

The roles of Health Cadres in the Implementation of Mental Health Programs in Indonesia

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Abstract

Background: Mental health cadres hold the pinpoint roles in the implementation of all mental health programs, both at sub-district and village levels.

Objectives: Analyzing the roles of health cadres in the implementation of mental health programs at the health center in Aceh, a province in Indonesia.

Research Method: The research method that will be used is observational, using the cross sectional design. All included people in this study are all cadres who reside in the district of Aceh Besar, Aceh province. The sample was using a total sampling technique of 584 cadres.

Result: It was found that there was a relationship between a cadre's education with the role of a cadre in the implementation of mental health programs in the working area of the health centre in the district of Aceh Besar, Aceh province ($p \leq 0,05$). It was found that the relationship between training, knowledge, attitude, facilities and supervision with the role of a cadre in the implementation of mental health programs in the working area of the health centres in the district of Aceh Besar ($p \leq 0,05$). The most influencing variable or the most dominant variable that influences the role of a cadre in the implementation of mental health programs in the district of Aceh Besar is supervision.

Conclusion: It can be concluded that supervision is the most dominating factor that influences the role of a cadre in the implementation of mental health programs in Aceh province's health centre.

Key Words: Education, training, knowledge, attitude, facilities and supervision.

Background

Mental or mental health includes a person's emotional, psychological and social well-being. Mental health affects the way a person thinks, feels and acts. Mental health also helps determine how a person handles stress, relates to others and makes choices. Mental health is important at every

stage of life, from childhood and adolescence to adulthood. Data for 2019 shows that 970 million people worldwide have a mental health disorder or substance abuse. Anxiety is the most common mental illness in the world, affecting 284 million people. Globally, mental illness affects more women (11.9%) than men (9.3%). Major depression, anxiety, alcohol use disorder, schizophrenia, bipolar disorder and dysthymia (continuous mild depression) were identified as the main causes of mental disorders. The mortality rate for people with mental disorders was significantly higher than in the general population,

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with a median loss of life expectancy of 10.1 years. It is estimated that mental disorders cause 14.3% of deaths worldwide, or about 8 million deaths each year¹

The 2018 Basic Health Research of Indonesia (RISKESDAS) stated that the proportion of households in Indonesia who had family members with schizophrenia/psychosis mental disorders was 6.7%, depression 6.1% and mental emotional disorders 9.8%. Interestingly, as one of the provinces in Indonesia, Aceh Province has significant amount of mental health problems. It was reported that schizophrenia/psychosis mental disorders were 8.7%, depression 4.4% and mental emotional disorders 9.0%. Furthermore, the coverage of household treatment in Indonesia with antiretroviral therapy for schizophrenia/psychosis was 85.0% and depression 9.0%. Meanwhile, the coverage of household treatment in Aceh Province who has family members with schizophrenia/psychosis mental disorders was 83.5% and depression 11.7%²

Aceh Besar, as a district in the province, established six indicators of the success of the program's achievements, namely: 1) the percentage of health centres that carry out community mental health efforts; 2) percentage of health service facilities as recipients of mandatory reporting of addicts; 3) percentage of mental health awareness in villages; 4) the percentage of people with mental disorders (PMD) who receive mental health services and are independent; 5) percentage of PMD who are free from chains; and 6) the number of senior high schools and the equivalent that carry out efforts to prevent and control mental health and drug problems³

Based on these indicators, the mental health programs in the district of Aceh Besar, Aceh province in 2019 obtained the following results: 1) the percentage of health centres that carried out community mental health efforts was 90% (2019 target: 90%); 2) the

percentage of health service facilities as recipients of mandatory reporting of addicts is 50% (2019 target: 50%); 3) the percentage of mental health awareness in villages is 20% (2019 target: 20%); 4) the percentage of people with mental disorders PMD who receive mental health services and are independent are 50% (2019 target: 50%); 5) the percentage of PMD who are free from chains is 50% (2019 target: 50%); and 6) the number of senior high schools and the equivalent that carry out prevention and control of mental health and drug problems is 30% (2019 target: 30%).

Based on data from the District Health Office, Aceh Besar, in 2020, had 584 mental health cadres that are not evenly distributed in all villages in sub-districts in the district of Aceh Besar⁴. Several previous studies related to the evaluation of the implementation of mental health programs at health centres have been conducted qualitatively by Santoso (2019) with the results: 1) personnel involved in mental health programs have a minimum education of Diploma in Nursing; 2) have never received training related to mental health; 3) inadequate program funds; 4) early detection of cases has not been maximized; and 5) standard operational procedures for the implementation of mental health services are not available.

Next, Hothasian, Suryawati and Fatmasari (2019) in their research describe the evaluation of inputs: 1) sufficient mental health personnel; 2) the available funds are sufficient; 3) facilities and materials are sufficient; 4) availability of standard operational procedures; 5) Unavailability of specific schedule. Process evaluation: 1) routine early detection is carried out; 2) the diagnosis is good; 3) limited stock availability of certain drugs; 4) difficulties in the tiered referral system; 5) extension activities are not optimal. Evaluation of output: 83 severe PMD who received mental health services are as much as 94.7% (target 100%)⁵

Islami (2016) in his research on evaluating mental health programs in the district of Aceh Besar shows the results, namely all health centres have not implemented mental health service standards, certified mental health doctors and nurses in health centres are still limited, mental nurses are not evenly distributed in all health centres, medicines are not adequate, mental health cadres are still limited and people's perceptions of going to traditional healers instead of going to health centres for treatment ⁶

Based on the description above, it is known that the implementation of mental health programs in health centres, especially in the district of Aceh Besar has not run optimally. There are several factors related to the success of mental health programs at the health centres. There was a relationship between nurses' perceptions of political support, funding, cooperation, organizational capacity, program evaluation, communication and strategic planning factors with the success of mental health activities in the community⁷. Fatoni (2011) in his research shows that the education of nurses in mental health programs is Diploma in Nursing, program planning is carried out by the Head of the health centre, and the performance of the health centre is in the poor category in implementing mental health programs. Mental health programs have not been implemented in accordance with minimum service standards⁸.

This study is therefore undertake to investigate the role of health cadres in implementing mental health programs at health centres in accordance with the Decree of the Minister of Health of the Republic of Indonesia number: 406/Menkes/SK/VI/2009 concerning guidelines for community mental health

services in primary health care facilities, namely counselling, outpatient services, health services referrals, home visit services, documentation and their relationship to the successful achievement of mental health programs at the health centres in the district of Aceh Besar.

Methods

This study is a quantitative research using a correlational design, with a cross sectional study approach to determine the implementation of mental health programs and related factors at the health centre in the district of Aceh Besar. The population in this study were 584 mental health cadres in 12 sub-districts within the district. Aceh Besar and the entire population were sampled. The research instrument is in the form of an online questionnaire using the google form <https://bit.ly/3hdCIW5>, <https://bit.ly/3wpVv5f>, <https://bit.ly/3gKZDrN>, <https://bit.ly/2TXGutvand> equipped with explanations, informed consent and filling guidelines. The data analysis carried out includes descriptive analysis and inferential analysis.

Results

a. Univariate Analysis

Univariate analysis is an analysis towards research variables in the form of a frequency distribution and is served in a percentage table towards characteristic variables, knowledge, training, attitude, facilities, supervision, and the role in the implementation of mental health programs.

(1) Characteristics of Mental Health Cadres

The characteristics of the data in this study include age, gender, education, and occupation.

Table 1: The Frequency Distribution of Mental Health Cadre Characteristics at Health Centres in the Work Area in The District of Aceh Besar

No.	Characteristics	Amount	
		f	%
1.	Age		
	20-30 years old	384	65,8
	31-40 years old	200	34,2
	> 40 years old	0	0
2.	Gender		
	Man	2	0,4
	Woman	542	99,6
3.	Education		
	Basic	78	13,4
	Secondary	254	43,5
	High	252	43,2
4.	Occupation		
	PNS	7	1,2
	Entrepreneur	38	6,5
	Housewife	482	82,5
	Farmer	57	9,8
	Amount	584	100

Source : Data Primer, 2021

Based on age characteristics, it is known that most of the cadres are in the 20-30 year age group, as many as 384 people or 65.8% and the female category with a percentage of 93.4%. From the last education

variable, it is known that 43.5% of cadres have secondary education. In terms of work, it is known that 82.5% of cadres are housewives.

(2) Training, Knowledge, Attitude, Facilities and Supervision

The training referred to in this study is training related to mental health programs, with the knowledge variable is grouped into two, namely high and low, the attitude variable is grouped into two, namely positive and negative, facilities are grouped into two, namely

complete and incomplete, and the supervision variable is grouped into two, namely there is and there is not. The results of complete data processing can be seen in the following table:

Table 2: The Distribution of Training Frequency, Knowledge, Attitude, Facilities and Supervision of Mental Health Cadres in the Implementation of Mental Health Programs

No.	Variable	Amount	
		f	%
1.	Training		
	Yes	453	77,6
	No	131	22,4
2.	Knowledge		
	High	229	39,2
	Low	355	60,8
3.	Attitude		
	Positive	278	47,6
	Negative	306	52,4
4.	Facilities		
	Complete	309	52,9
	Not Complete	275	47,1
5.	Supervision		
	There is	369	63,2
	There is not	215	36,8
6.	Role of Nurses		
	Has a role	376	64,4
	Less role	208	35,6
	Amount	584	100

Source : Primary data (2021)

Table 2 shows that 77.6% of cadres have also received training on mental health, most of the majority cadres have low knowledge, namely 60.8%, the majority of cadres have a negative attitude, namely 52.4%, and there are 52.9% cadres who stated that the facilities were complete. Based on the supervision variable, it is known that most of the cadres stated that there was supervision in the implementation of mental health programs, namely 63.2%, and there were 64.4% of cadres who played a role in the implementation of

mental health programs in Aceh Besar District.

b. Bivariate Analysis.

To find out the relationship between education, training, knowledge, attitudes, facilities and supervision of cadres with roles in the implementation of mental health programs, a chi square test was carried out with a 95% confidence level, the results of complete data processing can be seen in the following table:

Table 3: The Relationship Between a Cadre’s Education and The Implementation of Mental Health Programs

Variable	Role		Jlh	p Value	OR
	Has a Role	Less Role			
Education					
Basic	26 (33,3%)	52 (66,7%)	78 (100%)	0,000	0,22
Mid/High	350 (69,2%)	156 (30,8%)	506 (100%)		
Amount	376(64,4%)	208(35,6%)	584(100%)		
Training					
Yes	376 (83,0%)	77 (17,0%)	453 (100%)	0,000	0,17
No	0 (0%)	131(100%)	131 (100%)		
Amount	15 (62,5%)	9 (37,5%)	24 (100%)		
Knowledge					
High	164 (71,6%)	65 (28,4%)	229 (100%)	0,004	1,70
Low	212 (59,7%)	143 (40,3%)	355 (100%)		
Amount	15 (62,5%)	9 (37,5%)	24 (100%)		
Attitude					
Positive	197 (70,9%)	81 (29,1%)	278 (100%)	0,002	1,72
Negative	179 (58,5%)	127 (41,3%)	306 (100%)		
Amount	15 (62,5%)	9 (37,5%)	24 (100%)		
Facilities					
Complete	212 (68,6%)	97 (31,4%)	209 (100%)	0,030	1,47
Not Complete	164 (59,6%)	111 (40,4%)	275 (100%)		
Amount	15 (62,5%)	9 (37,5%)	24 (100%)		
Supervision					
There is	325 (77,9%)	92 (22,1%)	417 (100%)	0,000	8,03
There is not	51 (30,5%)	116 (69,5%)	167 (100%)		
Amount	376 (64,4%)	208 (35,6%)	584 (100%)		

Source : Primary data (2021)

Table 3 shows that out of 78 cadres with basic education, 33.3% have a lesser role in the implementation of mental programs than cadres with higher education (59.8%). The results of the chi square test obtained p value = 0.000, thus it can be concluded that there is a relationship between cadre education and the role of cadres in the implementation of mental health programs in the Public Health Centre Work Area in Aceh Besar District ($p \leq 0.05$)

Furthermore, of the 77 cadres who stated that they had received training, there were 83.0% who played a role in the implementation of the mental program, which was higher than the cadres who had never received training (0%). The results of the chi square test obtained p value = 0.000, thus it can be concluded that there is a relationship between training and the role of cadres in the implementation of mental health programs in the Public Health Centre Work Area in Aceh Besar District ($p \leq 0.05$). Based on the results of data processing, it is known that of 229 cadres with high knowledge, 71.6% played a role in the implementation of the mental health program, which is much higher than cadres with low knowledge. The results of the chi square test obtained p value = 0.04, thus it can be concluded that there is a relationship between knowledge and the role of cadres in the implementation of mental health programs in the Public Health Centre Work Area in Aceh Besar District ($p \leq 0.05$). Of the 278 cadres with a positive attitude, 70.9% had a role in the implementation of the mental program, much higher than the cadres with a negative attitude (58.5%). The results of the chi square

test obtained p value = 0.002, thus it can be concluded that there is a relationship between attitudes and the role of cadres in the implementation of mental health programs in the Public Health Centre Work Area in Aceh Besar District ($p \leq 0.05$). The results showed that of the 209 cadres who stated that the facilities were complete, 68.6% had a role in the implementation of the mental health program, which was higher than the cadres who stated that the facilities were incomplete (59.6%). The chi square test obtained a p value = 0.020, thus it can be concluded that there is a relationship between facilities and the role of cadres in the implementation of mental health programs in the Health Centre Working Area in Aceh Besar District ($p \leq 0.05$). Of the 417 cadres who stated that there was supervision, 77.9% had a role in the implementation of the mental program, which was higher than the cadres who stated that there was no supervision (22.1%). The results of the chi square test obtained p value = 0.000 cadres, thus it can be concluded that there is a relationship between supervision and the role of cadres in the implementation of mental health programs in the Public Health Centre Work Area in Aceh Besar District ($p \leq 0.05$).

c. Multiple Logistic Regression Test

Based on the results of the bivariate statistical test, the multivariate analysis included education, training, knowledge, attitudes, facilities, and supervision. Furthermore, the research variables were analysed using logistic regression analysis. The results of the multivariate analysis can be seen in Table 4.

Table 4: The Final Model of Logistic Regression Analysis of the Role of Health Cadres in the Implementation of Mental Health Programs at Community Health Centres in The District of Aceh Besar

No	Variable	Odd Ratio	CI 95%	P value
1	Training	8,251	2,46-26,4	0,002
2	Supervision	9,808	6,90-27,6	0,000

From the results of this multivariate test, it can be seen that the most dominant variable influencing the role of cadres in Aceh Besar District is the supervision factor with OR = 9.808.

Discussion

The results of the chi square test obtained p value = 0.000, thus it can be concluded that there is a relationship between a cadre's education and the role of cadres in the implementation of mental health programs in the Public Health Center Work Area in Aceh Besar District ($p < 0.05$). The results of this study are in line with research conducted where the results of her research show that that health cadres and community leaders have an important role in socializing mental health, this is because cadres are the spearhead for reporting as well as handling and following up on mental problems in the environment⁹.

The role of mental health cadres is to participate in improving and maintaining the mental health of the community. Cadres as influential people in health services need to improve their knowledge and skills in handling or providing health services, for example in handling and caring for mental disorders patients so that cadres in carrying out their duties are better and more precise. One of the efforts to increase the knowledge and skills of cadres is the provision of health education and skills in treating mental disorders patients after *pasungor* chain. In this effort there must be support from the community and the patient's family, health education is very effective, especially for health cadres who have not much knowledge about mental disorders and their treatments, usually health cadres pay less attention to mental disorders, most cadres only focus on common diseases that occur in society in general.

The results of the chi square test obtained p value = 0.002, thus it can be concluded that there is a relationship between attitude and the role of cadres

in the implementation of mental health programs in the Public Health Center Work Area in Aceh Besar District ($p \leq 0.05$) because mental health cadres are a helping hand from community health centers.

The results of this study are in line with the research conducted Sahriana which states that the primary identification is in the form of data collection, providing health education, cadre attitudes and providing motivation. The role of mental health cadres in secondary prevention programs is early detection and socialization. The role of mental health cadres in tertiary prevention programs is to be kind in providing motivation and reminding patients to take medication regularly, besides that cadres convey to families to monitor patients taking medication. The implications for nursing are found that collaboration between cadres, families, communities and health services is needed to overcome mental health problems in the community. These findings can be used as a basis for information that can be used as a reference for developing community mental health programs¹⁰.

The results of the chi square test obtained p value = 0.020, thus it can be concluded that there is a relationship between facilities and the role of cadres in the implementation of mental health programs in the Public Health Center Work Area in Aceh Besar District ($p \leq 0.05$).

Health facility is a tool and/or place used to organize health service efforts, whether promotive, preventive, curative, or rehabilitative carried out by the Central Government, Regional Government and/or the community. To achieve a good level of public health, health care facilities are needed and can provide affordable health services for all levels of society in the context of improving health, maintaining health, treating disease, and restoring health. The provision of Health Service Facilities is the responsibility of the Central Government and Local Governments

in accordance with the provisions of Law Number 36 of 2009 concerning health which states that the government is responsible for the availability of Health Service Facilities for the community to achieve the highest degree of health. The results of this study are in line with research conducted by Santoso which states that health facilities are an important factor in the implementation of all health programs and can directly affect the performance of health workers¹¹.

The results of the chi square test obtained p value = 0.013, thus it can be concluded that there is a relationship between supervision and the role of cadres in the implementation of mental health programs in the Public Health Center Work Area in Aceh Besar District ($p \leq 0.05$).

Supervision is an observation or direct observation of the implementation of routine work. The results of this study are in line with research conducted by Rahmawati where the results of her research show that the role of leadership supervision is an aspect of the manager's or leader's duties as a supervisor⁵. Supervision becomes a facilitator who coordinates and provides direction on employee performance as well as supervises and evaluates the point of achievement of work targets. The role of leadership supervision on employee performance includes planners, directors, observers, trainers, and evaluators shows that there is an influence of the role of a health center leader in improving the health center's performance.

Conclusion

Based on the results of data processing, it can be concluded that there is a relationship between a cadre's education, training, knowledge, attitude, facilities, and supervision and the role of cadres in the implementation of mental health programs. Among these, supervision is the most predominant factor perceived by the health workers. It can be concluded that the improvement in the performance of the health

center could be influenced by the supervisory role of the health center leadership as planners, directors, directors, trainers, and assessors.

Ethical Clearance : The study obtained ethical clearance from the Health Ethical Committee at the ZainoelAbidin General Hospital Banda Aceh, Indonesia.

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