Creation and Socialization of Mental Health Service System Based on Community Empowerment in Kapanewon Sedayu

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ABSTRACT

This community service program aimed to develop and institutionalize a community-based mental health service system in Kapanewon Sedayu, Bantul Regency, in response to the increasing prevalence of severe mental disorders and the limited availability of psychological services at the primary health care level. The program employed a participatory approach consisting of stakeholder coordination, needs assessment, Focus Group Discussions (FGD), mental health cadre training, and system socialization. Three FGDs conducted between June and October 2025 resulted in the formulation of a locally adapted service flow and Standard Operating Procedures (SOPs). A total of mental health cadres were trained and formally appointed through an official decree of the Kapanewon government. The program culminated in the launch of LENTERA (Sedayu Integrated Mental Health Service) on November 14, 2025, integrating education, early detection, psychosocial assistance, and referral mechanisms. The initiative strengthened multi-stakeholder collaboration and established a structured and sustainable community-based mental health service model with replication potential in similar regions.

Introduction

The partner in this community service is Kapanewon Sedayu, one of the sub-districts in Bantul Regency, Special Region of Yogyakarta Province, Indonesia. Kapanewon Sedayu is located to the Northwest of the capital city of Bantul Regency. Kapanewon Sedayu has an area of about 34.36 km^2. Previously known as Kapanewon Pedes, it was renamed Kapanewon Sedayu pursuant to Regulation No. 9 of 1951 of the Special Region of Yogyakarta, which was inaugurated on June 20, 1951. The Kapanewon Sedayu area borders Sleman Regency and Kulon Progo Regency. Kapanewon Sedayu consists of 4 villages, Argodadi, Argorejo, Argomulyo, and Argosari, Kapanewon Sedayu, which is inhabited by

9,510 heads of families, totaling 42,943 people. Based on demographic data, the male population in Kapanewon Sedayu is 20,994, and the female population is 21,949. Meanwhile, the population density in this sub-district is 1,249.80 people/km^2, and most residents make their livelihoods as farmers. Monographic data from Kapanewon Sedayu indicate that 10,539 people, or 24.5% of the total population, work in agriculture. The distance between Yayasan Pinilih Sejahtera and Mercu Buana University Yogyakarta is 2.3 km.

Kapanewon Sedayu, Bantul Regency, Special Region of Yogyakarta, faces significant mental health challenges, particularly in the management of severe mental disorders such as schizophrenia. Local data from Sedayu II Health Center in 2024 recorded 91 individuals diagnosed with schizophrenia, while psychological services at the primary health care level remain limited due to the absence of clinical psychologists or psychiatrists. This imbalance between mental health needs and available services creates barriers for community members seeking adequate psychosocial support.

This condition reflects broader national challenges in Indonesia's mental health system. Previous studies have reported that Indonesia continues to experience shortages of mental health professionals, limited service integration at the primary care level, and uneven distribution of resources across regions (Armstrong et al., 2011; World Health Organization, 2022). The Basic Health Research (Riskesdas) also shows an increasing prevalence of severe mental disorders, while service accessibility remains constrained, particularly in rural and semi-urban areas (Basic Health Research, 2018). Limited mental health infrastructure at the community level often results in delayed treatment, stigma, and reduced continuity of care (Putri et al., 2021; WHO, 2021). Therefore, strengthening community-based mental health systems through empowerment and multi-sector collaboration is a strategic, evidence-based approach to addressing these systemic gaps.

Figure 1. A Conversation with the Editor-in-Chief

The increase in cases of mental disorders over the past few decades reflects the

complexity of the mental health challenges faced by the global community. Several key factors have been driving the surge, with severe impacts on individuals, families, and society at large. Health is defined as a state of health, both physical, mental, spiritual, and social, that allows everyone to live socially and economically productive lives (Law Number 36 of 2006). Meanwhile, mental health is a condition in which an individual can develop physically, mentally, spiritually, and socially, so that the individual is aware of his own abilities, can overcome pressure, can work productively, and can contribute to his community (Law Number 18 of 2014).

Based on Basic Health Research data, mental health problems in Indonesia have increased significantly by 10%. Riskesdas showed that the prevalence of households with members suffering from schizophrenic mental disorders increased from 1.7 per 1,000 in 2013 to 7 per 1,000 in 2018. Mental-emotional disorders in the population under the age of 15 also rose from 6.1 percent or about 12 million people to 9.8 percent or about 20 million people in 2018 (Basic Health Research, 2018).

According to the 2023 Indonesian Health Survey, the prevalence of severe mental health disorders in Yogyakarta reached 9.3 percent (Nabilah, 2024). The Special Region of Yogyakarta, or DIY, is known to rank first in the province in Indonesia in terms of the number of people with schizophrenia or severe mental health disorders. The prevalence reached 9.3 percent, according to the results of the Indonesian Health Survey (SKI) by the Ministry of Health in 2023, which were reported in mid-2024. These results do not only refer specifically to schizophrenia but also to people with severe mental disorders. One of them is in Bantul Regency, as reported by the Jogja Daily, which said that there are currently 2,270 patients with Mental Disorders (ODGJ) in 2023. Of these, around 75% of ODGJ patients are independent, and the rest are not (Nabilah, 2024).

This mental health problem will have a broad impact on all aspects of development in Yogyakarta. Therefore, it is necessary to provide more comprehensive mental health services. The government's approach to improving the mental health system is to include mental health programs as one of the minimum service standards. The focus of mental health services is given to the community in general, People with Mental Disorders (ODGJ), and People with Psychiatric Problems (ODMK).

Several health centers in the Bantul area have carried out various mental health programs in collaboration with the community as a follow-up to programs held by the previous government, among them the Sedayu II Health Center. Still, there are obstacles, as

no psychologists or psychiatrists are available at the health center until now. In line with the statement reported on the Jogja Daily page, the high number of patients with Mental Disorders (ODGJ) is inversely proportional to the availability of the number of psychiatrists or psychiatrists. Likewise, the number of clinical psychologists, especially in Bantul health centers, is quite serious (Ria, 2023). The absence of a clear enough system and information on mental health services that can be accessed will, of course, cause anxiety in the community (Trisnanto et al., 2024). The results of the study show that there is still a lack of health resources, that health expenditure remains low in Indonesia compared to neighboring countries, and that the health information system is also inadequate (Idaiani & Riyadi, 2018).

So far, based on data obtained by the Sedayu II Health Center in 2024, there are 91 people with schizophrenia disorder. One of the areas under the auspices of the Sedayu II Health Center that has a high prevalence of schizophrenia disorder is in the Argodadi Village area.

Table 1. Data on Patients with Schizophrenic Mental Disorders in the Coverage of the Sedayu II Health Center

No	Villages	Amount
1.	Dumpuh	3
2.	Dingkikan	3
3.	Ngepek	1
4.	Cawan	5
5.	Bakal	2
6.	Demangan	6
7.	Bakal dukuh	2
8.	Sukoharjo	1
9.	Semberan	2
10.	Selogedong	1
11.	Sungapan Dukuh	7
12.	Sungapan	2
13.	Kadibeso	5
14	Brongkol	4
Total		**44**

Previously tried to initiate the formation of a mental cadre to help handle and serve mental health problems in Kapanewon Sedayu. The process carried out also needs to be followed up on to optimize the roles and functions of the cadres formed, ensuring they operate in accordance with the expected goals and functions. The health service system for psychologists and information about the existing system must be implemented immediately to serve as a solution to help reduce mental health problems in the community and the

government in Kapanewon Sedayu. Based on these issues, the service team collaborates with partners to address them. The details of the activities discussed by the two parties have led to the preparation of a *Memorandum of Understanding* as of March 19, 2024.

Method

The community service program was conducted from June to November 2025 in Kapanewon Sedayu, Bantul Regency, Special Region of Yogyakarta, Indonesia. The activities involved collaboration with the Kapanewon government, primary health centers (Puskesmas Sedayu I and II), village officials, mental health cadres, and community representatives. The program employed a participatory community empowerment approach. The implementation consisted of five main stages: (1) stakeholder coordination, (2) needs assessment, (3) Focus Group Discussions (FGDs) to formulate service flow and SOPs, (4) tiered mental health cadre training, and (5) socialization of the finalized system to the community. There are several stages carried out to facilitate implementation, namely:

1. Program Coordination and Socialization Stage

   Coordination is carried out with Kapanewon Sedayu, who will collaborate with the service team as a partner. Coordination was conducted with Kapanewon Sedayu to analyze needs and discuss the timing of implementing the program that the service team will organize.

2. Assessment and Implementation Stage of the *implementation of the FGD of the mental health service system* in collaboration with Partners

   The assessment stage is the first step in implementing the Focus Group Discussion (FGD) on the mental health service system. The main objective of this stage is to understand the existing conditions, identify challenges, and explore the needs and expectations of the various parties involved.

a. Assessment process

1) Situation Analysis: Collect data on the current state of mental health services, including regulations, policies, and available resources.
2) Identify Stakeholders: Determine the parties involved in the FGD, including health workers, governments, academics, non-governmental organizations (NGOs), and affected communities.
3) Initial Data Collection: Conduct interviews, surveys, or literature reviews to gather information on the challenges and opportunities in mental health services.
4) Formulation of FGD Objectives: Prepare a discussion agenda based on the

assessment results to ensure the discussion focuses on relevant issues.

b. Implementation of FGD

After the assessment is completed, the implementation phase of the FGD involves strategic partners to discuss the improvement and development of the mental health service system.

The implementation steps of the FGD include:

1) Technical Preparation: Determine the place and time of the FGD, prepare discussion materials, and invite relevant participants.
2) Discussion Implementation: The FGD is facilitated by a moderator who ensures each participant has the opportunity to share their views, experiences, and recommendations regarding mental health services.
3) Identify Issues and Solutions: Explore the challenges faced in the mental health service system and formulate solutions that can be implemented in partnership.
4) Preparation of Recommendations: Compile the discussion results into recommendations for policy improvement or program implementation in the field.
5) Evaluation and Follow-up: Ensure that the FGD outcomes are followed up with concrete actions, including policy formulation and continued cooperation with partners.

Through a systematic assessment and implementation process, FGD can be an effective means of improving the quality of the mental health service system and strengthening collaboration between various stakeholders.

3. The stage of socialization of the mental health system

The socialization of mental health aims to increase public understanding of the steps to get the right mental health services. With this socialization, the public will be more aware of the importance of mental health and know how to access the available services. The following is the implementation of the FGD session on the creation of a mental health service flow system and Socialization of Mental Health Services

Table 2. Implementation of FGD sessions

Sessions	Purpose	Activities	Outputs
FGD Stakeholder development of a psychological health service	Forming a psychological health service system that also empowers the community	1. Invite stakeholders needed in the creation of the system (local government, Sedayu health center, community leaders, mental cadres, community) 2. The facilitator guides the discussion of existing mental	1. Stakeholder mapping document 2. Identified service gaps and resource inventory 3. Draft mental health service flow chart

system		health handling problems 3. The facilitator identifies the resources they have in handling mental health 4. Participants are asked to think about and make a sketch or system that will be created in handling mental health	4. Initial Standard Operating Procedure (SOP) framework
Socialization of the mental health service system	Broadly inform the public formally about the flow and system of psychological mental health services	1. Inviting the community in socialization activities. 2. Explaining the flow of mental health services based on community empowerment 3. Conducting discussions and questions and answers to the community about the flow of mental health services	1. Finalized and publicly endorsed service flow 2. Community attendance records 3. Documentation of feedback and revisions 4. Increased stakeholder awareness of service mechanisms

Result and Discussion

System Development Through a Participatory Approach (FGD)

A series of Focus Group Discussions (FGDs) was convened on June 30, 2025, July 17, 2025, and October 2, 2025. The purpose of these discussions was to ascertain the community's needs, align services with the local context, and integrate service flows with district governments and community health centers. This phase facilitates the construction of LENTERA, which is grounded in field realities rather than mere theoretical frameworks or a top-down approach. The participatory FGD process used to formulate service flows and SOPs aligns with best practices in community engagement. This finding is consistent with the research conducted by Putri et al. (2021), which demonstrated that participatory approaches can enhance stakeholder ownership, sustainability, and contextual appropriateness of health interventions. Moreover, the collaborative governance established between local authorities (Kapanewon Sedayu) and health institutions has proven to strengthen institutional legitimacy and long-term sustainability (Mahendradhata et al., 2017).

Figure 1: Stakeholder FGD

Mental Health Cadre Training and Empowerment

The objective of the Mental Health Cadre Training program is to strengthen and empower communities in addressing mental health issues. This is achieved through a series of Mental Health Cadre Training sessions. The training program commenced on June 15, 2024, with an introductory session focusing on mental health. This was followed by an intensive training session on October 27, 2025, which focused on equipping cadres with observational techniques, interviewing skills, and basic counseling skills. These cadres are prepared to assume a leadership role in the early detection process, providing essential psychosocial support and facilitating connections between citizens and health professionals. The efficacy of community health cadres in this program is supported by scientific evidence from Armstrong et al. (2011), which demonstrates that structured mental health training for community health workers significantly enhances knowledge, attitudes, and the capacity to identify mental health problems early. The efficacy of this task-sharing approach in low- and middle-income countries (LMICs) has been demonstrated in addressing mental health workforce shortages while maintaining service quality (Galvin & Byansi, 2020).

Figure 2: Mental Health Cadre Training and Empowerment

The launch of LENTERA: A Community-Based Mental Health Service Model

On Friday, November 14, 2025, the Government of Bantul Kapanewon Sedayu Regency together with the Service Team of the Faculty of Psychology of Mercu Buana

University Yogyakarta (UMBY) consisting of Reny Yuniasanti, M.Psi, Ph.D, Psychologist, Dr. Sheilla Varadhila Peristianto, M, Psi, Psychologist, Dewi Soerna Anggraeni, M.Psi, Psychologist and Komang Mahadewi S., M.Psi., Psychologist officially launched LENTERA, an *Integrated Mental Health Service for Sedayu* Residents which is designed to provide access to information, psychological assistance, initial treatment, and referral of mental health disorders in a structured manner. The launching event, as well as the inauguration of the Sedayu Mental Cadre, was held in response to the increasing need for mental health services in the community. The launch of LENTERA was attended by several officials and important figures, including the Deputy Regent of Bantul, Aris Suharyanto, S.Sos., M.M., the Rector of UMBY, members of the Bantul Regency DPRD, the Head of the Social Service of the Head of the Sedayu I and II Health Center, the head of hospitals and banks, the village heads in Kapanewon Sedayu, and all community stakeholders in Kapanewon Sedayu who showed strong cross-sector support for this program. Deputy Regent of Bantul Aris Suharyanto, S.Sos., M.M., said that the Bantul Regency Government really appreciates the initiative of Kapanewon Sedayu together with the Faculty of Psychology, Mercu Buana University of Yogyakarta, in forming the LENTERA service, which has mobilized the task force and soul cadres, which today have been officially inaugurated. He hopes that the existence of LENTERA and mental cadres can unravel and reduce mental health problems that occur in the Kapanewon Sedayu.

Figure 3: LENTERA system Integrated with Kapanewon Sedayu web

Figure 4: Socialization of LENTERA and the inauguration of soul cadres, attended by the Deputy Regent of Bantul

Figure 5: Collaboration of the service team with Kapanewon Sedayu in forming the LENTERA system

The urgency of establishing LENTERA is inseparable from the mental health conditions in the Special Region of Yogyakarta. Based on the 2023 Indonesian Health Survey, the prevalence of severe mental disorders in Yogyakarta reached 9.3 percent, the highest in Indonesia. Local data from the Sedayu II Health Center in 2024 also noted that there are 91 residents with schizophrenia in the Sedayu area, showing the need for more adequate and sustainable psychological services. Seeing this, the Kapanewon Sedayu government, together with a team of UMBY academics, considered it essential to develop a system that not only focuses on curative care but also on preventive care through education, community assistance, and clear access to references. LENTERA is then projected to become an integrated service center that connects the community, cadres, health workers, and professional companions.

LENTERA also comes with a visual identity rich in local meaning. The LENTERA logo depicts the lantern as a symbol of light that illuminates a way out of mental health issues.

The three human figures surrounding the lantern symbolize the collaboration of the community, cadres, and professionals, and reflect the three main pillars of service: education, service, and empowerment. The batik motif surrounding the logo affirms Sedayu culture's roots, while the green color symbolizes serenity and healing. The lantern's yellow color reflects the Javanese philosophy of "Urip iku urup," which means that life should benefit the surrounding environment. All of these elements are summarized in the tagline LENTERA: "Becoming a light for the resilience and welfare of the community".

Through an integrated system, the public can now access LENTERA information and services via the official Kapanewon Sedayu channel, including the flow of mental health complaints and the service number. This launch is an essential milestone for Sedayu in building sustainable, community-based mental health services. With the involvement of the government, academics, health workers, and cadres at the hamlet level, which was formed into the LENTERA task force with the Task Force Decree: Number 40 of 2025 dated October 20, 2025, by Kapanewon Sedayu, LENTERA is expected to be able to become a model of community-based mental health services that can be replicated in other regions.

The development of LENTERA as a community-based mental health service system aligns with previous findings emphasizing the importance of decentralizing mental health services in low- and middle-income countries (LMICs). Studies have consistently shown that community-based mental health models improve accessibility, reduce stigma, and enhance early detection compared to hospital-centered approaches (World Health Organization, 2021; Rathod et al., 2017).

The empowerment of community health cadres in this program is supported by evidence indicating that structured mental health training for community health workers significantly improves knowledge, attitudes, and capacity for early identification of mental health problems (Armstrong et al., 2011). Similarly, task-sharing approaches in LMICs have demonstrated effectiveness in addressing mental health workforce shortages while maintaining service quality (Galvin & Byansi, 2020).

The identified structural challenges, such as limited service accessibility and uneven distribution of professionals, are consistent with previous national studies that highlight persistent treatment gaps in Indonesia (Putri et al., 2021; Kementerian Kesehatan RI, 2018). These findings reinforce the urgency of strengthening primary-level mental health systems and integrating psychosocial services into community health structures. Overall, the findings of this community service initiative confirm that integrating community empowerment,

intersectoral collaboration, and structured service pathways is a feasible, evidence-based strategy for strengthening local mental health systems.

Conclusion

The community service program successfully developed and institutionalized LENTERA as an integrated community-based mental health service system in Kapanewon Sedayu. Through participatory assessment, stakeholder collaboration, and cadre empowerment, the program addressed structural gaps in mental health service accessibility. The model demonstrates the importance of combining institutional support, community empowerment, and a structured service flow to strengthen primary-level mental health systems. Future programs should incorporate monitoring and evaluation mechanisms to assess long-term impact and service utilization.

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