# MENTAL HEALTH OFFICER BEHAVIOURAL IN MBAH JIWO's MENTAL HEALTHCARE POST ON THE RECOVERY OF PEOPLE WITH MENTAL DISORDER: A QUALITATIVE STUDY

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## ABSTRACT

**Backgrounds:** Mental health officers play a role in improving the health status of the community, both physically and mentally. Early treatment in the community carried out by mental health officers can prevent the increase of mental disorder in the community. This study aims to explore the behavior of mental health officers in their participation in Mbah Jiwo's integrated healthcare center, in dealing with and supporting the recovery of people with mental disorders.

**Materials and Methods:** This is a descriptive research with a qualitative approach, which produces data from observational and in-depth interviews. Qualitative research describes the empirical reality behind an existing phenomenon, in this case the reality of mental health service program at Mbah Jiwo's integrated healthcare center. Sampling was conducted by purposive sampling with a sample size of 6 informants. Thematic analysis was performed using Colaizzi steps.

**Results:** Based on Lawrence Green Behavior Causes theory, there are factors that can influence behavior, in this study factors that affect the mental health officers including, Predisposing factors, Knowledge; Reinforcing factors, social support and self-motivation; Enabling factors, availability and accessibility of health services, regulations and commitments.

**Conclusion:** In this study, all factors affect the recovery success rate. In addition, the researcher found that, the factors of family support, the role of the community and local governments, medication adherence and routine control also affect the success rate of recovery. The result in this study are expected to be used as supporting data and references in improving the quality of mental health services, especially on community-based mental health care.

**Keywords:** mental disorders; mental health officers; behavioral science; public health center

## 1.0   Introduction

Mental health is an inseparable part of overall health. Even though it is not listed as the main cause of death or illness in Indonesia, it does not mean that mental health does not exist or is a minor problem. Lack of data on mental health problems due to mental health has not received full attention (Decree of the Minister of Health of the Republic of Indonesia, 2009). The prevalence of people with mental problems and people with mental disorders worldwide in 2017 is estimated at 970 million people. A report from the ASEAN Mental Health Systems admits that Indonesia has not prioritized mental health in health services (ASEAN Mental Health Systems, 2016).

The estimated total number of people with mental health problems and mental disorders in Indonesia based on data collection by the World Health Organization (WHO) is 2,463.29/100,000 population, which means that approximately 6.5 million Indonesians have mental health problems and/or mental disorders. The 2018 Basic Health Research lists the prevalence rate of severe mental disorders showing a significant increase from 1.7 to 7 ‰ that mean, people with mental disorders increased by 28,000 people, so it is known that the number of people with mental disorders in Indonesia is 428,000 people (Basic Health Research, 2018). In East Java health profile data in 2019, the number of health services for people with severe mental disorders for Magetan regency reached 1,195 people with the percentage receiving health services of 158.2% (East Java Health Profile, 2019).

The number of cases of mental disorders encourages health service facilities to be obliged to organize mental health service programs. Improving mental health services can improve mental health status. One of the minimum service standards for District/City Health according to the Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2019 concerning technical standards for fulfilling the quality of basic services in the minimum service standards in the health sector, that the 10th minimum standard of health services is health services for people with severe mental disorders (Ministry of Health of the Republic of Indonesia, 2019). Based on the number of cases of people with mental disorders, the Sidomukti village government in collaboration with the Sumberagung Health Center established a Mental healthcare post in an effort to treat and restore people with mental disorders.

The implementation of the mental healthcare post cannot be separated from the contributions and support of various parties, the concern of the village government, the community and the health officers themselves in its establishment and implementation. Especially health officers in providing efforts to handle mental health problems that are carried out include primary prevention, which identifies risk groups, provides information about mental health problems to the community, provides social and emotional support for clients or families who are in stressful situations. Secondary prevention, mental health officers are involved in conducting early detection, motivating families or communities to be involved in mental health programs. tertiary prevention, mental health officers assist clients in the rehabilitation process and motivate clients to routine control and get therapy (Neeraja, 2009; Nursalam, 2014).

## 2.0   Materials and Methods

This study uses a qualitative type of research with a descriptive approach, that's exploring the experience of mental health officers in dealing with People with Mental Disorders at Mbah Jiwo's Mental healthcare post in the work area of the Sumberagung Health Center located in Sidomukti Village, Magetan Regency.

The subject of the research is the Person in charge (PIC) of the mental healthcare post program. The number of informants taken amounted to 6 people in accordance with the required data/information. The research technique used is purposive sampling, that's the selection of samples based on the following; Health officers who hold mental health programs who have worked at Mbah Jiwo's mental healthcare post for at least 1 year of service, are able to communicate well, physically and mentally healthy when collecting data by making direct observations of participants.

The research instrument is the researcher act as tools in data collection, although assisted by data collection tools, data collection is carried out by the researchers themselves (Creswell, 2013). The tools used in data collection were interview guides, voice recorders and field notes. Interviews aim to obtain certain information from all participants, but the wording and sequence do not always follow the list of questions that have been made but are adapted to the circumstances and participants' answers. Before taking the data, the researcher conducted a trial by conducting interviews with 2 participants with opening questions about their experiences as mental health officers.

**Table 2.1** Interview Question Instruments

| No. | Question | Theme | Category |
|---|---|---|---|
| 1. | Where did you get the basic knowledge in handling and treating mental disorders? | Knowledge | **Predisposing factors** |
| 2. | Are there other forms of social support provided or obtained during the implementation of the mental healthcare post? | Social support | **Reinforcing factors** |
| 3. | What is the motivation behind your service at the mental healthcare post? | Self-motivation | |
| 4. | What are the forms of health services at the mental healthcare post? | Health services | **Enabling factors** |

Interviews were conducted openly to dig deeper into the understanding and experiences of the participants who wanted to know (Creswell, 2013). Before conducting the interview, the researcher went to the prospective participant at the public health center, conducted Building Mutual Trust, gave an interview explanation sheet and explained the contents of the explanation sheet to the participant, asked if they agreed to be a participant, the researcher asked the participants to fill out the informed consent, Data collection One in-depth interview was conducted. The validity of the data is done by using the source triangulation technique.

The process of data analysis was carried out after taking data on the participants. Data analysis was carried out using the Collaizi method, that's 1) Describing the phenomenon being studied,

2) Expressing a description of the phenomenon through participant opinions, 3) Reading the entire description of the phenomenon submitted by participants, 4) Re-reading the results of interviews and distinguishing meaningful questions, 5) Explaining the meaning of significant questions, 6) Categorizing each meaning that has been made into a group of themes, 7) Compiling a complete description, 8) Validating the results of the analysis to participants, 9) Integrating the validation results into a description of the analysis results.

## 3.0    Result

### 3.1    *Characteristics of informant*

The informants in this study were 6 people consisting of 4 people from mental health officers, 1 person in charge (PIC) of the program and 1 former person with mental disorders. Based on the research, it is known that the characteristics of the respondents are described in the table below:

**Table 3.1** Characteristics of Research Informants

| Informant Code | Age | Gender | Occupations |
|----------------|-----|--------|-------------|
| P1 | 46 | Female | Midwife |
| P2 | 37 | Female | Nurse |
| P3 | 35 | Female | Nurse |
| P4 | 38 | Female | Nurse |
| P5 | 47 | Female | PIC of the program |
| *P6 | 49 | Male | Farmer |

*Description: informant 6 is a former mental disorder who has been declared cured

### 3.2  *Knowledge of mental health officers in mental health services*

The health officers who are members of the management of the Mbah Jiwo's mental healthcare post all have professional backgrounds in the health sector, most of whom work as nurses and midwives in Sidomukti Village itself. Then several other members came from the Sumberagung public health center. In accordance with the quote from the informant's statement below;

> *Yes, because I'm a nurse, it turns out that I already have provisions, when I was in college so I had provisions, that's it,* –**P3**

> *If it's me, eee it's okay, eeee… no training, if it's my friend, right, if it's not for me, it's just because of the nursing science that I studied in college, right,* –**P4**

Based on the statements of informants 3 and 4, it is known that their mental nursing knowledge is obtained from their educational background as nurses. In addition, the quote from informant 4 regarding mental care training shows that Sumberagung public health center also provides training facilities for medical personnel who play a role in the mental healthcare post, this can be stated in accordance with the statement of informant 2, as follows;

> *There is training, once a year the public health center will definitely hold a refresher for mental health officers, and also from facilitation, the officers are facilitated to carry out CMHN, so it is like basic training for treating patients with mental disorders,* –**P2**

Knowledge has an influence on the ability of mental health officers in carrying out their participation in the community. Knowledge is obtained from the learning process, in this case the average mental health worker is an educated health worker with a basic education ranging from nurses to midwives. In addition, nurses receive training facilitated by the public health center. The training provides information to mental health officers about mental health problems, their causes, signs and symptoms and the role of mental health officers.

> *Yes, -eee, nurses are very important to know psychology, right, because what is it - if the mental problem is different from other diseases, if possible, it's a disease - egheemm nurse midwives can do everything, but psychology does have knowledge specifically and yesterday I was the village administrator and –eee pj program with nurses who had received mental health training, the first one was called IC CMHM, BC CMHN and there was also a special mental training in Malang. Besides me, there were already two nurses who received training, so indeed the knowledge of nurses, especially about the soul, is really important, because treating the soul is different from treating the sick, I see,* -**P5**

Based on the results of the interview, it is known that the training provided is about Intermediate Course Community Mental Health Nursing (IC CMHN), basic Course Community Mental Health Nursing (BC CMHN) and special psychiatric training, the training is an effort to improve the quality of self-concept in patients with mental disorders through a community-based mental nursing approach.

### 3.3  Social support for mental health officers in mental health services

Social support here describes how the role or influence caused by other people, in this interview there are two views of social support from the first social support aimed at health officers where there are several forms of support including, support from health officers to mental patients, the community and village officials. who support the activities of the mental healthcare post, to the family and former mental patients who have recovered, contribute to the sustainability of the mental healthcare post. Then the second form of social support is given from health officers to former mental patients who have recovered to families with mental disorders so that they remain motivated in living a social life.

> *because at the mental healthcare post in collaboration with the village, the village provides the first facility in the form of a place, the second provides facilities for picking up patients, then there is support from cross-sectors from bhabinsa, in the form of security, helping people with mental disorders, for example -eee wants to cut the hair sometimes it's difficult, yes, but by being approached by Mr. Bhabinsa, with that he continues to obey, then the support again is from the PKK, it also provides consumption support, so yes, the mental healthcare post are given snacks or snacks,* –**P1**

> *Continued financial support, so, many people were moved to give a little help to this soul mental healthcare post, so what is the name of this soul mental healthcare post even though it cannot make money, the funds are still there*–**P1**

Apart from village officials, the community and people around who provide material and moral support, there is social support given to mental health officers from health colleagues at the Public health center who are not members of the mental healthcare post, based on the results of interviews as follows;

> *if it's from other friends, you see earlier, the soul mental healthcare post is not only from pj souls, so it involves other pj-pj programs, so friends continue to support,* –**P2**

> *There is, ... necessary, there is support, there must be support from the family, the environment, mental health officers, who play a role - mas, for supervision and everything is the same as the Village party, that's it,* –**P3**

> *because we don't have 24 hours to monitor the patient, especially from the family, the recurrence rate of the patient is mostly based on the emotional level, for example there is no support from the family, lack of understanding of the mental patient's family, so it really affects the patient's recurrence rate too,*–**P4**

Forms of social support can refer to comfort, care, self-esteem or various forms of assistance that individuals receive from other people or groups. Based on the excerpt from the interview with the informant above, it can be seen that the reinforcing factor in this study is social support that influences mental health officers in carrying out their roles.The statement of the person in charge of mental health at the Sumberagung public health center, reaffirmed in the statement regarding the support received from across sectors in the following statement;

> *Without his support, yes, Grandma, health officers are only implementers, yes, but what makes it run smoothly, the term is -eee from that activity, yes, support from the cross-sector -eee,* -**P5**

In addition, the intimacy and closeness of informants with families and patients with mental disorders also influences the development of recovery of mental disorders patients in Sidomukti Village, as evidenced by the familiarity of a persuasive approach that is effective in supporting treatment. Most people with mental disorders who were successfully approached by informants through home visits or incidental meetings were successfully referred for follow-up treatment. They recovered with regular treatment.

> *If I have a problem, I actually avoid it, I keep it to myself, I'm afraid if I tell people, especially people who don't understand us, I'm afraid that I won't give an inappropriate solution,***P6**

> *if we don't want to treat it right away, or give it an injection, we don't visit once, first we approach first, well, from our approach we explore, starting with who he usually thinks he's with, well if he obeys with -eee the person who is being followed continues invite him, then we just want to start therapy, that's it,* -**P3**

> *Hey, yes, … yes. That's right, indeed, is it really difficult for those who rarely invite them to pick up, what should we do to pick them up often, approach, hehe, continue to interact with them, so how do they trust us,* -**P4**

> *but because of the prayers of parents, support from friends, who understands, who understands me, the term is like Mrs. Debby, like what kind of health service person, actually being in pasung is actually not allowed, it actually makes things worse, –* **P6**

Family support is an attitude, an act of acceptance of supportive family members, always ready to provide help and assistance if needed, in this case the recipient of family support will know that there are other people who pay attention, appreciate and love him (Friedman, 2010). Family support can strengthen individuals, create family strength, increase self-esteem, has the potential as the main prevention strategy for the whole family in facing the challenges of daily life and relevance in society in a stressful environment (Fitri, et al, 2012).

### 3.4 *Self-motivation of mental health officers in mental health services*

Self-motivation affects individuals in taking action in achieving certain goals. In interviews with mental health mental healthcare post officers, various motivations were found in carrying out their participation in the management of the mental mental healthcare post. However, the majority of the interviews obtained by health officers carried out their participation sincerely and voluntarily because indeed they had a high sense of empathy and good social care. The reason for becoming a mental health worker is because of the vocation of the heart and a sense of wanting to serve the community as a form of devotion to the health officers they carry.

> *What may be the personal reasons – mas, a sense of calling, to help them, who may be –eee below us, – I mean under us, they have special needs under us, and there is a sense of satisfaction when we are with them, especially when we see their developments, - how about it, -***P2**

> *continue to feel our soul for the patients really –piye yes mas, –heeh, called, more comfortable with them. We feel, we feel, how do we feel, people who are incomplete, not (–aaak long) imperfect, we need to embrace, we, … we,… –piye yes, we come on, we embrace, –***P3**

> *Opo yes, apart from our duty as health care providers, it is also because of the calling of our soul, seeing the many ODGJs around us, that's why we provide people with mental disorders health services so that they can return to their activities as before before they experienced people with mental disorders, –***P4**

The motivation of mental health officers affects the implementation of the role. The motivation that most influences the informant is the intrinsic motivation of the informant. Feeling happy to share, feeling touched by the condition of people with mental disorders made the informants feel like caring for and embracing people with mental disorders patients. The past experience experienced by the informant made the officers want to participate in helping the handling of mental health problems so that what was experienced by the informant did not happen again to other people.

The results of the triangulation with the person in charge of mental health at the Sumberagung Health Center, it was also found that on average health officers and all those involved in the development and operation of the mental healthcare post have self-awareness, vocation, care and a sincere heart in caring for and helping the people with mental disorders community, the following is an excerpt his statement;

> *Yes, my motivation is me, I'm trying with my friends how the people with mental disorders can be seen, from the sick to healthy, the point is from being healthy, don't get mentally ill, from those who are mentally ill, we try to get well or don't be a phase that's even tougher,* –**P5**

> *This is it, the difference with other programs, yes, because in the mental health program, the number one is the call of the soul, yes, because indeed we are not based on sincerity, not based on humanity, why take care of crazy people, that's it, but thank God, my friend -Friends are basically from Mbah Ji's group, friends, the term is sincere,* -**P5**

Motivation is a concept that describes extrinsic conditions that stimulate certain behaviors as well as intrinsic responses that reveal human behavior (Swanburg, 2000; Nevi, et al, 2014). Motivation is also interpreted as beliefs and emotions that affect a person's behavior (Nevi, et al, 2014).

### 3.5   *Availability of Mental Health Services*

Mental health services are mental health services provided to the community by health officers together with mental health officers. Mental healthcare post activities are activities provided to provide services to patients and their families with mental disorders.

Mental mental healthcare post activities include recording, weighing, health checks, counseling and drug administration, at the end of the mental mental healthcare post activities sharing is held with patients and families. Patients and families are given the opportunity to tell about their experiences and complaints.

> *first they were picked up by ambulance with the village nurse and their guardian, then until the posyadnu the soul was weighed, blood pressure was measured, abdominal circumference was measured, then at table 2 there was psychological consultation and nutrition consultation, then table 3 was treatment and table 4 was training for self-care such as combing, how to brush your teeth properly, that's it, make a difference, then the 5 skills for making plaits, making doormats and then selling them are deposited in the gallery,* –**P4**

Based on the research findings, this is not much different from the mental healthcare post described by Barida & Gurendro (2011), namely that mental healthcare post activities are activities to provide basic health services including blood pressure measurement, weight weighing, health education and general consultation.

The success of the mental healthcare post activity is influenced by the active role of officers in bringing in patients and their families. Every officer is required to invite people with mental

disorders patients and their families to participate in mental health services. Many factors influence the condition of officers and the community to be involved in mental healthcare post activities, including knowledge of officers, information on mental healthcare post activities and motivation (Djuhaeni, 2010).

> *There are actually three healings for people with mental disorders, the role is clearly the role of the single family, then the role of the environment, the role of the environment and community leaders, as well as the implementer or health officer, if these three work, God willing, the recovery will be achieved,* -**P5**

The role of mental health officers will affect the level of visits for mental patients, the role of good mental health officers will increase patient visits. Providing emotional support that supports officers in the implementation of the mental healthcare post, giving praise while attending the mental healthcare post, asking for obstacles during mental healthcare post activities and the family also paying attention to the health of the officers. This is in accordance with the statement of informant 3 as follows;

> *Yes, … yes, there is a problem, mas, once like me, I was also PJ Desa, so when, when we were in the village, in that village we had mental patients, if we didn't want to treat them right away, or we injected them, we didn't visit at all, first Let's approach first, now from our approach, we explore, who does he usually think he's with, so if he says, eee, the person who is being followed, we continue to invite him, then we just start to treat him, that's that,* -**P3**

Bringing people with mental disorders patients to participate in the mental healthcare post is a challenge for officers because the patient's mind is easy to change, most patients when invited have to be rewarded so that officers need the role of the family to persuade and invite patients to participate in mental healthcare post activities.

## 4.0   Discussion

Lawrence Green Behavior Causes theory shows that there are factors that influence behavior, namely predisposing factors, reinforcing factors and enabling factors. Predisposiing factors for mental health officers in carrying out their roles include knowledge. Reinforcing factors consist of social support and self-motivation, enabling factors include service availability, service accessibility and commitment and rules.

The research findings found that knowledge has an influence on the ability of mental health officers to carry out their roles in society. Knowledge is obtained from the learning process, in this case following basic mental health training. The training provides information to mental health officers about mental health problems, their causes, signs and symptoms and the role of mental health officers. The training provided to mental health officers is the basis for mental health officers in carrying out their roles in community mental health programs. The data obtained show that mental health officers have only attended training once, namely when the formation of mental health mental health officers. This is still lacking, but seen in the field mental health officers can carry out their roles well. Mental health officers are able to mention

the causes of mental disorders, signs and symptoms, how to do early detection and treatment of mental health problems in the community.

Notoatmojo (2007) a person's knowledge is influenced by the level of education, experience, culture and economy. Kurniawan & Sulistyarini (2016) have examined the relationship between providing training to help mental health officers increase knowledge in dealing with mental health problems in the community. Research conducted by Rosiana et al (2016) found that the results of training for mental health mental health officers, mental health officers were aware of mental health problems, were able to explain mental health and how to handle it, mental health officers were able to perform early detection, mobilize community to participate in counseling. Sutarjo et al., (2016) in their research showed an increase in the skills of mental health officers after being given training.

The reinforcing factor in this study is social support that influences mental health officers in carrying out their roles. Social support here describes how the role or influence caused by other people. Informants received various forms of support from several parties, ranging from health officers who are not members of the mental healthcare post, village government, local police and military, village community leaders, Sidomukti village community, families with mental disorders to people with mental disorders who have recovered and are able to carry out normal activities in the village.

In line with Sri Surahmiyati's research (2017), stakeholders have roles according to their respective capacities. The availability of mental health services in the community and the care from various parties, make their quality of life better. Opportunities to access various health services from social support that can improve the quality of life are more open. Yudi Kurniawan & Indahria Sulistyarini (2016), also mention in their research results that community involvement in creating a mental healthy community has proven to be effective in helping professional performance in the mental health field and increasing collective awareness of the importance of mental health.

Research findings in the field show that family support is also one of the factors that play a role in the recovery of mental disorders patients. Family support is an attitude, an act of acceptance of supportive family members, always ready to provide help and assistance if needed, in this case the recipient of family support will know that there are other people who pay attention, appreciate and love him (Friedman, 2010). Family support is important for mental health mental health officers, support means strengthening for mental health officers to remain active in carrying out their roles. This is in line with research conducted by Fitri, et al (2012) that family support can strengthen individuals, create family strength, increase self-esteem,

Mental health officers have motivations that influence mental health officers in carrying out their roles. The motivation that most influences mental health officers is the intrinsic motivation of mental health officers. Feeling happy to share, feeling touched by the condition of mental disorders patient makes mental health officers feel like caring for and embracing mental disorders patients. The past experience experienced by mental health officers makes mental health officers want to participate in helping to deal with mental health problems so that what is experienced by mental health officers does not happen to other people.

Motivation is a concept that describes extrinsic conditions that stimulate certain behaviors as well as intrinsic responses that reveal human behavior (Swanburg, 2000; Nevi, et al, 2014). Motivation is also interpreted as beliefs and emotions that affect a person's behavior (Nevi, et al, 2014). Research conducted by Prang, et al (2012) showed a significant relationship between the motivation of mental health officers with the activeness of mental health officers, this factor is the most dominant factor in taking an action. The theory of motivation new directions for theory states that motivation represents a psychological process that will lead to responsibility and is the initial stage of willingness to act to achieve goals. Everyone wants to be believed

The motivation of mental health officers is able to move mental health officers in carrying out their roles in the community. The caring attitude of mental health officers is based on the motivation of mental health officers who are happy to help others, the community's need for themselves is also a motivation for mental health officers in carrying out their roles in mental healthcare post.

Enabling factors in this study are the availability of health services, accessibility of services, regulations and commitments. Mental healthcare post activities are activities provided to provide services to patients and their families with mental disorders. Mental healthcare post activities include medical record, weighing, health checks, counseling and drug administration, at the end of the mental mental healthcare post activities sharing is held with patients and families. Patients and families are given the opportunity to tell about their experiences and complaints. Mental healthcare post activities are routinely held every two months and the place of implementation is carried out in rotation at every health post that has been established, this is not much different from the mental healthcare post described by Barida & Gurendro (2011), that's mental healthcare post activities are activities that provide basic health services including; blood pressure measurement, weight weighing, health education and general consultation.

The success of mental health services activities is influenced by the active role of mental health officers to bring in patients and their families. Many factors influence the condition of mental health officers and the community to be involved in mental healthcare post activities, including the knowledge of mental health officers, information on mental healthcare post activities and motivation (Djuhaeni, 2010). Mental health officers in the implementation of servicess as the central point of mental healthcare post activities, activity and participation are expected to be able to mobilize community participation (Syafei, 2010). Providing emotional support that supports mental health officers in the implementation of the mental healthcare post, giving praise while attending the mental healthcare post, asking about obstacles during mental healthcare post activities and families also paying attention to the health of mental health officers

## 5.0   Conclusion and recommendation

### 5.1   *Conclusion*

Mental health services carried out at Mbah Jiwo's Mental healthcare post by mental health officers have supported the recovery rate and recovery of mental patients in the operational area of the Mental healthcare post. On average, patients who have recovered have been able to return

to their activities and re-socialize with the surrounding community. All behavioral factors of mental health officers are proven to have an effect on the success of recovering people with mental disorders at Mbah Jiwo's Mental healthcare. In addition, the research findings show that family support factors, the role of the community and village officials, medication adherence and routine control also affect the success rate of recovery.

## *5.2    Recommendation*

The results of this study are expected can be used as supporting data and references in improving the quality of mental health services, especially in the work area of the public health center. Mental health promotion and protocol socialization should be more encouraged and carried out on a scheduled basis in all work areas of the Sumberagung public health Center and the operational area of  Mbah Jiwo's Mental healthcare post in order to be able to carry out early detection and preventive measures for people with potential mental problems so that they do not lead to mental disorders.

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## Declaration

Authors declare that there is no conflict of interest in the writing and research of this article and in regarding the publication of this article.

## Authors contribution

Author 1 : Information Gathering, Writing, Editing, Formal Analysis, Methodology, Supervision, Validation and Review of Manuscript
Author 2 : Information Gathering, Original Draft Preparation, Resources, Methodology, Writing, Editing and Data Analysis

# References

ASEAN *mental health systems*. Jakarta: ASEAN; 2016. 182 hal.

Balai Penelitian dan Pengembangan Kesehatan. (2018). *Riset Kesehatan Dasar.* Jakarta: Kementerian Kesehatan Republik Indonesia.

Barida, I., & Putro, G. (2008). Peran Petugas kesehatan jiwa dan Klian Adat Dalam Upaya Meningkatkan Kemandirian Posyandu di Provinsi Bali ( Studi Kasus di Kabupaten Badung , Gianyar

Creswell, J. . (2013) *Qualitative inquiry and research design: Choosing among five approaches (Second ed.)*, *Sage Publication, Inc.* Thousand Oaks, California: Sage Publication, Inc.

Dinas Kesehatan Jawa Timur. *(2019). Data Kesehatan Jiwa Dinas Kesehatan Jawa Timur*

Dinas Kesehatan Kota Magetan (2019). Profil Kesehatan Kabupaten Magetan 2019. Profil Kesehatan.

Djuhaeni, Henni dkk. 2010. Motivasi Kader Meningkatkan Keberhasilan Kegiatan Posyandu di Rumah Sakit Umum Daerah 45 Kuningan/Bandarosa Jawa Barat. Program Studi Pascaarjana Ilmu Kesehatan Masyarakat, fakultas Kedokteron, Universitas Padjajaran.

Fitrikasari, A., S, A. K., Woroasih, S., S, W. S. A., Pengajar, S., & Psikiatri, P. P.-B. (2012). Medica Hospitalia, *1*(2), 118–122.

Friedman, M., 2010. Buku Ajar Keperawatan keluarga; Riset, Teori, dan Praktek. Edisi ke-5. Jakarta: Salemba Medika

Keputusan Menteri Kesehatan Republik Indonesia. No. 406/Menkes/SK/VI/2009. Tentang Pedoman pelayanan kesehatan jiwa komunitas.2009. 33 hal.

Kurniawan, Y., & Sulistyarini, I. (2016). Jurnal Psikologi dan Kesehatan Mental Komunitas SEHATI ( Sehat Jiwa dan Hati ) Sebagai Intervensi Kesehatan Mental Berbasis Masyarakat. https://doi.org/10.20473/JPKM.v1i22016.112-124

Mental health atlas 2017. Geneva, Switzerland:World Health Organization.

Notoatmodjo, S. (2010) *Metodologi penelitian kesehatan*. Jakarta: Rineka cipta.

Nursalam. (2014). *Metodolodi penelitian ilmu keperawatan. Pendekatan praktis, edisi 4*, p 80-81

Prang, R., Pangemanan, J. M., & Tilaar, C. (2012). Faktor-faktor Yang Berhubungan Dengan Keaktifan Kader Posyandu Di Wilayah Kerja Puskesmas Tareran Kecamatan Tareran Kabupaten Minahasa Selatan. Jurnal Keperawatan

Surahmiyati, S., Yoga, B. H., & Hasanbasri, M. (2017). Dukungan sosial untuk orang dengan gangguan jiwa di daerah miskin : studi di sebuah wilayah puskesmas di Gunungkidul, 403–410.

Sutarjo, P., Prabandari, Y. S., & Iravati, S. (2016). Pengaruh pelatihan community mental health nursing pada self efficacy dan keterampilan kader kesehatan jiwa, 67–72.

Swanburg, Russel., C. 2000. Pengantar Kepemimpinan dan Manajemen Keperawatan Alih Bahasa: Suharyati Samba. Jakarta : EGC

WHO. (2007) *Integrating mental health services into primary health care*. Geneva, Switzerland: Department of Mental Health and Substance Abuse, WHO: 7 hal.

WHO. (2014). *Mental Health Atlas*, world Health Organization, ISBN 978 92 4156501 1.

WHO. Integrating mental health services into primary health care. Geneva, Switzerland: Department of Mental Health and Substance Abuse, WHO: 2007. 7 hal.

WHO. Mental Health Action Plan 2013-2020. *WHO Library Cataloguing-in-Publication Data* 2013; 1–50.

WHO. WHO-AIMS 2.2.https://www.who.int/mental_health/evidence/WHO-AIMS/en.

World Federation of Mental Health. (2014). *World Mental Health Day*. Diakses dari http://wfmh.com/index.php/world-mental-health-day.