PSYCHOCARE
Journal Of Community Service
https://ejurnal.mercubuana-yogya.ac.id/index.php/Psychocare/index
VOL. 1. No. 1 Juli 2025, 21-30

Sehat Jiwa Sedayu (Sehati Ayu): Primary Mental Health Disorder Management Efforts among Residents of Kapanewon Sedayu

Sheilla Varadhila Peristianto[1*], Reny Yuniasanti[2], Laily Lolita Sari[3], Mohammad Aziz Shah[4]

[123]Faculty of Psychology, Mercu Buana University of Yogyakarta, Indonesia
[4] Faculty Of Human Development, Sultan Idris University of Education, Malaysia
*Correspondence email sheilla@mercubuana-yogya.ac,id

ARTICLE INFO

Article history:
Received June 2025
Revised August 2025
Accepted August 2025

Abstract

Health issues are inseparable from mental health problems. Mental health is defined as a state of well-being in which individuals are able to recognize their potential, cope with daily life stressors, remain productive, and contribute to others. However, the surrounding environment often leads individuals into a less prosperous condition. As a community that encompasses relational aspects of life, Kapanewon Sedayu faces an urgent social problem, namely the stigmatization of people with mental disorders (ODGJ). This occurs due to the lack of understanding regarding mental disorders and their management. A mental health program in the form of psychoeducation and early detection pathways was designed as an effort to address mental health problems in Kapanewon Sedayu. Therefore, this community service aimed to provide knowledge and early detection skills related to mental disorders for prospective mental health cadres in Kapanewon Sedayu. The service method consisted of program coordination and socialization, the application of science and technology, and the enhancement of understanding and competence in early detection. The results showed that psychoeducation and early detection were effective in increasing residents' understanding.

Keywords

Early detection, mental health, Sedayu, psychoeducation

Introduction

Sedayu Village is a *kapanewon* (equivalent to a sub-district) located in Bantul Regency, Special Region of Yogyakarta Province, Indonesia (Kabupaten Bantul, Provinsi Daerah Istimewa Yogyakarta, Indonesia). Kapanewon Sedayu is situated in the northwest of Bantul Regency's capital. The area is inhabited by 9,510 households with a total population of 42,943. The male population comprises 20,994

PSYCHOCARE
Journal Of Community Service
https://ejurnal.mercubuana-yogya.ac.id/index.php/Psychocare/index
VOL. 1. No. 1 Juli 2025, 21-30

individuals, while the female population consists of 21,949 individuals. The population density of Kapanewon Sedayu is 1,249.80 people/km². Most residents of Kapanewon Sedayu work as farmers. According to the monographic data of Kapanewon Sedayu, 10,539 residents, or 24.5% of the total population, are employed in the agricultural sector.

The population density in Kapanewon Sedayu is balanced by the availability of health services. There are primary health care facilities in Kapanewon Sedayu, namely the Integrated Service Unit (UPT) Community Health Centers (Puskesmas) Sedayu I and II. As service units, these centers provide a variety of health services, including general medical examinations, emergency care, maternal and child health (MCH) and family planning services, immunization, laboratory tests, physiotherapy, consultations (nutrition, environmental health, and health promotion), dental and oral examinations, as well as pharmacy services. This indicates that physical health services have been adequately addressed. However, with only one psychologist practicing at the Sedayu Community Health Center, counseling services and psychological support may not be sufficient to meet the growing needs of residents in order to improve the overall well-being of the Kapanewon Sedayu community.

According to information from https://kec-sedayu.bantulkab.go.id, in 2023, social issues in Kapanewon Sedayu were related to child protection problems, youth fights, and domestic violence. Meanwhile, based on the governance mapping of Kapanewon Sedayu in 2024, various issues were identified, including deviant behaviors, hopelessness, vulnerability to depression, and concerns regarding the presence of people with mental disorders (ODGJ). These conditions are closely associated with the stigmatization of individuals with mental disorders by the community.

Not all individuals are born and live in perfect conditions. Vulnerabilities and life stressors can lead a person to experience mental disability or mental disorders. According to Yosep (2007), mental disorders are disturbances in the processes of thinking (cognitive), feeling (affective), and behavior (psychomotor). In line with Yosep (2007), mental disorders are defined as psychological conditions or patterns of behavior exhibited by an individual that cause distress, reduce quality of life, and result in psychological dysfunction (Stuart, 2013). Furthermore, Keliat (2011) states that mental disorders are clinically significant patterns of behavior and syndromes associated with suffering, distress, and impairments in one or more aspects of human functioning. Therefore, mental disorders represent an abnormal condition in thought processes, emotions, and behaviors that result in suffering, limitations, and reduced quality of life for affected individuals.

These abnormal conditions and limitations cause people with mental disorders (ODGJ) to experience negative evaluations and views, or stigma, from the community. Stigma is defined as a negative attribute attached to an individual due to environmental influences (KBBI, 2014). Stigma is also described as a negative belief held by individuals that serves as a basis for injustice toward a particular group (Merriam-Webster, 2019). Goffman (1963) identified three types of stigma

PSYCHOCARE
Journal Of Community Service
https://ejurnal.mercubuana-yogya.ac.id/index.php/Psychocare/index
VOL. 1. No. 1 Juli 2025, 21-30

imposed on individuals: (1) stigma related to physical deformities, (2) stigma related to character flaws (e.g., homosexuality), and (3) stigma associated with race, ethnicity, and religion.

Cross-sector institutions in Kapanewon Sedayu have carried out coordination and interventions by involving community health center (Puskesmas) staff, military village supervisory officers (Babinsa), police community security officers (Babinkamtibmas), and social workers in efforts to address these issues. Nevertheless, Kapanewon Sedayu continues to face difficulties in overcoming these social problems due to the limited number of psychologists available at the primary health care facilities in Puskesmas Sedayu.

The increasing prevalence of mental disorders in Indonesia, particularly in the Special Region of Yogyakarta, highlights the urgent need for programs to address community stigma. Indonesia has a prevalence rate of approximately 1 in 5 people, meaning around 20% of the population is at risk of developing mental health problems (Riskesdas, 2013). In 2016, the number of severe mental disorder cases in the Special Region of Yogyakarta was recorded at 12,322 individuals. This condition is further supported by the results of a Focus Group Discussion (FGD) in Kapanewon Sedayu, which revealed an increase in the number of people with mental disorders (ODGJ), while community members were still unable to recognize them adequately due to stigma toward the symptoms displayed by ODGJ. Therefore, as part of mental health support in Kapanewon Sedayu, stakeholders (prospective mental health cadres) play an important role in addressing the stigma against ODGJ. Psychoeducation is thus needed to reduce stigma and improve management, as well as to enable early detection of mental health problems.

Sources of Information	Expectations	Reality	Causes	Intervention
• Mental health cadres in Kapanewon Sedayu, Bantul • Kapanewon Sedayu • Mental health program officers at Sedayu Community Health Center, Bantul • Mental health program officers of	• The community understands the condition of people with mental disorders (ODGJ) and minimizes stigmatization • The establishment of a mental disorder management pathway in Sedayu	The community, as a stakeholder, has limited understanding of its role in managing people with mental disorders (ODGJ)	The symptoms experienced by people with mental disorders (ODGJ) have led stakeholders to have limited understanding of how to manage them	• Psychoeducation on mental disorders and their management • Establishment of a management pathway for people with mental disorders (ODGJ) in Sedayu

PSYCHOCARE
Journal Of Community Service
https://ejurnal.mercubuana-yogya.ac.id/index.php/Psychocare/index
VOL. 1. No. 1 Juli 2025, 21-30

Kapanewon Sedayu • Families of people with mental disorders (ODGJ) in Sedayu, Bantul				

Method

The SEHATI AYU program for the residents of Kapanewon Sedayu was attended by all stakeholders of Kapanewon Sedayu. The program was implemented in stages using an approach designed to address mental health issues, particularly the stigma surrounding mental disorders, through three agreed phases: (1) coordination and program socialization, (2) application of science and technology (IPTEK), and (3) enhancement of understanding and competence.

Coordination was carried out at the beginning and followed by Focus Group Discussions (FGDs) to identify key issues in Kapanewon Sedayu. The SEHATI AYU program was then socialized to the Kapanewon Sedayu community. The application of science and technology was delivered by resource persons during the program through psychoeducation sessions, covering several planned topics. At this stage, the development of psychoeducation modules and a mental disorder management pathway were jointly compiled into a pocketbook. Additionally, psychoeducation sessions were provided as a collaborative effort between the international service team (UPSI) and the UMBY service team. The enhancement of understanding was carried out by providing materials tailored to community needs, including mental disorders, management strategies, and early detection of mental disorders.

Evaluation and monitoring were conducted at the beginning, middle, and end of the program. The initial evaluation assessed participants' understanding of mental health and included mental disorder screening. The purpose of this early evaluation was to determine the initial effectiveness of the program. Midterm evaluation was conducted to assess progress and identify possible improvements. The final evaluation was conducted to measure the overall success of the program. Overall, program success was indicated by two parameters: (1) increased understanding of mental health and (2) improved competence in early detection of mental disorders as a primary intervention in mental health problems. As a follow-up plan (RTA) from the evaluation process, the final session included the proposal for establishing mental health cadres. Cadres are defined as individuals who, due to their skills and competencies, are appointed, selected, or assigned to take an active role in activities and guidance within their community (Dinkes, 2013).

PSYCHOCARE
Journal Of Community Service
https://ejurnal.mercubuana-yogya.ac.id/index.php/Psychocare/index
VOL. 1. No. 1 Juli 2025, 21-30

The SEHATI AYU program included the following steps: (1) mental health pretest or screening, (2) Focus Group Discussion (FGD), (3) psychoeducation on mental health, (4) development of a mental disorder management pathway, (5) proposal for establishing mental health cadres in Kapanewon Sedayu, and (6) mental health posttest.

Result and Discussion

The implementation of the SEHATI AYU psychoeducation program for community members selected as prospective mental health cadres was conducted twice, namely on Saturday, June 15, 2024, at the Sedayu Subdistrict Hall, Bantul, and on Saturday, June 24, 2024, at the seminar room of the Rectorate, Universitas Mercu Buana Yogyakarta. The psychoeducation sessions began with opening remarks delivered by the *Panewu* of Sedayu Subdistrict and the Dean of the Faculty of Psychology, Universitas Mercu Buana Yogyakarta.

The first session featured an online presentation by Prof. Mohammad Aziz Shah, who provided information on the meaning of mental health and general indicators for identifying individuals experiencing mental health problems. The second session was delivered in person by Aditya Putra Kurniawan, S.Psi., MSH Counseling, who explained the types and symptoms of mental disorders, as well as strategies for prevention and management. The third session was conducted by Martaria Rizky Rinaldi, M.Psi., Psychologist.

The following is documentation of the SEHATI AYU psychoeducation process that has been carried out:

Figure 1. Implementation of SEHATI AYU Psychoeducation 1

PSYCHOCARE
Journal Of Community Service
https://ejurnal.mercubuana-yogya.ac.id/index.php/Psychocare/index
VOL. 1. No. 1 Juli 2025, 21-30

Figure 2. The second implementation of SEHATI AYU psychoeducation

A total of 22 participants attended the SEHATI AYU psychoeducation sessions, all of whom were female. These 22 participants completed both the pretest and posttest, the results of which are presented in Figure 3.

The descriptive analysis showed an increase in participants' scores after the program. In the pretest stage, the mean score was 57.27 with a median of 60, a standard deviation of 26.40, a minimum score of 0, and a maximum score of 100. In the posttest stage, the mean score increased to 78.18 with a median of 80, a standard deviation of 25.38, a minimum score of 20, and a maximum score of 100. These findings indicate that most participants experienced an improvement in their abilities, as reflected in the upward shift of the mean and median values from pretest to posttest. Thus, the program can be considered to have had a positive impact on participants' outcomes.

PSYCHOCARE
Journal Of Community Service
https://ejurnal.mercubuana-yogya.ac.id/index.php/Psychocare/index
VOL. 1. No. 1 Juli 2025, 21-30

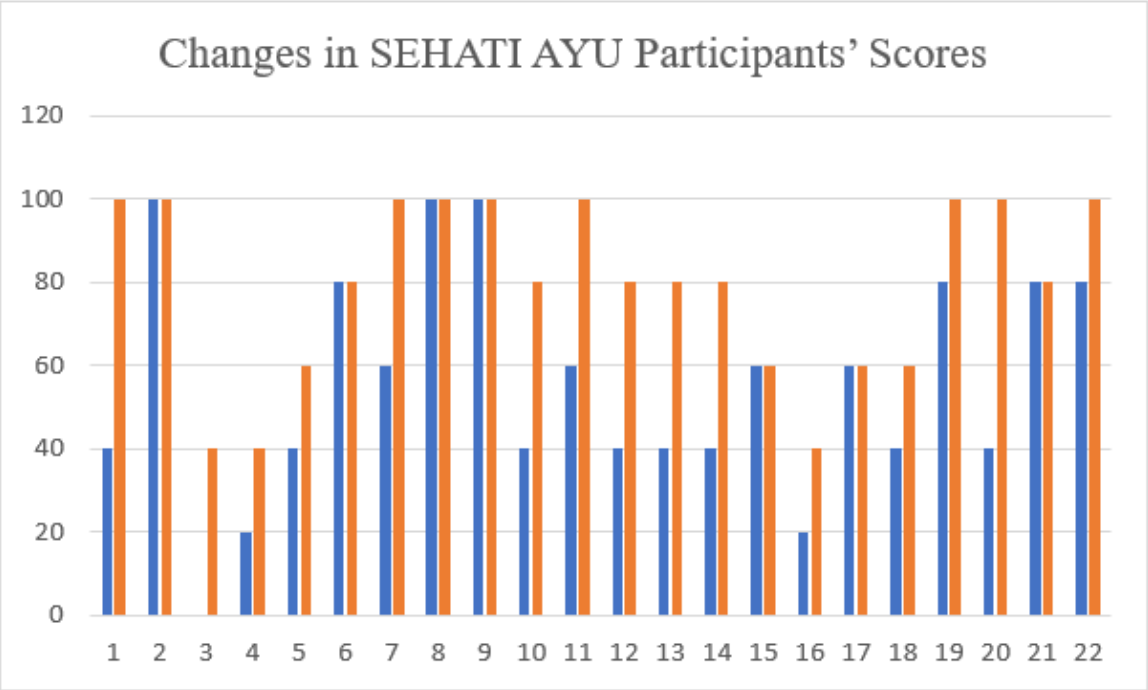

Figure 3. Changes in SEHATI AYU participants' scores

Table 1. Wilcoxon Signed-Rank Results of Pretest and Posttest

Ranks				
		N	Mean Rank	Sum of Ranks
postest - pretest	Negative Ranks	0[a]	.00	.00
	Positive Ranks	15[b]	8.00	120.00
	Ties	7[c]		
	Total	22		

Table 2. Wilcoxon Test Statistics of Pretest and Posttest

Test Statistics[a]	
	postest - pretest
Z	-3.473[b]
Asymp. Sig. (2-tailed)	.001

The difference in posttest–pretest scores, along with the significance value of 0.001 < 0.05, indicates that there was an improvement in mental health

PSYCHOCARE
Journal Of Community Service
https://ejurnal.mercubuana-yogya.ac.id/index.php/Psychocare/index
VOL. 1. No. 1 Juli 2025, 21-30

understanding before and after the psychoeducation intervention in the SEHATI AYU program.

The community demonstrated an understanding of mental disorders, their causes, and their management (as evidenced by the pretest–posttest results). Specifically: (1) participants understood the general definition of mental health, mental health across developmental stages, and factors contributing to mental disorders; (2) participants understood the definition, types, and symptoms of mental disorders; (3) participants understood strategies for preventing and managing mental disorders; (4) participants were motivated to be more sensitive and caring toward their own condition and the surrounding environment, (5) Participants understood and recognized the definition, roles, and skills required of mental health cadres to conduct early detection of mental disorders within the SEHATI AYU program, (6) Participants understood the classification of mental disorder zones and learned how to conduct early detection using the *Early Detection of Mental Disorders* booklet, (7) Participants understood and recognized the actions and interventions that can be provided when facing problems and symptoms of mental disorders, and (8) Participants understood and recognized the workflow involved in addressing mental health problems.

Psychosocial interventions aim to strengthen protective factors and reduce stressors. Forms of psychoeducation include the dissemination of information or issues related to mental health, reducing social stigma, and improving caregiver skills (Sari Dewi, 2012). In this context, the SEHATI AYU program was carried out in collaboration with local stakeholders, including mental health cadres, community health centers (Puskesmas), the local police (Polsek), and the local military command (Koramil). This program emphasized efforts to improve the quality of life of the community, particularly in relation to mental health. Similar findings were reported in community service programs conducted by Harun et al. (2023), in which mental health counseling increased community knowledge and reduced negative stigma toward individuals with mental disorders. Likewise, the community service program by Kumala Dewi et al. (2023), which provided mental health education in Merangsan Lor Village, successfully increased residents' knowledge about mental health by up to 88%.

Conclusion

The SEHATI AYU psychoeducation program successfully improved community understanding of mental disorders, their management, and early detection efforts in Kapanewon Sedayu. This program also fostered stakeholder involvement in disseminating mental health knowledge and served as an initial step toward the establishment of mental health cadres within village communities. In the long term, such initiatives are expected to strengthen preventive and promotive strategies for mental health care, thereby contributing to the overall well-being and quality of life of rural communities.

PSYCHOCARE
Journal Of Community Service
https://ejurnal.mercubuana-yogya.ac.id/index.php/Psychocare/index
VOL. 1. No. 1 Juli 2025, 21-30

Recommendations

The SEHATI AYU program has been shown to improve knowledge about mental health and reduce stigma toward people with mental disorders (ODGJ). All stakeholders who have participated in the program are expected to disseminate this knowledge to those around them and to implement it effectively. It is hoped that these benefits will be experienced by the wider community; therefore, similar programs may be implemented in other *kapanewon* in the future.

Acknowledgements

We would like to express our deepest gratitude to the team for their excellent cooperation during the planning, implementation, and evaluation stages. In addition, we extend our appreciation to all parties involved, including Kapanewon Sedayu for facilitating this community service activity, as well as to the residents and all stakeholders who willingly participated in the SEHATI AYU program.

References

Basmalah, Harun, et al (2023). *Penyuluhan Kesehatan Jiwa Untuk Meningkatka Pengetahuan Masyarakat Tentang Masalah Kesehatan Jiwa di Lingkunga Sekitar*. Jurnal Pengabdian Bidang Kesehatan Vol. 1 No. 2 Juni 2023.

Dinkes. (2013). *Pedoman kader kesehatan jiwa*. Kementerian Kesehatan Republi Indonesia.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Prentice Hall.

Harun, A., et al. (2023). Mental health counseling as community service to reduc stigma and increase knowledge. *[Journal/Proceedings name]*. [Lengkapi deta publikasi].

Keliat, B. A. (2011). *Keperawatan kesehatan jiwa komunitas: CMHN (Communit Mental Health Nursing)*. Jakarta: EGC.

Kumala Dewi, Marita et al. (2023). *Edukasi Mengenal Kesehatan Jiwa Masyarak Di Kampung Mergangsan Lor Kelurahan Wirogunan Yogyakarta*. Jurna Kreativitas Pengabdian Kepada Masyarakat (Pkm). Volume 6 Nomor 9 Tahu 2023.

Merriam-Webster. (2019). Stigma. In Merriam-Webster.com dictionary. Retrieve from https://www.merriam-webster.com

Riskesdas. (2013). Riset kesehatan dasar 2013. Badan Penelitian dan Pengembanga Kesehatan, Kementerian Kesehatan Republik Indonesia.

Sari Dewi, Kartika. (2012). *Buku Ajar Kesehatan Mental*. Lembaga Pengembanga dan Penjaminn Mutu Pendidikan Universitas Diponegoro Semarang

Stuart, G. W. (2013). Principles and practice of psychiatric nursing (10th ed.) Elsevier.

Yosep, I. (2007). Keperawatan jiwa. Bandung: Refika Aditama.

Kamus Besar Bahasa Indonesia (KBBI). (2014). Stigma. Jakarta: Bada Pengembangan dan Pembinaan Bahasa, Kementerian Pendidikan da Kebudayaan Republik Indonesia.

PSYCHOCARE
Journal Of Community Service
https://ejurnal.mercubuana-yogya.ac.id/index.php/Psychocare/index
VOL. 1. No. 1 Juli 2025, 21-30

Government of Bantul Regency. (2023). Profil dan isu sosial Kapanewon Sedayu. Retrieved from https://kec-sedayu.bantulkab.go.id