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Mental Health Psychoeducation Among Youth Organization Adolescents in G Hamlet

Alfreda Fathya[1], Faridah Ainur Rohmah[2*]
[1,2] Faculty of Psychology, Universitas Ahmad Dahlan, Yogyakarta, Indonesia

faridah.rohmah@psy.uad.ac.id

ABSTRACT

Mental health is a critical issue that remains insufficiently understood by the community, particularly among late adolescents. This study aims to describe the psychosocial conditions within the community of G Hamlet and to evaluate the effectiveness of a mental health psychoeducation intervention in enhancing adolescents' mental health literacy. Data were collected through observations, interviews, and focus group discussions (FGDs) with Posyandu cadres and members of the youth organization (Karang Taruna). The assessment results indicate that the community faces several challenges, including low mental health literacy, authoritarian and neglectful parenting styles, stigma toward mental illness, and maladaptive behaviors such as substance abuse, family conflict, and risky social interactions. The psychoeducation intervention was delivered through counseling sessions involving the adolescents' families and 23 members of a youth organization. Based on the pre-test and post-test results of these 23 participants, the mean score increased from 8.52 to 10.57 following the psychoeducation, representing an improvement of approximately 23.98%. The Wilcoxon test yielded a Z score of -3.539 ($p < 0.01$), indicating a highly significant difference between pre- and post-intervention scores. In addition, interventions targeting adolescents' families were implemented through the distribution of leaflets and the posting of posters promoting mental health awareness. The results indicate that mental health psychoeducation effectively improves both adolescents' understanding of mental health and families' awareness of adolescent mental health issues. Recommendations emphasize strengthening adolescent posyandu programs, increasing parental involvement, and ensuring the sustainability of community-based mental health education initiatives.

Keywords: adolescents, community, literacy, mental health, psychoeducation.

Introduction

According to the World Health Organization (WHO, 2020) and the American Psychological Association (APA, 2010), mental health is a state of well-being in which individuals can realize their potential, cope with life stressors, work productively, and contribute to their communities. Mental health literacy plays a crucial role in recognizing, preventing, and managing psychological problems (Jorm et al., 1997). Low levels of mental health literacy are a primary cause of stigma and delays in seeking help. When communities lack understanding of the symptoms of mental disorders or how to access assistance, psychological problems often go unaddressed until they worsen. Furthermore, low literacy increases vulnerability to unhealthy coping strategies, such as social withdrawal or risky behaviors, due to a lack of knowledge about appropriate support options.

Based on observations and interviews, the residents of G Hamlet face interconnected challenges across social, economic, and psychological dimensions. Socially, these issues manifest

as authoritarian or neglectful parenting, family conflicts, violence, and juvenile delinquency, accompanied by a strong stigma toward mental disorders. Individuals with psychological problems are often hidden or receive delayed treatment. Economically, most residents work as informal laborers with unstable incomes, experience social jealousy regarding financial aid, and underutilize local economic potential, all of which increase life stress. Financial instability is prevalent due to irregular employment.

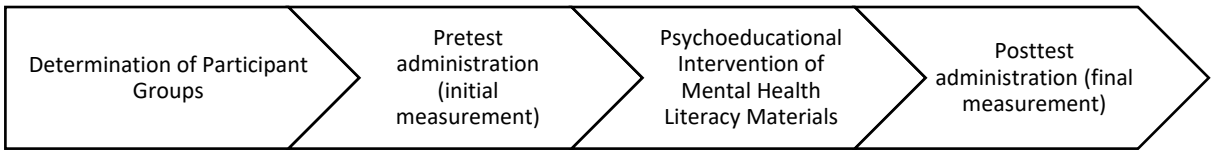
Psychologically, many residents experience prolonged stress due to economic pressures and family conflicts. Adolescents and young adults often struggle to regulate their emotions and plan for their futures, increasing the risk of maladaptive behaviors, such as drug misuse and alcohol consumption. Low mental health literacy further exacerbates these issues. Focus group discussion (FGD) findings reveal that both adolescents and Posyandu (integrated health post) cadres lack an adequate understanding of mental health concepts and management strategies. Stigma remains pervasive, as reported by the hamlet head and neighborhood leaders. Some families choose to conceal members with mental illness due to shame, resulting in delayed or rejected treatment. This lack of understanding and closed attitudes discourages help-seeking behavior and promotes maladaptive coping, ultimately hindering prevention, early detection, and mental health care at the community level.

In addition to economic pressures, authoritarian or neglectful parenting significantly impacts the mental health of children and adolescents. Limited attention to emotional development deprives children of safe spaces for self-expression, making them more vulnerable to stress and risky behaviors. Maladaptive family conditions, such as conflict, divorce, and violence, further undermine psychological well-being, as evidenced by several cases of family violence and parent-child conflict in G Hamlet. Anggraini et al. (2020) emphasize the importance of parent-child attachment as a foundation for healthy emotional development, noting that warm and responsive relationships foster security, self-worth, and adaptive stress regulation. When such attachment is absent, as observed in several families in G Hamlet, children become more susceptible to anxiety, difficulties in emotional regulation, and behavioral problems, because emotional care is limited or entirely delegated to grandparents. Inadequate attachment also drives adolescents to seek validation from unhealthy social environments. increasing the risk of maladaptive behaviors.

To improve community mental health, promotive and preventive efforts are essential, including strengthening parenting practices, enhancing social connectedness, stress management, and providing mental health education. A proven effective approach is psychoeducation, an educational intervention designed to increase understanding, awareness, and community capacity to address psychological issues. Psychoeducation enhances participants' knowledge and comprehension (Irianjani & Rohmah, 2023). Fatah, Nursyamsiyah, and Susanti (2024) explain that psychoeducation fosters empathy and adaptive behaviors when responding to mental health challenges. Through psychoeducation focused on mental health literacy, communities are expected to understand mental health concepts, recognize risk factors, and apply strategies to maintain psychological well-being. Therefore, this study aims to examine the effectiveness of mental health literacy psychoeducation in improving knowledge within the G Hamlet community, particularly among adolescents involved in the Karang Taruna youth organization.

Method

The activity was conducted on March 15, 2025, in G Hamlet, involving 23 adolescent participants from the *Karang Taruna* youth organization and their families. This study employed a one-group pre-test and post-test design to measure participants' knowledge improvement following the psychoeducation intervention.



Tabel 1. Research Stages

No	Stage	Activity	Objective
1	Participant Selection	Identifying eligible youth organization members who meet the adolescent and young adult criteria, reside in G Hamlet, and are willing to participate.	Ensuring appropriate intervention targets
2	Pre-test	Participants completed an initial test	Measuring baseline for mental health literacy
3	Psychoeducation Intervention	Delivery of mental health literacy materials	Providing new mental health knowledge
4	Post-test	Participants completed a final test	Measuring knowledge changes after intervention

Data Collection Methods

1. Participatory observation was conducted to examine behaviors, social interactions, and community responses during social activities, including posyandu (integrated health posts), religious events, and community meetings.
2. Semi-structured interviews were conducted with the hamlet head, neighborhood leaders, Posyandu cadres, and the Karang Taruna leader to explore perceptions of mental health, family dynamics, and socio-economic challenges.
3. Focus group discussions (FGDs) with Posyandu cadres and members of youth organizations were conducted to gather collective insights into psychosocial problems and the need for mental health education.

A SWOT analysis identified the internal strengths and weaknesses, as well as the external opportunities and threats, within G Hamlet. Figure 1. SWOT Analysis of G Hamlet.

Internal Factors	
Strength	Weakness
Active youth organizations, regular activities of Karang Taruna and PKK (Family Welfare and Empowerment Organization), well-functioning posyandu services for toddlers and the elderly, strong community social cohesion, and a growing number of local Micro, Small, and Medium Enterprises.	Low mental health literacy, the absence of a youth posyandu, authoritarian or neglectful parenting styles, stigma toward individuals with mental disorders, and limited access to services.
External Factors	
Opportunity	Threat
Local product markets, agro-tourism potential, and available public facilities.	Drug and alcohol abuse, negative influences from the urban environment, and the prevalence of social and religious conflicts.

Figure 1. SWOT Analysis of G Hamlet.

Based on data obtained through assessment, SWOT analysis, and other sources, the target community for the program comprises late adolescents and young adults who are members of the Karang Taruna of Hamlet G. The program aims to improve mental health literacy, enhance the ability to recognize and manage stress, and promote adaptive help-seeking behaviors as preventive measures against risk behaviors and mental health issues. The intervention was conducted in two forms:

1. Oral Psychoeducation

Psychoeducation in Hamlet G was implemented through two types of interventions: oral and written. The goal was to broaden the dissemination of mental health messages to various community groups. Oral psychoeducation was delivered via interactive counseling sessions held at the Hamlet G community hall. These sessions began with introductions, the establishment of learning agreements, and an initial assessment of participants' prior knowledge. During the sessions, the facilitator presented material covering the definition of mental health; characteristics of mentally healthy individuals; risk and protective factors; early signs of mental disorders; strategies for maintaining psychological well-being; and steps for seeking professional help. The counseling process was dialogical, incorporating discussions and case studies drawn from the daily lives of the Hamlet G community, which helped participants better understand and relate the material to their own experiences.

2. Written Psychoeducation

In addition to direct counseling, the intervention was implemented through written psychoeducation, including the distribution of leaflets titled "Understanding Mental Health" and the posting of educational posters on mental health awareness across eight neighborhood units (RT). This process began with coordination with neighborhood leaders to identify strategic locations for media placement, followed by the installation of posters in frequently visited public spaces such as mosques, security posts, the village hall, and community information boards. Leaflets were distributed directly to community members, including adolescents, homemakers, and Posyandu cadres, to ensure that mental health messages reached groups beyond adolescents'

families who may need support. The visual materials were designed using simple language, engaging illustrations, and concise yet informative messages.

Results

Quantitative data were analyzed using the Wilcoxon test to assess differences between pre-test and post-test scores, while qualitative data were analyzed thematically based on FGD and interview findings. The mean participant knowledge score increased from 8.52 to 10.57, representing a 23.98% improvement. The Wilcoxon test yielded $Z = -3.539$ with $p < 0.01$, indicating a highly significant difference.

Qualitatively, participants reported gaining new insights into the importance of mental health, increased openness toward mental health topics, heightened sensitivity to psychological issues in their environment, and feelings of being valued and heard during the sessions. Enthusiasm was evident through active participation and the sharing of experiences. Participants also expressed a need for follow-up small-group forums and parent-focused psychoeducation to further expand the intervention's impact.

Discussion

The results of the study indicate that mental health literacy psychoeducation effectively increases participants' knowledge and awareness of psychological issues. This finding is evidenced by the rise in knowledge scores following the intervention, demonstrating that the psychoeducational materials provided new insights into mental health concepts, signs of mental disorders, risk factors, and strategies for maintaining psychological well-being. These findings align with previous studies by Morgan et al. (2018) and Gusain et al. (2020), which demonstrated that educational interventions can reduce stigma and enhance community empathy toward individuals with mental disorders. Additionally, this supports the findings of Jorm et al. (1997), who emphasized the role of mental health literacy as a fundamental foundation for recognizing mental disorders, understanding their causes, and knowing when and where to seek professional help. Therefore, the increase in literacy observed in this study aligns with the research objective of assessing the effectiveness of psychoeducation as a promotive effort among adolescents in the G Hamlet Karang Taruna youth organization.

The intervention's effectiveness was further enhanced by the psychoeducation process, which combined oral counseling with written materials. Interactive counseling enabled participants to understand the content through direct explanations, question-and-answer sessions, and discussions relevant to their daily lives. Participants' active involvement in sharing experiences and collective reflection was a key factor in the intervention's success. As noted by Fatah, Nursyamsiyah, and Susanti (2024), interactive psychoeducation can increase awareness, empathy, and adaptive mental health behaviors. Additionally, distributing leaflets and posters across eight neighborhood units reinforced participants' retention of information and helped ensure that mental health messages reached a broader segment of the community.

Based on Social Learning Theory and the Health Belief Model (Rosenstock, Strecher, & Becker, 1988), educational media can serve as learning stimuli and perception-shaping tools that Influence individuals' beliefs and behaviors. The effectiveness of such media aligns with the findings of Anggraini et al. (2020), who emphasized that supportive environments and communication patterns play a significant role in enhancing individuals' understanding and emotional regulation. The intervention in this study extended beyond the participants who attended the counseling sessions, strengthening the collective understanding of mental health within the G Hamlet community. Prior to the intervention, adolescents and posyandu cadres held misconceptions about mental health, and stigma hindered help-seeking behaviors. Following the intervention, participants

demonstrated more open and positive attitudes toward seeking professional assistance, a crucial strategy for reducing social barriers to help-seeking.

Despite the positive outcomes, this intervention had limitations, including a relatively small number of participants and the absence of direct family involvement. Family support plays a crucial role in fostering psychological resilience and reinforcing mental health practices within the household. Therefore, similar initiatives should be expanded on a larger scale and implemented through cross-sector collaboration.

Conclusion

Mental health literacy psychoeducation has been proven effective in increasing participants' knowledge of the definition of mental health, characteristics of mental well-being, early signs of mental disorders, risk factors, and strategies for maintaining psychological well-being. This improvement was observed among adolescents and young adults who are members of the Karang Taruna youth organization in G Hamlet, the primary recipients of the intervention. Through interactive counseling sessions and educational media, participants developed a more structured understanding of how to recognize symptoms of mental disorders, understand their underlying causes, and select more adaptive coping strategies to manage daily stressors. For future development, the following recommendations are proposed: 1) The Karang Taruna youth organization continues mental health campaigns through arts-based activities, sports, and social media initiatives, as well as establishing peer support groups to strengthen peer-based support systems. 2) The village government activates adolescent Posyandu centres as community-based mental health education centres, provides counselling services delivered by professional psychologists, and conducts routine mental health screenings in collaboration with universities and public health centres. This psychoeducation initiative represents a crucial first step toward creating a community that is more aware, compassionate, and adaptive to mental health as an integral part of overall well-being.

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