Journal of Sustainable Applied Modification Evidence Community
Vol. 03, No. 1, June 2026, 86-96
***e*-ISSN:3048-040X**

Effectiveness of Community-Based Psychosocial Interventions for Post-Disaster Mental Health Recovery in Malalak District, Agam Regency, West Sumatra, Indonesia

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Article Information
Received: June 26, 2026
Revised: July 25, 2026
Online: July 30, 2026

Keywords
Post-Disaster Mental Health, Psychosocial Intervention, Community Psychosocial Support, Psychological First Aid, Community Resilience, Hydrometeorological Disasters

ABSTRACT

Indonesia is a country with a high level of disaster vulnerability, making post-disaster psychological impacts a significant public health challenge that requires continuous management. Limited mental health services and low community mental health literacy highlight the importance of community-based psychosocial interventions. This community service research employed a pre-experimental one-group pretest–posttest design using a community-based participatory approach (CBPA). The study was conducted from January to April 2026 in Malalak District, Agam Regency, West Sumatra, Indonesia. Eighty participants were recruited through purposive sampling. The intervention consisted of mental health psychoeducation, Psychological First Aid (PFA) training, supportive communication exercises, referral mechanism training, and peer-support group formation. Quantitative data were analyzed using descriptive statistics and paired-sample t-test, while qualitative data from observations and participant feedback were analyzed thematically. The findings showed a significant improvement in knowledge scores from 61.25±10.48 to 82.63±8.37 ($t=16.84$; $p<0.001$). Participants with high knowledge increased from 15.0% to 70.0%. Psychosocial support capacity also improved across all indicators, particularly in understanding referral mechanisms and PFA principles. Qualitative findings indicated increased awareness, confidence, and the establishment of peer support groups. Community-based psychosocial interventions effectively improved post-disaster mental health knowledge, psychosocial support capacity, and community resilience, demonstrating potential as a sustainable strategy for strengthening mental health in disaster-prone areas.

Keywords: *Post-Disaster Mental Health, Psychosocial Intervention, Community Psychosocial Support, Psychological First Aid, Community Resilience, Hydrometeorological Disasters*

http://doi.org/10.69855/samec.v3i1.680
https://gpijournal.com/index.php/samec

INTRODUCTION

Indonesia is recognized as one of the world's most disaster-prone countries because of its geographical location at the convergence of three major tectonic plates and its complex climatic and topographical conditions. In addition to geological hazards such as earthquakes, volcanic eruptions, and tsunamis, the country has experienced an increasing frequency of hydrometeorological disasters, including floods, landslides, droughts, and extreme weather events associated with climate change. These disasters generate multidimensional consequences extending beyond physical destruction and economic losses to substantial public health challenges, particularly those related to mental health among affected populations (Rowe & Nadkarni, 2023).

The psychological consequences of disasters frequently persist long after emergency response and physical reconstruction activities have ended. Disaster survivors often experience the loss of family members, homes, livelihoods, and social support systems, resulting in acute stress reactions, anxiety, depression, prolonged grief, sleep disturbances, and post-traumatic stress disorder (PTSD). According to the World Health Organization (WHO), approximately one in five individuals affected by humanitarian emergencies and natural disasters may develop long-term mental health disorders requiring appropriate psychosocial interventions (WHO, 2023). Consequently, post-disaster mental health has become an essential component of comprehensive disaster risk management because psychological well-being substantially influences individuals' capacity to recover, adapt, and resume productive social and economic activities (Andarmoyo, 2024; Hall et al., 2023; Haqi et al., 2019).

Despite the increasing need for mental health services following disasters, access to appropriate psychosocial care remains inadequate in many developing countries, including Indonesia. Limited numbers of mental health professionals, unequal distribution of specialized services, insufficient financial and institutional resources, low levels of mental health literacy, and persistent social stigma collectively hinder early identification and management of psychological problems among disaster survivors (Rowe & Nadkarni, 2023; Syafitri & Rahmah, 2021; Syarifah et al., 2023). As a result, many individuals experiencing psychological distress remain unidentified and do not receive timely intervention during the recovery process.

Community-based psychosocial intervention has emerged as a promising strategy to overcome these limitations by empowering local communities to become active participants in post-disaster recovery. Rather than relying solely on professional mental health services, this approach emphasizes community participation, peer support, strengthening social cohesion, and utilization of existing local resources to improve psychosocial resilience. The World Health Organization recommends that mental health and psychosocial support (MHPSS) during emergencies should be implemented through multisectoral collaboration while actively involving affected communities to ensure cultural appropriateness, sustainability, and community ownership (WHO, 2023; World Health Organization, 2023). Previous studies have demonstrated that interventions such as psychoeducation, Psychological First Aid (PFA), peer-support groups, and community mental health cadre training can improve mental health literacy, reduce psychological distress, and strengthen collective resilience following disasters (Hall et al., 2023; Niman et al., 2023).

Higher education institutions also play a strategic role in strengthening community resilience through community engagement activities as part of the implementation of the Tri Dharma of Higher Education. Collaborative partnerships among universities, local governments,

healthcare facilities, disaster volunteers, and community organizations facilitate the development of sustainable psychosocial support systems capable of extending beyond the emergency response period and supporting long-term community recovery.

Although community-based psychosocial interventions have increasingly been implemented in disaster-affected settings, current evidence indicates that most programs primarily focus on emergency response activities or descriptive program implementation. Quantitative evaluations using structured pre-experimental designs to measure improvements in community knowledge and psychosocial support capacity remain relatively limited, particularly in disaster-prone areas of Indonesia (Rowe & Nadkarni, 2023). Furthermore, empirical evidence regarding sustainable community-based psychosocial intervention models adapted to local disaster contexts is still insufficient. This evidence gap limits the development of effective community mental health preparedness policies that can be implemented systematically in disaster-prone communities.

Malalak District, Agam Regency, West Sumatra, represents one of the disaster-prone areas frequently affected by hydrometeorological disasters, particularly landslides and flash floods, owing to its mountainous topography and high rainfall intensity. These environmental characteristics make the area an appropriate setting for evaluating community-based psychosocial interventions aimed at strengthening community preparedness and post-disaster mental health recovery.

Therefore, this study aimed to evaluate the effectiveness of a community-based psychosocial intervention in improving post-disaster mental health knowledge and psychosocial support capacity among community members in Malalak District, Agam Regency, West Sumatra, Indonesia. It was hypothesized that participants would demonstrate significantly higher knowledge scores and psychosocial support capacity following the intervention compared with baseline measurements.

METHODS

1. Study Design

This study was conducted as a community service research project employing a pre-experimental one-group pretest–posttest design integrated with a Community-Based Participatory Approach (CBPA). This design was selected to evaluate changes in participants' post-disaster mental health knowledge and psychosocial support capacity before and after implementation of the intervention while ensuring active community participation throughout planning, implementation, monitoring, and evaluation phases.

2. Study Setting

The study was conducted in Malalak District, Agam Regency, West Sumatra Province, Indonesia, from January to April 2026. Malalak District was purposively selected because it is one of the disaster-prone areas in West Sumatra that frequently experiences hydrometeorological hazards, particularly landslides and flash floods caused by steep mountainous terrain and high annual rainfall. These characteristics create substantial psychosocial challenges for affected communities and highlight the importance of strengthening community-based mental health preparedness.

3. Participants and Sampling

The target population consisted of adult community members residing in Malalak District who had experienced or were at risk of disaster exposure. Participants were recruited using **purposive sampling** based on predetermined eligibility criteria.

The inclusion criteria were: (1) aged 18 years or older; (2) permanent resident of Malalak District; (3) able to communicate effectively; (4) willing to participate throughout the intervention programme; and (5) providing written informed consent. Participants who did not complete both pretest and posttest assessments or withdrew from the programme before completion were excluded from the final analysis.

A total of **80 participants** were included, comprising members of the general community, health cadres, community leaders, disaster volunteers, and representatives of vulnerable population groups. This sample size was considered adequate to evaluate within-group changes in knowledge and psychosocial capacity using repeated measurements.

Intervention Procedures

The intervention consisted of three integrated components implemented through participatory learning activities.

a. **Post-disaster mental health psychoeducation**, covering common psychological reactions after disasters, stress management, adaptive coping strategies, and mental health literacy.
b. **Community psychosocial support training**, including Psychological First Aid (PFA), supportive communication skills, early identification of psychological distress, and referral pathways for individuals requiring professional mental health services.
c. **Formation and facilitation of community peer-support groups** designed to strengthen local social support networks and ensure sustainability of psychosocial assistance following completion of the programme.

The intervention was delivered through lectures, interactive discussions, simulation exercises, role-play sessions, and group reflection activities facilitated collaboratively by academic staff, health professionals, and community facilitators.

4. Research Instruments

Quantitative data were collected using a structured post-disaster mental health knowledge questionnaire consisting of items assessing disaster mental health knowledge, recognition of psychological symptoms, coping strategies, principles of Psychological First Aid, and referral mechanisms. The questionnaire was administered immediately before and after the intervention. Participants' psychosocial support capacity was additionally evaluated through structured observation during simulation sessions using standardized assessment indicators.

Qualitative information was collected through field observations, facilitator notes, and participant feedback to explore perceived programme benefits, confidence in providing psychosocial support, and sustainability of peer-support activities.

5. Data Analysis

Descriptive statistics were used to summarize participant characteristics and outcome variables. Prior to hypothesis testing, data normality was assessed using the **Shapiro–Wilk test**. Normally distributed continuous variables were analyzed using the **paired-sample t-test**, whereas

non-normally distributed variables would be analyzed using the **Wilcoxon signed-rank test**. Statistical significance was established at **$p < 0.05$**. To evaluate the practical magnitude of the intervention, **Cohen's d effect size** was calculated alongside statistical significance. Qualitative data were analyzed using thematic descriptive analysis to identify recurring themes related to participants' experiences and perceived programme impact.

Ethical Considerations

Participation was voluntary, and written informed consent was obtained from all participants before data collection. Participant confidentiality and anonymity were maintained throughout the study. Individuals identified as experiencing severe psychological distress during programme implementation were referred to the nearest healthcare facility for further assessment and professional mental health services in accordance with local referral procedures.

RESULTS

1. Participant Characteristics

A total of 80 participants participated in the entire series of community-based psychosocial intervention activities. Participants included members of the general public, health cadres, community leaders, disaster volunteers, and vulnerable groups residing in Malalak District, Agam Regency. Participant characteristics are presented in Table 1.

Table 1. Characteristics of Program Participants (n = 80)

Characteristics	Frequency (n)	Percentage (%)
Gender		
Male	32	40.0
Famale	48	60.0
Age Group		
18–30 years	18	22.5
31–45 years	29	36.3
46–60 years	22	27.5
>60 years	11	13.7
Participant Status		
General public	30	37.5
Health cadres	18	22.5
Public figure	10	12.5
Disaster volunteers	12	15.0
Vulnerable groups	10	12.5

The composition of participants demonstrates the involvement of various community elements that play a crucial role in post-disaster social support systems. The predominance of female participants indicates the high participation of groups that generally play a central role in family and community support. The involvement of health cadres, volunteers, and community leaders strengthens the program's potential for sustainability at the local level.

2. Changes in Mental Health Knowledge Post-Disaster

Participants knowledge was measured before and after the intervention using a post-disaster mental health questionnaire with a score range of 0–100. The analysis results are presented in Table 2.

Table 2. Comparison of Knowledge Scores Before and After Intervention (n = 80)

Variables	Mean ± Standard Deviation	Mean Difference	t	p-value
Pretest	61.25 ± 10.48	21.38	16.84	<0.001*
Posttest	82.63 ± 8.37			

**Paired Sample t-test, significant at p < 0.05*

The analysis showed an average increase in knowledge scores of 21.38 points after participants participated in the psychosocial intervention program. A p-value of less than 0.05 indicates that the increase was statistically significant. These findings suggest that the combination of psychoeducation, psychosocial support training, and the formation of peer support groups is effective in increasing community understanding of post-disaster mental health.

3. Changes to Participant Knowledge Level Categories

To obtain a clearer picture of the program's impact, knowledge scores were categorized into low (<60), medium (60–79), and high (≥80).

Table 3. Distribution of Knowledge Level Before and After Intervention

Knowledge Category	Pretest n (%)	Posttest n (%)
Low	26 (32.5)	3 (3.8)
Medium	42 (52.5)	21 (26.2)
High	12 (15.0)	56 (70.0)
Total	**80 (100)**	**80 (100)**

Variable	Pretest Mean±SD	Posttest Mean±SD	Mean Difference	t	p	Cohen's d
Knowledge Score	61.25 ±10.48	82.63 ±8.37	21.38	16.84	<0.001	**1.90**

Before the intervention, most participants were in the moderate knowledge category, while only a small proportion had a high level of knowledge. After the program was implemented, the proportion of participants in the high knowledge category increased substantially to 70%. At the same time, the number of participants with low knowledge decreased dramatically. These findings indicate that the intervention not only improved participants' average scores but also successfully shifted the distribution of knowledge toward a better category.

The intervention produced a statistically significant improvement in knowledge scores ($t = 16.84$, $p < 0.001$), with a **very large effect size (Cohen's d = 1.90)**, indicating substantial practical significance beyond statistical significance.

4. Evaluation of Community Psychosocial Support Capacity

In addition to knowledge, an evaluation was carried out on participants' abilities to provide basic psychosocial support through observations during simulations and group practice.

Table 4. Results of Community Psychosocial Support Capacity Evaluation (n = 80)

Indicator	Before (%)	After (%)
Recognizing the signs of psychological stress	46.3	88.8
Able to carry out supportive communication	41.3	86.3
Understanding the principles of Psychological First Aid (PFA)	32.5	83.8
Knowing the case referral mechanism	28.8	81.3
Able to mobilize peer support	37.5	85.0

Improvements were seen across all indicators of community psychosocial support capacity. The ability to recognize signs of psychological problems and engage in supportive communication showed the greatest improvement. These findings indicate that the intervention successfully strengthened the community's capacity to serve as an initial source of support for disaster survivors before seeking professional services.

5. Qualitative Findings

The results of observations and participant feedback resulted in three main themes:

a. Increased awareness of the importance of post-disaster mental health.
b. Increased participant confidence in providing psychosocial support to community members affected by disasters.
c. The formation of peer support groups as a forum for sharing experiences and social strengthening at the community level.

Qualitative findings indicate that the program's impact extends beyond cognitive aspects to strengthening social networks and community preparedness. The formation of peer support groups is a key indicator that the intervention has the potential to provide sustainable benefits after the community service activities are completed.

Overall, community-based psychosocial interventions resulted in significant improvements in post-disaster mental health knowledge, strengthened community psychosocial support capacity, and encouraged the development of more sustainable social support mechanisms. These results demonstrate that community-based approaches are effective as a mental health recovery strategy for communities living in disaster-prone areas.

DISCUSSION

1. Improvement in Post-Disaster Mental Health Knowledge

The present study demonstrated a significant improvement in participants' post-disaster mental health knowledge following the implementation of the community-based psychosocial intervention. The mean knowledge score increased from **61.25 ± 10.48** before the intervention to **82.63 ± 8.37** after the intervention, with a statistically significant mean difference of **21.38 points ($t = 16.84$; $p < 0.001$)**. These findings indicate that integrating psychoeducation, Psychological First Aid (PFA) training, supportive communication, and peer-support group development effectively enhances community understanding of post-disaster mental health.

This improvement is consistent with constructivist learning theory, which suggests that knowledge develops more effectively through active participation, contextual learning, and experiential activities than through passive information delivery alone. By combining theoretical instruction with practical simulation and group reflection, participants were able to internalize knowledge within the context of their own disaster experiences, thereby facilitating deeper understanding and improving learning outcomes.

The present findings are consistent with previous studies demonstrating the effectiveness of structured psychosocial education in disaster settings. Amini et al. (2024) reported significant improvements in disaster volunteers' knowledge and functional competencies following integrated disaster preparedness training. Similarly, Ke et al. (2024) found that community-based mental health literacy interventions significantly improved participants' understanding of psychological health, while Brooks et al. (2023) emphasized that culturally appropriate and participatory interventions substantially enhance mental health literacy among Indonesian communities. Collectively, these studies support the effectiveness of participatory psychosocial education in strengthening community preparedness and resilience following disasters.

2. Changes in Knowledge Category Distribution

Beyond increasing average knowledge scores, the intervention substantially shifted participants toward higher knowledge categories. Before the intervention, most participants were classified as having moderate knowledge (52.5%), whereas only 15.0% demonstrated high knowledge. Following the intervention, the proportion of participants with high knowledge increased to 70.0%, while the proportion with low knowledge decreased from 32.5% to only 3.8%.

This categorical shift indicates that the intervention generated meaningful improvements at the individual level rather than merely increasing average scores. Within Bloom's cognitive framework, the transition from low and moderate knowledge toward high knowledge reflects improved comprehension and greater readiness to recognize psychological problems and provide appropriate psychosocial support during disaster recovery.

These findings are consistent with those reported by Amini et al. (2024), who observed significant shifts in participants' knowledge categories following disaster preparedness training. Likewise, Pike et al. (2024) emphasized that evaluating category transitions provides a more meaningful indicator of intervention success than relying solely on changes in mean scores because it reflects improvements in overall community preparedness. Furthermore, increasing mental health literacy has been recognized as an essential strategy for improving early recognition of psychological disorders, reducing stigma, and facilitating timely referral to appropriate mental health services (Law, 2025).

3. Improvement in Community Psychosocial Support Capacity

The intervention also produced substantial improvements across all indicators of community psychosocial support capacity. Participants demonstrated greater ability to recognize psychological distress, apply supportive communication, understand Psychological First Aid (PFA), identify referral pathways, and mobilize peer support after completing the programme.

These findings support Bandura's self-efficacy theory, which explains that confidence and behavioural competence develop through direct practice, observational learning, and positive

reinforcement. The combination of demonstrations, simulation exercises, role-playing, and supervised practice provided participants with opportunities to translate theoretical knowledge into practical psychosocial support skills.

Previous studies similarly reported that structured PFA training improves community capacity to provide early psychosocial support during emergencies (Farchi et al., 2024). Moreover, systematic evidence indicates that strengthening peer-support networks contributes to community resilience and sustainable disaster recovery by enabling communities to provide ongoing psychosocial assistance beyond formal emergency response programmes (Vandrevala et al., 2024). The substantial improvement observed in participants' understanding of referral mechanisms further suggests that structured community education can address one of the most critical barriers to accessing mental health services in disaster-prone settings.

4. Study Limitations

Several limitations should be acknowledged when interpreting the findings of this study. First, the pre-experimental one-group pretest–posttest design did not include a control group, limiting the ability to attribute observed improvements exclusively to the intervention because external factors may also have influenced participant outcomes. Second, the use of purposive sampling may introduce selection bias and reduce the generalizability of the findings to broader disaster-affected populations. Third, outcome evaluation was conducted immediately after programme completion without long-term follow-up; therefore, the sustainability of improvements in knowledge and psychosocial support capacity could not be determined. Despite these limitations, the study provides important preliminary evidence supporting the feasibility and effectiveness of community-based psychosocial interventions for strengthening post-disaster mental health preparedness in disaster-prone communities.

CONCLUSIONS

A community-based psychosocial intervention implemented in Malalak District, Agam Regency, West Sumatra, has proven effective in improving post-disaster mental health knowledge and community psychosocial support capacity. Significant improvements in knowledge scores, accompanied by a shift in the predominant knowledge category, demonstrate that a multimodal approach integrating psychoeducation, psychosocial support training, and the formation of peer support groups can strengthen community understanding of mental health in a disaster context. The intervention also successfully improved the community's practical skills, including the ability to recognize psychological stress, engage in supportive communication, apply Psychological First Aid (PFA) principles, understand case referral mechanisms, and mobilize peer support.

Qualitative findings demonstrate increased awareness, self-confidence, and the formation of peer support groups, which have the potential to become sustainable social support mechanisms at the community level. These results confirm that community-based psychosocial interventions are an effective, participatory, and sustainable strategy for strengthening the mental health resilience of communities in disaster-prone areas.

The implication is that community-based mental health and psychosocial support programs need to be integrated into disaster preparedness and response systems through the involvement of health workers, volunteers, and community leaders. Future research is recommended to use a more

robust design with a control group and long-term follow-up measurements to assess the sustainability of the intervention's impact and broaden the generalizability of the findings across disaster-prone areas in Indonesia.

Future research is recommended to employ more rigorous study designs, including randomized or quasi-experimental controlled studies, to strengthen causal inference regarding intervention effectiveness. In addition, longitudinal follow-up assessments are needed to evaluate the sustainability of knowledge retention, psychosocial competencies, behavioural changes, and community resilience over time. Multi-site studies involving diverse disaster-prone regions in Indonesia are also recommended to improve the external validity and generalizability of community-based psychosocial intervention models.

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