

# A Mental Health Promotion Model through the Interaction of Social Capital and Javanese Cultural Values to Prevent Emotional Distress

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## ABSTRACT

**Background:** Mental health is a vital component of holistic well-being, yet it often remains overlooked in public health strategies. Emotional distress, in particular, significantly impairs individual productivity and quality of life. In Javanese communities, especially in Surakarta, local cultural values and social capital present considerable potential as protective factors against mental health issues.

**Aims:** This study aims to develop a mental health promotion model based on the interaction between social capital and Javanese cultural values to reduce emotional distress among adults.

**Methods:** A sequential exploratory mixed-methods approach was employed. The qualitative phase explored local cultural values and social capital through interviews with key community figures, while the quantitative phase tested variable relationships using path analysis and Partial Least Squares-based Structural Equation Modeling (PLS-SEM). A total of 328 respondents aged 19–59 from Surakarta were selected through multistage random sampling. Validated instruments measured social capital, cultural values, self-efficacy, stress tolerance, coping strategies, risky behavior, and emotional distress.

**Results:** The findings reveal that both social capital and Javanese cultural values have a significant negative correlation with emotional distress ( $r = -0.462$  and  $r = -0.418$ , respectively). Path analysis confirmed that these variables influence emotional distress both directly and indirectly via mediators such as self-efficacy, stress tolerance, and coping strategies. Risky behavior was positively associated with emotional distress ( $\beta = 0.216$ ). The highest scores were observed in social capital and self-efficacy, while risky behavior and emotional distress showed the lowest.

**Conclusion:** The resulting model demonstrates the effectiveness of a community-based mental health promotion strategy rooted in local cultural wisdom and social engagement. It provides both theoretical and practical contributions by integrating socio-cultural dimensions into mental health promotion efforts, particularly in culturally rich settings such as Indonesia.

**Keywords:** mental health, emotional distress, social capital, Javanese cultural values, health promotion, mixed methods

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## INTRODUCTION

Achieving optimal quality of life within the framework of sustainable development necessitates treating mental health as an inseparable component of holistic health and human well-being (Daulay & Rangkuti, 2024; Hadi et al., 2023; Saputra & Lubis, 2025). On a global scale, mental health has become a major concern due to the increasing prevalence of psychological disorders both mild and severe that significantly contribute to the global burden of disease and decrease population productivity. Emotional distress, often undiagnosed or overlooked, serves as a critical indicator for evaluating an individual's psychological welfare and should be prioritized in public health interventions (Fauziah & Arjangga, 2021; Nasihah & Alfian, 2021; Wardani & Sulistyarningsih, 2012). Therefore, mental health promotion must urgently address the reinforcement of self-efficacy, improvement of stress tolerance, development of adaptive coping mechanisms, and the prevention of risky behaviors at the community level.

Despite growing awareness, there remains a substantial gap between the ideal vision of mental health policy and its actual implementation in Indonesia. Mental health services in the country still lean heavily toward curative treatment, while preventive and promotive efforts remain underdeveloped and underutilized (Idaiani & Riyadi, 2018; Putri et al., 2015; Sinaga et al., 2022). This imbalance persists despite Law No. 18 of 2014, which advocates for an integrated approach that includes health promotion through communication, information dissemination, and education (CIE). In Surakarta an urban cultural hub and the setting of this study—there exists considerable potential in utilizing local culture for mental health interventions. However, this cultural capital has yet to be fully integrated into public health programs. International studies have demonstrated that culturally sensitive mental health promotion strategies can enhance the effectiveness of psychosocial interventions by reinforcing community identity and engagement (Abe et al., 2018; Kyoong-Achan et al., 2018; O'Keefe et al., 2022; Zafila & Purnairawan, 2024).

This contextual reality presents a strategic opportunity to construct a mental health promotion model rooted in social capital and Javanese cultural values. Surakarta, as a center of Javanese tradition, is characterized by collectivist values, communal harmony, and social rituals that emphasize cooperation and mutual respect such as the principles of gotong royong (mutual aid) and kerukunan (social harmony) (Hanum & Winarti, 2022; Harsasto, 2018; Hendro, 2018). These traditional norms reflect not only symbolic heritage but also function as practical psychosocial resources that can strengthen mental resilience in communities. Although several previous studies have explored the separate influence of social capital and cultural values on mental health, there is a scarcity of research that integrates both variables into a unified model specifically contextualized to Javanese society. This study thus addresses a crucial gap in the literature by developing a mental health promotion model that interweaves social and cultural capital as complementary and interactive elements in reducing emotional distress among adults. The novelty of this study lies in its construction of a promotive framework grounded in local wisdom, providing a

theoretical and practical contribution to culturally responsive public health strategies.

The selection of independent variables social capital and Javanese cultural values was based on both theoretical reasoning and preliminary research findings. Social capital encompasses structural and cognitive dimensions that facilitate social resilience and collective efficacy. Meanwhile, Javanese cultural values offer a normative system that guides individuals in coping with life stressors. These two domains influence both social interactions and individual health perceptions, making them highly relevant as foundational components for community-based mental health promotion.

This study therefore aims to develop a context-specific model for mental health promotion through the interaction of social capital and Javanese cultural values to prevent emotional distress. The research offers three key contributions: (1) the theoretical development of a socio-cultural framework for mental health promotion; (2) the provision of valid measurement instruments for assessing social capital and cultural values in the Javanese context; and (3) the creation of an evidence-based promotive model that can be implemented by local governments, particularly in Surakarta, to enhance population mental well-being.

## METHOD

### Research Design

This study employed a mixed-methods approach using a sequential exploratory design (McCusker & Gunaydin, 2015; McKim, 2017; Yam, 2022). The research process began with a qualitative phase aimed at exploring the dimensions of Javanese cultural values and local social capital. The insights from this phase informed the development of quantitative instruments and hypotheses, which were subsequently tested in the second phase through statistical modeling. This integrative design was chosen to capture the richness of local socio-cultural contexts while allowing for empirical validation through statistical analysis.

### Participant

The participants in this study consisted of relevant actors involved in the formulation, implementation, and monitoring of investment and MSME policies in Indonesia. They include government officials (such as the Ministry of SMEs and BKPM), MSME actors, as well as experts or academics familiar with ACIA and the ASEAN investment regime. Data was obtained through documentation and literature review, rather than direct interviews due to the non-empirical nature of this research.

### Population and the Methods of Sampling, Instrumentation

The qualitative phase involved 15 purposively selected participants, including cultural leaders, community figures, and residents knowledgeable about Javanese customs and practices in Surakarta. These individuals provided in-depth insights into the lived experiences, values, and social structures that shape communal mental health perspectives. The quantitative phase involved 328 adult participants aged 19–59 years, selected through multistage random sampling. Participants were residents of Surakarta, representing the productive age group most at risk for emotional distress based on national health data

(Riskasdas 2018). The sample size and selection method ensured demographic diversity and statistical representativeness for inferential analysis

### **Instrument**

The research instruments consisted of a series of structured questionnaires developed and refined based on qualitative findings. These included:

- Social Capital Questionnaire: Measuring six dimensions bonding, bridging, linking, participation, trust, and reciprocity.
- Javanese Cultural Values Scale: Capturing core cultural dimensions including harmony (*rukun*), shame (*rasa isin*), obedience (*kepatuhan*), and behavioral restrictions (*ora ilok*).
- Self-Efficacy Scale: Adapted from Bandura's theoretical framework.
- Stress Tolerance Scale: Measuring an individual's capacity to endure psychological pressure.
- Coping Strategy Inventory: Based on the Lazarus and Folkman model of stress response.
- Risk Behavior Scale: Measuring tendencies toward unhealthy or harmful behaviors.
- Emotional Distress Scale: Focused on indicators of anxiety and depression.

All items were measured using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Content validity was ensured through expert review, while construct validity was assessed using Exploratory Factor Analysis (EFA). Reliability for each scale was confirmed using Cronbach's alpha coefficient, with all instruments demonstrating acceptable internal consistency ( $\alpha > 0.70$ ).

### **Procedures and Timeline**

The study was conducted over a six-month period, divided into two major stages. The first two months were allocated to the qualitative phase, which included field visits, cultural observations, and in-depth interviews to explore cultural narratives and social practices relevant to mental health. The remaining four months were dedicated to quantitative activities, including instrument testing, survey distribution, and data analysis. All participants were informed about the study's objectives and procedures and provided written informed consent prior to data collection. Ethical protocols were followed in accordance with institutional research guidelines.

### **Data Analysis**

Qualitative data were analyzed thematically using a phenomenological approach to capture participants' lived experiences and cultural interpretations. Themes were derived inductively and verified through triangulation. Quantitative data were processed using SPSS and SmartPLS. Pearson correlation analysis was first conducted to assess relationships between key variables. Path analysis was then used to identify direct and indirect effects, followed by hypothesis testing using Partial Least Squares Structural Equation Modeling (PLS-SEM). Statistical significance was set at  $\alpha = 0.05$ , and bootstrapping procedures were employed to assess the stability of model estimates.

## **RESULTS AND DISCUSSION**

### **Result**

The study produced several significant findings from both qualitative and quantitative analyses. The qualitative phase revealed that Javanese cultural values play a substantial role in shaping people's coping strategies when facing psychological stressors. Values such as *rukun* (harmony), *sabar* (patience), *nrimo* (acceptance), and *ngalah* (yielding) were still widely internalized and applied in social interactions by residents of Surakarta. These values not only function symbolically but also serve as psychosocial resources that actively influence emotional regulation. In terms of social capital, the dimensions of bonding and trust emerged as dominant factors supporting mental well-being. Community members frequently relied on informal social networks such as religious gatherings, neighborhood associations (*arisan*), and resident

forums as spaces for emotional support and problem-sharing. However, the linking aspect of social capital, which refers to connections with formal mental health services, was found to be relatively weak.

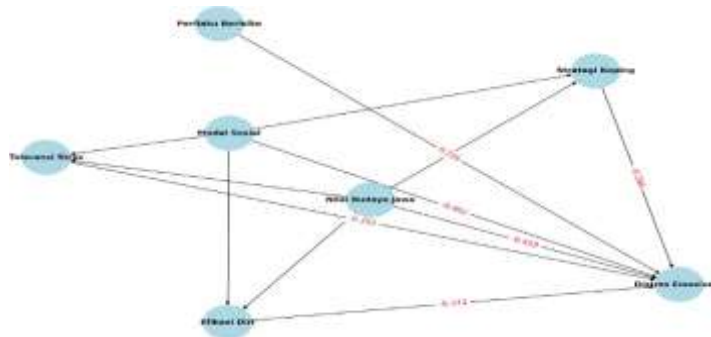
**Table 1.** Measurement Results of Key Variables

| No. | Variable                 | Mean Score | Pearson Correlation (r) | Direct Effect (β) |
|-----|--------------------------|------------|-------------------------|-------------------|
| 1   | Social Capital           | 4.12       | -0.462                  | 0.421             |
| 2   | Javanese Cultural Values | 3.89       | -0.418                  | 0.378             |
| 3   | Self-Efficacy            | 3.97       | -0.371                  | -0.371            |
| 4   | Stress Tolerance         | 3.75       | -0.352                  | -0.352            |
| 5   | Coping Strategies        | 3.68       | -0.298                  | -0.298            |
| 6   | Risk Behaviors           | 2.10       | —                       | 0.216             |
| 7   | Emotional Distress       | 2.34       | —                       | —                 |

Scale: 1–5 (higher score indicates stronger presence of the variable)

The quantitative analysis reinforced the qualitative insights. Pearson correlation tests revealed that both social capital and Javanese cultural values were significantly and negatively correlated with emotional distress ( $r = -0.462$  and  $r = -0.418$ , respectively;  $p < 0.01$ ). This means individuals with stronger social capital and deeper internalization of cultural values experienced lower levels of emotional distress.

Path analysis showed that the influence of social capital and cultural values on emotional distress was partially mediated by self-efficacy, stress tolerance, and coping strategies. Self-efficacy had a direct negative effect on emotional distress of  $-0.371$ , while stress tolerance and coping strategies were  $-0.352$  and  $-0.298$ , respectively. In contrast, risky behavior had a direct positive effect on emotional distress ( $\beta = 0.216$ ). The highest average scores were found in the social capital (4.12) and self-efficacy (3.97) variables, indicating that both factors were quite strongly possessed by the respondents. In contrast, risky behavior and emotional distress had the lowest scores, 2.10 and 2.34, respectively, indicating a level of disturbance that was still classified as moderate. The mental health promotion model developed based on these findings emphasizes the importance of strengthening cultural values and social networks as the basis for effective intervention.



**Figure 1.** Model of influence diagram between variables

This diagram illustrates the flow of direct and indirect influences of social capital and Javanese cultural values through mediators such as self-efficacy, stress tolerance, coping strategies, and risky behavior on emotional distress.

**Discussion**

This study confirms that social capital and Javanese cultural values play critical roles in reducing emotional distress in the community. The significant negative correlation between these two variables and emotional distress suggests that the more socially connected and culturally anchored an individual is, the less likely they are to experience psychological strain. These findings

are consistent with previous local and international studies that highlight the protective effects of local wisdom and community integration on mental well-being (Selian et al., 2020; Trismayangsari et al., 2023; Gopalkrishnan, 2018; McGorry et al., 2022). The protective mechanism of social capital and cultural values was also shown to operate indirectly through mediators such as self-efficacy, stress tolerance, and coping strategies. This aligns with Lazarus and Folkman's (1984) transactional theory of stress, which posits that individuals with positive perceptions of their own coping abilities are more resilient in the face of stressors.

The presence of strong community support and guiding cultural norms also decreases the likelihood of resorting to maladaptive behaviors, such as aggression or substance abuse, during emotional crises. Furthermore, the findings suggest that community-based approaches that leverage local traditions and norms can be effective alternatives to medically oriented mental health promotion programs. Rather than focusing solely on clinical treatment, this study proposes a participatory and holistic model rooted in the cultural and social fabric of the community. This model enriches current theories on mental health promotion by introducing a sociocultural lens and emphasizing the dual importance of symbolic values (culture) and structural supports (social networks). The strength of this research lies in the contextual specificity of its model, developed from empirical data gathered within a defined cultural setting and supported by validated instruments. This contextual model not only addresses the unique needs of the Javanese community but also holds potential for replication in other cultural contexts with similar communal values.

The study has both theoretical and practical implications. Theoretically, it expands the understanding of mental health promotion by emphasizing the interplay between cultural and social factors in reducing emotional distress. It reinforces the argument for incorporating non-clinical, community-based frameworks into mental health strategies. Practically, the model developed in this study provides actionable insights for local governments, mental health practitioners, and community organizations. It encourages the design of culturally tailored interventions that harness existing social support structures and cultural practices to foster emotional resilience. This approach also opens the door for cross-sectoral collaborations between the health sector, cultural institutions, and civil society to design integrated mental health policies that reflect local values and norms.

The study was geographically limited to Surakarta, which may limit the generalizability of the findings to other regions or ethnic groups in Indonesia. Cultural and social norms in different areas may yield different results. Additionally, the use of self-reported questionnaires in the quantitative phase may introduce social desirability bias, where respondents provide answers they believe are expected rather than reflect their true experiences. Finally, the linking dimension of social capital referring to access to formal mental health services was underexplored, suggesting a need for further research in this area.

Future studies should aim to test and refine the proposed model in other cultural contexts within Indonesia or in other countries with strong local traditions. Comparative studies between regions can highlight which cultural values most effectively contribute to emotional resilience. Researchers should also consider incorporating longitudinal designs to observe changes in emotional distress and social capital over time. Lastly, further exploration of the linking dimension of social capital is essential to understand how to bridge the gap between community-based mental health resources and formal healthcare systems.

## CONCLUSION

This study concludes that social capital and Javanese cultural values significantly contribute to the mental health status of the community, particularly in reducing emotional distress among adults. Strong social capital characterized by trust, active participation, and cohesive relationships positively influences psychological resilience by enhancing individuals' self-efficacy, stress tolerance, and adaptive coping strategies. Simultaneously, deeply rooted cultural values such as rukun (harmony), sabar (patience), nrimo (acceptance), and ora ilok (ethical restraint) serve as behavioral guidelines that help individuals respond to life stressors in psychologically healthy ways.

The mental health promotion model developed in this research integrates the strengths of social capital and cultural values into a community-based framework that is both contextually relevant and culturally sensitive. This model offers an alternative approach to conventional biomedical interventions by emphasizing the importance of socio-cultural factors in mental health promotion. It underscores the potential of leveraging local wisdom and communal structures to build emotional resilience and reduce psychological distress at the population level. The findings of this study are expected to serve as a strategic reference for formulating promotive mental health policies rooted in cultural strengths. Furthermore, the proposed model enriches the discourse on mental health promotion by expanding the intervention paradigm beyond the clinical setting, toward a more inclusive, participatory, and culturally grounded public health strategy in Indonesia and similar multicultural societies.

## AUTHOR CONTRIBUTION STATEMENT

Adriesti Herdaetha was solely responsible for the conception and design of the study, including the formulation of the research framework, objectives, and methodology. She conducted the qualitative fieldwork, including participant selection, interviews, and thematic analysis, and subsequently developed the quantitative instruments based on the qualitative findings. Herdaetha led the data collection and performed comprehensive statistical analyses, including path analysis and structural equation modeling (SEM-PLS), ensuring the methodological rigor and validity of the study results. She also constructed the theoretical model for mental health promotion and integrated cultural and social dimensions into the framework.

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