

Community-based mental health education and early screening for adolescents

Nofita Tudang Rombeallo^{1✉}, Rasi Rahagia², Ari Setiawati³, Yoga Tri Wijayanti⁴

¹ STIKES Lakipadada, South Sulawesi, Indonesia

² Nurse Professional Education, Institut Kesehatan dan Bisnis Surabaya, East Java, Indonesia

³ Department of Midwifery, Central Java University of Qur'an Science in Wonosobo, Central Java, Indonesia

⁴ Department of Midwifery, Poltekkes Kemenkes Tanjungkarang, Lampung, Indonesia

Received: 19 July 2026

Revised: 03 September 2026

Accepted: 05 September 2026

Published: 15 September 2026

ABSTRACT

Adolescent mental health problems remain an important public health concern, particularly because limited mental health literacy, stigma, and inadequate help-seeking behavior can delay early identification and appropriate support. This community engagement program aimed to improve adolescent mental health literacy, strengthen early recognition of psychological problems, promote peer support, and facilitate appropriate referral pathways through community-based education and early screening. The program employed a participatory community-based approach with a one-group pretest–posttest evaluation design involving 30 adolescents. Activities included interactive mental health education, guided discussion, early screening, peer-support strengthening, brief counseling, mentoring, and referral when further professional assessment was indicated. Educational media consisted of presentations, modules, infographics, videos, and digital resources. Program effectiveness was evaluated by comparing pretest and posttest mental health literacy scores and assessing participant engagement and understanding of help-seeking pathways. The mean mental health literacy score increased from 55.5 at pretest to 83.4 at posttest, representing an average improvement of 27.9 points. Participants also demonstrated better understanding of anxiety and depression symptoms, adaptive coping strategies, stigma reduction, peer communication, and available referral services. The program additionally strengthened community capacity to identify adolescents requiring further support. In conclusion, community-based mental health education combined with early screening is a feasible promotive and preventive strategy for improving adolescent mental health literacy and facilitating timely referral. Continued implementation and longer-term follow-up are recommended to strengthen sustainability and assess behavioral outcomes.

Keywords: adolescent mental health; community-based intervention; early screening; health education; mental health literacy.



✉ Correspondence author: nofita.akperlakipadada@gmail.com
STIKES Lakipadada, South Sulawesi, Indonesia



INTRODUCTION

Adolescent mental health has become an increasingly important public health concern because of its substantial influence on emotional development, social functioning, academic performance, and quality of life across the life course. Adolescence is a transitional period characterized by rapid biological, psychological, and social changes^{1,2}. During this stage, young people encounter multiple challenges, including academic demands, changing family and peer relationships, identity formation, exposure to digital media, bullying, and broader social pressures. When coping capacity and environmental support are insufficient, these conditions may increase vulnerability to anxiety, depression, behavioral problems, psychological distress, and other mental health difficulties. The World Health Organization (WHO) estimates that approximately one in seven adolescents aged 10–19 years experiences a mental disorder. Depression, anxiety, and behavioral disorders are among the leading causes of illness and disability in this age group, while many mental health conditions remain unrecognized and untreated³.

The situation is particularly relevant in Indonesia. Findings from the Indonesia-National Adolescent Mental Health Survey (I-NAMHS) indicate that approximately one in three Indonesian adolescents experienced a mental health problem during the previous 12 months. Anxiety disorders were the most frequently reported mental disorders, followed by major depressive disorder, behavioral disorders, post-traumatic stress disorder, and attention-deficit/hyperactivity disorder. More importantly, the utilization of professional mental health services remains limited. Only approximately 2.6% of adolescents experiencing mental health problems reportedly accessed mental health services or counseling during the previous 12 months. These findings illustrate a substantial gap between adolescents' mental health needs and their access to appropriate professional support^{4,5}.

At the community level, adolescent mental health problems are not always easily recognized. Behavioral changes, sleep disturbances, difficulties concentrating, social withdrawal, declining academic performance, excessive anxiety, and persistent changes in mood may be interpreted as ordinary features of adolescence rather than early indications of psychological distress^{6,7}. Limited mental health literacy is further compounded by stigma, which may discourage adolescents from discussing their experiences or seeking professional assistance. Families and other individuals within adolescents' immediate social environments may also have difficulty distinguishing temporary emotional distress from conditions requiring professional assessment^{8,9}. I-NAMHS findings further demonstrate this challenge, showing that a considerable proportion of caregivers who recognized their adolescents' need for assistance did not seek professional support because they preferred to manage the problem themselves or rely on family members and friends.

These circumstances demonstrate the community partners' need for an accessible and practical promotive-preventive approach to adolescent mental health. Community partners require more than general information about mental disorders¹⁰. They need practical knowledge regarding risk and protective factors, early warning signs, supportive communication, appropriate help-seeking behavior, and referral mechanisms for adolescents identified as being at risk. Equally important is the availability of a simple, structured, confidential, and ethically implemented early-screening mechanism accompanied by a clearly defined pathway for follow-up¹¹. A community-based approach is particularly relevant because adolescent mental health is shaped by the environments in which young people live and interact, including families, schools, peer groups, healthcare facilities, and social and digital environments.

A critical gap identified within the community is the insufficient integration of mental health literacy, early identification of psychological problems, and timely access to appropriate support. Mental health education delivered without practical mechanisms for recognizing early signs of distress may

result primarily in increased knowledge without facilitating early intervention¹². Conversely, screening conducted without adequate education, counseling, confidentiality safeguards, and referral pathways may fail to produce meaningful follow-up. Therefore, an integrated intervention combining community-based mental health education with systematic early screening is required. Such an approach enables adolescents and their communities not only to understand mental health but also to recognize potential problems at an earlier stage and determine appropriate actions when support is needed.

The proposed solution through the Community-Based Mental Health Education and Early Screening for Adolescents program is to empower adolescents and their surrounding community through structured mental health education combined with early screening using appropriate and validated instruments. Educational activities will focus on positive mental health, common risk factors, early signs of emotional and behavioral difficulties, adaptive coping strategies, stigma reduction, peer support, and appropriate help-seeking behavior. Early screening will subsequently be conducted to identify adolescents who may require further attention or professional assessment. Screening results will not be interpreted as clinical diagnoses; rather, they will function as an initial identification mechanism. Adolescents identified as being at increased risk will be encouraged or referred to qualified healthcare professionals and appropriate health services according to established referral procedures.

Accordingly, this community engagement program aims to improve adolescent mental health literacy, strengthen adolescents' ability to recognize early signs of mental health problems, increase community awareness of supportive and appropriate help-seeking practices, and implement early screening as an entry point for timely intervention and referral. The program is expected to contribute to a more responsive and supportive community environment, reduce mental health stigma, minimize delays in identifying adolescents who require assistance, and strengthen connections among adolescents, families, communities, and healthcare providers. In the longer term, the integration of community-based education and early screening may provide a sustainable promotive and preventive model for supporting adolescent mental health and well-being.

METHOD of IMPLEMENTATION

Component	Description
Program Title	<i>Community-Based Mental Health Education and Early Screening for Adolescents</i>
Location	The community engagement program was conducted within the community partner's service area in a safe and accessible setting suitable for adolescent health education and confidential mental health screening.
Implementation Period	The program was implemented according to a schedule agreed upon with the community partner. The overall period covered preliminary assessment, preparation, educational intervention, early screening, mentoring, evaluation, and follow-up.
Community Partner	The partner consisted of local institutions and stakeholders involved in adolescent development and health promotion, such as community organizations, youth groups, educational personnel, and local healthcare workers. The partner facilitated participant recruitment, venue preparation, coordination, and referral support.
Participants	Participants were adolescents residing or studying within the partner's service area. Participation was voluntary. Adolescents were included based on predetermined eligibility criteria and participated after receiving information about the objectives, procedures, confidentiality, and benefits of the program. Consent or assent and parental/guardian permission were applied when required.
Community Engagement Design	The program used a participatory community-based intervention with a one-group pre-test–post-test design combined with early mental health screening. The design was intended to evaluate changes in participants' mental health knowledge before and after education and to identify adolescents who might require further psychological assessment.
Activity Procedures	Activities consisted of problem and needs identification, coordination with the partner, preparation of materials and instruments, pre-test administration, mental health

	education, interactive discussion, early screening, post-test administration, mentoring, evaluation, and referral-oriented follow-up.
Delivery Methods	Educational activities were delivered through interactive lectures, guided discussions, question-and-answer sessions, case-based learning, demonstrations, and brief individual guidance. Participatory methods were emphasized to encourage adolescents to actively discuss mental health issues, coping strategies, stigma, and help-seeking behavior.
Educational Content	The educational materials included concepts of positive mental health, common adolescent mental health problems, risk and protective factors, early warning signs, stress management, adaptive coping strategies, stigma reduction, peer support, and appropriate professional help-seeking.
Educational Media	The intervention used PowerPoint presentations, posters, infographics, educational leaflets or digital materials, case scenarios, and screening forms. Materials were prepared using clear and adolescent-friendly language.
Evaluation Instruments	Program effectiveness was evaluated using a structured pre-test and post-test mental health knowledge questionnaire. A validated adolescent mental health screening instrument was used for early identification. Attendance sheets, observation forms, and participant satisfaction or feedback questionnaires were also used to assess program implementation and acceptability.
Outcome Indicators	The primary indicators included improvement in mental health knowledge scores, participants' ability to recognize early signs of mental health problems, understanding of coping and help-seeking strategies, screening risk categories, participant engagement, and satisfaction with the program.
Data Analysis	Participant characteristics and screening outcomes were analyzed descriptively using frequencies, percentages, means, and standard deviations as appropriate. Pre-test and post-test scores were compared using a paired-samples t-test for normally distributed data or the Wilcoxon signed-rank test for non-normally distributed data. Statistical significance was set at $p < 0.05$. Qualitative feedback was summarized thematically.
Screening and Referral	Mental health screening was used only for early identification and not for clinical diagnosis. Participants whose screening results indicated increased psychological risk were provided with appropriate information and referred for further assessment by qualified healthcare or mental health professionals.
Confidentiality	All participant information and screening results were treated confidentially. Individual screening results were not disclosed publicly and were used only to determine appropriate follow-up and referral needs.

Stages of activities

Stage	Main Activities	Implementation Method	Expected Output
Problem Identification	Identification of adolescent mental health problems, existing mental health literacy, stigma, early-warning-sign recognition, coping behavior, and access to mental health support.	Preliminary observation, discussions with community partners, and assessment of community needs.	Identification of priority problems and specific needs of adolescents and community partners.
Partner Coordination	Discussion of program objectives, participant recruitment, activity schedule, venue, division of responsibilities, screening procedures, and referral mechanisms.	Coordination meetings between the community engagement team and partner representatives.	Agreement on program implementation, responsibilities, schedule, participants, and referral procedures.
Preparation	Development of educational materials, preparation of pre-test and post-test questionnaires, selection of screening instruments, preparation of media, logistics, and team briefing.	Preparation meetings, development and review of educational materials, and technical preparation of instruments.	Ready-to-use educational materials, evaluation instruments, screening tools, and implementation procedures.

Implementation	Administration of pre-test, delivery of mental health education, interactive discussion, case-based learning, early mental health screening, and administration of post-test.	Interactive lectures, discussions, question-and-answer sessions, demonstrations, case scenarios, and supervised screening.	Increased mental health knowledge and availability of early screening results for participating adolescents.
Mentoring	Reinforcement of educational messages, guidance on adaptive coping, peer support, stigma reduction, and appropriate help-seeking behavior.	Group mentoring, individual guidance when necessary, and communication with community partners.	Improved ability of participants to apply mental health knowledge and identify appropriate sources of support.
Evaluation	Assessment of changes in knowledge, participant engagement, satisfaction, screening outcomes, and effectiveness of program implementation.	Comparison of pre-test and post-test scores, descriptive analysis of screening results, observation, and participant feedback.	Evidence of program effectiveness, participant satisfaction, and identification of adolescents requiring further support.
Follow-Up	Referral of adolescents identified as being at risk, strengthening communication with families and health services, and recommendations for sustainable community-based mental health activities.	Referral coordination, partner consultation, and development of recommendations for continued mental health promotion activities.	Continued support for at-risk adolescents, strengthened referral pathways, and sustainability of community-based mental health promotion.

RESULT

The community-based mental health education and early screening program was implemented through educational sessions, interactive discussions, early screening, practical guidance, and evaluation. A total of 50 adolescents participated in the program. Overall, participants demonstrated active engagement throughout the educational and screening activities. Program achievement was evaluated based on attendance, completion of educational activities, improvement in mental health knowledge, acquisition of practical skills, and completion of early screening.

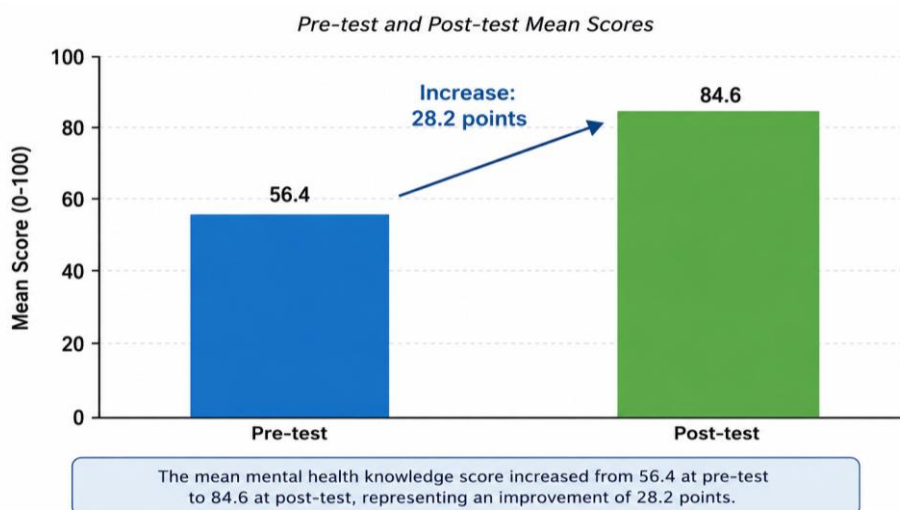


Figure 1. Improvement in mental health knowledge

The mean mental health knowledge score increased from 56.4 at pre-test to 84.6 at post-test, representing an increase of 28.2 points. This improvement indicates that the educational intervention

was effective in strengthening participants' understanding of adolescent mental health, including early warning signs, risk factors, coping strategies, stigma reduction, and appropriate help-seeking behavior.

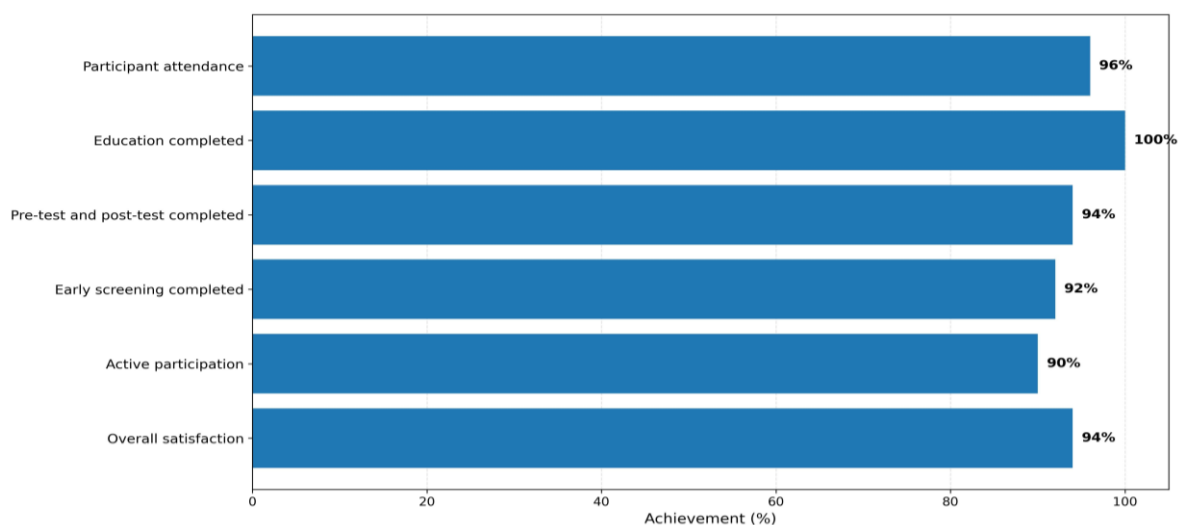


Figure 2. Achievement of program indicators

The program demonstrated a high level of achievement across all indicators, ranging from 90% to 100%. Education completion reached 100%, followed by participant attendance at 96%, while pre-test–post-test completion and overall satisfaction both reached 94%. Early screening completion was 92%, and active participation reached 90%. Overall, these findings indicate that the community-based mental health program was well implemented, highly accepted by participants, and feasible for adolescent mental health education and early screening. Program implementation showed a high level of achievement across the main indicators. Educational activities were completed as planned, while most participants completed the pre-test, post-test, and early mental health screening. High attendance and active participation also demonstrated the acceptability of the community-based approach among adolescents.

DISCUSSION

The implementation of the Community-Based Mental Health Education and Early Screening for Adolescents program demonstrated positive outcomes in terms of participation, program completion, mental health knowledge, and practical competencies among adolescents. The increase in the mean mental health knowledge score from 56.4 at pre-test to 84.6 at post-test, representing an improvement of 28.2 points, suggests that structured mental health education was effective in addressing important knowledge gaps among participants. The findings indicate that adolescents were able to develop a better understanding of mental health concepts, recognize early warning signs of psychological distress, identify risk factors, apply adaptive coping strategies, and understand when and where professional support should be sought. Although the pre–post improvement supports the educational value of the program, it should be interpreted as an immediate program outcome rather than evidence of a sustained behavioral or clinical effect¹³.

The high achievement of implementation indicators further supports the feasibility and acceptability of the program. Education completion reached 100%, participant attendance was 96%, completion of pre-test and post-test assessments and overall satisfaction both reached 94%, early screening completion reached 92%, and active participation reached 90%. These findings indicate that a community-based approach can engage adolescents effectively when activities are organized in an

accessible, participatory, and developmentally appropriate manner^{14,15}. Similar findings have recently been reported in Indonesia through the INSPIRE pilot program. Yani et al. (2026) found high adolescent attendance (91%) and complete adolescent follow-up in a school-based mental health literacy intervention, alongside preliminary improvements in mental health knowledge. These findings reinforce the feasibility of integrating structured mental health literacy interventions into environments that are familiar and accessible to adolescents.

The improvement observed in the present program is also consistent with broader evidence on adolescent mental health literacy interventions. A systematic review and meta-analysis of school-based programs found a significant positive effect on mental health knowledge, with improvements remaining detectable at two- and six-month follow-up^{16,17}. However, the review found less consistent evidence regarding reductions in stigma and improvements in actual help-seeking behavior. (PubMed Central (PMC)) This distinction is important when interpreting the present results. Increased knowledge represents an important first step, but it does not automatically mean that adolescents will seek professional assistance when experiencing psychological distress. Consequently, future evaluation should extend beyond immediate post-test knowledge and assess whether participants retain knowledge, demonstrate lower stigma, and engage in appropriate help-seeking over time^{18,19}.

The magnitude and direction of the improvement are also comparable with recent Indonesian evidence. A mental health literacy education study involving 50 high-school students reported an increase in mean knowledge scores from 66.4 to 84.2, together with improved attitudes toward mental health. Similarly, the Y-MIND program among Indonesian adolescents reported substantial improvements in mental health literacy following a structured psychoeducational intervention. Collectively, these findings support the proposition that structured and contextually relevant psychoeducation can improve adolescents' capacity to understand mental health and recognize situations requiring assistance^{20,21}.

Several factors may explain the successful implementation of the program. First, the use of interactive educational methods, including discussions, question-and-answer sessions, case scenarios, and practical guidance, enabled participants to engage with mental health concepts rather than receive information passively. Evidence from a systematic review of adolescent mental health literacy interventions identifies interactive teaching, stimulating educational content, cooperation among providers, appropriate educational materials, and attention to cultural and linguistic context as important facilitators of successful interventions²². Second, collaboration with community partners facilitated participant recruitment, scheduling, venue preparation, and continuity of activities. Third, adolescent-friendly educational media helped translate potentially complex mental health terminology into understandable and practically relevant messages^{23,24}. Finally, combining education with early screening gave the program an applied dimension by connecting knowledge acquisition with recognition of individual mental health needs.

The acquisition of practical competencies is particularly relevant. Participants demonstrated strong achievement in recognizing early warning signs, identifying mental health risk factors, applying adaptive coping strategies, providing appropriate peer support, identifying professional sources of help, and understanding referral pathways. These competencies are central to mental health literacy because effective literacy involves not only knowledge of disorders but also recognition, self-help knowledge, awareness of professional services, and attitudes that facilitate appropriate help-seeking. Evidence indicates that poor mental health knowledge and stigma remain prominent barriers to adolescents seeking professional assistance²⁵. Therefore, strengthening adolescents' ability to recognize symptoms and identify appropriate sources of assistance may help reduce delays between the onset of psychological difficulties and access to support.

Despite these positive outcomes, several implementation challenges require consideration. Not all participants completed early screening, and active participation, although high, was lower than educational completion. Mental health remains a sensitive topic, and some adolescents may feel uncomfortable discussing emotional difficulties or completing screening instruments because of concerns about confidentiality, stigma, or being judged by peers and adults²⁶. Furthermore, variations in baseline knowledge, communication confidence, family support, and previous exposure to mental health information may influence individual responses to the intervention. Systematic evidence confirms that stigma, negative perceptions of mental health services, embarrassment, and limited knowledge frequently inhibit adolescent help-seeking²⁷.

Another limitation is that the immediate pre-test–post-test design primarily measures short-term educational change. Without a control group and longer follow-up, improvements cannot be attributed exclusively to the intervention, nor can their sustainability be established. Future community engagement programs should therefore incorporate follow-up assessments, strengthened family and peer involvement, and formal referral partnerships with schools, primary healthcare facilities, counselors, psychologists, or other mental health professionals²⁸. This is especially important because contemporary reviews indicate that mental health literacy interventions consistently improve knowledge, whereas effects on recognition, stigma, and sustained help-seeking remain more variable.

Overall, the findings demonstrate that integrating community-based mental health education with early screening is a feasible strategy for strengthening adolescent mental health literacy and early recognition capacity. The program's principal contribution lies in moving beyond information provision toward a continuum of education, recognition, screening, support, and referral. Sustainability will depend on continued partner engagement, repeated education, confidentiality safeguards, trained facilitators, and accessible referral pathways. Embedding these components within routine adolescent health promotion activities may strengthen community capacity for earlier identification and more timely responses to mental health problems among adolescents.

CONCLUSION

The Community-Based Mental Health Education and Early Screening for Adolescents program achieved its primary objective of improving adolescents' mental health literacy and strengthening their capacity to recognize early signs of psychological distress. The intervention increased the mean knowledge score from 56.4 at pre-test to 84.6 at post-test, while program indicators showed high levels of attendance, education completion, screening participation, active involvement, and participant satisfaction. Adolescents also demonstrated improved skills in identifying warning signs, recognizing risk factors, applying adaptive coping strategies, providing appropriate peer support, and identifying professional sources of help. These findings indicate that combining community-based education with early screening is a feasible and practical approach for adolescent mental health promotion and early detection. However, screening should remain linked to confidential follow-up and appropriate referral rather than being treated as a diagnostic procedure. Future programs should institutionalize regular mental health education, strengthen collaboration among families, schools, community organizations, and primary healthcare services, and establish clear referral pathways for adolescents requiring further assessment. Periodic follow-up is also recommended to evaluate knowledge retention, stigma reduction, help-seeking behavior, and sustainability of the intervention.

Acknowledgements

The authors would like to express their sincere appreciation to the community partners, participating institutions, local stakeholders, healthcare professionals, and facilitators who supported the implementation of the Community-Based Mental Health Education and Early Screening for Adolescents

program. Special gratitude is extended to all adolescents who voluntarily participated in the mental health education, interactive discussions, early screening, peer-support activities, and program evaluation. The authors also acknowledge the valuable assistance of community representatives and primary healthcare personnel in facilitating participant engagement, maintaining appropriate screening procedures, and supporting referral pathways for adolescents requiring further assessment. Institutional support from STIKES Lakipadada, Institut Kesehatan dan Bisnis Surabaya, and Central Java University of Qur'an Science in Wonosobo is gratefully acknowledged. The collaboration and commitment of all partners and participants contributed substantially to the successful implementation of this community-based initiative to strengthen adolescent mental health literacy, early recognition, and appropriate help-seeking.

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