



The effectiveness of mental health psychoeducation to improve mental health literacy of residents of Soka, Mertelu, Gedangsari, Gunungkidul

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Abstract

Mental health is a crucial component of overall health that significantly influences quality of life and societal well-being. However, low levels of mental health literacy remain a persistent issue in many rural areas, including Soka, Mertelu, Gedangsari, Gunungkidul. This limited understanding may lead to delays in recognizing psychological problems, increased stigma, and underutilization of mental health services. Psychoeducation is considered a preventive and promotive approach aimed at improving knowledge, attitudes, and public understanding of mental health. This study aimed to examine the effectiveness of psychoeducation in enhancing mental health literacy. This study employed a quasi-experimental design without a control group, using a one-group pretest-posttest design. The participants consisted of 19 residents of Soka, Mertelu, Gedangsari, Gunungkidul. Data were collected using a multiple-choice mental health literacy and analyzed using a paired sample t-test with IBM SPSS version 23. The results showed a t-test value of -5.112 with a significance level of 0.000, indicating a statistically significant effect. Therefore, it can be concluded that mental health psychoeducation is effective in improving mental health literacy among the community in Soka, Mertelu, Gedangsari, Gunungkidul.

Keywords: *psychoeducation; mental health literacy; rural*

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Introduction

According to the World Health Organization, mental health is a state of well-being in which an individual recognizes their potential, manages daily stress, works productively, and participates in community activities (World Health Organization, 2015). Mental health also refers to an individual's psychological condition, encompassing emotional, cognitive, and behavioral functioning. Furthermore, mental health is a state in which an individual is free from excessive guilt, possesses a realistic self-assessment, accepts personal limitations, is able to cope with various life challenges, experiences satisfaction in social relationships, and achieves a sense of well-being or happiness (Pieper & Uden, 2006).

In general, society tends to perceive physical health as more important than mental health in daily life (Weiten et al., 2015). However, mental health is a fundamental component of the overall definition of health (World Health Organization, 2013). Furthermore, mental health plays a crucial role in individuals' lives by influencing their cognitive processes, emotions, and behaviors (Basrowi et al., 2024). In addition, when individuals experience mental health disorders, this may lead to significant distress, increase the risk of social isolation, and threaten their personal income and economic stability (Axen et al., 2020; World Health Organization, 2020).

Mental health literacy among the Indonesian population is still considered to be relatively low (Novianty, 2018). Mental health literacy is defined as the ability to access, understand, and utilize information in ways that promote and maintain good mental health (Lauber et al., 2003). Empirical evidence indicates that improving mental health literacy is an effective strategy for both the promotion and prevention of mental health problems (Seedaket et al., 2020). Therefore, a comprehensive understanding of mental health literacy is essential for developing more effective and targeted interventions or programs to address the increasing prevalence of mental health issues (Kaligis et al., 2021; Schneider et al., 2021).

Low levels of mental health literacy are often associated with higher levels of stigma, discrimination against individuals with mental disorders, and a tendency for communities to rely on non-medical and non-evidence-based treatments (Jorm, 2012). This condition is further exacerbated by limited public awareness, strong stigma and traditional beliefs, as well as a lack of professional knowledge at the local level, all of which significantly affect access to and the quality of mental health services (Hartini et al., 2018). In general, Indonesian society tends to adhere to traditional ways of life that are strongly influenced by cultural beliefs and religion (Subu et al., 2021). Consequently, this may lead to delays in seeking professional help, thereby worsening the condition of individuals and negatively impacting their social environment (Kutcher et al., 2016).

The implementation of mental health policies in Indonesia continues to face complex challenges, particularly in relation to the equitable distribution of access and the standardization of service quality (Nasution et al., 2025). The country has one of the lowest psychiatrist-to-population ratios in the world, and mental health care facilities remain limited in availability and underdeveloped in terms of quality, human resources, and infrastructure (Irmansyah et al., 2009; Maslim, 2012; Minas & Diatri, 2008). Furthermore, Indonesia is the fourth most populous country in the world and is classified as a lower-middle-income country, with approximately 6% of the population aged 15 years and above reporting symptoms of anxiety or depression (Kementerian Kesehatan RI, 2018). These conditions indicate that the implementation of mental health policies in Indonesia has not yet been optimal. Therefore, improving the quality and availability of mental health services remains a significant public health priority in the country (Praherso et al., 2020).

Psychoeducation not only focuses on increasing knowledge but also aims to change attitudes and reduce stigma toward mental disorders (Lukens & McFarlane, 2004). Various empirical studies have demonstrated that psychoeducation can improve mental health knowledge, reduce stigma, and enhance individuals' readiness to seek professional help (Morgan et al., 2018; Wei et al., 2015). The provision of psychoeducation has been shown to increase understanding of the signs and symptoms of mental disorders, promote more positive attitudes toward seeking professional

assistance, and reduce stigma within the community (Jafar & Wahyuni, 2023; Wahyudi, 2021). However, research examining the effectiveness of mental health psychoeducation specifically conducted in rural communities remains relatively limited.

Although the effectiveness of mental health psychoeducation has been widely demonstrated, studies specifically examining its implementation in rural communities in Indonesia remain limited. This indicates a research gap, particularly regarding the effectiveness of psychoeducation in improving community-based mental health literacy. Therefore, this study is important to evaluate the effectiveness of mental health psychoeducation in enhancing the mental health literacy of residents in Dusun Soka, Mertelu, Gedangsari, Gunungkidul, as a basis for developing contextual and sustainable mental health intervention programs.

Method

This study adopts a quantitative method employing a quasi-experimental approach. The experimental method entails the manipulation of independent variables, the control of extraneous variables, and the measurement of the effects of the independent variables on the dependent variables (Hastjarjo, 2019). This approach was selected to examine the effects of the treatment under controlled conditions. Furthermore, a quasi-experimental design utilizing a one-group pretest–posttest format was implemented to enhance the accuracy of the findings. This design involves repeated measurements through the administration of a pretest (prior to the treatment) and a posttest (subsequent to the treatment). The difference between the pretest and posttest measurement results is considered as the effect of the treatment (Latipun, 2011).

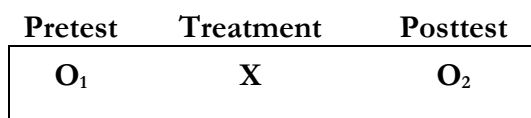


Figure 1. One group pretest-posttest design

The pretest and posttest were conducted using the same measurement instrument. This instrument was based on a mental health scale developed by Novianty (2016) in her thesis entitled Formal Help-Seeking Related to Mental Disorders and Community Attitudes Toward Mental Disorders. The scale consisted of 20 items with 18 items (yes/no) response options, and 2 case study analyses of mental disorders answered using open-ended questions. In this study, the psychoeducational program served as the experimental manipulation administered to respondents to evaluate its impact on community knowledge and mental health literacy. To rigorously assess the effectiveness of the intervention, a pretest and posttest design was utilized, with assessment instruments administered immediately prior to and following the psychoeducational session.

Table 1. Description of research

Groups	N	Gender		Jobs		Marital status		Have a neighbor who has a mental disorder		Have relatives/family who have mental disorders	
		Male	Female	Yes	No	Yes	No	Yes	No	Yes	No
Experiment	19	4	15	12	7	13	6	6	13	4	15

The subjects of this study consisted of residents of Soka hamlet, both mothers and teenagers in Soka hamlet, Mertelu, Gedangsari, Gunungkidul. The number of subjects who participated in mental health psychoeducation was approximately 19 participants. The participants involved based on gender consisted of four men, while fifteen were women. Furthermore, those who were

employed consisted of twelve people and seven were unemployed, and those who were married were thirteen, while six were unmarried. There were six people who had neighbors with mental disorders, while the other thirteen did not. Finally, there were four people who had family members with mental disorders, while the other fifteen did not have any.

The psychoeducational intervention in this study was designed to enhance participants' understanding, skills, and awareness regarding mental disorders and mental health maintenance. This face-to-face activity utilized interactive lectures, group discussions, and question-answer sessions. It was facilitated by the researcher as the primary designer and presenter, assisted by local youths from Soka, Mertelu, and Gedangsari, Gunungkidul as operator. The psychoeducational material presented included the differences between health and illness according to the World Health Organization (WHO), the significance of mental health maintenance, the etiologies and symptomatology of mental disorders, illustrative clinical examples, treatment modalities, and practical strategies for psychological well-being. To facilitate learning, the sessions utilized visual presentations, mental health literacy posters, and contextualized case studies relevant to the community's daily lives. The intervention was delivered in a single 90-minute session comprising preparation, material dissemination, interactive discussion, and an evaluation of participant comprehension. To ensure methodological consistency, all participants received identical materials and standardized treatment.

Data were analyzed using IBM SPSS Statistics. Data analysis refers to the procedures used to examine and interpret the collected data in order to test hypotheses and draw conclusions regarding the research problem. This experimental study aimed to examine the effect of psychoeducation on participants' understanding of mental health. Given the one-group pretest–posttest design, the data were analyzed using a paired-samples t-test. This test was employed to assess differences in participants' scores before and after the intervention within the same group (Suseno, 2012).

Result and Discussion

Result

This section presents the results of the data analysis conducted to examine differences between pretest and posttest scores. The analysis involved 19 participants and employed both descriptive and inferential statistical methods.

Table 2. Descriptive statistics

	Variable	Mean	Standard Deviation
1.	Pretest	11.26	3.03
2.	Posttest	14.42	1.66

Based on the descriptive analysis, the average pretest score was 11.26 with a standard deviation of 3.03, while the average posttest score was 14.42 with a standard deviation of 1.66. These results indicate an increase in scores after the treatment. Furthermore, the lower standard deviation value for the posttest compared to the pretest indicates that the data variation after the treatment tended to be smaller or more homogeneous. This suggests that the treatment not only improved scores but also made the results obtained by respondents more consistent.

Based on the descriptive statistical data in Table 2, grouping can be carried out based on categorization criteria with the aim of placing individuals into separate, hierarchical groups according to a continuum based on the measured attributes. The results of the categorization based on the hypothetical values are as follows.

Table 3. Pretest score categories

Range	Total	Percentage	Category
$X < 8.23$	4	21%	Low
$8.23 \leq X < 14.3$	12	63%	Medium
$X \geq 14.3$	3	16%	High

The data from the Table 3 above shows that the majority of subjects had mental health literacy, with 4 subjects having low category, 12 subjects having medium category, and 3 subjects having high category. The majority of subjects fell into the medium category (63%), indicating a sufficient initial category of understanding. However, some subjects in the low level still needed more attention to achieve a higher level of understanding. Therefore, psychoeducation should be provided to these subjects to improve their abilities from the medium to the high category, as well as to provide additional support for those in the low level.

Table 4. Posttest score categories

Range	Total	Percentage	Category
$X < 12.76$	3	16%	Low
$12.76 \leq X < 14.3$	15	79%	Medium
$X \geq 14.3$	1	5%	High

After psychoeducation, a post-test was conducted to determine the results after the treatment. Based on the post-treatment results in Table 4, the majority of subjects were in the moderate category 15 subjects (79%), with a small number in the low category 3 subjects (16%), and very few in the high category 1 subject (5%). These results indicate that the distribution of scores after treatment tended to be concentrated in the moderate category, indicating an increase in ability and a more homogeneous distribution of scores compared to the pretest.

Data analysis was performed after calculating the assumption test using the normality test. In this study, the normality test was conducted using the Shapiro-Wilk method to determine whether the data is normally distributed by looking at the significance value of $p > 0.05$. If the significance value of $p < 0.05$ is not normally distributed, the data is not normally distributed. The Shapiro-Wilk test is appropriate because the number of samples is small, namely $n < 50$, with a total of 19 subjects participating in this study.

Table 5. Normality assumption test

Variable	n	Sig.	Category
1. Pretest	19	0.570	Normal
2. Posttest	19	0.232	Normal

The results of the normality test analysis in Table 5 show that the pretest significance value was 0.570 and the posttest significance value was 0.232. This indicates that the data were normally distributed because the p value was > 0.05 . Therefore, a paired sample t-test with the help of SPSS software can be used to test the hypothesis.

Table 6. Hypothesis test

t	df	Sig. (2 tailed)
-5.122	18	0.000

Based on Table 6, the results of the hypothesis test indicate a significant difference between the scores before and after the implementation of psychoeducation. The significance value ($p < 0.000$) demonstrates that the difference is statistically significant, as it is below the threshold of $p < 0.05$. Therefore, it can be concluded that mental health psychoeducation is effective in improving mental health literacy among residents of Soka, Mertelu, Gedangsari, Gunungkidul.

Discussion

People in remote villages, particularly in the Gunungkidul region, require greater attention to mental health issues. Various social phenomena have contributed to Gunungkidul regency recording the highest suicide rate in Indonesia (Asih & Hiryanto, 2020). The results of research by Hakim et al. (2023) shown that suicides are motivated by factors such as age, chronic illness, and economic pressure, most often occurring in the Gedangsari area of Gunungkidul. Given the critical importance of mental health, this study aimed enhance mental health literacy through a psychoeducation intervention. Through participation in the psychoeducation program, community members are expected to develop greater awareness of the importance of mental health maintenance, recognize characteristics of individuals experiencing mental health difficulties, apply appropriate coping strategies, and understand pathways to seek professional help when confronting serious mental health concerns. According to research by Abd El Salam et al. (2023), psychoeducation has been shown to increase knowledge about mental health, reduce stigma, and increase help-seeking behavior.

This study aims to test the effectiveness of mental health psychoeducation in improving mental health literacy. The results of mental health psychoeducation indicate an increase in the level of mental health literacy of residents of Soka, Gedangsari, Mertelu, Gunungkidul. The t-test results show a significant difference between scores before and after the implementation of psychoeducation. The significance value ($p < 0.000$) indicates that the difference is statistically significant, as it is below the threshold of $p < 0.05$. Furthermore, based on the data in Table 3, there is a difference in the average obtained from the pretest and posttest data. The average in the posttest results is greater than the pretest results. The results of this study are in line with the research of Alqifari et al. (2024) that providing psychoeducation is effective in increasing public awareness of mental health literacy.

The increase in posttest scores in this study aligns with the findings of Vazifekhorani et al. (2018) who demonstrated that psychoeducation programs have been shown to improve mental health literacy. This is evident from the intervention's posttest and follow-up effects on mental health literacy, which were 57% and 48%, respectively. Furthermore, research by Izzah et al. (2024) demonstrated that the pretest score, which was 11.30 after psychoeducation, increased to 13.30 after posttest. These findings suggest that psychoeducation has been shown to be effective in improving mental health literacy in the community.

Psychoeducation must be didactic and use adequate language concerning the targeted audience, which may include patients, families, educators, and health professionals (Oliveira & Dias, 2023). Research by Gonzalez et al. (2025) demonstrates the need for clear, accessible content-based psychoeducation, such as plain-language information about mental health and illness, narratives that reduce stigma, and step-by-step guides for connecting with treatment services. In this study, psychoeducation was provided to participants through socialization-based materials delivered directly by researchers and posters distributed on mental health, recognizing the symptoms of mental disorders, the causes of mental disorders, and ways to maintain mental health. Specifically, psychoeducation facilitates the development of mental health literacy that prevents mental health disorders (Mumbauer & Kelchner, 2017), reduces stigma and shame (Kotera & Maughan, 2020), and changes attitudes toward mental health (O'Keeffe, 2015).

The findings of this study are consistent with those reported by Fatimah et al. (2024), who demonstrated that psychoeducational interventions can enhance mental health literacy among Generation Z. This is evidenced by a statistically significant difference between pretest and posttest scores, as indicated by a t-test value of -3.261 and a significance level of 0.002. These results suggest that the intervention led to measurable improvements following treatment. When considered alongside prior research, the present findings further support the effectiveness of mental health psychoeducation in increasing levels of mental health literacy. Accordingly, a significant increase in posttest scores compared to pretest scores confirms the positive impact of the intervention.

This study has several limitations that should be considered when interpreting the results. First, because this research was conducted exclusively in a single rural area, the findings may not be generalizable to other rural communities with distinct cultural, social, economic, and educational characteristics. Second, the limited sample size may not fully represent the broader rural population. Furthermore, the sampling technique employed could pose additional constraints on data representativeness. Third, the psychoeducational intervention was administered over a relatively short duration; consequently, this study could not assess its long-term efficacy, particularly regarding sustained behavioral shifts, cognitive changes, or long-term mental health awareness. Fourth, this study could not fully account for external confounding variables that might influence the respondents' mental health status, such as family socioeconomic conditions, social support systems, personal experiences, and prevailing local cultural influences. Given these limitations, future research should encompass a broader geographical scope, involve a larger sample size, and extend the duration of the intervention to yield more comprehensive insights and enhance generalizability.

Conclusion

This study aims to test the effectiveness of mental health psychoeducation in improving mental health literacy. The mental health psychoeducation program implemented among residents of Soka, Mertelu, and Gedangsari, Gunungkidul, was found to enhance participants' understanding and awareness of the importance of mental health. The intervention demonstrated considerable effectiveness in improving mental health literacy, as indicated by notable increases in participants' ability to identify early symptoms of mental disorders, as well as their competence in managing stress and regulating emotions following the psychoeducational activities. This improvement in mental health awareness is expected to enable individuals to recognize and address mental health problems at an earlier stage, thereby contributing to the maintenance of long-term psychological well-being.

Suggestion

For future researchers, it is recommended to further develop mental health literacy psychoeducation programs by employing more interactive delivery methods, such as discussions and simulations, to facilitate participants' understanding of the material. In addition, the involvement of community leaders (e.g., village heads) and youth organization activists is essential to support local residents in ensuring the effectiveness of the psychoeducational program, particularly by monitoring community mental health awareness following the intervention as part of program evaluation. Furthermore, empowering community members as "mental health ambassadors" may contribute to the dissemination of information within the local community. Collaboration with institutions or professional mental health practitioners is also necessary to

strengthen the implementation and sustainability of the program. Finally, the continuity of this program is crucial, considering that many rural and underserved areas in Indonesia still require greater attention in the promotion of mental health literacy by qualified professionals.

Reference

- Abd El Salam, A. E., Abdallah, A. M., & El Maghawry, H. A. (2023). Effect of health education program on improving knowledge and attitude towards mental health stigma and professional help-seeking among adolescents. *Middle East Current Psychiatry*, *30*(1), 1–9. <https://doi.org/10.1186/s43045-023-00298-1>
- Alqifari, S., Amellia, R. A., Septiany, F. A., & Merida, S. C. (2024). Mental health psychoeducation: Effort to increase mental health literacy in adolescence. *Developmental and Clinical Psychology*, *5*(2), 125–137.
- Asih, K. Y., & Hiryanto. (2020). Rekonstruksi sosial budaya fenomena bunuh diri masyarakat Gunungkidul. *DIKLUS: Jurnal Pendidikan Luar Sekolah*, *4*(1), 21–31.
- Axen, I., Bjork Bramberg, E., Vaez, M., Lundin, A., & Bergstrom, G. (2020). Interventions for common mental disorders in the occupational health service: a systematic review with a narrative synthesis. *Int Arch Occup Environ Health*, *93*, 823–838. <https://doi.org/10.1007/s00420-020-01535-4>
- Basrowi, R. W., Wiguna, T., Samah, K., Moeloek, N. D. F., Soetrisno, M., Purwanto, S. A., Ekowati, M., Elisabeth, A., Rahadian, A., Ruru, B., & Pelangi, B. (2024). Exploring mental health issues and priorities in Indonesia through qualitative expert consensus. *Clinical Practice Epidemiology in Mental Health: CP & EMH*, *20*, e17450179331951. <https://doi.org/10.2174/0117450179331951241022175443>
- Fatimah, M., Dewi, R. P., & Aini, L. N. (2024). Psikoedukasi literasi kesehatan mental pada Generasi Z. *SeTIA Mengabdikan Jurnal Pengabdian Kepada Masyarakat*, *5*(2), 37–44.
- Gonzalez, J. C., Garcia, S., Ijadi-Maghsoodi, R., Spillane, J., De La Cruz, S. A., Lee, K., Lee, D., Kataoka, S., Porche, M. V., & Fortuna, L. R. (2025). Psychoeducation in School-Based Mental Health: Youth and Caregiver Insights for a Digital App. *Child Psychiatry and Human Development*. <https://doi.org/10.1007/s10578-025-01918-z>
- Hakim, L. N., Prayoga, R. A., Ganti, M., Sabarisman, M., & Hidayatulloh, A. N. (2023). Kesejahteraan semu dalam dialektika perilaku bunuh diri di kabupaten Gunung Kidul: Tinjauan Sosial Psikologis. *Sosio Konsepsia: Jurnal Penelitian Dan Pengembangan Kesejahteraan Sosial*, *12*(2), 82–97. <https://doi.org/10.33007/ska.v12i2.3185>
- Hartini, N., Fardana, N. A., Ariana, A. D., & Wardana, D. (2018). Stigma toward people with mental health problems in Indonesia. *Psychology Research and Behavior Management*, *11*, 535–541. <https://doi.org/https://doi.org/10.2147/PRBM.S175251>
- Hastjarjo, T. D. (2019). Rancangan eksperimen-kuasi. *Buletin Psikologi*, *27*(2), 187–203. <https://doi.org/10.22146/buletinpsikologi.38619>
- Irmansyah, I., Prasetyo, Y. A., & Minas, H. (2009). Human rights of persons with mental illness in Indonesia: more than legislation is needed. *Int J Ment Health Syst*, *3*, 1–10. <https://doi.org/10.1186/17524458-3-14>
- Izzah, L., Silawati, Hamdi, R., Yuliza, E., Nadifa, C., & Fanny, S. (2024). Psikoedukasi literasi kesehatan mental: Gangguan psikologis pada mahasiswa. *Amaliyah: Jurnal Pengabdian Kepada Masyarakat(AJPKM)*, *8*(1), 63–70.
- Jafar, E. S., & Wahyuni, R. (2023). Efektivitas psikoedukasi online untuk meningkatkan literasi

- kesehatan mental. *Healthy: Jurnal Inovasi Riset Ilmu Kesehatan*, 2(1), 23–28.
- Jorm, A. F. (2012). Mental health literacy: Empowering the community to take action for better mental health. *American Psychologist*, 67(3), 231–243.
- Kaligis, F., Ismail, R. I., Wiguna, T., Prasetyo, S., Indriatmi, W., Gunardi, H., Pandia, V., & Magdalena, C. C. (2021). Mental health problems and needs among transitional-age youth in Indonesia. *Int. J. Res. Public Health*, 18(8), 4046. <https://doi.org/10.3390/ijerph18084046>
- Kementerian Kesehatan RI. (2018). *Badan Penelitian dan Pengembangan Kesehatan. Laporan Nasional RISKESDAS 2018*. Lembaga Penerbit Badan Penelitian dan Pengembangan Kesehatan.
- Kotera, Y., & Maughan, G. (2020). Mental health of Irish students: Self-criticism as a complete mediator in mental health attitudes and caregiver identity. *Journal of Concurrent Disorders*, 1(1), 14–26.
- Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental health literacy: Past, present, and future. *The Canadian Journal of Psychiatry*, 61(3), 154–158. <https://doi.org/10.1177/0706743715616609>
- Latipun. (2011). *Psikologi Eksperimen*. UMM Press.
- Lauber, C., Nordt, C., Falcato, L., & Rössler, W. (2003). Do people recognize mental illness? Factors influencing mental health literacy. *European Archives of Psychiatry and Clinical Neuroscience*, 253, 248–251.
- Lukens, E. P., & McFarlane, W. R. (2004). Psychoeducation as evidence-based practice. *Brief Treatment and Crisis Intervention*, 4(3), 205–225.
- Maslim, R. (2012). *Prevalensi dan distribusi masalah kesehatan jiwa di Indonesia*. Universitas Gadjah Mada.
- Minas, H., & Diatri, H. (2008). Pasung: Physical restraint and confinement if the mentally ill in the community. *International Journal of Mental Health Systems*, 2(8), 1–5. <https://doi.org/10.1186/1752-4458-2-8>
- Morgan, A. J., Ross, A., & Reavley, N. J. . (2018). Systematic Review and Meta-Analysis of Mental Health First Aid Training: Effects on Knowledge, Stigma, and Helping Behaviour. *PLoS ONE*, 13, e0197102. <https://doi.org/10.1371/journal.pone.0197102>
- Mumbauer, J., & Kelchner, V. (2017). Promoting mental health literacy through bibliotherapy in school-based settings. *Professional School Counseling*, 21(1), 1096–2409.
- Nasution, W. S., Sitio, S. S. P., & Hariati. (2025). Faktor-faktor psikososial yang menyebabkan gangguan kesehatan mental pekerja pada klinik Kasih Ibu. *Jurnal Kedokteran Sains Dan Teknologi Medik*, 8(1), 80–89.
- Novianty, A. (2016). *Pencarian Pertolongan Formal Terkait Gangguan Mental Ditinjau Dari Literasi Kesehatan Mental dan Sikap Komunitas Terhadap Gangguan Mental*. Universitas Gadjah Mada.
- Novianty, A. (2018). Literasi Kesehatan Mental: Pengetahuan dan Persepsi Publik mengenai Gangguan Mental Literacy of Mental Health: Knowledge and Public Perception of Mental Disorders. *Analitika*, 9(2), 68–75. <https://doi.org/10.31289/analitika.v9i2.1136>
- O’Keeffe, A. L. G. C. (2015). Attitudes towards offenders with mental health problems scale. *The Journal of Mental Health Training, Education and Practice*, 10(2), 73–84. <http://dx.doi.org/10.1108/JMHTEP-08-2014-0023>
- Oliveira, C. T., & Dias, A. C. G. (2023). How can psychoeducation help in the treatment of mental disorder? *Estudos de Psicologia (Campinas)*, 40, e190183. <https://doi.org/10.1590/1982-0275202340e190183>
- Pieper, J., & Uden, M. V. (2006). *Religion in Coping and Mental Health Care*. Yord University Press.

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- Praharso, N. F., Pols, H., & Tiliopoulos, N. (2020). Mental health literacy of Indonesian health practitioners and implications for mental health system development. *Asian Journal of Psychiatry*, 54, 102168. <https://doi.org/10.1016/j.ajp.2020.102168>
- Schneider, M., Jaks, R., Nowak-Flück, D., Nicca, D., & De Gani, S. M. (2021). Mental Health Literacy in Zurich: A First Measurement Attempt Using the General HLS-EU-Q47. *Front. Public Health*, 9:723900. <https://doi.org/10.3389/fpubh.2021.723900>
- Seedaket, S., Turnbull, N., Phajan, T., & Wanchai, A. (2020). Improving mental health literacy in adolescents: systematic review of supporting intervention studies. *Tropical Medicine & International Health*, 25(9), 1055–1064. <https://doi.org/10.1111/tmi.13449>
- Subu, M. A., Wati, D. F., Netrida, N., Priscilla, V., Dias, J. M., Abraham, M. S., Slewa-Younan, S., & Al-Yateem, N. (2021). Types of stigma experienced by patients with mental illness and mental health nurses in Indonesia: A qualitative content analysis. *International Journal of Mental Health Systems*, 15(77), 1–12. <https://doi.org/10.1186/s13033-021-00502-x>
- Suseno, M. N. (2012). *Statistika: Teori dan aplikasi untuk penelitian ilmu sosial dan humaniora*. Ash-Shaff.
- Vazifekhorani, A. K., Karimzadeh, M., Poursadeghiyan, M., & Rahmati-Najarkolaei, F. (2018). Psychoeducation on improving mental health literacy and adjustment to illness in patients with type 2 diabetes: An experimental study. *Iranian Rehabilitation Journal*, 16(4), 395–404. <http://dx.doi.org/10.32598/irj.16.4.395>
- Wahyudi, D. A. (2021). The effectiveness of mental health literacy improvement in reducing stigma on mental health service users in Indonesia. *Psycho Holistic*, 3(1), 40–44.
- Wei, Y., Hayden, J. A., Kutcher, S., Zygmunt, A., & McGrath, P. (2015). The effectiveness of mental health literacy programs: A systematic review. *Early Intervention in Psychiatry*, 9(5), 357–372. <https://doi.org/10.1111/eip.12010>
- Weiten, W., Dunn, D. S., & Hammer, E. Y. (2015). *Psychology applied to modern life. Adjustment in the 21*. Cengage Learning.
- World Health Organization. (2013). *Mental Health Action Plan 2013 –2020*. World Health Organization.
- World Health Organization. (2015). *Mental health strengthening our response [Fact sheet]*. World Health Organization.
- World Health Organization. (2020). *Constitution of the World Health Organization*. World Health Organization.