

Effectiveness of Mental Health Literacy in Group Guidance Against Mental Health Stigma

Isma¹, Ikhlas Rasido², Dhevy Puswiartika³, Hasan⁴

Tadulako University, Palu, Indonesia

Article Info

Article history:

Received 2026-01-06

Revised 2026-02-01

Accepted 2026-02-06

Keywords:

Group Guidance

Mental Health Literacy

Mental Health Stigma

Psychosocial Interventions

ABSTRACT

Low mental health literacy contributes to high mental health stigma among students. This study aims to examine the effectiveness of mental health literacy-based group counselling services in reducing mental health stigma among students at MAN 1 Kota Palu. The study uses a quantitative approach with a pretest–posttest control group quasi-experimental design. The sample comprised 21 students, divided into an experimental and a control group. The experimental group received six sessions of mental health literacy-based group counselling services, while the control group did not receive any treatment. The research instruments used were the Mental Health Literacy Questionnaire–Short Version Adult (MHLq-SVa) and the Mental Health Stigma Scale. Data analysis was performed using the Wilcoxon and Mann–Whitney tests. The results showed a significant increase in mental health literacy and a decrease in mental health stigma in the experimental group ($p < 0.05$), as well as a significant difference between the experimental and control groups ($p = 0.000$). These findings indicate that mental health literacy-based group counselling is an effective psychosocial intervention in school settings.

This is an open-access article under the [CC BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



Corresponding Author:

Isma

Faculty of Teacher Training and Education, Guidance and Counselling, Tadulako University

Email: imhaabdullah004@gmail.com

1. INTRODUCTION

Mental health issues in education are on the rise due to academic pressure, social demands, economic conditions, and traumatic events such as disasters. For example, the prevalence of high mental health among Tadulako University students in the form of stress symptoms 9.88%, anxiety symptoms 51.75%; depression 22.67% [1]. During the transition from secondary school to higher education, for example, students often face significant demands for adaptation to new academic and social environments [2]. This condition can increase the risk of developing mental health problems, especially if it is not accompanied by adequate literacy and support.

Globally, the World Health Organisation (WHO) reports that one in five people experience mental disorders, but most are reluctant to seek professional help due to stigma and concerns about discrimination [3]. A similar phenomenon occurs in Indonesia, where mental health literacy remains relatively low. This low level of literacy has led to the development of stereotypes, myths, and negative perceptions of individuals with mental disorders, resulting in stigma, social exclusion, and discrimination. Stigma not only hinders individuals from seeking help but also worsens their psychological condition [4].

Data from the Indonesian Ministry of Health shows that around 6% of people aged 15 and over experience mental health disorders, but many choose not to disclose their condition. Fear of negative labels such as “crazy” or “abnormal” is often the main reason they hide their problems [5]. The impact of this stigma extends to various aspects of life, including increased social isolation, reduced self-esteem, and a worsening quality of life [6]. Therefore, social support, strong literacy skills, and a space to share experiences are important factors in reducing shame and self-stigma [7].

Mental health literacy (MHL) plays a crucial role in helping individuals recognize symptoms, understand risk factors, and learn how to obtain appropriate care. Increasing literacy has been shown to accelerate help-seeking, reduce prejudice, and foster empathy for individuals with mental disorders [8]. However, mental health literacy in Indonesia remains relatively low [9]. Studies show that 43.43% of students have low mental health literacy, according to Rasido et al. (2025) [10]. So an effective intervention strategy is needed. [10] One intervention strategy, psychoeducation, has been shown to increase mental health literacy, as evidenced by guidance and counselling provided to teachers in Palu City [11]. Interventional psychoeducation has also been shown to increase mental health literacy among students [12].

The intervention, through the provision of e-modules, also increased students’ mental health literacy. An approach that has proven beneficial is group counselling services, where participants receive both education and social support in a safe, supportive environment [13]. The effectiveness of group counselling services that use specific techniques in addressing students’ psychological problems has also been proven by other studies. Group dynamics that encourage self-control, self-reflection, and social support among members help achieve this. Lestari et al. (2025) show how self-control techniques used in group counselling can help children feel less alone. These findings indicate that, in addition to improving cognitive abilities, group counselling can significantly change students’ emotional and social conditions [14].

Various studies support the effectiveness of group approaches. Zega and Lase (2024) showed that group guidance using behavioural techniques can significantly improve participants’ mental health. Similar findings were also reported by Sari and Hidayat (2023), who found that a group-based educational program increased knowledge and decreased negative attitudes towards mental disorders [15]. Ryan et al. (2023) added that brief group interventions can reduce stigmatising attitudes and increase intentions to seek help [16], while Saboohi et al. (2025) demonstrated the effectiveness of a mental health literacy curriculum in improving students’ understanding.

In the State Islamic Senior High School (MAN) 1, Palu City, stigma surrounding mental health remains an issue that requires attention. Based on initial observations, many students have minimal understanding of mental health and still view peers who experience psychological problems negatively. This results in low help-seeking behaviour and a lack of social support for those in need. Therefore, combining mental health literacy and group counselling is a relevant approach to addressing this issue. Literacy provides an important knowledge base, while group counselling provides an interactive space for discussion, sharing experiences, and building empathy [17].

The advantages of group counselling as an intervention include strong social support, active learning opportunities, and efficient implementation. Participants can understand each other through shared experiences, thereby reducing stigma naturally. This approach has also been shown to be effective in building coping skills and reducing negative stereotypes [18]. In addition, group counselling is suitable for implementation in schools with limited resources, such as MAN 1 Kota Palu, and has the potential to produce long-term changes, including increased openness to seeking professional help [19]. Adaptation to Indonesian socio-cultural values that emphasise togetherness also makes this intervention increasingly relevant [20].

Taking these various aspects into consideration, research on the impact of mental health literacy through group guidance services on negative stigma is expected to provide scientific contributions and practical solutions for educational settings. Based on this background, the prospective researcher has chosen the research title “The Impact of Providing Mental Health Literacy-Based Group Guidance Services on Stigma.”

2. METHOD

This study used a quantitative, quasi-experimental design with a pretest-posttest control group. Two groups were involved: an experimental group that received treatment in the form of mental health literacy-based group guidance services, and a control group that did not receive similar treatment. Both groups were given a pretest to assess initial conditions and a posttest to assess changes following the treatment. The research design followed *the Non-Equivalent Control Group Design* [21], allowing researchers to assess the effectiveness of the treatment despite non-random group assignment. The study population comprised 11th-grade students at MAN 1 Kota Palu in the 2025/2026 academic year, with a sample of 16 students selected through purposive sampling and divided into two groups of 8 each.

The research data consisted of quantitative and qualitative data. Quantitative data were obtained from mental health literacy and negative stigma scale scores administered before and after treatment. Qualitative data were obtained through observations of the group guidance process, structured interviews, and supporting documentation. The research instrument used was *the Mental Health Literacy Questionnaire – Short Version Adult* (MHLq-SVa) developed by Campos [22] and the Stigma scale from *the Mental Health Stigma Scale*. [23] which has been tested for validity and reliability. The test results showed 13 valid items on the literacy scale and 16 valid items on the stigma scale, so these items were used as the basis for collecting the main data.

The data collection process used several techniques, including distributing a Likert scale to measure mental health literacy and stigma, observing group dynamics, conducting structured interviews, and documenting activities through photographs and archives. The scale used five answer choices with a scoring system for positive and negative items. The research stages began with instrument preparation, permit processing, and the implementation of a pretest. Afterwards, the experimental group participated in six group guidance sessions that included discussions, education, and sharing experiences related to mental health literacy, while the control group received no treatment. A posttest was then administered to assess changes in negative stigma after the intervention.

The data analysis technique used descriptive statistics to describe changes in scores and achievement categories for both research variables. Next, prerequisite tests were conducted in the form of normality and homogeneity tests using SPSS 25. Because the data were not normally distributed or homogeneous, the analysis continued using nonparametric tests. Differences in pretest and posttest scores within groups were assessed using the Wilcoxon test, and differences between the experimental and control groups were assessed using the Mann-Whitney test. The results of this analysis are used to test the hypothesis that mental health literacy-based group guidance services reduce negative stigma among students at MAN 1 Palu City.

3. RESULTS AND DISCUSSION

3.1. Results

Mental Health Literacy

Table 1. Descriptive Statistics of Mental Health Literacy

	N	Minimum	Maximum	Mean	Standard Deviation
Experiment Pretest	10	27	48	41.70	7,334
Experiment Posttest	10	55	60	58.00	1,491
Pretest Control	11	41	50	47.64	2,501
Posttest Control	11	40	50	47.45	2,697
Valid N (listwise)	10				

The table shows no significant changes in the control group. Overall, the descriptive results show a clear improvement in the experimental group after the intervention, whereas the control group tended to remain stable.

Mental Health Stigma

Table 2. Descriptive Statistics of Mental Health Stigma

	N	Minimum	Maximum	Mean	Standard Deviation
Experiment Pretest	10	60	68	65.60	2,366
Experiment Posttest	10	31	38	34.70	2,003
Pretest Control	11	58	64	61.27	1,849
Posttest Control	11	57	64	60.91	1,973
Valid N (listwise)	10				

Descriptive statistics showed that the pretest score in the experimental group averaged 65.60, ranged from 60 to 68, and had a standard deviation of 2.366, indicating relatively small score variation among participants. These results indicate that the scores in the control group remained relatively stable, with no significant changes. Overall, this indicates that the intervention was effective in reducing stigma scores in the experimental group, while the control group showed no significant changes.

Normality Test

Table 3. Normality Test Results of Mental Health Literacy

Tests of Normality							
	kelas	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
LiterasiKes Mental	1	.262	10	.050	.782	10	.009
	2	.249	10	.080	.899	10	.215
	3	.285	11	.013	.775	11	.004
	4	.307	11	.005	.711	11	<.001

a. Lilliefors Significance Correction

Based on Table 3 above, the mental health literacy scale data from the pretest and posttest of the experimental and control classes were not normally distributed, as indicated by the p-value < 0.05.

Table 4. Normality Test Results of Mental Health Stigma

Tests of Normality							
	Kelas	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
StigmaKes Mental	1	.200	10	.200*	.859	10	.074
	2	.163	10	.200*	.972	10	.908
	3	.195	11	.200*	.934	11	.454
	4	.209	11	.196	.946	11	.595

*. This is a lower bound of the true significance.
a. Lilliefors Significance Correction

Based on Table 4 above, the data on the negative mental health stigma scale in the pretest and posttest of the experimental and control classes are normally distributed, as indicated by p-values > 0.05.

Hypothesis Testing (Mann-Whitney)

Table 5. Mann-Whitney U Test

Test Statistics ^a	
	LKM
Mann-Whitney University	.000
Wilcoxon W	66,000
Z	-3,909
Asymp. Sig. (2-tailed)	.000
Exact Sig. [2*(1-tailed Sig.)]	.000 ^b

a. Grouping Variable: class

b. Not corrected for ties.

Based on the results of the Mann-Whitney U Test on the mental health literacy gain score, the Mann-Whitney U value was 0.000 with a Z value of -3.909 and a significance value (Asymp. Sig. 2-tailed) of 0.000 ($p < 0.05$). The mean rank of the experimental group was 16.50 with a sum of ranks of 165.00, while the mean rank of the control group was 6.00 with a sum of ranks of 66.00. These results indicate that H₀ is rejected and H₁ is not rejected, indicating a very significant difference in the mental health literacy gain scores between the experimental and control groups.

3.2. Discussion

Adolescents experience a period of self-discovery and social adjustment. As they grow from childhood to adulthood, they begin to develop perspectives on their surroundings and themselves, including how they view mental health issues. Adolescents' perceptions or assessments of their mental health during this developmental period are heavily influenced by their environment, the information they receive, and the social experiences they have.

However, not all perceptions are positive. In fact, negative stigmas associated with mental health persist among some students, such as the belief that mental illness is something shameful, a personal weakness, or an illness that should be hidden. These stigmas can hinder students from understanding the importance of mental health and prevent them from seeking help when experiencing psychological distress.

In the researcher's observations, eleventh-grade students at MAN 1 Palu City demonstrated a tendency toward this negative stigma. Fearing being perceived as "weird," "weak," or "troubled," some students remain reluctant to discuss mental health. Consequently, they are less responsive to mental health information and services. Furthermore, students appear reluctant to admit they are experiencing stress, anxiety, or depression for fear of negative criticism from their peers and social environment.

This situation indicates that awareness and understanding of students' psychological well-being are still hampered by the stigma associated with mental health. Therefore, to help students reduce stigma and develop more positive and open attitudes toward mental health issues, initiatives to improve literacy and guidance services are needed.

Therefore, a sample of 21 students received an intervention in the form of group guidance services. The experimental group consisted of 10 students with the highest negative

stigma scores, while the control group consisted of the remaining 11 students. To encourage group members to be more open and courageous in sharing opinions about mental health issues, the researcher or group leader disseminated information and provided support based on the findings of students' needs related to mental health stigma. According to Prayitno, group guidance is the use of dynamics to achieve guidance and counselling goals. Thus, group guidance is the process of providing information and assistance by an expert to a group of people, using group dynamics to achieve a goal. objective certain [24].

The results showed that group guidance services significantly improved students' mental health literacy. The Wilcoxon test results for the experimental group showed that all students improved after the intervention, with a positive rank-sum statistic of 10 and a p-value of 0.005. These results indicate that students' understanding and knowledge of mental health issues in general can be improved through psychological education, discussion, and reflection in group guidance.

Mental health literacy is the ability to identify mental disorders, understand risk and protective factors, and know when to seek professional help [25]. These elements are delivered through structured content on mental health, the characteristics of common psychological disorders, and problem-solving techniques in group counselling services. Providing students with access to easy-to-understand, relevant content helps them build a solid knowledge base and adapt to personal and academic challenges.

Furthermore, the social learning process within groups impacts student literacy development. According to Bandura's *Social Learning Theory*, people acquire knowledge by observing, discussing, and imitating the actions of others. Students observe their peers discussing mental health, sharing stories, and offering solutions to specific problems during group counselling services. These interactions provide significant educational opportunities that help students develop a more practical and optimistic perspective on mental health.

The process of improving literacy was further strengthened by the group dynamics that developed during the intervention. View Corey (2023) guidance. Groups provide a safe, supportive, and non-judgmental environment where students feel free to ask questions, express their thoughts, and clarify. misconceptions [26]. Students found it easier to confront negative stereotypes, disprove misconceptions about mental health, and raise awareness that mental health is as important as physical health in this environment. Student learning was also enhanced through media such as case studies, films, and real-life examples.

The intervention's effectiveness was further demonstrated compared to the control group. With scores increasing and decreasing equally and many students showing no change, the control group's results were not significant (p-value 0.557). The *Mann-Whitney test* also showed a significant difference between the two groups ($p = 0.000$), indicating that the group tutoring service was directly responsible for the improvement in students' literacy in the experimental group. Consequently, this intervention has been shown to improve students' understanding, knowledge, and ability to manage mental health issues in their daily lives.

All students in the experimental group experienced a consistent decrease in mental health stigma, as indicated by the Wilcoxon test (*Negative Ranks* = 10; $p = 0.005$). These results indicate that the group guidance service had a significant impact on attitude change, in addition to improving students' cognitive abilities. According to behavioural theory,

changing one's attitude is more challenging than changing knowledge; thus, these findings indicate that the intervention had a significant impact on students' emotional states.

According to Corrigan & Watson (2002), stereotypes, biases, and misinformation that arise in society are factors that create stigma related to mental disorders (27). Students receive appropriate, systematic psychological education through group guidance services, which help them eliminate previous prejudices. Accurate information and focused dialogue have been shown to help students form new, more rational, and empathetic perspectives on mental health issues.

In addition to psychoeducational factors, interpersonal interactions within the group are highly influential. Students actively participate in discussions, share their perspectives, and listen to their classmates' experiences. This social interaction fosters empathy and reduces negative stereotypes. Students' negative opinions gradually fade as they realise that mental health disorders are conditions that can affect anyone, not moral failings.

Furthermore, group dynamics play a crucial role in shaping students' opinions. Students feel comfortable reflecting on their initial assumptions in a supportive, transparent, and non-judgmental environment. Through this reflective process, students become aware of the negative impact of stigma on others and themselves. Because this attitude change is internal, it is more stable and likely to persist over the long term.

On the other hand, the Wilcoxon test results in the control group showed no significant difference ($p = 0.102$). This indicates that students' stigma tended to remain stable and did not improve significantly without intervention. Comparison between the two groups indicated that group counselling services, rather than time or situational factors, were responsible for the decrease in stigma in the experimental group. These results support the notion that group counselling is an effective strategy for reducing stigma and increasing knowledge about mental health in educational settings.

The Mann-Whitney test results showed that the experimental group had significantly higher improvement scores than the control group, indicated by a U value of 0.000 and a P value of 0.000. This value indicates that each improvement in the experimental group exceeded each score in the control group, without any overlap. Therefore, the changes that occurred were a direct result of group guidance, not of the students' natural development.

The control group showed no significant change, as evidenced by inconsistent gain scores and an insignificant p-value. Some students experienced slight improvement, some decreased, and others remained unchanged. This suggests that mental health literacy and mental health stigma tend to remain constant and do not significantly improve without systematic intervention.

The effectiveness of group guidance services can be understood through the mechanisms explained. Core is involved in interaction, social discussion, modelling, and reflection. Through conversations, case studies, and the use of teaching materials, students in the experimental group experienced active learning that significantly improved their knowledge and attitudes. Because they did not receive similar treatment, the control group did not show significant changes.

The Mann-Whitney test results demonstrate that group counselling services effectively improve mental health literacy and reduce stigma associated with mental health

among students. In addition to providing knowledge, this intervention also changes students' attitudes, empathy, and readiness to understand mental health issues more positively. Therefore, mental health literacy-based group counselling services can be considered highly effective and should be used as a primary strategy in school mental health programs.

4. CONCLUSION

This study proves that mental health literacy-based group counselling services are effective in reducing mental health stigma among students at MAN 1 Kota Palu. A significant reduction in stigma occurred following the increase in mental health literacy in the experimental group, whereas the control group showed no significant change.

The implications of this study indicate that group counselling can be a practical psychosocial intervention in schools. The limitations of this study include the sample size and limited geographic coverage. Further research is recommended to involve a broader sample and examine the sustainability of the intervention effects, so that the study's results can make a greater contribution to the development of guidance and counselling services and to increasing mental health awareness in the community.

ACKNOWLEDGEMENTS

The author would like to express his gratitude to Allah SWT for His abundant blessings, good health, and ease, which have enabled this research to be completed successfully. All the processes that have been undergone are a form of His grace and help, which are very meaningful to the author.

The author would like to express appreciation to the supervising lecturer who has provided continuous guidance, advice, and assistance throughout the research process, namely Dr Ikhlas Rasido, S.Psi., M.Psi. The author would also like to thank the principal, teachers, and everyone at MAN 1 Kota Palu for their permission, cooperation, and facilities that supported the smooth collection of data, as well as the students of class XI F who actively participated in this research.

The author would like to express sincere gratitude to his parents and family for their prayers, moral support, and unwavering attention. The author would also like to thank his friends and colleagues for their encouragement, companionship, and motivation throughout the research process. Finally, the author appreciates himself for his perseverance and courage to continue until this research was completed.

REFERENCES

- [1] I. Rasido and M. Patodo, "Post disaster: earthquake, tsunami, liquefaction mental health prevalence of Tadulako University students," *Enferm. Clin.*, vol. 30, pp. 214–218, 2020.
 - [2] I. Rochimah, "Kesehatan Mental Mahasiswa pada Masa Transisi Sekolah ke Perguruan Tinggi," *J. Psikol. Pendidik. dan Konseling*, vol. 6, no. 2, pp. 123–134, 2020.
 - [3] W. H. O. (WHO), "Mental health: Strengthening our response," 2023. [Online]. Available: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
 - [4] I. T. Maulana and H. Platini, "Societal Stigma Towards Patients with Mental Disorders in A Socio-cultural Context: Literature Review," *Indones. J. Glob. Heal. Res.*, 2025, doi: <https://doi.org/10.37287/ijghr.v7i2.5310>.
 - [5] R. Arafah and A. Destiwati, "Stigma Negatif sebagai Tantangan Literasi Kesehatan Mental di Indonesia," *J. Psikol. dan Kesehat. Masy.*, vol. 12, no. 1, pp. 45–53, 2024.
 - [6] E. Prizeman, J. Goodwin, and P. Shah, "Effects of mental health stigma on loneliness, social isolation,
-

- and relationships among young people with depression,” *BMC Psychiatry*, vol. 23, no. 1, p. 626, 2023, doi: <https://doi.org/10.1186/s12888-023-05207-8>.
- [7] F. Jiang, L. Zhang, and S. Wu, “Mental health literacy and professional psychological help-seeking attitudes among primary healthcare workers,” *BMC Psychiatry*, vol. 23, no. 1, p. 594, 2023, doi: <https://doi.org/10.1186/s12888-023-05369-5>.
- [8] Z. N. Fahmawati and G. R. Affandi, “Mental Health Literacy Reduces Mental Disorder Stigma In Society,” *Indones. J. Cult. Community Dev.*, vol. 15, no. 3, pp. 10–21070, 2024.
- [9] M. Soria-Martínez and et al., “Mental health literacy: A systematic literature review and educational inspiration,” *J. Ment. Heal. Educ.*, vol. 12, no. 3, pp. 45–60, 2024, [Online]. Available: <https://pubmed.ncbi.nlm.nih.gov/37921340>
- [10] I. Rasido, H. Hasan, and N. E. W. Riyadi, “Mental Health Literacy Study of Tadulako University Students,” *Bull. Couns. Psychother.*, vol. 7, no. 1, pp. 1–9, 2025, doi: 10.51214/002025071157000.
- [11] I. Rasido, H. Hasan, Nurwahyuni, M. F. Silalahi, and N. E. W. Riyadi, “Psikoedukasi Literasi Kesehatan Mental Pada Guru Bimbingan dan Konseling di Kota Palu,” *Ganesha J. Pengabd. Masy.*, vol. 1, no. 4, pp. 61–70, 2024.
- [12] M. Indrawati, I. Rasido, D. Puswiartika, and H. Hasan, “Meningkatkan Literasi Kesehatan Mental Melalui Psikoedukasi Pada Mahasiswa Baru Program Studi Bimbingan Konseling,” *PAEDAGOGY J. Ilmu Pendidik. Dan Psikol.*, vol. 5, no. 2, pp. 535–541, 2025.
- [13] R. P.S, Z. Nur Fahmawati, and G. Rusyid Affandi, “Mental Health Literacy Reduces Mental Disorder Stigma in Society,” *Indones. J. Cult. Community Dev.*, 2024, doi: <https://doi.org/10.21070/ijccd.v16i1.1135>.
- [14] M. Lestari, N. F. Aras, D. Puswiartika, H. Hasan, R. A. Wulandari, and A. W. Irawan, “Bimbingan Kelompok Teknik Self Control Untuk Mengurangi Loneliness Pada Siswa,” *Ristekdik J. Bimbing. dan Konseling*, vol. 10, no. 2, pp. 206–214, 2025.
- [15] I. P. Sari and R. Hidayat, “Intervensi edukasi kesehatan mental: Studi kuasi-eksperimen pada siswa sekolah menengah,” *J. Interv. Psikol.*, vol. 11, no. 1, pp. 25–34, 2023, doi: 10.20473/jpkm.v11i1.2023.25-34.
- [16] C. M. Ryan and et al., “An efficacy trial of a brief group-based, single-session intervention to increase knowledge of mental illness, reduce attitudinal components of mental illness stigma, and increase help-seeking intentions,” *J. Ment. Heal.*, vol. 32, no. 1, pp. 1–8, 2023, doi: 10.1080/21507686.2023.2193751.
- [17] D. M. Pratiwi, H. Sunaryo, and B. Wahono, “Pengaruh beban kerja, stres kerja, dan kepuasan gaji terhadap turnover intention karyawan pada PT. Beringin Gigantara KC Surabaya,” *E-JRM Elektron. J. Ris. ...*, 2020.
- [18] S. Zega and F. Lase, “Pengaruh layanan bimbingan kelompok teknik konseling behavioral terhadap peningkatan kesehatan mental peserta didik di SMP Negeri 6 Idanogawo,” *Cendekia J. Ilmu Pengetah.*, vol. 6, no. 3, pp. 17466–17480, 2024, doi: 10.31258/cendekia.6.3.17466-17480.
- [19] Z. Saboohi and et al., “The effect of intervention based on adapted mental health literacy curriculum on attitude and help-seeking intentions of first and secondary students in Iran,” *J. Adolesc. Heal.*, vol. 66, no. 1, pp. 45–52, 2025, doi: 10.1016/j.jadohealth.2024.09.012.
- [20] ILMPI, “Dukungan sosial sebagai upaya mengurangi stigma negatif gangguan kesehatan mental,” 2025. [Online]. Available: <https://ilmpi.org/2025/02/08/dukungan-sosial-sebagai-upaya-mengurangi-stigma-negatif-gangguan-kesehatan-mental/>
- [21] J. R. Fraenkel, N. E. Wallen, and H. H. Hyun, *How to Design and Evaluate Research in Education*, 11th ed. New York: McGraw-Hill Education, 2021.
- [22] L. Campos et al., “Mental health literacy questionnaire-short version for adults (MHLq-SVa): validation study in China, India, Indonesia, Portugal, Thailand, and the United States,” *BMC Psychiatry*, vol. 22, no. 1, p. 713, 2022, doi: 10.1186/s12888-022-04308-0.
- [23] S. T. MacDermott, E. Gullone, J. S. Allen, N. J. King, and B. Tonge, “The emotion regulation index for children and adolescents (ERICA): A psychometric investigation,” *J. Psychopathol. Behav. Assess.*, vol. 32, pp. 301–314, 2010.
- [24] U. Pahlawan and T. Tambusai, “Jurnal Pendidikan dan Konseling,” vol. 4, pp. 2142–2147, 2022.
- [25] R. Article, “Mental health literacy Public knowledge and beliefs about mental disorders,” pp. 396–401.
- [26] G. Corey, *Theory and practice of counseling and psychotherapy*. Belmont: Brooks/Cole, 2001.
- [27] P. W. Corrigan and A. C. Watson, “Understanding the impact of stigma on people with mental illness,” *World Psychiatry*, vol. 1, no. 1, pp. 16–20, 2002.