

## INCREASING KNOWLEDGE AND SKILLS IN THE EARLY DETECTION OF MENTAL DISORDERS THROUGH TRAINING MENTAL HEALTH CADRES AT CITY HEALTH CENTERS

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### Abstract

Mental disorders are still a global concern, including in Indonesia. According to basic health research conducted by the Indonesian Ministry of Health, as much as 0.14% of Indonesia's population has severe mental disorders. This is mainly due to the lack of mental health services, especially in remote areas such as East Nusa Tenggara which have limited health services. The purpose of community service is to optimize the role of mental health cadres in community mental health programs by providing mental health cadre training so that cadres can carry out their roles which include primary, secondary, and tertiary prevention. This research method was carried out by providing educational training to mental health cadres. This training is expected to be able to help puskesmas increase the coverage and sustainability of mental health services to ODGJ by optimizing the role of the community, in this case, especially mental health cadres by carrying out early detection and mobilizing ODGJ and their families to carry out treatment so that there are no more ODGJ who are shackled but can instead recover and be productive.

**Keywords:** Early Detection, People with Mental Disorders, Training for Mental Health Cadres.

### INTRODUCTION

Mental health according to Law No. 18 of 2014 is a condition when an individual can develop physically, mentally, spiritually, and socially so that the individual realizes his abilities, can overcome pressure can work productively, and can contribute to his community (DPR RI, 2014). Based on basic health research (Riskesda) conducted by the Indonesian Ministry of Health, the prevalence of mental health problems in Indonesia is schizophrenia / psychosis 0.18% at all ages, depression 6.1% at the age of 15 years,  $\geq$  and mental-emotional disorders 9.8% at the age of 15  $\geq$  years (Ministry of Health, 2018). The prevalence of mental health problems in NTT is schizophrenia/psychosis 0.08% at all ages, depression 9.7% at the age of  $\geq$  15 years. The COVID-19 pandemic can affect individual mental health issues. This is related to physical health problems from the transmission of the Covid-19 virus that afflicts many people, accompanied by the threat of death that causes anxiety and fear for the community, various rules in implementing health protocols resulting in disrupted social relationships, job losses, changes in activities and daily activities also develop various mental health problems.

Manggarai Regency is located in the western part of Flores Island, East Nusa Tenggara. This regency has a capital city, Ruteng, which has an area of 3,141 km<sup>2</sup> and a population of around 264,337 (BPS, 2021). Based on the Building Village Index (IDM) consisting of the Social Resilience Index (IKS), Economic Resilience Index (IKE), and Environmental Resilience Index (IKL), including villages are very lagging in line with the condition of community mental health services in Manggarai Regency is not so optimal.

Manggarai Regency has 21 UPTD Puskesmas spread across 18 sub-districts. Each UPTD provides mental health services to general practitioners and nurses who have received training in handling ODGJ. Obstacles to community mental health services in addition to economic problems, transportation, lack of knowledge, and supporting resources in the community also contribute to many patients who do not visit the Puskesmas, therefore it is necessary to optimize the role of mental health cadres.

Ruteng was chosen as a place for community service because mental health in this district is not optimal. According to data from the health office, there are 520 ODGJ in Manggarai Regency and 46 of them are shackled. The number of ODGJ in the City health center area is 21 people. Faculty of Health Sciences, Catholic University of Indonesia St. Paul has a vision to contribute to improving public health, both physical and mental. Through this service, it is expected to be able to build the nation's health, especially mental health. In the future, community service will be carried out through health cadres that have been formed, carrying out mental health cadre program activities for mentally healthy communities. These mental health cadres come from pre-formed health cadres and mental health cadres. This activity is also carried out in collaboration with UPTD, community leaders, and districts to ensure the sustainability and sustainability of the programs built.

This program certainly requires active support and participation from various parties, especially the local community and related stakeholders. In program planning, service members first communicate and approach stakeholders to conduct surveys and situation analysis with the hope that the program designed by the service is to the needs of the field. The service has communicated with part of the city health center.

## IMPLEMENTATION METHOD

The stages of PKM implementation are divided into 3 parts, namely input, process, and output depicted in Diagram 1

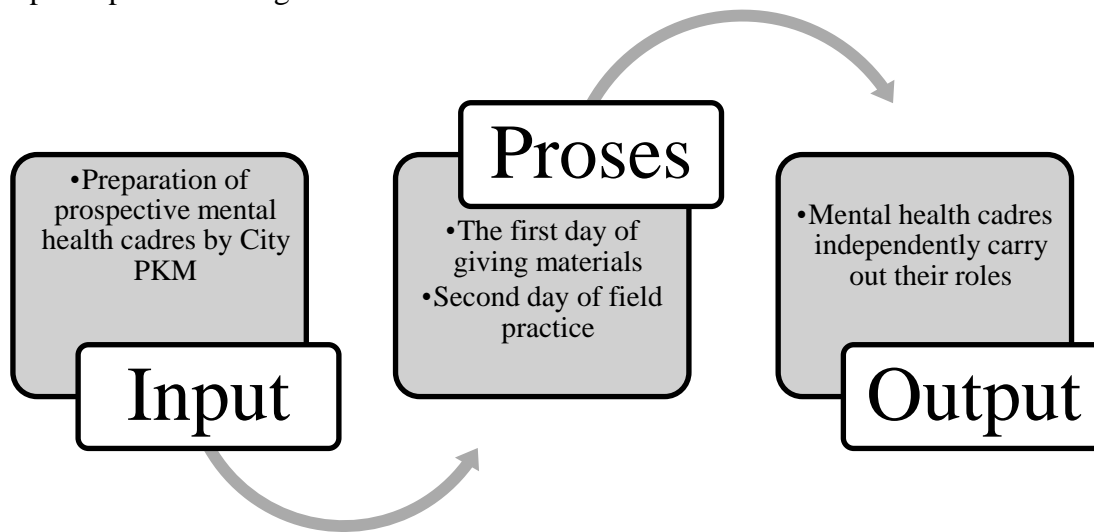


Diagram 1 Stage of PKM implementation

### Program Implementation Flow

Based on the problems and potentials of the target areas described above, several programs were prepared to increase the role of cadres in Wiliyah Puskesmas Kota, Manggarai Regency, and East Nusa Tenggara. Among them are the following:

#### 1. Input

At this stage, the service approaches the City Health Center to become a service partner. What partners can prepare is to provide cadres to be trained and practice land in the form of houses for residents who are healthy clients, risks, and disturbances.

#### 2. Process

##### • Training of mental health cadres

Training of cadres is carried out for 1 day. Training will be provided to mental health cadres who have been formed at Wiliyah Puskesmas Kota. This training aims to improve the ability of cadres in conducting early detection, in addition to motivating families or communities (ODGJ families) to be involved in mental health programs. This training is carried out by providing education and role play in early detection during training.

##### • Monitoring evaluation of the role of cadres in collaboration with local puskesmas

Pengabdian collaborates with puskesmas to design a reporting and referral system for ODGJ clients who become cadre-assisted families. This is so that the sustainability of this program can continue with direct supervision from the local puskesmas.

#### 3. Output

This program is expected to increase the number of ODGJ who recover and return to productivity and reduce the number of shackles in ODGJ. The pattern of *community-based psychiatric services* that are formed later is expected to be a continuation of the program and become a pilot for other villages and districts in East Nusa Tenggara.

## RESULTS AND DISCUSSION

This service was attended by 20 cadres from 8 villages in the City Health Center Area. The training was conducted at St. Paul Ruteng Catholic University from 08:00-14:00. The content of the training includes knowledge about early detection of mental disorders in the community and cadres are asked to conduct early detection of 20 families per cadre. Photos of the activity can be seen in Figures 1 and 2



**Figure 1 – Cadre Training**



**Figure 2- Cadre training**

The results of this service show an increase in early detection knowledge before and after research is carried out aimed at Table 1

**Table 1. Changes in cadres' knowledge of early detection**

Variable	Intervention	N	Mean	SD	P Value
Knowledge	Pre-test	20	1,54	0,48	0,005
	Post Test	20	2,41	0,71	

The results of knowledge measurement are obtained as an increase in knowledge by *P-Value* 0.005. This means that education about early detection increases the knowledge of cadres. The same thing was also found in previous studies which revealed there was an increase in cadre knowledge after being given education about early detection of mental health (Hasan et al., 2020; Susmiatin & Sari, 2021). Education is also important in improving behavior and attitudes. Therefore, education is a good way to increase health knowledge.

Early detection training for mental disorders in mental health cadres can increase knowledge of the role of cadres, especially in conducting early detection of mental disorders in the community. This training can improve the knowledge and skills of cadres, especially in communicating in conducting early detection. Good knowledge and skills can improve the performance of cadres in conducting early detection. Previous research revealed that early detection by cadres can ease the work of puskesmas and can also more quickly carry out treatment for ODGJ (Novianti et al., 2020). Early detection training conducted at city health centers is expected to improve the skills of cadres and optimize early detection in ODGJ. So that ODGJ can be dealt with immediately.

## CONCLUSION

The results of this activity were obtained by an increase in cadre knowledge after being given education. Early detection training conducted at city health centers is expected to improve the skills of cadres and optimize early detection in ODGJ. So that ODGJ can be dealt with immediately.

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