

## EMPOWERING SOCIAL SUPPORT NETWORKS FOR RETURNED MIGRANT WORKERS IN DALEGAN VILLAGE, EAST JAVA INDONESIA

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Disubmit: 17 April 2026 Diterima: 21 Mei 2026 Diterbitkan: 01 Juni 2026  
Doi: <https://doi.org/10.33024/jkpm.v9i6.25651>

### ABSTRACT

Returned migrant workers often face psychosocial challenges during reintegration, particularly in rural coastal areas with limited access to mental health services. This community service program in Dalegan Village, East Java, aimed to identify psychosocial needs and provide one-on-one counseling while strengthening social support networks through cadre involvement, family engagement, and NGO collaboration. A cross-sectional assessment was conducted with 24 participants using demographic questionnaires, DASS-21, and MSPSS, followed by individualized counseling. Results showed most participants had normal psychological status (83%), while a minority experienced stress, depression, or anxiety. Perceived social support was moderate to high (96%), especially among married participants, those with higher education, and nuclear families. Community discussions emphasized cadre mobilization and family-based support. This PKM activity demonstrates that integrating psychosocial assessment and counseling into village-level reintegration programs strengthens support networks and enhances resilience, ensuring reintegration is socially protective and sustainable.

**Keywords:** Community Psychiatry, Counseling, Psychosocial Support, Returned Migrant Workers, Village Empowerment.

### 1. INTRODUCTION

Labor migration is a defining feature of globalization, with millions of workers leaving their home countries to seek employment abroad. Indonesia is one of the largest labor-sending nations in Asia, and remittances from migrant workers contribute significantly to household income and national development (International Organization for Migration, 2020) Yet, the return phase of migration, when workers re-enter their communities after years abroad; often presents complex challenges that extend beyond economic reintegration. Returned migrant workers (*purna PMI*) frequently encounter psychosocial difficulties, including anxiety, depression, stress, and cultural readjustment, which can undermine their well-being and hinder sustainable reintegration. This strengthens the claim with a systematic review/meta-analysis showing high prevalence globally (Hasan et al., 2021; Hugo, 2017;

Setiawan, 2021). Similar vulnerabilities have been documented among survivors of trafficking, who face complex mental health needs requiring tailored responses (Altun et al., 2017). This highlights the broader risks faced by migrant populations and reinforces the importance of embedding psychosocial support into reintegration programs, particularly those that promote resilience (Ciaramella et al., 2021)

The reintegration process is multidimensional, involving not only economic stability but also psychological resilience and social inclusion. Migrant workers often struggle with cultural bereavement, identity shifts, and disrupted social ties upon return (Berry, 2017; Kronick et al., 2024; World Health Organization, 2023). These challenges are compounded by limited access to mental health services in rural and coastal villages, where most Indonesian migrant workers originate. Without adequate support, returnees may face prolonged distress, social isolation, and reduced quality of life (E. Susanti, 2020; World Health Organization, 2023). Evidence from Southeast Asia shows similar patterns, with undocumented Myanmar migrant workers in Thailand reporting high levels of distress and reliance on informal coping strategies, further illustrating the regional relevance of psychosocial interventions (Khai & Asaduzzaman, 2022).

At the same time, social support networks have been identified as critical protective factors in promoting mental health resilience among migrant populations. Family cohesion, peer solidarity, and community engagement can buffer against stress and reduce the risk of psychological disorders (Kronick et al., 2024). Evidence from China and Thailand demonstrates that perceived social support significantly improves health outcomes among migrant workers (Li et al., 2019; Phan et al., 2020). Yet, families, cadres, and community networks hold untapped potential as protective factors, as shown in studies of socio-economic reintegration that emphasize the role of social capital and community ties in resilience (Pratama et al., 2025).

Globally, community-based mental health interventions have gained recognition as effective strategies for addressing psychosocial needs in vulnerable populations. These approaches emphasize localized care, empowerment of lay health workers, and multi-stakeholder collaboration to reduce stigma and expand access to services (Patel et al., 2018). Recent reviews confirm that community psychiatry models are evolving to integrate resilience-building and participatory approaches, making them highly relevant for migrant reintegration (van Genk et al., 2023). The World Health Organization advocates for community-based psychiatry as a rights-based, person-centered model that integrates mental health into primary care systems (World Health Organization, 2021). Practical strategies for embedding psychosocial services into community psychiatry have also been documented, offering guidance for implementation in resource-limited settings (Ogbu-Nwobodo et al., 2025). In Indonesia, community health cadres (*kader kesehatan jiwa*) have played an important role in extending mental health services to underserved populations, yet their involvement in migrant reintegration remains underexplored (Kusnadi, 2020)

Despite the growing body of global evidence, systematic studies in Indonesia that connect psychosocial profiling of returned migrant workers with the design of evidence-based community psychiatry interventions remain scarce. Existing research has largely focused on economic

reintegration, social protection, or the immediate challenges faced by migrant workers abroad (Raharto, 2019). Few studies have examined how psychosocial risks and protective factors, such as social support, can be translated into structured community-based interventions that strengthen reintegration and promote long-term well-being.

## 2. PROBLEM STATEMENT AND QUESTIONS

In *Dalegan Village, Gresik*, many returned migrant workers (*purna PMI*) experience increasing emotional and mental health problems such as stress, anxiety, depression, and weakened social ties. These challenges are compounded by limited access to mental health services in rural coastal areas. Families and community networks have the potential to act as protective factors, but they are not yet fully mobilized to support reintegration.

This situation highlights the urgent need for a structured *PKM* activity that strengthens psychosocial reintegration support. By providing psychoeducation, psychosocial assessment, counseling, and community-based discussions, the program can help returned migrant workers build resilience, restore social connections, and promote long-term well-being. This *PKM* activity aims to strengthen psychosocial reintegration support for returned migrant workers in *Dalegan Village*, a coastal area with high rates of labor migration and limited access to mental health services.

In line with this aim, the *PKM* activity seeks to answer: How can psychoeducation improve awareness and coping strategies for depression, anxiety, and stress? What psychosocial risks and protective factors emerge from structured assessments and counseling? In what ways can cadres, families, and local stakeholders collaborate to formulate sustainable community-based support? And how can psychosocial profiling inform evidence-based community psychiatry interventions that are scalable to other migrant-sending regions in Indonesia?

The objectives of the *PKM* activity,

- 1) To embed psychosocial assessment and counseling into reintegration programs, thereby enhancing resilience and social support networks among returned migrant workers.
- 2) To generate locally relevant evidence on how psychosocial profiling can guide community psychiatry interventions in *Dalegan Village*, addressing gaps in Indonesian research.
- 3) To demonstrate a participatory model of community empowerment and mobilizing cadres, families, and NGOs that strengthens reintegration support in *Dalegan Village* and offers lessons for replication in other migrant-sending regions.

The location of the *PKM* activity can be seen in the image below. Figure 1. Map of *Dalegan Village, Gresik Regency, East Java, Indonesia*, and surrounding villages (*Campurejo, Cangaan, Mentaras, Ngemboh*). The area is a coastal region with high rates of labor migration, forming the location of study.

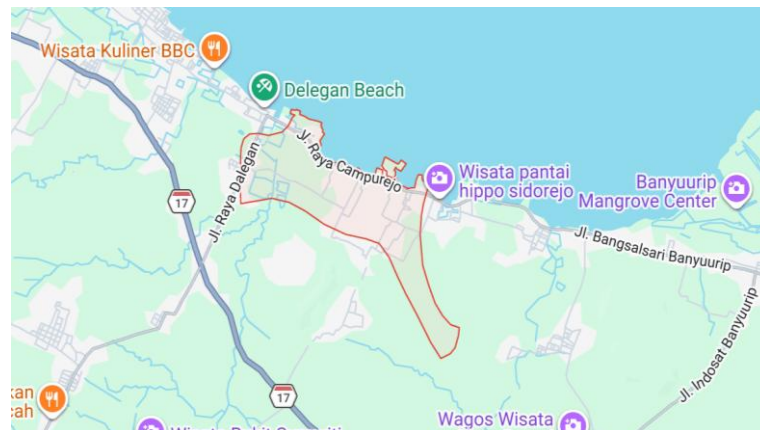


Figure 1. Map location of activity

### 3. LITERATURE REVIEW

Labor migration has long been understood not only as an economic phenomenon but also as a deeply social and psychological process. When migrant workers return home, they often face challenges that go beyond financial reintegration. Psychosocial adaptation theory suggests that reintegration involves cultural bereavement, identity shifts, and emotional stress, all of which can undermine well-being if left unaddressed (Berry, 2017; Kronick et al., 2024; World Health Organization, 2023). Recent evidence shows that resilience-focused psychosocial interventions can help migrants adapt positively to adversity, underscoring the importance of embedding resilience-building strategies into reintegration programs (Ciaramella et al., 2021). These experiences highlight the importance of psychosocial support as a core dimension of reintegration.

At the same time, social support theory emphasizes that family cohesion, peer solidarity, and community engagement can serve as protective buffers against mental health risks. Strong networks of support help reduce vulnerability to depression and anxiety, while weak or fragmented ties can exacerbate reintegration difficulties. This perspective is particularly relevant in rural coastal communities, where formal mental health services are limited but informal networks remain strong. Regional studies confirm that migrant workers in Southeast Asia often rely on informal coping strategies, highlighting the need for structured community-based support (Khai & Asaduzzaman, 2022). Evidence from China and Thailand further demonstrates that perceived social support significantly improves health outcomes among migrant workers (Li et al., 2019; Phan et al., 2020).

Community psychiatry, as promoted by WHO, provides a rights-based and person-centered framework that integrates mental health into primary care and emphasizes localized, community-driven interventions (World Health Organization, 2021). This approach resonates with resilience theory, which argues that individuals and communities can adapt positively to adversity when psychosocial resources and empowerment opportunities are available. Recent reviews confirm that community mental health care is evolving to incorporate participatory and resilience-building approaches, making it highly relevant for migrant reintegration (van Genk et al., 2023). Practical strategies for embedding (Ogbu-Nwobodo et al., 2025) psychosocial

services into community psychiatry have also been documented, offering guidance for implementation in resource-limited settings (Ogbu-Nwobodo et al., 2025). PKM activities operationalize these frameworks by combining psychoeducation, counseling, and family engagement to strengthen coping strategies and rebuild social bonds.

In practice, community-based mental health interventions have proven effective in extending services to underserved populations. Global evidence shows that mobilizing lay health workers and cadres can reduce stigma, expand access, and empower communities to take ownership of mental health care (Patel et al., 2018). In Indonesia, kader kesehatan jiwa have played a crucial role in bridging gaps in service delivery, demonstrating that participatory models can be both scalable and sustainable (Kusnadi, 2020). The integration of NGO collaboration further aligns with participatory development models, ensuring multi-stakeholder support and long-term sustainability.

Despite these advances, systematic studies in Indonesia that connect psychosocial profiling of returned migrant workers with the design of community psychiatry interventions remain scarce (Raharto, 2019). Most research has focused on economic reintegration and social protection, leaving the psychosocial dimension underexplored (Hugo, 2017). In Dalegan Village, Gresik, returned migrant workers face stress, depression, anxiety, and weakened social ties, compounded by limited access to mental health services (E. Susanti, 2020). Yet, families, cadres, and community networks hold untapped potential as protective factors, as shown in studies of socio-economic reintegration that emphasize the role of social capital and community ties in resilience ((Pratama et al., 2025).

#### 4. METHODS

This PKM activity was conducted in *Dalegan Village, Panceng District, Gresik Regency, East Java*, a coastal area with high rates of labor migration. Many households in Dalegan and surrounding villages (*Campurejo, Cangaan, Mentaras, and Ngemboh*) have members who work abroad, making the community a representative site for examining psychosocial reintegration challenges. A total of 24 returned migrant workers (*purna PMI*) residing in Dalegan and nearby villages voluntarily participated in the program.

The activity employed community-based approaches including psychoeducation, individual counseling, and participatory mentoring. Psycho-education was used to increase awareness of psychological symptoms, counseling provided personalized support, and mentoring involved cadres, families, and NGOs to strengthen social support networks. The PKM implementation steps,

- 1) Preparation Stage
  - a) Coordination with village leaders, health cadres, and local NGOs.
  - b) Community outreach to recruit participants.
- 2) Stage I - Psychoeducation (21 January 2026)
  - a) A 20-minute lecture on early detection of depression, anxiety, and stress.
  - b) Interactive discussion with participants.
  - c) Practice of simple coping strategies for psychological complaints.

- 3) Stage II - Assessment and Counseling
  - a) Participants completed self-administered questionnaires:
  - b) Demographic survey.
  - c) Depression Anxiety Stress Scale (DASS-21).
  - d) Multidimensional Scale of Perceived Social Support (MSPSS).
  - e) One-on-one counseling sessions were conducted to discuss results and provide psychosocial support.
- 4) Stage III - Community Discussion
  - a) Findings were shared with cadres, families, and local stakeholders.
  - b) Practical strategies for family-based and community-level support were formulated collaboratively.

Data were analyzed descriptively using frequencies and percentages to summarize demographic characteristics, psychological symptoms, and perceived social support. Cross-tabulations were conducted to explore associations between demographic variables and psychological outcomes, as well as between MSPSS categories and DASS-21 results. Due to the small sample size, formal statistical tests were not applied; instead, observed trends were reported to highlight meaningful connections between psychosocial profiles and support systems.

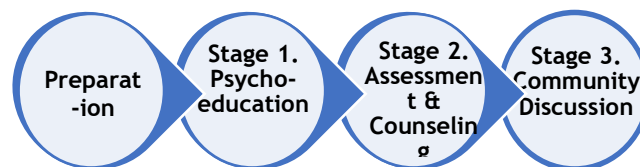


Figure 2. Flowchart of field activities

## 5. RESULT AND DISCUSSION

### a. Result

#### Descriptive Findings

A total of 24 returned migrant workers participated in the study. Most were male (79%), aged 41-50 years (67%), married (54%), and educated to senior high school level (54%). The majority lived with their nuclear families (83%) and reported low household income. Psychological screening indicated that most participants were within the normal range (83%), while a minority experienced depression (8%), anxiety (4%), or stress (13%). Perceived social support was generally moderate to high, with 46% reporting moderate support and 50% reporting high support.

Table 1. Demographic Characteristics, Psychological Symptoms (DASS-21), and Perceived Social Support (MSPSS) of Returned Migrant Workers (Purna PMI)

Variable	n	%	Total
<b>Gender</b>			24
Female	5	21%	
Male	19	79%	
<b>Age</b>			24
31-40 years	8	33%	
41-50 years	16	67%	
<b>Marital Status</b>			24
Single	8	33%	
Married	13	54%	
Widowed/Divorced	3	13%	
<b>Education Level</b>			24
Primary School	2	8%	
Junior High School	9	38%	
Senior High School	13	54%	
<b>Occupation</b>			24
Housewife	5	21%	
Laborer	7	29%	
Farmer	1	4%	
Private sector worker	3	13%	
Fisherman	3	13%	
Informal/odd jobs	4	17%	
Security guard	1	4%	
<b>Living Arrangement</b>			24
With nuclear family	20	83%	
With both parents	1	4%	
With child	1	4%	
With wife + in-laws	1	4%	
Living alone	1	4%	
<b>Income</b>			24
Not specified	15	63%	
≤ 1,000,000 IDR	3	13%	
> 1,000,000 IDR	6	25%	
<b>Psychological Symptoms (DASS-21)</b>			24
Depression	2	8%	
Anxiety	1	4%	
Stress	3	13%	
Normal	20	83%	
<b>Perceived Social Support (MSPSS)</b>			24
Low	1	4%	
Moderate	11	46%	
High	12	50%	

Most participants were male (79%) and in the 41-50 years age group (67%). More than half were married (54%) and had completed senior high school (54%). Occupations were diverse, with laborers (29%) and

housewives (21%) being the most common. The majority lived with their nuclear families (83%), while only a small proportion lived alone or with extended family.

Psychological screening showed that 83% of participants were within the normal range, while 13% reported stress, 8% depression, and 4% anxiety. These findings suggest that although most returnees were psychologically stable, a minority remained vulnerable to psychosocial risks.

Perceived social support was generally strong, with 96% of participants reporting moderate to high levels of support. This highlights the protective role of family and community networks in sustaining psychosocial well-being during reintegration.

### Analytical Insights

Further analysis explored associations between demographic factors, psychological symptoms, and perceived social support. Married participants and those living with nuclear families tended to report higher MSPSS scores compared to single or widowed participants. Education appeared to play a protective role: participants with senior high school education were more likely to report normal psychological status, while stress and depression were more frequent among those with lower education levels.

Cross-tabulation suggested that participants with low social support were more likely to report stress or depression, whereas those with high support were predominantly in the normal psychological category. These patterns indicate that social support may buffer against psychological distress, while demographic vulnerabilities such as lower education, unmarried status, and weaker family ties increase psychosocial risks.

Psychological screening indicated that most participants were within the normal range, while a minority experienced depression, anxiety, or stress. Perceived social support was generally moderate to high, suggesting strong community and family networks. Further, we can highlight patterns and associations even without formal statistical tests, but here's how the analytical narrative below (table 2.),

**Table 2. Observed Associations Between Demographics, Psychological Symptoms (DASS-21), and Perceived Social Support (MSPSS)**

Comparison	Observed Trend
Marital status × MSPSS	Married participants reported higher support; single/widowed more vulnerable.
Education DASS-21	Senior high school linked to normal status; lower education linked to stress/depression.
Living arrangement × MSPSS	Nuclear family living associated with higher support; living alone linked to stress.
MSPSS × DASS-21	Low support linked to stress; high support linked to normal psychological status.

### Demographic Associations

- a) **Gender:** Psychological symptoms were reported across both genders, but given the majority of participants were male (79%), most cases of stress and depression occurred in men.
- b) **Age:** The 41-50 years group (67%) dominated the sample. Within this group, stress and depression were more frequently observed compared to the younger group (31-40 years).
- c) **Marital Status:** Married participants (54%) tended to report higher perceived social support (MSPSS moderate/high), while single and widowed/divorced participants were more represented among those with stress or depression.
- d) **Education:** Senior high school graduates (54%) were more likely to fall into the “normal” psychological category, whereas lower education levels (primary/junior high) showed higher proportions of stress and depression.

### Living Arrangement and Social Support

- a) Participants living with nuclear families (83%) consistently reported moderate to high social support, aligning with lower psychological distress.
- b) The few participants living alone or with extended family (each 4%) were more likely to report stress or lower perceived support.

### Psychological Symptoms (DASS-21) × Social Support (MSPSS)

- a) The single participant with low social support also reported stress.
- b) Those with moderate support (46%) included some cases of depression and anxiety, but the majority remained in the normal category.
- c) Participants with high support (50%) were overwhelmingly in the normal psychological category, reinforcing the protective role of social networks.

These analytical insights suggest that social support is a key protective factor against depression, anxiety, and stress among returned migrant workers. Vulnerability appears higher among those with lower education, unmarried status, and weaker family ties. This highlights the importance of strengthening family and community-based support systems as part of reintegration and community psychiatry interventions.



Picture 1. Socialization and assessment of field activities

## b. Discussion

This study examined the psychosocial profiles and perceived social support of returned Indonesian migrant workers (*purna PMI*) in Dalegan Village. The findings highlight both protective factors and vulnerabilities that shape reintegration outcomes, with implications for national policy, global development agendas, and community psychiatry practice.

### Psychological Well-Being and Reintegration Challenges

Most participants reported normal psychological status, yet a notable minority experienced depression, anxiety, or stress. These results are consistent with global evidence that migrant workers face psychosocial risks during reintegration, including cultural bereavement, disrupted social ties, and economic uncertainty (Berry, 2017; Kronick et al., 2024; World Health Organization, 2023). A recent meta-analysis confirms that migrant workers worldwide experience high prevalence of common mental health problems, reinforcing the need for early detection and targeted (Hasan et al., 2021). Regional studies further show that undocumented Myanmar migrant workers in Thailand relied heavily on informal coping strategies during crises, underscoring the importance of structured psychosocial support in Southeast Asia (Khai & Asaduzzaman, 2022).

### Social Support as a Protective Factor

Perceived social support was generally moderate to high, with married participants and those living with nuclear families reporting stronger support networks. This finding echoes prior research in Asia, where social support buffers against psychological distress among migrant workers (Peltzer & Pengpid, 2016; Yang et al., 2023). In Indonesia, family cohesion and community solidarity remain central to resilience, particularly in rural and coastal villages. The observed negative association between MSPSS and DASS-21 outcomes reinforces the protective role of social support, consistent with Yang et al. (2023). Evidence from resilience-focused interventions also shows that strengthening social ties can enhance coping strategies and long-term adaptation (Ciaramella et al., 2021).

### Demographic Vulnerabilities

Lower education levels, unmarried status, and weaker family ties were associated with higher stress and depression. These demographic vulnerabilities mirror findings from Harjana et al. (2021), who reported elevated psychosocial risks among repatriated Indonesian workers during the COVID-19 pandemic. Such patterns suggest that reintegration challenges are not evenly distributed, and interventions must be tailored to address the needs of more vulnerable subgroups.

### Alignment with Sustainable Development Goals

The findings of this study directly contribute to several SDGs: SDG 3 (Good Health and Well-Being), SDG 8 (Decent Work and Economic Growth), SDG 10 (Reduced Inequalities), and SDG 17 (Partnerships for the Goals). By identifying psychosocial risks and protective factors, this study supports efforts to promote mental health among vulnerable populations,

ensure safe reintegration, and reduce disparities. Partnerships between communities, government agencies, and international organizations remain essential to strengthen psychosocial support systems (International Organization for Migration, 2017; World Health Organization, 2023)

### **National Regulations and Policy Context**

The SMERU Research Institute highlighted the importance of reintegration policies for returned migrant workers, emphasizing that sustainable reintegration requires structured support beyond economic measures (Bachtiar & Prasetyo, 2008; Setijaningrum et al., 2023). Indonesia has established legal frameworks such as Law No. 18/2017 on the Protection of Indonesian Migrant Workers, which mandates reintegration programs including psychosocial support, though implementation remains uneven. The National Mental Health Policy (Republic of Indonesia, 2017b) also emphasizes community-based mental health services, aligning with WHO recommendations for community psychiatry. Integrating psychosocial support for migrant workers into these frameworks would strengthen national compliance and ensure holistic protection.

### **Implications for Community Psychiatry**

The results support the integration of community-based mental health approaches into migrant reintegration programs. The World Health Organization advocates for community psychiatry as a rights-based, person-centered model that emphasizes accessibility and stigma reduction (World Health Organization, 2021). In Indonesia, lay mental health workers (cadres) have demonstrated effectiveness in extending services to underserved populations (Kusnadi, 2020; E. Susanti, 2020). Leveraging these cadres to support returned migrant workers could strengthen psychosocial resilience, particularly by enhancing family-based and community-driven interventions (Harjana et al., 2021; Kronick et al., 2024; Yang et al., 2023). International evidence also shows that community-based interventions can promote positive mental health among migrant and refugee adults (de Alpuim-Gonçalves et al., 2025). Global reviews of refugee crises further highlight the scale of mental health challenges in displaced populations, reinforcing the relevance of community psychiatry approaches in reintegration contexts (Silove et al., 2017). Recent reviews confirm that community psychiatry is evolving to incorporate resilience-building and participatory approaches, making it highly relevant for reintegration contexts (van Genk et al., 2023). Practical strategies for embedding psychosocial services into community psychiatry have also been documented, offering guidance for implementation in resource-limited settings (Ogbu-Nwobodo et al., 2025).

### **Implications for Practice and Policy**

At the practical level, the evidence that social support protects against depression, anxiety, and stress among returned migrant workers suggests that family-based and community-driven interventions should be (Harjana et al., 2021; Hasan et al., 2021). Training local health cadres

and community leaders to provide basic psychosocial support can strengthen resilience, especially in rural and coastal villages where formal mental health services remain limited (E. Susanti, 2020). This is consistent with findings that social support enhances quality of life among migrant workers, partly through healthier lifestyle practices (Yang et al., 2023). Social entrepreneurship initiatives have also shown promise in empowering returnees and creating public value within reintegration programs (Setijaningrum et al., 2023). Integrating mental health screening into reintegration programs would allow early detection of vulnerable individuals and timely referral to appropriate care (Mucci et al., 2019).

From a policy perspective, the results reinforce the urgency of operationalizing Law No. 18/2017, which mandates comprehensive reintegration support (Republic of Indonesia, 2017a). Psychosocial services should be embedded within these reintegration schemes, in line with the National Mental Health Policy (*Permenkes No. 54/2017*) and WHO's community psychiatry framework (World Health Organization, 2021). Strengthening collaboration between the Ministry of Manpower, the Ministry of Health, and *BP2MI* would ensure that psychosocial well-being is treated as a core component of migrant protection (Raharto, 2019). These recommendations are consistent with international guidance from the International Labour Organization, which emphasizes extending social protection to migrant workers and their families (International Labour Organization, 2021).

At the global level, these recommendations align with the SDGs, particularly SDG 3, SDG 8, and SDG 10 (United Nations, 2015; United Nations Development Programme, 2023). By embedding psychosocial support into reintegration programs, Indonesia can demonstrate leadership in achieving these targets while safeguarding the dignity and resilience of its migrant workforce. Partnerships with NGOs and international organizations can further enhance program sustainability, ensuring that mental health is recognized as an integral part of sustainable development (International Organization for Migration (IOM) & Pulih Foundation, 2020; Septiyana, 2019).

### **Policy Recommendations**

Based on these findings, several policy directions can be proposed. Reintegration programs should explicitly include mental health screening and counseling services for returned migrant workers, ensuring early detection of depression, anxiety, and stress (Harjana et al., 2021; Hasan et al., 2021). Evidence from resilience-focused interventions further supports embedding structured psychosocial programs that build coping strategies and strengthen identity reconstruction ((Ciamella et al., 2021). The government should strengthen collaboration between the Ministry of Manpower, Ministry of Health, and *BP2MI* to integrate psychosocial support into existing reintegration schemes (Bachtiar & Prasetyo, 2008; Raharto, 2019). Community cadres and local health workers should be trained to provide basic psychosocial support, leveraging Indonesia's strong tradition of community-based health services (Kusnadi, 2020; H. Susanti et al., 2024).

International evidence shows that community psychiatry models are evolving to incorporate participatory and resilience-building approaches, offering practical strategies for implementation in resource-limited (Ogbu-Nwobodo et al., 2025; van Genk et al., 2023). NGOs and civil society organizations can play a complementary role by facilitating peer support groups and advocacy for migrant workers' rights (International Organization for Migration (IOM) & Pulih Foundation, 2020; Septiyana, 2019) Global reviews of refugee crises further highlight the scale of mental health challenges in displaced populations, reinforcing the urgency of embedding psychosocial support into reintegration programs (Silove et al., 2017). Finally, international partnerships should be mobilized to align Indonesia's reintegration programs with the SDGs, ensuring that migrant workers' mental health is recognized as part of sustainable development (de Alpuim-Gonçalves et al., 2025; United Nations, 2015; World Health Organization, 2023).

## 6. CONCLUSION

This study shows that returned migrant workers in Dalegan Village demonstrate resilience supported by family and community networks, yet important vulnerabilities persist among subgroups with limited education and weaker social ties. These findings highlight the need to embed psychosocial services into reintegration frameworks, aligning with Indonesia's national regulations and advancing the Sustainable Development Goals. Strengthening community psychiatry approaches through cadres, NGOs, and government collaboration ensures that reintegration becomes not only economically sustainable but also socially and psychologically protective.

To strengthen psychosocial reintegration in Dalegan Village, local health cadres and families should be trained to recognize early signs of stress, anxiety, and depression and provide simple coping strategies at home. Regular community-based counseling and peer mentoring among returned migrant workers can help reduce stigma and build solidarity, while integrating psychosocial tools such as DASS-21 and MSPSS into routine *Posyandu* and *Puskesmas* activities ensures sustainability. Collaboration between village leaders, NGOs, and government agencies is essential to mobilize resources, and lessons learned from Dalegan can be documented as a model for replication in other migrant-sending regions.

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