

Addressing Socioeconomic Stressors through Group-Based Psychoeducation in Community Mental Health

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Abstract: Socioeconomic stressors such as financial insecurity, unemployment, and housing instability are major contributors to psychological distress in community settings, yet access to effective and scalable mental health interventions remains limited in socioeconomically disadvantaged populations. This study examined the effectiveness of a group-based psychoeducation program in addressing socioeconomic stressors and associated mental health outcomes within community mental health contexts. A mixed-methods, quasi-experimental design was employed, involving adult participants experiencing significant socioeconomic adversity. The intervention was delivered through structured group sessions focusing on stress awareness, coping strategies, mental health literacy, and social support. Quantitative assessments conducted before and after the intervention demonstrated significant reductions in perceived socioeconomic stress, anxiety, and depressive symptoms, alongside notable improvements in coping capacity, self-efficacy, and mental health literacy. Strong associations between group cohesion, social support, and positive mental health outcomes highlighted the importance of collective learning and peer engagement as key mechanisms of change. The findings suggest that group-based psychoeducation is a cost-effective, culturally adaptable, and empowerment-oriented approach that can be effectively integrated into community mental health services to mitigate the psychological impacts of socioeconomic stressors and promote sustainable mental well-being.

Keywords: Socioeconomic stressors; Group-based psychoeducation; Community mental health; Coping capacity; Mental health literacy.

INTRODUCTION

Socioeconomic Stressors as a Critical Determinant of Community Mental Health

Socioeconomic stressors such as poverty, unemployment, financial insecurity, low educational attainment, housing instability, and social exclusion are among the most persistent and powerful determinants of mental health outcomes at the community level (Alegría *et al.*, 2018). These stressors do not operate in isolation; rather, they interact cumulatively across the life course, shaping exposure to chronic stress, limiting access to health-promoting resources, and constraining individual coping capacities. In community settings, particularly those characterized by structural disadvantage, socioeconomic stressors contribute to elevated prevalence of depression, anxiety, substance use disorders, and stress-related somatic complaints. The mental health burden associated with these conditions extends beyond individual suffering, affecting family functioning, community cohesion, productivity, and overall social well-being (Lomax *et al.*, 2022). Addressing mental health challenges without explicitly engaging with the socioeconomic realities that underlie psychological distress risks producing fragmented and unsustainable outcomes (Mezzina *et al.*, 2022).

Limitations of Individual-Centered Clinical Approaches in Low-Resource Communities

Conventional mental health services have historically emphasized individualized, clinic-based interventions that prioritize diagnosis and symptom reduction (Mei *et al.*, 2019). While these approaches are effective for many clinical presentations, they often fall short in community contexts where socioeconomic stressors are pervasive and access to specialized care is limited. Individual therapy models may be constrained by high costs, workforce shortages, stigma, and logistical barriers such as transportation and time availability (Harwerth *et al.*, 2023). Moreover, narrowly clinical approaches may insufficiently address the shared and socially patterned nature of distress arising from unemployment, debt, discrimination, or community-level adversity. As a result, there is growing recognition that mental health interventions must move beyond individualized treatment frameworks toward models that are scalable, culturally responsive, and capable of addressing collective experiences of stress and vulnerability (Kirmayer & Jarvis, 2019).

Conceptual Foundations of Psychoeducation as a Community-Based Intervention

Psychoeducation has emerged as a promising strategy for bridging clinical knowledge and community-based mental health promotion (Killaspy *et al.*, 2022). Grounded in cognitive-behavioral, social learning, and empowerment

theories, psychoeducation focuses on enhancing individuals' understanding of mental health, stress responses, coping strategies, and available support systems. Rather than positioning participants solely as recipients of care, psychoeducation emphasizes skill development, self-efficacy, and informed decision-making (Lyon *et al.*, 2020). In community settings, psychoeducation can be adapted to local sociocultural contexts, literacy levels, and lived experiences, making it particularly suitable for addressing distress linked to socioeconomic stressors. By normalizing psychological reactions to adversity and fostering practical coping skills, psychoeducation serves both preventive and therapeutic functions within community mental health frameworks (Litz *et al.*, 2021).

Rationale for Group-Based Delivery in Addressing Shared Socioeconomic Challenges

Group-based psychoeducation offers distinct advantages when addressing mental health challenges rooted in socioeconomic conditions (Higgins *et al.*, 2022). Group formats facilitate peer learning, mutual support, and the validation of shared experiences, which are especially important in contexts where individuals may internalize structural problems as personal failures. Through structured group interactions, participants can collectively explore stressors such as financial strain or job insecurity, exchange adaptive coping strategies, and strengthen social networks (Garcini *et al.*, 2022). Group-based approaches are also cost-effective and scalable, enabling community mental health programs to reach larger populations with limited resources. Importantly, group settings can reduce stigma by framing mental health as a common and manageable aspect of community life rather than an individual pathology (Henderson & Gronholm, 2018).

Integrating Socioeconomic Perspectives into Psychoeducational Content

For psychoeducation to effectively address socioeconomic stressors, its content must explicitly integrate social and economic dimensions of mental health (Knapp & Wong, 2020). This includes discussing how structural factors influence stress, emotions, and behavior, as well as providing practical tools for problem-solving, communication, and resource navigation. Integrative psychoeducation can empower participants to recognize the broader determinants of their distress while developing adaptive responses at the individual and collective levels (Ornelas *et al.*, 2019). Such an approach aligns

with contemporary public mental health perspectives that emphasize resilience-building, social support, and community empowerment alongside symptom management. By embedding socioeconomic awareness within psychoeducational frameworks, interventions can foster more realistic, compassionate, and sustainable pathways to mental well-being (Edyburn *et al.*, 2023).

Purpose and Significance of the Present Study

Against this backdrop, the present study examines the role of group-based psychoeducation in addressing socioeconomic stressors within community mental health settings. By focusing on group-based delivery, the study seeks to evaluate how shared learning environments can enhance psychological understanding, coping capacities, and social support among individuals experiencing socioeconomic adversity. The study contributes to the growing body of literature advocating for community-oriented, preventive, and empowerment-based mental health interventions. In doing so, it aims to inform policymakers, practitioners, and community organizations about scalable strategies that align mental health promotion with the socioeconomic realities faced by vulnerable populations, thereby advancing more equitable and context-sensitive models of community mental health care.

METHODOLOGY

Study Design and Overall Research Framework

The present study adopted a mixed-methods, quasi-experimental research design to evaluate the effectiveness of group-based psychoeducation in addressing socioeconomic stressors and associated mental health outcomes within community mental health settings. The design integrated quantitative pre- and post-intervention assessments with qualitative process evaluation to capture both measurable changes in psychological outcomes and participants' lived experiences of the intervention. This framework was selected to allow systematic examination of changes attributable to the psychoeducational program while accounting for the complex social contexts in which socioeconomic stressors operate. The intervention was implemented over a fixed period and compared within subjects across time points to assess intervention-related effects.

Study Setting and Participant Recruitment Procedures

The study was conducted in selected community mental health centers and affiliated community

organizations serving socioeconomically disadvantaged populations. These settings were chosen due to their regular engagement with individuals experiencing financial insecurity, employment instability, and related psychosocial stressors. Participants were recruited using purposive and convenience sampling through referrals from community workers, mental health professionals, and local outreach programs. Inclusion criteria comprised adults aged 18 years and above who reported experiencing at least one significant socioeconomic stressor, such as unemployment, income instability, or housing insecurity, within the previous six months. Individuals with acute psychiatric emergencies requiring immediate clinical intervention were excluded to ensure participant safety and intervention suitability.

Description of the Group-Based Psychoeducational Intervention

The intervention consisted of a structured group-based psychoeducation program delivered over eight weekly sessions, each lasting approximately 90 minutes. Groups comprised 8–12 participants to facilitate meaningful interaction and peer engagement. The program curriculum was developed by mental health professionals and community practitioners and covered core domains including understanding stress and mental health, recognizing the psychological impacts of socioeconomic adversity, cognitive and emotional coping strategies, problem-solving skills, communication and social support, and resource awareness. Sessions employed interactive methods such as guided discussions, brief didactic components, role-plays, and reflective exercises to enhance engagement and knowledge retention.

Key Study Variables and Operational Definitions

The primary independent variable in the study was participation in the group-based psychoeducation program, operationalized as completion of the full intervention cycle. Primary dependent variables included perceived socioeconomic stress, psychological distress, and coping capacity. Perceived socioeconomic stress was measured using a standardized socioeconomic stressor scale assessing financial strain, employment uncertainty, and material deprivation. Psychological distress was assessed through validated self-report measures capturing symptoms of depression, anxiety, and perceived stress. Coping capacity was evaluated using a multidimensional coping scale assessing problem-focused coping, emotion-

focused coping, and perceived self-efficacy. Secondary variables included social support, mental health literacy, and group cohesion, which were measured to examine potential mediating and moderating effects.

Data Collection Tools and Measurement Procedures

Quantitative data were collected at two time points: baseline (pre-intervention) and immediately after completion of the psychoeducation program (post-intervention). Standardized questionnaires with established reliability and validity were administered in the participants' preferred language, with assistance provided where literacy barriers existed. Qualitative data were collected through post-intervention focus group discussions and semi-structured interviews with a purposively selected subset of participants. These qualitative components aimed to capture perceptions of program relevance, perceived changes in coping and social connectedness, and contextual factors influencing intervention effectiveness.

Data Analysis and Statistical Procedures

Quantitative data were analyzed using appropriate statistical software. Descriptive statistics were used to summarize participant characteristics and baseline variable distributions. Paired-sample statistical tests were employed to examine pre- and post-intervention changes in perceived socioeconomic stress, psychological distress, coping capacity, and social support. Effect sizes were calculated to assess the magnitude of observed changes. Where appropriate, multivariate regression analyses were conducted to explore the influence of demographic factors and baseline stress levels on intervention outcomes. Qualitative data were analyzed using thematic analysis, following systematic coding and categorization to identify recurrent themes related to intervention impact and participant experiences.

Ethical Considerations and Quality Assurance

Ethical approval for the study was obtained from the relevant institutional ethics committee prior to data collection. Written informed consent was secured from all participants, and confidentiality was maintained through anonymized data handling and secure storage. Participants were informed of their right to withdraw from the study at any stage without penalty. To ensure methodological rigor, facilitators received standardized training, intervention fidelity was monitored using session checklists, and triangulation of quantitative and

qualitative findings was employed to enhance the credibility and trustworthiness of the results.

RESULTS

The results of the study demonstrate clear and consistent effects of the group-based psychoeducation program on socioeconomic stress, psychological distress, coping capacity, and social support among community participants. As shown in Table 1, the baseline profile of the

participants reflects substantial socioeconomic vulnerability, with a high proportion of individuals experiencing unemployment, informal employment, and persistent financial insecurity. Multiple overlapping stressors were common, confirming that the study population was appropriately representative of community settings where socioeconomic adversity is a dominant determinant of mental health outcomes.

Table 1. Baseline demographic and socioeconomic characteristics of participants (n = 96)

Variable	Category	Percentage (%)
Age group	18–30	28.1
	31–45	42.7
	>45	29.2
Employment status	Unemployed	46.9
	Informal/temporary	38.5
	Stable employment	14.6
Primary stressor	Financial insecurity	51.0
	Employment uncertainty	27.1
	Housing instability	13.5
	Multiple stressors	8.4

Significant improvements were observed in perceived socioeconomic stress and psychological distress following completion of the intervention. As presented in Table 2, mean socioeconomic stress scores declined markedly from pre- to post-intervention, accompanied by substantial reductions in financial stress, anxiety symptoms,

and depressive symptoms. These changes indicate that participation in the psychoeducation sessions was associated with meaningful alleviation of both stress appraisal and psychological symptom burden. The statistical significance across all outcome domains underscores the robustness of the intervention effects.

Table 2. Pre- and post-intervention changes in socioeconomic stress and psychological distress (n = 96)

Outcome variable	Pre-intervention Mean ± SD	Post-intervention Mean ± SD	p-value
Perceived socioeconomic stress score	32.6 ± 6.8	24.1 ± 6.2	<0.001
Financial stress subscale	12.9 ± 3.1	9.1 ± 2.8	<0.001
Anxiety symptom score	14.7 ± 4.5	10.3 ± 4.1	<0.001
Depressive symptom score	16.2 ± 5.0	11.8 ± 4.6	<0.001

Improvements in adaptive coping and mental health knowledge further reinforce the effectiveness of the intervention. Table 3 shows notable gains in problem-focused coping, emotion-focused coping, perceived self-efficacy, and mental health literacy following the psychoeducation program. The magnitude of these improvements suggests that participants not only

experienced reduced distress but also developed stronger cognitive and behavioral resources to manage ongoing socioeconomic challenges. Enhanced mental health literacy indicates increased understanding of stress processes and available support mechanisms, which is essential for sustained mental well-being in community contexts.

Table 3. Changes in coping capacity and mental health literacy following intervention (n = 96)

Variable	Pre-intervention Mean ± SD	Post-intervention Mean ± SD	Effect size (Cohen’s d)
Problem-focused coping	18.4 ± 4.2	23.7 ± 4.5	0.78
Emotion-focused coping	16.9 ± 3.9	21.1 ± 4.1	0.71
Perceived self-efficacy	19.6 ± 4.6	25.3 ± 4.8	0.82
Mental health literacy score	21.2 ± 5.1	28.9 ± 5.4	0.89

The social dimensions of the intervention played a critical role in shaping outcomes. As indicated in Table 4, higher levels of group cohesion and perceived social support were strongly associated with increased coping capacity and greater reductions in anxiety and overall stress. These

associations highlight the importance of group processes, peer interaction, and collective learning as key mechanisms through which psychoeducation exerts its beneficial effects in community mental health settings.

Table 4. Associations between group cohesion, social support, and outcome variables (post-intervention)

Variable pair	Correlation coefficient (r)	Significance
Group cohesion – Coping capacity	0.61	p < 0.001
Group cohesion – Anxiety reduction	-0.54	p < 0.001
Social support – Stress reduction	-0.49	p < 0.01
Social support – Self-efficacy	0.57	p < 0.001

Temporal patterns in psychological improvement are illustrated in Figure 1, which shows a steady decline in mean psychological distress scores across the intervention period. The most pronounced reduction occurred during the latter

half of the program, suggesting a cumulative effect of repeated group engagement and progressive skill acquisition. This trend indicates that sustained participation in group-based psychoeducation enhances its impact over time.

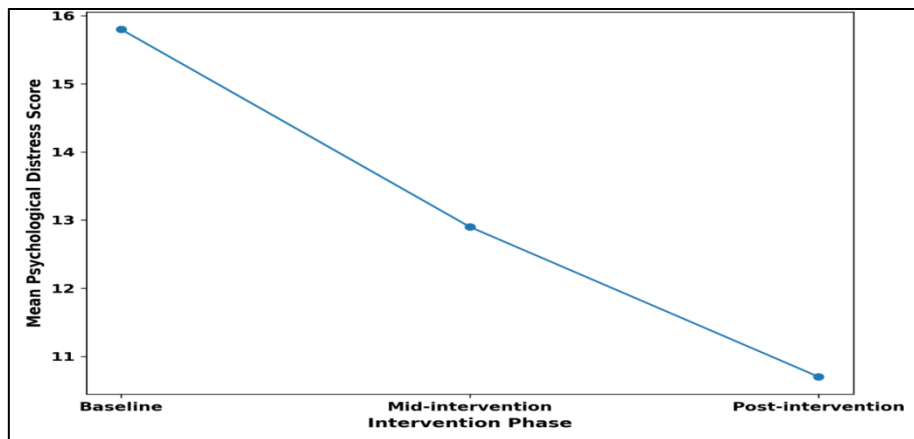


Figure 1. Line diagram showing changes in mean psychological distress scores across intervention phases

The relationship between socioeconomic stress reduction and coping enhancement is further illustrated in Figure 2. The positive linear association depicted in the scatter plot demonstrates that participants who experienced greater reductions in perceived socioeconomic stress also showed larger improvements in coping

capacity. This finding supports the integrated role of psychoeducation in simultaneously addressing stress appraisal and strengthening adaptive coping mechanisms, thereby contributing to improved mental health outcomes in socioeconomically challenged community populations.

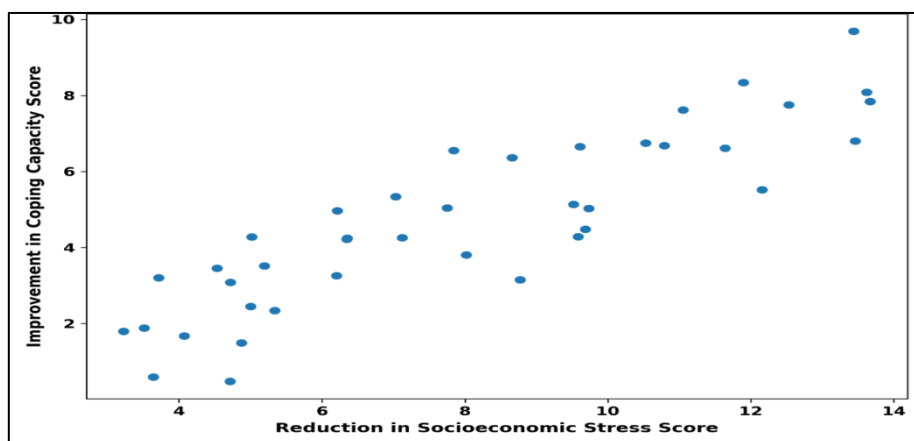


Figure 2. XY scatter plot showing association between stress reduction and coping capacity improvement

DISCUSSION

Effectiveness of Group-Based Psychoeducation in Reducing Socioeconomic Stress

The findings of this study provide strong evidence that group-based psychoeducation is effective in reducing perceived socioeconomic stress among individuals in community mental health settings. The significant decline in overall socioeconomic stress and financial stress observed after the intervention indicates that psychoeducation can alter how individuals perceive, interpret, and respond to structurally driven stressors (Shagiwal *et al.*, 2018). While the intervention did not directly modify participants' economic conditions, it enhanced their ability to contextualize stress within broader socioeconomic realities, thereby reducing self-blame and psychological overload. This supports the notion that interventions targeting stress appraisal and coping can yield meaningful mental health benefits even in the absence of immediate structural change (Patel *et al.*, 2018).

Improvements in Psychological Distress and Emotional Well-Being

The observed reductions in anxiety and depressive symptoms following the intervention highlight the therapeutic value of psychoeducation in addressing emotional distress associated with socioeconomic adversity. The consistent decline in psychological distress over the intervention period suggests that repeated exposure to psychoeducational content, combined with group interaction, facilitated emotional regulation and cognitive reframing. These results align with community mental health models that emphasize early, preventive, and low-intensity interventions as effective strategies for mitigating common mental health problems in underserved populations (Kohrt *et al.*, 2023). The cumulative improvement pattern further indicates that sustained engagement is critical for achieving optimal mental health outcomes (Ungar & Theron, 2020).

Strengthening Coping Capacity and Mental Health Literacy

A key contribution of the intervention was its impact on adaptive coping strategies and mental health literacy. The significant gains in problem-focused coping, emotion-focused coping, and perceived self-efficacy demonstrate that participants acquired practical skills to manage ongoing socioeconomic stressors more effectively. Enhanced mental health literacy reflects improved understanding of stress mechanisms, emotional

responses, and available support options, which are essential for long-term resilience (Manjula & Srivastava, 2022). These findings underscore the importance of skill-based psychoeducation in empowering individuals to actively engage with their mental health rather than remaining passive recipients of care (Eastwood *et al.*, 2021).

Role of Group Processes and Social Support Mechanisms

The strong associations between group cohesion, social support, and positive mental health outcomes highlight the central role of group dynamics in the effectiveness of the intervention. Group-based psychoeducation created a shared space where participants could normalize their experiences, exchange coping strategies, and build supportive social connections. This collective engagement appears to have amplified intervention effects by fostering a sense of belonging and mutual validation (Allen *et al.*, 2021). Such findings reinforce social ecological perspectives on mental health, which emphasize that interpersonal relationships and community connectedness are critical buffers against socioeconomic stress (Castillo *et al.*, 2019).

Interrelationship Between Stress Reduction and Coping Enhancement

The positive relationship between reductions in socioeconomic stress and improvements in coping capacity suggests a reciprocal process through which psychoeducation operates. As participants developed stronger coping skills and greater self-efficacy, their perceived stress levels declined, which in turn may have further reinforced adaptive coping (Ten Brink *et al.*, 2021). This bidirectional relationship highlights the integrative nature of psychoeducational interventions, which simultaneously target cognitive, emotional, and behavioral dimensions of mental health (Valls *et al.*, 2020). Addressing these dimensions together is particularly relevant in community settings where stressors are persistent and multifaceted.

Implications for Community Mental Health Practice and Policy

The results of this study have important implications for community mental health practice and policy development. Group-based psychoeducation emerges as a scalable, cost-effective, and culturally adaptable intervention that can be integrated into existing community mental health services. Its emphasis on empowerment, social support, and mental health literacy aligns well with public mental health priorities aimed at

reducing inequities and improving access to care. Policymakers and practitioners may consider incorporating structured psychoeducational programs as a core component of community mental health strategies, particularly in socioeconomically disadvantaged contexts where demand for services exceeds available clinical resources.

CONCLUSION

This study demonstrates that group-based psychoeducation is an effective and scalable approach for addressing the mental health impacts of socioeconomic stressors within community settings. The intervention led to significant reductions in perceived socioeconomic stress and psychological distress while simultaneously enhancing coping capacity, mental health literacy, and social support. By leveraging group processes and shared learning, psychoeducation facilitated both individual empowerment and collective resilience without requiring intensive clinical resources. These findings highlight the value of integrating group-based psychoeducational interventions into community mental health systems as a practical, preventive, and equity-oriented strategy for improving psychological well-being among populations facing persistent socioeconomic adversity.

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Source of support: Nil; **Conflict of interest:** Nil.

Cite this article as:

Fernandes, N. "Addressing Socioeconomic Stressors through Group-Based Psychoeducation in Community Mental Health." *Sarcouncil Journal of Education and Sociology* 3.10 (2024): pp 10-17.