

Reframing Suicide Prevention Through Local Legal Instruments: A Field-Based Study of Mental Health Governance in Gunungkidul

Enggar Wijayanto

Universitas Islam Negeri Sunan Kalijaga Yogyakarta, Indonesia

ABSTRACT

Background: Suicide has remained a recurring concern in Gunungkidul, revealing how gaps in mental health literacy and support continue to shape community vulnerability. Although the local government has issued regulations to strengthen preventive efforts, many practical barriers still limit their effectiveness.

Aims: This study seeks to understand how these local legal instruments function in the daily reality of suicide prevention and whether the revised policy framework contributes to a more responsive form of mental health governance.

Methods: The research was conducted using a field-based socio-legal approach to capture how regulations work beyond their written form. Interviews with health workers, community figures, and religious leaders were combined with on-site observations and administrative records. These primary data were supported by statutory documents and scholarly references to frame the wider regulatory context. All information was examined through thematic analysis, while long-term trends in suicide cases were described using basic descriptive statistics.

Result: Findings indicate that the regulation has encouraged greater institutional attention to mental health, but its practical impact remains limited. Suicide cases have not shown a consistent decline, partly due to a shortage of mental health professionals, uneven coordination across sectors, and the persistence of social stigma. The transition to the Community Mental Health Team expanded the mandate of prevention work, yet it also brought new gaps in administration and implementation.

Conclusion: While local regulations provide a necessary foundation for suicide prevention, meaningful progress depends on stronger collaboration, adequate staffing, and deeper community involvement. Policies must be able to engage with social realities if they are to address the needs of those most at risk.

ARTICLE HISTORY

Submitted: September 12, 2025

Accepted: October 01, 2025

Published: December 29, 2025

KEYWORD

Gunungkidul Case Study;
Local Legal Instruments;
Mental Health Governance;
Socio-Legal Approach;
Suicide Prevention Policy;

Introduction

This study begins from a simple but pressing concern: despite the presence of local regulations intended to curb suicide in Gunungkidul, the problem continues to resurface year after year (Leong, 2023; Sendra, 2025). The persistence of these cases raises questions about how well the existing policies align with the realities experienced by residents who face emotional pressure (Maqbool et al., n.d.; Williams et al., 2022). Although the government has tried to formalize prevention mechanisms, the outcomes in the field indicate that written regulations alone have not been enough. Many community members still struggle to access support systems or recognize early signs of psychological distress. At the same time, frontline workers often find themselves constrained by limited resources and unclear operational guidance. These overlapping conditions suggest that the gap between regulation and practice is more than a technical issue. It reflects deeper structural and social challenges that shape mental health in the district. For these reasons, examining how the law actually functions on the ground becomes an urgent matter.

For decades, suicide in Gunungkidul has been intertwined with economic hardship, family pressures, and cultural narratives that often discourage open discussion (Cahyono et al., 2025; Sendra, 2025b). People who experience severe emotional distress may keep their struggles private because they fear being judged or misunderstood (EghbalManesh et al., 2023; Prizeman et al., 2023). This tendency to remain silent complicates both prevention and early intervention. Families may also be unsure about how

to seek help or may not recognize the seriousness of warning signs. The complexity of this situation has been noted in several studies, yet the issue remains far from resolved. In many cases, the emotional weight carried by individuals is intensified by social isolation and limited awareness of mental health. These overlapping vulnerabilities help explain why the phenomenon persists. Understanding how these elements interact is essential for evaluating whether existing policies address the root of the problem.

The local government initially attempted to build a more structured response through the issuance of Regent Regulation No. 56/2018 (Suyatna et al., 2021). The regulation was designed to outline roles, responsibilities, and procedures for suicide prevention at various administrative levels (Pearce, 2023; Stevens et al., 2021). Yet as the years passed, it became increasingly clear that the regulation required refinement. This recognition prompted the government to revise the policy through Regent Regulation No. 18/2022, which expanded the scope of intervention and introduced adjustments to institutional arrangements. Although these revisions reflect a genuine desire to improve governance, the effectiveness of the changes has yet to be demonstrated. Reports from field actors reveal that the revised regulation still leaves many practical questions unanswered. Implementation varies widely across villages, hinting that the written document may not fully capture the realities of everyday practice. These inconsistencies make it necessary to analyze the policy beyond its formal language.

One of the most persistent obstacles to effective suicide prevention is the cultural stigma attached to mental health problems (Ewert, 2021; Tanaka & Ikeuchi, 2023). Many people hesitate to discuss emotional difficulties openly, even with close family members (Kaspersen et al., 2022; Laor, 2023). This reluctance delays the possibility of early assistance and reduces the visibility of individuals who may be experiencing severe distress. Families may also hold views that associate mental struggle with personal weakness, making it even harder for someone to seek help. Over time, this climate reinforces silence and discourages community engagement with mental health issues. The stigma also affects how community leaders, health workers, and institutions interpret their roles. Policies that aim to promote awareness and support must contend with this deeply rooted cultural context. Without addressing these social barriers, regulatory efforts may fall short of their intended impact.

From an administrative perspective, the regulatory framework relies heavily on coordination between health offices, villages, and community-level actors (Odi et al., 2024; Patel et al., 2026). In practice, however, the ability of these actors to work together depends on training, communication, and resources (Dockx et al., 2023; Timotheou et al., 2023). Many village officials report that they have not received sufficient guidance on how to implement mental health programs effectively. As a result, some villages show strong initiative while others remain inactive or uncertain about their responsibilities. This unevenness creates pockets of effective intervention alongside areas where prevention is minimal. The lack of consistency weakens the overall system and reduces the visibility of those who need help the most. These conditions suggest that the policy's institutional design may not fully account for variations in local capacity.

The restructuring from the Suicide Prevention Team to the Community Mental Health Team was intended to provide a more integrated approach (Spottswood et al., 2022; Turner et al., 2021). By expanding the team's mandate, the government hoped to situate suicide prevention within broader mental health services (Cramer et al., 2024; Moutier, 2021). Yet the expansion brought new complications, particularly regarding workload, clarity of duties, and coordination with other sectors. Many field workers report increased responsibilities without corresponding support or resources. This imbalance often leads to fragmented implementation, where some tasks receive attention while others are neglected. The new structure also requires cooperation from multiple actors whose roles are still evolving. These conditions make it difficult to determine whether the restructuring represents meaningful progress or simply a shift in terminology. This ambiguity is one of the reasons why deeper analysis is needed.

Scholars have long argued that suicide prevention must be grounded in an understanding of social context, community dynamics, and institutional behavior (Fitzgerald et al., 2022; Kirmayer, 2022). A

purely normative or medical approach is rarely sufficient because the conditions that contribute to suicide are complex and interrelated (Maung, 2022; Mueller et al., 2021). Regulations can provide a useful framework, but their effectiveness depends on the capacity of institutions to adapt them to local realities. Studies on public health governance show that misalignment between policy design and everyday implementation is common, especially in regions with limited mental health infrastructure. The same pattern appears in Gunungkidul, where the gap between expectation and practice continues to widen. A socio-legal perspective can help uncover the reasons behind this misalignment. Such an approach allows the analysis to move beyond compliance and address the subtler forces that shape preventive action.

Taken together, these observations show that suicide prevention in Gunungkidul should not be viewed as a single-sector issue. It is a multidimensional problem requiring contributions from legal frameworks, social institutions, cultural norms, and community actors (Almulhim & Yigitcanlar, 2025; Gürtler, 2023). Understanding how these elements interact is essential for assessing the strengths and limitations of the current system. This study therefore seeks to examine how local law operates in the daily practice of suicide prevention, not only in terms of formal rules but also in how these rules are interpreted by those responsible for applying them. The findings aim to enrich the ongoing conversation about mental health governance in Indonesia. They also offer practical insights for improving local policy implementation. Ultimately, this research positions suicide prevention within a broader framework of community well-being and social responsibility, making it both timely and necessary.

Studies by Birben et al. (2025) show that policy designs often lose strength when institutions lack the support to carry them out, a finding that aligns with Odoyi & Riekkinen (2025) observation that community-level realities frequently weaken the influence of legal instruments. Research by Lusasi et al. (2025) reveals that governance can falter when local actors have limited access to reliable information, while Iaione & Manna (2025) note that unclear role interpretation often disrupts cooperation across institutions. These studies help explain why similar inconsistencies emerge in Gunungkidul, where mental health programs progress unevenly despite a unified regulatory framework. In the mental health field, the work of Lippi et al. (2025) emphasizes that psychiatric risk requires not only clinical responses but also stable governance structures, and findings from Nhassengo et al. (2025) demonstrate how community readiness can significantly shape the outcomes of prevention efforts. Their insights mirror local problems involving stigma and limited literacy surrounding psychological well-being. Beyond health-specific literature, scholars like Ladychenko et al. (2025) argue that legal mechanisms only gain traction when they are supported by institutional credibility and public acceptance. Research carried out by Yusuf et al. (2025) similarly shows that legal interventions in Indonesia often confront cultural and economic complexities that constrain implementation. Levai & Turati (2025) add that regulations work most effectively when they adapt to the social conditions they seek to influence, offering a perspective that clarifies why reforms in Gunungkidul have not yet produced a noticeable shift in outcomes.

The current regulatory framework in Gunungkidul was introduced with the expectation that clear institutional arrangements would help reduce the long-standing pattern of suicide cases in the region. Yet the situation on the ground continues to show that the presence of a regulation does not automatically translate into effective action. Many frontline actors still operate with limited guidance, while communities struggle with stigma and a lack of mental health understanding, making formal interventions difficult to carry out. These gaps point to a deeper issue: the way local actors interpret their duties and the way communities respond to mental health initiatives matter just as much as the written rules themselves. The rationale for this study therefore lies in the need to understand how regulations are lived, negotiated, and sometimes constrained by social and institutional realities. By exploring the day-to-day workings of the regulatory system, this study seeks to uncover why preventive efforts have not produced meaningful improvements, despite structural adjustments made by the local government.

Existing scholarship provides valuable insights into suicide, stigma, and policy, yet these strands of research often run parallel without intersecting at the point where local law, institutional capacity, and community behavior meet. Studies on mental health in Indonesia have emphasized the role of cultural

silence and low literacy, while policy-oriented works have examined coordination problems only at a general administrative level. What is missing is a focused examination of how a district-specific regulation actually functions once it reaches the village level, where preventive efforts are intended to take shape. Moreover, the transition from the Suicide Prevention Team to the Community Mental Health Team has not been evaluated in terms of its operational consequences, leaving unanswered questions about workload distribution, role clarity, and practical coordination across sectors. No existing research brings together these dimensions in a socio-legal framework capable of explaining why suicide cases continue to persist despite revisions to the regulatory structure. This absence of an integrated analysis forms the central gap that the present study addresses.

The study aims to investigate how local legal instruments function within the broader landscape of suicide prevention in Gunungkidul and to determine whether the revised regulatory framework has improved or complicated the governance of mental health services. The research focuses on understanding how different actors interpret the regulation, how coordination unfolds across community and institutional levels, and what challenges prevent the system from operating as intended. Although the study is not built on statistical hypothesis testing, it proceeds from the premise that regulations alone cannot create change unless they are supported by adequate resources, clear communication, and active community participation. By analyzing the interaction between legal mandates and everyday realities, the research seeks to generate insights that can guide the refinement of mental health governance in the district. The ultimate purpose is to contribute toward a more adaptive and socially grounded model of suicide prevention that aligns legal expectations with the lived experiences of those most affected.

Method

Research Design

This study was developed using a socio-legal research design, a framework that allows legal texts to be examined alongside the social settings in which they are implemented. Instead of treating the regulation merely as a formal document, the design positioned it as something that gains meaning only when interpreted and acted upon by the people responsible for carrying it out. Because suicide prevention in Gunungkidul involves multiple administrative layers from district offices to village-based actors this approach made it possible to follow how the regulation travels across these levels. Fieldwork formed an essential component, enabling close observation of how duties were understood, which routines were followed, and where the system broke down. This combination of legal analysis and grounded inquiry helped reveal the distance between the regulation as written and the regulation as lived.

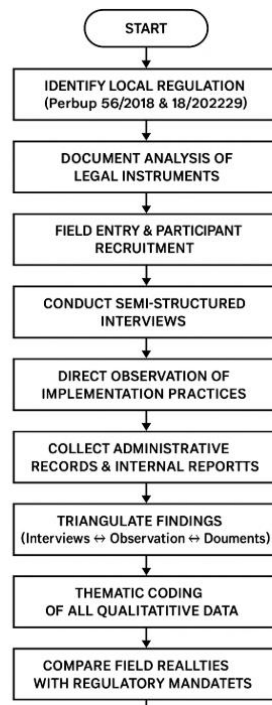


Figure 1. Flowchart of Research Procedures

Participant

Participants were individuals who directly encountered the regulation in their daily responsibilities: district health officials, members of the Community Mental Health Team, village leaders, and community-level actors involved in suicide-prevention activities. They were selected because their roles placed them at key points of decision-making and implementation. Participation was based entirely on voluntary consent, with careful attention paid to ethical considerations given the sensitivity of the topic. The diversity of participants allowed different layers of the policy structure to be examined—from administrative coordination at the district level to community engagement practices in the villages. This variation was essential for understanding why implementation differed across locations even under the same regulatory framework.

Instrument

Data were collected through three complementary instruments designed to capture both normative expectations and empirical realities. The interview guide encouraged participants to speak in their own terms about responsibilities, obstacles, and everyday experiences, without forcing them into rigid categories. The observation sheets were used during meetings, field activities, and coordination sessions to document how instructions, routines, and interpretations unfolded in practice. Meanwhile, the document review protocol focused on regulatory texts, internal memos, administrative reports, and program documentation to trace how institutional mandates were constructed. Together, these instruments produced a balanced picture of the system, allowing narrative accounts to be cross-checked with observable action and written guidance.

Data Analysis

Data analysis followed a step-by-step thematic process. Interview transcripts, observation notes, and institutional documents were read repeatedly to identify recurring patterns linked to governance structures, coordination issues, community responses, and institutional constraints. Coding was done manually to maintain close engagement with the material and avoid forcing the data into predetermined categories. The analysis moved continuously between what the regulation states and what actually happens in the field, enabling mismatches and alignments to be documented clearly. Descriptive comparisons were then developed to capture differences between villages and institutional levels. The final stage involved synthesizing these themes into an integrated explanation of how the regulatory framework shapes, and is shaped by, the realities of suicide-prevention efforts in Gunungkidul.

Results and Discussion

Results

This study reveals that the revision of suicide prevention policy in Gunungkidul has primarily resulted in formal institutional reorganization rather than substantive improvement in preventive outcomes. Analysis of regulatory documents, supported by field observations and interviews, shows that the policy revision expanded the scope of mental health governance but did not sufficiently resolve long-standing implementation challenges. While institutional roles are now more explicitly defined, their translation into consistent practice varies considerably across local settings. These findings indicate that the regulatory framework has strengthened administrative structure, yet its practical influence remains constrained by capacity and coordination issues.

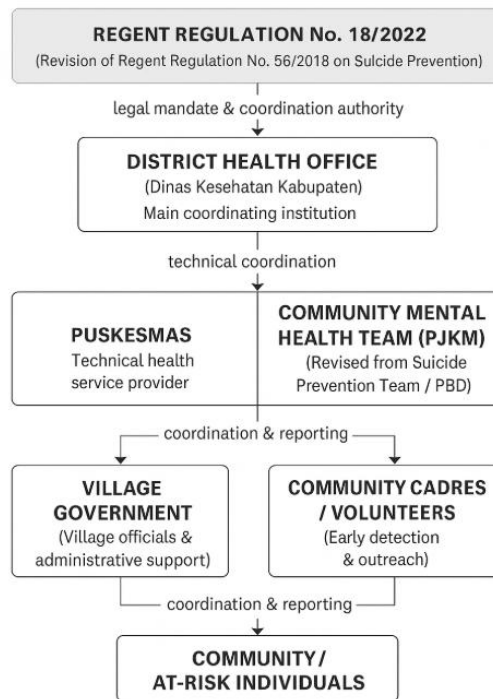


Figure 1. Institutional structure of suicide prevention governance in Gunungkidul after the revision of Regent Regulation No. 18/2022

Figure 1 presents the institutional arrangement established after the enactment of Regent Regulation No. 18/2022, which replaced the Suicide Prevention Team with the Community Mental Health Team. The revised structure positions the District Health Office as the coordinating authority, with Puskesmas acting as technical implementers and village-level actors responsible for early detection and community outreach. Although this arrangement formally broadens institutional participation, empirical findings indicate that coordination across these levels remains inconsistent and largely dependent on local capacity rather than standardized procedures.

Changes in the Regulatory Framework

Comparison of the two regulations demonstrates a shift in policy orientation from a narrowly focused suicide prevention approach toward a broader community mental health framework.

Table 1. Comparison of Suicide Prevention Regulations in Gunungkidul

Aspect	Regent Regulation No. 56/2018	Regent Regulation No. 18/2022
Policy orientation	Standalone suicide prevention	Integrated community mental health approach
Institutional unit	Suicide Prevention Team (PBD)	Community Mental Health Team (PJKM)

Scope of intervention	Reactive and case-based	Preventive, promotive, and cross-sectoral
Actors involved	Primarily health sector	Multi-sector including village actors
Coordination mechanism	Limited and informal	Expanded but weakly operationalized
Community involvement	Minimal	Explicitly encouraged

As shown in Table 1, the revised regulation expands institutional roles and emphasizes prevention. However, the absence of detailed operational guidelines contributes to uneven implementation at the village level.

Patterns in Suicide Case Trends

Document-based evidence suggests that regulatory changes have not been followed by a sustained reduction in suicide cases.

Table 2. Descriptive Trend of Suicide Cases in Gunungkidul

Period	Observed pattern
Before 2018	Persistent and recurrent cases
2018–2020	No consistent decline after regulation
2021–2023	Continued fluctuation following revision

These patterns indicate that policy revision alone has not been sufficient to disrupt long-standing trends, highlighting the limited capacity of regulatory instruments to generate immediate behavioral or social change.

Key Findings from Field Data

Qualitative data from interviews and observations reveal recurring themes that explain the gap between policy design and implementation.

Table 3. Summary of Field Findings

Theme	Description
Institutional capacity	Shortage of mental health personnel and technical support
Role interpretation	Unclear division of responsibilities
Coordination	Weak inter-sectoral collaboration
Community response	Persistent stigma and reluctance to engage
Reporting practices	Incomplete and inconsistent documentation

Table 3 shows that implementation challenges are systemic rather than incidental, reflecting deeper institutional and social constraints that limit the effectiveness of suicide prevention efforts.

Discussion

This study demonstrates that changes in legal frameworks do not automatically translate into meaningful improvements in suicide prevention outcomes. Although the revised regulation introduced a broader governance structure, its presence alone did not resolve implementation challenges. This finding aligns with Birben, Çakır, Yıldızbaş, Škema, and Aleinikovas (2023), who argue that institutional effectiveness depends more on operational capacity than on regulatory design. In Gunungkidul, formal restructuring expanded responsibilities without strengthening practical support systems. Many local actors faced difficulties interpreting and executing their roles. As a result, regulatory intent often remained at the normative level. The persistence of suicide cases therefore reflects governance limitations rather than policy absence. This condition highlights the gap between formal regulation and lived realities.

The shift from the Suicide Prevention Team to the Community Mental Health Team was expected to enhance integration across services. From a theoretical perspective, this transition reflects the integrated mental health governance model proposed by Lippi, Campanozzi, D'Andrea, Tambone, and Rinaldi (2022). However, empirical findings indicate that integration was not fully realized in practice. Instead of simplifying coordination, the new structure introduced overlapping responsibilities. Several actors reported uncertainty regarding decision-making authority. This confusion weakened inter-institutional collaboration. Similar patterns were observed by Lusasi, Charles, and Dungumaro (2021) in studies of local governance reform. In Gunungkidul, institutional expansion occurred faster than capacity development.

Community participation remains one of the weakest elements in the current suicide prevention framework. Although the regulation emphasizes preventive engagement, cultural stigma continues to inhibit open discussion of mental health issues. Nhassengo, Laflamme, and Sengoelge (2023) emphasize that prevention efforts depend heavily on community readiness and trust. The findings of this study support that argument. Individuals experiencing emotional distress often avoided seeking help due to fear of social judgment. Families also tended to interpret psychological struggles as private matters. This cultural context limited early detection efforts. As a result, preventive measures were often delayed. Addressing stigma therefore becomes central to improving policy effectiveness.

The study also reveals persistent coordination challenges across institutional levels. While the regulation formally mandates collaboration, practical coordination mechanisms remain weak. Iaione and Manna (2020) argue that governance networks require shared norms and communication routines to function effectively. In Gunungkidul, coordination depended largely on informal relationships rather than standardized procedures. Some villages benefited from proactive leadership, while others lacked consistent interaction among actors. This uneven coordination produced fragmented implementation. It also reduced the ability of district authorities to monitor progress. Without clear coordination protocols, institutional expansion yielded limited benefits. Governance effectiveness thus remained uneven.

Legal intervention alone proved insufficient to address the socio-economic roots of suicide vulnerability. Yusuf, Maskun, Hamid, Mukhlis, and Ab Rahman (2020) note that legal reforms in Indonesia often encounter structural and cultural constraints. In Gunungkidul, economic pressure, family burden, and social isolation continued to shape individual risk. These factors were largely beyond the reach of regulatory instruments. Consequently, the law functioned more as a symbolic commitment than a transformative tool. This limitation restricted its preventive impact. Suicide prevention remained influenced by conditions outside institutional control. Recognizing these constraints is crucial for realistic policy design.

Inconsistent reporting practices further weakened policy implementation. Field data showed that documentation and monitoring varied widely between villages. Ladychenko, Yankovskyi, and Yarynko (2021) emphasize that accountability mechanisms are essential for institutional legitimacy. In the absence of reliable reporting, evaluation becomes difficult. District-level authorities lacked accurate data to guide corrective action. This gap reduced opportunities for learning and adaptation. As a result, ineffective practices persisted without feedback. Strengthening reporting systems is therefore a necessary step. Transparency directly affects governance credibility.

The findings also reflect broader challenges in public health governance. Odoyi and Riekkinen (2022) argue that policy tools lose effectiveness when frontline actors lack sufficient support. This study confirms that observation. Many local implementers demonstrated commitment but lacked training and resources. As a result, policy success depended heavily on individual initiative. Villages with motivated leaders performed better than others. Such reliance created inequality in service delivery. Over time, this undermined policy coherence. Sustainable prevention requires institutionalized support rather than individual effort.

From a socio-legal standpoint, the gap between regulation and practice is not merely technical. Levai and Turati (2021) highlight that legal norms must be adaptable to social contexts. In Gunungkidul,

the regulation assumed a level of institutional readiness that did not uniformly exist. This mismatch limited compliance to formal acknowledgment. The law was present, but its influence was constrained. Such conditions illustrate the limits of legal formalism. A socio-legal approach helps explain why policy outcomes diverged from expectations. It also suggests pathways for adaptive governance.

The study contributes to discussions on decentralized governance and mental health policy. Local autonomy allowed some villages to innovate within the regulatory framework. However, decentralization also amplified disparities in capacity. This dual outcome reflects observations by Lusasi et al. (2021) regarding local governance variation. In Gunungkidul, decentralization created uneven preventive capacity. Without strong coordination, local discretion produced inconsistent outcomes. This finding underscores the need for balanced decentralization. Governance frameworks must combine flexibility with support structures.

Overall, the discussion demonstrates that suicide prevention in Gunungkidul cannot be understood solely through legal texts. Instead, it must be examined as a dynamic interaction between law, institutions, and social context. The findings reinforce arguments by Birben et al. (2023) and Lippi et al. (2022) regarding the limits of regulatory solutions. Structural reform created institutional change but not behavioral transformation. This explains the continued fluctuation of suicide cases. Addressing this challenge requires moving beyond compliance-based governance. Integrated strategies combining regulation, capacity building, and community engagement are necessary. Only through such an approach can prevention efforts achieve lasting impact.

Implications

The results of this study suggest that suicide prevention policy should be understood as an ongoing governance process rather than a one-time regulatory intervention. The experience in Gunungkidul demonstrates that formal legal revisions alone are insufficient when not accompanied by practical support at the implementation level. One key implication is the need for local governments to shift their focus from policy issuance to operational readiness, particularly by strengthening the skills and confidence of frontline actors. Capacity building for village officials and community mental health teams becomes essential, as these actors serve as the primary link between regulation and everyday practice. The findings also imply that suicide prevention strategies must engage directly with local cultural contexts, especially in addressing stigma and silence surrounding mental health. Without deliberate efforts to foster trust and openness, preventive measures risk remaining superficial. In this sense, the study reinforces the idea that effective governance emerges from the interaction between legal frameworks, institutional capacity, and social acceptance.

Limitations

Several limitations should be considered when interpreting the findings of this study. The analysis is grounded in qualitative data, which provides depth but limits the ability to generalize results to other regions with different institutional and cultural settings. Access to participants was constrained by the sensitivity of the research topic, meaning that some voices, particularly from vulnerable groups, may not have been fully captured. In addition, the study did not incorporate statistical analysis of suicide incidence over time, as its primary focus was governance and implementation rather than outcome measurement. Variability in documentation quality across villages also restricted the level of comparison that could be conducted. Furthermore, the study did not examine individual psychological dimensions of suicide risk, which are beyond the scope of a socio-legal approach. These limitations indicate that the findings should be read as context-specific insights rather than comprehensive explanations of suicide prevention effectiveness.

Suggestions

Building on these findings, future studies could benefit from combining governance analysis with quantitative data to better understand long-term trends in suicide prevention outcomes. Longitudinal research designs may help capture gradual changes that are not immediately visible following regulatory reform. From a policy perspective, clearer operational guidelines and continuous training programs

should be prioritized to support those responsible for implementation. Establishing routine coordination forums among health services, village governments, and community actors may also improve consistency across locations. In parallel, community-oriented initiatives aimed at reducing stigma and improving mental health literacy should be strengthened, as prevention efforts rely heavily on early recognition and social support. Regular evaluation mechanisms should be embedded within policy frameworks to allow for timely adjustments based on field experience. Through these combined efforts, suicide prevention policies can move beyond formal compliance toward more meaningful and sustainable impact.

Conclusion

This study shows that suicide prevention efforts in Gunungkidul are shaped less by the absence of regulation than by the difficulty of translating legal intentions into everyday practice. The revision embodied in Regent Regulation No. 18/2022 marked an important institutional shift toward integrated community mental health governance, yet its implementation has remained uneven across local contexts. Changes in organizational structure, including the transition from the Suicide Prevention Team to the Community Mental Health Team, have not been matched by adequate operational guidance, coordination, or local capacity. As a result, preventive actions continue to depend heavily on individual initiative and village-level conditions. Cultural stigma, limited reporting practices, and inconsistent institutional readiness further weaken early detection and intervention. Viewed through a socio-legal lens, these findings indicate that formal legal frameworks alone cannot effectively address complex and socially embedded mental health problems. Meaningful progress in suicide prevention therefore requires closer alignment between regulation, institutional capability, and community engagement, supported by adaptive governance rather than reliance on regulatory compliance alone.

Author Contributions Statement

EW conceptualized the study and designed the research framework. All data collection activities, including document analysis, field observations, and interviews, were conducted by Enggar Wijayanto. The author performed data analysis and interpreted the findings using a socio-legal perspective. Manuscript drafting, critical revision, and final editing were completed solely by Enggar Wijayanto. The author read and approved the final version of the manuscript.

References

- Almulhim, A. I., & Yigitcanlar, T. (2025). Understanding Smart Governance of Sustainable Cities: A Review and Multidimensional Framework. *Smart Cities*, 8(4), 113. <https://doi.org/10.3390/smartcities8040113>
- Birben, Ü., Çakır, M., Yıldızbaş, N. T., Yıldırım, H. T., Perkumienė, D., Škėma, M., & Aleinikovas, M. (2025). Between Old Law and New Practice: The Policy–Implementation Gap in Türkiye’s Forest Governance Transition. *Forests*, 16(11). <https://doi.org/10.3390/f16111721>
- Cahyono, S. A. T., Wahyono, E., Ikawati, I., Purnama, A., Tursilarini, T. Y., Murtiwiidayanti, S. Y., Listyawati, A., Udiati, T., Suryani, S., Gutomo, T., Hidayatulloh, A. N., Irmawan, I., Aldyan, R. A., & Setiawan, H. H. (2025). Suicide in rural agrarian culture: Revealing the micro dimensions of suicidal behavior in Gunungkidul Regency, Indonesia. *Frontiers in Sociology*, 10. <https://doi.org/10.3389/fsoc.2025.1588593>
- Cramer, R. J., Hawgood, J., Kaniuka, A. R., Brooks, B., & Baker, J. C. (2024). Updated suicide prevention core competencies for mental health professionals: Implications for training, research, and practice. *Clinical Psychology: Science and Practice*, 31(3), 275–293. <https://doi.org/10.1037/cps0000172>
- Dockx, E., Verhoest, K., Langbroek, T., & Wynen, J. (2023). Bringing together unlikely innovators: Do connective and learning capacities impact collaboration for innovation and diversity of actors? *Public Management Review*, 25(6), 1104–1127. <https://doi.org/10.1080/14719037.2021.2005328>
- EghbalManesh, A., Dalvandi, A., & Zoladl, M. (2023). The experience of stigma in family caregivers of people with schizophrenia spectrum disorders: A meta-synthesis study. *Heliyon*, 9(3). <https://doi.org/10.1016/j.heliyon.2023.e14333>
- Ewert, R. (2021). “A country boy can survive:” Rural culture and male-targeted suicide prevention messaging. *Social Science & Medicine*, 289, 114439. <https://doi.org/10.1016/j.socscimed.2021.114439>

- Fitzgerald, M. M., Shipman, K., Pauletic, M., Ellesworth, K., & Dymnicki, A. (2022). Promoting educator social emotional competence, well-being, and student–educator relationships: A pilot study. *Mental Health & Prevention, 26*, 200234. <https://doi.org/10.1016/j.mhp.2022.200234>
- Gürtler, K. (2023). Justice in energy transformations as a spatial phenomenon: A framework for analyzing multi-dimensional justice claims. *Energy Research & Social Science, 105*, 103277. <https://doi.org/10.1016/j.erss.2023.103277>
- Iaione, C., & Manna, M. (2025). Outcome Contracts and Partnerships: Public and Private Duties for an Emerging Customary Housing Law. *European Review of Contract Law, 21*(3), 413–446. <https://doi.org/10.1515/ercl-2025-2014>
- Kaspersen, S. L., Kalseth, J., Stene-Larsen, K., & Reneflot, A. (2022). Use of Health Services and Support Resources by Immediate Family Members Bereaved by Suicide: A Scoping Review. *International Journal of Environmental Research and Public Health, 19*(16), 10016. <https://doi.org/10.3390/ijerph191610016>
- Kirmayer, L. J. (2022). Suicide in cultural context: An ecosocial approach. *Transcultural Psychiatry, 59*(1), 3–12. <https://doi.org/10.1177/13634615221076424>
- Ladychenko, V., Yankovskyi, S., & Yarynko, B. (2025). Assessment of the effectiveness of international legal mechanisms for environmental protection: Environmental issues in the practice of international courts. *Law. Human. Environment, 16*(3), 73–91. <https://doi.org/10.31548/law/3.2025.73>
- Laor, T. (2023). Breaking the silence: The role of social media in fostering community and challenging the spiral of silence. *Online Information Review, 48*(4), 710–724. <https://doi.org/10.1108/OIR-06-2023-0273>
- Leong, K.-Y. (2023). Invisible threads linking phantasmal landscapes in Java: Haunted places and memory in post-authoritarian Indonesia. *Memory Studies, 16*(2), 296–318. <https://doi.org/10.1177/1750698021995968>
- Levai, A., & Turati, R. (2025). International immigration and labor regulation. *Scandinavian Journal of Economics, 127*(4), 809–851. <https://doi.org/10.1111/sjoe.12601>
- Lippi, M., Campanozzi, L. L., D'Andrea, G., Morena, D., Orsini, F., Damato, F. M., Fanelli, G., Balcioglu, Y. H., Ryland, H., Fovet, T., Völm, B., Vicente-Alba, J., Scott, C. L., Frati, P., Tambone, V., & Rinaldi, R. (2025). Psychiatric Risk Governance Across Jurisdictions: A Comparative Analysis of Involuntary Treatment, Community Treatment Orders, and Forensic Mental Health Services. *Healthcare (Switzerland), 13*(18). <https://doi.org/10.3390/healthcare13182363>
- Lusasi, J. E., Charles, J. S., & Dungumaro, E. W. (2025). Understanding land governance and knowledge gaps in the Southern Highlands of Tanzania. *GeoJournal, 90*(5). <https://doi.org/10.1007/s10708-025-11476-5>
- Maqbool, S., Zafeer, H. M. I., & Maqbool, S. (n.d.). Psychological Impact of Raising a Child With Autism: A Real Life Case Study of Expatriate Family. *Child & Family Social Work, n/a*(n/a). <https://doi.org/10.1111/cfs.70011>
- Maung, H. H. (2022). Mental Disorder and Suicide: What's the Connection? *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine, 47*(3), 345–367. <https://doi.org/10.1093/jmp/jhab015>
- Moutier, C. (2021). Suicide Prevention in the COVID-19 Era: Transforming Threat Into Opportunity. *JAMA Psychiatry, 78*(4), 433–438. <https://doi.org/10.1001/jamapsychiatry.2020.3746>
- Mueller, A. S., Abrutyn, S., Pescosolido, B., & Diefendorf, S. (2021). The Social Roots of Suicide: Theorizing How the External Social World Matters to Suicide and Suicide Prevention. *Frontiers in Psychology, 12*. <https://doi.org/10.3389/fpsyg.2021.621569>
- Nhassengo, S., Laflamme, L., & Sengoelge, M. (2025). Community readiness to prevent child maltreatment in Mozambique: An investigation among key informants at country level and from Maputo city. *Children and Youth Services Review, 176*. <https://doi.org/10.1016/j.childyouth.2025.108400>
- Odi, A., Etiaba, E., & Onwujekwe, O. (2024). Examining the roles and relationships of actors in community health systems in Nigeria through the lens of the expanded health systems framework. *BMJ Global Health, 9*(10). <https://doi.org/10.1136/bmjgh-2023-014610>
- Odoyi, E. J., & Riekkinen, K. (2025). Exploring land policy tools and instruments for formalising informal settlements in Nigeria. *Habitat International, 166*. <https://doi.org/10.1016/j.habitatint.2025.103605>
- Patel, D., Tripathi, K. K., & Jha, K. N. (2026). Impact of Delay on Real Estate Development Projects: An Empirical Study. *Journal of Legal Affairs and Dispute Resolution in Engineering and Construction, 18*(1). <https://doi.org/10.1061/JLADAH.LADR-1423>
- Pearce, S. (2023). 'Why are we doing this if there's no connection?' The importance of prior experience in academic learning on a Master's programme. *Journal of Further and Higher Education, 47*(4), 563–575. <https://doi.org/10.1080/0309877X.2023.2175651>
- Prizeman, K., Weinstein, N., & McCabe, C. (2023). Effects of mental health stigma on loneliness, social isolation, and relationships in young people with depression symptoms. *BMC Psychiatry, 23*(1), 527. <https://doi.org/10.1186/s12888-023-04991-7>
- Sendra, J. (2025a). Violence and Resistance in Rural Java: Local dynamics of the 1965–1966 communist massacres in Gunung Kidul. *Indonesia and the Malay World, 53*(155), 36–62. <https://doi.org/10.1080/13639811.2025.2472555>
- Sendra, J. (2025b). Violence and Resistance in Rural Java: Local dynamics of the 1965–1966 communist massacres in Gunung Kidul. *Indonesia and the Malay World, 53*(155), 36–62. <https://doi.org/10.1080/13639811.2025.2472555>

- Spottswood, M., Lim, C. T., Davydow, D., & Huang, H. (2022). Improving Suicide Prevention in Primary Care for Differing Levels of Behavioral Health Integration: A Review. *Frontiers in Medicine*, 9. <https://doi.org/10.3389/fmed.2022.892205>
- Stevens, K., Thambinathan, V., Hollenberg, E., Inglis, F., Johnson, A., Levinson, A., Salman, S., Cardinale, L., Lo, B., Shi, J., Wiljer, D., Korczak, D. J., & Cleverley, K. (2021). Core components and strategies for suicide and risk management protocols in mental health research: A scoping review. *BMC Psychiatry*, 21(1), 13. <https://doi.org/10.1186/s12888-020-03005-0>
- Suyatna, I. N., Arsika, I. M. B., Satyawati, N. G. A. D., Nordin, R., & Jones, B. (2021). Assessment of the Responsibility of Local Governments in Indonesia for the Management of Refugee Care. *Asian Journal of Law and Society*, 8(3), 467–489. <https://doi.org/10.1017/als.2021.4>
- Tanaka, K., & Ikeuchi, S. (2023). Difficulties in suicide prevention facing primary healthcare workers based on the characteristics of people with suicide risk and healthcare systems. *Journal of Advanced Nursing*, 79(8), 2911–2923. <https://doi.org/10.1111/jan.15522>
- Timotheou, S., Miliou, O., Dimitriadis, Y., Sobrino, S. V., Giannoutsou, N., Cachia, R., Monés, A. M., & Ioannou, A. (2023). Impacts of digital technologies on education and factors influencing schools' digital capacity and transformation: A literature review. *Education and Information Technologies*, 28(6), 6695–6726. <https://doi.org/10.1007/s10639-022-11431-8>
- Turner, K., Svetcic, J., Almeida-Crasto, A., Gae-Atefi, T., Green, V., Grice, D., Kelly, P., Krishnaiah, R., Lindsay, L., Mayahle, B., Patist, C., Van Engelen, H., Walker, S., Welch, M., Woerwag-Mehta, S., & Stapelberg, N. J. (2021). Implementing a systems approach to suicide prevention in a mental health service using the Zero Suicide Framework. *Australian & New Zealand Journal of Psychiatry*, 55(3), 241–253. <https://doi.org/10.1177/0004867420971698>
- Williams, K. L., Mobley, S. D., Campbell, E., & Jowers, R. (2022). Meeting at the margins: Culturally affirming practices at HBCUs for underserved populations. *Higher Education*, 84(5), 1067–1087. <https://doi.org/10.1007/s10734-022-00816-w>
- Yusuf, N. Y., Maskun, Hamid, A., Mukhlis, M. M., & Ab Rahman, N. H. (2025). Community Rights Protection as a Pillar of Sustainable Mining in Indonesia: A Review of Government and CSR Roles From Environmental Law and Islamic Environmental Jurisprudence. *Jurnal Ilmiah Mizani*, 12(2), 41–55. <https://doi.org/10.29300/mzn.v12i2.8359>