



EXPLORING STAKEHOLDERS' PSYCHOSOCIAL PERSPECTIVES IN ADDRESSING MENTAL HEALTH ISSUES WITHIN THE LOCAL COMMUNITY: A CASE STUDY IN MATARAM, WEST NUSA TENGGARA

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Abstract

This article presented a case study conducted in Mataram, West Nusa Tenggara, Indonesia, to explore stakeholders' psychosocial perspectives in addressing mental health issues within the local community. The study adopts a qualitative research approach, utilizing in-depth interviews, observation, and documentation as data collection methods. Purposive sampling was employed to select participants from the Health Department, Public Health Centers (Puskesmas), and the Social Department of Mataram, representing different stakeholders involved in psychosocial support roles. The data is analyzed descriptively using ATLAS.ti, a qualitative data analysis software. The findings highlight stakeholders' perspectives on their roles as psychosocial supporters, categorized into three prevention efforts: primary, secondary, and tertiary. Primary prevention involves coordination, disability assistance, information provision, and program management. Secondary prevention focuses on screening and assessment, providing recommendations, delivering care, supporting recovery, and patient evacuation. Tertiary prevention emphasizes family education on the recovery process and preventing relapse. The study underscores the importance of intersectoral coordination, collaboration, and a multi-sectoral approach to addressing mental health issues. This research contributes to understanding stakeholders' perspectives and experiences related to psychosocial support for mental health within the local community. The findings can inform the development of effective strategies and interventions to enhance mental health services and support systems in similar contexts.

Keywords: Stakeholder; Psychosocial; Mental Health Issue

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INTRODUCTION

Mental health is a crucial aspect of overall health, covering physical, mental, and social well-being. The World Health Organization (WHO) defines health as complete physical, mental, and social well-being, free from disease or infirmity (Ayuningtyas et al., 2018). According to the WHO, mental health is a state of well-being that enables an individual to recognize their own abilities, handle life's stresses, work effectively and efficiently, and contribute to society (Wang & Lai, 2022)

Mental health disorders pose significant challenges to individuals' well-being. Severe mental disorders can lead to decreased productivity, substantially burdening families, communities, and governments. The prevalence of mental health disorders in Indonesia is substantial, with approximately 9.8% (26 million) of the population living with emotional or mental health conditions (Radiani, 2019), according to the Basic Health Research (2018) conducted by the Ministry of Health of Indonesia. The prevalence of mental disorders in Indonesia has been increasing annually due to various biological, psychological, and social factors, coupled with the country's societal diversity (Ayuningtyas et al., 2018). The Basic Health Research conducted by the Ministry of Health in 2018 reported an increase in emotional mental disorders and schizophrenia mental disorders among the Indonesian population. The inadequate provision of mental health services exacerbates the situation, with a treatment gap exceeding 90% (Ika, 2015). The stigma associated with mental disorders further hinders access to healthcare services, preventing individuals from seeking necessary treatment (Zolezzi et al., 2017; Taufik et al., 2021). Additionally, the existing laws and regulations in Indonesia do not comprehensively guarantee services for individuals with mental disorders, hindering the fulfillment of their rights (Adityawarman, 2018).

West Nusa Tenggara (NTB) province is one of the regions in Indonesia with a high prevalence of mental disorders. The province ranks third out of 34 provinces, with 9.6% of households having members with mental disorders (Ministry of Health of Indonesia, 2018). The occurrence of earthquakes and the COVID-19 pandemic has further exacerbated mental health problems in NTB. Earthquakes in 2018 resulted in significant loss of life, damage to infrastructure, and displacement of individuals, while the COVID-19 pandemic further contributed to the psychological impact on the affected population (Dwidiyanti et al., 2018; Khairul Rahmat & Alawiyah, 2020). Challenges such as poverty and limited job opportunities also contribute to the increase in mental health problems. Research has shown a significant positive relationship between poverty measures and increased rates of mental disorders (Kluge et al., 2019; Marbin et al., 2022; Ridley et al., 2020)

To address mental health issues within the local community, various stakeholders play a crucial role. The Indonesian government, through the Ministry of Health, has implemented policies, such as Law No. 18/2014 on Mental Health, to improve mental health and well-being. Stakeholders, including government agencies and non-governmental organizations, provide psychosocial support and interventions. The Regional General Hospital of NTB, Mutiara Sukma Mental Hospital, and Prof. Mulyanto University of Mataram hospital offer services and therapies to individuals with mental disorders. Non-governmental organizations, educational institutions, and community volunteers have also contributed to psychosocial support efforts (Amalia et al., 2020; Budiarti & Rahmasari, 2018; Sumartyawati et al., 2020). Despite the efforts of the stakeholders, there is a need to evaluate the effectiveness of their psychosocial interventions and understand their perspectives regarding mental health support in the local community. While some studies have examined psychosocial support programs and interventions in Indonesia, there is limited research specifically focusing on the stakeholders' perspectives and their roles in addressing mental health issues.

So, the problem statement of this study is: what are the psychosocial factors influencing the effectiveness of mental health interventions and services in the Mataram, West Nusa Tenggara community, from the perspectives of various stakeholders, and how can these insights inform the improvement of mental health support and services in this region. Based on this problem, the objective of this study is to fill this gap by exploring the psychosocial perspectives of stakeholders involved in addressing mental health issues within the Mataram, West Nusa Tenggara community. By examining the views and roles of stakeholders, the study seeks to contribute to the understanding of the effectiveness of psychosocial interventions and the overall performance of stakeholders in supporting the community's mental health. The findings of this study will provide valuable insights into the perspectives of stakeholders involved in mental health support and contribute to the development of strategies and policies that address the specific needs of the local community. The research is hoped to inform future interventions and initiatives to improve mental health services and outcomes in Mataram, West Nusa Tenggara, and similar contexts.

LITERATURE REVIEW

Overview Mental Health Condition in Indonesia

Mental health conditions in Indonesia are a growing concern, with significant challenges and barriers to adequate care. There is a substantial global burden of mental disorders, affecting approximately 450 million people worldwide (Duriana Wijaya et al., 2019). Developing countries, including Indonesia, face a significant treatment gap, as approximately 85% of individuals with severe mental disorders do not receive the necessary care. The annual expenditure on mental health in Indonesia remains below US\$2 per person, with a shortage of mental health personnel. Indonesia, as a developing country, has a concerning prevalence of mental disorders. The Ministry of Health's Basic Health Research reveals that around 9.8% or approximately 26 million out of 267 million Indonesians live with emotional or mental health disorders (Radiani, 2019). However, there are limited ideal health services and facilities available, resulting in a treatment gap of over 90% (Ministry Health of Indonesia, 2018). The shortage of mental health professionals further complicates efforts to address these issues, with Indonesia failing to meet the World Health Organization's standards for the number of psychologists and psychiatrists (Duriana Wijaya et al., 2019).

The low mental health literacy among health workers in Indonesia impacts the quality of mental health services. Stigma surrounding mental health disorders remains a significant problem in various regions of Indonesia, with beliefs that such conditions are caused by evil spirits or other factors, leading to reluctance in seeking medical help. This stigma not only affects individuals with mental disorders but also their families, causing feelings of guilt, fear, anger, and worthlessness (Frías et al., 2018; Taufik et al., 2021). Additionally, Indonesia's legal framework has not sufficiently ensured the rights and services for individuals with mental health problems and disorders, leaving them neglected socially and legally (Adityawarman, 2018). The situation requires substantial attention and reform to improve mental health care and support in Indonesia.

Indonesian Law and Regulation Related to Psychosocial Support for The Community

In Indonesia, several legal regulations are in place to provide protection and guidance for psychosocial support within the community. The Law on Mental Health, officially known as Law Number 18 of 2014 concerning Mental Health, was ratified by President Susilo Bambang Yudhoyono on August 7, 2014. This law is designed to ensure that everyone has the right to live in physical and spiritual well-being and to access health services as part of health development efforts. The goal of health development is to achieve the highest level of health, and this includes Mental Health Efforts that encompass promotive, preventive, curative, and rehabilitative approaches (Ayuningtyas

et al., 2018). These efforts are expected to be carried out in an integrated, comprehensive, and sustainable manner by the Government, Regional Government, and/or the community. Additionally, there are derivative regulations that serve as guidelines for implementing psychosocial support for the community based on Law Number 18 of 2014. Psychosocial support is considered an integral part of the broader mental health efforts outlined in the law. These guidelines define various aspects of psychosocial support and its role within the mental health system.

These regulations are not limited to the national level; they also extend to provincial and district levels. For example, the Mayor of Mataram issued a regulation regarding mental health services for the poor and underprivileged residents, with a focus on providing mental health services for those in need, even in mental hospitals. This demonstrates a commitment to extending mental health services and psychosocial support to all individuals, especially those who are vulnerable or underprivileged.

Concept of Psychosocial Support and Mental Health

Psychosocial interventions are fundamental components of Mental Health and Psychosocial Support (MHPSS) practices. These interventions encompass a variety of activities aimed at promoting psychological well-being and include sharing experiences, social support, awareness raising, and psycho-education. The definition of psychosocial interventions lacks universal consensus, but it is closely related to the protection and promotion of psychosocial well-being, the prevention of mental disorders, and facilitating treatment if necessary (Umeda et al., 2020). Psychosocial support emphasizes the interconnectedness between psychological and social aspects of human experiences and involves optimizing both individual and community resources (Indasari et al., 2020). It covers a wide range of care and support efforts provided by various individuals, including caregivers, family members, friends, teachers, health workers, and community members, and extends to specialized psychological and social services.

Psychosocial support plays a crucial role in mitigating negative psychological effects, rebuilding social structures, and enhancing individual and community resilience. It has the potential to moderate genetic and environmental vulnerabilities and enhance resilience to stress through various biological mechanisms. These interventions combine psychological and social elements to promote well-being and coping mechanisms (Kumar et al., 2020). The successful parameters of psychosocial support encompass human capacity, social ecology, and cultural aspects. Human capacity, influenced by social interaction and physical activity, impacts physical and mental health (Ohrnberger et al., 2017). Social ecology examines the relationship between individuals and their surroundings, emphasizing the impact of poor social conditions on mental health (Dharmayanti et al., 2018). Cultural aspects involve norms and acceptable behaviors within society (Greene et al., 2017).

Ethical principles are integral to psychosocial support, emphasizing non-harming, upholding human rights and equality, participatory approaches, resource optimization, layered interventions, and integrated support systems (Tristante, 2020). These principles include non-maleficence, beneficence, autonomy, justice, dignity, and honesty (Kurpad, 2018). The guidelines for psychosocial support align with these principles and ethical criteria, ensuring standardized practices in global MHPSS. Psychosocial support serves both preventive and curative roles. It can reduce the risk of developing mental health problems as a preventive measure and address individual clinical needs in a complementary manner alongside formal medical treatment (Colizzi et al., 2020). Ultimately, psychosocial support aims not only to maintain individual mental stability but also to create supportive environments.

METHODOLOGY

The research used a qualitative research approach, utilizing in-depth interviews, observation, and documentation. Qualitative research methods focus on generating descriptive data in the form of written or spoken words and observed behavior. This approach allows for a detailed exploration of participants' perspectives and experiences related to psychosocial support for mental health. The sampling process employed purposive sampling, which involved selecting participants based on their ability or understanding to provide relevant information. The sample targeted individuals from the Health Department of Mataram, Public Health Centers (Puskesmas), and the Social Department of Mataram. The sample consisted of three respondents from the Health Department, three from Public Health Centers, and four from the Social Department, representing stakeholders involved in psychosocial support roles.

The research was conducted in Mataram, the capital city of West Nusa Tenggara Province, Indonesia. Mataram has a high prevalence of mental and emotional disorders, making it a relevant location for studying mental health issues. Data collection involved multiple methods. In-depth interviews were conducted online, allowing for broader access and a more representative sample. Documentation was used to collect relevant records and documents related to psychosocial support programs. Indirect observation was employed to systematically record and observe the behavior of individuals or groups involved in the study. The collected data was analyzed descriptively, focusing on highlighting relevant information and interpreting it in a descriptive manner. The data was categorized to facilitate generalization and address the research questions. ATLAS.ti, a qualitative data analysis software, was utilized to organize, code, and analyze the research data efficiently. The software supports various types of data, such as audio, video, images, and written documents, providing researchers with the ability to triangulate data from multiple sources.

RESULT AND DISCUSSION

Stakeholders' Perspectives on Their Roles as Psychosocial Supporters

Stakeholders' Perspectives

This research categorizes stakeholders' roles in addressing mental health issues into three prevention efforts: primary, secondary, and tertiary.

1. Primary Prevention

Primary prevention efforts are carried out by promoting health and targeting individuals who have not yet experienced mental disorders. Primary prevention includes coordination, providing disability assistance, delivering information, interpreting policies, managing programs, socialization, and serving as technical implementers.

a) Coordination

Coordination and collaboration among departments in addressing mental health issues are crucial. A study conducted in the Mataram Health Department emphasizes the role of intersectoral coordination in implementing effective mental health prevention programs. Collaboration between different departments can help clarify roles and responsibilities, ensure effective resource utilization, and avoid redundancy. The TP-KJM (Mental Health Integration Team) is an example of implementing community mental health that brings together relevant stakeholders to address mental health issues. This team aims to promote education, resources, and expertise, which

can lead to more effective and efficient programs. The implementation of TP-KJM under the coordination of the regional secretary of Mataram City and daily coordination carried out by the Head of the Health Department highlights the importance of having designated individuals or teams to oversee coordination efforts. These individuals or teams can ensure that coordination efforts remain focused and aligned with program goals. Additionally, an example provided by participant FA from the Social Services Department emphasizes the importance of timely coordination and collaboration. When there is a report regarding the presence of individuals with mental disorders, responsive coordination with the relevant departments can lead to effective and efficient treatment.

The findings align with the research conducted by Sherchan et al. (2017), which suggests that to ensure sustainable national coverage of mental health services, there is a need to establish units that coordinate mental health policies, services, and research. These units should lead the revision and implementation of mental health policies, the development of mental health and psychological support components in health sector contingency plans for emergencies, and the integration of mental health services into primary and secondary healthcare. Furthermore, there is a need to develop various human resources for mental health and consider sustainable financing for these services. The goal is to improve the overall mental health service system in Indonesia.

b) Disability Support Providers

Based on the "Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care," the United Nations emphasizes the right of patients with mental disorders to have support if needed. This is aimed at effective communication with healthcare providers and receiving appropriate care and treatment. Research has shown that the role of disability support providers is crucial in providing support and assistance to individuals with various types of disabilities, including physical, sensory, intellectual, and mental disabilities. Disability support providers provide care, guidance, training, and assistance in collecting, verifying, and validating disability data. They also play a role in assisting social guidance activities, population registration administration, and health insurance (United Nations, 1991 in Miller, 2023).

Disability support providers also provide psychosocial support through post-treatment training, evacuation, issuing recommendation letters, and arranging transportation to psychiatric hospitals for medical treatment. Social Services for Disabilities carries out social guidance activities such as providing wheelchairs, compensation, and motivation training. This support is necessary to ensure that people with disabilities receive their rights and have access to services, including healthcare, social services, and education. Overall, disability support providers are an integral part of the support system for individuals with disabilities, and their role in providing assistance and support is essential (United Nations, 1991 in Miller, 2023).

c) Information Providers

This study highlights the role of information providers in psychosocial support programs for mental health, including providing information about accessible mental health services to the community and educating individuals on how to address mental health issues. The department disseminates information through community socialization via formal and informal channels, such as engaging in casual conversations with the community about mental health and inviting the public to access services provided by relevant departments.

This approach aims to encourage public interest in accessing healthcare services and increase mental health awareness. Additionally, stakeholders also play a role as information providers regarding mental health-related policies. The Mataram Health Department is responsible for interpreting central government policies and

disseminating them to relevant departments and the community. This distribution of information targets technical implementers such as Community Health Center and other departments involved in the TP-KJM team.

Community networks aim to facilitate communication and knowledge sharing to solve problems and achieve goals. Preventing susceptibility to false information is crucial, and one way to achieve this is by providing communication tools to all patients, with a particular focus on those who are most susceptible. (Romea et al., 2022). Community networks can serve as a means to provide accurate and easily accessible mental health information to promote awareness and reduce stigma associated with mental illnesses. Stakeholders in psychosocial support programs also play a role in providing accurate and easily accessible information about mental health services and established policies. Moreover, they aim to encourage individuals who may be experiencing mental health issues to seek help and access the necessary services. Therefore, efforts should be made to ensure that information providers are well-trained and equipped to effectively deliver mental health information .

d) Program Managers And Technical Implementers

The Health Office acts as a program manager and is responsible for planning, managing, and evaluating health programs. An initial responsibility for a clinical project manager is to determine the extent to which stakeholders act as psychosocial support (Pandi-Perumal et al., 2015). It is essential for maximal project effectiveness that managers be committed to the basic philosophy of stakeholder involvement. Project managers must communicate and impart what they see as their goals but also seek to encourage participation by stakeholders so that their perspectives are included in decision making. The Mataram Health Office interprets policies from the central government and distributes them to Community Health Center as technical implementers. They also coordinate with relevant institutions and provide services to the community, including continuous care, treatment, psychosocial recovery, rehabilitation, mentoring, and adequate support for ODMK/ODGJ (severe mental disorders). On the other hand, Community Health Center acts as the technical implementer of psychosocial support programs. Their tasks include implementing programs implemented by the health department and being responsible for reporting program implementation outcomes. They are also involved in the program planning process and play a role in ensuring the necessary healthcare facilities. Therefore, both the Mataram Health Office and Community Health Center have roles in managing and implementing health programs in Mataram. The Mataram Health Office acts as the program manager, while Community Health Center functions as the implementing agency. They work together to ensure the successful implementation of health programs in Mataram.

2. Secondary Prevention

Secondary prevention is an important aspect of mental health care that focuses on early detection and prompt management of psychosocial problems and mental disorders. By identifying and addressing mental health issues early on, secondary prevention aims to prevent and reduce the prevalence of mental disorders in the community.

a) Screening And Assessment

Research findings emphasize the importance of screening and assessment as early detection methods for mental health issues. Screening and assessment are activities conducted by the Health Office and Community Health Center to identify individuals who may be at risk of experiencing mental health problems. The Self-Report Questionnaire-20 (SRQ-20) (Idaiani et al., 2016; Angela, 2018; Prasetyo et al., 2019) and the Strengths and Difficulties Questionnaire (SDQ) are commonly used screening tools to identify symptoms of mental disorders and emotional and behavioral problems. The use of these instruments is instructed by the Ministry of Health to identify patients with mental health disorders, and the study participants emphasized that they followed the Ministry of Health's instructions accurately. This study also emphasizes the role of Community Health Center in conducting

initial assessments to identify patients' conditions, which serve as the basis for providing further care. If someone is identified as having a mental health disorder, Community Health Center will coordinate with other agencies, such as the Health Office and Social Services, to evacuate the patient to a Mental Hospital. This study emphasizes the collaboration between different departments and agencies in the healthcare system to provide comprehensive care for individuals with mental health problems.

b) *Provider Of Recommendations*

This research observes the role of the Department of Social Affairs in providing recommendation letters to patients who face difficulties accessing healthcare due to financial or administrative barriers. These recommendation letters help patients access healthcare services, including mental health treatment, by providing evidence of their needs and the required documentation. The Department of Social Affairs also coordinates with other relevant departments to provide recommendations for patients who are not residents of Mataram. Additionally, this research demonstrates that the Department of Social Affairs plays a role in providing social support to patients with mental health conditions who do not have families or housing after receiving treatment from psychiatric hospitals.

The Department of Social Affairs recommends that these patients reside in social homes, which provide a safe and supportive living environment for individuals with mental health problems. The provision of social support and coordination with other departments by the Department of Social Affairs aligns with the recommendations of the World Health Organization (WHO) for a multi-sectoral approach to mental healthcare (WHO, 2022a). The WHO recognizes that addressing mental health issues requires collaboration from various sectors, including health, social affairs, education, and labor. The involvement of the Department of Social Affairs in providing social support and coordinating with other departments is an example of a multi-sectoral approach that can lead to better outcomes for individuals with mental health conditions.

c) *Care Provider*

The provision of treatment for patients with mental disorders by Community Health Center aligns with the "Mental Health Action Plan" of WHO for 2013-2020. WHO emphasizes the integration of mental health services into primary healthcare, which includes consultations, medication, home visits, as well as community-based care and support. WHO (2019; 2022b) highlights the need for equitable and universal access to mental healthcare, including the integration of mental health services into primary healthcare. Furthermore, WHO also emphasizes collaboration between various stakeholders in providing mental health services, including collaboration between Community Health Center and mental health specialists from psychiatric hospitals or other healthcare facilities. Based on the findings, consultation services are provided by Community Health Center to patients with mental disorders to receive medical advice and treatment. However, the lack of mental health specialists, such as psychologists and psychiatrists, in Community Health Center can pose a challenge to the quality of consultation services provided. Nevertheless, Community Health Center can collaborate with mental health specialists from psychiatric hospitals or other healthcare facilities to provide comprehensive care.

The provision of medication is also necessary in the treatment of patients with mental disorders. The provision of medication by Community Health Center, based on recommendations from psychiatric hospitals, ensures that patients receive appropriate medication for their condition. Furthermore, delivering medication to patients' homes or providing it to their families can improve medication adherence and ensure regular intake. Additionally, home visits conducted by Community Health Center are needed to monitor the progress of patients with mental disorders and ensure that they receive the necessary care and support. Home visits can also educate patients and their families

about proper care and management of mental disorders, which can lead to better outcomes for patients. Education and socialization programs provided by Community Health Center, such as the SWABANTU program, can also empower patients and their families to effectively manage mental disorders.

d) *Recovery Support*

Community Health Center plays a role in providing support to patients with mental disorders during the recovery process. This support includes educating patients about the importance of regularly taking medication and helping them create a medication schedule. Additionally, Community Health Center monitors and evaluates the progress of patient recovery. Community Health Center also needs to provide preventive measures to intervene before the condition worsens. This approach is crucial in mental health care. Furthermore, Community Health Center follows up after treatment by visiting patients at home to evaluate and monitor their recovery progress. These follow-ups are done to ensure that patients receive sufficient support even after leaving the psychiatric hospital. Patients also need to be educated about the importance of taking medication regularly to prevent relapse (Minister of Health Regulation 75/2014 on Community Health Centers; Arifin et al., 2016).

e) *Evacuation*

Evacuating patients with mental disorders is an important aspect of mental health care, especially for patients who may be homeless or not receiving adequate care from their families. Study findings indicate that stakeholders involved in mental health care in Indonesia, such as the Department of Social Services, Department of Health, and Community Health Center, play a role in evacuating patients with severe mental disorders to psychiatric hospitals. The process of patient evacuation involves screening and initial observation by Community Health Center to identify individuals reported by the community to have mental disorders.

The screening results are then communicated to the Department of Health to determine further treatment, and individuals with mental disorders are sent to psychiatric hospitals. The Department of Social Services and the Police are responsible for carrying out the evacuation process. The findings of this study are consistent with previous research indicating the timely evacuation of patients with mental disorders to ensure they receive appropriate care and support. A study conducted in India found that timely evacuation of patients with mental disorders can prevent complications. Another study conducted in Indonesia found that the availability of transportation for evacuating patients with mental disorders is a key factor in ensuring they receive proper care (The Habibie Center, 2021).

3. *Tertiary Prevention*

Tertiary prevention refers to activities aimed at restoring clients to their highest level of functioning and preventing further health decline. In psychosocial support, tertiary prevention focuses on preventing relapse.

a) *Family Education On The Recovery Process*

Findings from this research indicate that family education of individuals with mental disorders is an important aspect of psychosocial support. Collaboration between the Department of Social Services, Community Health Center, and the Department of Health in guiding and training families to provide treatment assistance can help prevent relapse and promote patient recovery. By providing solutions, counseling, and education on the importance of regular medication consumption, stakeholders can empower families to actively participate in patient recovery. These findings are consistent with previous research that emphasizes family involvement in the treatment of mental disorders. Studies have shown that family involvement can lead to better outcomes, reduce relapse rates, and improve medication adherence (Ong et al., 2021).

b) Social Guidance

Social guidance involves providing motivation, advocacy, and counseling to individuals with mental disorders and their families to enhance and maintain the mental stability of patients. The goal is to empower families to actively participate in the patient's recovery process and strengthen their mental well-being by increasing their understanding of how to care for individuals with mental disorders and accepting the patient's condition. Collaboration between the Department of Social Services, Community Health Center, and the Department of Health is needed to provide social guidance to families and individuals with mental disorders. According to the Office of Social Affairs, guidance can be provided once a year, with a focus on family education. Previous studies have shown that social guidance is an effective intervention in the treatment of mental disorders. Specifically, family counseling has been identified as a promising intervention that can improve patient and family functioning, reduce relapse rates, and enhance treatment adherence (Lu et al., 2022). The social guidance activities conducted by the Department of Social Services in Mataram involve inviting families of individuals with mental disorders to participate in social guidance activities, including discussions. These activities provide an opportunity for family members to express issues related to caring for individuals with mental disorders and discuss ways to find the best solutions.

c) Skills Training

Research findings indicate that providing skills training and social guidance can effectively maintain the mental stability of patients. Training activities such as food processing, handicrafts, and sewing can provide patients with life goals and regular activities that can prevent the recurrence of symptoms. These findings are consistent with previous research indicating that social support and activities can improve the quality of life for individuals with mental disorders (Harandi et al., 2017). Additionally, collaboration between stakeholders such as the Department of Social Services and the Department of Health is crucial in providing comprehensive care for individuals with mental disorders. The Department of Health can provide medical care and monitoring, while the Department of Social Services can provide social guidance and skills training. This collaboration aligns with the recommendations of the World Health Organization (WHO) that mental health care should be integrated into primary health care to improve access and achieve positive outcomes.

d) Home Visits

Home visits can provide information and data for healthcare professionals to address issues that arise within families caring for individuals with mental disorders. Additionally, home visits can help monitor the progress of patients after receiving treatment from psychiatric hospitals and increase family awareness and acceptance of mental disorders. The findings of this study are consistent with previous research indicating the impact of family involvement in the care and treatment of individuals with mental disorders (Ong et al., 2021). Home visits can facilitate family engagement and improve communication between mental health professionals and families, which can contribute to better treatment outcomes. Furthermore, collaboration between local government and the Department of Health in implementing community self-help programs and home visits is an approach to improving access to mental health services. The World Health Organization (WHO) has recommended that community-based interventions, such as home visits and community self-help programs, can enhance the provision of mental health services in resource-limited settings.

Perspectives on The Implementation of Psychosocial Support in The Community

The implementation of psychosocial support programs in the community is necessary because mental health is one aspect of well-being. The stakeholders in this study acknowledge their critical role in implementing psychosocial support programs in the community. There are diverse perspectives regarding the implementation of psychosocial

support programs, but there is agreement that improvements are needed to maximize target achievements. Stakeholders believe that the quality of implementation and program effectiveness are areas that need improvement. Regular program evaluations are also focused on to ensure effective program functioning. This perspective aligns with the recommendations made by the World Health Organization, which emphasize the need for sustainable quality improvement in mental health services.

Stakeholders also recognize the influence of community satisfaction as an indicator of successful implementation of psychosocial support programs. Community satisfaction can be a key factor in the success of mental health programs as it can encourage more people to seek help and reduce the stigma surrounding mental health issues. Therefore, stakeholders' efforts to improve program quality and achieve maximum targets can lead to higher levels of community satisfaction. The positive impact of psychosocial support programs on the community can be seen through expressions of happiness, gratitude, and friendly reception during program implementation.

Health Services for People with Severe Mental Disorders (ODGJ) In Mataram

Figure 1 provided data to understand the context of mental health services for individuals with severe mental disorders in Mataram, West Nusa Tenggara. The data represents the number of individuals with severe mental disorders who were targeted for healthcare services.

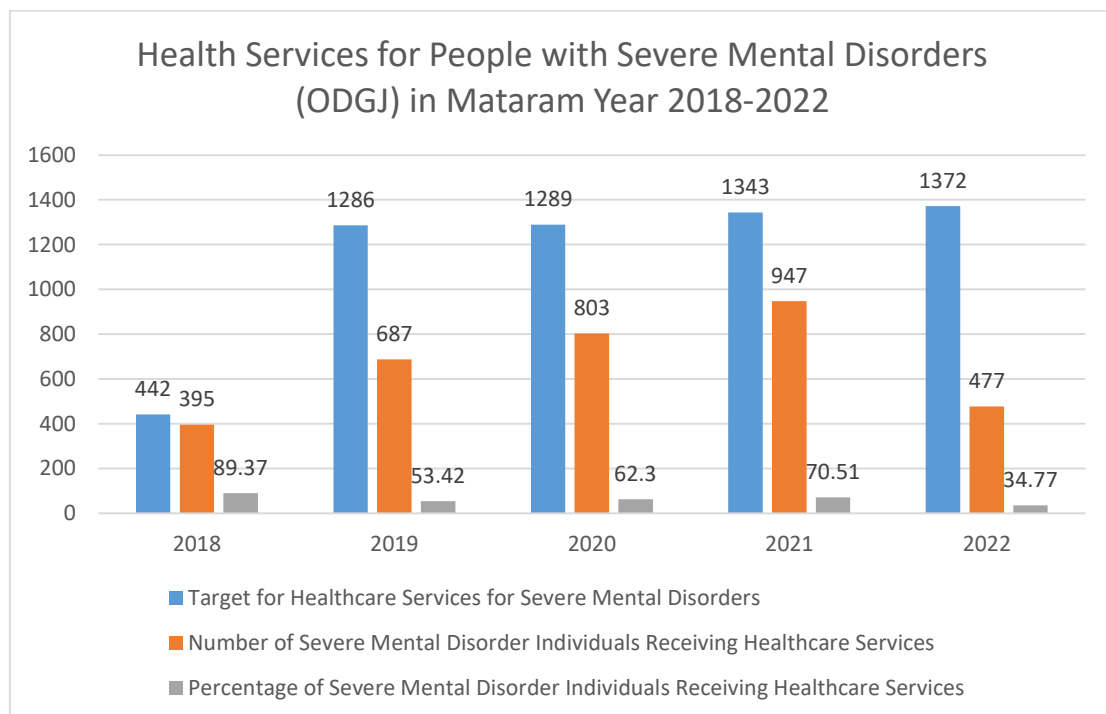


Figure 1. Health Services for People with Severe Mental Disorders in Mataram Year 2018-2022

Source: NTB Satu Data

The numbers indicate an increasing trend over the five-year period, suggesting a growing recognition of the need for mental health services for this population. However, in the term of number of severe mental disorder individuals receiving healthcare services, there is fluctuations over the years, with an overall increasing trend until

2021, followed by a decrease in 2022. Figure 1 also provided data of the percentage of individuals with severe mental disorders who received healthcare services out of the total target population. The percentages indicate significant fluctuations, with a substantial decrease in 2019, followed by a gradual increase until 2021 and a sharp decline in 2022.

CONCLUSION

The study categorized stakeholders' roles into three prevention efforts: primary, secondary, and tertiary prevention. Primary prevention focused on promoting health and targeting individuals who have not yet experienced mental disorders. Stakeholders played key roles in coordination, providing disability assistance, delivering information, and serving as program managers and technical implementers. Secondary prevention focused on early detection and management of psychosocial problems and mental disorders. Stakeholders contributed through screening and assessment, providing recommendations, acting as care providers, offering recovery support, and facilitating evacuation. Tertiary prevention aimed to restore clients to their highest level of functioning and prevent relapse. Stakeholders provided family education on the recovery process and social guidance to enhance mental stability and empower families.

Based on the findings, several recommendations can be made to enhance psychosocial support for addressing mental health issues within the local community in Mataram: 1) Strengthen intersectoral coordination: Stakeholders should continue to collaborate and establish coordination mechanisms to ensure effective resource utilization, avoid redundancy, and align efforts with program goals. The establishment of designated individuals or teams overseeing coordination efforts can help maintain focus and alignment. 2) Enhance training for information providers: Efforts should be made to ensure that stakeholders serving as information providers receive comprehensive training on mental health topics and effective communication strategies. This will enable them to deliver accurate and easily accessible information to the community, promoting awareness and reducing stigma associated with mental illnesses. 3) Improve access to mental health specialists: Community Health Centers should collaborate with mental health specialists from psychiatric hospitals or other healthcare facilities to ensure comprehensive care for individuals with mental health disorders. Addressing the shortage of mental health specialists in Community Health Centers can enhance the quality of consultation services and overall mental health care. 4) Expand family involvement and education: Stakeholders should prioritize family education programs to empower families in providing treatment assistance and preventing relapse. By enhancing family understanding of mental disorders and promoting active participation in the recovery process, better outcomes, reduced relapse rates, and improved medication adherence can be achieved. 5) Strengthen social guidance activities: The Department of Social Services should continue providing social guidance to families and individuals with mental disorders, focusing on family education and counseling. These activities can enhance patient and family functioning, reduce relapse rates, and improve treatment adherence.

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