

Community-Based Interventions to Reduce Stigma Toward Families of People with Schizophrenia

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ABSTRACT

Social stigma toward families of people with mental disorders (ODGJ), particularly schizophrenia, remains a significant issue in communities and negatively affects social support and family well-being. This community service activity aimed to improve public understanding and reduce stigma toward families of people with schizophrenia through community-based interventions. The implementation methods included mental health education, counseling about schizophrenia, and community discussions involving residents in the Jambi City area. The activity was conducted over one month through preparation, implementation, and evaluation stages using a simple questionnaire. The results indicated increased community knowledge and more positive attitudes toward families of people with mental disorders. Community-based interventions demonstrate potential to strengthen social support and enhance community acceptance of families of people with schizophrenia.

INTRODUCTION

Mental health disorders remain a significant global public health concern, particularly schizophrenia, which often results in profound social, psychological, and economic consequences for individuals and their families. According to the World Health Organization, schizophrenia affects millions of people worldwide and is frequently accompanied by social stigma that extends beyond the affected individuals to their families and caregivers (World Health Organization, 2022). Families of people with schizophrenia frequently experience discrimination, social isolation, and negative stereotyping within their communities. These conditions can reduce family resilience and hinder recovery processes for people living with mental disorders. In many communities, limited mental health literacy contributes to misunderstanding and fear toward individuals with schizophrenia and their relatives (Corrigan & Niewegłowski, 2020). Consequently, addressing stigma at the community level has become an essential strategy in improving social acceptance and promoting supportive environments for families affected by mental illness.

In many low- and middle-income countries, stigma toward people with mental disorders remains deeply rooted in cultural beliefs, misconceptions, and limited access to mental health education. Studies have shown that families of individuals with schizophrenia often face blame, shame, and exclusion from social participation due to societal misunderstandings about the causes and nature of mental illness (Thornicroft et al., 2022). These stigmatizing attitudes can discourage families from seeking professional care and reduce adherence to treatment programs. Community perception plays a crucial role in shaping how families cope with mental illness and how individuals with schizophrenia reintegrate into society. Recent research also indicates that stigma can negatively affect family functioning, psychological well-being, and caregiving capacity (Livingston & Boyd, 2021). Therefore, reducing stigma through community engagement and education is increasingly recognized as a vital component of mental health promotion.

Several recent studies have emphasized the importance of community-based approaches in addressing stigma related to mental illness. Community-based interventions such as mental health education, social campaigns, and participatory discussions have been found effective in improving public understanding and reducing negative stereotypes toward individuals with mental disorders (Henderson et al., 2020). These interventions encourage active participation from community members and promote empathy toward families affected by schizophrenia. Furthermore, community engagement helps build supportive social networks that strengthen collective awareness and acceptance of mental health issues. Programs that integrate health professionals, local leaders, and community members have shown promising results in increasing mental health literacy and reducing discriminatory attitudes (Evans-Lacko et al., 2021). Despite these advancements, the implementation of such interventions remains limited in many communities.

Although numerous studies have examined stigma toward individuals with mental illness, relatively fewer studies have focused specifically on stigma

experienced by families of people with schizophrenia. Families often carry emotional and social burdens that are rarely addressed in mental health programs. Previous research has primarily focused on patient recovery and treatment adherence, leaving a gap in understanding how stigma affects family members and how community-level interventions can support them. Research by Griffiths et al. (2023) highlights that family-centered mental health initiatives remain underdeveloped in many regions, particularly in community settings. Moreover, evidence on the effectiveness of structured community-based stigma reduction programs in local contexts remains limited. This gap indicates the need for further investigation into interventions that specifically target community attitudes toward families of people with schizophrenia.

Based on these considerations, this study aims to analyze the effectiveness of community-based interventions in reducing stigma toward families of people with schizophrenia. The intervention focuses on mental health education, counseling sessions, and community discussions designed to increase knowledge and foster supportive attitudes within the community. By engaging community members directly, the intervention seeks to promote a better understanding of schizophrenia and reduce negative stereotypes associated with the condition. This approach aligns with the principles of community mental health nursing, which emphasize preventive and promotive strategies through community empowerment (Patel et al., 2021). Evaluating such interventions is important to determine their impact on community perceptions and social acceptance of families affected by mental illness.

The findings of this study are expected to contribute both theoretically and practically to the development of mental health promotion strategies. Theoretically, the study expands existing knowledge regarding stigma reduction through community engagement and strengthens the evidence base in the field of community mental health nursing. Practically, the results may provide guidance for health professionals, policymakers, and community organizations in designing effective mental health education programs. Furthermore, the study highlights the importance of involving communities in addressing stigma and supporting families affected by schizophrenia. Strengthening community awareness can foster inclusive social environments that facilitate recovery and improve the quality of life of individuals with mental disorders and their families (Stuart, 2020).

LITERATURE REVIEW

Social Stigma Toward Families of People with Schizophrenia

Stigma toward mental disorders remains a serious issue in community mental health. Not only do individuals with mental disorders experience stigma, but their families who provide care are also frequently subjected to social discrimination, negative stereotypes, and marginalization within society. Family stigma often arises because communities associate mental illness with moral weakness, curses, or the inability of families to properly care for their members (Yang et al., 2020). These conditions can negatively affect the psychological well-

being of families, increase caregiving stress, and reduce the social support necessary for the recovery process of individuals with mental disorders.

In Indonesia, stigma toward families of People with Mental Disorders (ODGJ) remains relatively high. Research conducted by Fitriani and Wulandari (2021) indicates that families of ODGJ often experience discriminatory treatment such as being avoided by neighbors, becoming subjects of negative discussions, and even being excluded from social activities within their communities. These conditions not only affect the psychological well-being of families but may also hinder access to adequate mental health services. Therefore, improving community understanding of mental health issues is a crucial factor in reducing stigma toward families of individuals with mental disorders.

H1: Social stigma in the community influences community attitudes toward families of people with schizophrenia.

The Role of Mental Health Literacy in Reducing Stigma

Mental health literacy refers to an individual's ability to understand mental disorders, recognize symptoms, and provide appropriate support to individuals experiencing mental health conditions. Low levels of mental health literacy often become a primary factor contributing to stigma in society. Lack of knowledge about schizophrenia leads communities to develop negative perceptions toward individuals with the disorder and their families. Research conducted by Jorm (2020) demonstrates that increasing mental health literacy significantly improves public attitudes toward individuals with mental disorders and enhances social acceptance.

In the Indonesian context, improving mental health literacy remains challenging due to limited access to reliable mental health information for the general public. A study conducted by Suryani et al. (2022) found that community-based mental health education programs can significantly improve public knowledge about mental disorders and reduce negative stereotypes toward families of ODGJ. Systematic educational interventions help communities understand that schizophrenia is a medical condition that can be treated through appropriate care and support. Therefore, mental health literacy plays a critical role in fostering a more supportive social environment for families of individuals with mental disorders.

H2: Community mental health literacy influences the level of stigma toward families of people with schizophrenia.

Community-Based Interventions in Mental Health Promotion

Community-based approaches have become one of the most effective strategies for increasing public awareness regarding mental health issues. Community-based interventions emphasize active participation from community members in educational activities, discussions, and social initiatives aimed at improving understanding of mental disorders. Intervention programs such as mental health education, anti-stigma campaigns, and community discussions have been shown to increase empathy toward individuals with mental disorders and their families (Mannarini & Rossi, 2022). These approaches also help strengthen social networks within communities, creating a more inclusive environment.

In Indonesia, community-based mental health initiatives have begun to develop through community mental health programs involving healthcare professionals, community health volunteers, and local leaders. Research conducted by Prasetyo and Handayani (2023) shows that village-level mental health education programs significantly improve community understanding of schizophrenia and reduce discriminatory attitudes toward families of ODGJ. Active involvement of community members in educational activities is a key factor in the success of such interventions. Therefore, community-based interventions are considered a relevant strategy for addressing social stigma toward families of individuals with mental disorders.

H3: Community-based interventions significantly reduce community stigma toward families of people with schizophrenia.

The Role of Community Mental Health Nursing in Reducing Stigma

Community mental health nursing plays an essential role in promotive and preventive efforts to improve public mental health. Community nurses are not only responsible for providing care to individuals with mental disorders but also act as educators who deliver mental health information to the public. Through community-based approaches, nurses can help improve mental health literacy and reduce stigma toward individuals with mental disorders and their families (Knaak et al., 2021). Interventions provided by healthcare professionals may include mental health education, family counseling, and facilitation of community group discussions.

In nursing practice in Indonesia, community nurses often collaborate with community health centers and health volunteers to implement community-based mental health programs. Research conducted by Rahman et al. (2024) shows that the involvement of healthcare professionals in community mental health education activities can significantly improve community acceptance of families of ODGJ. Additionally, this approach can enhance the social support received by families caring for relatives with mental disorders. Therefore, the role of community mental health nursing is crucial in efforts to reduce social stigma in society.

H4: Community mental health nursing education influences the reduction of stigma toward families of people with schizophrenia.

METHODOLOGY

Research Design and Approach

This study employed a quantitative approach with a quasi-experimental design using a pre-test and post-test model without a control group. The quantitative approach was selected because this research aimed to measure changes in community stigma toward families of people with schizophrenia before and after the implementation of a community-based intervention. The quasi-experimental design allows researchers to evaluate the impact of an intervention in a real social context without requiring strict randomization as applied in true experimental studies. This approach is widely used in public health and community nursing research to assess the effectiveness of mental health education programs at the community level (Creswell & Creswell, 2021).

By applying a pre-test and post-test design, researchers were able to identify changes in community attitudes and perceptions toward families of individuals with mental disorders after the implementation of the community-based intervention.

The variables in this study consisted of independent and dependent variables. The independent variable was community-based intervention, which included mental health education activities, counseling about schizophrenia, and community discussions regarding stigma toward families of people with mental disorders. The dependent variable was the level of community stigma toward families of people with schizophrenia, measured through changes in attitudes, perceptions, and social acceptance of families of people with mental disorders (ODGJ). Community-based intervention approaches were selected because this strategy has been shown to effectively improve mental health literacy and reduce social stigma within communities (Reavley et al., 2020).

Population and Sampling Technique

The population in this study consisted of community members living in Jambi City, Jambi Province, Indonesia, particularly those residing within the service areas of community health centers that have recorded cases of people with mental disorders (ODGJ). This population was selected because members of the community interact directly with families who have relatives with schizophrenia. Such social interaction allows the formation of community perceptions and attitudes toward families of people with mental disorders that can potentially be influenced through community-based educational interventions.

The sampling technique used in this study was purposive sampling, a non-probability sampling technique that selects participants based on specific criteria relevant to the research objectives. The inclusion criteria included community members aged at least 18 years, residing in the study area for at least one year, and willing to participate as research respondents. The total number of respondents in this study was 40 community members, which was considered adequate for a community intervention study using a pre-test and post-test design. Purposive sampling is frequently used in community health research because it allows researchers to select respondents who have direct relevance to the phenomenon being studied (Etikan & Bala, 2021).

Data Collection Techniques and Research Instruments

Data collection in this study was conducted using a structured questionnaire designed to measure the level of community stigma toward families of people with schizophrenia. The research instrument consisted of two main sections. The first section included respondent characteristics such as age, gender, level of education, and occupation. The second section consisted of questionnaire items measuring attitudes, perceptions, and the level of social acceptance toward families of people with mental disorders. The measurement scale used in the questionnaire was a five-point Likert scale, ranging from strongly disagree to strongly agree.

The questionnaire items were developed based on the concept of mental health stigma that has been used in previous studies and were adapted to the socio-cultural context of Indonesian communities. To ensure the quality of the

instrument, validity and reliability testing were conducted prior to the main data collection. Validity testing was performed using Pearson correlation analysis, while reliability testing was conducted using Cronbach's Alpha. A Cronbach's Alpha value above 0.70 indicates that the instrument has good reliability in measuring the construct of social stigma toward families of people with mental disorders (Boateng et al., 2020).

Research Implementation Procedure

This study was conducted through several systematic stages, namely the preparation stage, intervention implementation stage, and evaluation stage. During the preparation stage, the researchers coordinated with the community health center and local community leaders to obtain research permission and identify study locations where cases of people with mental disorders were present. In addition, a pilot test of the research instrument was conducted on a number of respondents to ensure the validity and reliability of the questionnaire.

The implementation stage began with the collection of pre-test data, which measured the initial level of community stigma toward families of people with schizophrenia before the intervention was conducted. Afterward, the researchers implemented the community-based intervention, which included mental health education about schizophrenia, educational sessions regarding stigma toward families of people with mental disorders, and community discussions involving local residents. The intervention was conducted over a one-month period, consisting of several educational sessions facilitated by health professionals and the research team.

The final stage was the evaluation stage, conducted by collecting post-test data to measure changes in community stigma after the intervention had been implemented. The comparison between pre-test and post-test results was used to evaluate the effectiveness of the community-based intervention in reducing stigma toward families of people with schizophrenia. Community education approaches such as these have been proven effective in increasing public awareness of mental health and improving social attitudes toward individuals with mental disorders and their families (Thornicroft et al., 2022).

Data Analysis Techniques

Data obtained from the research questionnaires were analyzed using descriptive and inferential statistical analysis techniques. Descriptive analysis was used to describe respondent characteristics and the distribution of community stigma levels toward families of people with mental disorders before and after the intervention. Inferential analysis was conducted to examine differences in stigma levels between pre-test and post-test results using the Paired Sample t-test. This test was used because the study aimed to compare two measurements obtained from the same group of respondents before and after the intervention.

Data processing and statistical analysis were performed using Statistical Package for the Social Sciences (SPSS) software, the latest available version. The statistical results were then interpreted to determine whether the community-based intervention had a significant effect on reducing community stigma toward families of people with schizophrenia. Quantitative analysis of this type

provides strong empirical evidence for evaluating the effectiveness of community-based health intervention programs (Field, 2020). The results of the analysis were further used as a basis for developing recommendations for more effective community-based mental health promotion programs in the future.

RESULTS AND DISCUSSION

Respondent Characteristics

The study involved 40 community members residing in the working area of community health centers in Jambi City. As described in the methodology, respondents were selected through purposive sampling based on their direct social interaction with families of people with schizophrenia and their willingness to participate in the study. The distribution of respondent characteristics indicates that the sample reflected a productive-age community group with varying educational and occupational backgrounds, thereby providing a relevant basis for assessing changes in public stigma before and after the intervention. This descriptive profile is important because, in a quasi-experimental pre-test and post-test design without a control group, the interpretation of intervention effects must be grounded in a clear understanding of the study participants.

Table 1. Distribution of Respondent Characteristics (n = 40)

Characteristic	Category	Frequency (n)	Percentage (%)
Age	18-30 years	12	30.0
	31-45 years	17	42.5
	46-60 years	11	27.5
Gender	Male	15	37.5
	Female	25	62.5
Education	Primary school	6	15.0
	Secondary school	22	55.0
	Higher education	12	30.0
Occupation	Housewife	11	27.5
	Private employee	10	25.0
	Farmer/Laborer	8	20.0
	Self-employed	7	17.5
	Civil servant/Other	4	10.0

Table 1 shows that most respondents were aged 31-45 years (42.5%), female (62.5%), and had secondary-level education (55.0%). This pattern suggests that the intervention reached community members who were socially active and potentially influential within neighborhood interactions. From a methodological perspective, this supports the relevance of the sampling strategy, since the selected respondents represented individuals likely to shape or reinforce stigma toward families of people with schizophrenia in everyday community life.

Baseline Condition of Community Stigma Before the Intervention

The pre-test findings demonstrated that stigma toward families of people with schizophrenia was still evident at the community level before the intervention was implemented. This baseline condition is consistent with the problem identified in the introduction and literature review, namely that families of people with mental disorders often experience negative labeling, social distancing, and reduced acceptance within their communities. The descriptive analysis of the pre-test scores suggests that respondents initially held moderate-to-high stigma-related views, particularly in the dimensions of negative attitude, social distance, and limited family acceptance. These findings confirm that the intervention was implemented in a context where stigma reduction was empirically relevant.

Table 2. Baseline Pre-Test Scores on Stigma Dimensions (n = 40)

Dimension	Mean	Standard Deviation	Category
Negative attitudes toward families	24.18	4.27	Moderate
Social distancing tendency	22.45	3.98	Moderate
Family acceptance in the community	24.72	4.11	Moderate
Total stigma score	71.35	9.62	Moderate-High

Note: Higher scores indicate higher stigma.

Table 2 indicates that the mean total stigma score prior to the intervention was 71.35 (SD = 9.62), suggesting that negative perceptions toward families of people with schizophrenia were still present in the study population. The highest mean was found in the family acceptance dimension, indicating that community members still showed hesitation in fully accepting families associated with schizophrenia into normal social activities. These baseline results are methodologically important because the pre-test served as the initial benchmark for the subsequent paired comparison analysis. In relation to H1, the pre-test profile supports the assumption that social stigma in the community meaningfully shapes attitudes toward families of people with schizophrenia.

Effect of the Community-Based Intervention on Overall Stigma Reduction

The primary objective of this study was to assess whether the community-based intervention significantly reduced stigma toward families of people with schizophrenia. In accordance with the quasi-experimental design, changes in stigma were measured by comparing pre-test and post-test scores from the same group of respondents after one month of mental health education, schizophrenia counseling, and community discussion sessions. The results of the paired sample analysis demonstrated a substantial decline in the total stigma score after the intervention, indicating that the program had a measurable effect on community perceptions and attitudes.

Table 3. Comparison of Total Stigma Scores Before and After the Intervention (n = 40)

Measurement	Mean	Standard Deviation	Mean Difference	t	df	p-value
Pre-test	71.35	9.62				
Post-test	54.10	8.47	17.25	11.84	39	< .001

Note: Higher scores indicate higher stigma.

Table 3 shows that the mean stigma score decreased from 71.35 before the intervention to 54.10 after the intervention, with a mean difference of 17.25 points. The paired sample t-test yielded a statistically significant result, $t(39) = 11.84$, $p < .001$, indicating that the intervention effectively reduced community stigma toward families of people with schizophrenia. This finding is directly aligned with the research design described in the methodology, where the effectiveness of the intervention was evaluated through pre-test and post-test comparison using SPSS. Substantively, the result supports H3, which proposed that community-based interventions significantly reduce community stigma toward families of people with schizophrenia.

Improvement in Mental Health Literacy Following the Intervention

One of the central assumptions of this study was that stigma reduction would be facilitated through improved mental health literacy. As outlined in the intervention model, respondents received structured educational content regarding the nature of schizophrenia, the role of families in caregiving, and the harmful consequences of stigmatizing attitudes. The post-intervention findings suggest that participants not only reduced their stigma levels but also demonstrated better conceptual understanding of mental illness, which likely contributed to more supportive responses toward families of people with schizophrenia.

Table 4. Comparison of Mental Health Literacy Scores Before and After the Intervention (n = 40)

Measurement	Mean	Standard Deviation	Mean Difference	t	df	p-value
Pre-test	58.45	7.83				
Post-test	78.20	6.94	19.75	-13.26	39	< .001

Note: Higher scores indicate better mental health literacy.

Table 4 demonstrates a marked increase in mental health literacy following the intervention, with the mean score rising from 58.45 to 78.20. The difference was statistically significant, $t(39) = -13.26$, $p < .001$, indicating that the educational and discussion-based activities substantially improved public understanding of schizophrenia and family-related mental health issues. This result is consistent with the intervention content described in the methodology, particularly the educational sessions and counseling components. In relation to hypothesis testing, the finding supports H2, indicating that improved community mental health literacy is associated with lower stigma toward families of people with schizophrenia.

Changes in Attitudes and Social Acceptance Toward Families of People with Schizophrenia

Beyond reducing stigma at the global score level, the intervention was also expected to affect the more specific dimensions of public attitude and social acceptance. In this study, these dimensions were measured through questionnaire items reflecting willingness to interact with, support, and socially include families of people with schizophrenia. The post-test results showed that respondents became more open, less judgmental, and more accepting toward families affected by schizophrenia after participating in the intervention. These changes are important because stigma reduction is not only reflected in lower negative beliefs, but also in the emergence of more inclusive social behavior.

Table 5. Comparison of Attitude and Social Acceptance Scores Before and After the Intervention (n = 40)

Dimension	Pre-test Mean ± SD	Post-test Mean ± SD	Mean Difference	t	p-value
Positive attitude toward families	26.10 ± 4.54	34.25 ± 4.11	8.15	-9.47	< .001
Social acceptance	24.35 ± 4.29	33.40 ± 4.03	9.05	-10.18	< .001

Note: Higher scores indicate more positive attitudes and stronger social acceptance.

Table 5 shows a statistically significant increase in both positive attitudes and social acceptance after the intervention. The mean score for positive attitudes increased by 8.15 points, while social acceptance increased by 9.05 points, both with *p* values below .001. These findings suggest that the community-based intervention influenced not only knowledge but also the affective and relational dimensions of stigma. Methodologically, this is fully consistent with the dependent variable framework defined in the study, where stigma was operationalized through attitudes, perceptions, and acceptance. With respect to the hypotheses, these results support H1, confirming that community stigma shapes attitudes toward families of people with schizophrenia, and that these attitudes can be improved through intervention.

Contribution of Community Mental Health Nursing Education to Stigma Reduction

The intervention in this study was implemented through a community mental health nursing approach, involving health education, counseling, and facilitated group discussion at the community level. Therefore, it was important to examine whether respondents perceived the educational role of health professionals as meaningful in changing their views. The findings indicate that the nursing-led educational process contributed substantially to the reduction of stigma by providing credible information, clarifying misconceptions, and creating a safe space for discussion. This suggests that the role of community mental health nursing is not merely supportive, but transformative in shaping public attitudes toward families of people with schizophrenia.

Table 6. Respondent Evaluation of the Nursing-Led Community Education Program (n = 40)

Indicator	Mean	Standard Deviation	Category
Clarity of mental health education	4.38	0.51	High
Relevance of counseling materials	4.30	0.56	High
Effectiveness of community discussion	4.42	0.49	High
Perceived usefulness in reducing stigma	4.47	0.50	High

Note: Scores are based on a 1-5 scale, with higher scores indicating more positive evaluation.

Table 6 indicates that respondents rated the educational intervention very positively across all assessed indicators. The highest mean score was found in perceived usefulness in reducing stigma ($M = 4.47$, $SD = 0.50$), followed by the effectiveness of community discussion ($M = 4.42$, $SD = 0.49$). These findings suggest that the nursing-led educational model was well received by the community and functioned as an effective delivery mechanism for stigma reduction. In methodological terms, this finding reinforces the logic of the independent variable used in the study, namely community-based intervention consisting of education, counseling, and discussion. In relation to hypothesis testing, the result supports H4, demonstrating that community mental health nursing education contributes to reducing stigma toward families of people with schizophrenia.

Summary of Hypothesis Testing

The overall findings indicate that the intervention produced consistent improvements across the main domains measured in this study. The reduction in total stigma scores, combined with the increase in mental health literacy, positive attitudes, and social acceptance, demonstrates that the intervention worked through both cognitive and social pathways. Because the study employed a pre-test and post-test quasi-experimental design without a control group, the interpretation of these findings is centered on within-group change over time. Although causal inference should still be interpreted cautiously, the statistical pattern strongly suggests that the intervention contributed meaningfully to the observed improvements.

Table 7. Summary of Hypothesis Testing

Hypothesis	Statement	Result
H1	Social stigma in the community influences community attitudes toward families of people with schizophrenia.	Supported
H2	Community mental health literacy influences the level of stigma toward families of people with schizophrenia.	Supported
H3	Community-based interventions significantly reduce community stigma toward families of people with schizophrenia.	Supported

Hypothesis	Statement	Result
H4	Community mental health nursing education influences the reduction of stigma toward families of people with schizophrenia.	Supported

Table 7 shows that all proposed hypotheses were supported by the study findings. The results are consistent with the methodological structure of the research, in which the independent variable was operationalized as a community-based intervention and the dependent variable as community stigma toward families of people with schizophrenia. Taken together, the findings provide empirical support for the effectiveness of structured, nursing-led, community-based mental health education in reducing stigma and strengthening social acceptance toward families of people with schizophrenia.

The findings of this study demonstrate that community-based interventions significantly reduced stigma toward families of people with schizophrenia. The statistical results showed a clear decline in stigma scores after the intervention, indicating that structured educational activities and community discussions can positively influence public attitudes toward mental illness. This finding aligns with the stigma theory framework, which suggests that stigma emerges from misinformation, fear, and social stereotypes surrounding mental disorders (Link & Phelan, 2020). When communities are provided with accurate information and opportunities for dialogue, negative stereotypes tend to weaken, and social acceptance increases. Previous research has also shown that stigma reduction programs focusing on community engagement are effective in transforming public perceptions and improving social inclusion for individuals with mental illness and their families (Rüsch et al., 2021). Therefore, the reduction in stigma observed in this study confirms that community-based educational interventions can function as an important mechanism for changing stigmatizing attitudes at the societal level.

Another important finding of this study is the significant improvement in mental health literacy among participants following the intervention. Increased literacy about schizophrenia helped participants understand that mental illness is a medical condition rather than a personal or family failure. According to the mental health literacy framework, knowledge about symptoms, treatment, and recovery plays a crucial role in shaping attitudes toward individuals with mental illness (Kutcher et al., 2021). In the present study, educational sessions and counseling activities appeared to correct misconceptions that previously contributed to stigmatizing attitudes. Similar results were reported by Morgan et al. (2022), who found that community education programs significantly increased public knowledge and reduced negative stereotypes toward people living with schizophrenia. By improving mental health literacy, the intervention addressed the cognitive component of stigma, which subsequently influenced emotional responses and social behaviors toward families of people with mental disorders.

The findings also indicate that community-based discussions contributed to improved social acceptance of families affected by schizophrenia. After participating in the intervention, respondents demonstrated a greater willingness to interact with and support families of individuals with mental disorders. This outcome can be explained through the contact hypothesis, which posits that direct social interaction and dialogue with stigmatized groups can reduce prejudice and discrimination (Pettigrew & Tropp, 2020). In the context of mental health promotion, community dialogue creates opportunities for individuals to reflect on their beliefs and develop empathy toward families experiencing mental illness. A systematic review conducted by Mehta et al. (2023) found that interventions combining education and community engagement significantly improved attitudes and reduced discriminatory behaviors toward people with mental illness. Consequently, the results of this study reinforce the argument that stigma reduction requires not only information dissemination but also meaningful social interaction within the community.

Furthermore, the results highlight the important role of community mental health nursing in implementing stigma reduction strategies. The intervention was facilitated by health professionals who provided educational materials, counseling sessions, and moderated community discussions. This approach is consistent with the principles of community mental health nursing, which emphasize prevention, health promotion, and community empowerment in addressing mental health problems (Fortinash & Holoday-Worret, 2021). Nurses and community health professionals play a critical role as educators and advocates who bridge the gap between clinical knowledge and community understanding. Empirical evidence suggests that nursing-led mental health education programs can significantly improve community attitudes and promote supportive environments for families affected by mental illness (Happell et al., 2022). Therefore, the positive outcomes observed in this study demonstrate that community mental health nursing interventions can effectively contribute to stigma reduction and social inclusion.

Finally, the results of this study contribute to the broader understanding of stigma reduction strategies in community mental health. The findings confirm that stigma toward families of people with schizophrenia can be addressed through integrated interventions combining education, counseling, and community dialogue. These results support the social ecological perspective of mental health, which emphasizes that stigma is not solely an individual attitude but a socially constructed phenomenon that requires community-level interventions (Ungar, 2023). By empowering communities with knowledge and fostering supportive social interactions, stigma can be gradually transformed into acceptance and understanding. From a practical perspective, the study provides evidence that community-based mental health promotion programs can strengthen social support networks for families of people with schizophrenia. Thus, the findings offer valuable insights for policymakers, healthcare providers, and community organizations seeking to develop sustainable mental health interventions that promote social inclusion and reduce stigma.

CONCLUSIONS AND RECOMMENDATIONS

This study concludes that community-based interventions are effective in reducing social stigma toward families of people with schizophrenia (ODGJ). The implementation of mental health education, counseling about schizophrenia, and community discussions significantly improved public knowledge, attitudes, and social acceptance toward families affected by mental illness. These findings indicate that stigma reduction requires not only information dissemination but also active community engagement and dialogue that promotes empathy and understanding. From a practical perspective, the results suggest that community mental health promotion programs led by health professionals, particularly community mental health nurses, can serve as a strategic approach to strengthening social support systems for families of people with schizophrenia. Therefore, it is recommended that local health authorities, community health centers, and policymakers integrate structured mental health education programs into community-based health services to foster inclusive environments and reduce discrimination toward families affected by mental disorders.

FURTHER STUDY

This study has several limitations, including the relatively small sample size and the absence of a control group due to the quasi-experimental design. In addition, the study was conducted within a limited geographical area, which may affect the generalizability of the findings to other communities with different socio-cultural contexts. Future research is recommended to involve larger and more diverse populations, apply longitudinal designs, and incorporate control groups to strengthen causal inference regarding the effectiveness of community-based stigma reduction interventions.

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