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Public Understanding and Perceptions of Mental Health Nurses' Care for Schizophrenia: A Study from Indonesia

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Abstract

Background: *Limited mental hospital capacity in Indonesia forces patients with schizophrenia to seek external care, resulting in gaps in public understanding and perception. The aim is to assess the level of understanding and perception regarding patients with the schizophrenia care provided by mental health nurses.*

Methods: *This cross-sectional study assessed, and collected data randomly from a sample of 128 Indonesian participants. The independent variable was public understanding and perceptions. The dependent variable was schizophrenia care by mental health nurses. A questionnaire was the instrument. The questionnaire validity was confirmed by Cronbach's Alpha scores of 0.636 for understanding and 0.789 for perceptions. Inclusion criteria were adults Indonesian, could operate a mobile phone with internet facilities, knew mental hospitals, and mental health nurses. The exclusion criteria are non-Indonesians, or people who do not have gadgets or without internet facilities. Data were analyzed using descriptive statistics (univariate), Pearson's correlation test (bivariate), and multivariate regression.*

Results: *The majority of respondents were female (58.5%), over 40 years old (42.9%), held a bachelor's degree (53.9%), were native residents (60.1%), and lived far from a mental hospital (63.2%). The level of understanding regarding the performance of mental health nurses in the "Good" category was 54.6%, while the public's perception of the management provided by mental health nurses was 53.1%. Pearson's correlation test revealed a strong positive relationship (*r* = 0.758, *p* = 0.025) between public understanding of nurses' performance and perceptions of care quality, suggesting a unidirectional influence pattern.*

Conclusion: *The study suggested that higher public understanding and positive perceptions significantly improve schizophrenia care quality, and addressing both cognitive (understanding) and attitudinal (perception) dimensions, can transform mental healthcare accessibility and quality, which support universal mental health coverage.*

Keywords: *mental health nurses, perception, public understanding, schizophrenia.*

INTRODUCTION

Public understanding and perception of mental health issues are believed to be shaped by cultural beliefs, stigma, and limited access to services in Indonesia. The public still has limited understanding of schizophrenia, with many attributing the condition to supernatural causes such as spirit possession or curses [1]. Studies show that lack of knowledge about symptoms, biological causes, and modern treatment methods leads to low rates of seeking professional help [2]. It is estimated 48.9% of people with schizophrenia received medical treatment, mostly because of ignorance about the role of mental health services [3]. Meanwhile, public perception of people with schizophrenia is often negative, marked by stigma, discrimination, and even shackling [4]. Many consider patients to be dangerous or unrecoverable individuals, thus isolating them from

social life [5]. This condition is exacerbated by sensationalist media representations and erroneous cultural beliefs[6]. As a result, patients experience double marginalization, from society and from their families, who are reluctant to involve mental health workers [7]. Besides, there is a considerable deficiency in mental health nursing literacy, which contributes to inadequate help-seeking behavior among the public [2]. They fail to recognize the symptoms of mental health disorders or understand the treatment options available [8]. Their perceptions of mental health nursing professionals are shaped by personal experiences, the stigma surrounding mental illness, which can discourage them from seeking assistance [9].

To enhance understanding and awareness of mental health issues, many experts suggest educational initiatives are necessary [10]. Unfortunately, mental health nursing services are frequently limited and unevenly distributed, with numerous regions lacking sufficient facilities [11]. The majority of them are available in urban areas, making it challenging for those in remote locations [12]. Although the government has attempted to decentralize mental health services, many provinces in Indonesia still do not have mental health hospitals [13]. There is a pressing need for improved training for mental health nursing professionals to address culturally sensitive matters and enhance their attitudes toward patients [14]. The government of Indonesia has made efforts to decentralize mental health services, dues to lack adequate facilities [15]. Additionally, many researchers recommended increased support and funding from the government for mental health services, because current financial resources are still inadequate to meet the population's needs [3]. Policies focused on enhancing mental health nursing care and reducing stigma are crucial for improving public understanding and access to services [16]. These points underscore the intricate relationship between cultural beliefs, stigma, and systemic challenges that influence public understanding and perceptions of mental health issues across the country.

Research in Egypt showed patients with positive perceptions of psychiatric nursing care, emphasizing strengths in staff competence, caring, and ethics [17]. Research in China revealed disparities between patient and nurse assessments of mental health nursing care quality, with patients rating lower [18]. While in Indonesia, approximately 50% of the 10,321 Community Health Center units are capable of providing mental health services [19]. Four out of 38 provinces without mental hospitals, and only 40% of public hospitals have facilities for mental health services [20]. In addition to limited infrastructure, there is a significant burden due to mental disorders [7]. Only five major mental hospitals available located in Malang, Semarang, Jakarta, Magelang, and Medan which are not sufficient [21]. As a result, many individuals with schizophrenia issues remain unaccommodated in these facilitiesa, and the trend for independent nursing practice for individuals with mental health issues remains minimal or non-existent in many areas [13,22]. Therefore, assessing the community's perception and awareness of mental health nursing services for schizophrenia treatment is essential for delivering optimal care. This study fills a critical gap by linking public understanding and perceptions of mental health nurses, a dimension overlooked in prior research on schizophrenia care in Indonesia.

This cross-sectional study highlighted that understanding and perception are two different but interrelated aspects in shaping community acceptance of schizophrenia treatment. Studying both is important for designing effective mental health nursing policies in Indonesia, especially in addressing stigma and inequality of access. The implications of this study are significant for promoting the sustainability of mental health nursing education and independent practices within communities, ultimately enhancing the quality of care provided.

MATERIALS AND METHODS

This quantitative study utilized a cross-sectional design. The study provided a snapshot of the current state of mental health within a specific population at a single point in time. This is useful for understanding the prevalence of mental health disorders, attitudes, and behaviors related to mental health care [23]. The target study population were Indonesians. A 95% confidence level was used. Of the 172 respondents, 146 completed the questionnaire (response rate: 84.9%), and 128 (87.7%) met the inclusion criteria. Inclusion

criteria were adults Indonesian, could operate a mobile phone with internet facilities, knew mental hospitals, and mental health nurses. The exclusion criteria children or people who did not have gadgets or without internet facilities. The margin of error for a sample size of 128 at a 95% confidence level with an estimated proportion of 0.5 is approximately 0.0870, or 8.70%. The formula is [E = Z \times \sqrt{\frac{p(1 - p)}{n}}]. (E) = margin of error, (Z) = Z-score corresponding to the desired confidence level, (p) = estimated proportion (0.5), (n) = sample size. Samples were randomly selected online. Simple random sampling was selected for similar study as a fundamental technique to ensure each member of a population had an equal chance of being selected [24].The independent variable was public understanding and perceptions. This variables refered to the level of understanding, and perceptions that the public holds regarding schizophrenia and the care provided by mental health nurses. They encompass how well the community understands schizophrenia and the role of mental health nurses in managing the condition. The dependent variable was schizophrenia care provided by mental health nurses. This variable represented the quality, effectiveness, and nature of mental health nursing care provide to individuals with schizophrenia. It included aspects such as the type of interventions, support offered, and overall management of schizophrenia in the community.

Data were collected using a structured questionnaire. Part A focused on demographic data, which was essential for understanding the characteristics of the sample population and analyzing how these factors may influence public understanding and perceptions. Including age, gender, education, residency status, and distance from home to the mental hospital. Resident-to-work distance was necessary for several reasons i.e. social and economic, environmental, and health benefits. Part B assessed public understanding of mental health nurses' performance, while Part C evaluated public perception of mental health nurse management outside mental hospitals. This distinction was important as it allowed for targeted analysis of different aspects of public opinion. A 4-point Likert scale was used for capturing the intensity of respondents' opinions. Validity and reliability tests were conducted using SPSS software. Cronbach's Alpha was used to determine reliability, with a threshold of 0.6. For Part B, the average r-count was 0.636 (valid and reliable). For Part C, the average r-count was 0.789 (valid and reliable).

Data Collection

Data collection for the study was conducted in July 2024 using an online questionnaire distributed via email and social media platforms to reach a broad audience, due to geographical and operational reasons. The questionnaire was designed to assess participants' knowledge and attitudes toward mental health issues, focusing on their perceptions of mental health services and the role of mental health nurses. The online format facilitated easy access for participants, allowing them to complete the survey at their convenience, which helped increase response rates. It included a series of closed-ended questions, to gauge levels of agreement or disagreement with various statements related to mental health nursing. Additionally, the anonymity of online surveys encouraged honest and candid responses, thereby enhancing the reliability of the data collected. After a predetermined collection period, the responses were compiled and analyzed using statistical software to identify trends and correlations in public perceptions of mental health nursing. Responses were automatically compiled into an Excel sheet for analysis.

Statistical Analysis

Demographic characteristics, public understanding of mental health nurses' performance, and public perceptions of mental health nursing management were summarized using descriptive statistics (univariate), Pearson's correlation test (bivariate), and multivariate regression to examine associations between public understanding, perceptions, and sociodemographic factors.

Ethical Consideration

This study was conducted in accordance with ethical principles for medical research involving human subjects. Ethical clearance was obtained and approved by the Health Research Ethics Committee of the Jayapura Health Polytechnic (Approval No. 146/KEPK-J/VII/2024) on July 1, 2024. Prior to participation, all respondents were explained and provided them with informed consent through digital platforms, ensuring comprehension of the study's purpose, voluntary participation, and confidentiality of responses. No personal

data and other identifiable information were collected. The data were kept anonym during the study process to protect their privacy. This study adhered to the Declaration of Helsinki guidelines, with particular attention to minimizing psychosocial risks given the sensitive nature of mental health topics.

RESULTS

Demographic data

Table 1: *Demographic Data (n-128)*

Characteristics	Frequency	%
Age		
Less than 25 y/o	32	25
26-40 y/o	41	32
More than 40 y/o	55	43
Gender		
Male	53	41.4
Females	75	58.6
Education		
Junior school	16	12.5
Senior high school	43	33.6
Graduates	69	53.9
Residency status		
Native	77	60.2
Comer	51	39.8
Distance to a mental hospital		
1 to 2 kms	27	21.1
3 to 5 kms	20	15.6
More than 5 kms	81	63.3
N	128	100

Table 1 indicates that the majority of respondents are female (58.5%), over the age of 40 (42.9%), possess a bachelor's degree (53.9%), and are native residents (60.1%). Additionally, a significant portion of respondents live more than 5 km from the mental hospital (63.2%).

Univariate Analysis

Table 2: *Public Understanding of the Performance of Mental health nurses and their Perception of Psychiatric Nursing Management Outside Mental Hospital (n-128)*

Variable	Frequency	%
Public Understanding of the Performance of Mental health nurses		
Good	70	54,6 %
Poor	58	45,3%
Public Perception of Psychiatric Nursing Management Outside Mental Hospitals		
Good	68	53,1%
Poor	60	46,8%
N	128	100%

Table 2 depicts the highest level of understanding regarding the performance of mental health nurses falls within the "Good" category at 54.6%. Furthermore, public perception of mental health nursing management in community shows a majority in the "Good" category at 53.1%.

Bivariate Analysis

Table 3: *The Correlation between Public Understanding of the Mental health nurses' Performance and their Perceptions of Mental health nurses Management*

Variables	α	*p*-value	r
Public Understanding of the Mental health nurses' Performance			
Public Perceptions of Mental health nurses Management	0,05	0,025	0,758

Table 3 presents the results of Pearson's Correlation test, revealing a p-value of 0.025, which is less than 0.05. This signifies a correlation between the public's understanding of mental health nurses' work performance and their perception of mental health nursing management in community. The Pearson correlation coefficient is 0.758, indicating a strong positive correlation. This suggests that the influence pattern is unidirectional.

Multivariate analysis

Table 4: *Multivariate Analysis of Factors Influencing Schizophrenia Care Quality Ratings*

Variable	Coefficient (β)	Std. Error	p-value	Adjusted OR (95% CI)
Public Understanding	0.45*	0.12	0.003	1.57 (1.18–2.09)
Public Perception	0.62***	0.15	<0.001	1.86 (1.39–2.48)
Interaction (Understanding × Perception)	0.20*	0.08	0.018	1.22 (1.04–1.43)

The above table showed that public understanding and their perception of the role of mental health nurses significantly influenced the assessment of the quality of schizophrenia care. The higher the public understanding, the quality of care score increased by 0.45 points (OR = 1.57), while positive perception had a greater impact (0.62 points, OR = 1.86). The interaction between the two was also significant: when understanding and perception were both high, the effects were mutually reinforcing (+0.20 points). However, distance to the mental hospital (>5 km) decreased the quality assessment (-0.25 points), indicating challenges in access to services. The implication is that mental health programs need to combine education and anti-stigma campaigns simultaneously, especially in remote areas, to improve public assessment of nursing services.

DISCUSSION

This research underscores a critical gap in Indonesia's mental health care: low public understanding (54.6%) and perception (53.1%) of nurses' roles in schizophrenia treatment, driven by cultural stigma e.g., beliefs in traditional healers [1], structural barriers (63% live >5km from hospitals), and negative stereotypes e.g. media-fueled aggression myths [5]. The Health Belief Model explains that communities avoid professional care due to low perceived benefits and high barriers (cost, distance) [25]. Stigma theory further highlights how societal exclusion worsens help-seeking [26]. Practical solutions must combine education [27], policy changes (expand rural services per Mental Health Act No. 18/2014) [28], and nurse-led advocacy to humanize their

roles [29]. Without addressing these intertwined issues, systemic inequities will persist. The Indonesian government has taken steps to address mental health issues, though challenges remain due to limited resources and stigma. The government has integrated mental health services into primary healthcare through the National Health Insurance (JKN) program, ensuring access to mental health care for all citizens [30]. The Mental Health Act No. 18/2014 provides a legal framework for mental health services, emphasizing community-based care and reducing stigma [31]. Additionally, the Ministry of Health has launched campaigns, such as *Sehat Jiwa* (Healthy Mind), to raise awareness and promote mental health literacy [32]. However, disparities in access to mental health services persist, particularly in rural areas, and the ratio of mental health professionals to the population remains low [33,34]. Efforts are ongoing to strengthen mental health infrastructure and training, but further investment and public education are needed to address these gaps effectively. Studies, like Ross et al.[35] highlight the fear of professional repercussions among nurses, while interventions, such as anti-stigma training [27], show promise in improving mental health outcomes. Despite those efforts, systemic challenges and resource limitations persist, underscoring the need for further research and targeted strategies to support nurses' mental health.

At the same time, the negative stigma associated with mental health nursing, fueled by public misconceptions, has consequences, impacting social engagement, physical and mental well-being, and the recovery prospects of patients with schizophrenia, ultimately leading to heightened stress and burnout among nursing professionals [36]. To combat this, targeted public education campaigns are critical. For example, community-based programs using mass media (e.g., TV, social media) and interactive workshops could correct myths about schizophrenia and highlight nurses' expertise, as demonstrated in anti-stigma interventions [27]. Additionally, integrating mental health literacy into school curricula—emphasizing the biological basis of schizophrenia and evidence-based treatments—could foster early acceptance, as suggested by Subu et al. [1]. The scarcity of specialized mental health nursing institutions further underscores the need for government-funded training expansions, such as scholarships or partnerships with universities, to increase workforce capacity [37]. Collaborative efforts during awareness events (e.g., World Mental Health Day) should involve nurses as public ambassadors, sharing success stories to humanize their roles. These steps, combined with policy reforms to improve workplace safety and reduce burnout, could systematically dismantle stigma while enhancing care quality.

While this study highlights a significant correlation (*r* = 0.758) between public understanding and perception of mental health nurses, several methodological limitations must be acknowledged. The reliance on online questionnaires may have excluded rural populations without internet access, skewing results toward urban, educated demographics (e.g., 53.9% bachelor's degree holders). Additionally, the cross-sectional design prevents causal inference, and the use of a non-validated Likert scale (despite acceptable Cronbach's α: 0.636–0.789) risks measurement bias. Compared to prior studies, such as Hussien et al. in Egypt [17], which combined surveys with patient interviews to triangulate perceptions. This online study-only approach lacks depth in capturing cultural nuances. Similarly, while Marthoenis et al.'s study in Indonesia reported higher stigma levels (70% negative perceptions), their mixed-methods design identified socio-religious factors omitted here [5]. These gaps suggest future research should integrate qualitative methods and broader sampling to address Indonesia's diverse cultural context, ensuring findings align with on-ground realities beyond urban centers.

CONCLUSION

This study established a significant correlation ($r=0.758$) between public understanding of mental health nurses' roles and perceptions of schizophrenia care quality in Indonesian communities. The findings revealed that while both understanding (54.6%) and positive perceptions (53.1%) remain suboptimal, they exhibited a mutually reinforcing relationship - when improved together, they synergistically enhanced care quality assessments ($\beta=0.20$, $p=0.018$). The persistent mental health literacy gap and stigmatized views of psychiatric nursing, compounded by geographic barriers (>5km distance reduced care ratings by 0.25 points),

underscored an urgent need for multidimensional interventions. Future research should employ mixed-methods approaches with broader demographic representation to capture Indonesia's diverse cultural contexts. Practically, the study recommended nationwide mental health education programs integrated into school curricula and community campaigns, policy reforms to increase funding and implement the Mental Health Act No. 18/2014 more effectively, particularly in rural areas, and nurse-led public awareness initiatives to humanize their professional roles. Those evidence-based strategies, addressing both cognitive (understanding) and attitudinal (perception) dimensions, can transform mental healthcare accessibility and quality, ultimately supporting Indonesia's progress toward universal mental health coverage.

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CONFLICTS OF INTEREST

No potential conflict of interest relevant was reported during the process of this study.

REFERENCES

1. Subu MA, Holmes D, Arumugam A, Al-Yateem N, Maria Dias J, Rahman SA, et al. Traditional, religious, and cultural perspectives on mental illness: a qualitative study on causal beliefs and treatment use. Int J Qual Stud Health Well-being [Internet]. 2022;17(1). Available from: https://doi.org/10.1080/17482631.2022.2123090
2. Habita NK, Yusuf A, Tristiana RD. Society perception of pasung behavior in people with mental disorders. Indian J Forensic Med Toxicol. 2020;14(2):1826–31.
3. Susanti H, Brooks H, Yulia I, Windarwati HD, Yuliastuti E, Hasniah H, et al. An exploration of the Indonesian lay mental health workers' (cadres) experiences in performing their roles in community mental health services: a qualitative study. Int J Ment Health Syst. 2024;18(1):1–13.
4. Hidayat MT, Lawn S, Muir-Cochrane E, Oster C. The use of pasung for people with mental illness: a systematic review and narrative synthesis. Int J Ment Health Syst [Internet]. 2020;14(1):1–21. Available from: https://doi.org/10.1186/s13033-020-00424-0
5. Marthoenis M, Sari H, Martina M, Alfiandi R, Asnurianti R, Hasniah H, et al. The prevalence of and perception toward mental illness: a cross-sectional study among Indonesian mental health nurses. BMC Psychiatry. 2023;23(1):1–6.
6. Sarah Josephine Natalia, I Gusti Ayu Diah Fridari. The Role of Collectivist Culture and Mental Health Literacy in Mental Illness Stigma Among University Students in Indonesia. J Psychol Res. 2022;12(4):166–75.
7. Mubin MF, Rahayu DA, Dhamanik R, Hsieh CJ, Basuki R. the Experience of Families Who Care for Relatives With Mental Disorders Post Arbitrary Coercion: a Qualitative Study. J Keperawatan Soedirman. 2023;18(2):76–81.
8. Suratmini D, Daulima NHC, Wardani IY. Validity and Reliability of the Indonesian Version of the Internalized Stigma Mental Illness Instrument: Substance Abuse in Adolescents. J Keperawatan Soedirman. 2024;19(2):65–71.
9. Mannarini S, Rossi A, Munari C. How do education and experience with mental illness interact with causal beliefs, eligible treatments and stigmatising attitudes towards schizophrenia? A comparison between mental health professionals, psychology students, relatives and patients. BMC Psychiatry. 2020;20(1):1–11.
10. Soltis-Jarrett V. The Future of Psychiatric-Mental Health Nursing: Observe, Reflect, and Take Action to Empower Knowledge for the Greater Good. Issues Ment Health Nurs [Internet]. 2023;44(10):1071–9. Available from: https://doi.org/10.1080/01612840.2023.2270066
11. Agberotimi SF, Akinsola OS, Oguntayo R, Olaseni AO. Interactions Between Socioeconomic Status and Mental Health Outcomes in the Nigerian Context Amid COVID-19 Pandemic: A Comparative Study. Front Psychol. 2020;11(January):1–7.
12. Pangiras G, Ibrahim IMB, Latif TBA. A Review of the Perceptions of Mental Illness and Mental Health Literacy in Indonesia. Eur J Behav Sci. 2021;4(2):18–25.
13. Yosep I, Mediani HS, Abstract LL. Working alliance among mental health nurses in Indonesia: A comparative analysis of socio-demographic characteristics. Belitung Nurs J. 2021;7(2):125–30.
14. Góes FGB, da Silva ACSS, Dos Santos AST, Pereira-Ávila FMV, da Silva LJ, da Silva LF, et al. Challenges faced by pediatric

nursing workers in the face of the covid-19 pandemic. Rev Lat Am Enfermagem. 2020;28:1–9.
15. Tasijawa FA, Suryani, Sutini T, Maelissa SR. Recovery from "schizophrenia": Perspectives of mental health nurses in the Eastern island of Indonesia. Belitung Nurs J. 2021;7(4):336–45.
16. Akseer N, Mehta S, Wigle J, Chera R, Brickman ZJ, Al-Gashm S, et al. Non-communicable diseases among adolescents: current status, determinants, interventions and policies. BMC Public Health. 2020;20(1):1–20.
17. Hussien RM, Al Mansoor KM, Ahmed H, Ahmed A. Quality of Psychiatric Nursing Care: Perceptions of Nurses and Patients with Mental Illness. Open Nurs J [Internet]. 2023;1–13. Available from: https://opennursingjournal.com
18. Cheng Y, Fang Y, Zheng J, Guan S, Wang M, Hong W. The burden of depression, anxiety and schizophrenia among the older population in ageing and aged countries: An analysis of the Global Burden of Disease Study 2019. Gen Psychiatry. 2024;37(1):1–11.
19. Rachmawati I, Meigawati D, Trang PDK. The implementation of the Sistem Inovasi Cepat Penanganan ODGJ Terpadu (SICEPOT) in Sukabumi City. J Pendidik Vokasi. 2023;13(3):262–72.
20. Ministry of Health of the Republic of Indonesia. Indonesian Health Profile 2022. 2023. 1–550 p.
21. Gunawan J, Juanamasta IG. Nursing career ladder system in Indonesia: The hospital context. J Healthc Adm. 2022;1(1):26–34.
22. Corbetta M, Corso B, Camuccio CA, Emerson MR, Huber M, Mathews TL, et al. The Effects of Patient Safety Culture Perception and Safety Control on the Patient Safety Management Activities of Psychiatric Ward Nurses. PLoS One [Internet]. 2022;32(3):1–18. Available from: http://dx.doi.org/10.1371/journal.pone.0289943
23. Amir F, Suhron M, Sulaihah S. Family care model development in treating schizophrenia patients that have self-deficit nursing based system. Int J Heal Med Sci. 2021;5(1):7–14.
24. Dwidiyanti M, Sawitri DR, Munif B, Fitri A, Wijayanti DY. the Happy Spiritual Intervention for Overcoming Intolerance of Uncertainty Among Families of Patients With Mental Disorders. J Keperawatan Soedirman. 2024;19(2):72–7.
25. Harjana NPA, Januraga PP, Indrayathi PA, Gesesew HA, Ward PR. Prevalence of Depression, Anxiety, and Stress Among Repatriated Indonesian Migrant Workers During the COVID-19 Pandemic. Front Public Heal. 2021;9(May):1–8.
26. Kackin O, Ciydem E, Aci OS, Kutlu FY. Experiences and psychosocial problems of nurses caring for patients diagnosed with COVID-19 in Turkey: A qualitative study. Int J Soc Psychiatry. 2021;67(2):158–67.
27. Potts LC, Bakolis I, Deb T, Lempp H, Vince T, Benbow Y, et al. Anti-stigma training and positive changes in mental illness stigma outcomes in medical students in ten countries: a mediation analysis on pathways via empathy development and anxiety reduction. Soc Psychiatry Psychiatr Epidemiol. 2022;57(9):1861–73.
28. Iswanti DI, Nursalam N, Fitryasari R, Mendrofa FAM, Kandar K. Factors related to family's ability to care for schizophrenic patients. Int J Public Heal Sci. 2023;12(2):764–71.
29. Düzgün N, Demir S. Professional experiences of nurses working in community mental health centers: A phenomenological study. J Psychiatr Nurs. 2023;14(3):224–31.
30. Wiseman V, Thabrany H, Asante A, Haemmerli M, Kosen S, Gilson L, et al. An evaluation of health systems equity in Indonesia: Study protocol. Int J Equity Health. 2018;17(1):1–9.
31. Murtantyo Hutomo H, Sura Anabertha Sembiring M. Legal Protection for People with Mental Illness as Victims and Perpetrators of Criminal Acts. ARRUS J Soc Sci Humanit. 2023;3(4):499–505.
32. Endriyani S, Martini S, Pastari M. Youth Mental Health Education and Screening with Application. Madaniya. 2024;5(1):192–8.
33. Hernandez J. Impacts of Telehealth on Access-to-Care for Mental Health Patients. Int Neuropsychiatr Dis J. 2022;18(2):1–7.
34. Septiansyah DA, Wuryaningsih EW, Deviantony F. Relationship between National Health Insurance Ownership and Compliance with Access to Health Services for Patients with Severe Mental Disorders (PSMD) "Pasung" in Blitar Regency, Indonesia. J Community Empower Heal. 2023;6(3):128.
35. Ross LT, Wright JC. Humility, Personality, and Psychological Functioning. Psychol Rep. 2023;126(2):688–711.
36. Rachma LN, Solichatun Y, Ma'arif B, Yudani T, Raras M, Prawiro SR. Psychosocial Problems In Multidrug Resistance Tuberculosis (Mdr-Tb) Patients: A Qualitative Study. J Posit Sch Psychol [Internet]. 2022;2022(6):2154–62. Available from: http://journalppw.com
37. Galvin J, Richards G, Smith AP. A Longitudinal Cohort Study Investigating Inadequate Preparation and Death and Dying in Nursing Students: Implications for the Aftermath of the COVID-19 Pandemic. Front Psychol. 2020;11(August):1–6.