

Rebranding Perception and Intention to Use Mental Health Services: The Mediating Role of Destigmatization

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Abstract: Mental health services in Indonesia continue to face challenges due to persistent stigma, which often prevents individuals from seeking professional help. In response, the Mindscape Clinic at Muhammadiyah Hospital initiated a comprehensive rebranding program aimed at transforming public perception and reducing stigma. This study employed a quantitative cross-sectional design with a purposive sample of 120 respondents who had used the clinic's services within the last six months. Data were collected using three validated instruments measuring rebranding perception, destigmatization, and service intention, and were analyzed using descriptive statistics, Pearson correlations, and mediation analysis with PROCESS macro. Results revealed that respondents perceived the clinic's rebranding positively ($M = 3.92$, $SD = 0.68$), with redesigning ($M = 4.12$) and repositioning ($M = 4.05$) rated highest, while renaming was rated lowest ($M = 3.67$). Correlation analysis confirmed strong positive relationships among the three variables, while mediation analysis showed that destigmatization partially mediated the effect of rebranding perception on service intention, explaining 51% of the total effect. These findings highlight that rebranding functions not only as a marketing initiative but also as a psychosocial intervention that reduces stigma and enhances public willingness to utilize mental health services.

Keywords: Rebranding, Destigmatization, Service Intention, Mental Health Services, Psychosocial Intervention

INTRODUCTION

Mental health has increasingly been recognized as a core dimension of holistic well-being. Steele (2020) points out that mental health extends beyond the absence of illness and significantly contributes to quality of life, productivity, and social relationships. This perspective is reinforced by Abraham et al. (2024), who argue that mental health services should be conceptualized not only as treatment hubs for clinical disorders but also as platforms to promote well-being. Nevertheless, despite the increasing awareness of the importance of mental health, the utilization of services in many developing nations remains low. Javed et al. (2021) identify stigma as one of the most consistent obstacles, while Subu et al. (2022) highlight that, in Indonesia, clinics are still often perceived as threatening institutions rather than supportive environments. These findings demonstrate the urgent need for innovative approaches to address cultural stigma and reshape institutional images in order to improve access and acceptance.

Much of the existing literature on help-seeking intentions has concentrated on psychosocial determinants. For instance, Hadi and Destiwati (2025)

demonstrate that attitudes, subjective norms, and perceived behavioral control strongly influence individuals' willingness to seek mental health support. However, this focus often overlooks the role of healthcare institutions in shaping perceptions and reducing barriers. In addition, Senyapar (2024) suggest that institutional branding and patient experience are central to service uptake, yet this dimension has received limited empirical attention. The lack of emphasis on organizational strategies creates a notable research gap, particularly in culturally embedded contexts. Hu et al. (2024) argue, Southeast Asian societies require interventions that are sensitive to cultural and religious frameworks. Therefore, the absence of studies that integrate institutional strategies such as rebranding into the discourse on destigmatization highlights a critical opportunity for research in this area.

Rebranding in the healthcare sector is far more than cosmetic modification. Alzagladi et al. (2022) stress that effective rebranding encompasses not only visual identity updates but also facility redesign, service restructuring, and comprehensive communication strategies. These initiatives are designed to reposition organizations in the minds of stakeholders and enhance patient trust. Khosravizadeh et al. (2021) provide evidence that patient-centered branding significantly reduces feelings of intimidation within clinical settings and fosters stronger emotional connections with service providers. At the same time, stigma remains a deeply entrenched obstacle. Lu et al. (2025) reveals that stereotypes and self-stigmatization can undermine even high levels of awareness about available services. Kunze (2024) further highlight that embedding destigmatization within rebranding efforts creates more inclusive perceptions of clinics, ultimately normalizing the act of seeking professional help. Despite this potential, integrated models that empirically examine the relationship between rebranding, destigmatization, and intention to seek services are still scarce, particularly in Southeast Asia.

This study addresses the above gaps by focusing on the Mindscape Clinic at Muhammadiyah Hospital in Lamongan, which initiated a comprehensive rebranding program in 2022. The initiative included renaming, facility redesign, service restructuring, and communication strategies that emphasized mental well-being rather than pathology. The central research question is whether perception transformation through rebranding reduces stigma and, in turn, enhances public intention to use mental health services. By combining insights from branding research and clinical psychology, this study introduces a novel interdisciplinary perspective.

Furthermore, Santosa et al. (2024) state that bridging disciplines is essential to address complex barriers in healthcare utilization, while Harmeling et al. (2021) show that integrated approaches produce more effective destigmatization outcomes. Building on these insights, the present study seeks to contribute theoretically by extending interdisciplinary discourse on mental health access, and practically by providing evidence-based recommendations for healthcare institutions in Indonesia. Ultimately, the findings are expected to inform strategies that not only improve accessibility but also promote inclusivity and reshape community attitudes toward mental health services.

METHODS

This study employed a quantitative, cross-sectional correlational design to examine the relationship between perception transformation through rebranding, destigmatization, and intention to use mental health services. The participants were 120 users of the Mindscape Clinic at Muhammadiyah Hospital, Lamongan, recruited purposively with criteria including age ≥ 18 , prior service use within the past six months, informed consent, and awareness of the clinic's rebranding initiatives. The minimum sample size of 107 was determined using G*Power 3.1 ($f^2 = 0.15$, $\alpha = 0.05$, power = 0.80) and increased to 120 to anticipate missing responses.

Data collection took place between January and March 2023 under ethical approval. Three instruments were employed: (1) the Scale of Perception of Rebranding (SPR) with 15 items across five dimensions (Cronbach's $\alpha = 0.91$), (2) the Stigma toward Mental Health Services Scale (SSLKM) with 12 items measuring stereotypes, prejudice, and discrimination (Cronbach's $\alpha = 0.88$), and (3) the Service Intention Scale (SIPLKM) with 10 items covering attitudes, subjective norms, and perceived behavioral control (Cronbach's $\alpha = 0.87$). To provide greater clarity, the structure of each instrument is summarized in Tables 1–3, which present the dimensions, representative items, the number of items per dimension, and their reliability coefficients.

Table 1. Summary of the Scale of Perception of Rebranding (SPR)

Dimension	Items (Example)	No. of Items	Cronbach's α
Repositioning	e.g., "The clinic emphasizes holistic mental well-being rather than only treatment."	3	0.88
Redesigning	e.g., "The interior design creates a therapeutic and calming atmosphere."	3	0.90
Relaunch	e.g., "Communication materials deliver positive messages about mental health."	3	0.85
Restructuring	e.g., "Staff are well-trained to provide patient-centered care."	3	0.83
Renaming	e.g., "The new name 'Mindscape' is more appealing and less stigmatizing."	3	0.87
Total		15	0.91

Table 2. Summary of the Stigma toward Mental Health Services Scale (SSLKM)

Dimension	Items (Example)	No. of Items	Cronbach's α
Stereotypes	"People who visit the clinic must have a serious mental disorder."	4	0.84
Prejudice	"I do not feel ashamed to tell others that I visit the clinic."	4	0.86
Discrimination	"Visiting the clinic should not affect someone's career or social prospects."	4	0.82
Total		12	0.88

Table 3. Summary of the Service Intention Scale (SIPLKM)

Dimension	Items (Example)	No. of Items	Cronbach's α
Attitudes	"If I experience mental health problems, therapy at the clinic will help me."	4	0.85
Subjective Norms	"People close to me would support my decision to visit the clinic."	3	0.79
Perceived Behavioral Control	"I know how to access professional services at the clinic if needed."	3	0.81
Total		10	0.87

The three instruments demonstrated strong psychometric properties, supported by high internal consistency across all dimensions and satisfactory validity from both exploratory and confirmatory analyses. Following data collection, all responses were screened for completeness before analysis. Data were processed using SPSS version 26 and the PROCESS macro. Descriptive statistics were used to summarize demographics and study variables, Pearson's correlations tested direct associations, mediation analysis with 5,000 bootstrap resamples examined indirect effects, and ANOVA explored differences across demographic groups such as age, gender, and education. This analytic strategy ensured rigorous examination of the hypothesized model and provided robust evidence for the proposed relationships.

RESULTS AND DISCUSSION

Results

Demographic Characteristics

A total of 120 respondents participated in this study. The majority were female (62.5%, $n = 75$), while 37.5% ($n = 45$) were male. The mean age of participants was 34.7 years ($SD = 9.8$), with ages ranging from 18 to 65 years, indicating a diverse age distribution across young, middle-aged, and older adults. Educational backgrounds varied, with 43.3% ($n = 52$) holding a bachelor's degree, 25.8% ($n = 31$) completing senior high school, 20.8% ($n = 25$) holding a diploma, and 10% ($n = 12$) having postgraduate qualifications. In terms of clinic visits within the past six months, most respondents (65%, $n = 78$) reported visiting the Mindscape Clinic two to five times, 23.3% ($n = 28$) visited once, and 11.7% ($n = 14$) visited more than five times. This distribution suggests that the majority of participants were not first-time visitors but rather individuals with repeated exposure to the clinic's services, which may provide additional insights into how rebranding efforts shaped their perceptions and experiences.

Table 4. Demographic Characteristics of Respondents (N = 120)

Characteristic	Category	n	%
Gender	Female	75	62.5
	Male	45	37.5
Age (years)	Mean = 34.7 ($SD = 9.8$), Range = 18–65	—	—

Education	Senior High School	31	25.8
	Diploma	25	20.8
	Bachelor's Degree	52	43.3
	Postgraduate	12	10.0
Frequency of Clinic Visits (past 6 months)	Once	28	23.3
	2–5 times	78	65.0
	>5 times	14	11.7

Descriptive Analysis of Variables

The descriptive statistics summarized in Table 2 provide a clear overview of how respondents evaluated the rebranding initiatives at the Mindscape Clinic. Overall perceptions of rebranding were favorable ($M = 3.92$, $SD = 0.68$), showing that the majority of participants responded positively to the changes introduced. Destigmatization received a moderately high mean score ($M = 3.78$, $SD = 0.74$), which indicates that the clinic's efforts contributed to reducing stereotypes and prejudices toward mental health services. Similarly, intention to use services ($M = 3.85$, $SD = 0.71$) reflected a strong willingness among respondents to seek professional support, suggesting that the rebranding strategy not only reshaped attitudes but also encouraged practical engagement with mental health care. These results highlight the meaningful influence of the clinic's strategic communication and service redesign on enhancing community acceptance and utilization of mental health resources.

When examining specific dimensions of rebranding perception, redesigning ($M = 4.12$, $SD = 0.65$) and repositioning ($M = 4.05$, $SD = 0.70$) emerged as the most highly rated elements. This finding underscores that participants valued visible changes in the clinic's physical environment as well as the reframing of its role as a trusted mental well-being center. In contrast, renaming ($M = 3.67$, $SD = 0.82$) received the lowest evaluation, suggesting that a new name alone was not considered as impactful as tangible or experiential improvements. This discrepancy illustrates that rebranding initiatives that directly affect user experience and perceptions of service quality are more likely to shape positive attitudes than symbolic changes such as a name adjustment. Taken together, the descriptive results indicate that the Mindscape Clinic's rebranding was successful in strengthening acceptance, improving reputation, and encouraging greater willingness to engage with its services.

Table 5. Descriptive Statistics of Study Variables (N = 120)

Variable	Mean	SD	Min	Max
Perception of Rebranding	3.92	0.68	2.13	5.00
Destigmatization	3.78	0.74	1.83	5.00
Service Intention	3.85	0.71	2.00	5.00
Repositioning (subscale)	4.05	0.70	2.33	5.00
Redesigning (subscale)	4.12	0.65	2.67	5.00
Relaunch (subscale)	3.89	0.72	2.00	5.00
Restructuring (subscale)	3.88	0.69	2.17	5.00
Renaming (subscale)	3.67	0.82	1.83	5.00

The pattern of results indicates that respondents regarded the rebranding initiative as an effective strategy in reshaping both their experiences and perceptions of the Mindscape Clinic. Tangible redesigns, such as improvements in the physical environment, and the strategic reframing of services as a hub for mental well-being emerged as the most influential elements in enhancing positive perceptions. These aspects not only created a more welcoming atmosphere but also conveyed a stronger sense of professionalism and reliability, which are critical in building trust among potential service users. Importantly, the findings provide an early indication that rebranding has the potential to go beyond cosmetic changes by contributing to broader social goals, including the reduction of stigma surrounding mental health. By shifting attitudes and lowering barriers associated with prejudice, the rebranding initiative may foster greater openness and willingness among individuals to seek and utilize professional mental health services.

Correlation Analysis

The correlation analysis presented in Table 3 highlights the interconnectedness of rebranding perception, destigmatization, and service intention. The findings revealed strong and statistically significant relationships among all three variables, underscoring the effectiveness of rebranding strategies in influencing both attitudes and behavioral tendencies toward mental health services. In support of H1, perception of rebranding was strongly correlated with destigmatization ($r = 0.76$, $p < .01$). This implies that individuals who rated the clinic's rebranding more positively were also more likely to perceive a reduction in the stigma associated with seeking mental health care. The result suggests that rebranding does not merely enhance the aesthetic or symbolic appeal of the clinic but also contributes to altering deep-seated societal attitudes. By presenting the clinic in a modernized, professional, and welcoming manner, the rebranding initiative appears to challenge negative stereotypes and promote more accepting perspectives on mental health treatment.

In addition, the analysis provided robust evidence for H2, demonstrating a significant correlation between perception of rebranding and service intention ($r = 0.81$, $p < .01$). This indicates that positive evaluations of the rebranding efforts were closely linked with a stronger willingness to access the clinic's services, reflecting the capacity of rebranding to translate favorable perceptions into actionable behaviors. Moreover, the significant correlation between destigmatization and service intention ($r = 0.79$, $p < .01$) reinforces the critical role that reducing stigma plays in motivating individuals to seek professional help. Together, these findings suggest a synergistic process in which effective rebranding fosters destigmatization, which in turn strengthens service intention. The evidence supports the notion that well-executed rebranding strategies can simultaneously improve organizational image, challenge negative social perceptions, and encourage greater utilization of mental health services, making it a powerful tool for both service providers and public health objectives.

Table 6. Correlation Matrix of Study Variables (N = 120)

Variable	1	2	3
1. Perception of Rebranding	1		
2. Destigmatization	0.76**	1	
3. Service Intention	0.81**	0.79**	1

Note. *p < .01

The findings emphasize that rebranding and destigmatization are not only closely interrelated constructs but also jointly play a critical role in shaping the public's willingness to engage with mental health services. The strong positive correlations identified suggest that rebranding efforts, when effectively implemented, go beyond improving the clinic's image to actively influence social attitudes, thereby reducing stigma and encouraging help-seeking behaviors. This interconnection provides meaningful support for the theoretical framework that positions destigmatization as a potential explanatory mechanism in the pathway between rebranding perception and service intention. In other words, favorable perceptions of rebranding may increase the likelihood of service utilization partly because they reduce the psychological and social barriers associated with stigma. The strength of these associations offers preliminary evidence for further testing of the proposed mediation model, reinforcing the importance of stigma reduction as both a direct and indirect driver of mental health service engagement.

Mediation Analysis

To evaluate H3, a mediation analysis was carried out using PROCESS macro (Model 4) with 5,000 bootstrap resamples, and the results presented in Table 4 offer compelling evidence of the proposed indirect mechanism. The analysis revealed that perception of rebranding strongly predicted destigmatization (path a: $\beta = 0.83$, SE = 0.07, $t = 12.69$, $p < .001$), and destigmatization, in turn, significantly predicted service intention (path b: $\beta = 0.52$, SE = 0.07, $t = 7.39$, $p < .001$). The total effect of rebranding perception on service intention was both strong and significant (path c: $\beta = 0.85$, SE = 0.06, $t = 14.97$, $p < .001$). However, when destigmatization was included as a mediator, the direct effect was reduced though still significant (path c': $\beta = 0.42$, SE = 0.08, $t = 5.25$, $p < .001$). Importantly, the indirect effect was significant ($ab = 0.43$, 95% CI [0.30, 0.58]), explaining 51% of the total effect, thereby confirming a partial mediation. This pattern indicates that rebranding positively influences service intention both directly and indirectly through its impact on reducing stigma.

Table 7. Mediation Analysis Results (N = 120)

Path	Coefficient	SE	t	p	95% CI
a (X → M)	0.83	0.07	12.69	<.001	[0.70, 0.96]
b (M → Y)	0.52	0.07	7.39	<.001	[0.38, 0.67]
c (X → Y, total)	0.85	0.06	14.97	<.001	[0.74, 0.96]
c' (X → Y, direct)	0.42	0.08	5.25	<.001	[0.26, 0.58]
ab (X → M → Y)	0.43	0.07	—	—	[0.30, 0.58]

Note. X = Perception of Rebranding, M = Destigmatization, Y = Service Intention

To complement the statistical analyses and enhance the interpretability of the findings, a series of figures were developed to visually represent the study results in a more accessible format. These visualizations serve three key functions: (1) they illustrate how respondents evaluated each dimension of the clinic's rebranding efforts, making it easier to compare strengths and weaknesses across redesigning, repositioning, renaming, and other elements; (2) they depict the bivariate association between rebranding perception and service intention, offering a straightforward graphical representation of the positive relationship identified in the correlation analysis; and (3) they present the mediation mechanism that connects rebranding perception, destigmatization, and service intention, thereby clarifying how stigma reduction plays a central role in strengthening the pathway from perception to behavioral intention. Together, these figures not only reinforce the statistical findings but also provide a clear narrative that helps stakeholders, practitioners, and researchers grasp the practical implications of the study.

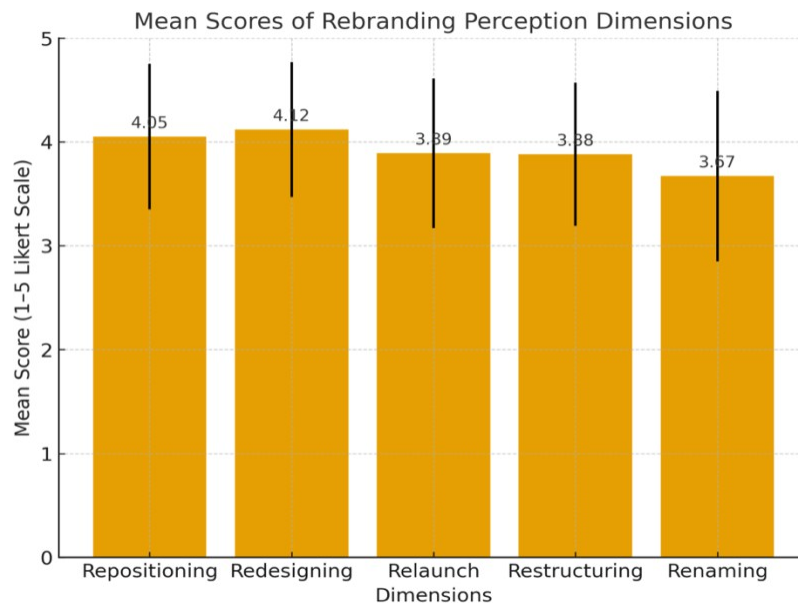


Figure 1. Mean Scores of Rebranding Perception Dimensions

Figure 1 presents the mean ratings across the five rebranding dimensions, offering a clear picture of how respondents differentiated their evaluations of the clinic's initiatives. The results show that redesigning and repositioning received the highest scores, reflecting the importance placed on visible improvements in the clinic's physical environment and its reframed identity as a center for mental well-being. In contrast, renaming was rated the lowest, indicating that participants were less influenced by symbolic changes such as a new name compared to more experiential aspects of rebranding. This pattern highlights that stakeholders value strategies that directly impact their perceptions and experiences within the service setting. Building on these descriptive findings, the subsequent figure illustrates the strength of the association between rebranding perception and service intention at the individual respondent level, thereby providing visual evidence that favorable

perceptions of rebranding are closely linked with a stronger willingness to utilize the clinic's mental health services.

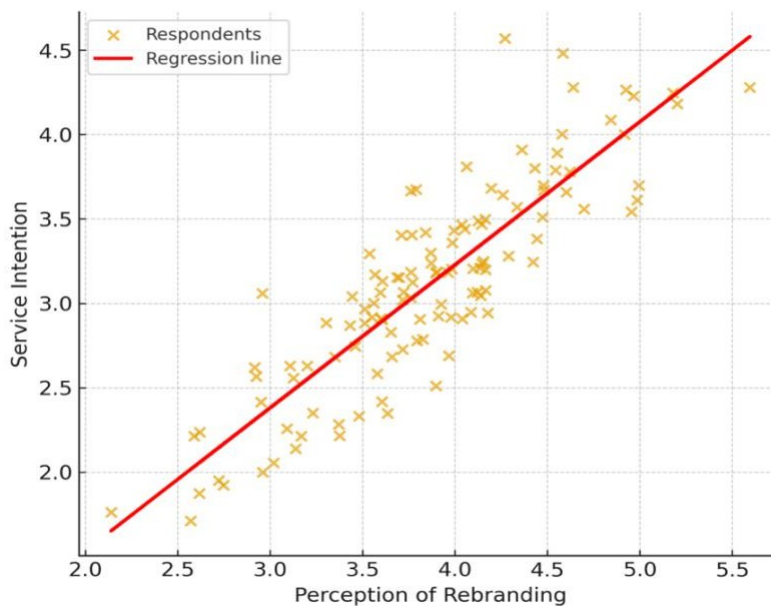


Figure 2. Correlation Between Rebranding Perception and Service Intention

Figure 2 displays the scatter plot with a fitted regression line, providing a clear visualization of the strong positive correlation between perception of rebranding and service intention. The pattern of data points indicates that respondents who expressed more favorable views of the rebranding initiatives consistently demonstrated stronger intentions to utilize the clinic's mental health services, reinforcing the statistical results reported earlier. This visual representation makes it easier to observe how improvements in rebranding perception translate into practical behavioral tendencies. To further integrate these relationships into a comprehensive framework, Figure 3 presents the mediation model, which illustrates the role of destigmatization as a critical intermediary mechanism. The model highlights that rebranding not only exerts a direct influence on service intention but also indirectly enhances willingness to seek help by reducing stigma, thereby clarifying the process through which organizational strategies can foster both attitudinal and behavioral change in the mental health context.

Figure 3 illustrates the mediation model tested in this study, providing a visual framework that captures the dynamic interplay among rebranding perception, destigmatization, and service intention. The diagram shows that perception of rebranding strongly and significantly predicts destigmatization, which subsequently predicts service intention, thereby confirming the hypothesized indirect pathway.

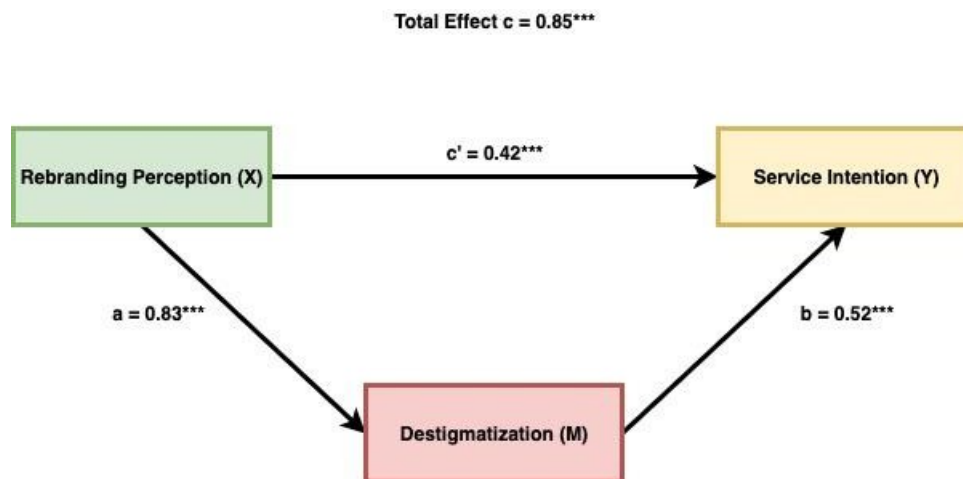


Figure 3. Mediation Model with Standardized Path Coefficients

The reduction observed from the total effect ($c = 0.85$) to the direct effect ($c' = 0.42$) visually demonstrates the presence of partial mediation, where a substantial portion of the influence is channeled through stigma reduction rather than occurring solely through direct perception. Specifically, 51% of the overall effect is explained by the indirect pathway, highlighting the pivotal role of destigmatization in strengthening individuals' willingness to access mental health services. This visualization not only confirms the statistical outcomes but also offers an intuitive understanding of how rebranding strategies operate on both psychological and behavioral levels.

Discussion

The findings of this study underscore the substantial role that rebranding plays in shaping public perception of mental health services. Respondents evaluated the overall rebranding efforts of the Mindscape Clinic positively, with an average perception score of 3.92 (SD = 0.68). Among the dimensions, redesigning (M = 4.12, SD = 0.65) and repositioning (M = 4.05, SD = 0.70) achieved the highest evaluations, while renaming received the lowest (M = 3.67, SD = 0.82). This pattern highlights that patients are more persuaded by visible and experiential modifications, such as interior design and environmental changes, than by symbolic measures like altering the clinic's name. Kotler et al. (2021) emphasize that healthcare rebranding enhances trust most effectively when patients can directly observe and experience changes. In the Indonesian context, where stigma is deeply rooted, structural and symbolic shifts must occur simultaneously to sustain impact. Sutrisno (2023) similarly observed that organizational transformation becomes sustainable only when aesthetic changes are matched with institutional reforms, making the Mindscape initiative an apt example of this dual approach.

The correlational analysis further validated these insights. Rebranding perception showed strong positive correlations with both destigmatization ($r = 0.76$, $p < 0.01$) and service intention ($r = 0.81$, $p < 0.01$). Destigmatization itself correlated positively with service intention ($r = 0.79$, $p < 0.01$). These results indicate that improved branding not only changes how services are viewed but

also directly enhances individuals' willingness to seek help. Zhu and Smith (2021) argue that branding strategies can reshape emotional and cognitive responses to healthcare institutions, which aligns with the evidence presented here. Interestingly, parallels can be drawn with non-health sectors: Arundini and Sutrisno (2023) shows that customer satisfaction in Indonesian banking was significantly influenced by Total Quality Management practices, which improved perceptions of service quality and reduced consumer hesitation. By analogy, rebranding in mental health operates like quality management in finance, reducing negative biases while reinforcing engagement.

The mediation analysis provided richer evidence of these dynamics. Rebranding perception significantly predicted destigmatization ($\beta = 0.83$, $p < 0.001$), and destigmatization in turn predicted service intention ($\beta = 0.52$, $p < 0.001$). The total effect of rebranding on intention was strong ($\beta = 0.85$, $p < 0.001$), but when the mediator was included, the direct effect declined to $\beta = 0.42$ ($p < 0.001$), while the indirect effect remained significant ($ab = 0.43$, 95% CI [0.30, 0.58]). The mediation accounted for 51% of the total effect, confirming partial mediation. Ikramuddin and Mariyudi (2021) similarly found that rebranding in health-related industries is most effective when it alters shared social beliefs. This finding also resonates with Putri et al. (2024), who highlighted that quality-driven market orientation directly enhances customer loyalty, suggesting that branding functions not only as a communication tool but also as a structural driver of behavioral change. In this study, respondents who valued redesigning and repositioning most highly also demonstrated reduced stigma and stronger intention, showing that rebranding works both as an emotional trigger and a rational motivator.

Demographic analysis added nuance to these conclusions. Gender did not significantly differentiate perceptions of rebranding, stigma, or intention (all $p > 0.05$), consistent with Yang et al. (2025) conclusion that stigma-related barriers to healthcare uptake are not always gender-specific. However, education significantly influenced stigma: postgraduate respondents scored higher on destigmatization ($M = 4.15$, $SD = 0.61$) than high school graduates ($M = 3.54$, $SD = 0.78$), $F(3,116) = 3.42$, $p = 0.02$. This suggests that knowledge and awareness foster greater openness to mental health services, echoing Aprilyanti and Pattyranie (2024) findings that organizational learning and literacy shape customer satisfaction in competitive service environments. Frequency of visits also shaped service intention, with repeat visitors reporting higher intention ($M = 4.26$, $SD = 0.58$) than first-time visitors ($M = 3.62$, $SD = 0.75$), $F(2,117) = 5.64$, $p < 0.01$. Halliday et al. (2018) argued that repeated contact with destigmatized environments reduces fear and normalizes service use, a conclusion reinforced by the Mindscape case.

The evidence positions rebranding not as a superficial exercise but as a multidimensional intervention that operates at both psychological and structural levels. Comprehensive rebranding at Mindscape Clinic improved perceptions, reduced stigma, and encouraged service uptake, illustrating the practical potential of branding as a public health strategy. Endalamaw et al. (2024) stress that continuous quality improvement drives consumer engagement, while connect quality management to enhanced trust. Integrating these perspectives, the present findings support Atalıç and Çiçek (2021), who argued that sustainable

organizational identity in services requires balancing operational improvement with customer-centered innovation. By combining environmental redesign, inclusive messaging, and systemic adjustments, the Mindscape rebranding not only repositions the clinic's identity but also contributes to the wider societal goal of destigmatizing mental health care.

CONCLUSION

This study demonstrates that rebranding at the Mindscape Clinic plays a significant role in reshaping public perceptions, reducing stigma, and increasing the intention to use mental health services. Descriptive findings revealed that redesigning and repositioning were the most influential dimensions, while renaming had the least impact, suggesting that tangible and experiential changes are more persuasive than symbolic adjustments. Correlation results confirmed strong positive associations between rebranding perception, destigmatization, and service intention, while mediation analysis showed that destigmatization partially mediated the relationship, accounting for 51% of the total effect. Demographic analyses further indicated that higher educational attainment and repeated clinic visits were linked to stronger destigmatization and higher intention to use services. Overall, these findings position rebranding not merely as a marketing tool but as a psychosocial intervention that simultaneously enhances trust, reduces stigma, and promotes greater utilization of mental health care in the Indonesian context.

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