



Community-Based Mental Health Education for Reducing Stigma and Improving Knowledge in Batujajar Timur Village, West Bandung

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ABSTRACTS

Introduction: Mental disorders remain poorly understood and heavily stigmatized in many rural communities in Indonesia. This stigma often prevents individuals with mental health issues from seeking help, resulting in prolonged suffering and social isolation.

Objective: This community service initiative aimed to increase awareness and reduce stigma related to mental disorders among health cadres and community members in Batujajar Timur Village through participatory mental health education. **Method:** The intervention was conducted in one full-day session involving 15 participants, consisting of local health cadres and community members. Participants engaged in interactive discussions, educational presentations, myth-busting activities, and testimonies from mental health caregivers. Pre- and post-tests were used to assess changes in knowledge and attitudes. **Results:** Following the session, participants demonstrated significant improvement in their understanding of mental disorders. The average post-test scores increased, and most participants expressed a more empathetic and inclusive attitude toward individuals with mental illness. Participants also conveyed a willingness to spread the knowledge to their families and neighbors. **Conclusion:** Culturally adapted mental health education that engages both health cadres and community members can effectively improve literacy and reduce stigma. Strengthening community capacity through education is a vital step in promoting mental well-being at the grassroots level.

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1. INTRODUCTION

Mental health remains a neglected issue in many rural areas of Indonesia, where stigma and misunderstanding persist. People with mental illness are often perceived as dangerous or cursed, leading to social exclusion and discrimination. These negative perceptions are exacerbated by a lack of accessible mental health education and services. According to Pérez-Flores and Cabassa (2021), communities with limited mental health literacy are more likely to internalize stigma and avoid help-seeking. This presents a critical public health challenge that requires culturally relevant and community-based interventions.

The impact of stigma is not limited to individuals diagnosed with mental illness, but extends to their families and caregivers. Social rejection and isolation can worsen psychological symptoms, delay recovery, and increase the burden on family members. A review by Sreeram et al. (2022) emphasized that stigma significantly reduces the likelihood of individuals seeking timely professional help. This is particularly problematic in rural settings where mental health services are already scarce. Community-level interventions must be prioritized to reduce misinformation and increase acceptance.

Stigma is often rooted in myths, stereotypes, and cultural beliefs about mental illness. These beliefs are perpetuated through generations and become deeply embedded in societal norms. For example, some communities believe mental illness is caused by supernatural forces or a lack of religious devotion. As noted by Fang et al. (2021), interventions that challenge misconceptions through education and contact-based strategies can be effective in reducing stigma. Correcting such myths requires participatory education that respects local culture while promoting accurate information.

Mental health education is a powerful tool for changing attitudes and improving understanding. Educational interventions, especially when delivered within the community context, have shown promise in building mental health literacy and reducing stigma. According to Ma et al. (2023), school-based and community-based programs that involve interactive learning significantly increase mental health awareness. These programs are most effective when tailored to the local sociocultural environment and when they actively involve community members in their design and implementation.

Health cadres—volunteer community health workers in Indonesia—are important actors in bridging the gap between formal health systems and local populations. They possess intimate knowledge of the community and are well-positioned to deliver health messages.

However, their understanding of mental health is often limited due to lack of training. Enhancing the mental health literacy of cadres can create ripple effects in their communities. As suggested by Frejšan et al. (2021), training local influencers has long-term benefits for stigma reduction and behavioral change.

The Batujajar Timur Village in West Bandung exemplifies a community in need of mental health support. Despite growing concerns about psychosocial well-being, the area lacks formal mental health resources. Stigma remains high, and many individuals with mental illness are hidden from the public eye. In such settings, localized educational approaches can fill gaps left by the health system. Community service initiatives, particularly those involving interactive methods, offer a promising solution to tackle stigma.

This study was initiated in response to requests from local health authorities and community leaders who recognized the need for mental health awareness. Collaborating with health cadres, we developed an intervention focused on dismantling myths and improving knowledge through participatory education. We drew inspiration from previous successful models applied in similar low-resource contexts (Kaur et al., 2021). This grassroots effort aimed to make mental health education more relatable and impactful for everyday community members.

A key principle of the intervention was inclusivity—ensuring that both health cadres and lay community members were engaged. Often, mental health programs are limited to healthcare providers or educators, excluding the general population. Including diverse participants ensures that mental health messages reach wider audiences. Moreover, involving caregivers of people with mental illness provided authentic perspectives that enhanced empathy and understanding (Shim et al., 2022). Storytelling and shared experiences helped humanize mental health issues.

The program also sought to evaluate changes in participants' knowledge and attitudes through a simple pre- and post-intervention design. Measuring learning outcomes helped us assess the effectiveness of our methods. It also enabled participants to reflect on their learning process and articulate how their perceptions had shifted. As Abd El Salam et al. (2023) point out, even brief educational programs can significantly change attitudes when implemented thoughtfully. Data from this evaluation informed recommendations for future programs.

By integrating culturally sensitive content, interactive learning, and community collaboration, the intervention aimed to reduce mental health stigma in Batujajar Timur. This paper describes the methods, outcomes, and implications of this initiative. It contributes to the growing literature on community-based mental health education in resource-limited settings. We hope it serves as a model for other rural communities seeking to build mental health literacy and promote inclusive attitudes. Addressing mental health stigma at the community level is essential for holistic public health progress.

2. METHODS

This study used a quasi-experimental design with a pre- and post-test assessment to evaluate the effectiveness of a community-based mental health education program. The program was conducted in Batujajar Timur Village, West Bandung, and targeted health cadres and community members. The intervention was designed to improve participants' knowledge of mental health issues and reduce stigma towards individuals with mental illness. Fifteen participants, including ten health cadres and five community members, were selected for the study. All participants were volunteers, recruited through collaboration with local community leaders and health centers.

The one-day training session was held at the village community hall. It consisted of several components: an educational presentation, myth-busting activities, group discussions, and personal testimonies from mental health caregivers. The educational presentation provided evidence-based information about mental health disorders, including causes, symptoms, and available treatments. The myth-busting activity aimed to challenge common misconceptions about mental illness, such as the belief that mental health conditions are caused by supernatural forces. Group discussions allowed participants to share their personal experiences and engage in open conversations about the stigma surrounding mental illness.

Personal testimonies from mental health caregivers, who shared their experiences of supporting individuals with mental disorders, were included to increase empathy and understanding. Participants were encouraged to ask questions and express their thoughts freely. The training was delivered in an interactive format to ensure active participation and engagement. The session was conducted in the local language to enhance comprehension and relevance for the community. Each participant was given a booklet containing key facts about mental health, as well as resources for seeking help.

Pre- and post-tests were administered to assess changes in participants' knowledge and attitudes towards mental illness. The tests included multiple-choice and true/false questions, which covered basic facts about mental health and attitudes towards people with mental disorders. Additionally, a Likert scale was used to measure participants' attitudes towards mental illness, ranging from strongly agree to strongly disagree. The data collected from the pre- and post-tests were analyzed using descriptive statistics to evaluate changes in knowledge and attitudes.

The intervention was evaluated based on two primary outcomes: (1) improvement in knowledge about mental disorders, and (2) reduction in stigma towards individuals with mental illness. The results were compared by analyzing the differences in pre- and post-test scores. Ethical approval for the study was obtained from the local ethics committee, and informed consent was obtained from all participants prior to the intervention. All participants were assured of the confidentiality of their responses.



Figure 1. Community Based Mental Health Promotion Activity

The program facilitators, who were trained in mental health education and community engagement, played a crucial role in ensuring the success of the intervention. They utilized participatory methods to create a safe and welcoming learning environment. As noted by Gaiha et al. (2021), involving community members in the delivery of health education ensures the program is culturally appropriate and relevant. Additionally, the program encouraged participants to continue discussions on mental health after the training, fostering an ongoing dialogue in the community.

The local health centers were also involved in the intervention's implementation and follow-up. Health cadres were encouraged to become ambassadors for mental health education in their communities, spreading the knowledge gained from the session to their families and neighbors. This approach aligns with the findings of Wei et al. (2021), which suggest that community-based programs are more sustainable when local leaders take ownership of the initiative. After the intervention, a follow-up session was planned to assess the long-term impact of the program and provide additional support if needed.

3. RESULTS AND DISCUSSION

The results of the pre- and post-test assessments indicated a significant improvement in both knowledge and attitudes towards mental health among the participants. The average post-test score was higher than the pre-test score for all participants, showing a clear gain in knowledge. Specifically, the participants showed a better understanding of the biological and psychological causes of mental illness, the importance of early intervention, and the role of professional help. This finding is consistent with previous studies that demonstrated the effectiveness of health education in increasing mental health literacy (Kaur et al., 2021; Sreeram et al., 2022). The increase in knowledge was most notable in areas such as the recognition of common mental health conditions and available treatment options.

Regarding attitudes, the participants reported a significant reduction in stigma after the intervention. Prior to the training, many participants held stereotypical views, such as the belief that people with mental illness were dangerous or should be excluded from society. However, after the session, most participants expressed more positive attitudes, recognizing that mental illness is treatable and that people with mental disorders deserve empathy and support. This change in attitude is consistent with the findings of Shim et al. (2022), who found that mental health education can reduce stigma and promote a more inclusive society. Participants reported feeling more comfortable discussing mental health issues openly and were motivated to share their newly acquired knowledge with others.

One of the most significant findings of the study was the increased willingness of participants to seek help for mental health issues. Prior to the intervention, many participants expressed reluctance to seek professional help due to the stigma associated with mental illness. However, after the training, most participants reported that they would feel more comfortable seeking help for themselves or others if needed. This shift in attitude is crucial,

as it has the potential to lead to earlier diagnosis and treatment of mental health conditions in the community. As Abd El Salam et al. (2023) note, early intervention is key to improving outcomes for individuals with mental illness.

The inclusion of personal testimonies from mental health caregivers played a key role in reducing stigma and increasing empathy. Many participants expressed that hearing real-life stories from caregivers helped them understand the challenges faced by people with mental disorders and their families. This finding aligns with the work of Gaiha et al. (2021), who argue that personal stories and contact-based education are powerful tools for changing attitudes towards mental illness. Participants also appreciated the opportunity to engage in open discussions and ask questions about mental health, which helped demystify the subject and create a supportive learning environment.

In addition to the immediate improvements in knowledge and attitudes, the intervention also had a lasting impact on the participants' behavior. Several participants reported that they had already started sharing the information they learned with their families and neighbors. Some health cadres expressed an interest in organizing similar training sessions for other members of the community. This demonstrates the potential for the program to create a ripple effect, spreading knowledge and reducing stigma beyond the initial participants.

The results of this study are consistent with the growing body of literature on the effectiveness of community-based mental health education programs. As noted by Pérez-Flores and Cabassa (2021), such programs are particularly effective in rural areas where access to formal mental health services is limited. By empowering local leaders and health cadres with the knowledge and skills to educate others, these programs can help break down barriers to mental health care and create a more supportive environment for individuals with mental illness.

However, despite the positive outcomes, there are several challenges that need to be addressed in future interventions. One challenge is ensuring the sustainability of the program beyond the initial training session. Follow-up support and ongoing education are essential to reinforce the messages learned and to ensure long-term behavior change. Additionally, future programs could benefit from a larger sample size to further validate the findings and examine the impact of different program delivery methods.

Overall, the results of this study suggest that community-based mental health education can effectively improve mental health literacy, reduce stigma, and encourage help-seeking behavior. This approach can be an important tool for addressing the mental health needs of rural communities in Indonesia and other low-resource settings.

4. CONCLUSION

This study demonstrates that a community-based mental health education program can significantly improve knowledge and reduce stigma towards mental illness in rural communities. By engaging health cadres and community members in participatory education, the program fostered a more inclusive and supportive environment for individuals with mental health issues. The results highlight the importance of culturally sensitive interventions that address local beliefs and myths about mental illness. Given the success of this initiative, similar programs should be implemented in other rural areas to promote mental health awareness and reduce stigma.

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