

ARTICLE INFORMATION

Received: June, 01, 2026

Revised: July, 01, 2026

Available online: July, 03, 2026

at: <https://e-jurnal.ipphorr.com/index.php/mhc>

Effectiveness of animated video-based group psychoeducation in improving mental health literacy among family caregivers of people with mental disorders

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Abstract

Background: Mental disorders remain a health problem with a high relapse rate in People with Mental Disorders (PWMD), which is influenced by the low level of family mental health knowledge in recognizing signs and symptoms and efforts to prevent relapse.

Purpose: To examine the effectiveness of animated video-based group psychoeducation in improving family mental health literacy for relapse prevention among individuals with SMI in the working area

Method: A quantitative approach with a quasi-experimental design using a one-group pretest - posttest design was employed. The study involved 40 family members of individuals with SMI. Data were collected using the Mental Health Literacy Scale (MHLS) before and after the intervention. Statistical analysis was conducted using the Paired Samples t-test.

Results: The analysis revealed a statistically significant difference between pretest and posttest scores ($p < 0.001$), indicating that the intervention had a significant effect on improving family mental health literacy.

Conclusion: Animated video-based group psychoeducation is effective in enhancing family mental health literacy for relapse prevention among individuals with SMI.

Keywords: Animated Videos; Group Psychoeducation; MHLS; Mental Health Knowledge; People With Mental Disorders.

INTRODUCTION

Health is a fundamental need for individuals; it encompasses not only physical health but also mental well-being. According to the World Health Organization (2020), mental health is a state where an individual is physically, mentally, and socially well. This well-being is evaluated not merely by the absence of a disease but also through psychological assessment, self-efficacy, autonomy, and an individual's self-actualization (Jafar & Nr, 2023). People with mental disorders are individuals who experience disturbances in thought, feeling, and behaviour, which cause suffering and impairments in executing daily life functions. These disorders not only affect the sufferers' quality of life but also exert a significant impact on their families as the closest environment (Adha & Ramli, 2025). Therefore, mental health disorders cannot be viewed solely as

individual problems, but rather as familial and social issues (Shirod & Mardhiyah, 2025).

Families play a critical role in the care and recovery process of people with mental disorders. Familial support is required to motivate patients throughout their treatment and care. However, in reality, many families still lack adequate awareness and understanding regarding this role. A substantial number of families completely delegate the patient's recovery process to healthcare professionals, and there are even cases where individuals with mental disorders are abandoned by their families. This condition directly contradicts findings indicating that active family involvement can serve as an effective form of therapy in supporting patient recovery. Conversely, a lack of familial attention and support can hinder the recovery process, as

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patients feel neglected and isolated (Aliyah, 2021). A family's inability to fulfil this role is often influenced by negative responses and coping mechanisms, such as denial of the patient's condition. This negative coping can impair familial functions in providing support, ultimately leading to the neglect of family members experiencing mental health disorders. Consequently, such conditions become a major contributing factor to the high relapse rates of mental health disorders (Ayumaruti, Anshari, & Martha, 2023).

The low capability of families to recognize and manage signs of relapse contributes to the high relapse rates among psychiatric patients in Indonesia. The patient relapse rate in Indonesia ranges from 50% to 70%, indicating that relapse remains a serious issue in mental health management. This high rate particularly occurs in patients who do not receive familial support or are non-compliant with their medication. This phenomenon reinforces that mental health issues are not merely medical in nature, but are also significantly influenced by the family's ability to understand and respond to the patient's condition (Agustia, Putri, & Fahdi, 2025). At the regional level, mental health disorders are also prevalent in Banten Province. Data from the 2018 Banten Province Basic Health Research indicated that the prevalence of households with members suffering from psychosis or schizophrenia was 5.74 per 1.000 households. This condition demonstrates that mental health issues remain a public concern that demands familial support for continuous care and relapse prevention. To address the low level of mental health knowledge and negative familial responses, family psychoeducation emerges as a highly relevant and effective intervention. Family psychoeducation aims to provide families with comprehensive information and knowledge regarding the mental health disorders experienced by their members. This educational and pragmatic approach is designed to enhance family understanding, identify behavioural abnormalities, and optimize support for the recovery process. Improving families' knowledge and skills through psychoeducation is expected to minimize negative coping mechanisms, enhance familial support, and ultimately reduce the relapse rates of mental health disorders (Batiancila, Batuyong, Bautista, & Elnar, 2023).

Various prior studies in Indonesia have demonstrated that psychoeducation can significantly

enhance the family's role in caring for psychiatric patients. Psychoeducation substantially improves the familial role in the care of schizophrenia patients. That conventional psychoeducation enhances families' capacity to perform daily care and support functions. However, most of these studies still relied on conventional psychoeducation methods such as lectures or one-way face-to-face discussions which tend to be less engaging for participants. Furthermore, these interventions focused primarily on improving caregiving skills rather than enhancing families' mental health knowledge as the foundation for relapse prevention (Cahyono, Aristawati, & Huda, 2022). Digital psychoeducation using posters could significantly increase basic mental health knowledge (Nazira, Mawarpury, Afriani, & Kumala, 2022). Nevertheless, the medium used was limited to static visuals and did not utilize more interactive media, such as animated videos. The public's low mental health knowledge is driven by stigma and the scarcity of effective educational media; however, that study did not specifically target families as primary caregivers, nor did it employ an animated video-based approach (Putri, Aristi, Alkaff, Desita, Meilani, Sabrina, & Maulidia, 2025).

RESEARCH METHOD

A quantitative research approach with a quasi-experimental design. The sample consisted of 40 respondents, selected using a simple random sampling technique, which is a type of probability sampling. The research design utilized was a one-group pretest-posttest design. The inclusion criteria for this study were families who have a member diagnosed as a person with a mental disorder (PWMD), family members who serve as the primary caregiver, and those permanently residing within the working area of the Neglasari Public Health Center throughout the duration of the study.

The study was conducted within the working area from January to April 2026. Data collection was instrumented using the Mental Health Literacy Scale (MHLS), the level of mental health knowledge. Data processing was performed using the Statistical Package for the Social Sciences (SPSS) software. Univariate analysis was conducted to determine the mean, median, standard deviation, minimum, and maximum values of the total mental health knowledge

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score. Bivariant analysis was utilized to test the hypothesis between the two variables (independent and dependent) using the Paired Sample t-Test.

Because this study involved human subjects as respondents, the researcher strictly adhered to established research ethics principles.

RESEARCH RESULTS

Table 1. Distribution of Respondent (N= 40)

Variable	Results
Age (n/%) (Mean±SD) (Range) (Year)	(43.8±6.8) (31-60)
31-40	13/32.5
41-50	21/52.5
51-60	6/15.0

Table 1. Distribution of respondents by age. The mean age of the respondents was 43.8 ± 6.8 years, with an age range of 31–60 years. Most respondents were aged 41–50 years (21; 52.5%), followed by those aged 31–40 years (13; 32.5%), while the fewest respondents were in the 51–60 years age group (6; 15.0%).

Table 2. Descriptive Statistics of Pretest and Posttest Scores

Variable	Mean	Median	St Deviation	Minimum	Maximum
Pretest	31.58	31.56	1.327	29	34
Posttest	57.85	58.00	2.833	50	63

Based on Table, the descriptive statistics of the respondents' pretest and posttest scores. The mean pretest score was 31.58 ± 1.33 , with a median of 31.56 and scores ranging from 29 to 34. Following the intervention, the mean posttest score increased to 57.85 ± 2.83 , with a median of 58.00 and scores ranging from 50 to 63. These findings indicate a substantial improvement in respondents' scores after the intervention.

Table 3. Paired Sample t-Test

Variable	Mean	St Deviation	Sig. (2-tailed)
Pretest - Posttest	-26.275	1.640	<.0001

Table 3 presents the results of the paired sample *t*-test comparing pretest and posttest scores. The analysis showed a mean difference of -26.275 ± 1.640 , indicating that the posttest scores were substantially higher than the pretest scores. The difference was statistically significant ($p < 0.0001$), demonstrating that the intervention had a significant effect on improving the respondents' scores.

DISCUSSION

Overview of Respondent Characteristics Based on the research findings, the distribution of respondents by age indicates that the majority fell into the 41–50 age group, accounting for 21 individuals (52.5%). This was

followed by the 31–40 age group with 13 individuals (32.5%), while a small proportion of respondents were aged over 50 years old, comprising 6 individuals (15.0%). These findings demonstrate that the majority of respondents belong to the middle adulthood category. Theoretically, middle adulthood is a developmental phase characterized by cognitive maturity, emotional stability, and increased social responsibility within the family. Individuals in this age range generally possess more systematic and rational thinking abilities, making them better equipped to comprehend complex information, including topics related to mental health. That individuals in middle adulthood have a better capacity to receive and process health-related

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information compared to other age groups (Lestari, Roesminingsih, Widodo, & Sari, 2022).

The univariate analysis findings indicated that the level of family mental health knowledge prior to the animated video-based group psychoeducation intervention was in the low category. Based on the univariate analysis, the pre-test yielded a mean score of 31.58, a median of 31.56, and a standard deviation of 1.327, with minimum and maximum values of 29 and 34, respectively. Following the intervention, the post-test level of family mental health knowledge demonstrated a highly significant increase. The univariate analysis for the post-test revealed a mean score of 57.85, a median of 58.00, and a standard deviation of 2.833, with minimum and maximum values of 50 and 63, respectively (Pongtambing, Anshari, Sopamena, Andriani, & Fitriani, 2020).

The substantial increase in the mean score reflects a robust improvement in family understanding. Although the standard deviation in the post-test was slightly higher than that of the pre-test indicating a slight variation in the rate of improvement among individual respondents the data generally remained homogenous and reflected a consistent upward trend. The enhancement of family mental health knowledge following the animated video-based group psychoeducation intervention is driven by several key factors (Syarifah, Angelina, Muhani, & Reni, 2023). A primary contributing factor is the integration of animated videos as an educational medium. The animated videos utilized in this intervention were designed with simple visual presentations, systematic storylines, and accessible language, making them highly effective in explaining mental health concepts. Presenting the material through animation also assisted respondents in visualizing psychiatric conditions, recognizing signs and symptoms, and clearly understanding the steps required for management and relapse prevention compared to mere verbal explanations (Kurniawati, Andarmoyo, Wahyuni, Muftiana, & Sari, 2022). That the use of audiovisual media in health education significantly enhances participants' comprehension compared to conventional methods. The implementation of a group-based approach in psychoeducation played a critical role in optimizing these outcomes. Interactions among group members facilitated a platform for sharing experiences and receiving social support, which

indirectly reinforced comprehension and boosted families' confidence in managing mental health issues. Group-based family psychoeducation is highly effective in increasing both knowledge and familial readiness in caring for psychiatric patients (Fakhriyani, 2024).

The bivariate analysis using the paired sample t-test to evaluate the effect of animated video-based group psychoeducation on family mental health knowledge in preventing the relapse of people with mental disorders (PWMD) within the work area revealed a significance value (Sig. 2-tailed) or $p < 0.001$ ($p < 0.05$). Statistically, a p of < 0.05 results in the rejection of the null hypothesis (H_0) and the acceptance of the alternative hypothesis (H_a). This significant statistical difference indicates that there is a notable disparity between the level of family mental health knowledge before and after the animated video-based group psychoeducation intervention, thereby proving that the intervention successfully improved the families' mental health knowledge. The analysis yielded a mean difference of -26.275, demonstrating an increase in mental health knowledge scores post-intervention. The standard deviation of 1.640 indicates that this improvement was relatively consistent across most respondents. Consequently, the intervention not only exhibited statistical significance but also exerted a tangible impact on enhancing family comprehension in caring for patients with mental disorders (Idham, Rahayu, As-Sahih, Muhiddin, & Sumantri, 2019).

This significant difference demonstrates that animated video-based group psychoeducation is an effective intervention for enhancing family mental health knowledge. This effectiveness can be attributed to the fact that the intervention goes beyond mere information dissemination; it engages participants in active learning through group discussions and material visualization. The combination of a cognitive approach (information delivery) and an affective approach (emotional support within the group) serves as the cornerstone of this intervention's success. Family psychoeducation significantly influences the improvement of family self-efficacy in caring for psychiatric patients. Their study explained that following psychoeducation, families became better equipped to understand the patient's condition, more confident in providing care, and more active in supporting the patient's treatment and rehabilitation process (Estherita & Novianty, 2021).

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Elucidated that the enhancement of family knowledge through health education correlates with reduced anxiety levels and increased familial readiness in managing patients with mental disorders (Fatmawaty, Febrianti, & Sari, 2024). Families with superior knowledge tend to remain calmer, avoid panic when confronting relapse symptoms, and are better prepared to make informed decisions when seeking healthcare services. Digital and group-based psychoeducation can enhance families' knowledge, attitudes, and involvement in the care of psychiatric patients. Their study explained that interactive, technology-based educational methods optimize information retention and facilitate a smoother understanding of the presented material (Fauzi, 2023). Theoretically, this shift can be explained through the concept of knowledge-based behaviour change, where an increase in knowledge serves as the foundational stage for developing more adaptive attitudes and behaviours. By improving mental health knowledge, families not only comprehend the patient's condition but are also capable of making appropriate caregiving decisions, such as recognizing warning signs, seeking professional help, and providing appropriate support to the patient. In conclusion, the significant difference between the pre-test and post-test mental health knowledge levels firmly establishes that animated video-based group psychoeducation is an effective intervention for enhancing family mental health knowledge (Kristina, Mardea, Ramadhani, & Aliyah, 2020).

CONCLUSION

The study found that family mental health knowledge was relatively low before the intervention, with a mean pretest score of 31.58 ± 1.327 (range: 29–34). Following animated video-based group psychoeducation, the mean posttest score increased significantly to 57.85 ± 2.833 (range: 50–63). Paired sample *t*-test analysis showed a statistically significant improvement ($p < 0.001$), indicating that the intervention was effective in enhancing family mental health knowledge for preventing relapse among people with mental disorders. These findings suggest that animated video-based group psychoeducation is an effective educational strategy to strengthen families' knowledge and support relapse prevention.

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