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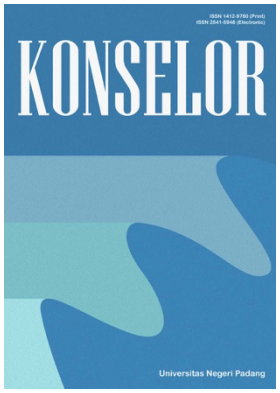

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A Participatory Action Research Approach to Culturally Adapted Psychoeducation and Counseling Booths for Improving Mental Health Literacy in Remote Schools

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A Participatory Action Research Approach to Culturally Adapted Psychoeducation and Counseling Booths for Improving Mental Health Literacy in Remote Schools

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Abstract: This study examined the potential of a culturally tailored, school-based programme to promote early mental health literacy among adolescents at a remote Islamic boarding school in Malaysia. The programme incorporated psychoeducational activities, such as Hope Tree and Anxiety Jar, alongside classroom counselling and reflective booths, designed as low-resource, safe spaces grounded in Mental Health Literacy, Safe Space, and Empowerment Theory. Twenty-seven students participated across two cycles of participatory action research, with sessions lasting approximately 90 minutes. Data collection comprised participatory observations, written reflections, and informal interviews, and was analysed thematically. Results showed that students engaged in reflective exercises, identified stressors from school, peers, and family, and used counselling booths for confidential emotional sharing. For instance, one student reported feeling more at ease writing concerns before discussing them verbally with a teacher. Observations indicated early help-seeking behaviours and acceptance of emotional expression, though these behaviours varied among students. These findings underscore that contextually relevant, low-resource interventions can foster emotional engagement and initial mental health understanding in settings with limited professional support. Despite its short duration and small sample size, the study provides valuable insights for creating culturally responsive interventions in remote schools and points to future research on sustained engagement, involving less-vocal students, and adapting approaches to diverse educational environments.

Key Words: Mental health literacy; Psychoeducation; Counseling booth; Remote schools

INTRODUCTION

Adolescent mental health has emerged as a global public health concern due to its rising prevalence and long-term effects on learning, emotional stability, and social adjustment (Bie et al., 2024). Recent evidence indicates a substantial rise in adolescents' mental health problems, particularly depression and anxiety, with prevalence estimates suggesting that 10%–20% experience at least one psychiatric disorder (Armitage et al., 2024; Lin & Guo, 2024). Psychological difficulties such as stress, anxiety, and depression disrupt emotional regulation and are associated with academic disengagement and challenges in social functioning (Burke et al., 2021; Inchley et al., 2020; McCurdy et al., 2023; Yin

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et al., 2023). Addressing adolescent mental health is therefore critical to supporting healthy emotional development, social adjustment, and long-term academic trajectories (Yani et al., 2025).

These vulnerabilities are often exacerbated in boarding schools and remote educational settings, where adolescents face compounded academic demands, peer-related stress, and family expectations (Chen et al., 2025; Khusumadewi et al., 2024; Maulidiya et al., 2024). Compared with urban peers, students in remote or rural schools face additional constraints, including limited access to mental health education, professional services, and reliable information (Bowers, 2020; Kavanagh et al., 2023; Matar et al., 2024; Ren et al., 2025). Structural factors such as rigid routines, restricted family contact, and tightly knit peer environments can further intensify emotional strain (Dewangan et al., 2023; Stepanous et al., 2023; Wang et al., 2025). At the same time, limited availability and uptake of counselling services in these settings contribute to the persistence of unmanaged psychological difficulties. Previous studies indicate that minimal engagement with support services and suboptimal responses to emotional concerns may increase adolescents' vulnerability to prolonged psychological distress (Carey & Gullifer, 2020; Driver, 2024). Delays in recognising and addressing these issues risk reinforcing stigma, exacerbating symptoms, and widening existing gaps in access to adequate psychosocial support (Guo et al., 2024; Huang et al., 2020).

The Al-Falah Religious Secondary School in Batu Talam, Pahang, Malaysia, exemplifies a setting where these challenges are evident. Preliminary observations at this isolated Islamic boarding school indicate low mental health awareness and minimal use of counselling services. Students had limited structured opportunities to learn about mental wellbeing, and the school lacked specialised mental health professionals and sufficient psychosocial resources. These conditions hinder early identification of emotional difficulties and restrict students' access to trusted support, underscoring the need for context-specific and culturally responsive interventions.

This study is grounded in Jorm's Mental Health Literacy framework (2000), which conceptualises literacy as a combination of knowledge, attitudes, and help-seeking competencies that enable individuals to understand and respond to mental health challenges. Within this framework, mental health literacy serves as the conceptual backbone for intervention design and interpretation. Enhancing mental health literacy has been shown to reduce stigma, improve emotional awareness, and encourage adaptive coping and help-seeking behaviours among adolescents (Fassnacht et al., 2022; Simkiss et al., 2023; Sodi et al., 2022; Sun et al., 2025). However, many existing literacy initiatives rely heavily on digital platforms or professional expertise that are often inaccessible in remote or resource-limited contexts (Marinucci et al., 2024; Nobre et al., 2021). The conceptual foundation of the study is further strengthened by the Safe Space approach and Empowerment Theory. Safe spaces prioritise creating non-judgemental, confidential environments where adolescents can express emotions freely (Meherali et al., 2025). This aligns with Empowerment Theory (Rappaport, 1981), which emphasises building agency, confidence, and active participation in maintaining one's wellbeing. School-based counselling that incorporates principles of accessibility, contextual relevance, and student participation has shown promise in addressing adolescents' academic, social, and emotional needs, particularly in settings with limited access to professional mental health services (Sofyan et al., 2023). Despite growing global awareness of adolescent mental health education, the literature reveals limited resources tailored to culturally specific, rural, or Islamic boarding school contexts. Many established programmes rely on digital platforms or require professional expertise unavailable in remote settings. As a result, low-resource, culturally grounded school-based strategies remain underrepresented in both research and practice.

Addressing this gap, the present study introduces a culturally adapted psychoeducation programme, classroom-based counselling sessions, and counselling booths designed as reflective, confidential, and accessible support spaces. The psychoeducation component incorporates religious narratives, familiar cultural references, and daily experiences relevant to students in Islamic boarding schools. Meanwhile, the counselling booths provide a practical, low-resource mechanism for emotional expression and informal help-seeking. Together, these interventions address the previously identified gap by offering learning opportunities, reducing stigma, and providing safe avenues for early psychological support.

The purpose of this study is twofold: first, to explore how these culturally adapted interventions influence students' understanding, attitudes, and engagement with mental health concepts; and second, to examine how accessible counselling spaces shape their emotional expression and informal help-

seeking behaviour. Rather than assessing measurable outcomes, this qualitative action research seeks to illuminate the processes by which contextualised interventions support the development of mental health literacy and more supportive school environments in resource-limited settings.

METHOD

This study used a *qualitative Participatory Action Research (PAR)* approach to develop, implement, and evaluate mental-health literacy interventions in a school community. PAR ensured students, teachers, and administrators actively contributed through cycles of planning, action, observation, and reflection, allowing interventions to adapt based on real-time feedback. Researchers worked with teachers and administrators to identify emotional challenges, support gaps, and culturally appropriate strategies during planning. The action phase included psychoeducation, classroom counselling, and booths. Concurrent observations documented engagement and responses. Reflection through discussions assessed relevance, acceptability, and impact, guiding adjustments. The study took place at Al-Falah Batu Talam Religious School in Raub, Pahang, Malaysia, serving about 200 students from modest and indigenous backgrounds with limited mental health services, ideal for low-resource school initiatives.

Participants

Participants were secondary school students who volunteered for intervention activities. Twenty-seven attended psychoeducation sessions, and 32 participated in classroom-based counselling. Participants, adolescents enrolled at the school, were included based on active enrolment, willingness, and consent from school authorities. Teachers served as facilitators and informants but were not primary participants.

Intervention Procedures

The intervention procedures occurred in two cycles following the PAR framework, each cycle involving planning, implementation, observation, and reflection to support ongoing refinement based on student and teacher feedback. The interventions included culturally adapted psychoeducation, classroom counselling, and counselling booths as safe emotional spaces.

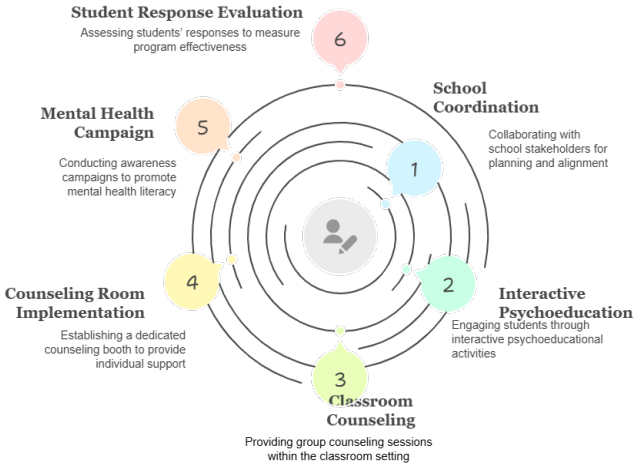

Figure 1. The overview of the comprehensive mental health program

Psychoeducation sessions were conducted in classroom settings with 27 students, lasting approximately 90 minutes, using interactive methods such as guided discussion, storytelling, and reflective exercises. The structure and time allocation of the psychoeducation session are presented in

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Table 1. The sessions focused on understanding mental health, emotional awareness, stress management, and stigma reduction, with cultural adaptation achieved through the integration of Islamic values, familiar religious narratives, and everyday experiences of boarding school life to enhance relevance, comprehension, and acceptance of mental health concepts.

Table 1. Structure and Time Allocation of the Psychoeducation Session

Session Phase	Time Allocation	Activities Description
Opening and Orientation	10 minutes	Introduction to the session objectives, establishment of a supportive atmosphere, and brief emotional check-in to build rapport and readiness for discussion
Reflective Activity: Hope Tree and Anxiety Jar	20 minutes	Students expressed hopes and sources of anxiety related to school and daily life through symbolic written reflections using the *Hope Tree* and *Anxiety Box*
Psychoeducation Material	30 minutes	Delivery of psychoeducation on time management and stress prevention, integrating Islamic values, daily boarding school routines, and practical coping strategies through interactive discussion
Self-Reflection and Sharing	25 minutes	Guided reflection and voluntary sharing of personal experiences related to stress, emotions, and coping strategies within a supportive and nonjudgmental classroom environment
Closing	5 minutes	Summary of key messages, reinforcement of help-seeking options, and encouragement for continued reflection beyond the session.

Classroom-based counselling sessions were held after psychoeducation activities and involved 32 students. Integrated into regular classroom learning, these sessions were designed to normalise discussions of emotional wellbeing and strengthen peer support. Facilitated collaboratively by teachers and the research team, the sessions focused on group reflection, guided discussion, and shared emotional experiences rather than individual diagnosis. This approach aimed to validate students' emotions, enhance social connectedness, and encourage constructive help-seeking behaviours within a supportive classroom environment. In addition, counselling booths were established as confidential, non-judgemental spaces accessible outside formal classroom activities. These booths enabled students to express their emotions through brief written reflections or anonymous messages, guided by simple emotional check-in prompts. As a low-resource, culturally sensitive alternative to formal counselling services, the booths served as an accessible entry point for informal help-seeking, particularly for students who were less comfortable expressing emotions in group settings.

Data Analysis

Data were collected and analysed using a qualitative descriptive approach consistent with the participatory action research design. Data collection took place throughout the two intervention cycles and was embedded within the delivery of psychoeducation sessions, classroom-based counselling, and counselling booths, enabling researchers to capture students' emotional engagement and help-seeking processes in natural school settings. Data sources comprised participatory observations, written student reflections on activities such as the *Hope Tree* and *Anxiety Box*, and informal interviews and reflective conversations with students and teachers. Observations focused on students' participation, emotional expression, and peer interactions, while written reflections and interviews provided insight into students' understanding, attitudes, and coping strategies related to mental health. Data analysis adhered to thematic analysis procedures outlined by Braun and Clarke (2006). Researchers immersed themselves in the data, generating initial inductive codes from all sources. These codes were then compared and organised into broader themes through ongoing discussions, with disagreements resolved by consensus. The trustworthiness of the findings was enhanced by triangulating data from multiple sources and conducting informal member checks with teachers and selected students to confirm that interpretations accurately reflected participants' experiences.

Ethical Considerations

Ethical approval for the study was obtained from the university ethics committee and the school authorities prior to data collection. As all participants were minors, institutional consent was obtained from the school administration and verbal assent from students prior to their participation. Participation was entirely voluntary, and students were informed of their right to withdraw at any stage without consequence. To protect participants' privacy, all data were treated confidentially, anonymised during analysis, and stored securely, with access limited to the research team. Written reflections and observational records contained no identifying information, ensuring that students' identities remained protected throughout the research process.

RESULTS

Overview of Data Sources

The findings of this study were drawn from multiple qualitative data sources collected throughout the participatory action research process. Data comprised participatory observations during psychoeducation sessions, classroom-based counselling activities, and the use of counselling booths. These observations were complemented by visual documentation of student engagement in reflective activities, including the Hope Tree and Anxiety Box. In addition, informal interviews were conducted with 9 students and 1 supervising teacher to capture perceptions of emotional experiences, awareness of coping, and help-seeking tendencies following the intervention activities. These data sources were analysed concurrently to identify patterns of participation, emotional expression, and emerging help-seeking behaviours across intervention activities.

Patterns of Student Participation and Behavioural Engagement

Observational data indicated varying levels of student participation across intervention activities. During psychoeducation sessions, students engaged in guided discussions and reflective exercises, with several volunteering to answer questions and share brief comments about stress and daily challenges. Participation was also evident in reflective tasks, with most students remaining engaged throughout. Field notes recorded attentive listening, note-taking, and sustained focus, particularly during storytelling and discussion segments. As sessions progressed, students began asking clarification questions about academic stress and emotional experiences. Visual documentation corroborated these observations, showing students actively writing their reflections and remaining seated and focused during group discussions.

Emotional Expression and Emerging Openness

Emotional expression data were primarily drawn from written submissions in the Anxiety Box activity. All 27 students participating in the psychoeducation sessions contributed at least one written reflection describing sources of anxiety or emotional concern. The content of these reflections revealed a range of emotional experiences related to academic pressure, family circumstances, peer relationships, and unspecified worries. Table 2 presents the distribution of anxiety categories derived from inductive coding of students' written responses. Academic-related concerns were the most frequently reported, followed by family-related issues and peer relationship conflicts. A smaller number of students described general feelings of anxiety without specifying a clear source. These categories were generated through manual coding of written responses by the researcher, focusing on the primary theme expressed in each submission.

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Table 2. Distribution of Emotional Expression Categories Identified from Anxiety Box Submissions

Anxiety Categories	Number of Students	Percentage
Academic Exams	10	37.0 %
Friend/Relationship Conflicts	6	22.2 %
Family Problems	9	33.3 %
Unspecified Anxiety	2	7.5 %
Total	**27**	**100 %**

Early Indicators of Mental Health Awareness

Beyond the content of emotional disclosures, observational data indicated that students could identify and articulate personal stressors. During group discussions, students referred to specific situations, including examination pressure, interpersonal misunderstandings, and homesickness. Several students acknowledged that similar emotional challenges were shared among peers, as reflected in comments during reflective discussions. Writing and submitting emotional concerns anonymously appeared to facilitate the acknowledgment of emotional experiences that had previously gone unspoken in classroom settings. Students were observed engaging quietly but consistently in reflective activities, suggesting initial comfort with recognising and externalising emotional experiences.

Shifts in Help-Seeking Attitudes

Insights from informal interviews indicated changes in how students perceived emotional expression and help-seeking. Several students described feeling more aware of personal emotional states and more open to discussing difficulties with trusted individuals. One student shared:

> *"Sebelum ini saya rasa takut untuk cerita bila rasa sedih atau risau. Sekarang saya tahu boleh cerita pada guru atau tulis dulu perasaan saya."*
> ("Before this, I felt afraid to share when I was sad or worried. Now I know I can talk to a teacher or write my feelings first.")

The supervising instructor observed that certain students commenced approaching educators more frequently to inquire or seek reassurance, especially following stressful academic engagements. Although these behaviors were not consistent among all students, they indicated initial movements toward informal help-seeking within the educational setting.

Integration Across Data Sources

Triangulation of observational data, written reflections, and interview responses revealed consistent patterns. Observations documented increased engagement in reflective activities, while written data illustrated diverse emotional concerns rooted in students' daily experiences. Interview data further supported these patterns by highlighting students' growing willingness to acknowledge emotions and consider seeking support. Taken together, these findings illustrate that participation in psychoeducation, classroom-based counselling, and the use of counselling booths provided multiple avenues for emotional expression and reflection within the school context.

DISCUSSION

Counseling Booth as a Safe Space

Establishing the counselling booth after the psychoeducation sessions provided an alternative context for emotional disclosure beyond formal classroom interactions. Rather than functioning as a

conventional counselling service, the booth served as a semi-structured space where students could engage in quiet reflection, anonymously write down concerns, or initiate informal conversations. This spatial shift appeared to lower social and psychological barriers that often constrain adolescents' willingness to disclose emotional difficulties in academic settings. Prior studies have noted that adolescents are more likely to express emotions when supportive spaces are perceived as voluntary, non-evaluative, and separate from formal authority structures (Meherali et al., 2025).

The counselling booth can be situated within the safe space framework, which emphasises psychological safety as a means of enabling openness and self-acceptance. Safe spaces are characterised by minimising judgment, evaluative pressure, and social repercussions, thereby allowing individuals to express vulnerability without perceived threat. In this study context, the booth's accessibility, anonymity, and absence of diagnostic expectations created conditions aligned with these principles, potentially facilitating emotional disclosure among students who might otherwise remain silent in classroom-based discussions (Sun et al., 2025). Beyond providing emotional safety, the counselling booth also embodied principles of empowerment. By allowing students to choose when, how, and whether to express their concerns, the booth fostered a sense of agency within a supportive structure, aligning with Rappaport's (1981) Empowerment Theory. Importantly, the booth did not replace classroom-based psychoeducation but complemented it by extending emotional engagement into a less formal, more student-directed setting.

Interpretation of Findings through a Mental Health Literacy Lens

Viewed through Jorm's Mental Health Literacy framework (2000), the findings suggest that the intervention supported early stages of literacy development, particularly emotional recognition and normalisation. Mental health literacy in this study did not manifest as immediate behavioural change, but rather as increased awareness and acknowledgement of emotional experiences—processes that form the foundation for later help-seeking. Students' written reflections indicated an emerging ability to identify emotional stressors related to academic pressure, peer relationships, and family separation. This aligns with previous research showing that limited mental health understanding leaves adolescents more vulnerable to stress, anxiety, and related difficulties (Thai et al., 2020). As noted by Figas (2024), emotional labelling and acknowledgement represent critical entry points in the development of mental health literacy, especially in settings where formal psychological discourse is limited. The combination of psychoeducation and the availability of the counselling booth appeared to support the normalisation of emotional experiences. Reflective activities and accessible spaces enabled students to view emotional difficulties as common and shareable rather than as personal failures. This process is consistent with evidence that non-evaluative and supportive environments can facilitate openness and early attitudinal shifts toward help-seeking (Meherali et al., 2025)

Practical and Theoretical Implications

The study provides preliminary evidence supporting the applicability of Jorm's Mental Health Literacy framework (2000) within a remote Islamic boarding school context. The findings support the view that mental health literacy develops progressively, beginning with emotional recognition and normalisation rather than immediate help-seeking behaviours. The integration of safe space principles and Empowerment Theory further demonstrates that mental health literacy is shaped not only by knowledge acquisition but also by the availability of environments that promote psychological safety and student agency. This highlights the importance of contextual and environmental factors in the development of mental health literacy, particularly in resource-limited educational settings.

Practically, the findings suggest that low-resource, school-based interventions can support early mental health literacy without reliance on specialised mental health professionals. The counseling booth functioned as a feasible and culturally acceptable mechanism for emotional expression and informal support within a boarding school environment. Combined with culturally adapted psychoeducation, this approach offers a practical model for schools facing similar structural constraints. Rather than replacing formal counseling services, such interventions may serve as accessible entry points that reduce stigma,

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encourage emotional awareness, and prepare students for future engagement with more structured support systems.

Implication, Limitation and Future Directions

The findings highlight the potential of low-resource, culturally adapted school-based interventions to support early mental health literacy processes in remote boarding school contexts. Rather than relying on intensive professional services, the intervention demonstrated how environmental design, culturally relevant psychoeducation, and informal support spaces can create meaningful opportunities for emotional engagement. In Islamic boarding schools with limited access to mental health professionals, such approaches may serve as feasible entry points for promoting awareness, reducing stigma, and encouraging informal help-seeking. While these strategies do not replace professional care, they may function as complementary mechanisms that prepare students for future engagement with formal support systems.

The study's short duration, small sample size, and context-specific nature limit the generalisability of the findings. Future research could explore longer-term interventions, strategies to engage less vocal students, and adaptations in other remote or culturally distinct school settings. Additionally, examining the sustained use of reflection tools, such as the Hope Tree and Anxiety Box, could provide insights into ongoing emotional engagement and informal help-seeking.

CONCLUSION

This study examined a culturally adapted, school-based intervention that combined psychoeducation with counselling booths in a remote Islamic boarding school. During the brief intervention period, students engaged in reflective activities and showed early signs of informal help-seeking, suggesting the programme offered supportive opportunities for emotional expression within the school context. The counselling booths and classroom discussions appeared to create spaces where students could share concerns voluntarily and anonymously. Although these practices align conceptually with Jorm's Mental Health Literacy, Safe Space, and Empowerment Theory, the study does not extend these frameworks beyond their original scope. The intervention shows potential as a low-resource approach, but further documentation of structure, duration, and resource needs is necessary before considering broader replication, pending further evaluation of feasibility and effectiveness.

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