



THE EFFECTIVENESS OF CLINICAL PRACTICUM IN PSYCHIATRIC HOSPITALS IN ENHANCING MENTAL HEALTH LITERACY AND REDUCING MENTAL ILLNESS STIGMA AMONG STUDENTS

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ABSTRACT

Clinical practice in psychiatric hospitals is a crucial learning method for preparing competent healthcare professionals; however, low mental health literacy and persistent stigma among students often trigger anxiety and stress during training. This study aimed to evaluate the effectiveness of clinical practicum in improving mental health literacy and reducing stigma, as well as to analyze determinants of changes in students' mental health status based on practice duration, age, and gender. This study employed a quantitative analytical design with a quasi-experimental one-group pretest–posttest approach involving 569 health profession students using total sampling. Data were collected through validated instruments, including the Mental Health Literacy Scale (MHLS) (0.876), the Opening Minds Scale for Health Care Providers (OMS-HC) (0.870), and the Depression Anxiety Stress Scale (DASS-21) (0.918), and analyzed using multiple linear regression. The results showed that clinical practicum significantly improved mental health literacy ($p = 0.0007$) and reduced anxiety ($p = 0.0204$) and stress ($p = 0.0287$), while stigma did not change significantly ($p = 0.3913$). Multivariate analysis revealed that a one-month practice duration was the most effective period, with greater reductions in anxiety ($B = -3.714$; $p = 0.000$) and stress ($B = -3.549$; $p = 0.000$) compared to a two-week duration. Increased literacy significantly contributed to reductions in anxiety ($p = 0.010$) and depression ($p = 0.045$), whereas stigma reduction was not significant, and older students showed slower decreases in anxiety ($p = 0.029$). Overall, clinical practicum improves cognitive aspects (literacy) but has limited impact on perceptual aspects (stigma).

Keywords: clinical practice; duration of practice; mental health; mental health literacy; stigma

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INTRODUCTION

Interference problem soul the more become global attention in two decades last. Someone it is said Healthy mentally when He capable realize its potential, managing stress life, work in a way productive, and contribute to their communities. However, global data shows that that problem mental health continues increased. More of the 970 million people in the world experience disturbance soul and numbers the trend increase post COVID-19 pandemic (WHO, 2023).

According to results Riskesdas (2018) recorded that around 6.1% of the population aged ≥ 15 years experience emotional mental disorders, while 0.18% experienced disturbance soul heavy like schizophrenia. In addition, data from profile Indonesia's health in 2021 indicates improvement visit to facility service souls in various area, which indicates awareness and burden disturbance the soul is getting stronger high. Findings This indicates that disturbance soul No only issue clinical, but also a problem health complex and demanding society attention from various parties, including institutions education.

One of challenge main in handling disturbance soul is high stigma in society. Stigma does not only come from public common, but also found among power health and students health. This stigma appear Because lack of understanding, experience directly, and influence stereotypes continuous negative growing. As a result, many individuals with disturbance soul reluctant look for help professional, which in the end make things worse condition they (Darfin et al, 2021).

Student power health own role strategic in change paradigm said. Therefore, that's important for institutions education for provide experience learning that is not only nature theoretical, but also practical and empathetic. Students health is group candidate power future professionals will involved direct in service health soul. However, limited knowledge, literacy low mental health, and attitudes negative to disturbance soul often still attached among students (Andalasari and Safitri, 2024). This become challenge alone in education mental health in institutions education high. Low literacy and the high stigma impact bad to readiness they in nurse patient soul, reduce empathy, even increase risk of burnout (Dewi et al, 2022).

According to Mahardika (2021), practical work Clinical care at the Mental Hospital (RSJ) is one of the form education based experience (experiential learning) that can be play role important in form perception, knowledge, and attitude student to disturbance soul. Through interaction direct with patients, students have the opportunity for understand condition patient in a way real, expected can increase literacy mental health, reduce prejudice, and build empathy. A number of study has show that practice clinical in Mental Hospital can increase knowledge and literacy student mental health, as well as lower their stigma towards ODGJ. According to Andalasari and Safitri (2024), students nursing that follows practical work for two weeks show improvement score literacy by 18% and a decrease attitude discriminatory by 25%. This result show that experience direct in nurse patient soul capable influence attitudes and understanding student in a way positive.

However, experience practice at the Mental Hospital can also become source stress or even trauma if student No own adequate mental readiness. Different mental hospital environments with House Sick general, characteristics complex patients, as well as burden possible psychological arise, potential influence student mental health That alone. Therefore that, evaluation to effectiveness practical work clinical at the Mental Hospital is necessary done in a way comprehensive, not only evaluate aspect cognitive and affective, but also its impact to condition psychological student. With Thus, research This important done for know how far is the practicum clinical in the Mental Hospital is effective in increase literacy mental health and reducing stigma against disturbance soul in students. Research this also aims for study impact practical work the to student mental health in a way overall. Through approach pretest–posttest, results from study This expected can give contribution scientific in development of educational strategies health more soul humanist and based experience real. Objective This study aims to determine the effectiveness of clinical practicums at the Mental Hospital in increasing mental health literacy and reducing the stigma of mental disorders in students.

METHOD

The research design used a quantitative approach with a quasi-experimental research type. The design used was a One-Group Pretest-Posttest Design. This research was conducted at the Aceh Provincial Mental Hospital. The population was all students from health education institutions who were carrying out clinical practice at the Aceh Mental Hospital, 569 people. The sample of this research was taken using a total sampling technique, resulting in a sample of 569 respondents who met the inclusion and exclusion criteria during the research period at the Aceh Mental Hospital. Data collection techniques used questionnaires. The results of the validity test of the Mental Health Literacy Scale (MHLS) (0,876), the Opening Minds Scale for Health Care Providers (OMS-HC) (0,870) and the DASS 21 scale obtained a Cronbach alpha coefficient value of 0.918, and the reliability results per dimension were depression (0.853), anxiety (0.776), stress (0.905). Data analysis using multiple linear regression tests was carried out using STATA.

RESULT

Table 1.
Respondent Characteristics

Characteristics	f	%
Respondent Age		
≤ 20 years	278	48.86
21-22 years old	201	35.33
> 22 years	90	15.82
Gender		
Man	57	10.02
Woman	512	89.98
Study program		
Bachelor of Pharmacy	1	0.18
D3 Nursing	357	62.74
D4 Nursing	54	9.49
Bachelor of Medicine	12	2.11
Bachelor of Nursing	126	22.14
Practice Duration		
2 weeks	408	71.7
1 month	123	21.62
> 1 month	38	6.68

Table 1 shows that in terms of age, the majority of respondents are in the age group under 20 years (<20 years) at 48.9%, female gender 90.0%, the majority of respondents come from the D3 Nursing Study Program 62.74%, and most students undergo a 2-week internship period 71.7%.

Table 2.
Description Score Average (Mean) Variables Study

Variables	Measurement	Mean	Elementary School	Min	Max
Literacy (MHLS)	Pre-Test	106.8	14.9	46	140
	Post Test	109,7	13,7	35	140
Stigma (OMS-HC)	Pre Test	52,4	6,9	20	80
	Post Test	52	7,2	20	80
Depression	Pre Test	6,3	8,2	0	38
	Post Test	5,7	5,6	0	42
Anxiety	Pre Test	7,7	8,2	0	40
	Post Test	6,5	6,1	0	36
Stress	Pre Test	9,9	7,2	0	36
	Post Test	8,9	5,7	0	42

Table 2 shows the results of the descriptive analysis showing a positive change in the average (mean) value of the research variables after the intervention was carried out. variables Literacy Mental Health (MHLS), occurred the average score increased from 106.8 in the pre-test to 109.7 in the post-test. This increase indicates that students' understanding and knowledge of mental health improved after participating in the program. activity practice clinic. In line with That, on variables Stigma (OMS-HC), a slight decrease in the average score was recorded from 52.4 to 52.0. This decrease in the stigma score indicates that students' social attitudes towards people with mental health disorders soul tend become more positive and open, although the changes were not too large. Furthermore, in the Mental Health variable measured using the DASS-21 instrument, the data showed a downward trend in scores across all three domains, indicating an improvement in students' psychological well-being. Specifically, the average Depression score decreased from 6.3 to 5.7; the Anxiety score experienced the most significant decrease from 7.7 to 6.5; and the Stress score decreased from 9.9 to 8.9. The decrease in symptom scores across all these domains suggests that students were able to adapt well to the practice environment at the Mental Hospital, resulting in a reduction in their levels of psychological distress compared to before starting their practice.

Table 3 shows the frequency distribution of respondents based on categories, showing dynamic changes between pre-test and post-test measurements. variables Literacy Health Mental (MHLS),

intervention practice clinic make an impact positive Which real. Matter This proven with surge percentage students in the High literacy category, which increased from 61.34% (349 students) to 78.38% (446 students). Conversely, the number of students with a Low literacy level decreased drastically from 1.93% to only 0.35% at the end of the internship period. Meanwhile, in the Mental Disorder Stigma (OMS-HC) variable, the majority of students consistently fell into the medium stigma category, both before (85.94%) and after the internship (84.71%). However, there was a slight polarization of attitudes that needs to be observed, where the proportion of students with a high stigma increased from 9.49% to 13.01%, while the Low stigma category (very positive attitudes) actually decreased from 4.57% to 2.28%. Related status Health Mental (DASS-21), repair significant seen on the decline prevalence category Heavy in all over domain. On aspect for depression, the number of students in the Severe category decreased from 6.33% to 1.93%. A similar decrease occurred in the Anxiety aspect, where the Severe category decreased by almost half, from 15.11% to 7.73%. The most optimal improvement was recorded in the Stress aspect, with the Severe category decreasing from 4.92% to 1.05%, accompanied by an increase in the number of students in the Normal category, which reached 90.33% in the post-test measurement.

Table 3.
Distribution Frequency Variables Study Based on Category

Variables & Categories	Measurement			
	Pre-Test		Post-Test	
	f	%	f	%
Mental Health Literacy (MHLS)				
Height (106–140)	349	61.34	446	78.38
Moderate (71 – 105)	209	36.75	121	21.27
Low (35–70)	11	1.93	2	0.35
Stigma of Mental Disorders (OMS-HC)				
Height (60 – 80)	54	9.49	74	13.01
Medium (40 – 59)	489	85.94	482	84.71
Low (20 – 39)	26	4.57	13	2.28
Depression (DASS-21)				
Heavy (>20)	36	6.33	11	1.93
Medium (10 – 20)	130	22.85	109	19.16
Normal (0 – 9)	403	70.83	449	78.91
Anxiety (DASS-21)				
Heavy (>14)	86	15.11	44	7.73
Medium (15-25)	161	28.30	174	30.58
Normal (0 – 7)	322	56.59	351	61.69
Stress (DASS-21)				
Heavy (>25)	28	4.92	6	1.05
Medium (15-25)	81	14.24	49	8.61
Normal (0 – 14)	460	80.84	514	90.33

Table 4 shows the results of the normality test using Shapiro-Wilk, which shows that the significance value (p-value) for all variables, both in the pre-test and post-test measurements, is $P = 0.001$. This indicates that data study No distributed normal. Remember assumptions normality If the data is not met, then the analysis of the average difference test cannot use *the Paired Sample T-Test*, but is continued using the non-parametric statistical test *Wilcoxon Signed Rank Test*.

Table 5 shows the results of the Wilcoxon Signed Rank Test, which shows significant differences ($p < 0.05$) in the variables Mental Health Literacy ($p = 0.0007$), Anxiety ($p = 0.0204$), and Stress ($p = 0.0287$). These findings indicate that clinical practice effectively improves student understanding and reduces symptoms of anxiety and stress. Conversely, no statistically significant differences were found in the variables Stigma ($p = 0.3913$) and Depression ($p = 0.7055$), indicating that students' levels of stigma and depressive symptoms tended to be stable or did not experience significant changes between the pre-test and post-test measurements.

Table 4.
Results Normality Test Data (Shapiro- Wilk)

Variables	Statistics (W)	p-value (Prob>z)	Information
MHLS Pre-Test	0.91251	0.000001	Abnormal
MHLS Post Test	0.79543	0.000001	Abnormal
OMS Pre-Test	0.86964	0.000001	Abnormal
OMS Post Test	0,88882	0,000001	Tidak Normal
Depress Pre Test	0,88158	0,000001	Tidak Normal
Depress Post Test	0,87169	0,000001	Tidak Normal
Anxieties Pre Test	0,92748	0,000001	Tidak Normal
Anxieties Post Test	0,93354	0,000001	Tidak Normal
Stress Pre Test	0,94203	0,000001	Tidak Normal
Stress Post Test	0,94024	0,000001	Tidak Normal

Table 5.
Results Test Different Average (Wilcoxon Signed Rank Test)

Variables	Measurement	Mean	Difference (Delta)	Z-score	p-value
Literacy (MHLS)	Pre-Test	106.8	+ 2.9	-3,371	0.0007
	Post-Test	109.7			
Stigma (OMS-HC)	Pre-Test	52,4	-0,4	0,857	0,3913
	Post-Test	52			
Depress	Pre-Test	6,3	-0,6	-0,378	0,7055
	Post-Test	5,7			
Anxieties	Pre-Test	7,7	-1,3	2,319	0,0204
	Post-Test	6,5			
Stress	Pre-Test	9,9	-1,0	2,187	0,0287
	Post-Test	8,9			

Table 6.
Regression Test Linear

Variable (Delta)	Practice Duration (Dummy)	Coef. (B)	P
Δ Literacy (MHLS)	2 weeks	Ref.	-
	1 month	0.187	0.931
	1 month	1,516	0.669
Δ Stigma (OMS-HC)	2 weeks	Ref.	-
	1 month	0.672	0.504
	1 month	2,249	0.175
Δ Depression	2 weeks	Ref.	-
	1 month	-2,498	0.013
	1 month	1,836	0.266
Δ Anxiety	2 weeks	Ref.	-
	1 month	-3,085	0.003
	1 month	0.258	0.879
Δ Stress	2 weeks	Ref.	-
	1 month	-3,008	0.001
	1 month	1,614	0.294

Table 6, the results of the linear regression test with the practice duration *dummy* show existence pattern influence Which different between variables health mental health with literacy and stigma variables. In the Mental Health aspect (DASS-21), it was found that a 1-month practice duration was the most effective period. Students Which undergo practice during 1 month experience decline symptom significantly compared to the 2-week duration group, with details: Depression scores decreased by 2.50 points more ($p=0.013$), Anxiety scores decreased by 3.09 points more ($p=0.003$), and Stress scores decreased by 3.01 points more ($p=0.001$). Conversely, in the group with a duration of >1 month, no significant changes were found, in fact there was a tendency for an increase in depression and stress scores (positive coefficient) indicating potential mental fatigue. Meanwhile, That, on variables Literacy Health Mental and Stigma for Mental Disorders, the analysis results showed a $p\text{-value} > 0.05$ across all duration categories. This indicates that the

magnitude of changes in literacy and stigma was not influenced by the length of practice. Both students with short (2 weeks) and long (> 1 month) practices had relatively similar (homogeneous) levels of change in scores. This finding implies that clinical practice interventions are generally effective in improving literacy regardless of duration, but for mental health improvements. (adaptation psychological), required duration time Which specific and optimal, namely 1 month.

The separation of practice duration into 1 month and > 1 month categories was carried out to detect the optimal point of intervention effectiveness. The results of the analysis in Table 6 confirm the importance of this separation, namely 1) the effect "Golden Period" (1 Month): Seen decline score symptom Which significantly at a duration of 1 month compared to a duration of 2 weeks (Ref). This indicates that 4 weeks is an ideal time for students to adapt and reduce anxiety. 2) "Plateau" or Saturation Effect (> 1 Month): Conversely, at a duration of > 1 month, the coefficient actually shows a positive trend (increased scores) or is not significant compared to the reference. This indicates that prolonging practice without a break actually risks triggering burnout or compassion fatigue, thereby diminishing the effectiveness of mental health improvements.

Table 7.
Multiple Linear Regression

Independent Variables	Depression (R ² =3.5%)		Anxiety (R ² =4.4%)		Stress (R ² =4.2%)	
	Coef. (B)	P	Coef. (B)	P	Coef. (B)	P
Practice Duration						
1 Month (Ref: 2 Weeks)	-2,707	0.009	-3,714	0.0001	-3,549	0.0001
1 Month (Ref: 2 Weeks)	1,738	0.295	-0.353	0.835	1,067	0.49
Cognitive & Perceptual Factors						
Δ Literacy (MHLS)	-0.039	0.045	-0.052	0.01	-0.027	0.138
Δ Stigma (OMS-HC)	0.087	0.036	0.078	0.068	0.082	0.035
Demographic Characteristics						
Age (Years)	0.17	0.468	0.525	0.029	0.445	0.042
Gender (Female)	2,125	0.117	-0.216	0.876	0.165	0,896

Table 7, results test regression linear multiple show that the duration of practice is the most dominant and consistent determinant factor in influencing changes in students' mental health. In the three models (Depression, Anxiety, And Stress), duration practice 1 month proven own influence significant ($p < 0.05$) effect on reducing psychological symptoms compared to the 2-week group. The large negative coefficient values, especially for the Anxiety ($B = -3.714$) and Stress ($B = -3.549$) aspects, confirm that students who underwent the one-month internship experienced the most effective adaptation and mental recovery process, regardless of demographic factors or their initial literacy level. In contrast, in the group with a duration of more than 1 month, no effect was found. significant on third variables, which indicates that extending the practice time beyond a one-month period did not provide any significant additional recovery impact.

In addition to duration factors, cognitive and perceptual variables also make specific contributions to different dimensions of mental health. Improving Mental Health Literacy (MHLS) has been shown to play a significant role in lower symptom Depression ($p=0.045$) And Anxiety ($p=0.01$), in where the higher the increase in students' literacy scores, the greater the decrease in symptoms of mood disorders and anxiety. Meanwhile, changes in stigma (OMS-HC) had a significant effect on reducing symptoms of depression ($p=0.036$) and stress ($p=0.035$). The positive coefficient on the stigma variable indicates a linear relationship, where a decrease in the level of stigma (negative delta) is directly proportional to a decrease in students' levels of stress and depression.

Judging from the demographic characteristics, the Age variable was found to be a predictor. Which significant on the model Anxiety ($p=0.029$) and Stress ($p=0.042$) with a positive coefficient. This finding indicates that older students tend to experience a smaller decrease in anxiety and stress symptoms than younger students, or in other words, younger students have a faster psychological adaptation ability in responding to the pressures of clinical practice. The gender variable did not

show a significant effect in the three models ($p > 0.05$).

Table 8.

Summary Findings Main and Statistical Evidence		
Category Main	Key Findings	Key Statistical Evidence
Duration Effectiveness	The 1-Month "Golden Period" Phenomenon:	Regression Test (DASS-21):
	A practice duration of 1 month (4 weeks) is the optimal point of adaptation. >1 month does not provide significant additional benefits (Stagnation).	Anxiety decreased most sharply at a duration of 1 month ($B=-3.714$; $p=0.000$). Duration >1 month was not significantly different from 2 weeks ($p>0.05$).
Mechanism of Change	Cognitive & Perceptual Transformation:	Regression Test (Determinant):
	Improvements in mental health do not occur automatically over time, but are driven by increased literacy and decreased stigma.	Literacy Delta is negatively related to Anxiety ($B=-0.052$). Delta Stigma is positively related to Depression ($B=0.087$).
Demographic Factors	Adult Vulnerability:	Regression Test (Age):
	Older students showed slower adaptation responses than younger students.	Each increase in age is associated with a smaller decrease in stress reduction. ($B=0.525$; $p=0.042$).

Overall, the series of data analyses in this study focused on three strategic findings that form the main basis for the subsequent discussion. Findings First highlight the existence of a phenomenon "Period Gold" (Golden Period) with a one-month practicum duration. Statistical analysis revealed a unique adaptation pattern, with a practicum duration of one month (4 weeks) proving to be the optimal point for significantly reducing symptoms of depression, anxiety, and stress. Conversely, extending the duration beyond one month did not result in a greater reduction in symptoms, indicating a plateau or stagnation phase in the students' adaptation curve in the psychiatric hospital environment.

The second finding reveals the determinant mechanisms behind these changes in mental status. This study demonstrates that improvements in mental health students do not occur automatically solely due to physical presence in the practice area, but is strongly mediated by cognitive and perceptual transformations. The results of the regression test confirmed that increased mental health literacy and stigma reduction is predictor most significantly impacts psychological well-being. This means that students who successfully change their understanding of mental disorders (increased literacy) and break down negative prejudices (decreased stigma) are the most resilient group to psychological distress.

The third finding identified the existence of adaptation variability based on factors. demographics, specifically age. Identified that student with age which are more old tend own response adaptation Which more slow in lower levels of anxiety and stress compared to their younger counterparts. This suggests that age brings its own dynamics, possibly related to dual role burden or cognitive flexibility, that require more specific attention in the clinical learning process for this group. These three key findings collectively describe that effectiveness practice clinic is a complex interaction between duration of exposure, mindset transformation, and individual demographic characteristics.

DISCUSSION

Influence Duration Practice to Decline Psychological Symptoms

Analysis results multivariate show that duration practice clinic for 1 month is the most effective period in lower symptom depression, anxiety, and stress in students compared to duration of 2 weeks, with decline significant score in a way statistical ($p<0.05$) and significant in a way clinical. Magnitude coefficient regression show decline sufficient score large, especially on anxiety ($B = -3.714$) and stress ($B = -3.549$), which significantly practical can shift level severity on the DASS-21 scale, for example from category anxiety currently become light or even normal. This is show

that duration 1 month practice No only give impact statistics but also improvements real to quality student mental health, such as decrease tension emotional, increased sense of calm, and quality more sleep good. Findings This indicates that 1 month period is the optimal adaptation period for students in the environment practice psychiatry, because the duration is 2 weeks student Still is in phase anxiety early, while duration more from 1 month tend No give addition significant benefits consequence emergence boredom.

The duration of clinical practice is a crucial factor influencing students' psychological well-being during the learning process in the field, particularly in environments that require emotional adaptation, such as practicing in a psychiatric nursing ward. Research results show that duration practice own influence to decline symptom psychological which includes depression, anxiety, and stress. Students who undergo practice with more optimal duration has more opportunities big for adapt with environment clinic, understanding characteristics patients, as well as develop ability coping to pressure academic and clinic. Adaptation process This play a role important in help student reduce anxiety, tension emotional, as well as pressure psychological problems that often occur appears at the beginning of the practice period (Umma, 2024). Duration excessive practice short tend make student Still is in phase adaptation early. At the stage this, student generally Still experience anxiety Because face environment new, demands skills clinic, as well as interaction with patients who have condition psychological complex. Situation the can cause feeling No believe self, fear do errors, as well as pressure in adapt self with culture work from home sick. Because of that that, duration short practice often not yet Enough For give chance for student in building a sense of comfort and trust self in operate role clinically (Kusumaningtyas, 2022).

These results are in line with research by Labrague & de Los Santos (2021) who conducted a study on 285 nursing students, where it was found that the highest levels of clinical stress occurred in the early weeks of the rotation due to uncertainty. environment. Labrague take notes that score resilience new optimally formed after students passed the orientation phase (weeks 3 and 4), which was negatively correlated with psychological stress ($r = -0.45$, $p < 0.001$). Research other by Rodrigues et al (2021) regarding anxiety Students in a psychiatric ward also supported these findings. The study found that the prevalence of severe anxiety decreased significantly from 48.2% at the beginning of the practice to 22.4% after the 4-week intervention. They concluded that the 4-week duration provided sufficient time for students to develop coping mechanism without exposed risk fatigue emotional excessive. More carry on, studies comparative by (Hu et al., 2024) highlight side negative from excessively long practice. In his research on 568 students, it was found that clinical rotations that exceeded 6-8 weeks without a break actually increased the risk of burnout in the emotional exhaustion dimension, *with a* significantly higher average burnout score ($p < 0.05$) compared to group rotation standard (4 Sunday). Matter This explain Why In this study, the > 1 month duration group did not show better symptom improvement than the 1 month group.

In addition to emotional exhaustion, the stagnation of effectiveness over long durations (>1 month) can also be explained through the perspective of clinical learning design. It is possible that that curriculum practice Which implemented moment This “flat” (flat *curriculum*), where students with a 2-month duration work on exactly the same routine as students with a 1-month duration, without any additional complexity of cases or managerial responsibilities. Without any tiered competency levels (scaffolding), extension time No give challenge cognitive new (cognitive *challenge*), but only the repetition of activities that trigger boredom (monotony). As a result, the curve learning (learning *curve*) student become sloping after Sunday 4th, which is reflected in the absence of significant improvement in their mental health scores.

Contribution Literacy Health Mental and Stigma as Determinants of Psychological Status Changes

Based on results analysis multivariate (Table 5.2.9), study This found empirical evidence that changes in cognitive aspects (Literacy/MHLS) have a contribution significant to repair score health mental student, regardless of the duration of the practice. However, on the other hand, changes in the perception aspect (Stigma/OMS-HC) found No give contribution Which meaningful on mental health outcomes. Specifically, the Delta Literacy variable (MHLS) was shown to be a significant determinant of the decrease in Anxiety ($p=0.010$; $B=-0.052$) and Depression ($p=0.045$; $B=-0.039$) scores. A negative coefficient value indicates an inverse relationship: every score improvement literacy followed with decreased anxiety and depression scores. This finding indicates that students who experience increased understanding of mental disorders tend to have lower anxiety responses. This is in line with research by Hassan et al. (2024). Which find that literacy health mental correlated negative with anxiety on student nursing ($\beta = -0.18$), in where knowledge adequate support helps students identify stressors more rationally and reduces fear of *the unknown*.

In contrast to literacy, the Delta Stigma (OMS-HC) variable was not found to be a significant determinant of changes in Depression and Stress scores. This finding refutes the initial assumption that students who are able to reduce their negative views negative or prejudice to patient in a way automatic will experienced a decrease in psychological stress. The insignificant contribution to this reduction in stigma can be explained through orientation practice clinic Which very based task academic (*task-oriented*). In reality, the student workload is dominated by settlement care clinical, logbook, And target presentation case with deadlines Which strict. As a result, stressors main Which trigger height score DASS is not a fear when interacting with patients, but rather the academic administrative burden That Alone. By Because That, although student become more their empathy and stigma towards People with Mental Disorders decreased, this does not necessarily alleviate their psychological stress because the root cause of the stress has not changed. This phenomenon can also be examined more deeply through *Allport's Contact Hypothesis* (Allport, 1954). From this perspective, reducing prejudice that can provide reciprocal emotional impact requires deep and meaningful interaction (*meaningful contact*) (Pettigrew & Tropp, 2006). Because the focus more students Lots seized for just dig data for the sake of While completing the assessment report, interactions with patients are often superficial. The reduction in stigma that occurs is most likely only in the cognitive realm. (awareness that patient is individual Which must treated), However has not been fully internalized affectively. As a result, the loss of prejudice has not yet occurred. Enough strong For functioning as protector psychological (*psychological buffer*) in reducing intergroup anxiety (Stephan & Stephen, 1985 ; Pettigrew & Tropp, 2008).

Results This give perspective new to studies from (Hamadi et al., 2021 ; Barkah & Syiddaturrohman, 2025) stated that stigma is a predictor of distress. In the context of this study, the highly varied initial (baseline) stigma constructions of students due to sociocultural backgrounds resulted in an inconsistent rate of stigma reduction. This inconsistency in the pattern of change Which in a way statistics weaken Power prediction variables stigma (OMS) in in multivariate models. Although thus, role aspect cognitive still dominate, in line with a recent experimental study by Raghavan et al. (2024) of 600 students in India. The research proves that health education interventions Structured mental health can significantly impact behavioral improvement. Specifically, Raghavan reported a highly significant increase in inclusive behavior scores (Reported and Intended Behavior Scale/RIBS) from an average of 12.4. (± 3.3) moment pre-test become 17.5 (± 2.6) quick after intervention ($p < 0.001$).

In addition, the knowledge score (Mental Health Knowledge Schedule/MAKS) also increased. sharp from 20.2 become 24.0 post-intervention ($p < 0.001$). Data statistics This confirms that increasing mental literacy does not stop at cognitive understanding alone, but effectively transforms into more inclusive attitudinal changes and a real reduction in stigma. Although

multivariate analysis showed that decreased stigma did not contribute direct on repair clinical DASS, findings about the decline The stigma score itself (based on bivariate testing) remains particularly significant when placed within the sociocultural context of Aceh. As a region that implements Islamic law, local perceptions of mental disorders are often intertwined. close with attribution supernatural or theological, which often become the roots of stigma and confinement.

Intervention practice clinic in Mental Hospital Aceh Which known integrate Islamic-based psychiatric care plays a crucial role in reconstructing students' paradigms. Through direct interaction at the mental hospital, students are exposed to the reality that mental disorders are medical illnesses (brain disorders) that can be treated scientifically, without negating religious values. This transformation help students reconcile tension between traditional cultural beliefs and modern medical evidence, so that the stigma rooted in the mystification of mental disorders can be significantly reduced, although the impact is more directed at the quality of patient care than reducing the stress of the students themselves.

Difference Adaptability Based on Age and Type Sex

One of the interesting findings in the multivariate analysis of this study is the role of demographic variables. The variable Age was found to be significantly positively associated with Delta Anxiety ($p=0.029$) And Delta Stress ($p=0.042$). Coefficient positive ($B=0.525$ for anxiety) means that the older the student, the smaller the decrease in anxiety scores experienced (less adaptive) compared to younger students. Meanwhile, gender did not show a significant effect ($p>0.05$) in the three models. This age phenomenon can be explained by the fact that older students (generally transfer students or those who graduate late) have a heavier burden of external responsibilities (family, financial, or academic expectations). so that "room mental" they for adapt with stressors new in psychiatric hospitals is more limited than regular students who are younger.

Findings This supported by (Schneider-Matyka et al., (2023)) analyzed stressors in 376 nursing students. They found that students aged >25 years had a higher average stress score (Mean=56.4) than students <21 years (Mean=48.2; $p=0.003$). Academic overload and fear of error were more dominant predictors of stress in the older age group. Related No existence influence gender, matter This in line with Derang et al.'s (2024) study. In their study of 450 nursing students in Spain, they found no significant differences between men and women in terms of clinical stress levels and coping strategies ($p > 0.05$). They argued that in the context of modern professional education, curriculum and competency demands are imposed equally, so psychological adaptation responses are more influenced by individual personality factors than biological sex. A similar finding was also found by Sutil-Rodríguez et al. (2025) in the context of students in Indonesia, who reported that although female students tended to report higher empathy scores, there was no statistically significant difference between the genders in terms of vulnerability to post-practice stress. man, and women, indicates that the pressures of the mental hospital environment are felt universally.

CONCLUSION

Research result show that practice clinic at the Mental Hospital is related with change condition student mental health. Duration more optimal practices tend to be given decline symptom depression, anxiety, and more stress Good compared to longer duration short, whereas duration excessive practice long No show significant influence to change condition psychological students. In addition, the increase literacy mental health related with decline symptom anxiety and depression, while reducing stigma against disturbance soul participate contribute in lower-level depression and stress. Age is also a factor in the adaptation process, where students who are younger tend show decline symptom more psychological Good compared to more students old. However Thus, the factors type sex No show significant influence to change depression, anxiety, and stress in students undergoing practice clinic.

REFERENCES

- Allport, G. W. (1954). *The Nature of Prejudice*. Addison-Wesley.
- Andalasari, R., & Safitri, D. (2024). Effectiveness Clinical Practices at Mental Hospital in Improving Literacy and Reducing Student Stigma. *Journal Psychiatry Community*, 7 (2), 12–19.
- Darfin, D., Julianto, J., Gani, L., & Nashatun, N. (2021). Counseling and Early Treatment of Mental Disorders in the Family Circle in the Baubau Coastal Community. *Indonesian Community Service Journal*, 3 (2), 38-46.
- Dewi, FV, Prameswari, N., & Suarniti, N. (2022). The Relationship Between Literacy Depression, Self-Stigma, and Attitudes to Seeking Help Student Nursing *Journal Psychiatric Nursing*, 10 (1), 22–30.
- Kusumaningtyas, I. (2022). *The Relationship Between Knowledge and Stigma of Students at the Islamic University of Indonesia Towards People with Mental Health Problems* (Doctoral dissertation, Islamic University of Indonesia).
- Labrague, L.J., & De Los Santos, J.A.A. (2021). Fear Of COVID-19, Psychological Distress, Work Satisfaction and Turnover Intention Among Frontline Nurses. *Journal Of Nursing Management*, 29 (3), 395–403.
- Mahardika, HFK (2021). *The Relationship Between Mental Health Literacy and the Stigma of Mental Disorders in the Soko Village Community, Kecamatan Bagel Regency Purworejo*. Dr. Soebandi University.
- Pettigrew, T. F., & Tropp, L. R. (2006). A Meta-Analytic Test of Intergroup Contact Theory. *Journal Of Personality and Social Psychology*, 90 (5), 751–783.
- Pettigrew, T. F., & Tropp, L. R. (2008). How Does Intergroup Contact Reduce Prejudice? *European Journal of Social Psychology*, 38(6), 922–934.
- Riskesdas. (2018). Hasil Utama Riskesdas 2018.
- Rodrigues, L., Peter, D., Kuriakose, A., Rashmi, S., & Mathias, N. (2021). Anxiety Among Nursing Students During the Initial Clinical Experience. *International Journal of Current Research and Review*, 13, 161–165.
- Schneider-Matyka, D., Świątoniowska-Lonc, N., Polański, J., Szkup, M., Grochans, E., & Jankowska-Polańska, B. (2023). Assessment Of the Effect of Stress and Work-Related Factors on Rationing of Nursing Care. *International Journal of Environmental Research and Public Health*, 20(3).
- Sutil -Rodríguez, E., Liébana-Presa, C., Martín-Vázquez, C., Ortega-Donaire, L., Bermejo-Martínez, D., & Fernández-Martínez, E. (2025). Humanization And Empathy in Undergraduate Nursing Students. *Journal Of Professional Nursing*, 59, 20–26.
- Umma, N. (2024). *Mental Health Literacy and Stigma Towards Patients with Mental Health Disorders Among Pharmacy Students* (Doctoral Dissertation, Thesis, Muhammadiyah University of Magelang).
- World Health Organization. (2022). *Mental Health: Strengthening Our Response*. WHO.
- World Health Organization. (2023). *Depression And Other Common Mental Disorders: Global Health Estimates*. WHO.

