

# PSYCHOLOGISTS' ROLE IN MENTAL HEALTH PROMOTION PROGRAM AT PUBLIC HEALTH CENTRE

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## ABSTRACT

**Introduction:** One of the initiations in Daerah Istimewa Yogyakarta is related to mental health workers who are expected to conduct mental health efforts, including optimal optimization promotive efforts through the placement of psychologists in Public Health Centre. Purpose of the study was to analyze psychologists' roles in mental health promotion programs at Public Health Centre in Sleman District. **Methods:** This was case study approach in qualitative study. Data collection through indepth interviews and focus group discussions were conducted with 32 informants selected by purposive sampling from two Public Health Centres in Sleman District based on extreme cases. Thematic analysis was performed considering four aspects of Normalization Process Theory. **Result:** Analysis results from psychologists' roles in mental health promotion program at Public Health Centre based on the Normalization Process Theory included, (1) coherence: a difference was observed with the presence of psychologists in the education system, community, and mental health services, (2) cognitive participation: participants were involved from inside and outside of Public Health Centre, (3) collective action: there was coordination between psychologists with cross-profession to promote mental health (4) reflexive monitoring: there were internal and external assessments of psychologists' roles. **Conclusion:** The conclusion of this study is psychologists played their roles in mental health promotion programs such as communication, giving information, and education.

**Keywords:** mental health promotion program, Normalization Process Theory, Public Health Centre, psychologists' role

## INTRODUCTION

Due to the definition of health by World Health Organization related to mental health is an integral part of health, mental health is more than the absence of illness, and mental health is intimately connected with physical health and behaviour. The promotion of mental health is the effort to prevent of mental disorders and to encourage the treatment and rehabilitation of people with mental illnesses and disabilities. Like health promotion, mental health promotion involves actions that support people to adopt and maintain healthy lifestyles and

which create supportive living conditions or environments for health (WHO et al., 2004). Therefore, mental health including mental health promotion is an important thing.

Global conditions showed that mortality and disability rate were higher in mental health disorders' people (WHO, 2013). Public Health Center (PHC) as primary health care in community also face various mental health problems. Based on the preliminary studies, mental health problems that found in PHC especially in Sleman District such as depression, schizophrenia, psychosomatic, anxiety,

bullying, suicide, frustrated, stress, sleep disturbance, drug use, etc.

Indonesia showed that the prevalence rate of family members with schizophrenia/psychosis is about 7.0/mile and the prevalence rate of emotional mental disorders is 9.8% in 2018 (Ministry of Health, 2018). Daerah Istimewa Yogyakarta (DIY) was a province that has the highest prevalence rate of severe mental disorders in 2013 and the second-highest of prevalence rate of schizophrenia/psychosis in 2018 (Ministry of Health, 2013; Ministry of Health, 2018).

WHO and Wonca (2008) were initiated the implementation of mental health promotive and preventive efforts by integrating mental health into primary health care. Related to the context of Indonesia, the primary health care form is a PHC. Therefore, mental health professionals such as psychologists in PHC are needed. The screening and assessment services provided by psychologists are key to detecting and identifying patients' mental health problems, and psychologists are trained to help patients develop coping strategies and healthy behaviors, which promote and maintain both mental and physical health including in PHC (APA, 2014). Besides, psychologists have a role in the behavioural education of patients, families, and the functioning of the community's mental health care (Isfandari et al., 2012).

One of the initiations in DIY is related to mental health workers who are expected to conduct mental health efforts, including optimal optimization promotive efforts through the placement of psychologists in PHC. Cooperation between the Psychology Faculty in Universitas Gadjah Mada with Health Office of Sleman (Dinas Kesehatan Kabupaten Sleman) is managed to place one psychologist in each PHC in Sleman District comprehensively since 2004 (CPMH, 2015).

Evaluation of psychologists' role in PHC of Sleman District has been conducted

by the Ministry of Health, which showed that psychologists did not know the basic service of PHC comprehensively, so it inhibits the psychologists' role optimally (Ministry of Health, 2011). On the other hand, community and other professions working in PHC were not easy to accept psychologists due to a lack of understanding of psychologist's tasks and skills (Setiyawati & Subandi, 2019). While, according to the Health Profile of Sleman District in 2018 from the Health Agency of Sleman District (2018), it is known that psychologist visits in 2017 reaching 88% (231 persons per month) exceed the specified target of about 73% (110 persons per month).

However, there was insufficient monitoring and evaluation of psychologists' performance in mental health promotion programs at PHC of Sleman District, that data was very important to improve policy consideration to scale up this program at the national level. This study was expected to provide a comprehensive current overview about it. The study aimed to analyze psychologists' role in mental health promotion programs in the PHC of Sleman District based on four aspects of NPT.

One theory that can be used in this implementation research was Normalization Process Theory (NPT). NPT is useful for evaluating and understanding the implementation process specifically according to the context (Gillespie *et al.*, 2018; (C. R. May et al., 2018). This theory has been used to gather information about the implementation of broad and complex policies related to implications for related professions and service systems in the health context (C. R. May et al., 2018).

NPT theory is not prescriptive or rigid, so it is more flexible and dynamic in its use. Besides, this theory is quite complex because it can lead to a combination of practical and analytical aspects in viewing the implementation process (C. May & Finch, 2009). components in this theory can also be used as a reference to see the normalization of psychologists' existence in

the mental health promotion programs' implementation of at PHC (Gask et al., 2008).

**METHODS**

The study was located in the PHC of Sleman District, with two main locations that were A and B PHC. The study was conducted from February – April of 2019. The population of this study was the participant involved in the implementation of mental health promotion efforts in 25 PHCs in Sleman District. PHC was selected as the location of this study using extreme cases based on data of psychologist visits in 2018 (Palinkas *et al.*, 2015). Thus, two PHCs were obtained, namely A and B PHC. Besides, the selection of informants was conducted in purposive sampling by considering the parties involved and the information held about mental health promotion efforts at PHC (Creswell, 2014).

The informants were derived from the policymaker, program implementers, and program recipients (Peters, Tran and Adam, 2013; Widiyanto, 2015). In this study, policymaker was from the Health Office of Sleman. Besides, program implementers were the head of PHC and psychologist. While program recipients were consist of mental health cadres and local community. Total informants are 32 persons. In addition to the data, one focus group discussion was conducted with eight psychologists from other PHCs (excluded A and B PHC).

**Table 1.** Classification of Informants.

Background	Position	Informant (Person)
Policymaker	Staff of Health Office of Sleman District	1
Program implementer	Head of PHC (A & B)	2
	Psychologist	10
Program Recipient	Cadre of mental health program	10

Background	Position	Informant (Person)
	Local community	9
Total of informats		32

It used a qualitative method with a case study design that refers to the real conditions which occurred according to the case context (Creswell, 2014; Yin, 2013). Data collection was done in two ways, i.e. in-depth interviews with one policymaker, two heads of PHCs, and two psychologists as the main informants of this study. Focus group discussion to eight psychologists outside the main informants, ten mental health cadres, and nine local communities for supporting and clarifying the data. Meanwhile, the instrument was using in-depth interview guidelines (Creswell, 2014; May and Finch, 2009; May *et al.*, 2015) and also focus group discussion (FGD) guidelines (Rietbergen-mccracken and Narayan, 1998; Creswell, 2016) about psychologists' role in mental health promotion program that conducted based on four aspects of NPT.

Ethics committee approval published by medical and health research ethics committee (MHREC) for this study with the number KE/FK/0208/EC/2019. Informed consent has been distributed and agreed upon by all informants. Data trustworthiness ensured by i.e.: (1) informant triangulation with various participants or using data sources triangulation (Saryono & Anggraeni, 2011) i.e. informant from policymaker, program implementers, and program recipients; (2) data collection, review, and analysis did by the researcher by self; and (3) some of the informant quotations were listed in this paper to support the authenticity of the study (Cope, 2014).

It used thematic analysis with a descriptive approach (Braun & Clarke, 2006) and it was an iterative process (Saryono & Anggraeni, 2011). The analysis began with preparing and organizing the

data according to the analysis unit; reading the data comprehensively as the basis of making code; creating the code, categorizing, and structuring the theme; describing the code results according to the theme and ensuring it; presenting the information according to the theme in narrative form with quotes, and interpreting the data (Creswell, 2014; Saryono and Anggraeni, 2011; Braun and Clarke, 2006). Data conformity ensured by using qualitative analysis software was Open Code 3-6 version.

The study's theme was based on the NPT consists of coherence, collective action, cognitive participation, and reflexive monitoring of psychologists' role in mental health promotion program in PHC of Sleman District. NPT is used in this study because it can be used in qualitative analysis with various kinds of interventions due to the high stable construct for various settings. This theory can be used to explain and guide the implementation process and also assist in drafting recommendations for improved implementation (McEvoy et al., 2014).

Detail explanation about the theme was: (1) coherence consists of differences in mental health promotion program with presence of psychologists, understanding the role of psychologists, and urgency of psychologists' role in mental health promotion program; (2) cognitive participation includes enrollment of participants involved with psychologist, each participants' contribution related to psychologists' role, and an agreement between psychologist and participants involved related to procedure in mental health promotion program; (3) collective action includes the rule related to the role of psychologists, unification of psychologists' role with the condition of PHC, cooperation between psychologist with participants involved, and the tasks distribution of participants involved including psychologist in mental health promotion program; and (4) reflexive monitoring consists of suggestion to improve the

psychologists' role, assessment of the output of psychologists' role, and assessment of benefits and effectiveness of the psychologists' role in mental health promotion program.

## RESULT

Based on the results of the checklist document, here are some mental health promotive programs that have been implemented as well as excellent programs in the work area of PHC A, displayed in the following table.

**Table 2.** Mental health program in A PHC.

<b>Feature d Programs</b>	<b>Desa Siaga Sehat Jiwa (DSSJ)</b>	<b>Sahdu Sehati (Sekolah Peduli Kesehatan Jiwa)</b>
Program Description	Forming a mental health cadre to detect its citizens who have mental health problems.	Forming a mental health cadre in school so the school has the mental health awareness.
Funding	Yes	Yes
Planning	Yes	Yes
Progress Report	Yes	Yes
Program Scope	Community	Community
Program Management	Coordination	Coordination
Focus of Program	-Mental health awareness /anti-stigma -Suicide prevention	School-based mental health promotion

Feature d Programs	Desa Siaga Sehat Jiwa (DSSJ)	Sahdu Sehati (Sekolah Peduli Kesehatan Jiwa)
	-Parents' health promotion	

A PHC had also held a program called Posyandu ODGJ (*Orang dengan Gangguan Jiwa* or People with Mental Health Problem) which was filled with one of the training activities to make or increase skills for mental disorders' people. An example of a training activity that had been carried out was making salted eggs.

**Table 3.** Mental health program in B PHC.

Feature d Programs	Penyuluhan Kesehatan Jiwa	JIGO 25 ( <i>Jiwo lan rogo aku dan kamu peduli sesama</i> )
Program Description	Providing information about importance of mental health for all ages. Besides, giving information about the type of mental disorder along with its symptoms and characteristics.	Psychic assistance in people with mental disorders.
Funding	Yes	Yes
Plannin	Yes	Yes

Feature d Programs	Penyuluhan Kesehatan Jiwa	JIGO 25 ( <i>Jiwo lan rogo aku dan kamu peduli sesama</i> )
Progress Report	Yes	Yes
Program Scope	Community and Regency	Regency
Program Management	Coordination	Coordination
Focus of Program	Mental health awareness / anti-stigma / safeguardin g human rights	Anti-stigma / safeguardin g rights human rights

In addition, in B PHC there was counseling on children's growth and development. It was done to optimize the growth and development of children's age. This program was also done in schools for teachers to monitor the growth and development of their students.

Community access to psychological services in A PHC was relatively easier compared to B PHC because there were mental health cadres in all villages of A PHC, while in B PHC still focused on one village. Cadres in A PHC were more evenly distributed and easy to reach the community in the working area of PHC. Cadres Were involved in activities related to mental health promotion programs both of A and B PHC. This is influenced by the geographical condition of the PHC's work area which in this case A PHC is relatively easier to reach by the community, while in B PHC there are hills that inhibit the community to access psychological services in PHC.

### The coherence

Table 4. bellow refer to the coherence of psychologists' role in the mental health promotion program.

**Table 4.** The coherence of psychologists' role in the mental health promotion program.

Components of coherence	Quotations
Differentiation	"Moreover, we already had a psychologist in each of 25 PHC, do not let people with severe mental disorders with stigmatized" (policy-maker)
Communal specification	"When the patient needs a drug or runs out of drugs or anything, please to be asked me (psychologist) in Whatsapp personally" (4 <sup>th</sup> -cadre)
Individual specification	"Sometimes had a psychologist to speak in an elderly forum" (head of B PHC)
Internalization	"Prepare the community to people with mental disorders who come home (already cured)" (psychologist of B PHC)

There was a perceived difference with the presence of a psychologist in PHC on mental health promotion programs by individual or communal. The psychologist was contributing to education, community visits, coordination, and services related to mental health in PHC. Besides, the urgency of psychologists' role was having a strong influence in the community, providing comprehensive services, and giving information about mental health.

### The cognitive participation

This section explain about cognitive participation of psychologists' role in the mental health promotion program. According to the informant, there were various participants involved in mental health promotion program in PHC both

from cross-profession such as general practitioners, mental nurses, health promoters, nutritionists, midwives, etc. and cross-sectors such as village officials and sub-district officials, social office, police, non-governmental organization, etc.

**Table 5.** The cognitive participation of psychologists' role in the mental health promotion program.

Components of cognitive participation	Quotations
Enrollment	"Village official, parents, society, cadres also" (3 <sup>rd</sup> -cadre)
Activation	"So, the coordination meeting of cadres" (4 <sup>th</sup> -community representative)
Initiation	"There is technical guidance" (for psychologists) (policy-maker)
Legitimation	"So, there is the plan of action of each program" (head of A PHC)

The role of program recipients were cadres coordinating with a psychologist, assisting program implementation, approaching patients, making patients' reports, applying for funding, attending the training, and police join to accompany the patients' treatment. Besides, the role of policymaker and program implementers were policymaker facilitate the capacity building of psychologists, psychologists have been conducting education and socialization about mental health, and PHC has involved the psychologist in inter-profession service. Besides, agreements between the psychologist and other participants were written form such as the term of reference (TOR) and plan of action (POA), as well as not written form such as compromising with other health workers and forum discussion with stakeholders.

**The collective action**

Collective action of psychologists' role in this case show in the table bellow.

**Table 5.** The collective action of psychologists' role in mental health promotion program.

<b>Components of collective action</b>	<b>Quotations</b>
Skillset workability	"Each psychologist has the same job description" (B PHC's psychologist)
Contextual integration	"We always hold (cross-sector) meeting every month routinely" (head of B PHC)
Interactional workability	"Then we (psychologists) doing community visiting tentatively" (8 <sup>th</sup> -psychologist)
Relational integration	"Usually, if we (psychologists) feel that community case needs the other professions, we will invite them to join home visit with us" (A PHC's psychologist)

There was coordination between psychologists and participants involved. The rule related to psychologist's roles, such as job descriptions and minimal service standards. Besides, the unification form of psychologists' role such as strengthening cadres' role, coordination with participants involved, and adapting with PHC conditions in program planning. Also, psychologists were already coordinated with internal and external participants in PHC and they build good communication. Task distributions of participants involved are each profession based on each competency, as well as each external participant based on potencies related to mental health problems.

**The reflexive monitoring**

Reflexive monitoring of psychologists' role in the mental health promotion program explain in this section. PHC was used assessing cadres' performance, assessing the change of patients with mental health problems, analyzing the psychologist's performance and psychologist's visit, and hearing cross-sector responses in health office forum.

**Table 6.** The reflexive monitoring of psychologists' role in the mental health promotion program.

<b>Components of reflexing monitoring</b>	<b>Quotations</b>
Reconfiguration	"(Psychologists) need more communication, need to meet and to share each other" (4 <sup>th</sup> -psychologist)
Communal appraisal	"Psychological role evaluation..from the (change of) patient itself" (9 <sup>th</sup> -cadre)
Individual appraisal	"From PHC there is a monthly report" (psychologist of A PHC)
Systematization	"Oh very helpful and we are good in coordination" (policy-maker)

Advice to improve the psychologists' role was an initiation of implementer team of mental health community at PHC level, the addition of psychologist quantity in PHC, intensive communication among psychologists, routine reporting of the psychological service, optimization of technical guidance for psychologists, and optimization of media about mental health. Besides, the usefulness of psychologists' role were socialization about mental health, data collection of problems in mental health, and contribution in decreasing the rate of mental health cases.

## DISCUSSION

This study showed several findings related to psychologists' role in mental health promotion program at PHC. A and B PHC were have and done mental health promotive program such as *Desa Siaga Sehat Jiwa*, *pSahdu Sehati*, *Penyuluhan Kesehatan Jiwa*, and *JIGO 25*. The psychologists' role in A and B PHC either the other PHC in Sleman were have the coherence, cognitive participation, collective action, and reflexive monitoring related to mental health promotion programs.

Differences that felt by informant related to psychologists' role due to a psychologist can contribute to various levels of health services including primary health care (Seidl et al., 2019). Understanding of psychologists' role i.e. the role related to patients, society, and health care (Setiyawati et al., 2015). A psychologist should be prepared with various challenges both in internal and external PHC (Johnson & Marrero, 2016). The urgency of psychologists' role due to psychological assessment and intervention that affect the number of mental health problems (Tay et al., 2018).

Various community health workers (CHWs) can be involved in health efforts (Surjaningrum et al., 2018). Related to this mental health promotion program, it was needed the community collaboration to identify and overcome barriers of participation (Tynan, 2016). The involvement of health care professionals, social organizations, and stakeholders is required in mental health promotion programs (Supper et al., 2014). There has been an agreement between psychologists and participants involved both in writing such as TOR and POA as well as not written such as compromise with other health workers and discussion forum activities. Similarly, agreement is required in medical and mental health services (Kroenke & Unutzer, 2017).

Rules related to the role of psychologists at PHC like competencies of psychologists (McDanie et al., 2014). Integrating mental health services is one way that can be done to align psychologists' role in implementation of the mental health promotion program (Miller-Matero et al., 2018). Cooperation between government, health care service, and health funding providers has an impact on decreasing the risk of death and incidence of disease (Holt-Lunstad et al., 2017). Each participant has its functions ranging from planning to evaluation (Petersen et al., 2016).

Media of mental health promotion programs can be utilized for communication in delivering health messages (Bartholomew et al., 2006). Training can develop a psychologist's competence in mental health services (McConville et al., 2017). One of the competencies that a psychologist should have is to evaluate the achievement of the program (Setiyawati et al., 2015; McDanie et al., 2014). Also, there is a performance evaluation of psychologists. Similarly, the assessment of the capacity of mental health officers in the USA has been conducted through skills assessment applied by mental health experts with several indicators (Jessica V et al., 2021). The benefit of psychologists' role felt in exploring one's psychological potential related to improving the quality of life (Gupta et al., 2019).

Coherence aspect from psychologists' role in mental health promotive program show that there are mental health promotion program in A and B PHC, mental health education and community visits in working area of the PHC, mental health coordination and services in both of PHCs, and than psychologist' giving influence, service, and information about the mental health in PHC.

The cognitive participation of the psychologist in PHC related to the mental health promotive program such as there are participation from internal and external

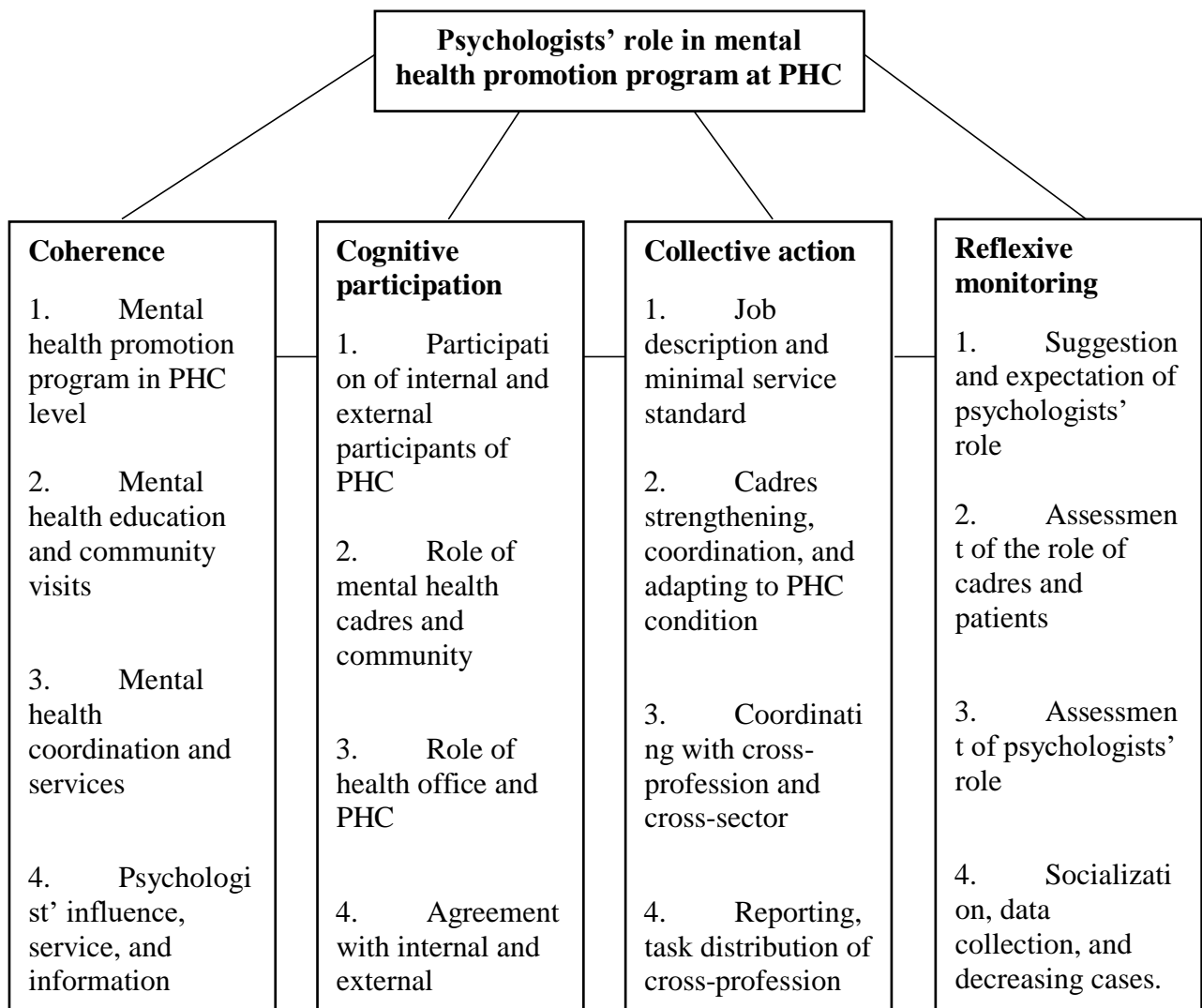


participants of the PHC, mental health cadres and community contribution, the role of health office and PHC, and also there is an agreement with internal and external participants of PHC.

Besides, related to collective action of psychologists' role in mental health promotive program are job description and minimal service standard in PHC, cadres strengthening, coordination, and adapting to the PHC condition, there is coordinating with cross-profession and cross-sector to realize the promotive program of mental health, and there is the reporting and task distribution of cross-profession and cross-sector in the program.

The reflexive monitoring aspect show that there is the suggestion and expectation of psychologists' role, assessment of the role of cadres and patients with mental health problem, assessment of psychologists' role, and socialization, data collection, and decreasing cases.

Based on the results, the figure below describes psychologists' role in mental health promotion comprehensively based on the NPT components at PHC in Sleman District including A and B PHC.



**Figure1.** Psychologists' role on mental health promotion program in PHC based on NPT.

The implications of this study are given a description and being reference related to psychologists' role in mental health promotion program at PHC based on the NPT. Integrating healthcare providers or professions is necessary for primary health services (Hall et al., 2015). NPT can provide explanations on some aspects of psychologists' role in mental health promotion efforts (Nilsen, 2015). Besides, practically, this study is one of PHC analysis due to psychologists' achievements in mental health promotion program all this time especially in Sleman District related to the policy of psychologist placement at PHC.

The strength of this study is to take a fairly varied data source from policymaker, program implementer, and program recipient. In addition, this study is implementation research, so as to know the current real conditions. Meanwhile, the weakness of this study is that the main research location is only in two PHCs. So, it can't describe the conditions in Sleman District comprehensively, but explain the role of psychologists in mental health promotion programs in accordance with the context on their respective PHCs.

## CONCLUSIONS

Psychologists providing education, community visits, and services related to mental health promotion programs in PHC. There was participation from internal and external of PHC. Besides, there was a coordination of psychologists in cross-profession and cross-sector in PHC. Assessment of a psychologist is coming from internal or external of PHC. Meanwhile, the suggestions based on this study i.e. (1) The Health Office of Sleman District can initiate the addition of psychologists in PHC, increase the interpersonal communication of psychologists, and upgrading knowledge of psychologists; (2) The PHC of Sleman District can initiate a mental health forum; (3) The psychologist can optimize the

ability in technical training and follow the other seminar and training; (4) The community can maximize psychological services. 5. Other researchers can continue this study with more variation of informants, or do the same study in another location.

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