

Evaluating the Implementation of Suicide Prevention Policy in Gunungkidul Regency: A Van Meter and Van Horn Model Analysis

Original Article

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Abstract

Suicide in Gunungkidul Regency is a persistent public policy problem, affected by institutional and socio-cultural factors. This study measures the implementation of the suicide prevention policy contained in Regulation No. 18 of 2022 using Van Meter and Van Horn. Using a qualitative approach, through interviews, observations, and document analysis. The results show that policy implementation remains suboptimal, not only due to a separate constraint but also due to the interaction of weak operational standards, resource constraints, fragmented interorganizational communication, and socio-cultural barriers. The model highlights systemic gaps, including the lack of a localized Regional Action Plan, an imbalance in resource allocation between curative and preventive services, and inadequate cross-sectoral coordination. Additionally, the stigma surrounding mental health and the persistence of the *Pulung Gantung* myth further hinder early detection and community engagement. This study contributes by illustrating how the interaction between institutional capacity and the local socio-cultural context affects policy outcomes in a decentralized setting. Enhancing context-specific policy instruments and aligning cross-sectoral coordination are crucial for improving implementation effectiveness.

Keywords: Gunungkidul Regency, Policy Implementation, Suicide Prevention Policy, Van Meter and Van Horn.

1. Introduction

Suicide constitutes a substantial share of worldwide mortality. The most recent share of the World Health Organization report indicates that roughly 727.000 individuals die by suicide annually (WHO, 2025). This issue transcends the boundaries of high-income nations; it is, in fact, a global concern, with nearly 73% of suicide instances in 2021 originating from low- and middle-income countries, including Indonesia. Indonesia, as a developing nation, grapples with numerous obstacles, including limited access to healthcare, social and economic strains, and inadequate social support networks. Therefore, the state's role in creating and implementing suicide prevention policies is crucial, especially in areas with high suicide rates.

Gunungkidul Regency presents a critical case where persistent suicide rates intersect with unique cultural beliefs (Anggraeny, 2019; Asih & Hiryanto, 2020). The regency has consistently recorded the highest suicide cases in the Yogyakarta Special Region, with 20-30 annual cases over the past decade (Fatimah, 2025). The phenomenon is closely linked to the *Pulung Gantung* belief which is a local myth describing a fireball descending from the sky, triggering irresistible suicidal compulsion (Rendra, 2022). Unlike Western contexts, where stigma stems from illness perception, Gunungkidul's stigma is compounded by this fatalistic supernatural belief, creating distinct prevention challenges. This myth-driven fatalism fosters



perceptions of suicide as a predetermined fate rather than a preventable tragedy, offering valuable insights for rural suicide prevention in developing contexts globally.

In response to these issues, the Gunungkidul Regency Government issued Regent Regulation No. 56 of 2018 on Suicide Prevention, subsequently amended by Regent Regulation No. 18 of 2022 (Lestari, 2024). This policy established the Community Mental Health Implementation Team (*Tim Pelaksana Kesehatan Jiwa Masyarakat* or TPKJM), involving cross-sectoral stakeholders from the regency to the village level to implement suicide prevention efforts through risk screening, public education, and mental health service provision.

Table 1. Suicide Case Numbers from 2015-2025

| Year | Number of Cases | Policy Phase/Status |
|------|-----------------|----------------------------|
| 2015 | 33 cases | Pre-Policy Implementation |
| 2016 | 33 Cases | Pre-Policy Implementation |
| 2017 | 33 Cases | Pre-Policy Implementation |
| 2018 | 33 Cases | Policy Enactment |
| 2019 | 33 Cases | Post-Policy Implementation |
| 2020 | 29 Cases | Post-Policy Implementation |
| 2021 | 39 Cases | Post-Policy Implementation |
| 2022 | 30 Cases | Post-Policy Implementation |
| 2023 | 30 Cases | Post-Policy Implementation |
| 2024 | 26 Cases | Post-Policy Implementation |
| 2025 | 23 Cases | Post-Policy Implementation |

Source: Gunungkidul Police Department, 2025

The data presented in table 1 above details suicide rates spanning the decade preceding the policy’s enactment. Throughout the 2018-2023 timeframe, suicide rates exhibited considerable fluctuation, averaging 30 instances annually, thereby suggesting an absence of a sustained downward trend. A reduction in rates became apparent in the final two years, with 26 cases recorded in 2024 and 23 cases in 2025. Despite this, these figures persist above 20 cases per year, implying that the incidence of suicide within Gunungkidul Regency remains comparatively elevated (Andari, 2018). This persistent gap between policy intention and outcome raises fundamental questions about the effectiveness of implementation and warrants systematic evaluation of implementation processes.

This study investigates the implementation of suicide prevention policies in Gunungkidul Regency, utilizing the Van Meter and Van Horn Model as its analytical tool. The model was selected for its ability to systematically identify factors influencing successful policy implementation, focusing on six key variables which are policy standards and objectives, policy resources, interorganizational communication, the characteristics of implementing agencies, socio-economic-political conditions, and the disposition of implementors. As a result, this research aims to provide a more comprehensive understanding of the evaluation process for implementing suicide prevention policies in Gunungkidul Regency and the various challenges affecting their effectiveness.

2. Literature Review

2.1. Policy Evaluation

Dunn (2018) defines policy evaluation as a procedure of appraisal, rating, and assessment. Dunn asserts that the implementation of policy is the central concern of policy assessment, since it connects the operational elements of a policy program to the results obtained (Ekawati, 2013). Policy evaluation is an important part of implementing a policy, as it helps determine whether the policy is working as intended (Hajaroh, 2019). According to the points made above, the author believes that policy evaluation is a systematic way to assess how well implementation addresses public problems.

2.2. Policy Implementation

Etymologically, policy implementation signifies furnishing the means to execute an action and generating tangible impacts on a subject (Soesilowati, 2008). Policy implementation refers to the sequence of events and actions that follow the enactment of a law or policy decision that confers authority to execute the program. Implementation encompasses a range of actions that follow the articulation of a program's objectives and anticipated outcomes. It necessitates the proactive involvement of various stakeholders, particularly bureaucrats, who are responsible for ensuring the program's effective implementation in practice (Ripley & Franklin, in Kertati et al. (2023)). From these two points of view, policy implementation can be seen as the process of turning policy decisions, such as laws, government rules, court rulings, or local rules, into real actions that have real effects on society.

2.3. Policy Implementation Theory According to Van Meter and Van Horn

Van Meter and Van Horn (1975) characterize policy implementation as a sequence of acts executed by individuals or groups, whether from the public or private sector, to achieve established policy objectives. This model stresses that policy implementation proceeds in a straight line, connecting public policy, the role of those who carry it out, and the policy's success (Kertati et al., 2023). The Van Meter and Van Horn model have six factors that can be used to see how well a policy is working. These variables include: 1) policy standards and objectives, 2) policy resources, 3) interorganizational communication, 4) the characteristics of the implementing agencies, 5) socio-economic-political conditions, and 6) the disposition of implementors.

2.4. Previous Research

Various researchers have already examined the implementation of suicide prevention policies in Gunungkidul Regency, utilizing diverse techniques and analytical frameworks. These preceding studies provide a foundational understanding of this research's place and importance within the broader framework of public policy.

Salsabilla and Mas'udi (2024) employed a qualitative-descriptive methodology, referencing Merilee S. Grindle's policy implementation model. The study's findings revealed a government implementation gap, particularly a failure in policy execution. The strategy did not achieve its aims due to several factors which are an incomplete policy framework, the local government's limited capacity, budget constraints, and shifts in political support following leadership changes. Salsabilla and Mas'udi (2024) believe that the suicide prevention strategy in Gunungkidul Regency is an example of a premature prescription because it was put into place before all the necessary conditions were met. This study also emphasizes the challenge posed by the stigma surrounding the prevention of suicide, leading to insufficient support for policy implementation.

In the meantime, Wijayanto (2023) examines the government's role in protecting people's constitutional rights in the area of mental health through a socio-legal lens in his study. Further, Wijayanto (2023) research shows that suicide prevention measures have not been put into place as well as they could have been, since the number of suicides before and after the policies were put into place is a good example of this. Weak coordination among stakeholders, limited facilities, minimal social support, and the pandemic are all factors affecting policy efficacy. This article focuses on human rights and legal aspects. Still, it does not go into detail on how to implement certain policies, examining elements that affect implementation at the organizational level.

While previous studies have laid a strong foundation, there remains a theoretical gap in understanding the technical-behavioural mechanisms of implementation. Wijayanto (2023) is still in the normative law. Salsabilla and Mas'udi (2024) uses the Grindle paradigm, placing strong emphasis on political capacity and content. However, neither study elaborates in depth on the dynamic interaction between interorganisational communication and the specific sociocultural context that shapes implementers' behaviour in Gunungkidul. The Van Meter and Van Horn model, with its six factors, provides a more detailed analysis, and this study fills that gap. In particular, this model offers a more detailed examination of the influence of environmental factors and interorganizational communication, which are vital to cross-sectoral TPKJM, on implementers' dispositions. This study provides a more comprehensive diagnostic tool to understand why policy goals fail to translate into successful interventions at the field level.

3. Methods

This study uses a qualitative case-study approach to gain a deeper understanding of how suicide-prevention policies are implemented in Gunungkidul Regency. To understand the meaning, characteristics, and social phenomena from the perspective of the individuals or groups involved, a qualitative approach was employed (Sugiyono, 2017). A case study examined how and why conflict resolution practices are implemented in the field (Creswell, 2018).

3.1. Data Collection Techniques

Data collection in this study was conducted through three main techniques which are interviews, observation, and documentation. Interviews were conducted with stakeholders involved in the implementation of suicide prevention efforts, such as officials from the Gunungkidul Regency Health Office, health workers at the Paliyan Community Health Centre (*Puskesmas*), the Community Guidance Division (*Binmas*) of the Gunungkidul Police Department, village heads or community leaders, as well as neighbors of suicide victims, as affected members of the community. Observations were conducted by observing social conditions and community interactions in the hamlets affected by suicide cases, as well as by observing suicide prevention coordination meetings at the Health Office to understand the mechanisms of coordination and communication between organizations in policy implementation. Documentation was conducted by collecting secondary data in the form of Gunungkidul Regent Regulation No. 56 of 2018 on Suicide Prevention and Gunungkidul Regent Regulation No. 18 of 2022 as the legal basis for the policy, activity reports and programs from the Gunungkidul District Health Office regarding suicide prevention efforts, statistical data on suicide cases from the Gunungkidul Police Department, as well as literature in the form of scientific journals and previous research relevant to policy implementation and the phenomenon of suicide in Gunungkidul Regency.

3.2. Data Validity Techniques

Data validity was assessed using source and method triangulation. Source triangulation was conducted by comparing information from informants in different positions and roles within policy implementation to assess the accuracy of the information from multiple perspectives. Method triangulation was conducted by comparing data from interviews, observations, and documentation to examine the consistency of findings.

3.3. Data Analysis Techniques

The data analysis technique in this study employs an interactive analysis model comprising the stages of data reduction, data presentation, and drawing conclusions or verification (Miles et al., 2014). Data reduction involves sorting and focusing on interview, observation, and documentation data relevant to the variables of the Van Meter and Van Horn Policy Implementation Model. Data are presented as narrative descriptions and simple tables. Conclusions were drawn in stages to describe the implementation and the obstacles to implementing suicide prevention policies in Gunungkidul Regency, with a continuous verification process.

4. Results and Discussion

This study examines the evaluation of the implementation of suicide prevention policies in Gunungkidul Regency based on Regent Regulation No. 18 of 2022, using the Van Meter and Van Horn policy implementation model with the following six variables:

4.1. Policy Standards and Objectives

The Gunungkidul Regency Government developed a suicide prevention policy through Regent Regulation Number 56 of 2018, which was later updated by Regent Regulation Number 18 of 2022. This law explicitly mandates the establishment of the Community Mental Health Implementation Team (TPKJM) as a cross-sectoral coordination forum (Utomo, 2025). Normatively, this policy represents a firm commitment to reducing suicide rates and increasing community-based mental health services.

The findings, however, showed that the policy's objectives and requirements remain weakly defined and have not been adequately operationalized at the regency level. The lack of thorough technical assistance limits the translation of policy aims into practical activities. This state is reflected in the dependence of local administrations on higher-level laws, in particular the Governor Regulation of the Special Region of Yogyakarta No. 71 of 2024. As the TPKJM Regulation is now being revised, implementation is in a transitional administrative phase, which means that field practitioners lack uniform operational instructions (Widi Lestari et al., 2024).

More crucially, Gunungkidul Regency has not yet developed a specialized Regional Action Plan (RAD) to prevent suicide. The provincial-level RAD does exist, but it is still not sufficiently accommodating of the regency's socio-cultural and geographical conditions, such as the presence of physically isolated communities and the persistence of the *Pulung Gantung* belief. The lack of locally customized policy tools leads to weaknesses in monitoring policy impacts and confusing performance indicators.

Such operational ambiguity has broader implications for several implementation variables. Firstly, confusing standards lead to a fragmented inter-organizational collaboration as each implementing agency interprets policy objectives differently. Second, the absence of measurable targets weakens the effectiveness of monitoring and assessment systems and accountability mechanisms. Thirdly, this increases reliance on individual field-level

initiatives, which helps explain some of the regional variation in implementation patterns. The framework of Van Meter and Van Horn posits that ambiguous policy criteria and objectives reduce the likelihood of successful implementation by hindering performance evaluation, standardization, and coordination. Furthermore, the policy standards in this case remain merely normative guidelines that have not yet been fully adopted in operational practice, not meaningful guiding instruments.

4.2. Policy Resources

The success of policy implementation depends heavily on the availability and use of sufficient resources, including human, financial, and infrastructure capacity. In Gunungkidul Regency, the lack of resources became a major obstacle that systematically affected the implementation of suicide prevention policies.

Evidence suggests that there is a serious shortage of specialist mental health professionals, particularly clinical psychologists and psychiatrists. As a result, none of the 30 community health centers (*Puskesmas*) has a clinical psychologist. Instead, basic mental health services are provided by general practitioners and nurses who have received only limited training. While this approach expands service coverage to a minimal extent, it is insufficient to address complex mental health conditions, thereby limiting the quality of interventions.

This gap is compounded by high workloads, with each community health center typically having two staff members for mental health services. This means screening, monitoring, and community outreach cannot be done with the level of detail needed, leaving some villages underserved. From an implementation perspective, this illustrates not just a quantitative gap, but a mismatch between policy demands and available technical capacity.

Financially, this policy also faces the challenge of an inability to provide dedicated funding for suicide prevention. Program funding is fully integrated into the budget for People with Mental Health Issues, without a separate funding line. With this budget integration, a priority bias occurs because more funds are allocated to curative services for patients with severe mental disorders than to prevention programs such as risk screening and suicide prevention outreach. Dedicated funding directly limits the scope and frequency of prevention activities, training for implementers, and the procurement of standardized screening tools essential for early detection.

In terms of infrastructure, the health system in Gunungkidul Regency looks broad in quantitative terms but functionally inadequate. The lack of a specialized psychiatric hospital leads to referrals to health services outside the regency, increasing the delay in treatment and the burden on access. The constraints are exacerbated by the regency's geographical conditions, with karst topography and scattered settlements. The wide service coverage of each community health center severely limits access for residents of remote areas.

Crucially, these resource constraints do not operate in isolation but interact with other implementation variables. Limited human resources and high workloads result in reactive rather than proactive communication patterns among implementers. The lack of dedicated funding similarly reduces the capacity for cross-sectoral coordination and weakens the operationalization of policy standards. As a result, resource constraints impact not only service delivery but also the overall coherence of policy implementation.

As in the case of Van Meter and Van Horn, the absence of resources severely diminishes the likelihood of successful policy implementation even if the institutional structures have been formally put in place. Thus, resource variables in this context are not just facilitators but also structural barriers that influence the constraints observed across many other aspects of implementation.

4.3. Interorganizational Communication

Effective inter-organizational communication is a critical requirement for policy implementation, as it ensures that policy directives are clearly communicated, consistently interpreted, and implemented by all stakeholders. Within the framework proposed by Van Meter and Van Horn, communication is not only about the availability of channels but also about the clarity, consistency, and intensity of information exchange.

In Gunungkidul Regency, inter-organizational communication on suicide prevention has been institutionalized through the formation of the Community Mental Health Implementation Team (TPKJM), which brings together actors from various sectors, including health, education, social affairs, religious institutions, and local government. This structure reflects the understanding that suicide is a multidimensional issue requiring a coordinated cross-sectoral response.

Empirically, several communication mechanisms have been implemented. Coordination meetings are held twice a year as a formal forum for monitoring and evaluation. Furthermore, suicide cases are documented through an online reporting system, whereas daily operational communication relies heavily on digital platforms like WhatsApp for case reporting, logistics and field communication. This setup implies that communication channels are in place and are operational at the structural level. However, the results indicate that several interrelated factors constrain the effectiveness of communication. First, the infrequent nature of formal coordination meetings limits the system's capacity to respond to the fluid nature of suicide cases, which often demand rapid and sustained intervention. Second, reliance on formal reporting mechanisms creates a gap between recorded data and real-world conditions, as not all cases are reported owing to stigma and the perception that suicide is a private or shameful matter. This leads to partial data affecting the precision of assessing policies and decision-making.

More critically, communication activities are reactive rather than proactive. The use of informal channels such as WhatsApp is a sign that coordination is often a response to an unfolding case rather than part of a systematic prevention approach. Such a pattern suggests that communication is still driven by situational needs and individual efforts rather than by institutionalized procedures.

Such shortcomings are closely tied to other implementation factors. Resource constraints, especially the lack of personnel and heavy workloads, reduce implementers' ability to maintain regular, structured communication. Simultaneously, socio-cultural factors such as stigma and belief in the *Pulung Gantung* myth further inhibit the flow of information by discouraging public reporting. Furthermore, the lack of clear operational standards has led to inconsistent communication practices across sectors, with each agency interpreting its role differently.

Therefore, although inter-organizational communication in Gunungkidul Regency has been institutionalized, it has not achieved the level of integration and proactivity required for effective policy implementation. Consistent with Van Meter and Van Horn, weaknesses in clarity, consistency and intensity of communication ultimately limit the system's ability to support early detection and coordinated intervention, which are essential components of suicide prevention.

4.4. The Characteristics of The Implementing Agencies

The implementation of the suicide prevention policy in Gunungkidul Regency involves a broad array of actors working with the TPKJM, including governmental agencies, health

services, law enforcement, and non-governmental organizations. In terms of structure, the multi-actor arrangement exhibits a high level of institutional inclusiveness that theoretically aligns with the Van Meter and Van Horn model, which emphasizes the importance of organizational capacity and role clarity.

The data indicate a considerable capacity for adaptation of implementing agencies, with empirical evidence in the proliferation of locally initiated programs across sectors. Several *puskesmas* and community actors have introduced innovations tailored to the local context for prevention, rehabilitation and community engagement. This suggests that implementation actors at the operational level are not simply passive recipients of policy directives but actively interpret and translate policy goals into localized interventions.

Nevertheless, this institutional strength does not fully translate into concerted action. Weak procedural standardization and limited cross-sectoral integration result from the absence of a formally ratified revision of the SK-TPKJM. Consequently, implementation tends to follow a fragmented, sectoral logic, rather than a unified strategy. Programs run in parallel rather than synergistically, thereby decreasing the potential collective impact of cross-sector collaboration.

Analytically, this finding suggests a significant dissonance between organizational presence and organizational coherence. The diversity of actors suggests a high level of institutional capacity, but the lack of formalized coordination mechanisms constrains the system's capacity for functioning as an integrated policy network. Similar patterns have been identified in decentralized policy settings, where multi-actor engagement does not in itself imply effective collaboration in the absence of clear governance structures and shared operational frameworks.

Thus, the limited performance of implementation agencies in Gunungkidul is not primarily hampered by a lack of actors or initiatives, but rather by the absence of institutionalized coordination mechanisms that can bring these actors together towards a common policy purpose.

4.5. Socio-Economic-Political Conditions

In line with Van Meter and Van Horn's framework, the implementation of suicide prevention policies in Gunungkidul Regency is largely shaped by external socio-economic and political conditions, which are contextual variables that affect policy performance. Socially, the stigma surrounding mental health continues to be a major obstacle. Efforts to facilitate early detection and intervention are often hampered by the reluctance of individuals experiencing psychological distress to disclose their condition for fear of social judgment. This problem is aggravated by the continued influence of the *Pulung Gantung* myth, which views suicide as a preternatural or preordained occurrence. This belief system fosters a fatalistic outlook that undermines preventive behavior at both the community and implementer levels. This sociocultural factor actively shapes the reception, interpretation, and implementation of policy interventions, rather than merely providing a cultural backdrop.

From an economic perspective, structural vulnerability also contributes to implementation constraints. Economic stressors such as unemployment, debt and business failure continue to be substantial precipitants of suicide, as reflected in the fact that the poverty rate exceeds the national average. Although suicide prevention requires cross-sectoral intervention, such as economic empowerment and social protection, coordination between these sectors remains limited. This suggests that the multidimensional nature of the issue has not yet been thoroughly translated into integrated intervention strategies through policy implementation.

Politically, regulatory frameworks demonstrate a formal commitment to suicide prevention, however, this commitment is not consistently evident in the prioritization of resources and the continuity of programs. Budgetary allocations remain limited and are not prioritized in regional development planning. Additionally, the potential of community and religious leaders to address stigma and cultural beliefs has not been fully mobilized, and program consistency is fragmented due to leadership changes at the local level.

Together, these results indicate that the external environment in Gunungkidul is not entirely conducive to the effective implementation of policies. More importantly, the analysis illustrates that socio-cultural, economic, and political factors do not operate independently; rather, they interact to exacerbate implementation barriers. Cultural beliefs influence social responses, economic pressures heighten vulnerability, and systemic responses are constrained by low political prioritization. These interacting external conditions substantially lower the probability of successfully translating policy objectives into measurable results (Van Meter & Van Horn, 1975).

4.6. The Disposition of Implementors

The disposition of implementors in Gunungkidul Regency generally demonstrates a favorable approach towards suicide prevention initiatives. The participation of several stakeholders including healthcare professionals, local authorities, and community and religious leaders demonstrates widespread endorsement and normative backing for the policy's goals. This corresponds with Van Meter and Van Horn (1975) assertion that implementor commitment is a vital facilitating element in policy implementation.

However, the results reveal a disconnect between attitudinal support and operational capacity. While there is a broad willingness among implementors to participate in screening, reporting, and community outreach efforts, their ability to correctly understand and treat complex mental health conditions is limited. This is especially true for non-health stakeholders whose activities are essential for community-based detection but constrained by insufficient technical knowledge.

Moreover, implementor disposition is not developed in isolation but is influenced by the socio-cultural environment. The enduring stigma and belief in the *Pulung Gantung* myth not only affect community behavior but also shape the perspectives and responses of certain implementors about suicide situations. This introduces an ambivalence component to the implementation of formal commitment, but cultural reluctance or uncertainty about the intervention.

From an analytical perspective, this means that a positive attitude is not enough for successful policy implementation. Without sufficient training, clear operational instructions and favorable socio-cultural environments, the commitment of implementors does not automatically translate into consistent or effective actions. This finding emphasizes the interrelationships among disposition, resources, and environmental factors within the Van Meter and Van Horn framework.

Overall, the findings of this study highlight that the implementation of suicide prevention policy in Gunungkidul Regency is not determined by a single dominant variable but rather by the interaction of several interdependent factors. While Van Meter and Van Horn conceptualize the implementation process through a set of variables, the empirical evidence from this study suggests that these variables operate in a mutually reinforcing manner rather than in isolation.

Poor policy standards and the lack of detailed technical guidelines lead to coordination failures among implementing agencies. This is compounded by resource constraints, such as the scarcity of mental health professionals and the lack of dedicated funding, which limit

implementers' operational capacity. For example, fragmented inter-organizational communication hampers the coordination of cross-sectoral efforts, and therefore locally initiated programs work in isolation rather than as part of a coherent strategy.

Of significance, socio-cultural conditions, particularly stigma and the persistent *Pulung Gantung* myth, intersect with institutional limitations by shaping community responses and the conduct of implementors. This intersection creates a feedback loop in which limited detection, underreporting, and hesitant intervention mutually reinforce one another. Hence, even when implementors are positively disposed to the policy, their effectiveness is constrained by both structural and contextual factors.

These findings imply that, in the Gunungkidul case, the implementation of the policy cannot be understood linearly, with variables assessed in isolation. Instead, it needs a relational perspective that considers the combined effect of institutional capacity and socio-cultural context on policy outcomes. This study thus expands the application of the Van Meter and Van Horn model by showing that, in complex social issues such as suicide prevention, the interaction between variables is more decisive than any single variable in isolation.

5. Conclusion

The implementation of suicide prevention programs in Gunungkidul Regency is supported by a structured regulatory framework and cross-sectoral institutional mechanism through TPKJM. However, policy execution is weak. This is not due to a single constraint, but to a combination of factors, including weak operational standards, limited resources, poor coordination, and tough socio-cultural conditions. Limited availability of mental health professionals and poor funding have limited the scope of preventive steps. Lack of a regency-level Regional Action Plan (RAD) has led to unclear technical guidance. At the same time, socio-cultural constraints, such as shame and the ongoing *Pulung Gantung* myth, also hamper early detection and community engagement.

The results show that policy implementation in Gunungkidul cannot be addressed by improving the sector alone, as institutional and socio-cultural aspects are interrelated. Van Meter and Van Horn (1975) believe that the success of implementation depends on the alignment between policy design and resource capacity, communication and contextual elements. Without that congruence, strong implementer commitment and existing institutional structures are not enough to provide tangible outcomes.

Thus, policy improvement should focus on developing a context-specific RAD to operationalize broad policy goals into measurable, locally relevant targets, notably by integrating socio-cultural variables into intervention techniques. This includes bolstering community detection mechanisms, harnessing local leadership to reduce stigma, and reallocating resources to foster a balanced approach between therapeutic and preventive activities. These approaches are necessary to ensure that suicide prevention measures move beyond formal compliance to be effectively and contextually implemented.

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