aimed to ensure contextual relevance, the delivery of activities revealed challenges related to participant engagement, resource limitations, and variability in stakeholder involvement. In some cases, planned interventions required adaptation to unforeseen constraints or differing expectations, highlighting the dynamic, non-linear nature of community-based work.

Evaluation was conducted using a combination of participant feedback forms, informal discussions, and observational notes. These methods provided experience-based insights into the perceived usefulness of the activities: focusing on challenges encountered, group dynamics, unexpected outcomes, and interactions with community members. Joint reflection sessions with community

participants further contributed to this process, offering additional perspectives on the intervention's relevance and effectiveness. However, the evaluation approach remained primarily short-term and qualitative, raising questions about the extent to which longer-term impact or deeper behavioral changes could be assessed. Additionally, reliance on voluntary feedback may have introduced biases, privileging more engaged or vocal participants.

Overall, this phase underscores the gap that can emerge between planned and enacted interventions, while also demonstrating the capacity of reflection and collaboration to partially bridge this divide. Implementation thus becomes not only the execution of prior plans but also the continuation of the learning process initiated in earlier stages.

4. Intervention Activities and Results

The intervention engaged more than 400 participants, including approximately 300 children. In local schools, interventions focused on increasing mental health literacy, reducing stigma around seeking help, and introducing self-help strategies. Activities were designed to be age-appropriate and interactive, encouraging student participation and engagement. In collaboration with healthcare providers, students worked to integrate psychoeducational elements into existing medical settings. This included efforts to address veterans' needs, particularly regarding social isolation, cognitive challenges, and emotional regulation. One innovative approach involved using LEGO-based activities (including robotics) to facilitate engagement and cognitive stimulation. These activities served as a bridge between psychological support and everyday interaction, making participation less stigmatizing and more accessible.

Students also attempted to create informal community spaces for interaction, such as shared gatherings intended to foster dialogue and connection among different groups. Although some of these initiatives were constrained by external factors (e.g., weather), they highlighted the importance of accessible, low-threshold environments for mental health support.

Observed community outcomes included increased awareness of mental health issues among participants during the feedback session. Also, we suggested that one step toward reducing stigma around psychological support is to improve communication between community members and local institutions, as well as to introduce practical tools for emotional self-regulation. Importantly, the intervention did not function as a one-time external initiative. Instead, efforts were made to integrate psychoeducational practices into existing systems such as schools and healthcare facilities.

Students demonstrated significant development in research and planning skills, ethical awareness, communication and teamwork, and civic responsibility. Exposure to real-world complexity allowed students to better understand the gap between theoretical knowledge and practical application.

Despite its successes, the intervention faced several challenges, including logistical constraints, such as limited time and resources; high community expectations, which sometimes exceeded the students' capacity; environmental limitations affecting planned activities; and coordination difficulties across multiple stakeholders. These challenges underscored the complexity of community-based work and highlighted the need for flexibility and adaptive problem-solving.

5. Discussion

This case demonstrates that Service-Learning combined with Participatory Action Research (PAR) can function as an effective model for community-based (public) mental health interventions, particularly in contexts of prolonged psychosocietal stress. Importantly, communities were not positioned as passive recipients of university expertise, but as active co-producers of knowledge and practice. A key insight is that interventions are more sustainable and impactful when embedded within existing community systems rather than implemented as external, time-limited initiatives. The use of schools and healthcare institutions not only provided logistical stability but also enhanced trust and legitimacy, though this reliance may simultaneously limit access for more marginalized populations outside these structures.

The findings also underscore the importance of reciprocal learning processes. Students adapted their approaches in response to community feedback, thereby enhancing cultural relevance and contextual sensitivity. This suggests that effectiveness is not solely a function of technical expertise, but of relational and adaptive capacity. Furthermore, structured supervision and reflection played a critical role in supporting ethical decision-making and emotional processing, particularly in a high-stress environment.

At the same time, the challenges encountered during the project highlight important limitations, including issues of scalability and long-term sustainability beyond the duration of university engagement. Nevertheless, these challenges served as significant learning opportunities, helping students navigate uncertainty, ethical complexity, and real-world constraints.

Overall, the case points toward the potential of integrating Service-Learning and PAR as a systemic, rather than project-based, approach to community mental health—an insight that may be particularly relevant for other conflict-affected or resource-constrained settings.

6. Conclusion

The integration of Service-Learning and Participatory Action Research within psychology education offers a powerful framework for addressing community mental health needs while simultaneously preparing future professionals.

This case study illustrates that even within the constraints of an academic course, it is possible to design and implement meaningful, community-centered interventions. By prioritizing collaboration, contextual relevance, and sustainability, such initiatives can contribute not only to individual learning but also to broader social impact.

The experience of the Kozova community suggests that embedding psychoeducational support into local systems can enhance both effectiveness and continuity. Expanding this model across educational institutions in Ukraine could help establish mental health support as a stable component of social infrastructure.

Reference

- Gaschet, M. A. P., Suvalo, O., & Klymchuk, V. (2025). Mental health stigma in Ukraine over time: A cross-sectional study. *Cambridge Prisms: Global Mental Health*, 12, e49. <https://doi.org/10.1017/gmh.2025.40>
- Gradus Research. (2023). *Mental health and attitudes of Ukrainians towards psychological assistance during war* [Report]. <https://gradus.app/en/open-reports/mental-health-and-attitudes-ukrainians-towards-psychological-assistance-during-war/>
- Wadsworth, M. E. (2015). Development of maladaptive coping: A functional adaptation to chronic, uncontrollable stress. *Child Development Perspectives*, 9(2), 96–100. <https://doi.org/10.1111/cdep.12112>
- Martsenkovskiy, D., Shevlin, M., Ben-Ezra, et al. (2024). Mental health in Ukraine in 2023. *European Psychiatry*, 67(1), e27. <https://doi.org/10.1192/j.eurpsy.2024.12>
- Shevchenko, S., & Varina, H. (2025). Specific features of re-adaptation of military personnel after leaving the combat zone. *Scientific Bulletin of Mukachevo State University. Series "Pedagogy and Psychology"*, 11(1), 82–90. <https://doi.org/10.52534/msu-pp1.2025.82>
- Slozanska, H., & Biront, O. (2025). Social adaptation service for veterans and their families: The experience of providing and perspectives of development in Ukraine. *Social Work and Education*, 12(4), 661–672. <https://journals.urau.ua/swe/article/view/351318>
- Butin, D. W. (2003). Of What Use is It? Multiple Conceptualizations of Service Learning within Education. *Teachers College Record: The Voice of Scholarship in Education*, 105(9), 1674–1692. <https://doi.org/10.1177/016146810310500903>
- Choi, Y., Han, J. & Kim, H. Exploring key service-learning experiences that promote students' learning in higher education. *Asia Pacific Educ. Rev.* 27, 287–302(2026). <https://doi.org/10.1007/s12564-023-09833-5>
- Cawston, P. G., Mercer, S. W., & Barbour, R. S. (2007). Involving deprived communities in improving the quality of primary care services: Does participatory action research work? *BMC Health Services Research*, 7, 88. <https://doi.org/10.1186/1472-6963-7-88>
- Kagan, C. (2012). *Participatory action research and community psychology*. In B. Zani (Ed.), *Psicologia di comunità: Prospettive, idee, metodi*. Carocci Editore. <http://www.compsy.org.uk/PAR%20kagan%20final%20for%20web.pdf>
- Cornish, F., Breton, N., Moreno-Tabarez, U., et al. (2023). Participatory action research. *Nature Reviews Methods Primers*, 3, 34. <https://doi.org/10.1038/s43586-023-00214-1>