

SUMMARY

Surabaya Primary Community Mental Health Services

Performance Improvement Effort

Today, in Indonesia, the issue of mental health requires the attention of various parties and is not one that is exclusive to health professionals. A 2007 Basic Health Research (BHR) conducted by The Republic of Indonesia Health Ministry Health Development and Research Body revealed the national averages for severe mental disturbance was at 0,46% or roughly 1 million individuals and for emotional mental disturbance (anxiety and depression) in individuals over the age of 15 was at 11,6% or roughly 19 million individuals. In the East Java Province, the prevalences of severe mental disturbance was 0.4% and that of emotional mental disturbance was at 12,3%.

The 2009 Republic of Indonesia Health Minister Decree Number 406 as a guideline for community mental health services is a mental health services operational policy. The mental health services model has evolved from a closed system to an open system. With this policy, the model has evolved from an individual-clinical approach to a social-productive approach consistent with developments in the concept of community mental health. This evolution occurred in primary, secondary, and tertiary mental health services.

The 2009 Republic of Indonesia Health Minister Decree Number 406 charges Public Health Centers (PHC) with the task of providing primary health services in an effort to develop community mental health services. There are six community mental health services expected of PHC's; they are: socialization, early detection, psychiatric emergency services, out-patient services, referral services, and home visitation services. A 2011 Health Facilities Research (HFR) reveal only 8,5% of PHCs perform integrated mental health programs.

In most cases, PHC mental health services emphasize curation. A lack of emphasis on preventive and promotive aspects, a low early detection number, and an under-developed community rehabilitative therapy are hinderences to mental health program implementation. Services provided primarily emphasized case detection and referral; despite that severe mental health cases which required referral accounted for a mere 10%. The 2011 HFR reveal over 80% of PHCs refer mental health and psycho-social issues to hospitals.

This research studies the prevalence of increases in mental health cases referrals which occurred in 43 Surabaya Municipality PHCs (69,35%) between 2011 and 2012. This increase in case referrals indicated that mental health services had not been integrated in PHCs.

This was an analytical research with a cross-sectional framework utilizing a Focus Group Discussion (FGD) method. Further analysis was conducted to identify the correlation between variables. Data was collected between October and December 2013. Research samples were collected in proportion to the number

of PHCs and totaled 31 PHCs with 178 respondents. The respondents were physicians, nurses, and psychologists.

Variables which were measured in this research consisted of independent variables which were awareness, attitude, feedback, workload, training and development, resources and infrastructure and the policies of the Surabaya Municipality Health Service and a dependent variable which was team performance.

The research found 54,84% of PHC health personnel lacked awareness where respondents conveyed PHC community mental health services primarily emphasized out-patient and referral services. 51,61% of respondents considered the Surabaya Municipality Health Service feedback on community mental health services to be inadequate. Limitations in resources and infrastructure is due to cause community mental health services to be below optimal quality. Policies of the Surabaya Municipality Health Service on community mental health services was deemed adequate by 77,42% of respondents while 48,29% of respondent performances was found to be inadequate. Policies was found to have had a significant correlation with team performance. Policies make a dominant factor in the improvement of community mental health services performance. Weak policies tend to cause a degradation in community mental health services performance. The number of PHCs whose community mental health services team performance were adequate and those whose community mental health services team performance were inadequate was roughly equal and just 1 PHC (3,23%) had excellent performance.

A Spearman statistical test revealed awareness, attitude, feedback, workload, training and development had no correlation with team performance. Whereas, policies and resources and infrastructure had a significant correlation with team performance.

A conclusion can be reached based on the research that, provided resources and infrastructure, policies significantly impact team performance. The Surabaya Municipality Health Service is required to set policies that dictate mental health programs be implemented by PHCs and integrated with other programs such as mother, child, school, and elderly health and health socialization with emphasis on promotion and prevention. Integrating mental health training and development with other priority programs such as pregnant-mother mental health early detection training and child development training (which includes training on child mental health development) represented a step toward the development of community mental health services programs.