

## EVALUATION OF THE MENTAL HEALTH PROGRAM IN THE SAMATA COMMUNITY HEALTH CENTER

**Yusma Indah Jayadi S.Gz M.Kes**

UIN Alauddin Makassar Public Health Program, yusmaindahji@gmail.com  
<https://orcid.org/0000-0002-7405-6344>

**Andi Syamsiah Adha S.Gz M.Gz**

UIN Alauddin Makassar Public Health Program, Syamsiahadhaui@gmail.com

**Andi Assyifa Mappadeceng Ocarniatif**

UIN Alauddin Makassar Public Health Program, Assyifaandi2812@gmail.com

**Futri Alifia Rezkiyanti**

UIN Alauddin Makassar Public Health Program, futrialifia@gmail.com

**Zulfa Husain**

UIN Alauddin Makassar Public Health Program, zulfahusain01@gmail.com

### Abstract

Mental health problems in society cannot be underestimated. Many cases of mental disorders escape the attention of the family. Thus, it is necessary to create regional conditions that are alert to the mental health of its citizens. It is necessary to involve the local village community in an effort to achieve the goal. Community empowerment strategies are useful for identifying, overcoming mental health problems and maintaining mental health in their area. Community empowerment is a process of developing the potential of both the knowledge and skills of the community so that they are able to control themselves and be involved in meeting their own needs. This is done to find out how programs and plans related to mental health are carried out at the Samata Health Center. In addition, this can be used as material for improving the quality of the programs implemented, as well as the effectiveness of the programs in the future, both similar programs being implemented and those that will be implemented. The type of research used in this study is an evaluation with a qualitative method obtained through in-depth interviews, observation, document review, as well as online interviews conducted via WhatsApp call. The results obtained from in-depth interviews with Samata Health Center officers that the human resources involved in mental health programs are 4 people who come from mental health program implementers, doctors, cadres, nurses. Based on the results of research conducted at the Samata Health Center, it was found that the availability of facilities to support mental health programs at the Samata Health Center was not good enough. The budget received by the Samata Health Center in carrying out the mental health program comes from the BOK (Health Operational Assistance) and JKN funds. Samata Health Center has been able to provide medicines with sufficient criteria. However, if the patient has experienced a severe mental disorder and it is no longer resolved, then the patient will be referred to a hospital for more serious treatment.

**Keywords:** *Mental health cadres; Cadre performance; Mental health problems.*

## 1. INTRODUCTION

According to Ahmad Saeful et al In Islam empowerment in scope Public already no character foreign again . Due to Thing this has practiced by the Prophet Muhammad. When he instruct to followers for build concern to each other, especially to Public weak by economy (1).

So from that empowerment Public Islamic is something movement in effort get strength nor ability for increase concern to each other , especially to people who haven't Empower towards a better life (2).

Problem health soul could occur start from childhood, adolescence, adulthood and old age continued. Problem disturbance psyche including (disruption anxiety), distraction depression , and disorders soul weight) triggered by various factor among other factors biological (such as factor congenital , disease viral infection , cerebral malaria, disease degenerative, head accident) , factor psychological (personality not enough mature , past psychological trauma, conflict mind, and desires that do not achieved so that cause frustration), factor social (problem connection in family ,conflict with other people, problems economy, work and pressure from environment about, until state disaster) (2).

According to WHO (2016) there are about 35 million people affected depression, 60 million people are affected by bipolar, 21 million people are affected schizophrenia, as well as 47.5 million caught dementia. Problem health soul in Indonesia still be one issue with sufferer disturbance persistent soul experience increase, where amount sufferer disturbance soul in Indonesia when this is 236 million people, with category disturbance soul light (6%) of population and (0.17%) suffer disturbance soul weight, and (14.3%) of them experience shackled (3).

Based on the data obtained from public health center samata there is amount sufferer disturbance soul from in 2015 as many as 192 people, in 2016 sufferers' disturbance soul experience decrease, will but still counted tall namely 183 people. Meanwhile, in 2017 the number of sufferer disturbance soul has reached 239 people out of 64,717 residents (4).

Enhancement amount sufferer case disturbance soul until now still Becomes burden economy largest in the world. This thing because problem health soul has spent US \$ 2.5 trillion in 2010, which is estimated to be will Keep going increase to US\$6 trillion by 2030. If not soon overcome or be treated then will cause impact disability or disturbance soul the weight that causes down number productivity and burden family with sufficient cost big (5). So from that required existence synergy from all party through health programs soul, especially family so that conditions disturbance soul no the more severe and persistent increased (6).

Wrong one policy in form of program Ministry of Health (Kemenkes) RI is the Healthy Indonesia Program with Approach Family (PIS-PK). Ministry of Health more focus on effort prevention to use cope mental health problems in Indonesia. Policy strategic our try moves to upstream. How point heavy that in prevention, especially on problems that have impact big (7). Besides that, based on Law No. 18 of 2014 concerning Mental Health efforts promotive, preventive, curative and rehabilitative done. Fourth effort the must pay attention to 4 aspects that is physical, mental, social and spiritual use reach individual healthy soul. The Ministry of Health develops application healthy soul, that is application android based for give information about

health soul as well as offer speed easy and fast solution in report or detection early patient health soul. Besides that, there service mobile health, Mental Health Services in it there is various devices that can to do effort prevention, education even counseling early (8).

Emergency in the field disturbance soul is condition disturbance of thoughts, feelings or behavior that requires handling quick because potential cause danger for self yourself, others and the environment if no handled with appropriate (9). According to knoll J. L. (2014) A number of conditions that give rise to emergency disturbance soul like mental disorder due to abnormality brain and metabolism, rowdy restless, experiment kill self and drug abuse. According to Jorm, A (2012) A number of case disturbance soul that happens in society often no monitored, emergence non-adherence to treatment, support less family to effort healing, level knowledge less family as well as existence action pasung that makes patient no get appropriate therapy. During the time of covid 19, many arise problem health mental and psychosocial , related change in in life new (10). Problem health the soul that arises like condition the disease alone, scared will contagion, feeling bored and stressed because isolation independent or work / school from home, trouble economy because the number of layoffs, becomes great potential for emergence disturbance soul. COVID-19 pandemic and conditions after pandemic could impact to health soul children and adolescents as well as their parents. The COVID-19 pandemic can cause psychosocial trauma in children , and exacerbated with existence restrictions activity physical and social child outside home , more for child who must undergo quarantine or isolation due to COVID - 19 (11).

Evaluation implementation of the mental health effort program at the Puskesmas Bandarharjo Semarang city in 2018. In the evaluation of the input b yet there is Scheduling of Mental Health Efforts program special. Planning in implementation of the Mental Health Effort program at the Puskesmas Bandarharjo held together with evaluation program performance carried out per year.

Process Evaluation, their reference come back case disturbance soul, found obstacle that is difficulty in system reference tiered consequence from latest BPJS rules related reference back still need for studied repeat. Implementation activity counseling health soul by Puskesmas still not optimal because the difficulty gather all participant counseling in one the same time. Evaluation Output Evaluation output , of the 2 indicators of the Mental Health Effort program ( number visit disturbance souls and the number of heavy ODGJ who get service health soul in accordance standard ) there is 1 indicator that has not been achieve the target , namely and the number of severe ODGJ who get service health soul in accordance standard in health center Bandarharjo of 94.7% with a target of 100% due to management reference come back case disturbance soul that is not optimal (12).

This thing conducted aim knowing how are the programs and planning related to mental health carried out at the Puskesmas Samata. Besides that this could use as ingredient for enhancement the quality of the programs implemented as well as program effectiveness for how come as well as similar programs implemented nor will implemented (13).

Expected output \_ from this among other things, get description health soul in the cage work Public health center Samata , implementation counseling health and counseling health soul, formed a health database soul community in the work area Puskesmas Samata , and reports results detection early problem health soul in the work area as basic data planning intervention step next (14)

## 2. METHOD STUDY

Type research used \_ in study this is evaluation with method obtained qualitative through Interview depth, observation, and study document as well as to do Interview online using whatsapp calls.

Study this located at the health center Samata, Regency Gowa, South Sulawesi Province. As for the schedule study held start from date 9 March - 13 March 2022.

Study this carried out by students of the Faculty of Public Health Studies Program Medicine and Health Sciences Alauddin State Islamic University Makassar which aims to: for knowing health program evaluation soul with subject consisting of from 1 power health program implementer soul, 1 doctor, and 1 cadre health soul, as well 1 family patient.

Instrument in study this use guidelines interview, form observation and documentation. Analysis data with method results Interview transcribed in notes written and grouped in accordance with fields which will analyzed then conducted data interpretation by narration and interpretation then compared with standard the ministry of health has set and theory from various library.

## 3. RESULTS

### Input

#### 1. Power

Results obtained from Interview deep to officer Public health center Samata that source power humans involved \_ in health program soul is as many as 3 people from health program implementer psychiatrists, doctors and nurses. As for them each other cooperate for support mental health programs at the Puskesmas Samata, but for the number of HR turns out still not enough following quote the interview:

*"For soul program executor that I alone for the nurse and their guarantor he answered. So with amount population all areas in the health center Samata there is about 6,000 inhabitants. So, actually our still deficiency health workers if calculated by whole because right Duty my neither am I only in mental health just so if for adequacy the boy still less.*

Participation Public in service mental health problems really important one \_ source power that has important role \_ in help officer public health center in dealing with mental health in society is cadre, following quote the interview:

*"The role of the cadre" here is very helpful so far this, because without help our cadre officers no can hug all"*

*"Until now the hell our only for that limited practice cadre so that our can to cover everything there is under because far actually from our target \_ want what can us accomplish "*

In skeleton strengthen ability in detect early disturbance soul. So, the Puskesmas and the Health Office are also trying to training to mental health program implementer as well as cadres, as said by the informant:

*"That's why" our that each year trained, given training for add on knowledge with doctors, officers same the nurse. Then our implement noodles to cadre "*

*"It's been a long time follow training from 2014 already \_ there is conducted training cadre, but later there is pandemic possible new no. Every year there is training soul, training cadre soul our be represented \_ every village and from each ward that our take 2 cadres".*

## 2. Means

Based on results Study which conducted at the Samata Public Health Center. Found that availability means for support mental health programs at the Puskesmas Samata not yet enough good. Available facilities in implementation of mental health programs are following results the interview:

*" Availability means drug just with the police."*

*"Oh ... no there is book PDGJ guidelines, at home sick there. Here's what's there only blank screening for which classifies depression, disorder? Soul light and heavy that there and that really in love from specialist soul. So normal sometimes if already screening our carry on to house sick."*

*"Available all report monthly disturbance soul. Just now this there is a new program during enter year 2021 \_ already start our noodles no bring report there. So, through online"*

As for the drawbacks from mental health program services at the Puskesmas Samata that is no availability room separated for ODGJ patients and other patients. Following results from the interview:

*"Here our no there is room take care stay special for patient disturbance soul but our direct down to field for give education and giving drug for patient "*

## 3. Fund

Based on results Interview with informants, the budget received by the Puskesmas Samata in run a mental health program originated from BOK funds (Help Health Operations) and JKN. Following results, the interview:

*"From BOK funds, dear, from BOK with JKN because our purchase drug from JKN if suppose no there is from our health department buy from JKN".*

*"OK right? That cost the transport just to."*

Funds earned through BOK it turns out not yet adequate. This thing because there are so many programs at the Puskesmas no only from the health program soul course. So that in pursuing a health program soul permanent walk party public health center only utilize accepted budget \_ with good.

In To do ongoing treatment and care \_ continuously on the patient possibility big has drain sources financial family especially for those at the economic level medium to bottom. However, with existence cost treatment that has been guaranteed by BPJS, at least could lighten up family patient during treatment. Following results Interview with family patient:

*"Yes " there is BPJS card" \_*

## 4. Ingredient

Based on results study show that Public health center Samata has capable give drug with sufficient criteria. Like statement informant following:

*"Availability drug the hell enough because always sufficient \_from the Department of Health so no there is purchase "*

As for during the COVID-19 pandemic, there are problem about stock medicine at the health center Samata. Following Interview from officer:

*"There is such a thing transfer of funds during refocusing during the pandemic deck anyway. Certain there is problem there but no until make our must eee ... how very to patient. There's a little had time constrained drug that day sis. But not long because we sue to the Department that that must exists and Alhamdulillah it was held "*

## **Process**

### **1. Planning**

Based on results Interview with health center officer Samata obtained that the mental health program this started in 2014.

### **Detection early**

Public health center Samata will strive prevention problem health soul with to do detection early problem health soul. Hope from detection this is could find problem health soul more beginning so that the treatment no too heavy. Public health center Samata has cadre health the soul that plays in to do detection community that has problem health soul. Cadres visit house community and do detection is there is member family that owns problem health soul. As in the quote Interview following:

*"So, the goal this actually program deck us prevent so that he no fall down to disturbance soul heavy. So, we do detection early, because so found by early our fast handle no fall into distraction soul heavy. Because when already fall down to in disturbance soul weight, then productivity what we can be certain of is will decline and influence all "*

*"So, we hear deck wear blank screening for conducted detection early in classify people who experience depression, disorder soul light until the disturbance soul heavy "*

In To do Health promotion for detection early happening disturbance soul usually cadre will to do visit house patient. Following results Interview from cadre:

*"And we visited house usually once a month for checking state patient "*

*"We also have visit house after us from counseling, after we get news or information from inhabitant that in the family this there is child or disturbed family \_ the soul, well that's what we do visit house to family patient. After our visit our house report party public health center so party public health center will down to house patients, and we used to do visit house when family patient no take medicine "*

For help recovery patient. Cadres as people who have get training from an expert will to do visit house for help patient in his recovery period and doing supervision to patient. Following results Interview from cadre:

*" And we supervise taking the medicine and we do this monitoring, especially to the patient's family and asking if the medicine is taken regularly"*



Problem health the soul that is experienced patient caused by various factors, one of which is factor family economy \_ especially during the Covid-19 pandemic. Where everyone is required for permanent stay at home and workers dismissed to layoffs. So, this is what causes emergence problem health soul in the patient. Following results Interview with family patient:

*"Ordinary that anyway. During that pandemic normal seldom work anyway. There is not open job, stay at home new this there is her son school it that there that he thinks this want to eat his children. Yes, there that start that's it, yes because factor ancestry, that's possible from factor the economy or what in' any he thinks that he shopping his wife, son from started"*

## 2. Implementation

### a) Counseling

Counseling health soul is activity gift information health to Public about handling people with disturbance soul, way approach, medicine for sufferer disturbance soul, signs of people with disturbance soul and related attitudes. \_ Counseling health given by party public health center through officer health that is activity promote health soul and give understanding related mechanism defense soul to society. This thing in tune with results Interview under this:

*" Eh .... Until now the hell our eee ... so limited practice cadre so that our can to cover everything there is under because still far actually from our target \_ want what can our accomplish "*

Besides gift drugs received by patients, families' \_ patients also get education and direction from public health center about effort recovery patient. Following results Interview with family patient:

*"Usually that gift drug just like what eh, get used to it was given the directions anyway. What kind of action? Dish eee ... with people at home it's at work or is so that no eee ... focused with. It's normal that daydream whether. So, give him activity every day."*

### b) Distribution

During the implementation of the mental health program needed work same Among Health workers, cadres and doctor's expert from house sick in gift Health services at patient disturbance soul found in society. \_ For results the interview as following:

*"Because "this, that patient normal we give medicine for 1 month"*

System reference health soul is something system maintenance service health that implements handover authority and responsibility answer to problem health soul held \_ in return, fine \_ vertical as well as horizontally. Reference vertical held through reference from one stratum of facilities service health the most basic soul that is public health center to the facility strata service health soul RSU or RSJ level. Research results show that the referral process at the puskesmas already in accordance with guidelines technique used. \_ Following quote the interview:

*" so " usually when we find, if case weight we refer before later treatment our therapy \_ continue here for lighten up patient. So basically, we are looking for. If we find our consult to doctor expert. After the treatment walking back \_ here. And there work same between doctor health center and doctor expert."*

*"The role of cadres in referrals is only to the puskesmas only later if the puskesmas really want to refer to the hospital" (TK)*

In implementation of health programs soul, family have very important role in help the healing process patient. One effort family done is gift drug by regularly in patients. Following results Interview family patient:

*"Yes " ee ... he it's 1 month once. Because of the medicine anyway normal given in 1 month so finished that just picked up back. If for example usually only the medicine is taken, later consultation again same doctor. Because we direct come here."*

*"Usually, patient don't want to bring but sometimes if persuaded \_ they want eee ... brought again consul so, but this is Alhamdulillah rich... get well, its recover."*

### **c) Supervision**

Based on results obtained \_ from informant state that the monitoring process conducted for knowing the progress of the patient. Following results, the interview:

*"After gift drug for the supervision that our do it every 3 months. We'll see the change if of course there is change suppose he there is eee ... relapsed or plus critical usually us refer back home sick for could drug that's what we continue here. So that's it the system "*

Cadres and community leaders have paid attention to the problem of drug adherence in patients. One of the roles of cadres, including making home visits, is to carry out the role of Drug Drinking Supervisor (PMO). PMO is responsible for ensuring the regularity of patient treatment. Health cadres also provide motivation to family members in the care and treatment of patients to reduce signs and symptoms and increase the patient's positive abilities such as socializing with neighbors. Here are the results of the interview:

*" And we supervise taking the medicine and we do this monitoring, especially to the patient's family and asking if the medicine is taken regularly"*

Supervision process conducted with method officer public health center to do visit direct to house patient. Following results Interview with family patient:

*"Eee ... officer, officer health center. Its normal there is his visit that if bait eee ... in 3 months once, usual there is his visit to house patient. Usually \_ that the patient who does not want to anyway come to health center, normal if for example eee the officer eee especially temporary outside we are lonely Integrated Healthcare Center what please visit \_ over there "*

### **C) Recording and reporting**

Based on results Interview obtained from public health center Samata that there is a mental health poly that is used for to do consultation for patient in need treatment. In Thing this officer public health center always to do recording for visiting patients \_ to public health center every day to use complete report data recapitulation monthly

*"Yes ... appropriate plot service, register on the card then enter to the police. If the police don't available the cure our send"*

*"Available, all available to report monthly disturbance soul."*

In To do detection more early soul, role cadre have important role \_ for to do reporting in find case disturbance soul in society. Following results Interview with cadre:

*"so " anyway deck ... if for example there is got sufferer disease soul in society, we that usually direct report ki to officer public health center say there is found sufferer disease soul "*



## Output

### 1. stipulation Target

Target main is family which patient with give education and understanding to family patient so that could minimize happening disturbance soul heavy. This thing known from results Interview with officer Public health center Samata. Implementing mental health program at Puskesmas more focused on prevention so that people with mental illness do not fall to severe mental disorders and early detection. At the Health Center Samata Patients with mental illness always increase every year, even reaching 200 patients

*"This program conducted from 2014 begins and it really happened increase. Originally that only around my 50's remember very that in 2015 rose to 90 so much patient in 2016 rose to 100 that's what we find it. In 2019-2020 200 people, uh 2017. That's a heavy ODGJ "*

*" At the beginning of the Covid period, namely it's 2020 experience enhancement only officer prohibited down and there all programs are not walk (walk in place), will but all patient souls that have been treated at the health center samata permanent walk the cure "*

### 2. Program Coverage

Interview results with officer public health center Samata part mentality say that all patients who experience disturbance psyche get same treatment as one said officer public health center Samata part psyche

*" Patients who experience disturbance psyche usually someone is coming direct to public health center with his family and sometimes us get information from cadre that in place they there is experience disturbance psyche like ever happened in one area in Gowa there is patient disturbance mental state that has been put in pasung by his family"*

From the secondary data taken from public health center Samata is known that public health center Samata have total area of 33.08 Km<sup>2</sup>. As for the number of ODGJ patients at the Puskesmas in 2020 as many as 53 and in 2021 as many as 94 people. while the coverage of patient services in 2021 is 94 people. U for the number of Patients Worry In 2020 as many as 53 and in 2021 as many as 37 patients.

In implementing mental health programs \_ Public health center more formerly will to do training to cadre so that later cadre who will help the officers other in implement a mental health program. However, there are the obstacles experienced by the cadres because lack of materials extras given \_ to cadre so that cadre rather difficulty in problems faced by people with mental health. Following results, the interview:

*"We've done training, but we as soul cadres still feel lacking and if possible, refreshments are held as often as possible for soul cadres so that we can explore how mental health really is"*

## 4. DISCUSSION

### Input

#### 1. Power

Based on results mental health program evaluation with 4 informants consisting of from 2 mental health programmers, 1 mental health cadre and 1 family patient obtained that source the resources owned by the health center Samata not yet enough adequate. This thing because with

amount relatively large population and less affordable source power in health center like doctor specialist soul and health workers are one of the obstacles in the mental health program at the Puskesmas Samata.

This thing in accordance with Indri Yunita 's research (2019) that in the mental health program there is 1 doctor general public, 1 nurse and regional cadre who have follow training special regarding mental health. Training that alone the aim is that the existing energy have good ability \_ as well as enhancement knowledge or understanding disturbance soul (15).

Required enhancement source power humans in each unit because lack of service Health results in no affordable patient by party health center. This is also related \_\_ in The Minister of Health of the Republic of Indonesia number 43 of 2016 which states: that Source Power Humans involved \_ in health program soul at the health center is nurse, Doctors and Cadres who are trained by Health workers (16).

According to Kancee, (2010), Health cadres and leaders Public have role important in socialize health soul, thing this because cadre is end spear for to do reporting at a time handling and action carry on problem existing psyche \_ environment. And according to Keliat, (2007) The Role of Mental Health Cadres play a role as well as in improve, maintain and maintain health soul community ( Keliat , 2007) (17).

## 2. Means

Based on results Interview with informant say that means who don't available at Puskesmas \_ Samata is room special for separate ODGJ patients from other patients, as well as book Guidance \_ Diagnosis of Mental Disorders (PDGJ). However, the Health Center Samata provide report form monthly disturbance soul for ODGJ patients and blanks screening for to do detection early in classify people who experience depression, disorder soul light until heavy as well as availability IEC media (communication, information and education).

Whole Public health center has doing service system referrals, as well with public health center Samata who provides means poly. Moment enters general poly room, whole public health center asks interest patient or family patient soul come to health center, then patient soul or family patient soul given letter reference for to do control routine at home sick.

One available facilities in public health center according to Carla.R (2011) namely book guidelines for every program at the Puskesmas, including for health program soul. Report form monthly for disturbance soul is also provided. Report form monthly this differentiate disturbance soul Becomes psychotic, neurotic, mental retardation, disorder soul in children and adolescents, as well as disturbance a soul that doesn't in detail.

This thing no in tune with Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2019 concerning Technical Standard Compliance Quality Basic Service on Standard Minimum 391 Services in the Health Sector, namely there is Book Classification Diagnostic Guidelines Mental Disorders (PDPGJ III) or book Classification Diagnostic Guidelines Recent mental disorders (if already available), Provision Form Recording and Reporting, and IEC media (18).

So, from that required existence availability means like book PDGJ guidelines, so that quality disorder health services soul at health center could Fulfill standard health services in Indonesia.

In the Decree of the Minister of Health of the Republic of Indonesia Number 585/MENKES/SK/V/2007 concerning Guidelines Implementation Health Promotion at Puskesmas, officers' health public health center must to spare time for communicate with patient who came to

public health center as part from activity promotion health inside \_ building health center, wrong the only one namely the General Poly. The most influential party to visiting patients \_ to public health center was the one who delivered it to health center, namely family patient. This thing because party the no in state sick so that allow for get information given health \_ or available at the health center (19).

### 3. Fund

Based on results study obtained information that the funds received public health center for health program activities soul at health center Samata originated from BOK and JKN funds. Funds that have been received by the health center must enough in run the program. This fund used for Fulfill various needs public health center in run programs, such as cost journey for training cadre to outside, and cost operational Health Center.

According to Permenkes No. 3 (2019) Aid Funds Health Operations is one of the source funding for support operational services at the health Center. Research results Jessica Masta (2019) Funds received Public health center for run the Mental Health Effort program from BOK (B help Health Operations ) from center (20).

### 4. Ingredient

Based on results Interview with informant say that availability medicine at the health center Samata already enough. Availability drug is one role supporter in the process of treatment and mental health services at the puskesmas where are the patients given drug every 1 month very with method to do visit to health center. If the patient no could To do visit so can represented by family patient.

At the beginning of the COVID-19 pandemic, there were a little constraint about stock medicine at the health center. However, that \_ no lasts a long time because party Public health center ask to the Department of Health for permanent give stock medicine at the Puskesmas so that they can minimize appearance recurrence in patients disturbance soul.

This thing in line with results research by Jessica masta (2019) which states that the facilities and materials has available at the health center already enough good by quantity nor by quality and already sufficient needs (11).

## Process

### 1. Planning

#### Early Detection

Based on information obtained \_ from results study that in each cadre area already get training about detection early in their respective regions.

According to Indri (2019) Efforts prevention problem health soul with To do detection early is expected capable find problem health soul more beginning so that the treatment no too heavy (15).

According to Wang PS (2002) quoted by Kezia Albertha (2020) states: that test screening increase knowledge Public with problem the previous psyche no diagnosed for connected with provider service health soul to receive care (21).

Public health center has important role \_ for Public as center mover development insightful health, one of them that is prioritize maintenance health and prevention disease. one \_ destination activity preventive health soul at the health center addressed for prevent happening problem psyche that is screening soul (21).

## 2. Implementation

### a) Counseling

Based on results Interview is known that counseling with gift education about steadfastness soul routine conducted in very in a year as well as those involved in counseling namely programmers, regional cadres and family's patient. But when we do \_ interview, stage education new implemented in cadres.

This thing in tune with Constitution Republic of Indonesia Number 18 of 2014 concerning Mental Health that Effort promotion in the environment facility service health as referred to in paragraph (1) letter e is implemented in form communication , information , and education about Mental Health with target group patient , group family , or surrounding community \_ facility service health (22).

According to Jessica Masta (2019) Counseling health soul is activity gift information health to Public about handling people with disturbance soul, way approach, medicine for sufferer disturbance soul, signs of people with disturbance soul and related attitudes. \_ Whereas according to Uswatun Hasanah (2019) Counseling health is a process for increase ability Public in maintain and improve health (23).

### b) Distribution

Distribution giving medicine on the patient disturbance soul in the health center area carried out by officers' health, cadre health psychiatrist and doctor expert from house sick. Long time gift drugs for patient that is very every month with method to do visit inspection by direct to health center. If the patient no could to do visit so represented by family patient. But, at the time pandemic covid 19 in 2020 shortage stock drugs experienced by the health Center. However, that no last long. This thing because officer public health center asks to Department of Health for add stock drugs that have been thinning. In patients who were found in state disturbance soul heavy on society so conducted consultation with doctor experts at the RSU or RSJ for get service more complete. After that, new return to public health center for get therapy treatment that has been recommended by doctor expert.

Distribution is something Suite activity in skeleton distribute / hand over tool health , medicine and materials finished use medical from the place storage until to the service unit with permanent ensure quality , stability , type , quantity , and accuracy time (24).

### c) Supervision

Monitoring held every 3 months very with to do home visit \_ patient which includes the process of administering education and medicine to patient and family patient for knowing how far is progress health psyche experienced by the patient. In Thing this member family have distribution duty, purpose, belonging, and love Dear in life family every day. Health in every member family each other influence one each other. Ability member family for give Support to member family experiencing \_ pain.

So, from that, here family and environment around play very important role in promotion, protection and maintenance health soul. Family maintains health member family along time and pass a series of periods of health & illness. Promotion health soul by and for family really important because family more many mean that not quite enough answer for prevent problem mental and caring member family with problem psyche is owned by family. Advocacy need given to family for family by independent capable determine role each member family in build health family in life every day (21).

#### d) Recording and reporting

Results of recording patient data disturbance soul obtained of the detection process early done by cadres \_ about case disturbance soul light until heavy through visit home, then reported to Health officer for get education and treatment by straight away. Patient data is also obtained from results inspection mental health poly who do therapy treatment at the health center. So, from results patient data recording next recapitulated as report data monthly for years later reported to center.

According to results research health baseline (RISKESDAS) in 2018, the prevalence of ODGJ with coverage area of Indonesia, province even districts Keep going experience increase. This thing prove that disturbance soul is problem serious and should recording as well as ODGJ reporting is recorded by cystitis. ODGJ recording and reporting \_ cystitis this meant for to cover whole sufferer so that get proper and decent service \_ so that could push prevalence of ODGJ (25).

### Output

#### 1. Accuracy target

Increase service health soul seen from increase percentage amount visit sufferer disturbance soul at health center Samata. From result study information is also obtained that many patients in the work area who visit the psychiatric poly at the puskesmas Samata. Coverage figures detection early disturbance health soul in the work area public health center Samata and numbers scope handling patient detected disturbance health soul already achieve a very high target which in Thing this the first patient only 50 people increased to 90 patients in 2015 and reached highest point in 2017 with \_ \_ amount patients with 200 ODGJ patients.

A number of studies about type disturbance soul that can experienced at \_ COVID-19 pandemic. A study conducted by Huang and Zhou (2020) showed percentage disturbance soul consequence the COVID-19 pandemic can in the form of depression (35.1%), anxiety (20.1%), and disorders sleep (18.2%). The study conducted by Waite et al., (2021) showed that increase disturbance behavior in children ages 4–11 years Among Month March and May 2020 (during the lockdown) and less symptom emotions in children ages 11-16 years. Jiao et al., (2020) explained that based on symptom from the Diagnostic and Statistical Manual Mental Disorder Edition Fifth (DSM-5) symptoms reported cover clinginess (37%), lacking attention (33%), irritability (32%), worry (28%), and obsession get information most recent (27%) (26).

Covid-19 pandemic requires everyone for \_ permanent at home, as a result all health programs at the puskesmas no walk (walk in place) so that the officers health and cadre no can down direct for to do detection early. However, with \_ existence availability poly facilities at the health center Public still can get drug from public health center so that gift drug still walks with good. As for the things that become factor barrier during a pandemic this is it limited interaction Among staff and patients so that no occur contact direct with patient n. However, party public health center permanent to do online consultation like consultation via whatss App and web. Se to make it easy patient in consult.

#### 2. Program coverage

Evaluation outputs, from the 2 indicators of the Mental Health Effort program at the puskesmas Samata that is amount visit patient anxiety and the number of ODGJ receiving service health soul already in accordance with standard. This thing because there is 1 indicator that has been achieve the target i.e., scope service patients who have fulfilled. Based on Puskesmas data Samata in 2021 is obtained \_ that the number of ODGJ is 94 people with Fulfill c coverage Service patient as



many as 94 people. because of that, related service health soul at health center Samata already in accordance standard by 100%. With this way management scope case disturbance soul is optimal.

According to Keliat et al (2011) in the recovery process used drug antipsychotic for resolve symptom psychotic (change) behavior, agitated, aggressive, difficult sleep, hallucinations, delusions, and thought processes messed up). Drugs could control part big symptom psychology in patients' disturbance soul. Medicines disturbance soul could lower frequency and rate severity symptoms psychotic (27)

## 5. CONCLUSION

Input evaluation includes Availability power Mental Health Efforts, Facilities provided officer public health center specifically Guidelines for the Diagnosis of Mental Disorders (PDGJ), the source of funds from BOK funds can be categorized as still very less. As for the elements other has adequate among them gift drug already sufficient needs, all program activities \_ health soul already in accordance with SOP, there are effort program scheduling mental health \_ special.

Process evaluation includes \_ Implementation detection early routine performed by doctors , programmers and nurses every time do examination , diagnosis , availability stock medication , monitoring carried out routine every 3 months once by the officer health center , recording and reporting enough good , while implementation activity counseling health soul by Puskesmas still not optimal because Health workers still is at the stage practice which cadre in Thing this cadre not yet To do counseling to Public around .

Evaluation Output Evaluation output, of the 2 indicators of the Mental Health Effort program (number visit patient anxiety and the number of ODGJ receiving service health soul already in accordance standard) there is 1 indicator that has been achieve the target i.e., the number of ODGJ who received service health soul in accordance standard in health center Samata by 100% with this way management scope case disturbance soul is optimal.

## SUGGESTION

For Gowa City Health Office (DKK) expected existence addition power trained health soul and can repair system distribution medicines at the Puskesmas, as well as support from Public specifically ODGJ families so that the health program soul could give optimally.

## REFERENCES

1. Saeful A. Konsep Pemberdayaan Masyarakat Dalam Islam. Syar'ie J Pemikir Ekon Islam. 2020;3(3):1–17.
2. Kurniawan Y, Sulistyarini I. Komunitas SEHATI (Sehat Jiwa dan Hati) sebagai intervensi kesehatan mental berbasis masyarakat. Insa J Psikol Dan Kesehat Ment. 2016;1(2):112–24.
3. Maulana I, S S, Sriati A, Sutini T, Widianti E, Rafiah I, et al. Penyuluhan Kesehatan Jiwa untuk Meningkatkan Pengetahuan Masyarakat tentang Masalah Kesehatan Jiwa di Lingkungan Sekitarnya. Media Karya Kesehat. 2019;2(2):218–25.
4. Masahuddin L, Abdullah A. Hubungan pengetahuan tentang gangguan jiwa terhadap sikap masyarakat pada penderita gangguan jiwa. J Ber Kesehat. 2019;11.
5. Kementerian Kesehatan RI. Rencana Aksi Kegiatan 2020 - 2024. Ditjen P2P Kemenkes [Internet]. 2020;29. Available from: <https://e-renggar.kemkes.go.id/file2018/e-performance/1-401733-4tahunan-440.pdf>
6. Surtini. Gambaran Deteksi Dini Kesehatan Jiwa Di Desa Ranjeng Dan Cilopang Kabupaten Sumedang. Keperawatan. 2017;5(1):24–8.
7. Yunita R, Isnawati IA. Pemberdayaan Peer Group Dalam Meningkatkan Kesehatan Jiwa Lansia Di Desa Karangbong Kecamatan Pajajaran Kabupaten .... J-PENGMAS (Jurnal Pengabdian ... [Internet]. 2018;2(1):1–5. Available from: <https://ojshafshawaty.ac.id/index.php/jpengmas/article/view/92>
8. Ramdhayanti AS dan S. Konsep Pemberdayaan Masyarakat dalam Islam. 2020;3:4–6.



9. Widiyanti E, Rafiyah I. Pemberdayaan Masyarakat dalam Pelaksanaan Deteksi Dini Permasalahan Kesehatan Jiwa di Desa Jayaraga Kecamatan Tarogong Kidul Kabupaten Garut. *J Pengabdian Kpd Masy*. 2017;1(3):191–5.
10. Sulastri, Siti Fatonah, Yuniastini, Merah Bangsawan, Lisa Suarni LB. Pemberdayaan Masyarakat Dalam Perawatan Kesehatan Jiwa Di Kecamatan Natar Kabupaten Lampung Selatan. *J Pengabdian Kpd Masy Pemberdaya* [Internet]. 2020;4(3):249–54. Available from: <http://www.pikiran-rakyat.com>
11. Hothasian JM, Suryawati C, Fatmasari EY. Evaluasi Pelaksanaan Program Upaya Kesehatan Jiwa Di Puskesmas Bandarharjo Kota Semarang Tahun 2018. *J Kesehat Masy*. 2019;7(1):75–83.
12. Sari EP. Upaya pemberdayaan komunitas melalui sinergi kader posyandu dan psikolog puskesmas. *J Ilm Psikol Terap*. 2016;04(01):53–61.
13. Model P, Green PL, Rw DI, Tanah DAN, Pramujiwati D, Keliat BA, et al. Pemberdayaan Keluarga dan Kader Kesehatan Jiwa Dalam Penanganan Pasien Harga Diri Rendah Kronik Dengan Pendekatan Model Precede L.Green Di RW 06, 07 dan 10 Tanah Baru Bogor Utara. *J Keperawatan jiwa*. 2013;1(2):170–7.
14. Fahrizal Y, Dwi Lestari N, Rochmawati I. Inisiasi Pemberdayaan PCM Mlati dalam Peningkatan Kesehatan Jiwa Umat dalam Masa Pandemi Covid-19. *Din J Pengabdian Kpd Masy*. 2021;5(2):381–487.
15. Suryaputri IY, Utami NH, Mubasyiroh R. Gambaran Upaya Pelayanan Kesehatan Jiwa Berbasis Komunitas di Kota Bogor. *Bul Penelit Kesehat*. 2019;47(1):13–22.
16. Kemenkes. Peraturan Menteri Kesehatan Republik Indonesia Nomor 43 Tahun 2016. 2016;
17. Fernandes HP. MASALAH GANGGUAN KEJIWAAN. 2014;139.
18. RI MK. PERATURAN PEMERINTAH KESEHATAN REPUBLIK INDONESIA. *Ayan*. 2019;8(5):55.
19. Departemen Kesehatan R. Keputusan Menteri Kesehatan Republik Indonesia Tentang Pedoman Pelaksanaan Promosi Kesehatan di Puskesmas. Keputusan Menteri Kesehatan Republik Indonesia Tentang Pedoman Pelaksanaan Promosi Kesehatan di Puskesmas. 2007.
20. Kemenkes RI. Permenkes No 3 Tahun 2020 Tentang Klasifikasi dan Perizinan Rumah Sakit. Tentang Klasifikasi dan Perizinan Rumah Sakit [Internet]. 2020;(3):1–80. Available from: <http://bppsdmk.kemkes.go.id/web/filesa/peraturan/119.pdf>
21. Albertha K, Shaluhiah Z, Musthofa SB. Gambaran Kegiatan Program Kesehatan Jiwa di Puskesmas Kota Semarang. *J Kesehat Masy*. 2020;8(3):440–7.
22. Undang-undang No 18. Undang-undang Republik Indonesia Nomor 18 Tahun 2014 Tentang Kesehatan Jiwa (Law of the Republic of Indonesia No 18 Year 2014 on Mental Health). 2014;(185). Available from: <http://ditjenpp.kemenumham.go.id/arsip/ln/2014/uu18-2014bt.pdf>
23. Hasanah U, Dharma A, Metro W. The effect of health education on knowledge and attitudes about cesarean in Tehrani women. *Adv Nurs Midwifery*. 2013;22(79/s):87–94.
24. Mailoor RJ, Maramis FRR, Mandagi CKF. Analisis Pengelolaan Obat Di Puskesmas Danowudu Kota Bitung. *Kesmas Natl Public Heal J* [Internet]. 2019;6(3):1–14. Available from: <http://www.ejournalhealth.com/index.php/kesmas/article/view/459>
25. Sciences H. 濟無 No Title No Title No Title. 2016;4(1):1–23.
26. Yenny, Kartini, Erita, Anggraeni C. Peningkatan Pengetahuan akan Pentingnya Menjaga Kesehatan Mental & Pelatihan Cara Mengatasi Stessor pada Masyarakat di Masa Pandemi COVID-19. 2021;1–37.
27. Tania M, Hernawaty T. Pengalaman Hidup Kader Kesehatan Dalam Mendukung Proses Recovery di Melong Kota Cimahi. *Keperawatan BSI*. 2019;VII(1):100–10.