

From Vision To Action: Implementation of Community Mental Health in North Sulawesi

Gustaaf AERatag, Veni Hadju, Armyn Nurdin, Sonny T. Lisal
gustaftratag1957@gmail.com

Abstract

World Populations are seriously taking action to develop and to employ Community Mental Health, except Indonesia. This discrepancy has taken a great attention to be clarified since risen were some questions such as: In what extent CMH is fulfilled in the Primary Health Care setting, what are inhibiting factors, Difficulties and barriers encountered, what kind of approach and the model need to be create.

Upon those two primary units of analysis after the exertions of the WHO AIMS domain 3 version 2.2, interviews and the study of relevant documents PHCs, were revealed some issues such as ignorance, apathy, lethargy, disincentive of Mental Health Program; roommates bring about of no decisive action in Mental Health. These facts were Followed on by some pertinent interviews with informants such as formal and informal citizens, Medical School Alumni and Lecture, the study of documents Ministry of Health, Medical School study of curricula. A bigger picture was summarized that at least three games of stakeholders (the government includes the Ministry of Health, the Community Themselves, Medical Education Institutions) possess an important responsibility of the Neglected CMH program.

WHO AIMS version 2.2 on domains PHC has exposed the inadequacy program the which is developed by the three stakeholders. The Medical School curricula do not show its heavy on Mental Health, those are prevention and promotion, the government has shown CMH concepts in its direction, but inconclusive and not sharp enough in implementation. The community has no understanding of its urgency, this is leads to a no-public need and participation. Implementation of Community Mental concept is shown as in the figure 2 and 3.

Keywords: *Implementation of Community, Mental Health*

1. Background

Mental Health is the greatest possession of human being, our life cycle Influencing and directing our decision making. The existence of mental illness in the population brings burden on social, politic and economic life of a nation (Barry et al, 2013) countries in the world, both rich countries, poor and developing countries have implemented the Community Mental Health since 2001, such as Egypt (Jenkins et al, 2010), Ghana, Zambia, Ethiopia, Uganda, India, Bangladesh (WHO, 2007) Malaysia, Australia, Europe and the U.S.. Also in Latin America, such as Brazil (WHO, 2007) Mental health should be recognized as a most valuable asset shall belong to every human being, due to the circumstances of each individual can't have a sustained joy of life while doing Things productively, interacting with people smoothly and meaningfully in his or her environment, and hardship and Difficulties facing up without losing great energy to function physically, psychologically and socially. (Kumar, 2005)

Ever concerned for them, Indonesia has not appeared although this program has been attached at the health center. PHC concept was first developed in 1950 as an integrated service for medical, environmental sanitation, and small pox vaccination. In 1968 there were 1,058 health centers with major programs: Medicine, Maternal and Child Healthcare, Family Planning, Prevention and Treatment Communicable diseases, Environmental health and sanitation, Health Education, Community Nursing Care and Surveillance Epidemiology. (Marchira, 2011) In today's health center has developed its activities into two main groups, namely Mandatory programs and development. The program shall consist of: Efforts Basic Medicine, Maternal and Child Healthcare, Communicable Disease Control, Nutrition, Health Promotion and Education, and Environmental Health. While the Development Program, meaning that could be developed in accordance with the capabilities of available resources, namely: Sports Health, Traditional Medicine, Elderly Health, School Health Unit, Eye Health, Dental and Oral Health, Community Mental Health, Occupational Health and Safety, and Community Nursing Care.

Each health center is usually led by a physician and assisted by midwives, some nurses and administrative staff. At least 5 activities have been carried out in an integrated manner in the Integrated Service Post (IHC), which Maternal and Child Healthcare, Immunization, Nutrition, Family Planning, Treatment of Diarrhea. In monitoring, the whole activity-based health center is still the physical health, mental health activity seems abandoned, but based on the Basic Health Research 2007, the prevalence of mental disorders in the emotional Indonesian population aged > 15 years was 11.6%. (Idaiani et al, 2009) This is a group of mental disorders that have a negative and positive opportunities in its development. Opportunities negative, meaning no intervention health care institution or health care providers who are competent to prevent this disorder leading to

more severe pathological form. It would be confusing if given the presence of non-prescribed use of tranquilizers or sedatives by Adolescents that Appears to be a rising global problem (Opaleye et al, 2013). Basically through CMH can be built and elaborated protective factors related to social circumstances such as the protective effect of taking care of the grandchildren on elders' mental health (Tsai et al, 2013).

We can also initiate protective factors in the very early of life to establish a strong capacity for positive behavior, social competency, academic accomplishment and emotional stability. Doing these, we need to build a school-based mental health program (Kutash et al, 2006) (WPA, 2004) or a prevention mechanisms via the internet for Adolescent obstacles that come directly to the clinic (Hoek et al, 2009) as a part of CMH that will be led by the health center. A Cooperative Efforts involving child psychiatrists and pediatricians in nowadays developing a new model of open access to pediatric mental health services through. Pediatricians and psychiatrists are doing inter referral activity related to mental illness Potentially child (O'Aupont, 2013). Every effort has been made by the health workers and providers to lay the groundwork for future generations of mentally healthy.

This led the authors to the depths and use the health center as a focus of research. Health centers that have been the spearhead of health services and community-based close, other than that as a primary care giver of this institution is conceptually more focused on the activities of promoted and preventive.

1.1 Objectives

1. To analyze factors that lead a neglected Community Mental Health Program in the Health Center
2. To create a Model of Community Mental Health that could be implemented a in North Sulawesi

1.2 Methods

- a. Analyzing the results of the implementation of the WHO instrument, namely the WHO Assessment Instrument for Mental health Systems version 2.2 in 2005 partly, using instruments for Domain 3: Mental Health in Primary Health Care (WHO, 2005)
- b. Conducting interviews on several key informant: District Health Officers, Community Leaders, Medical School Alumni, Medical School Lecture, and Head Health Center, Doctors and Health Center health center staff
- c. The study documents the Ministry of Health, Provincial Health Office and District's Documents.

1.3 Result

1.3.1 The use of the WHO-Aims (DOMAIN 3 - Mental health in Primary Health Care)

Community Health Center as the unit of analysis of this study were evaluated using the WHO-AIMS (World Health Organization Assessment Instrument for Mental health Systems).

- 1) The total time-Psychiatry Education psychiatry education is not more than 5% of the total time of medical education as a whole, as well as the total time clinical work at the middle of Psychiatry. It is not much different from nursing education.
 - a. Total time education at the Mental Health Section of Psychiatry
 - 1.1.Kuliah expert / lecture
 - 1.2.Kepaniteraan Clinical Associate (KKM) / PKL Community Psychiatry
 - b. Total time education at the Mental Health Section IKKOM
 - 1.1. Expert Lectures / Talks
 - 1.2. KKM / Job Training (PKL) part of Community Medicine (IKKOM)
- 2) Education and Training for Physicians Health Center for Mental Health
In the city of Bitung, in the last decade there has never been entirely Education and Training in Mental Health for Doctors and Nurses Health Center. In the city of Manado, limited to 3 health centers (Tuminting, Ranomut and Wenang)'ve done training for Early Detection of Mental Disorders <40 hours on Doctors and Nurses Health Center in 2008. The training was initiated and financed by the Child and Youth Mental Health Institute Netherlands (Dr. Lilian Tham, Director of the Institute; authors involved in the planning and dissemination of this program). Activity stopped not more than 2 years.
- 3) Operational Guidelines and Protocols Health Center Mental Health Services
In the second city is not available, either in the form of Clinical Guidelines, Manual, printed matters or videos. Referral procedure was not available, so the doctors and nurses perform basic referral to mental hospital or may not refer patients with mental disorders do not have a basic or standard benchmark.
- 4) Referral to psychiatrist
No data available. In memory, everything is referred to mental hospital Manado
- 5) Interaction and Psychiatric Physicians Health Center
No data available. In memory, there was never any interaction.
- 6) Psychotropic Prescribing by Physicians Health Center

There are no restrictions.

7) Availability of psychotropic

Because cases of mental illness is relatively 'little' that need treatment, then do not do a large amount of storage in the facility, not that difficult: when needed can be provided. Available generally Haloperidol, Artane, diazepam, and chlorpromazine.

1.3.2. Not Applicable, there is no Non-Physician Based Health Center

1.3.3. Not Applicable. No interaction with complementary / alternative healers or traditional-Practitioners

Promotion and prevention activities in the field of Mental Health

Just do not more than 2 years after the Early Detection Training in 2008 by the Child and Youth Mental Health Institute Netherlands (GGZ Kinderen en Jeugd Rivierduinen).

Patient Care Mental Disorder Patients

Model of service performed by the health center is Passive Case Findings, treating patients who come to the health center clinic, and will refer him to hospital Ratumbuang Manado as Mental Disorder Referral Center in North Sulawesi, if necessary. Drugs that are generally given to patients is chlorpromazine, haloperidol, diazepam and Trihexyphenidil. Only doctors are allowed to write prescriptions Psychiatry, nurses are not. Nurses are only allowed to provide advanced drug for patients on repeat visits, according to the doctor's instructions and record patient status.

Provision of Psychiatric drugs are done through the proposed health center to the City Health Department, after receiving approval from City Council (the same procedure is also applicable to the provision of medicines and other health centers operational needs).

2. Results of Interviews and FGD (Focus Group Discussion)

The collection is the result of interviews conducted since January 2012, conducted by the Medical students of Sam Ratulangi University, doing an internship in the Public Health Department. In the triangulation stage, the primary researcher doing the secondary interviews to clarify and to proof comments; documents and recordings are auxiliaries to sharpening the issues.

1. patients in passive nets, because of mental disorder is not a priority compared to HIV-AIDS, Dengue Hemorrhagic Fever, Malaria and other infectious diseases that can be prevented by immunization (DKK M Head, General Practitioner education, never trained in the field of Mental Health Post-Doctoral Education)
2. proposed better be Mandatory Program, nationally or even within the province '(Head of Sub DKK M, Ex-C a previous M DKK)
3. "There is a group of health problems that always diagnosed as 'g gastritis', likely related to Mental Health" (informant: ditto no.2)
4. "PHC already bear the burden of the many and heavy duty, lack of health personnel so that various programs do double duty, there is no psychiatrist." (Head of Community Health Center DKK M)
5. "Does not have the ability to diagnose, not supported by training, is not supported by the central government, is willing to do this if it is categorized as a compulsory program, not the program is non-compulsory or further Development Program" (Physicians Health Center DKK M)
6. "There netting activities at school age, but only focused on the aspect of physical health" (PHC staff DKK M)
7. "Not easy to perform activities of Community Mental Health, Special Training as necessary, while available funds are prioritized on other programs, especially to overcome the life threatening diseases'. (Physicians Health Center DKK M)
8. FGD followed and led by the Chief Medical Officer of the city of Bitung, moderated by author, begins with an introduction to 'Presentation situation and Indonesian World Mental Health', produced some agreements:
 - a. community mental health programs is important to immediately developed in the city of Bitung
 - b. first step focuses on community mental health programs that focus on promoted and preventive aspects,
 - c. manifestation agreement proposed program budget is training for the Early Detection of Health Workers (as a candidate Trainer in the second stage), followed by Early detection of Mental Disorders Training for teachers and parents Chosen.

Results are immediately visible after the analysis of the data refers to things: ignorance, undeceive goal and no public demand (no public 'aggressiveness in the era of decentralization') => Influencing: drives, incentives, eagerness => comprehensively all these develop: no proposed action, no budget and no decisive action.

Development of categorization analysis of causal factors crystallized in limbo Community Mental Health Program at the health center, which is the main cause of 3 sources: rooted in Medical Education Institutions, Government (Ministry of Health and its derivatives at the Provincial Health Office and District) and Community social itself.

3. Discussion

The findings obtained from the use of the WHO-AIMS instrument gives an overview of version 2.2 which is not much different from the situation in Ethiopia before 2006, before the Mental Health Plan 2007-2009 for Ethiopia, and Bangladesh, before the revision of the Mental Health Policy. Mental Health Education owned by PHC doctors have not been enough to build a Community Mental Health program, not only as a matter of quantity and length of education, but also turns teaching materials acquired during their education in the Faculty of Medicine Doctor does not contain the elements necessary to develop The program at the health center. Future Clinical Associate at The Registrar of Public Health / Section of Public Health / Community Medicine Section at the Faculty of Medicine, University of Sam Ratulangi until 2008 almost never mentioned let alone discussed the development of Community Mental Health as one of the program at the health center.

Education in Psychiatry Section FK Unsrat Manado, was in the Registrar's Office Associate Clinic, providing a much larger portion of the element of Mental Illness and its Treatment, Community Psychiatric still less discussed.

Ignorance:

"We just found out that developed countries such as Europe, Australia and the United States was busy developing a Community Mental Health Program," a phrase FGD participants Bitung City Health Department; "we do not prioritize the Community Mental Health program because very few cases, which so Our program in accordance with the priority programs of the Ministry of Health is HIV / AIDS, malaria, dengue hemorrhagic fever "(Ka DKK M). This information is conveyed material background Education at Sam Ratulangi University School of Medicine (FK UNSRAT). We were never taught about Community Psychiatry, Associate Registrar of lecture material and first focus on Mental Illness, that mental illnesses are dealt with clearly in Polyclinics Mental health centers and public hospitals in the clinic or in the Mental Hospital.

Ability to prevention and promotion just not developed in the first period of our study. It also occurs in the lecture and in part time Associate Registrar of Public Health (now part Community Medicine), activity 'coassistenship' lead us over the handling of pregnant women and infants and children under five, infectious diseases are dominant, nutrition, diarrhea, and other than mental health community. (Alumni FK Unsrat 1979, had worked at the health center in Papua, now the International Agency Agent based in Makassar). Unfortunately, this situation was continued into the era of Competency-Based Medical Education Faculty Unsrat. In the Appendix can be seen some important things are: the percentage of instructional time for Mental Health was minimal (range%), it was almost entirely regarding mental illness. In practice the Clerk Associate in the Section of Community Medicine Faculty of Medicine Unsrat, not available provision to identify, design and develop a Community Mental Health Program at the health center.

Undeceive Goal:

"... The only kwa tokh development program, unless the Central government so make it compulsory, torang komang must be carried out '(Ka Sub DKK M) It's just Development Program, we will execute if it has become a compulsory program.

In the structure of the health center program has indeed been 'reserved' doors to develop a Community Mental Health, but his position is weak because of still embroider the predicate 'if necessary'. The problem is that the program is to determine a priority for primary health care is implemented, one of the important and common criteria is 'position' it, in this case, the position of the Mental Health disorders rank in the Top 10 Most Disease Health Center is concerned. 'Probability which is often diagnosed as gastritis is actually psychosomatic disorders' (Ka Sub DKK M). Thus misdiagnosis is actually realized also by Structural Officials at the City Health Office, but in addition because the program is not compulsory so no funds available for development, as well as knowledge and skills of early detection of mental disorders that do not support when following FK Unsrat Education in advance.

The interesting thing to discuss is actually also draw conclusions about the importance of Mental Health when analyzing the Organizational Structure of the Ministry of Health. The spotlight of the study may be appropriate for the occasion after the study is completed, a topic that is related to but not explored by researchers. There are many arguments on this subject, among others, that the Responsible Officer / Administrator at Community Mental Health should echelon level, the Director-General or Head of Mental Health National level with the Director-General. Depending on the political administration, the top administrator for the program could be based in the Ministry of Health, Welfare Ministry coordinator, or as a separate agency

that is responsible to the President (the latter is modeled BKKBN organization / National Family Planning Coordinating Board at the beginning of its activities).

No Public Demand

If using a mirror international, European countries, Africa, Australia, India and others, should Public Need on Community Mental Health in Indonesia, including the city of Manado and Bitung North Sulawesi, is no longer relevant to be questioned. Public Demand, a different problem because the people of Manado and Bitung still shrouded with stigma rooted since long about the bad image of mental patients. Shame neighbors and other people known to have family members with mental illness, fear that if it turns out drug users, and so on.

Drives:

'... PHC bear much of the burden, while the lack of funds and personnel was minimal,', Uniform expression conveyed either by Structural Officials City Health Department, and the staff were interviewed. It is also closely related to 'ignorance', because the presence of Education curriculum at the Faculty of Medicine Doctor equip candidates with the skills to develop programs actually quite a lot of tips, among others, by imitating the strategy of football 'total football', in which the entire cast, except kiper, must be able to act as a defender and a striker as well depending on the situation of the game. Boosting 'drive' the health center personnel through a strategy of total football soccer, of course it is also necessary to adjust the incentives (take home pay) received. The author believes that in the future, take home pay incentives for health personnel will not face many obstacles, especially to ensure optimal implementation of Community Mental Health concerns.

Incentives:

"... Which is a priority of our program is that according to the Ministry of Health programs namely HIV / AIDS, malaria, dengue hemorrhagic fever". Behind the existence of such a statement is attached to the operational costs of activities and there is an allowance. Incentive to run the program is still influenced by the paternalistic nature of the program, in addition to incentives that can 'increase the take home pay of personnel, both serving in the health center or the City Health Office. All programs run health center is processed think tank that was on it.

Eagerness:

'.... Double duty, no shrink, less diagnostic capabilities' almost like a choir, the comments expressed by the informants in the health center or at the Office of the City Health Officer. The lack of psychiatrists is a real fact happened at the health center, in the sense that not a psychiatrist should be placed at the health center, but 'they' expect any scheduled visits remain. Activities have been carried out unscheduled visits by specialists and Obstetrics & Gynecology Child related to Maternal and Child Health Program (MCH).

For the author, the double duty at the health center is not something to be lamented, but is a challenge that must be breached. Basically, working in health centers, especially in remote areas, doctors and paramedics must be able to work double. I can not say this destiny PHC doctors in remote areas, but in many ways he should know and able to carry out tasks within the competence of physicians from various fields of specialization. Makin 'good-natured' the college-the college gives breadth to the general practitioner (which is conceptually works as DK / Family Physicians) will eat the greater burden of health center honorary doctor-carbon double duty. (It may not have been aware and need to be further investigated by the government with respect to returns is behind it, how to survive a health center doctor in his life, and also can achieve one of its goals is to finance and provide an opportunity to continue and develop the profession descendants as servants of in medicine and public health).

Not only the tasks that medical and health could be doubled, but as an agent of nation building, health center doctors have to jump in all aspects of community life, except for one case where he had to be very careful because of the sensitivity of society, namely in terms of preaching and religious education. Related to Community Nutrition, health center physicians must be able to provide insights of Food, Agriculture and Estates Environmental Health, he had to act smart, polite and appropriate to provide enlightenment for the people and businesses in the industry owners reach health centers around the area residents about the dangers and risks related to industrial pollution it (he must master the rules and norms related Environmental Impact Assessment, environmental toxicology, and so on). In a community, a health center doctors automatically double duty as an agent of national culture, at least would not want to learn the culture and customs of the people within its jurisdiction, before working to adjust perceptions and actions related to medical treatment.

No. Proposed Action:

It will not be difficult to understand that at any level of the Executive Development Program Community Mental Health has not understood the urgency, so obviously there will be no proposed activities and costs.

Before the Focus Group Discussion ended, Chief Medical Officer and Head-Head of Community Health Center in Bitung City will propose activities of Community Mental Health Development, cq. Training Potential Early

Detection of Mental Disorders in 2014. In mid-2013, followed by cell phone communication between researchers with Ka DKK B, he wanted the help of the preparation of training proposals intended; diplomatically but researchers pointed to the budget process Bitung City in 2014 on the grounds that the proposal Training ideal researcher should await the results of the consultation with the Graduate Advisor in PS Hasanuddin University, Makassar.

No Budget:

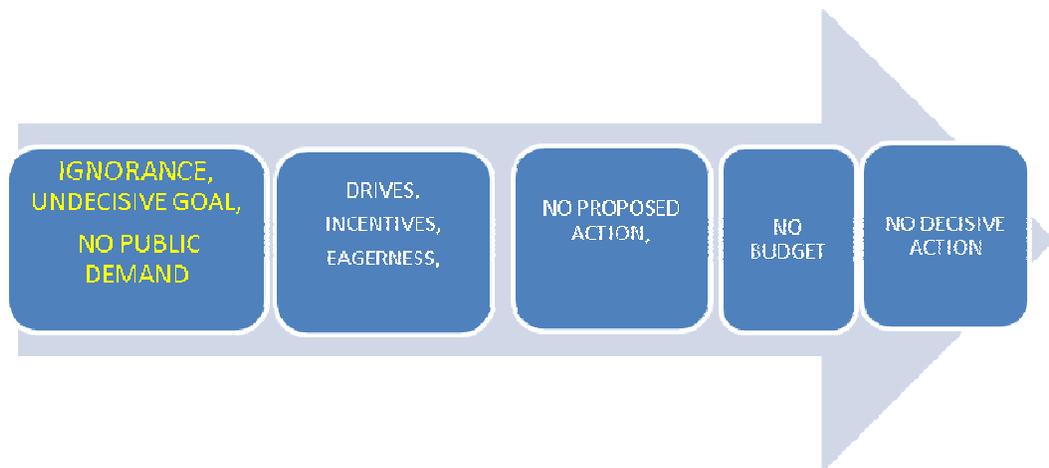
Budgets and Budget for health centers in the city of Manado and Bitung directed at Programs that have been routinely carried out from year to year, with emphasis on the programs 'life threatening diseases', nutrition, etc., Of course that is not considered a priority program there will be no budget contained in Bitung

Passive Case Finding:

.... 'Our patients with suspected diagnosis of schizophrenia, psychosis, then we refer them to a mental hospital Manado (top mental health referral hospital) so they can be dealt with better' 'there had been training for Early Detection by resource persons from the Netherlands, but the program it has been stopped because there is no support charge again .. ' Conducting Community Mental Health in a more complete starting from the Active Case Finding and promoted and preventive activities can hardly be expected from state health center personnel, Officer-Health Authority with a description of motivation such as those found in this study.

4. Conclusions

1. Evaluation against practice management Health Soul Community not yet ever performed, as well use WHO AIMS instrument (version 2.2) has not known in Indonesia, including Manado city and Bitung. Application instrument This, gives result assessment can diverse interpret, will but author summarize with one information brief and simple namely that Health Soul Community not yet have proportional attention and feasible.
2. Challenge and obstacle implementation of the Health Program Soul Community can be depicted in simple like following this:



In the first left box shows three factors underlying the case. Ignorance, was developed by insufficient academic learning and training in the Medical School (it is strongly possible by the caused by other Schools related to health). Undeceive goals, was Referred to the government responsibility to make this program sharp and clear; they are Consist of the Ministry of Health and Provincial and District Health Office.

References

- Barry, M. M. (2013). A systematic review of the effectiveness of mental health promotion interventions for young people in low and middle income countries. *BMC Public Health*.
- Hoek, W. (2009, October 12). *Prevention of depression and anxiety in adolescents: a randomized controlled trial testing the efficacy and mechanisms of internet based self help problem solving therapy*. Retrieved 2013, from TRIALS: <http://www.trialsjournal.com/content/10/93>
- Hoek, W. (2009, October 12). *TRIALS*. Retrieved 2013, from <http://www.trialsjournal.com/content/10/93>
- Idaiani, S. (2009, Oktober). Analisis Gejala Gangguan Mental Emosional Penduduk Indonesia. *Majalah Kedokteran Indonesia*.

- Jenkins, R. (2010). Mental Health policy and development in Egypt - integrating mental health into health sector reforms 2001-9. *International Journal of Mental Health Systems*.
- Kumar, A. (2005). District Mental Health Programme in India : a case study. *J Health and development*.
- Marchira, C. R. (2011). Integrasi kesehatan jiwa pada pelayanan primer di Indonesia: sebuah tantangan di masa sekarang. *Jurnal Manajemen Pelayanan Kesehatan*, 120-126.
- O'Aupont, I. (2013). A collaborative care model to improve access to paediatric mental health services. *Administration and Policy in Mental Health*, 263-273.
- Opaleye, E. S. (2013). Non prescribed use of tranquilizers or sedatives by adolescents: a Brazilian national survey. *BMC Public Health*.
- Tsai, F.-J. (2013). The protective effect of taking care of grandchildren on elders' mental health? Associations between changing patterns of intergenerational exchanges and the reduction of elders' loneliness and depression between 1993 and 2007 in Taiwan. *BMC Public Health*.
- WHO. (2005). Domain 3 - Mental Health in Primary Health care. In *WHO Assessment Instrument for Mental health Systems version 2.2*. Geneva: WHO Press.
- WHO. (2007). *WHO AIMS report on Mental Health System in Bangladesh*. Dhaka: WHO.
- WHO. (2007). *WHO-AIMS REPORT ON BRAZIL MENTAL HEALTH SYSTEM*. WHO.
- WPA. (2004). *Expanding Awareness of Mental Health in Childhood and Adolescence*. WPA-WHO-IACAPAP.
- Kutash, K., Duchnowski, A. J. & Lynn, N, (2006). School-based mental health: An empirical guide for decision-makers. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies., Research and Training Center for Children's Mental Health.

History Life Author : Gustaaf A.E.Ratag, MD, MPH. Place of birth : Tompasobaru, 27th March 1957. Registered at Hasanuddin Univ. Graduate School : P 0200310031 (2010- ...) Address: Jalan A.Yani 16/ 20 Manado, North Sulawesi 95115. History of Education: Elementary School, Malang, East Java, 1969, Laboratory 2nd School of IKIP Manado, 1972. Laboratory High School of IKIP Manado, 1975. Sam Ratulangi Medical School, 1984. School of Public Health, UCLA, 1992.