



FOSTERING HEALTHY MINDS: THE ROLE OF INCLUSIVITY IN EMPOWERING YOUTH IN KARANG TARUNA

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ABSTRAK

Inklusivitas yang menekankan penerimaan dan penghargaan terhadap keberagaman tanpa diskriminasi. Hal ini sangat penting dalam organisasi pemuda Karang Taruna sebagai wadah pengembangan remaja tingkat desa. Makalah pengabdian masyarakat ini mengkaji peran inklusivitas dalam memperkuat kesehatan mental remaja di Karang Taruna Kalisegoro, Gunungpati, Semarang. Pengabdian dilakukan tim multidisiplin Universitas Negeri Semarang (Unnes) melalui workshop satu hari bertajuk literasi kesehatan mental dan kepemimpinan inklusif bagi 20 pengurus dan anggota Karang Taruna. Metode yang digunakan meliputi penyampaian materi interaktif, analisis kasus melalui film dokumenter tentang gangguan kesehatan mental remaja, tutorial sebaya, dan diskusi kelompok terfasilitasi, berbasis Model Psychological Well-Being. Hasil menunjukkan peningkatan signifikan pemahaman peserta tentang isu kesehatan mental, pengenalan gejala dini gangguan jiwa, penurunan stigma, serta komitmen membentuk komunitas peduli kesehatan mental yang terintegrasi dengan Karang Taruna dan pemerintah desa. Peserta juga melaporkan peningkatan rasa percaya diri dalam kepemimpinan inklusif dan kemampuan menciptakan lingkungan saling mendukung, yang mendukung keenam dimensi kesejahteraan psikologis. Disarankan kolaborasi lintas sektor berkelanjutan, perluasan program literasi, dan penelitian empiris lanjutan untuk mengukur dampak jangka panjang inklusivitas terhadap indikator kesehatan mental remaja.

ABSTRACT

Inclusivity emphasizing the acceptance and appreciation of diversity without discrimination is crucial in youth organizations such as Karang Taruna, a village-level platform for adolescent development in Indonesia. This community service paper examines the role of inclusivity in strengthening adolescent mental health within Karang Taruna Kalisegoro, Gunungpati, Semarang. The initiative was carried out by a multidisciplinary team from Universitas Negeri Semarang (Unnes) through a one-day workshop on mental health literacy and inclusive leadership for 20 administrators and members of Karang Taruna. The methods included interactive lectures, case analysis using documentary films on adolescent mental health disorders, peer tutorials, and facilitated group discussions, grounded in Ryff's Psychological Well-Being Model. Results revealed a significant increase in participants' understanding of mental health issues, early recognition of mental disorder symptoms, reduced stigma, and commitment to establishing a mental health-aware community integrated with Karang Taruna and the village government. Participants also reported enhanced confidence in inclusive leadership and the ability to foster mutually supportive environments, supporting all six dimensions of Ryff's psychological well-being. Recommendations include sustained cross-sector collaboration, expansion of literacy programs, and further empirical research to measure the long-term impact of inclusivity on adolescent mental health indicators.

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INTRODUCTION

Adolescence is a crucial phase of human development characterized by intense self-discovery, identity formation, and a strong need for social recognition and belonging. During this period, adolescents experience rapid physical, emotional, cognitive, and social changes that make them particularly vulnerable to mental health challenges. Youth organizations such as Karang Taruna officially recognized village-level youth organizations in Indonesia play a strategic and irreplaceable role in providing safe spaces for adolescents to develop socially, emotionally, and morally. Ideally, Karang Taruna should function as a platform where young people can express themselves, build leadership skills, channel creativity, and receive peer and community support. However, when group dynamics within such organizations are dominated by exclusivity, cliques, or discriminatory practices, they can instead become sources of psychological distress, reduced participation, social withdrawal, and even long-term mental health deterioration. Therefore, deliberate implementation of inclusivity values is fundamental to transforming youth organizations into genuine environments that protect and strengthen adolescent mental health (Dewanto et al. 2023).

Inclusivity in the context of youth organizations refers to the conscious acceptance of diversity in all its forms social, economic, educational, cultural, gender, and physical or psychological abilities coupled with the provision of equal opportunities and genuine appreciation of each individual's contribution. When organizations successfully apply inclusive principles, members feel seen, valued, and psychologically safe. This sense of acceptance

directly enhances self-confidence, self-esteem, and overall psychological well-being (Dewanto et al. 2023). Conversely, the absence of inclusivity breeds feelings of alienation, rejection, chronic stress, anxiety, and in severe cases, depression. Several studies have confirmed that targeted mental health education and stress-management programs delivered through youth organizations can significantly increase participants' understanding of mental health maintenance and encourage early intervention for daily stressors (Dewanto et al. 2023; Lestarina 2021). These findings underscore the potential of inclusive, education-based approaches to serve as protective factors for adolescent mental health.

Prior to the community service intervention conducted by the Universitas Negeri Semarang (Unnes) team, a systematic observation and needs assessment carried out in early 2024 in Karang Taruna Kalisegoro (RW 04), Kelurahan Kalisegoro, Kecamatan Gunungpati, Kota Semarang, revealed a highly concerning pre-existing condition that severely threatened both organizational vitality and adolescent mental health. Stigma toward mental illness remained deeply entrenched in the rural community. Adolescents experiencing emotional difficulties or symptoms of mental disorders were frequently reluctant to seek help, fearing they would be ridiculed, ostracized, or labeled "weak" or "crazy" by peers and adults alike. This culture of silence prevented early detection and intervention, allowing problems to escalate.

At the family and community level, awareness of mental health issues was extremely low. Most parents, teachers, and village figures lacked basic knowledge about common early warning signs of mental disorders in adolescents, such as prolonged sadness, sudden withdrawal,

extreme irritability, or changes in sleep and appetite patterns. As a result, many cases went unnoticed or were misattributed to “typical teenage behavior” or “laziness.”

Resource constraints further compounded the problem. Karang Taruna Kalisegoro suffered from chronic underfunding and a near-total absence of basic facilities and equipment for sports, arts, music, or skills training. There were no regular professional coaches, mentors, or trainers available. Consequently, talented youth who wished to develop skills in football, traditional dance, music, graphic design, or entrepreneurship had virtually no structured outlet within the organization. This lack of opportunity fostered feelings of frustration, worthlessness, and stagnation well-documented risk factors for poor mental health.

The broader social environment was equally unsupportive. Many adolescents lived in households marked by ineffective parenting, frequent family conflict, economic stress, or parental absence due to work migration. Outside the home, exposure to high-risk behaviors was commonplace: gambling dens operated openly in some neighborhoods, alcohol consumption among minors was not rare, illegal drug circulation (particularly crystal methamphetamine and low-grade cannabis) was reported, and early sexual activity often linked to lack of supervision and negative peer influence—was a growing concern. Social media exacerbated these risks by normalizing promiscuity, cyberbullying, and unrealistic standards of appearance and success, triggering widespread anxiety, body-image issues, and depressive symptoms among village youth.

Within Karang Taruna itself, participation rates were alarmingly low. Despite having more than 80 registered members on paper, regular

activities typically attracted fewer than 15 participants. Many adolescents cited lack of confidence, fear of judgment, schedule conflicts, or perception that “nothing interesting ever happens” as reasons for disengagement. Guidance and moral support from the village government were minimal; Karang Taruna received almost no operational budget, programmatic direction, or recognition from local authorities. Internally, the organization suffered from poor communication, factionalism, self-interest among certain leaders, prejudice based on family background or academic achievement, and a hierarchical culture that silenced quieter or differently-abled members. These dynamics created an environment that felt unsafe and unwelcoming precisely the opposite of what adolescents need for healthy psychological development. The situation closely mirrored findings from earlier research in other rural areas, where low self-esteem, school dropout, limited skills, and fear of rejection led youth to avoid formal organizations entirely and seek belonging only in informal peer groups with similar struggles (Sawitri and Kisworo 2014).

Overcoming such multilayered barriers clearly required more than isolated activities; it demanded sustained, collaborative, and inclusive intervention. Recognizing this, the multidisciplinary Unnes team comprising lecturers and researchers from human resource management, developmental psychology, and education designed and executed a community service program explicitly aimed at activating inclusivity as the foundation for mental health promotion within Karang Taruna. Key activities included intensive mental health literacy workshops using peer tutorials, documentary-based case analysis, and facilitated dialogue; inclusive leadership training for administrators;

and the establishment of a village-integrated mental health care community. These efforts were grounded in Ryff's Psychological Well-Being Model (1995) and built upon successful precedents that demonstrated positive impacts on creativity, resilience, and emotional well-being when rural youth are given structured, inclusive platforms (Lestarina 2021).

By deliberately fostering an organizational culture that celebrates diversity, removes participation barriers, reduces stigma, and provides genuine opportunities for growth and contribution, the intervention sought not only to repair existing damage but also to transform Karang Taruna Kalisegoro into a protective, empowering, and mentally healthy space for all village adolescents regardless of background or ability. Thus, the strategic integration of inclusivity principles is not merely an optional improvement for youth organizations; in rural Indonesian contexts facing complex socio-psychological challenges, it represents a critical public health imperative for safeguarding and nurturing the next generation's mental well-being.

METHOD

The method of service carried out by the unnes team was to provide a workshop on mental health literacy and the role of effective leadership. This activity was attended by representatives of youth organizations in the kalisegoro Gunungpati Semarang village, a total of 20 people.

In youth organizations, this theory is more appropriate and relevant because in this theory explains that it will depend on the main focus and specific objectives of the mental health intervention to be carried out. Ryff's Psychological Wellbeing Model is relevant for Youth organizations because in Ryff's Psychological Wellbeing Model identifies

six main dimensions of well-being that are interrelated (Ryff, Carol D; Keyes 1995):

1. **Autonomy:** The ability to be independent and make your own decisions, and resist social pressure.
2. **Environmental Mastery:** The ability to manage the environment, capitalize on opportunities, and choose contexts that match personal values.
3. **Personal Growth:** The drive to constantly evolve, realize one's potential, and be open to new experiences.
4. **Life Purpose:** Having purpose and direction in life, and feeling that life is meaningful.
5. **Positive Relationships with Others:** The ability to form and maintain warm, satisfying and trusting relationships.
6. **Self-Acceptance:** Having a positive view of oneself, accepting shortcomings, and being comfortable with who one is.

Another reason why these dimensions are very suitable for Youth Organization is because :

1. **Focus on Holistic Development:** Youth Organization is not just about preventing problems, but also about developing the potential of youth. Ryff's model explicitly focuses on the positive aspects of mental health and growth, not just the absence of illness. This is in line with the spirit of Karang Taruna as a platform for self and community development.
2. **Relevance to Adolescent Developmental Stage:** Adolescence is a crucial time for identity formation, goal seeking, autonomy development, and fostering social relationships. Ryff's six dimensions

directly reflect the developmental challenges and tasks that adolescents face.

3. **Framework for Positive Interventions:**

This theory provides clear guidelines for designing Youth Organization programs or activities aimed at improving youth well-being. For example:

- **Autonomy:** Providing space for youth to plan and lead their own projects.
- **Neighborhood Mastery:** Involving youth in solving community problems or organizing events.
- **Personal Growth:** Organize skill-building workshops, mentorship, or interest exploration programs.
- **Life Goals:** Discussion of values, career planning, or long-term community projects.
- **Positive Relationships:** Collaborative activities, peer mentoring, or safe discussion forums.
- **Self-Acceptance:** Promotion of *self-compassion*, self-awareness programs, and inclusive environments.

4. **Adaptive and Preventive:** By promoting these dimensions of wellbeing, Karang Taruna can build **resilience** in youth, making them better prepared to face future challenges and stress, rather than only reacting when mental health issues already arise. This is a proactive and preventative approach.

5. **Addressing Social and Developmental Issues:** Youth organizations operate within a social context. The ability of youth

to interact positively, feel a sense of purpose within the community, and master their social environment is key to the success of this organization and the well-being of its members.

The community service program was carried out collaboratively by a multidisciplinary team from Universitas Negeri Semarang (Unnes) consisting of lecturers and researchers from the fields of Developmental Psychology, Human Resource Management, and Educational Sciences. The intervention was implemented in Karang Taruna Kalisegoro (RW 04), Gunungpati, Semarang, from February to June 2024 through the following systematic steps:

1. **Preliminary Observation and Needs Assessment (February–March 2024)**

The team conducted field observations, in-depth interviews with Karang Taruna administrators and members (n=25), focus group discussions with adolescents and parents, and informal meetings with village officials. This stage identified key issues: strong mental health stigma, low participation, lack of inclusive leadership, limited resources, and exposure to high-risk behaviors.

2. **Program Design and Coordination (March 2024)**

Based on the needs assessment, the team designed a one-day intensive workshop titled “Mental Health Literacy and Inclusive Leadership for Karang Taruna Administrators and Members.” The content was grounded in Ryff’s Psychological Well-Being Model (1995) and adapted to the rural adolescent context. Coordination was established

with the Head of Karang Taruna and village officials to ensure full support and participation.

3. **Participant Recruitment (April 2024)**

Twenty representatives (12 male, 8 female, aged 15–25 years) were purposively selected, consisting of administrators, active members, and several less-active members to ensure representation of diverse backgrounds (including two members with physical disabilities and several school dropouts).

4. **Implementation of the Main Workshop (May 18, 2024)**

The workshop was held from 08:00 to 16:30 WIB at the Kalisegoro Village Hall and was facilitated by two resource persons:

- 1) Mrs. Rulitas Hendriyani, S.Psi, M.Si (Lecturer in Developmental Psychology)
- 2) Dr. Sri Wartini, SE, MM (Lecturer in Human Resource Management)

The workshop was delivered in five sequential stages:

- a. Opening and Pre-Test (30 minutes) Ice-breaking, explanation of objectives, and administration of a pre-test (20 items) to measure baseline knowledge of mental health and inclusive leadership.
- b. Interactive Material Presentation (2 × 90 minutes) Session 1 (Rulitas Hendriyani): Understanding adolescent mental health, common disorders (anxiety, depression, stress), early warning signs, and the dangers of stigma. Session 2 (Dr. Sri Wartini): Principles of inclusive leadership, the

importance of diversity acceptance, and creating a psychologically safe organizational environment.

- c. Simulation and Case Analysis (120 minutes) Screening of two short documentary films about real cases of rural adolescents experiencing mental health crises. Participants were divided into five small groups to analyze cases, identify symptoms, discuss the role of stigma and exclusivity, and propose inclusive solutions using Ryff's six dimensions of well-being.
- d. Peer Tutorial and Role-Play (90 minutes) Trained peer facilitators (selected Karang Taruna members who received prior briefing) led role-play activities simulating inclusive vs. exclusive responses to a member showing signs of depression. Participants practiced empathetic communication and peer support techniques.
- e. Facilitated Group Discussion and Action Planning (90 minutes) Large-group reflection guided by the facilitators. Each small group presented their findings and drafted a 3-month action plan for their Karang Taruna unit (e.g., monthly sharing circles, inclusive sports events, anti-stigma campaigns).
- f. Closing, Post-Test, and Evaluation (45 minutes) Administration of the same 20-item post-test, distribution of certificates, and qualitative feedback session.

5. Follow-up and Mentoring (June 2024–present)

The team conducted two follow-up visits to monitor the implementation of participants' action plans and provided online mentoring via WhatsApp group for three months after the workshop.

This structured, participatory, and theory-based approach ensured that the intervention was not only educational but also empowered participants to become agents of change within their own organization.

RESULTS AND DISCUSSION

Based on the demands of the current era, mental health for youth is an important point that must be fought for so that youth have a superior personality with good behavior and a strong, positive mental attitude and are able to face and be creative in facing the challenges of today's world. Based on the background that has been described, the challenges of adolescent mental health in Karang Taruna and the relevance of the literacy-based theory of Psychological Wellbeing, can be used as a solution that should be useful, including the various approaches taken by the Unnes team through mental health literacy at the Workshop event. including:

Solutions Based on Inclusivity and Ryff's Psychological Well-Being Theory:

1. Eroding Stigma and Increasing Understanding:

The solution is to continue and expand the mental health literacy program initiated by the Unnes team, focusing on education that is easy to understand and adapted to the rural context. Use creative

methods such as case analysis through documentaries or short dramas involving adolescents themselves to show that seeking help is a sign of strength, not weakness. Involve community leaders, religious leaders, and parents in education sessions to broaden understanding and support.

The response from adolescents as participants can increase self-acceptance (encouraging adolescents to be more comfortable with their mental conditions) and positive relationships with others (creating a supportive and non-judgmental environment).

2. Resource Optimization and Talent Development:

The solution is to conduct an inventory of Karang Taruna's needs related to facilities and infrastructure (sports, arts, music) and seek support from external parties (local government, private companies through CSR, or Karang Taruna alumni). Develop partnership programs with local educational or professional institutions to provide free or affordable training and mentorship. Encourage mini job crafting programs or projects that allow youth to develop skills according to their interests.

Adolescent responses as participants can support Environmental Mastery (by providing tools and opportunities) and Personal Growth (by facilitating the development of talents and skills).

3. Creating a Supportive and Safe Environment:

The solution is to hold regular group counseling sessions or experience sharing forums facilitated by trained coaches or mentors. Strengthen mentoring programs that focus on family dynamics and parent-teen communication. Karang Taruna can work with village officials to campaign for a drug and promiscuity-free environment, and provide alternative positive activities that appeal to teenagers. Education on the healthy and ethical use of social media should also be promoted.

Participant responses are able to Build Positive Relationships with Others through strong social support and creating an environment conducive to responsible Autonomy.

4. Improving Motivation, Participation, and Communication Skills:

The solution is to provide inclusive leadership literacy to Karang Taruna administrators and members to improve their ability to lead and manage the organization effectively. Organize fun and relevant activities with youth interests to increase participation, as well as provide recognition and appreciation for each member's contribution. Train communication and conflict resolution skills among members to overcome communication barriers and prejudice. Holding a peer mentorship program to boost the confidence of teenagers who are still hesitant to participate.

The participants' response was to Increase Autonomy (through leadership training), Environmental Mastery (ability to manage the organization), Positive Relationships with Others (effective

communication), and Self-Acceptance (self-confidence).

5. Holistic Approach and Inclusivity-Based Potential Development:

The solution is to actively integrate the principle of inclusivity in every activity and program, from planning to implementation. This includes providing equal opportunities for youth with disabilities to participate in activities with non-disabled youth. Develop programs that allow youth to channel their creative ideas and network in the fields of arts, sports, or digitalization.

Participant responses directly supported Personal Growth (channeling potential and creativity), Life Purpose (having direction through positive activities), and Self-Acceptance (feeling valued regardless of background).

CONCLUSION

In building mental health in youth organizations through the role of inclusiveness, it can be concluded that

1. The importance of Karang Taruna as a Youth Development Organization: Karang Taruna plays a crucial role as a youth organization that provides space for adolescents to develop socially and emotionally, as well as a forum for fostering young people at the village or kelurahan level.
2. Inclusivity as a Foundation for Mental Health: The principle of inclusivity, which emphasizes acceptance, appreciation, and recognition of diversity without

discrimination, is an important foundation in maintaining and improving the mental health of youth in Youth Organizations. An inclusive organization creates a healthy, supportive, and empowering environment. This strengthens self-esteem, increases a sense of belonging, and improves overall psychological well-being.

3. Rural Adolescent Mental Health Challenges: Observations in early 2024 revealed complex barriers to adolescent mental health in rural areas, including stigmatization of mental illness that discourages adolescents from seeking help, lack of understanding from parents and teachers, limited funding and resources that hinder talent development, lack of environmental support such as parenting and unfavorable community conditions (gambling, drugs, promiscuity, social media), and low motivation and participation due to lack of coaching and communication barriers.
4. Relevance of Ryff's Psychological Well-Being Theory: Ryff & Keyes (1995) Theory of Psychological Well-Being is very appropriate and relevant for Youth Organization. The theory describes six dimensions of well-being (autonomy, mastery of the environment, personal growth, purpose in life, positive relationships with others, and self-acceptance) that align with the developmental stages of adolescents and focuses on holistic development as well as the promotion of positive mental health, not just the prevention of illness.

5. Role of the Unnes Team in Solution Implementation: The team has conducted targeted collaborative efforts through mental health literacy and effective leadership roles, including inclusive mental health literacy and inclusive leadership literacy mentoring programs. These efforts have led to increased member understanding, soft skill development, and the formation of a caring and supportive community.

The Community service team provides the following suggestions

1. Increased Cross-Sector Collaboration: Stronger and more sustained collaborative efforts are needed between village governments, higher education institutions (such as Unnes), families, and the wider community. This includes forging strategic partnerships with the private sector (CSR) and Karang Taruna alumni to overcome resource limitations.
2. Expansion of Literacy and Education Programs: The mental health literacy program that has been initiated needs to continue to expand its reach with innovative methods that are relevant to the rural context. Education should not only be aimed at adolescents, but also parents, teachers, and community leaders to reduce stigma and increase understanding of the importance of mental health.
3. Strengthening Supportive and Safe Environments: Karang Taruna should play an active role in creating a positive and safe environment. This can be done through group counseling sessions, experience sharing forums, and anti-drug and promiscuity campaigns in collaboration

with village officials. It is also important to educate on the healthy use of social media.

4. Optimizing Potential and Skills Development: Encourage programs that facilitate skill development and channel creative ideas of youth, such as mini job crafting or social projects. Provide ongoing inclusive leadership training for Karang Taruna administrators so that they are able to create an empowering organizational environment and increase active participation of members.
5. Strengthening Full Inclusivity: Comprehensively integrate inclusivity principles in every aspect of the Karang Taruna organization, including providing equal opportunities for youth with disabilities in every activity. This will ensure every member feels valued and has a sense of belonging, which is crucial for mental health.
6. Continuous Impact Measurement: As suggested in the article, it is important to conduct further research and service empirically to measure the impact of implementing inclusiveness on adolescent mental health indicators in an organizational context. This will help in validating the effectiveness of the program and making continuous improvements.

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