

MENTAL HEALTH SERVICES INNOVATION PROCESS THROUGH “ DESA SIAGA SEHAT Jiwa”

(Case Study at Bantur Health Center Malang Regency)

UNDERGRADUATE THESIS

**An Undergraduate Thesis Submitted for Bachelor Degree of
Public Administration**

Faculty of Administrative Science University of Brawijaya

ELSA MARGA RETNA

SID. 135030100111093



Supervisor :

Dr. Sujarwoto S.IP, M.Si, M.PA

UNIVERSITY OF BRAWIJAYA

FACULTY OF ADMINISTRATIVE SCIENCE

PUBLIC ADMINISTRATION DEPARTMENT

MALANG

2017

MOTTO

Al-Baqarah letter, verse 186

وَإِذَا سَأَلَكَ عِبَادِي عَنِّي فَإِنِّي قَرِيبٌ ۖ أُجِيبُ دَعْوَةَ الدَّاعِ
إِذَا دَعَانِ ۖ فَلْيَسْتَجِيبُوا لِي وَلْيُؤْمِنُوا بِي لَعَلَّهُمْ يَرْشُدُونَ

“Dan apabila hamba-hamba-Ku bertanya kepadamu tentang Aku, maka (jawablah), bahwasanya Aku adalah dekat. Aku mengabulkan permohonan orang yang berdoa apabila ia memohon kepada-Ku, maka hendaklah mereka itu memenuhi (segala perintah-Ku) dan hendaklah mereka beriman kepada-Ku, agar mereka selalu berada dalam kebenaran.”



Elsa Marga Retna

A good things will side of people who earnest,
with prayer and best effort.

ENDORSEMENT SHEET OF UNDERGRADUATE THESIS


It has been preserved in front of Assembly of the Examiner thesis Faculty
of Administration Science University of Brawijaya, at :

Day : Tuesday
Date : April 25th 2017
Time : 08.00 am
Undergraduate Thesis by : Elsa Marga Retna
The Tittle : Mental Health Services Innovation Process
Through "Desa Siaga Sehat Jiwa" (Case Study
at Bantur Health Center)

And declared PASS

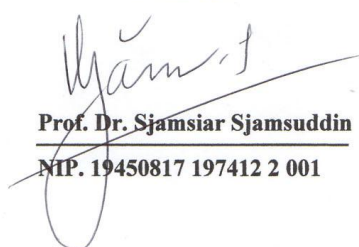
PANEL OF EXAMINER

The Chairman



Dr. Sujarwoto SIP, M.Si
NIP. 19750130 200312 1 002

The Member



Prof. Dr. Sjamsiar Sjamsuddin
NIP. 19450817 197412 2 001

The Member




Ali Maskur, S.AP., M.AP, MA
NIP. 19531222 198010 1 001

APPROVAL SHEET OF UNDERGRADUATE THESIS

Tittle : Mental Health Service Innovation Process Through
 “Desa Siaga Sehat Jiwa” (Case Study at Bantur Health
 Center)
 Staked by : Elsa Marga Retna
 SID : 135030100111093
 Faculty : Administrative Science
 Study Program : Public Administration
 Concentration : -

Malang, February 27th 2017

Supervising Lecturer



Dr. Sujarwoto SIP, M.Si
NIP. 19750130 200312 1 002

DECLARATION OF ORIGINALITY UNDERGRADUATE THESIS

I declare with truth all my knowledge, in this undergraduate thesis script which titled "Mental Health Service Innovation Through *Desa Siaga Sehat Jiwa* (Case Study at Bantur Health Center)" There is no scientific papers that has been proposed by other or opinion ever written by or published by other, except it has been cited in writing in this script and has been mentioned in the citation source and bibliography.

If it turns out in this script of undergraduate thesis is proven there are elements of plagiarism, I fell disposed this thesis is aborted and academic degree that I have gained (S-1) was canceled, and processed in accordance with the legislation force (Law Number 20 year 2003, article 25 paragraph 2 and article 70)

Malang, February 27th 2017



Elsa Marga Retna

NIM 135030100111093

DEDICATION SHEET

I dedicate this thesis to my wonderful people in my life :

Mr. Imam Supardi : *“Thank you dad, you are the best father to me for 18 years, even though you was left me first and put a lot of expectations from me. I will realize your dream to see me become independent and successful woman. I hope you proud to see me get fresh graduate. I love u father.”*

Mrs. Asringah : *“Mom, thankyou to your support for me. You always say to keep learning and don’t give up. Thank you for your prayers for me to be a success people. You can be independent parent to make me still continue my study. I love u Ibu.”*

Mr.Fendi and family, Mr.Agus and family : *“Thankyou brother you always give me motivation and to my nephew don’t be lazy to study. You become a second father to me. I love u brothers.”*

Mr.Ario M : *“Thankyou Ario for your motivation to me, you always come to Malang to give me spirit during your work. Thankyou for waiting me until four years. I can’t say anything. I hope you will be part of my family. Thankyou Ario”*

SUMMARY

Elsa Marga Retna , 2017, **Mental Health Services Innovation Through “Desa Siaga Sehat Jiwa” (Study Case at Bantur Health Center)**, Dr. Sujarwoto, S.IP., M.Si. 128 Hal + xv.

Community Mental Health Care (PerkesWaMas) is public services innovation in mental health services which have purpose to decrease the mental disorder through giving the health care to mental disorder in Bantur health center. PerkesWaMas is a mental health services innovation which made by Bantur health center Malang Regency. In short term this innovation can be expected to decrease total people with mental disorders, especially in Bantur district. In long term this innovation can be expected to become an example of those health centers to implement the public health services in mental health, especially health centers in the district of Malang. This study purposed to analyze the process of innovation PerkesWaMas and analyze the supporting and inhibiting factors of innovation PerkesWaMas in efforts to decrease the people with mental disorders in Bantur districts.

This research using single case study which used to describe and analyze the innovation process of PerkesWaMas in Bantur health center. Interviews were conducted with the leader of Bantur health center, initiators of innovation of PerkesWaMas Bantur health center, nurses in Bantur health centers, PerkesWaMas cadres, students of Brawijaya University that doing practice nurse program, and families of mental disorders in Bantur districts. Techniques explanation analysis of Yin (2009) to analysis case from the implementation process of innovation PerkesWaMas in Bantur health centers.

The result shows the process of innovation PerkesWaMas starting from identification of problems in the Bantur district, generating idea to resolve mental health problems in the Bantur district, developing proposals for be given to the Public Health Office Malang regency, implementation this innovation PerkesWaMas in the Bantur health center, evaluation of innovation PerkesWaMas in Bantur health centers, and the last is diffusing lessons of innovation PerkesWaMas in Bantur health center. All of process innovation PerkesWaMas has implemented properly and effectively. PerkesWaMas has changed the concept of individual clinic approach to individual family and environmental approach. Effectiveness of PerkesWaMas helps the people with mental disorders and the family for give treat and being healthy. PerkesWaMas helps the family of mental disorders to give personal treat to mental disorders. People with mental disorders also can be active without pressure from family and environment society.

Keywords: Innovation, Public Service, Health Services, Mental Health.

PREFACE

Praise of author toward Allah SWT, who has given grace and mercy therefore author could finish undergraduate thesis entitled “Mental Health Services Innovation through *Desa Siaga Sehat Jiwa* (Case Study at Bantur Health Center)”. This undergraduate thesis as the final exam proposed to fulfill the requirement for obtaining the undergraduate degree of Public Administration in Faculty of Administrative Science in University of Brawijaya. The author realized that this undergraduate thesis would not be possible Malang. Without help and support from several parties. Therefore, in this opportunity the author would like to thank the honorable:

1. Mr. Prof. Bambang Supriyono, MS, as Dean of Faculty Administrative Science, University of Brawijaya Malang;
2. Mr Dr. Choirul Saleh, Drs. M.Si as Head of Public Administration Department, Faculty of Administrative Science, University of Brawijaya Malang;
3. Mrs Lely Indah Mindarti, M.Si as Head of Public Administration Program Faculty of Administrative Science, University of Brawijaya Malang;
4. Mr. Dr. Sujarwoto, S.IP, M.Si, M.PA, as the first academic supervisor for undergraduate thesis who willing to spends the time to guide and direct the author;
5. All the lecturer at Faculty of Administrative Science University of Brawijaya, thank you for all the knowledge from learning process until the end of study period;
6. dr. Juliana Rosana as Head of Bantur Health Center in Malang Regency;
7. Mr. Ns.Soebagijono S.Kep. M.Mkes as Head of innovation PerkesWaMas in Bantur Health Center Malang Regency;

8. Nurses in Bantur Health Center and people with mental disorders in Bantur District;
9. My beloved friend Srigading Dalam 47 Vindy, Lusi, Ghina thank you for the support to fulfill this thesis ;
10. My beloved sister Putri in Unair thankyou for support me and congratulation for your graduate;
11. My next beloved sister Azizah thankyou for supporting me and I hope you will be my sister;
12. My best Friend K Public Administration 2013 Heldha, Fitri, Ratih, Yolan Dhita, Hana, Resti, Amel, and other. Thank you for giving me a chance to being your partner and learned much lesson about professionalism and Family;
13. All of the parties who support the author in the finished this undergraduate thesis.

For the perfection of this undergraduate thesis, author very expects the suggestion and positive criticism. Hopefully, this undergraduate thesis is useful meaningful contribution to those in need.

Malang, February 27th 2017

Author

TABLE OF CONTENTS

| | Page |
|---|-------------|
| PAGE OF TITLE..... | i |
| MOTTO | ii |
| ENDORSEMENT SHEET OF UNDERGRADUATE THESIS..... | iii |
| APPROVAL SHEET OF UNDERGRADUATE THESIS..... | iv |
| DECLARATION OF ORIGINALITY OF UNDERGRADUATE THESIS ... | v |
| DEDICATION SHEET | vi |
| SUMMARY | vii |
| PREFACE..... | viii |
| TABLE OF CONTENTS | x |
| LIST OF TABLES | xiii |
| LIST OF FIGURES | xiv |
| LIST OF APPENDIXES | xv |
| CHAPTER I INTRODUCTION | 1 |
| A. Background | 1 |
| B. Problem of Study..... | 11 |
| C. Objective of Study..... | 11 |
| D. Contribution of Study | 11 |
| E. Systematics of Study | 12 |
| CHAPTER II LITERATURE REVIEW..... | 15 |
| A. Public Service | 15 |
| 1. Definition of Public Services | 15 |
| 2. Benefits of Public Services | 16 |
| 3. Approach to PublicServices | 17 |
| a. Old Public Administration (OPA)..... | 17 |
| b. New Public Management (NPM)..... | 18 |

| | |
|---|-----------|
| c. New Public Service (NPS) | 18 |
| B. Public Service Innovation | 20 |
| 1. Definition of Innovation | 20 |
| 2. Benefits of Innovation..... | 23 |
| 3. Diffusion of Innovation Theory | 24 |
| 4. Level of Innovation..... | 26 |
| 5. Innovation Cycle..... | 27 |
| 6. Supporting and Inhibiting Factors of Innovation..... | 30 |
| C. Health Care..... | 31 |
| 1. Types of Health Care | 31 |
| 2. Issues of Mental Health Service in Indonesia..... | 33 |
| 3. Policy of Mental Health Service in Indonesia | 34 |
| 4. Factors that Affecting Mental Health Service | 38 |
| CHAPTER III RESEARCH METHODS..... | 39 |
| A. Types of Research..... | 39 |
| B. Research Focus..... | 40 |
| C. Location and Site Research | 41 |
| D. Sources and Types of Data..... | 42 |
| E. Data Collection Techniques..... | 43 |
| F. Research Instrument | 43 |
| G. Data Analysis | 44 |
| CHAPTER IV DISCUSSION | 47 |
| A. General Data..... | 47 |
| 1. Overview Bantur Health Center..... | 47 |
| 2. Overview of PerkesWaMas | 53 |
| B. Presentation of Data Research Focus | 58 |
| 1. Supporting Factors Arise of PerkesWaMass | 58 |
| 2. Generating Idea of PerkesWaMass | 65 |
| 3. Preparation and Developing Proposal of PerkesWaMass..... | 69 |

| | |
|--|------------|
| 4. Implementing Process of PerkesWaMas | 73 |
| 5. The Success of PerkesWaMas | 92 |
| 6. Suistainability of PerkesWaMas | 99 |
| C. Discussion | 102 |
| 1. Process of Innovation PerkesWaMas..... | 102 |
| a. Supporting Factors Arise of PerkesWaMass..... | 105 |
| b. Generating Idea of PerkesWaMass | 105 |
| c. Preparation and Developing Proposal of PerkesWaMass | 106 |
| d. Implementing Process of PerkesWaMas | 109 |
| e. The Success of PerkesWaMas..... | 110 |
| f. Sustainability of PerkesWaMas..... | 112 |
| 2. Supporting and Inhibiting Factors of PerkesWaMas | 114 |
| a. Supporting Factors of PerkesWaMas..... | 114 |
| b. Inhibiting Factors of PerkesWaMas..... | 116 |
| CHAPTER V CONCLUSION AND SUGGESTION | 119 |
| A. Conclusion | 119 |
| B. Suggestion | 122 |
| REFFERENCES | 124 |
| APPENDIXES | 127 |

LIST OF TABLES

| | Page |
|--|------|
| 1.1 Number of the Indonesian Population with Schizophrenia | 4 |
| 1.2 Number of Population in Bantur Health Center..... | 9 |
| 4.1 Range to Bantur Health Center | 48 |
| 4.2 Total Population in Bantur District..... | 48 |
| 4.3 Total Employment in Bantur Health Center | 49 |
| 4.4 Total People with Mental Disorder Every Year..... | 57 |
| 4.5 Total People with Mental Disorder in 2017..... | 57 |

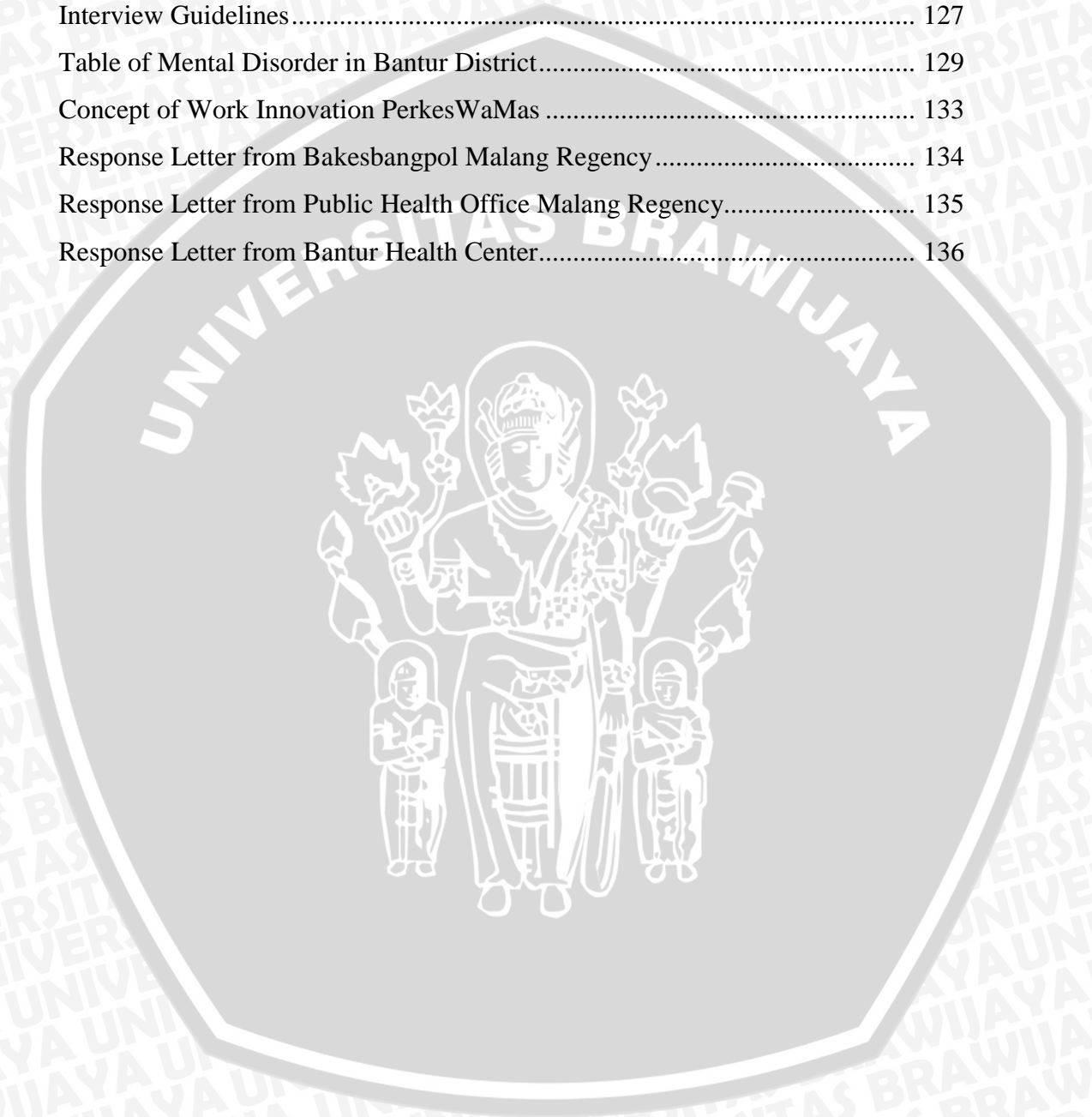


LIST OF FIGURES

| | Page |
|--|------|
| 1.1 Number of Human Resources for Mental Health Service | 8 |
| 2.1 Innovation Cycle Theory | 28 |
| 3.1 Component of Data Analysis | 44 |
| 4.1 Map of Bantur Health Center Region | 47 |
| 4.2 Treatment in Bantur Health Center | 60 |
| 4.3 Student of Brawijaya University | 71 |
| 4.4 CHMN and certificate to CHMN | 73 |
| 4.5 Cadre, Book, and Certificate to Cadre | 80 |
| 4.6 Condition of Mental Disorder in Bantur | 83 |
| 4.7 Activities in Workshop ARTIS in Srigonco Bantur | 85 |
| 4.8 Homeless Shelter in Srigonco Village and Animal Land | 87 |
| 4.9 Donation to PerkesWaMas | 90 |
| 4.10 Award which Gotten by PerkesWaMas | 97 |
| 4.11 Innovation Cycle of PerkesWaMas Bantur | 104 |

LIST OF APENDIX

| | Page |
|---|------|
| Interview Guidelines..... | 127 |
| Table of Mental Disorder in Bantur District..... | 129 |
| Concept of Work Innovation PerkesWaMas | 133 |
| Response Letter from Bakesbangpol Malang Regency | 134 |
| Response Letter from Public Health Office Malang Regency..... | 135 |
| Response Letter from Bantur Health Center..... | 136 |



CHAPTER I

INTRODUCTION

A. Background

Local autonomy has given the opportunity for local governments to bring changes that benefit society. It also has the flexibility to improve services in accordance with the problems that arise in the society. According to Law No. 23 of 2014 on Local Government, Article 1 point 6 is "*Otonomi Daerah merupakan hak, kewenangan, dan kewajiban daerah otonom untuk mengurus sendiri urusan pemerintahan dan kepentingan masyarakat berdasarkan undang-undang*". Local autonomy of local governments provides benefits to more free to organize and administer the affairs of government, including in matters of health care delivery especially mental health services.

With local autonomy, the responsibility of local governments are also getting bigger. Local government should be more innovative in providing services to the society as much as possible as the purpose of the public service to make people feel satisfied with the services provided. This is because the government will not run properly if the local government is still traditional and not innovative. Local innovation used to meet the needs of the society and create a society satisfaction. A growing number of region issues such as economic problems, high unemployment, and declining quality of health, especially in mental health were significantly associated with the welfare of society. But there is still a bit of local governments are able to innovate, this is because the characteristics of the public

sector which more rigid. As explained by Muluk (2008: 37) that "*Banyak organisasi sektor publik yang kurang tertantang karena berada dalam iklim nonkompetitif dan bahkan tidak merasa bermasalah dalam hal kelangsungan hidupnya. Dalam situasi seperti ini maka wajar apabila konsep inovasi kurang berkembang diorganisasi sektor publik*". With local autonomy is expected to push the region to be able to compete with other regions so that local governments can raise the innovation.

Malang Regency Government also need innovation to be able compete with other regions and to solve the problems in Malang particular health problems. Law No. 36 of 2009 Article 1 describes the health that "*keadaan sehat baik secara fisik, mental, spiritual maupun sosial memungkinkan setiap orang untuk hidup produktif secara sosial dan ekonomi*". Law No. 36 of 2009 also describe that "*setiap hal yang menyebabkan terjadinya gangguan kesehatan pada masyarakat Indonesia akan menimbulkan kerugian ekonomi yang besar bagi negara dan setiap upaya peningkatan derajat kesehatan masyarakat juga berarti bagi pembangunan negara*". Therefore, healthy people are more productive than those who are sick, especially the mentally will can affect a people life and affects a people of the level of productivity.

Everyone has a purpose in life, one of them has a healthy condition and harmonization in the environment. There is constant interaction between the individual and the social background of her that such interaction is at the core of mental health. Someone with psychosocial incompetence often have to get discrimination and human rights abuses. From this it is understood that the

importance of mental health in the growth and life of the nation because of mental health problems do not just affect the person's level of productivity, but also directly related to the quality of human resources.

According to the World Health Organization (WHO), nearly 450 million people worldwide suffer from mental disorders, and a third live in developing countries. As many as 80% of people with mental disorders do not receive treatment with either. In May 2012 a meeting of health ministers of the world and has found agreement that the importance of the resolution of mental health and make a new commitment to improve the understanding of mental health issues and improve service standards, especially in the field of mental health worldwide.

Indonesian health ministry conduct health research (Riskesdas) final in 2013 which explains that the number of people with severe mental disorders (schizophrenia) is very big. Riskesdas data describe that Indonesian population of 1000 people, one or two of whom suffered from schizophrenia. Number of people with mental disorders in Indonesia at this time, according to data from the Ministry of Health, more than 28 million people with mild mental disorder category of 11.6% and 0.46% of the population suffer from severe mental disorder.

The big number of schizophrenia becomes a concern in Indonesia is a country that has the lowest rating in terms of providing mental health services in Asia. People with mental disorders has been described frequently subjected to violence and deprivation, although they still allow treatment to be back to normal. Below is a table of the Indonesian population experiencing of schizophrenia by

province. Population estimates are taken from the calculations performed by the Ministry of Health Media Centre.

Table 1.1 Number of the Indonesian population by provinces are have schizophrenia, 2013.

| No. | Province | Total population ≥15 years old | Prevalence schizophrenia (%) | Total Absolute Schizophrenia | Prevalence GME (%) | Total Absolute GME |
|-----|--------------------|--------------------------------------|---------------------------------|---------------------------------|-----------------------|-----------------------|
| 1 | Aceh | 3177085 | 0.27 | 8,578 | 6.6 | 209,688 |
| 2 | North Sumatra | 8939623 | 0.09 | 8,046 | 4.5 | 402,283 |
| 3 | West Sumatra | 3427772 | 0.19 | 6,513 | 4.5 | 154,250 |
| 4 | Riau | 4107117 | 0.09 | 3,696 | 2.7 | 110,892 |
| 5 | Jambi | 2312659 | 0.09 | 2,081 | 1.6 | 37,003 |
| 6 | South Sumatra | 5479724 | 0.11 | 6,028 | 4.6 | 252,067 |
| 7 | Bengkulu | 1249238 | 0.19 | 2,374 | 2.2 | 27,483 |
| 8 | Lampung | 5560440 | 0.08 | 4,448 | 1.2 | 66,725 |
| 9 | Bangka Belitung | 944839 | 0.22 | 2,079 | 6 | 56,690 |
| 10 | Riau Island | 1368920 | 0.13 | 1,780 | 2.6 | 35,592 |
| 11 | DKI Jakarta | 7609272 | 0.11 | 8,370 | 5.7 | 433,729 |
| 12 | West Java | 32162328 | 0.16 | 51,460 | 9.3 | 2,991,097 |
| 13 | Central Java | 24089433 | 0.23 | 55,406 | 4.7 | 1,132,203 |
| 14 | DI Yogyakarta | 2777221 | 0.27 | 7,498 | 8.1 | 224,955 |
| 15 | East Java | 28855895 | 0.22 | 63,483 | 6.5 | 1,875,633 |
| 16 | Banten | 8074025 | 0.11 | 8,881 | 5.1 | 411,775 |
| 17 | Bali | 3068044 | 0.23 | 7,057 | 4.4 | 134,994 |
| 18 | NTB | 3202734 | 0.21 | 6,726 | 6.4 | 204,975 |
| 19 | NTT | 3116580 | 0.16 | 4,987 | 7.8 | 243,093 |
| 20 | West Kalimantan | 3072565 | 0.07 | 2,151 | 2.5 | 76,814 |
| 21 | Central Kalimantan | 1608217 | 0.09 | 1,447 | 3.2 | 51,463 |
| 22 | South Kalimantan | 2722366 | 0.14 | 3,811 | 5.1 | 138,841 |
| 23 | East Kalimantan | 2753491 | 0.14 | 3,855 | 3.2 | 88,112 |
| 24 | North Sulawesi | 1698831 | 0.08 | 1,359 | 5.9 | 100,231 |
| 25 | Central Sulawesi | 1861021 | 0.19 | 3,536 | 11.6 | 215,878 |
| 26 | South Sulawesi | 5738932 | 0.26 | 14,291 | 9.3 | 533,721 |
| 27 | Southeast Sulawesi | 1539436 | 0.11 | 1,693 | 4.1 | 63,117 |
| 28 | Gorontalo | 754682 | 0.15 | 1,132 | 4.9 | 36,979 |
| 29 | West Sulawesi | 800638 | 0.15 | 1,201 | 6.1 | 48,839 |

| | | | | | | |
|----|--------------|---------|------|-------|-----|--------|
| 30 | MALUKU | 1061677 | 0.17 | 1,805 | 4.9 | 52,022 |
| 31 | North Maluku | 718103 | 0.18 | 1,293 | 5.4 | 38,778 |
| 32 | West Papua | 557486 | 0.16 | 892 | 2.5 | 13,937 |
| 33 | Papua | 2148954 | 0.12 | 2,579 | 4.2 | 90,256 |

Sources : Center for Data and Information Ministry of Health, 2013

From the table above it can be concluded that the absolute number of people who experience schizophrenia is the East Java province which reached the number of 63.483 people. Followed by the province of Central Java, West Java and South Sulawesi.

In a journal written by Roger Walsh, University of California, Irvine College of Medicine 2011 titled "Lifestyle and Mental Health" also explains that most of the problem experienced by people with mental disorders is an adaptation to the environment around them so that the family were forced to mental hospitalization, psikiatri, drugging or even deprivation them. In the 21st century, therapeutic lifestyles may need to be the main focus of mental health in the community. Given the high cost of physical and mental health care is very large it is necessary to prevention by avoiding the causes of mental disorders. Lifestyle and socio-economic conditions a factor that greatly affects the occurrence of mental disorders.

According to the health ministry are still a lot of stigma and discrimination often experienced by members of the public are valued differently by society in general, including those with mental disorders (ODGJ), among others expelled, dismissed from jobs, divorced couples, until abandoned by the family, even shackled and deprived of his possessions. Health ministry invites all health

personnel to immediately implement the National Appeals Four Stop Stigma and Discrimination against ODGJ, namely:

- a. Not doing stigmatization and discrimination against anyone in the health service;
- b. No denial or showing reluctance to provide health services to ODGJ;
- c. Continues to provide community access to health services, better access to testing, treatment, rehabilitation and reintegration into society post-treatment in a mental hospital or a rehabilitation center; and
- d. Perform a variety of promotive and preventive efforts to prevent the occurrence of psychiatric problems, preventing the onset and recurrence of mental disorders, minimizing the risk factors of mental health problems, as well as prevent the psychosocial impact.

The government Law No. 18 of 2014 on Mental Health which is intended to ensure that people in order to achieve good quality of life, as well as providing health services in an integrated, comprehensive, and sustained through promotive, preventive, curative, and rehabilitative services. The law mandates concerning:

- a. The need for community participation in protecting and empowering ODGJ in the form of assistance in the form of: power, money, facilities, treatment for ODGJ;
- b. Protection against acts of violence, creating an enabling environment, provide skills training; and
- c. Oversee the delivery of services in a facility that serves ODGJ.

Indonesia has implemented a policy in accordance with regulation of health ministry No. 59 of 2014 explain that “*penderita Schizofrenia dan Gangguan Mental pengobatannya ditanggung oleh BPJS apabila penduduk tersebut terdaftar sebagai anggota BPJS*”. Although the policy has been applied but still found a variety of problems that arise in providing mental health services. The issue of mental health is not a priority in these areas. So far only 16% of the nearly 10,000 health centers in Indonesia that have been running a mental health program. In fact, the role of primary health care services such as health centers is very important because the health center very close to the people. Mental health treatment does not mean to build a mental hospital. (Nasional.kompas.com)

Based on the study of journal "Human resources for mental health care: current situation and strategies for action" in May 2013, which was written by Ritsuko Kakuma, Harry Minas, Nadja van Ginneken, Mario R Dal Poz, Keshav Desiraju, Jodi E Morris, Shekhar Saxena Richard M Scheffler. The problem faced today is the lack of human resources for the management and delivery of mental health care becomes very important, especially in low-income countries and middle. The human resource challenges to scale up mental health services are complex, and a systemic and multisectoral approach, such as the WHO's Human Resources for Health Action Framework is essential to the make sustainable impact.

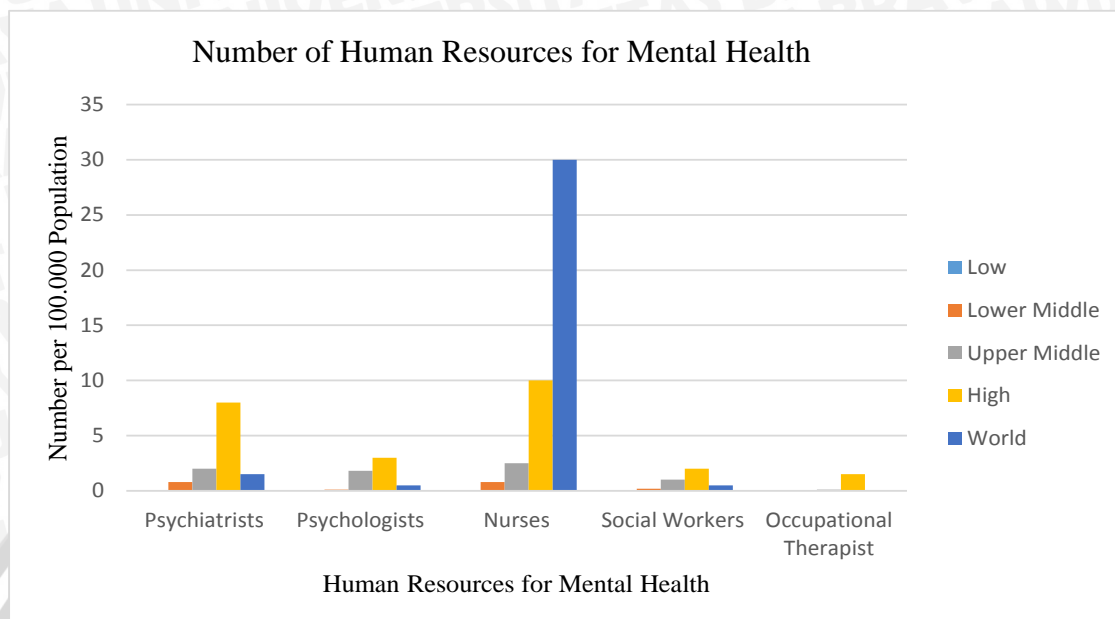


Figure 1.1 Number of Human Resources for Mental Health
Sources : WHO. *Mental health atlas (2011)*

Figure 1.1 shows the median number of human resources for mental health reported in Atlas 2011 separated by income groups of countries. Globally, nurses were the largest human resources category in the mental health system, with a median of 4.95 nurses per 100 000 population, followed by psychiatrists (1.27 per 100 000 population). Although numbers of psychologists and social workers were much smaller, occupational therapists were especially rare, with not one occupational therapist working in the mental health system in at least 50% of low-income countries. Psychiatrists were far more prevalent in high income countries, with the median number 172 times greater than in low-income countries. The policy recommendation to increasing mental health human resources are task shifting, education mental health providers, Scale-up costs to remove shortages in human resources, management of attrition, recruitment and leadership.

Alert Village is a picture of people who are aware, willing and able to prevent and cope with various threats to public health, such as malnutrition, catastrophic events, including mental disorders, by making use of local potential in mutual cooperation, to the village of Alert. Alert Village Healthy is one form of the development of the declaration of Alert Village which aims to make the public participate in the detection of patients with mental disorders that have not been detected, and help the recovery of patients who have been hospitalized, and guard against the emergence of mental health problems in the society (Public Health office East Java, 2008; Community Mental Health Nursing, 2005).

Bantur Health Center is a Technical Implementation Unit in Malang Health Office which located in Bantur. Bantur Health center led to innovations on mental health services through mental health programs to the alert village districts free Bantur deprivation. Based on the above issues that not all regions have a system for community mental health services are not yet fully aware that mental health is also very important as physical health. Bantur Health Center is one of the areas that have mental health services and can be an example for other regions to provide mental health services program.

Table 1.2 Number of Population Bantur Health Center in 2015

| No. | Village | Total | Number of People | |
|-----|--------------|--------|------------------|-------|
| | | | Man | Woman |
| 1 | Bantur | 12.847 | 6.295 | 6.552 |
| 2 | Wonorejo | 1.014 | 497 | 517 |
| 3 | Srigonco | 4.395 | 2.153 | 2.242 |
| 4 | Sumberbening | 6.747 | 2.816 | 2.931 |

| | | | | |
|-------|-------------|--------|--------|--------|
| 5 | Bandungrejo | 9.804 | 4.894 | 4.910 |
| Total | | 33.807 | 16.862 | 16.945 |

Sources : Bantur Health Center, 2015

Given the high number of people with mental disorders in Indonesia, especially in East Java so it will need innovation to overcome the problems of mental disorders. By looking at the number of people with mental disorders in the Bantur are included in the category of a lot of it is very interesting for researchers to raise the innovation community mental health services as research material. In health services at the primary care level there has been no innovation on mental health services because mental health is not a priority in the community. Bantur Health Center be the only health center in Indoneisa that provide mental health services to the community.

Various explanations above have shown a variety of reasons that health centers also have an important role in providing mental health services for the society. Increasing people which have mental disorders is an important concern for the government, the number of people suffering from mental disorders and their treatment would still be an important issue for the region. Health center as the nearest healthcare provider for the public should pay attention to it. Not all health centers to care about the problems of mental disorder. Based on the explanation above problems, researches take title MENTAL HEALTH SERVICES INNOVATION PROCESS THROUGH “DESA SIAGA SEHAT JIWA” (Case Study at Bantur Health Center Malang Regency)

B. Problem of Study

As for the problem of study in research are as follows :

1. How is the innovation cycle process of the mental health services innovation through “*desa siaga sehat jiwa*” at Bantur Malang Regency?
2. What are supporting factors and inhibiting factors of Mental health services innovation proess through “*desa siaga sehat jiwa*” at Bantur health center Malang Regency?

C. Objective of Study

Based on the formulation of the above problems, the research objectives of this study are as follows:

1. To find out, describe and analyze the innovation cycle process of the mental health services innovation through “*desa siaga sehat jiwa*” at Bantur Malang Regency
2. To find out, describe and analyze supporting factors and inhibiting factors of Mental health services innovation process through “*desa siaga sehat jiwa*” at Bantur health center Malang Regency

D. Contributions of Study

Based on objective study, then the result of this research are expected to be submitted to the following uses and benefits :

1. Academic Benefits

- a. This study is expected to support the scientific development in the field of Public Administration in general and mental health service innovation in Indonesia.
- b. This research can be used as a reference and reference for other research for comparisons to conduct further research.

2. Practical Benefits

a. For Agencies

This research is expected to contribute ideas and input for the Health Office of Malang Regency in providing services to the community, especially in the field of mental health.

a. For the Community

This research can be used as material science and material evaluation of mental health services innovation through programs in health centers villagers standby Bantur Malang.

E. Systematics of Study

In the writing of this undergraduate thesis proposal, the researches divided into three chapters and divided into several sub-chapters, in which the chapter and sub-chapter have unity and connectedness to each other. As for the subject matter of discussion on each chapter was conceived as follows :

CHAPTER I INTRODUCTION

This chapter presents the background issues concerning mental health care innovation through the village alert program and the factors that influence these innovations. Formulation problems associated with the application of innovation in the health sector in the Malang Regency, then the purpose of research, research contributions, and systematic research.

CHAPTER II LITERATURE

This chapter presents theories related to the title of the study. The theory was published the theory of public service, innovation theory, and the theory of mental health services.

CHAPTER III RESEARCH METHODS

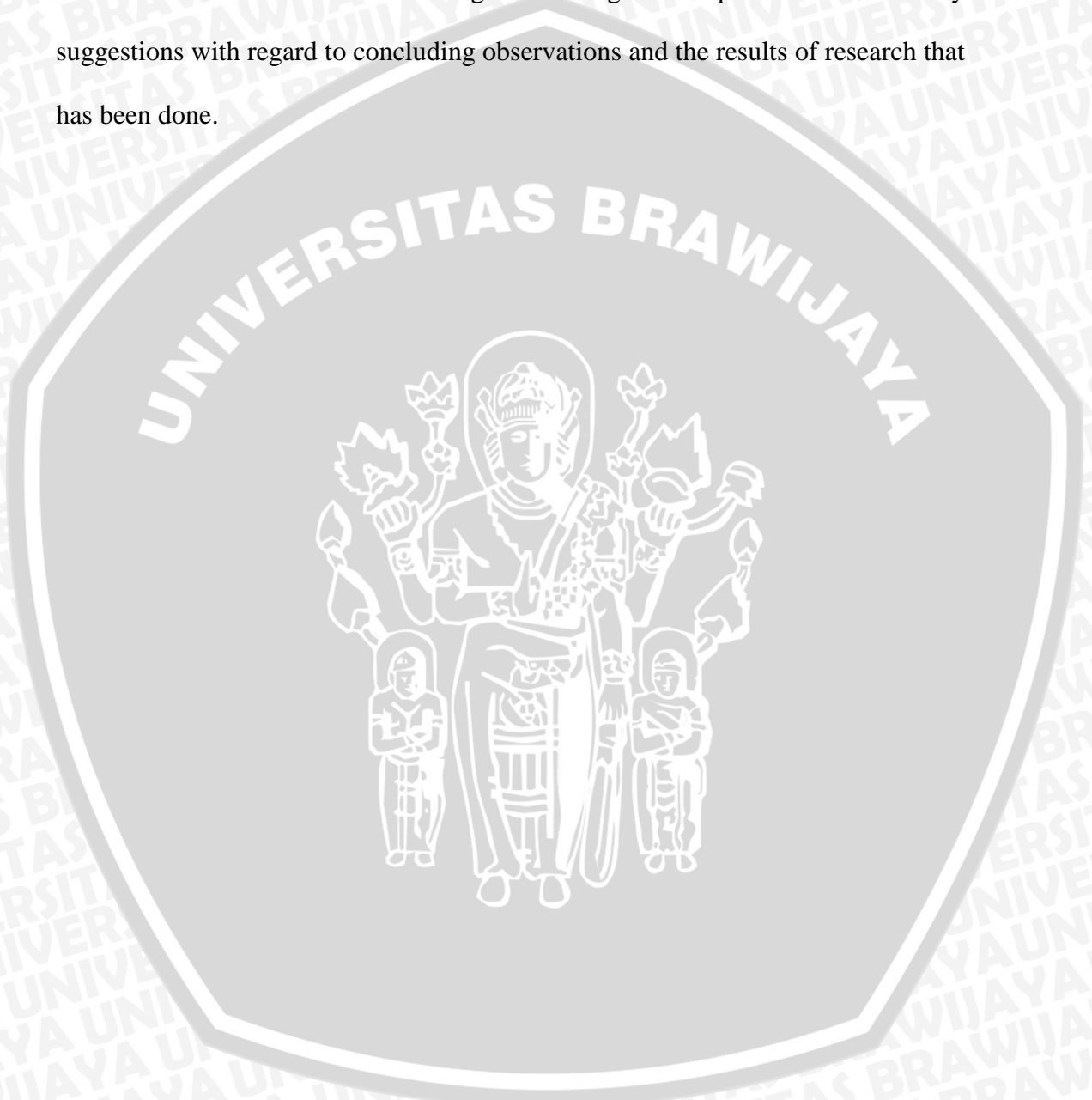
This chapter describes the research methods used in writing, the research focus is the problem that would be a concern to be investigated, the location and the site of research, data sources involved in the research, data collection techniques are ways that will be used to collect data necessary, explaining about the research instrument tools that will be used to explore and analyze the data as well as data analysis method to be used.

CHAPTER IV RESULTS AND DISCUSSION

This chapter contains research results and research data that corresponds to the focus of the study, then analyzed which contain a general overview of the mental health service innovation through the village program mode. The chapter also includes a discussion of the results of research based on theories that relate to what is being investigated.

CHAPTER V CONCLUSION AND SUGGESTION

This chapter provides a summary of the results of research and discussion on mental health care innovation through the village accompanied idle necessary suggestions with regard to concluding observations and the results of research that has been done.



CHAPTER II

LITERATURE REVIEW

A. Public Services

1. Definition of Public Service

Etymologically service comes from the word servant which means to help set up or take care of anything that needed someone, then the service can be defined as: subject or how to serve, the service or services, in connection with the sale of goods or services by Poerwadaminta in (Hardiyansyah, 2011: 11). From the description, the services can be defined as an activity that is given to assist, prepare and take good care of it in the form of goods and services from one party to the other.

While based on the Ministry of Administrative Reform No. 63 of 2003, the definition of public service is any form of service implemented by government agencies in the center, in the area, and in the State-Owned Enterprises or Regional-Owned Enterprises in the form of goods or services, either in order to attempt completely needs of society as well as in the implementation of legislation. According to Law No. 25 of 2009 on Public Service is, a public service is an activity or series of activities in order to meet the needs of the service in accordance with the laws of every citizen and resident in the goods, services, and administrative services provided by the public service.

According to the Institutional Development One Stop Service, 2004 in (Herdiyansyah 2011: 12), the public service is a public service, and defined

public service is a process aid to others in certain ways that require sensitivity and interpersonal relationships create satisfaction and success. Each service products, either in the form of goods and services. Meanwhile, according to David McKevitt (1998) in (Herdiyansyah, 2011: 12) in his book *Managing Core Public Service*, to discuss the specifics of the core public service is the duty of the government and local governments, which states that "Core Public Service defined as Reviews those service the which are important for the protection and promotion of citizen wellbeing, but are in areas where the market is incapable of reaching or even approaching a socially optimal state; health, education, welfare and security provide best know the most obvious example. "

From the definition of public service described above, the public service can be conclude as the provision of services both in the form of public goods and public services which in principle is the responsibility and implemented by government agencies in the center, in the area, and the environment State-Owned Enterprises or Owned regions in addressing the needs of society as well as in the implementation of the provisions of the legislation.

2. Benefits of Public Service

From the definition of public service above it can be concluded that the benefits of public service very close relation to the importance of public services for the society is to improve the quality of government services to the public. One of the benefits of public services is to provide maximum service to the society,

both in government and health care services. Viewed from one of the vision and mission of public service at district health offices Malang namely the creation of healthy society poor county fair and independent, the ultimate goal of public services in the health sector is to make people become healthy and self physically and mentally. If people have a healthy physical and mental then of course people will be productive in running their lives. Of course, with a productive society, the purpose of government to make the people prosper can be done well.

3. Approach to Public Service

a. Old Public Administration

Perspective OPA introduced by Woodrow Wilson in 1887, in this perspective, there are two main ideas. First there was a separation between the administration and politics. Political have task to determine the policy, while the administration has a duty to implement policies and provision of public services. Second, the public administration should achieve efficiency in the execution of their functions and duties, the efficiency can be achieved through an integrated organizational structure and hierarchical. The focus of public administration in this paradigm is the organizational structure and management principles, whereas locus is the bureaucracy of government and business organizations. The value pursued is the efficiency, effectiveness, economy, and rationality. (Syafri, 2012: 160). This paradigm holds that public organizations are most efficient as a closed system so that the involvement of citizens in governance is limited.

b. New Public Management

The emergence of the concept of NPM is a reaction to weakness in the traditional bureaucratic paradigm of public administration classics. NPM concept is embrace the values and practices of business administration were incorporated into the practice of public administration. According Syafri (2012: 195) NPM will improve the efficiency, effectiveness, and productivity so as not reveal social justice. In this perspective, the burden of public services will no longer be the responsibility of the government as the main provider, but has become the responsibility of the citizens through the process and the market mechanism. The advantage of this perspective is a public organization to become more effective and efficient as private organizations in general. All organizational goals is achieved through strategic measures, effective, and efficient.

c. New Public Service

The failure of public administration NPM realizing social justice gave birth to a new approach-oriented interests of the society that NPS. NPS was first introduced by Denhardt and Denhardt. Denhardt & Denhardt (2003) states that the "New Public Service is a set of ideas about the role of public administration in the governance system that place the public service, democratic governance, and civic engagement at the center". NPS judging that NPM and OPA too much emphasis on efficiency and forgetting or ignoring the community as a goal of public policy. NPS fix this with the concept of

service to citizens not to customers in the process of public administration and public policy (Syafri 2012: 196)

Denhart was quoted as saying by Pasolog (2007: 36) provide an understanding that the NPS includes the following principal ideas:

a. Serve the citizens, not the customer

The public interest is the result of a dialogue on the division of the value of a collection of individual interests. Therefore public service apparatus not only responds to customer desires, but rather focus on building trust and collaboration with and among citizens.

b. Looking for common interests

Public Administration should contribute to build together, sharing ideas of public interest, the goal is not to find quick solutions that are controlled by individual choice. More than that, is the creation of the division of interests and responsibilities.

c. Citizenship values more entrepreneurial

Public interest ahead with the commitment of public service personnel and citizens to contribute significantly more than the movement of personal managers as part of a public benefit that belongs to them.

d. Think strategically, act Democracall

The meeting between the policies and programs that can be achieved and managed more effectively and responsibly following the joint efforts in the process of togetherness.

e. Recognized that the Accountability Not Simple

Apparatus attention of public service should be better than the market.

They also must follow the law and the constitution, community values, political norms, professional standards and the interests of citizens.

f. Serve instead of directing

Becoming increasingly important in the public service for the use of stock, the value of leadership and help communities articulate and reconcile the fundamental interests of their share of more than trying to control or community control on new leads.

g. Value people, not just productivity

public organizations and the framework in which they participate and succeed in the activities of kalua they operate according to the process of unity and leadership which is based on respect for all people.

B. Public Service Innovation

1. Definition of Innovation

Innovation is a renewal. Innovation can also be interpreted as the introduction of new things in the form of goods, services, methods, and systems. Many experts tried to define innovation, some definition of innovation is as follows:

- a. Innovation comes from the Latin language *innovare* which means changing things new. The term innovation (*innovation* and *innovate*) had just started to be known in the English vocabulary on 16 century. At that time, the term innovation more associated negatively as a troublemaker

and more identic with shades of revolution or radical change that took effect was remarkable, especially against the political and social establishment is considered to threaten the power structure. So the regime of power and politics, as well as the religious authorities of the time tend to reject anything that smells of innovation. As for the term itself a wide ranging innovative used for many people since the 17th century, or about 100 years later. Only then after about 300 years later, the sense of innovation gradually shifting into a more positive meaning. Innovation understood as creating of something new or creating something new. The term innovation find its modern sense for the first time in the edition of the Oxford English Dictionary in 1939, namely the act of introducing a new product into the market. In this case the innovation is understood as a process of creating products (goods or services) are new, the introduction of new ideas or methods, or the creation of incremental changes or improvements (Suwarno 2008:9).

- b. Innovation is a thought process on draft implementing these ideas to produce something or something new in the form of products, services, business processes, new ways, policies, and so forth (Ancok 2012: 35).
- c. The intentional introduction and application within a role, group or organization of ideas, processes, products or procedures, new to the relevant unit of adoption, designed to Significantly benefit the individual, the group, organization or wider society (West & Farr, as quoted by Ancok 2012: 34).

d. Innovation is the result of creative work that requires persistence, experimentation, and careful analysis and innovation must be something useful real solutions rather than great ideas or breakthroughs that can't be used. This distinguishes the 'innovation' and 'findings' (Invention). An idea can be called the findings when it was new and valuable, but can only be categorized as an innovation if it can be utilized by the user (Zuhal 2013: 38-39).

e. According Suwarno (2008: 10-11), in his book entitled Innovation in the Public Sector provides an understanding that at the core of innovation can't be separated from a new knowledge, new ways, new technologies, new objects, new discoveries. A full description as follows:

1) New knowledge

An innovation comes as a new knowledge to society in a particular social system. This new knowledge is an important determinant factor of social changes that occur in society.

2) New way

Innovation can also be a new way for individuals or a group of people to make ends meet or to answer specific problems. This new way is the replacement for the old ways that were previously applicable.

3) New objects

An innovation is a new object for its users, both physical form tangible and intangible.

4) New technologies

Innovation is very identic with technological advances. Many examples of innovation that are present in the result of technological progress. Indicator advancement of an innovative technology product can usually be instantly recognizable from the features that attaches to the product.

5) New invention

Almost all innovation is the result of new discoveries. Very rare cases of innovation comes as a coincidence. Innovation is a product of a process that was fully working with the awareness and intent.

From the above definition it can be concluded that innovation is an idea or a new thing in creating a process, goods, services and a new system for public use and provide benefits to the public interest. Innovation in public organizations is needed, so always concerned with customer satisfaction of the interests of the apparatus. Innovation in public organizations will always be a concern of society.

2. Benefits of Innovation

Each innovation was created to provide positive benefits to human life. In general, innovation can provide several benefits such as to improve the quality of human life through new discoveries that help in the process of fulfilling human needs and an increase in the ability to distribute creativity into the container creation of something new. Innovation in public organizations is necessary because in some public services will always be

needed something new in providing public services. Innovation in public organizations will always be a concern of society, innovation applied to the government will be judged on whether it is to have a standard in serving the society. With the organization of an innovation in public then surely it will improve the quality of public services provided to citizens.

3. Diffusion of Innovation Theory

According to Rogers, as quoted by Sri (2012: 18) diffusion is the process by which an innovation is communicated through certain channels over a period of time to the members of a social system. Four major elements in the diffusion of new ideas is innovation, communication channels, time and social system. Suwarno (2008: 12-16) split into two models of diffusion of innovation diffusion types that influence diffusion model of internal and external influences diffusion model.

a. Internal diffusion model

This model explains that at the initial stage of penetration innovation appears first reaction is denial. Just a little which adopt because only a small part of social system members that are economically and socially reach the product.

b. External diffusion model

This model requires infrastructure that allows the exchange of information from one system to a system other in quick time.

An innovation does not just show up without their processes and stages. Where new innovations are developed not appear in person but through

the process and required certain stages. Rogers (2003) as cited by Suwarno (2008: 91) suggests that the stages of the decision process innovation is, Knowledge, Confidence, Decision, Implementation, and Confirmation. Suwarno (2008: 91) describes five stages of the process more fully, namely:

a. Knowledge

Steps of knowledge is the stage where the consumer or market (the business sector) or citizens (the public sector) began to recognize and realize their new product innovations launched to the market. In a phase of knowledge, markets usually start automatically segmented. Consumers are only interested to follow the news or information on product innovations that fit their needs.

b. Persuasion

In the second phase, consumers or citizens began to be influenced attitudes and behavior to be positive, or in line with the mission of these products. At this stage formed mindset of consumers or citizens, who will determine the next consumer behavior to decide his attitude to accept or reject. Stages of persuasion is a critical phase that determines the type of decision to be taken by candidates adapter.

c. Decision

After adopter know their product innovation, and influenced by peers through interpersonal communication, the adopter decides to accept or reject such innovations. Rogers distinguish passive resistance to active rejection. Active rejection is rejection made by the prospective adopter

after the relevant consideration or trying to advance the product. So that rejection happens to have basic or objective reasons. While passive resistance is the total rejection of ignoring altogether the product.

d. Implementation

At this stage, behavioral changes of individuals who adopt a product, where the adopter began to utilize these new products according to function.

e. Confirmation

At this stage adopter already feel comfortable with the product that it has adopted. The next adopter behavioral tendency is to seek reinforcement. Adopter behavior at this stage is to avoid adverse situations or weaken the position of his attitude in utilizing the innovation of products, so that you are looking for is information to support the decision as much as possible.

4. Level of Innovation

An important aspect in the study of innovation is the level of innovation that reflects variations in the magnitude of the impact of the innovation taking place. The innovation level category described by Mulgan and Albury ranging from incremental, until the radical transformative (Muluk, 2008: 46)

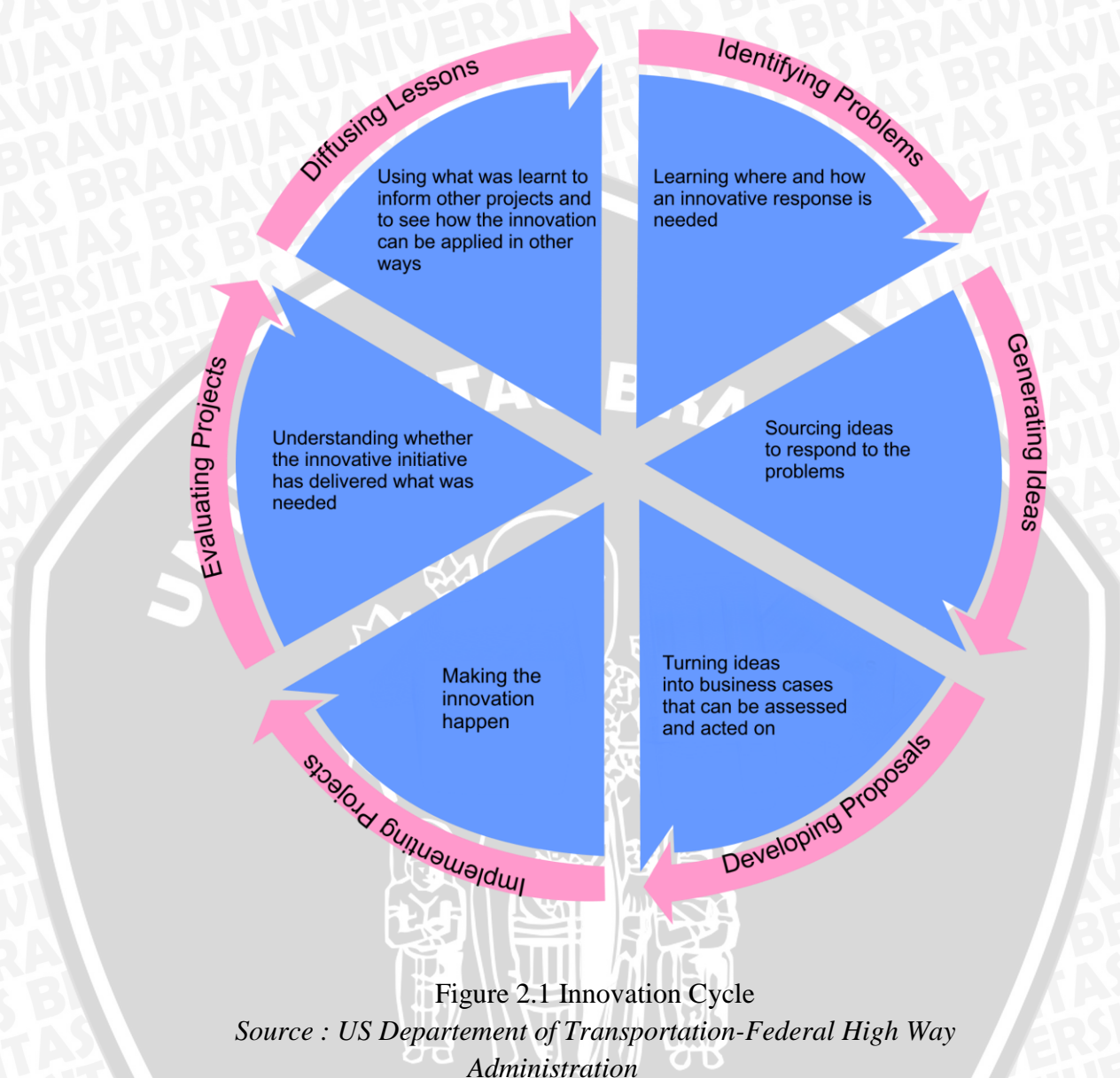
- a. Incremental innovation means innovation that brings small changes to existing processes or services. Generally most different innovations in this level and rarely brought changes to the organizational structure and organizational relationships. However, incremental innovation plays an

important role in the renewal of the public sector because it can make small changes that can be applied continuously, and support knitted services responsive to the needs local and individuals, as well as supporting value-added money.

- b. Radical innovation is a fundamental change in public service or the introduction of ways entirely new in the process of organization or service. This kind of innovation is rarely done because it requires enormous political support because generally have a greater risk as well. Needs radical innovations to bring a noticeable improvement in the performance of public services and meet user expectations that long-neglected service.
- c. Transformative innovation or systemic bring changes in the organizational structure of the labor force and by transforming all sectors and dramatically alter the organizational relationship. Innovation of this kind requires a longer time to obtain the desired results and require fundamental changes in the social composition, culture, and organization.

5. Innovation Cycle

Innovation cycles or stages of initiation to implementation. Innovation is not something that happens once and finished, not something that happens suddenly without any systematic effort to plan, analyze, monitor and developing. According to Innovation Life Cycle in Public Sector, innovation cycle consists of Identifying Problems, Generating Ideas, Developing Proposals, Implementing Projects, Evaluating Projects, Diffusing Lessons. The images below will explain more about the innovation cycle.



a. Identifying Problems

Learning where and how an innovative response is needed. At the stage of identifying problems here one needs to look and identify problems in the community with a view reports, do research and to conduct field surveys. From the results of this identification will be found a problem in the community and certainly will make the settlement of the problem.

b. Generating Ideas

Sourcing ideas to respond to the problems. At the stage of generating ideas here that the most difficult is to create a new innovation of the problems that have been identified in order to find a solution to these problems well. With the innovation will improve a situation to make it better, effective and efficient.

c. Developing Proposals

Turning ideas into business cases that can be assessed and acted on. At this stage of developing an innovation proposals that have been made earlier will be planned to be implemented, because innovation is not just a theory yet to be implemented and well planned.

d. Implementing Projects

Making the innovation happen. At this stage of implementing innovation projects already implemented and implemented according to the theory that has been made. Innovations implemented as much as possible with the support of related party to run properly.

e. Evaluating Projects

Understanding whether the innovative initiative has delivered what was needed. At this stage of evaluation these projects once implemented we need to hold evaluation. With the evaluation, it can be seen the advantages and disadvantages of these innovations so that innovation can be improved and developed.

f. Diffusing Lessons

Using what was learned to inform other projects and to see how the innovation can be applied in other ways. On this stage will be implemented diffusing lessons how about sustainability of innovations that have been implemented. An innovation made course to improve and overcome the existing problems are certainly not just in one area. So these innovations will continue to different regions as examples and guidance, or simply to take place in only one region.

6. Supporting and Inhibiting Factors of Innovation

a) Supporting factors of innovation in general

According Ancok (2012: 58) There are three factors supporting innovation, which is as follows:

- 1) Human capital
- 2) Leadership capital
- 3) Organization structure capital

b) Inhibiting factors of innovation

An innovation will not be apart of the inhibiting factors, besides supporting factor there are also a inhibiting factor in innovation. Inhibiting innovation in general according Borins in Noor (2013: 25), there are three factors inhibiting innovation, which is are follows:

- 1) It comes from within the bureaucracy itself
- 2) Derived from the political environment,
- 3) Derived from the environment outside the public sector

C. Health Care

1. Type of Health Care

In accordance with Law No.23 of 1992 on health explains that health care is a prosperous state of body, soul and social that allow people to live socially and economically productive. To realize the healthy state of many efforts that need to be done, one of them is deemed to have a significant role was to organize health care (Depkes, 1999). Health care is every effort be carried out alone or together in an organization that aims to maintain and improve health, prevent and cure diseases and restore the health of the community. One of the most important health care and often ignored by some people is the mental health services (Levey and Loomba in Azrul 1996). Azrul describes some of the absolute requirement of the health service can be said to be good if :

a. Available and sustainable

All types of health services needed by the community are not hard to find as well as the existence in every society there when needed

b. Can be received with reasonable

The health service is not contrary to public confidence and trust easily reached. In order to facilitate good health services, the health infrastructure distribution arrangements become important.

c. Easily reached

In order to facilitate good health services, the health infrastructure distribution arrangements become important.

d. Reachable

In order to realize good health services, it must be pursued health care costs in accordance with the economic ability

e. Excellent

Quality health services are referring to the level of perfection of health services being provided, which on one hand can satisfy the users of the services, and on the other hand procedure for the organization in accordance with the code of conduct wherewith standards set.

Basically, health covers two aspects of physical health and mental health. Explanation of the two aspects of health, among others:

b. Physical health is achieved if someone does not feel and complain of pain or the absence of complaints and indeed objectively does not look sick. All organs functioning normally or not impaired.

c. Mental health includes three components, namely mind, emotional, and spiritual.

1) Common sense is reflected in the way of thinking or way of thinking.

2) Healthy emotional reflected a person's ability to express emotions such as fear, joy, worry, sadness and so on.

3) Healthy spiritual reflected in the way a person in expressing gratitude, praise, trust and so on to something beyond this mortal nature, which is God Almighty. Healthy spiritual example can be seen from a person's religious practices. In other words, a healthy spiritual is a situation where a person to worship and all the rules of his religion.

Mental health is a very important element in supporting the realization of the quality of life intact. According to the medical science of mental health is a condition that allows development of physical, intellectual, emotional optimal from someone and developments in harmony with others. According to Law 23 of 1992 on the health of article 24 states that mental health organized effort to realize the healthy soul optimally, both intellectually and emotionally. Mental health services by doctors or nurses to patients are cared for, provided medicines and solving problems faced by patients and families. Not all mental disorder sufferers have abnormal behavior, disorder showed only based on complaints alone.

2. Issues of Mental Health Services in Indonesia

Mental health problems in Indonesia is a public health issue that is very important and should receive serious attention from all levels of government across sectors both at central and regional levels, as well as the attention of the whole society. The burden of disease or disease burden of mental illness in the country is still quite large. Health Research (Riskesdas) in 2013, showed that the prevalence of mental emotional disorder that is indicated by symptoms of depression and anxiety is 6% for ages 15 and over, or about 14 million people. Meanwhile, the prevalence of severe mental disorders, like schizophrenia was 1.7 per 1000 population, or about 400,000 people. Based on that number, it turned 14.3% or approximately 57,000 people have or are shackled. Figures deprivation in rural areas is 18.2%. This figure is higher than the figure in urban areas, amounting to 10.7%.

Increased severe of schizophrenia becomes a concern in Indonesia is a country that has the lowest rating in terms of providing mental health services in Asia. People with mental disorders has been described frequently subjected to violence and deprivation, although they still allow treatment to be back to normal. Below is a table of the Indonesian population experiencing of schizophrenia by province. Population estimates are taken from the calculations performed by the Ministry of Health Media Centre.

Not only people with severe mental disorders, but patients with mild mental disorder also continued to increase throughout the year. Chairman of the Association of Indonesian Life Specialist Doctors Dr. Tun Kurniasih Bastaman, dr.Sp.KJ (K), said that, in recent years an increasing number of patients with mild mental disorder. In general, severe mental disorder tends to stagnate, even a mild increase. Lifestyle factors and Its Problems, such as the demands of life and higher competition, triggers many people with mild mental disorder (Konferensi Nasional Psikoterapi Sabtu 1 Mei 2010 di Jakarta).

People suffering from mild mental disorder characterized by frequently hit by anxiety, panic disorder, difficulty concentrating, and sleep disturbances. Mild and severe mental disorders have different clinical definitions. Despite mild mental disorder can be settled, this category of mental disorder will not shift into a severe mental disorder. Currently there are many people who would not go to the doctor because of the strong stigma life in society. In the science of the soul, disturbance in a person taken as a whole, both

psychological and physical. Therefore, treatment is also done thoroughly, not only drugs, but also psychotherapy.

3. Policy of Mental Health Services in Indonesia

Commitment to empowering ODGJ (people with mental disorders) is reinforced by the issuance of Law No. 18 of 2014 on Mental Health recently passed on August 8, 2014 last. Law No. 18 of 2014 on Mental Health is intended to ensure that persons in order to achieve good quality of life, as well as providing health services in an integrated, comprehensive, and sustained through promotive, preventive, curative, and rehabilitative services. Broadly speaking, the Act mandates on:

- a. The need for society participation in protecting and empowering ODGJ in the form of assistance in the form of: power, money, facilities, treatment for ODGJ
- b. Protection against acts of violence, creating an enabling environment, provide skills training
- c. Oversee the delivery of services in a facility that serves ODGJ.

Mental health services, mental health is an effort that is directly addressed to individuals, families and communities. Mental health care system in Indonesia developed by the three principles of ministry that medico-psycho-social, comprehensive and complete.

- a. Services medico-psycho-social, which is used electric holistic approach is the approach in detail and as a whole, and also applies the principles of

medical science life (psychiatry), behavioral sciences (psychology) and social sciences (sociology).

Characteristic of mental health in the past:

- 1) The services are prisoners (custodial)
- 2) The location is far from the settlement or remote
- 3) Characteristically closed or isolative
- 4) The services are limited only
- 5) In patient services and intramural course

Characteristics of mental health services right now:

- 1) The services are medico-psycho-social
- 2) The location is in the middle or near settlement
- 3) Characteristically open and non-isolative
- 4) The services are comprehensive and complete
- 5) The services in-patient and out-patient
- 6) The ministry of intra and Extramural
- 7) Clinical services and society

- b. Comprehensive services, such as extensive service and have the kind of services that are promotive, preventive, curative and rehabilitative.

Promotive-preventive efforts aimed to improve mental health and prevent mental disorders in the form of counseling and development activities of healthy living. Curative is a service that aims to treat and cure so that patients can be cured or recovered his health, by providing both physical therapy, psychological and social. Rehabilitative effort is a wide variety of

both that is medical, educational, social and aimed at restoring functional ability disabled person as much as possible, so that they can live productive and interact with the society.

c. Paripuna Services is a complete service level services, which consist of:

1) Mental health services carried out by a specialist psychiatrist. Health care facilities that implement:

- a. Psychiatric hospital
- b. RSKO (hospital drug dependence)
- c. RSU (psychiatric or mental health unit)

2) Integrative mental health services carried out by general practitioners.

Mental health care facilities that implement :

- a. RSU
- b. PHC

3) Mental health services are resourced implemented by the society themselves, health care is a non-formal health services by the public.

Care facilities that implement:

- a. POSYANDU
- b. PKK
- c. LKMD / PKMD
- d. School Health Enterprises (UKS)
- e. The Red Cross teenagers (PMR)
- f. Scout
- g. Youth organization

h. traditional medicine

4. Factors that Affecting Mental Health Services

Factors that affect the quality of health services according to Azwar, (1994) is input, the environment and the process.

- a. Element Input element inputs include human resources, funds and facilities. If the human resources and the means are not in accordance with the standards and requirements, the health service would be inferior. Efforts to improve the quality of health centers needed professional human resources (HR) and the improvement of health facilities (Muninjaya, 2004). HR professionals must have the education and skills and motivation, competence and commitment of good work (Muninjaya, 2004).
- b. Environmental Elements Elements covers environmental policy, organization and management.
- c. Process Elements included in the elements of the process include the service process both medical measures and non-medical measures. Non-medical action one of which is the health center management application which is in the process of a series of activities carried out systematically to achieve the goal of health centers (Ministry of Health, 2012). This is consistent with the theory presented by Muninjaya (2014) that the quality of health care can be assessed based on the output of the health care system. Output health care systems affected by three components, namely the inputs, processes and environments.

CHAPTER III

RESEARCH METHODS

A. Types of Research

This research uses a qualitative research approach case study. The case study is a systematic study that investigated phenomenon in the context of real life that is both detailed, depth and more focus as an effort to examine the problems or phenomena a unique and interesting. The use of studies case research not only to explain the case, but to explain how the situation of the object and the reason why the case could occur (Yin, 2009). By using a case study researchers are not only describe or depict innovation PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) but to explain innovation cycle PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) more detailed, analyzed the supporting and inhibiting factors related to innovation PerkesWaMas in Bantur health center.

The case study can be divided into two single case studies, that are single case study and multiple case study. A single case study put a case as the focus of research. There are several reasons researchers focusing her studies on the case; (1) The selected case is unique case; (2) The selected case is a typical case or representatives of other similar cases; and (3) cases have been selected for a special occasion for researchers. Multiple case study is a research study using more of one case. The use of multiple case studies conducted to obtain data spacious and details concerning some cases (Yin, 2009). In this study, researchers used a single case study. With this approach, the researchers expect to have the

more detail of the innovation cycle of PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) in Bantur health center.

B. Research Focus

The focus of the research are the things that made the center of attention and facilitate in determining the data that will be required for an investigation. Intent enactment of research focus by Moleong (2010: 62-64) that "The first, set the focus may limit the study; second, the determination of focus serves to meet the criteria for inclusion-exclusion or input-output of a newly acquired information in the field".

As the focus of this study are as follows:

1. Implementation process of the mental health services innovation through “*desa siaga sehat jiwa*” at Bantur Malang Regency
 - a. Identifying Problems in Bantur District
 - b. Generating Ideas to respond to the problems in Bantur District.
 - c. Developing Proposals to make the innovation can be implemented
 - d. Implementing the innovation and making the innovation happen
 - e. Evaluating the innovation and understanding whether the innovative initiative has delivered what was needed
 - f. Diffusing Lessons and using what was learned to inform other people and to see how the innovation can be applied in other ways.
2. Supporting and inhibiting factors of Mental health services innovation through “*desa siaga sehat jiwa*” at Bantur health center Malang Regency.

- a. Supporting factors are internal and external factors
- b. Inhibiting factors are internal and external factors.

C. Location and Site Research

The research location is a place or location where researchers obtain data and information relating to the theme of the problem as well as the focus of the research that has been set. In this study, the location is taken Bantur Malang Regency. The reason the researchers chose the location of this research is based on the following considerations:

1. Bantur is one of the districts in Malang regency which was established in 1830. Bantur are preparing to run the authority in the autonomous region to become independent regions, especially in the field of mental health.
2. The location was chosen because of the health center has made Bantur Innovation Through Mental Health Services Program Towards Mental Health Alert Village District of Bantur Non airborne
3. The site where the actual research shows that researchers can capture the state of the object to be studied, so that the data obtained are really relevant and accurate. The research sites are: PHC Bantur Malang, Jl. Raya Bantur No. 2203 Telp (0341) 841 113.

D. Sources and Types of Data

In the process of data collection in the field, the researchers tried to obtain actual data from appropriate sources and can be hold for accuracy and the results will be. The type of data in this study are:

1. Primary Data

Is data obtained directly from the source, observed and recorded for the first time by researchers. Primary data is also called the original data or new data.

So to obtain data or information in accordance with the focus of research, can be done by direct interviews with related people.

The source of the data used are:

- a. Head of Bantur health center
- b. Doctors and nurses in the field of mental health Bantur health center
- c. Employees of Bantur health center

2. Secondary Data

Data obtained from the supporting data, namely through the documents contain information that is biased in favor of research. As for the secondary data source or supporter of this research is obtained from documents, reports, and asrip that exist in the Bantur health center considered relevant to the focus of the research.

E. Data Collection Techniques

In collecting field data, techniques or methods of data collection can make it easier to collect as much information related to the focus of observation. Data collection techniques used in this study are:

1. Interviews, namely collecting data by conducting direct conversations with the parties concerned.
2. Observation, that the data collected by trying to find the data directly to the relevant sources to complement and enhance the data obtained through interviews.
3. Documentation, namely data collection through records or documents that the company is consistent with research that includes organizational structure, history of institutions, regulatory agencies and other data related to this study.

F. Research Instrument

The instrument used in this study as a way to facilitate the obtaining of data is as follows:

1. Research alone in observing the symptoms associated with the research focus to obtain answers to the problems to be studied are representative useful for analysis.
2. Guidelines for the interview (Interview guide), namely brupa main reference on which to base the conduct interviews with relevant parties (informants), so as to facilitate researchers in conducting interviews.

3. Note the pitch (field notes), which is a record field observations that occur, whether it's an interview or documentation wherewith created.
4. The device support, either in the form of a voice recorder or camera.

G. Data Analysis

Yin describes some of the components of the research method as shown below :

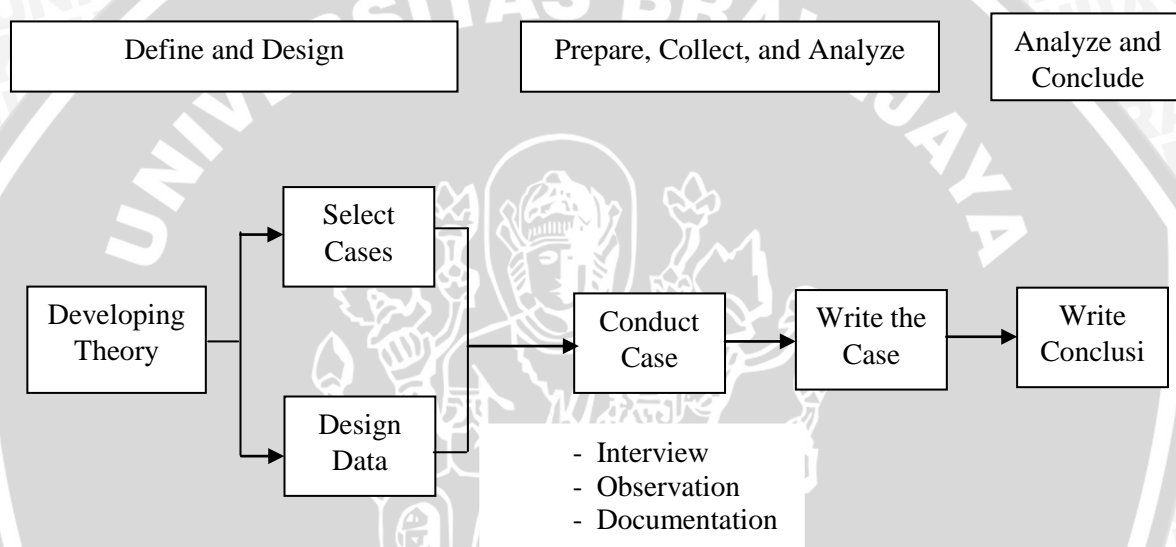


Figure 3.1 Component of Data Analysis
Source : Yin (2009: 57) Reprocessed by author

There are several analytical techniques that can be used to analyze data. As in this study researchers used a second analytical techniques, the analytical techniques of making an explanation. Interest-making techniques explanation is a technique to analyze the data by making a case study an explanation of the case. By using analytics manufacture of explanation the researchers could easily get valid data in the research process (Yin, 2009). Data analysis technique for the following research, namely:

c. Data collection

There are several techniques in data collection. In this research conducted the study by interviewing, observation and documentation in the process of innovation implementation of mental health services in health centers Bantur. The data collection is done in various ways direct interview with the head of the clinic, nurses, doctors and the general public in Bantur. Observations conducted by researchers with making observations in research sites by looking at the actual conditions in the field, and documentation is done by taking a picture of some process implementation of innovative mental health services in health centers Bantur.

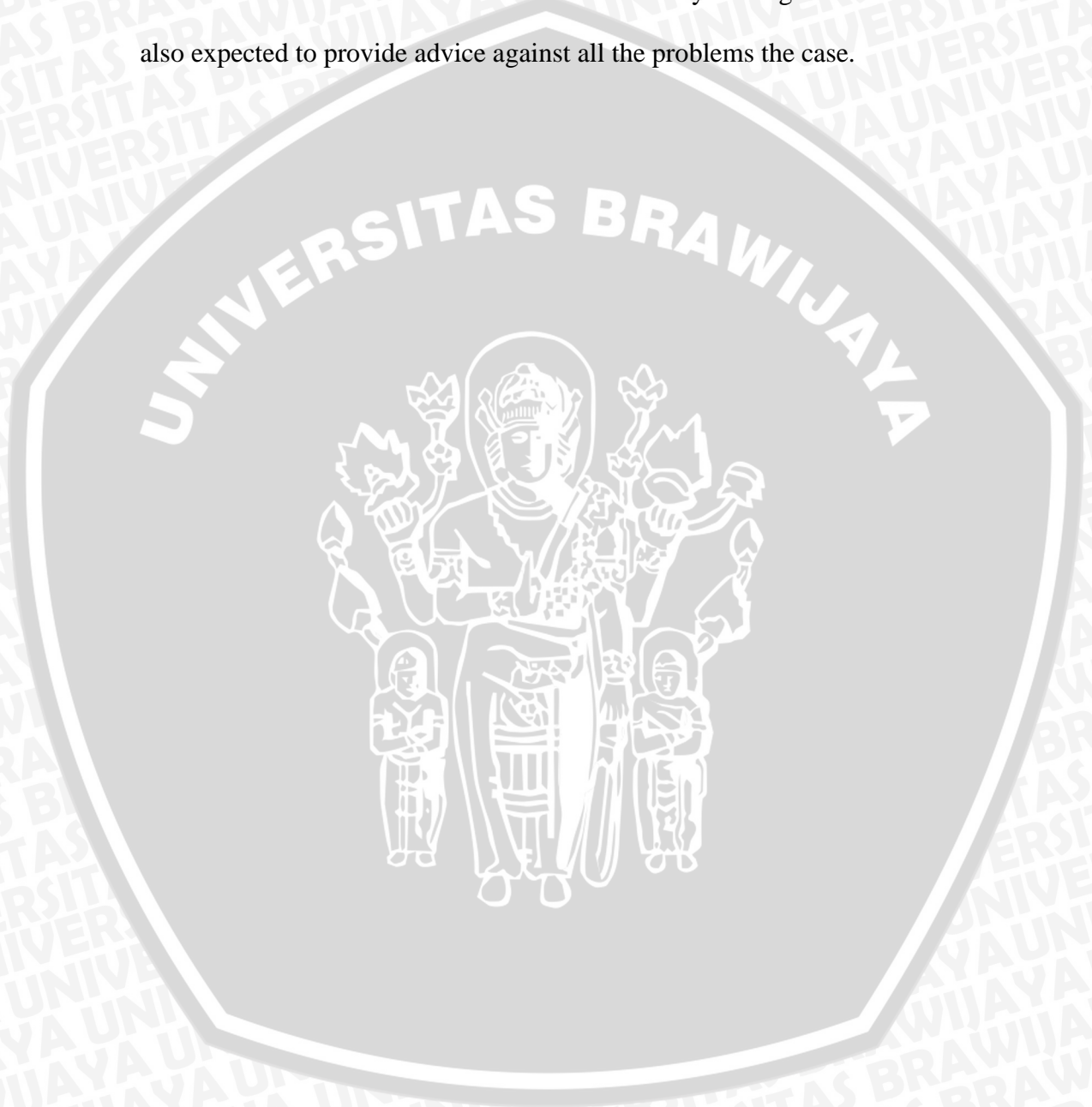
d. Writing cases

In the case of writing research using analytical techniques manufacture explanation is by describing in detail and coherently about the cases examined by the results of the data is done in field. In this study, researchers explain the study results on the implementation of innovative mental health as well as the factors supporting and hindering the implementation of innovative mental health services. Writing cases is done by writing all the conditions on the ground which contain the objectives of the writing of this research which then conducted an analysis of the case by using theories.

e. Writing conclusion of the case

From the analysis of the manufacture of explanation, the conclusion of the case was able to answer problems faced. In this study, the conclusion is

the final process after doing data collection and writing of case is expected to provide a simple overview of relevant research results about innovative mental health services in health centers Bantur. By writing a conclusion is also expected to provide advice against all the problems the case.



CHAPTER IV

DISCUSSION

A. General Data

1. Overview Bantur Health Center

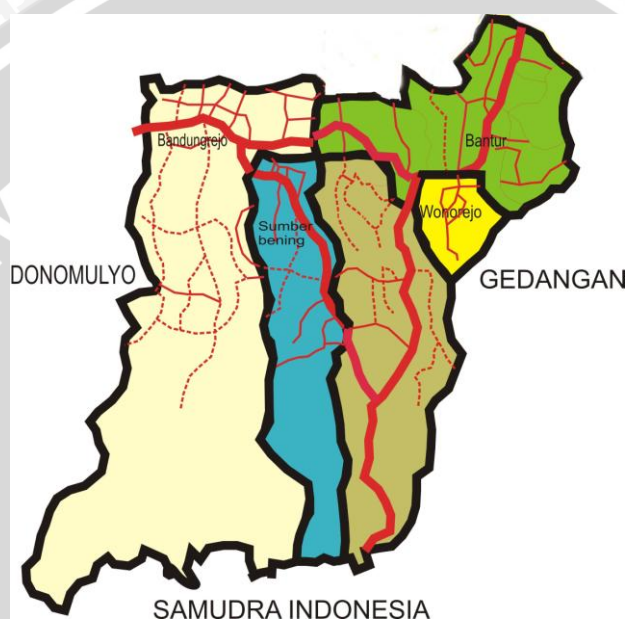


Figure 4.1 Map of Bantur Health Center Region

Source : Bantur Health Center

The area Bantur health centers they serve 5 villages of Bantur, Wonorejo, Srigonco, Sumberbening, and Bandungrejo. Bantur health center limits are as follows:

| | |
|--------------|------------------------|
| North | : Village Rejosari |
| East | : District of Gedangan |
| South | : Samudra Indonesia |
| Sebalah West | : District Donomulyo |

Size of Bantur is 80577.22 km², of which 80% is hills. The distance to the Bantur health center until 9km while every village access roads impassable

motorcycles and car. Working area of Bantur health center consists of 5 villages with 15 hamlets, among others:

Table 4.1 Range to Bantur Health Center

| No. | Name of Village | Total Village | Range to Health Center |
|-----|-----------------|---------------|------------------------|
| 1 | Bantur | 5 | 0 km |
| 2 | Wonorejo | 1 | 1 km |
| 3 | Srignonco | 3 | 5 km |
| 4 | Sumberbening | 3 | 8 km |
| 5 | Bandungrejo | 3 | 9 km |

Source : Bantur Health Center

The population in Bantur health center in 2015 is 33 807 people, made up of the man population as many as 16 862 people (53%) and women as much as 16 945 people (57%). The population of each village can be seen in the following table:

Table 4.2 Total Population in Bantur District

| No. | Village | Total Population | Total Population | |
|-------|--------------|------------------|------------------|--------|
| | | | Man | Woman |
| 1 | Bantur | 12.847 | 6.295 | 6.552 |
| 2 | Wonorejo | 1.014 | 497 | 517 |
| 3 | Srignonco | 4.395 | 2.153 | 2.242 |
| 4 | Sumberbening | 6.747 | 2.816 | 2.931 |
| 5 | Bandungrejo | 9.804 | 4.894 | 4.910 |
| Total | | 33.807 | 16.862 | 16.945 |

Source : Bantur Health Center

a. Employment Data Puskesmas Bantur

Employment data of Bantur health center in 2015 can be seen in the following table:

Table 4.3 Total Employment in Bantur Health Center in 2015

| No | Type of employment | Total |
|-------|--------------------|-------|
| 1. | Doctor | 2 |
| 2. | Dentist | 1 |
| 3. | Nursing Graduates | 2 |
| 4. | Midwifery Diploma | 14 |
| 5. | Nursing Diploma | 10 |
| 6. | Dentist Nursing | 1 |
| 7. | Health Analysis | 1 |
| 8. | Nutritionist | 1 |
| 9. | Driver | 1 |
| 10. | Administration | 3 |
| 11. | Cleaning Service | 2 |
| 12. | Health Employment | 4 |
| Total | | 41 |

Source : Bantur Health Center

b. Type of services in Bantur health center

- 1) Inpatient Unit.
- 2) Unit Outpatient: General URJ, URJ UGD, URJ KIA / KB, URJ Dental, URJ P2M, URJ Corner Nutrition, URJ mental.
- 3) Unit of medical support: Space inpatient services, Laboratory, Pharmacy, Ambulance (mobile clinics), pharmaceutical warehouse.
- 4) Unit non-medical support: Counters,, Administration, Hall.

c. Primary Programs

Is the health measures established by the commitment of the National, Regional, and Global and has high leverage to increase the degree of public health. This effort must be held by any existing health centers in Indonesia include:

1) The health promotion program (*Promkes*)

Health promotion in health centers is effort to empower visitors and the society within and outside the health center so that a clean and healthy living behavior to identify health problems, prevent and mitigate them.

2) Environmental Health Program (*Kesling*)

Environmental health program is one of the principal health center program that seeks to create an environment that can sustain a dynamic ecological balance between man and the environment to support the achievement of the quality of human life that is healthy and happy.

3) The public nutrition improvement program

Nutrition improvement program is one of the main programs of the health center which is a program of activities which include improvement of nutrition education, prevention Protein Energy Malnutrition, anemia Nutrition Iron, deficiency disorders Yodium, Lack of Vitamin A, state of nutrients more, Improved surveillance Nutrition, and empowerment of Business Improvement Family or Community Nutrition.

4) Mother and child health program (*KIA*) and family planning (*KB*)

Mother and Child Health Program (*KIA*) is the efforts in the field of health related services and maintenance of pregnant women, maternity, nursing mothers, infants and preschoolers. While the Family Planning (*KB*) is an effort to plan the number and spacing of pregnancy by using contraceptives.

5) Program the prevention and eradication of infectious diseases (P2M) include:

- a. Immunization Program
 - b. P2 TBC Program
 - c. P2 Leprosy Program
 - d. P2 DBD Program
 - e. P2 Diarrhea Program
 - f. P2 ISPA Program
 - g. Surveillance Program
- 6) The treatment program
- a. Outpatient treatment
 - b. Inpatient treatment
 - c. The ministry of emergency
 - d. Services pick up the patient

d. Development Programs

Is the health measures established by the health problems found in the society and be adapted the local health center. Health development efforts that have Bantur health center are:

1) The program of dental and mouth

One of the main activities are comprehensive health centers and integrated. Developed models plated dental care (level of care) where health care institutions must be able to provide first help services.

2) The school health program (*UKS*)

School Health Unit abbreviated UKS is a government program to improve health care, health education and fostering healthy school environment or the ability of healthy life for the citizens of the school.

3) The health program elderly

Elderly health program is a program aimed at older people to be able to care for themselves and to maintain healthy and productive.

4) The mental health program

Mental health program is the work done by the government to include the society in the maintenance, care and treatment, as well as the return of people with mental disorders who have recovered to the public.

5) The Public Health Nurse program (PHN)

Public health care is an effort nursing care is an integral part of the health service carried out by nurses to include other health team and

the community to obtain higher levels of health of individuals, families and groups.

e. Health Supporting Programs

Health Supporting Program is health efforts to support implementation of existing health programs include:

1. Medical Laboratory
2. Recording and Reporting (SP2TP)

f. Innovative Program

Innovative program is the health measures that are purpose to the needs of society and are expected to have a competitive value for health centers. Selection of this innovative effort by considering a variety of power requirements, infrastructure and others. Efforts that have Bantur health center innovative namely:

1. The health effort is the development of mental health programs

2. Overview of PerkesWaMas

a. Background

Health development purposed to increase awareness, willingness and ability of healthy life for everyone in order to achieve optimal health status. As one element of health, as mentioned in the Constitution Act, 1945. As well as the Ministry of Health of the Republic of Indonesia No. 74 of 2014 about health center stating that the Health Center is a health care facility that organize efforts of public health and individual health efforts to prioritize the

first level promotive and preventive efforts to achieve the health status of the highest in the working area.

People with mental disorders actually not supposed to lose productivity. If people with mental disorders receive treatment well, people with mental disorders can be run daily activities and productive as members of the community. This is different if the patient is not getting adequate care of the family and the surrounding community and should be treated in mental hospital and lost productivity. PerkesWaMas is an activity appropriate to empower communities so that these society can care for people with mental disorders remain in the society without losing productivity. The way was used is to involve people with mental disorders are actively in the activities of group activity therapy. PerkesWaMas Bantur expected society to care for family members who are already mentally disorder and capable of preventing the occurrence of mental disorders new society at risk with the approach of individuals, groups, families, and society. Currently the head of Public Health office Malang instructed to replicate the PerkesWaMas Bantur to all health centers.

b. Purpose of PerkesWaMas

An innovation must have a purpose afar these innovations can be implemented properly, the goal of innovation PerkesWaMas is:

- 1) To empower the society so that people can take care of mental disorders remain in the society without losing productivity

- 2) All nursing staff work according to basic tasks and authority as stated in Law No. 38 of 2014
- 3) Involved cross sector collaboration in addressing the mental health problems that occur in Bantur health center
- 4) Obtained data portrait of mental health problems in the community from the village level to district as a material intervention plan
- 5) The nurse can implement the duties and authority in providing nursing care in community mental health care patterns
- 6) Identify, establish priorities, set objectives and plans, and proposes alternative fulfilling the needs and problems of mental health services related to the management of mental health nursing and society in Bantur health center
- 7) Assist health centers to improve the quality of community mental health services
- 8) Create a working area of Bantur health center free deprivation and healthy life

c. **Benefits of PerkesWaMas**

An innovation must have the benefit of the public interest, especially the people, the benefits of innovation PerkesWaMas, among others:

- 1) For health centers, the benefits of the establishment of *Desa Siaga* healthy life is to help solve problems, especially related to mental health in the operational aspects of the management of nursing care given, which is expected to help health centers to improve the quality

of mental health services society, which ultimately improve the quality of health services ,

- 2) For Radjiman Wedyodiningrat Lawang Hospital, benefit from the establishment of the village are as one of the implementation of the vision and mission of the Radjiman Wedyodiningrat Lawang Hospital through the work program in Community Mental Health Unit.
- 3) For the District Bantur (village Srigonco, Sumberbening village, village Wonorejo, Bantur village, and the village Bandungrejo) *Desa Siaga sehat Jiwa* establishment of this case is to help solve problems that occur in the society, particularly mental health so as to support the formation of *Desa Siaga sehat Jiwa*.
- 4) For the society, benefit from the establishment of *Desa Siaga sehat Jiwa* is add insight and public awareness of mental health. People have become alert to the emergence of mental health problems in the community.

3. Mental Disorder Condition in Bantur

When a person is sick it will not be too bad impact on people who earn income but who are not able to give rise to economic shocks causing stress or mental disorder. According to some studies the social level of the family is also one factor that determines the emotional disturbance. Increasingly income of family will support economic stability and family happiness. If the economic status at that stage is so low that only basic needs are not met is what will lead to conflict within the family that causes mental disorder. Severe

economic crisis is making many new cases emerge, because of socio-economic stressors is essential for precipitating stressor schizophrenia in Indoneisa since the beginning until now.

Table 4.4 Total People With Mental Disorder Every Year

| No. | Year | Total |
|-----|------|-------|
| 1. | 2011 | 119 |
| 2. | 2012 | 203 |
| 3. | 2013 | 202 |
| 4. | 2014 | 197 |
| 5. | 2015 | 207 |
| 6. | 2016 | 136 |
| 7. | 2017 | 133 |

Source: Bantur Health Center

Table 4.5 Total people With Mental Disorder in 2017

| No | Desa | Total ODGJ | % ODGJ | Man | Woman | Age < 30 | Age >30 |
|-------|---------------|------------|--------|-----|-------|----------|---------|
| 1. | Bantur | 47 | 37 % | 26 | 21 | 6 | 41 |
| 2. | Wonorejo | 12 | 8 % | 7 | 8 | 7 | 8 |
| 3. | Srigonco | 10 | 8 % | 5 | 5 | 3 | 7 |
| 4. | Sumber Bening | 19 | 15 % | 7 | 12 | 6 | 13 |
| 5. | Bandungrejo | 42 | 32 % | 22 | 20 | 12 | 33 |
| Total | | 133 | | 67 | 69 | 34 | 102 |

Source : Bantur Health Center

From the table above it can be seen that of total population in five villages 33 807 people most of them experienced a mental disorder that is equal to 133. Number of people with mental disorders more women than men. Most people with mental disorders over the age of 30 years old, a small

proportion of less than 30 years old. Not all people with mental disorders consumption of medicine, from five village just 52 people with mental disorders who consumption the medicine. In addition, not all people with mental disorders get the same behavior, there are some people who get special treatment because of the condition that must be considered more than the other because the patient could be a danger to themselves and the surrounding community.

B. Presentation of Data Research Focus

1. Supporting Factor Arise of Innovation PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) in Bantur Health Center.

Number of people with mental disorders in Indonesia is still big, especially in East Java. Less of attention the public and the government in the mental health made many cases in Indonesia. It will not be resolved if there was no change in the handling of people with mental disorders. In one health center in Malang that is Bantur health center create an innovation in the aspect of mental health services that bring new breakthroughs in Indonesia, especially in East Java. Such innovation is PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*). An innovation of course arise because there are several contributing internal and external factors.

Various problems that arise on the subject of mental health services in Indonesia inspire Ns. Soebagijono to make changes in District Bantur. Internal factors that encourage the emergence of the innovation comes from a concern

for people with mental disorders. At that time with its status as a nurse at the Bantur health center Malang Regency is Ns. Soebagijono see themselves very alarming phenomenon in the place of residence is in the district Bantur Malang. That phenomenon is the number of people with mental disorders are displaced and not treated as well as families are less concerned about people with mental disorders. It made the conscience of the nurses at the Bantur health center called to make a change. This was explained by Ns. Soebagijono as nurses in Bantur health center as follows:

“karena melihat banyaknya penderita gangguan jiwa yang terlantar saya melakukan survey terhadap penderita gangguan jiwa, hal tersebut sangat mengejutkan karena ternyata sangat banyak penderita gangguan jiwa di wilayah Kecamatan Bantur ini. Saya sebagai manusia merasa hati nurani saya terpanggil untuk membantu mereka supaya bisa beraktifitas seperti orang sehat lainnya.”

(Because at the number of people with mental disorders who displaced, I do a survey of people with mental disorders, it is very surprising because it was very much mental disorder in the District of Bantur. My conscience as a human being I feel compelled to help them get to their activities as other healthy people.)

The survey conducted by Ns. Soebagijono does not just stop and continued with a searchable database of health centers. Health center is spearheading a source of health data, especially for the city health department and Openness Recording Integrated Reporting health center also is the foundation of health data (SP2TP). SP2TP is recording and reporting common data, equipment, energy and health services at the health center which purpose to have gotten all the data of health center activities. In regular reports SP2TP

Bantur health center prior to 2012 the number of cases of mental disorder but the results are not in accordance with the early detection SP2TP.



Figure 4.2 Treatment in Bantur Health Center

Source : Taken by Author

Each health center has a community development program. During this time many programs and innovations made by the health center, but no one has made a program about mental health community. It puts the public mental health is at its lowest level in the world of health. Less of response from both the government and the society mental health service make it ignored, mental health programs should be a priority for development programs in primary health care. Ns. Soebagijono want to change the mental health program into action and make as a mandatory program in the Bantur health center. The statement be explained by Ns. Soebagijono as nurses in Bantur health center as follows:

“waktu saya melihat laporan rutin SP2TP Puskesmas ini ternyata sebelum tahun 2012 tidak ada jumlah kasus gangguan jiwa. Setelah saya dan rekan puskesmas melakukan survey lapangan terdapat 212 gangguan jiwa 18 yang dipasung dan terdapat 12 kasus retardasi mental atau bisa disebut idiot di wilayah desa Srigonco kecamatan Bantur. Pada saat itu saya berfikir bahwa laporan tidak sesuai dengan kondisi lapangan dan hal itu menggugah hati saya untuk melakukan perubahan di puskesmas ini mbak. Selama ini banyak program baru yang dibuat oleh puskesmas, tapi saya belum melihat satupun yang membuat program tentang kesehatan jiwa, padahal menurut saya

kesehatan jiwa merupakan hal terpenting bagi kehidupan manusia untuk bisa produktif.”

(When I look at these health centers with regular reports SP2TP turns before 2012 there was no number of cases of mental disorder. After I and my partner do field survey contained 212 mental disorders deprived 18 and there were 12 cases of mental retardation, or can be called idiot in the village area Srignonco Bantur districts. At the time I thought that the report does not correspond to field conditions and it stirs my heart to make a change at this health center. During this time so many new programs created by the health center, but I have not seen one that makes programs about mental health, but I think mental health is paramount for human life to be productive.)

In addition to internal factors, there were also external factors that drives the emergence of this innovation. Many people with mental disorders in the working area Bantur health centers that have not been treated for away access to the Mental Hospital and family economic limitations. The economic conditions are the main reason for not providing care to people with mental disorders. According to data from health centers themselves do not exist any funds intended for the treatment of people with mental disorders. Mental health services are given guided by four things: promotive, preventive, curative and rehabilitative. The statement explained by Ns. Soebagijono as nurses in Bantur health center as follows:

“Menurut saya di Indonesia Program Kesehatan Jiwa belum dilaksanakan dengan optimal di puskesmas mbak, terutama dalam rangka upaya promotive yaitu peningkatan kualitas kesehatan,

preventif yaitu pencegahan dari penyakit, kuratif yaitu pengobatan serta rehabilitative yaitu rehabilitasi setelah terserang penyakit., Meskipun sudah ada Rumah Sakit Jiwa tetapi masyarakat biasanya tidak mau melakukan perawatan disana mungkin karena keterbatasan ekonomi dan sebagainya, seperti di Kecamatan Bantur ini untuk menuju Rumah Sakit Jiwa terdekat saja juga lumayan jauh dan tentu saja membutuhkan biaya yang lumayan banyak mbak. Oleh karena itu Puskesmas sebagai sarana pelayanan kesehatan terdekat bagi masyarakat sangat perlu untuk memberikan pelayanan bagi para penderita gangguan jiwa.”

(I think in Mental Health program in Indonesia has not performed optimally in health centers, especially in the context of efforts to promote, namely improving the quality of health, prevention, curative is treatment and rehabilitative is rehabilitation after the sick. Despite the Mental Hospital but people usually do not want to do maintenance there probably because of economic limitations and so on, as in District Bantur have to go the nearest mental hospital just too pretty far and of course cost quite a lot of. Therefore health centers as the nearest health care facility to people who really need to provide care to people with mental disorders.)

The assumption of pain only physical pain has become the public thought, in fact a mental disorder is also an unwitting disease is very important to get treatment and restore the condition of the patient to be healthy so they can activity as before. In order to realize a change in the treatment of mental disorders, the clinical approach-people turning to social-productive in accordance with the development of the concept of community mental health. This is consistent with that described by Ns. Soebagijono as nurses in Bantur health center as follows:

“Selama ini kebanyakan penanganan pasien dengan gangguan jiwa hanya dengan memberikan perawatan dan obat-obatan pada pasien saja mbak, menurut saya hal itu kurang karena keluarga juga punya peran penting dalam kesembuhan pasien dan pasien seharusnya tetap bisa beraktifitas seperti biasa dimasyarakat. Misalnya saja waktu minum obat saja pasien tidak peduli, nah disitu peran keluarga yang harus memberikan perhatian juga kepada pasien dan memperlakukan seperti orang sehat lainnya tidak malah mengucilkan bahkan sampai dipasung.”

(So far, most treatment of patients with mental disorders only to provide treatment and medicines to patients only, I think it is less because of the family also has an important role in healing the patient and the patient should still be able to work as usual in the community. For example, a patient taking the medicine alone does not matter, now there the role of families should pay attention also to patients and treated like any other healthy people do not even exclude even up deprivation.)

Without realizing that the number of case in Indonesia due to a problem in one's own self. In Bantur Malang district in one year occurred four suicides known cause is the social economic factors and the lack of mental health services in the community by the community health center. The above statement is explained by Ns. Soebagijono as nurses in Bantur health center as follows:

“Pada tahun 2011 kemarin Kecamatan Bantur dihebohkan dengan adanya 4 kasus bunuh diri di Kecamatan Bantur khususnya di desa Bandungrejo, kejadian itu terjadi karena masalah kejiwaan yang disebabkan oleh kemiskinan serta minimnya pelayanan kesehatan jiwa di masyarakat oleh Puskesmas”

(In 2011 Bantur commotion with their four suicides in District Bantur especially in Bandungrejo, the incident occurred due to psychological problems caused by poverty and less of mental health services in society by health centers.)

At the time of patient treatment at a mental hospital course get treatment and care from the hospital until the patient recovers. Patients who have been declared cured of a mental hospital and allowed to go home still require regular maintenance so it does not recur and can work as the community at large. But often the families of patients feel no need to do the treatment again because it was already healed without thinking that could have been people with mental disorders recurred. It is also caused due to the distance range of the Mental Hospital from Bantur. Therefore health care as the nearest health care provider very important to provide mental health services. The statement explained by Ns. Soebagijono as nurses in Bantur health center as follows:

“saya melihat banyak beberapa kasus penderita gangguan jiwa yang kambuh setelah keluar dari rumah sakit jiwa. Hal ini terjadi karena kurang siapnya keluarga dan masyarakat dalam menerima orang dengan gangguan jiwa yang sudah dinyatakan boleh pulang atau sembuh oleh Rumah Sakit Jiwa. Karena itu puskesmas seharusnya menjadi pemberi pelayanan kesehatan jiwa bagi masyarakat dan tentunya memberikan pemahaman bagi keluarga pasien.”

(I saw many cases people with mental disorders who relapse after being released from a mental hospital. This happens due to less of family and society readiness in accepting people with mental disorders that have been declared discharged or recovered by the Mental

Hospital. Because of the health centers in that age, be a giver of mental health services for the community and certainly give an understanding to the patient's family.)

Various supporting factors making Ns. Soebagijono be thinking to make changes to health care innovations. With the soul of the efforts undertaken so innovative mental health services that can be implemented. Of course there are also many inhibiting in the process of implementing such innovations.

2. Starting Process Innovation and Generating Idea About Innovation PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) in Bantur Health Center Malang.

Considering the various supporting factors both internal and external make Ns. Soebagijono want to immediately implement innovation PerkesWaMas to avoid more people with mental disorders in Bantur. Finally in 2011 should be decided to change the concept of the healing of the mental hospital into a healing concept of family and the environment. Families with mental disorders and the community also plays an important role in healing. The main thing to do is data collection with mental disorders in Bantur health center performed by Ns. Soebagijono and several colleagues in Bantur. After the data collected Bantur health centers to disseminate to all the doctors and nurses health center head on the survey results and data collection has been done.

After the leader of the Bantur health center dr. Juliana Rosana approve it then do training to nurses Bantur health centers. To continue the process of innovation implementation Bantur health center submitted to the Public Health office Malang about the PerkesWaMas innovation. After the official advocacy team examined data and proposals from the Bantur health center the Public Health Office approved and returned to Bantur health centers. From the results of the health center proposals, Bantur health center get help drug primarily for people with mental disorders from the Public Health Office. After that innovation PerkesWaMas ready to be applied in the Bantur health center. Due to the absence of psychiatric specialist in community health centers, the Bantur health center make cooperation with Psychiatric in Lawang Hospital Malang. This is according to a statement from Ns. Soebagijono as follows:

“saya meraasa 2011 ini harus sudah diputuskan bahwa perbahan harus ada. Kita harus mengubah konsep hospital ke lingkungan. Saya dan rekan saya melakukan mapping data dan kemudian kita sosialisasikan ke puskesmas. Kepala puskesmas setuju dan mendukung kemudian proposal ini diajukan ke Dinkes dan disetujui, kita juga menjalin kerjasama dengan RSJ Lawang.”

(I think 2011 it must have been decided that there should changed. We must change the concept of hospital into the environment. Me and my partner do the mapping data and then we spread the word to the health center. Leader of health center agree and support this proposal then submitted to the health office and approved, we also cooperate with Mental Hospital Lawang.)

Innovation will have a positive impact for the society if it is implemented and arranged well. Bantur health center make strategy for the implementation of such innovations. Implementation of the PerkesWaMas program through several steps :

- a. The socialization of mental health and the promotion of mental health in various meetings with the system "proactive". The goal is to increase knowledge and awareness about the importance of mental health and to improve the support and active participation of the stakeholders in the region.
- b. Formation of a cadre of mental health through the Society of cadres in five villages some 210 cadres, this is important because one of the roles and functions of a cadre of mental health is to detect the whole family that is the region of the village. Understanding cadre itself is a person or group of people who scouted by an agency management within an organization, both civilian and military, which serves as a 'partisan' and or assist in the task and the main functions of the organization
- c. Training a cadre of mental health to improve mental health cadres in the early detection of mental disorders as well as to determine the status of mental health in the families left behind. The result of detection is a healthy family life, family risk families with psychosocial problems and mental disorders.

- d. Implementation of early detection of mental disorders from the volunteer through "home visite" using a simple format prepared by health personnel. The format is the examination of patients by looking at the level of independence and daily activities.
- e. The results of early detection from the volunteer to do validation collected data as well as home visits group. The result then they are classified into 3 groups: mental health, mental disorders risk groups and group mental disorders.
- f. Identify, establish priorities, set objectives and plans, and proposes alternative community mental health care issues in accordance with the group.
- g. Provision of therapy in each group. For groups of healthy and given the risk of mental health education therapy and stress management in order to stay healthy mental health groups, while the risk of being healthy and not insane. Whereas in the group given a psychiatric disorder other than nursing care is also done in collaboration with a doctor in medicine delivery.

In this way expected that all mental health problems in the Bantur health centers region can be resolved. The strategy used is to empower cadre of mental health. Because mental health workers play an important role in society. Mental health worker can help the community to achieve optimal mental health through mobilizing society to maintain and improve mental

health as well as monitoring the health condition of people with mental disorders in their environment.

3. Preparation and Developing Proposals of Innovation Perkes Wa Mas (*Perawatan Kesehatan Jiwa Masyarakat*) in Bantur Health Center Malang.

a. Stakeholders

Within an innovation program of course there are some people involved in innovation. Some program will run well if it gets the support of all parties concerned. In this PerkesWaMas innovation includes someone as initiators of innovation, advocating innovation, the responsible mental health program, the village government and society, and the relevant governmental actors. The statement explained by Ns. Soebagijono as nurses in Bantur health center as follows:

“Pemangku kepentingan yang terlibat dalam inovasi PerkesWaMas ini yaitu saya sendiri Ns. Soebagijono S.kep.M.Mkes sebagai perawat Puskesmas Bantur selaku penggagas inovasi, Kepala Puskesmas Bantur dr.Julia sebagai advokasi inovasi, penanggung jawab atau pengelola Program Jiwa Puskesmas, perawat dan bidan Ponkesdes di puskesmas Bantur, pemerintah desa, tokoh masyarakat, tokoh agama, pengurus desa siaga, LPMD serta paguyuban kader kesehatan sewilayah kerja Puskesmas Bantur. Kemudian ada juga actor pemerintah yaitu Muspika kecamatan Bantur, Dinas Kesehatan Kabupaten Malang, Universitas Brawijaya Fakultas Kedokteran Jurusan Keperawatan, Dinas kesehatan provinsi Jawa Timur. Inovasi Perkes Wa Mas ini bekerjasama dengan Universitas Brawijaya Fakultas Kedokteran Jurusan Keperawatan, jadi banyak juga mahasiswa yang membantu dalam proses inovasi ini.”

(Stakeholders involved in the innovation PerkesWaMas is my own Ns. Soebagijono S.kep.M.Mkes as nurses in Bantur health center as initiators of innovation, leader of Bantur health center dr.Julia as advocating innovation, the person in charge or the manager of Mental Health Center Program, nurses and midwives in health centers, village officials, community leaders, religious leaders , the village board standby, LPMD and community health volunteers working in Bantur health center region. Then there are also actors, namely Muspika Bantur districts, Public Health Office Malang, the Brawijaya University Department of Nursing, East Java provincial public health office. PerkesWaMas Innovation in collaboration with the Brawijaya University Department of Nursing, so many students who helped in this innovation process.)

With the implication of all stakeholders, the objectives of PerkesWaMass services can deliver the expected maximum results of the mental health problems experienced by the society Bantur health center region.



Figure 4.3 Student of Brawijaya University

Source : Taken by Author

Beside from these stakeholders are also some other parties involved in the implementation of this innovation. Brawijaya University has led Ns. Soebagijono as deputy health clinic to get Award Satyalencana Social Awakening of President Susilo Bambang Yudhoyono. It became an first award which obtained from innovation PerkesWaMas. Then the Brawijaya Unoversity cooperation with Bantur health center to formulate an academic curriculum and the nursing profession. Bantur health center also assist nursing students in running the nursing profession by joining in the implementation of the PerkesWaMas innovation.

b. Work concept

The concept of innovation through the *Desa Siaga Sehat Jiwa* at the Bantur health center are as follows:

- 1) Detecting a family in the *Desa Siaga Sehat Jiwa* : healthy, the risk of psychosocial problems and mental disorders

After the gathering of data related to each health center in which patients disorders, psychosocial risk patients and healthy patients there will be activity disorder patients with 4,5,6,7 number activity. For psychosocial risk patients do healthy activities carried out number 3. Patient number 2 activity.

- 2) Moving healthy families for mental health counseling in accordance with age. Healthy family here given the understanding and prevention of mental disorders to avoid being hit.
- 3) Mobilize family counseling risk for psychosocial problems risk. Risk families will be given an understanding of the risks to be faced so that they can minimize the risk.
- 4) Move the mental disorder for counseling families how to care. Family disruption given an explanation on how to care for families who experience mental disorder properly.
- 5) Moving the mental patients to follow Activity Group Therapy and Rehabilitation. Group therapy and rehabilitation activities here provide to make mental disorders can still be productive.
- 6) Conduct home visits to patients with mental disorders that have been independently
- 7) Refer mental patients to nurses CMHN (Community Mental Health Nursing). Understanding CHMN are nursing services a

comprehensive, holistic, and plenary, focusing on the mental health of society, vulnerable to stress and in the stage of recovery and relapse prevention.

8) To document all activities

After all the activities done then the nurse CHMN conduct supervision to patients with mental disorders are mental health conditions deteriorate and discovered new cases with symptoms of complications that can not be administered polyclinic level. Then the nurse CHMN refer to the health center in the district RSJ or related provisions.



Figure 4.4 CHMN (Community Mental Health Nursing) in Bantur Health Center and Certificate to CHMN
Source : Taken by Author

4. Implementation Process Innovation PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) in Bantur Health Center Malang

a. Supporting and Inhibiting Factors

1) Supporting Factor

The implementation of innovation in the improvement of public health, especially mental health in the district Bantur certainly get a support from the various parties. There is a supporting factor was

support from various parties such as employees of health centers and leader of health centers. Support from the community with their cadres in every village life and financial support in the form of donations from various parties. Some doctors SpKJ of Mental hospital Lawang also support innovation in healthcare. As describe by Ns. Soebagijono as nurses in Bantur health center as follows:

“kepala puskesmas dan perawat disini juga memberikan dukungan dalam pelaksanaan proses inovasi ini. Beberapa masyarakat juga mendukung dengan bersedia menajdi kader jiwa. selain itu ada beberapa dokter SPKJ dari RSJ Lawang yang juga memeberikan dukungan berupa konsultasi”.

(The head of the health centers and nurses here also provide support in the implementation of this innovation process. Some society also supports an advanced cadre. Beside from that there are some doctors SpKJ of Mental Hospital Lawang are also giving out support in the form of consultation.)

With support from various parties to make Ns.Soebagijono more determined to implement innovation mental health services and are confident that these innovations can make a difference for people with mental disorders and families with mental disorders.

2) Inhibiting factors

The implementation of innovation in the improvement of public health, especially mental health in the Bantur certainly experienced some problems to overcome. There are internal and

external factors in the implementation of innovation PerkesWaMas. Inhibiting of external factors is the stigma against mental health and socio-cultural myths about mental health is still strong in the society. People with mental disorders in the society often get good treatment and received discrimination from society. It should not be made to people with mental disorders because it will only be a bad impact on people with mental disorders and families so that families tend to hide people with mental disorders such as by deprivation. Actually by treating people with mental disorders as it will make more bad the condition. As explained by Ns. Soebagijono as nurses Bantur health center as follows:

“kendala yang sudah ada yaitu adanya stigma masyarakat terhadap kesehatan jiwa dan mitos sosial budaya tentang kesehatan jiwa masih kuat di masyarakat Bantur ini. Masyarakat menganggap penderita gangguan jiwa itu mengganggu masyarakat sekitar dan perlu diasingkan sampai terjadi pemasungan yang sebenarnya hal itu tidak boleh dilakukan. Keluarga penderita gangguan jiwa berfikir bahwa tidak ada jalan lain selain hal tersebut.”

(Uses existing constraints their society's stigma against mental health and socio-cultural myths about mental health is still strong in this Bantur society. Society considers mental disorders that interfere with the surrounding community and need to be sequestered until a deprivation of that fact it should not be done. Families with mental disorders to think that there is no other way more better.)

The next external factors is the concept of mental health is still poorly understood by the public and the sick paradigm that in the cultural society. Most people think that sick paradigm only physically. However, mental disorders also include unwitting very important in social life. When someone is having a mental disorder so the person will not be productive as when in a healthy. It is still often overlooked by the public and assume that people with mental disorders can not be cured. It is as explained by the Ns. Soebagijono as nurses in Bantur health center as follows:

“masyarakat disini berfikir kalau sakit itu cuma secara fisik, mereka tidak menyadari bahwa orang yang mengalami gangguan jiwa tersebut sebenarnya juga sakit. Sehingga terkadang keluarga penderita gangguan jiwa justru membiarkan keadaan tersebut dan meerasa tidak perlu untuk disembuhkan.”

(People here thought that it was just physically sick, they do not realize that people who experience mental is actually too sick. So sometimes families with mental disorders actually let the circumstances and feel not need to be healed. "

Other inhibiting factors is internal factor inhibitors. The first internal factor is the procurement of medicine and the second inspection of mental patients is not done directly, but consultation and prescribing physicians via telephone so SpKJ not be able to see firsthand the condition of people with mental disorders and how to

follow-up patients after taking the medicine. This was explained by the Ns. Soebagijono as nurses in Bantur health center as follows:

“jadi kenadala utama yang kita hadapi yaitu dalam pengadaan obat yang terbatas mbak, kemudian pemeriksaan dan konsultasi pasien gangguan jiwa hanya via Whatsapp atau Telepon saja. Sehingga dokter SPKJ tidak dapat melihat secara langsung kondisi penderita gangguan jiwa dan tidak ada tindak lanjut setelah pemberian obat apakah dengan resep yang sama atau diganti”

(So the main inhibiting is the limited medicine procurement, then examination and consultation of mental patients only via Whatsapp or phone only. The doctor SpKJ can not see directly the condition of people with mental disorders and no follow-up after administration of the drug if the same recipe or replaced)

These inhibiting can be bridged and overcome by conducting capacity building officer during a lunch meeting, dynamic staff and training. While inhibiting that involve the community coped with through consultation approach the villagers to change in the treatment of mental disorders, from a clinical approach-people turning to social-productive in accordance with the development of the concept of community mental health.

b. The implementation process of PerkesWaMas

Implementation of mental health program starting from the establishment of mental health cadres who are now existing 210 cadres. The cadres have been trained to implement the program of mental health. To achieve the vision and mission of the *Desa Siaga Sehat Jiwa* prepared

strategy is the preparation and implementation of several mental health programs or activities (CMHN) in standby village healthy life. The main focus CMHN program (community mental health nursing) in the village of standby are:

- 1) Activity CMHN nurse.
 - a) Mental health education for healthy society:
 - i. Family with baby
 - ii. Families with children
 - iii. Families with pre-school age
 - iv. Families with school age
 - v. Family with teenager
 - vi. Family with young adults
 - vii. Family with adult
 - viii. Families with elderly
 - b) Mental health education for this group of patients whose risk of psychosocial problems:
 - c) Loss of form, structure, functions of the body
 - d) Loss or separation from family, jobs, housing, schools, property
 - e) Mental health education for groups of patients with mental disorders:
 - i. Patients with Violent behavior
 - ii. Patients with social isolation

- iii. Patients with Low Self-esteem
- iv. Patients with Hallucinations
- v. Patients with Less Care
- f) Activity Group Therapy (TAK) for patients with mental disorders independently
- g) The rehabilitation for patients with mental disorders independently
- h) family nursing care for patients with mental disorders

2. Activities Kader Mental Health:

- a) Detecting the family in the village of Mental Health Alert then categorize into several categories: healthy, the risk of psychosocial problems and mental disorders
- b) Move healthy families for mental health counseling in accordance with age
- c) Mobilize family counseling risk for psychosocial problems risk
- d) Moving the mental disorder for counseling families how to care
- e) Moving the mental patients to follow Activity Group Therapy and Rehabilitation
- f) Conduct home visits to patients with mental disorders that have been independently
- g) Refer mental patients to nurses CMHN
- h) To document all activities

The above activities performed in rotation in one month. Once the data is collected and divided into three groups: mental health, mental disorders risk groups and group mental disorders subsequent assignment of a cadre of mental health visits home regularly with mental disorders. Kader also has a duty to encourage people with mental disorders to join activist group therapy and rehabilitation. Kader also asked the family to help in the healing process of people with mental disorders. When people with mental disorders have independent will take to nurse for examination.



Figure 4.5 Cadre of PerkesWaMas, Book and Certificate of Cadre PerkesWaMas
Source : Taken by Author

In the Bantur health center have mental polyclinic that is specifically used for the treatment of people with mental disorders. Mental polyclinic is opened once a week on Wednesday, it is intended for people with mental disorders can be focused and handled well. In primary Bantur no psychiatric specialist to examine directly the state of people with mental disorders. However Bantur health center has established a partnership with the Mental Hospital Lawang Malang to monitor the state of the patient and to consult with SpKJ doctor. dr.Benedikus SpKJ as a doctor at the Mental Hospital Lawang is one of the doctors who support the activities of these mental health services.

Besides a psychiatric specialist dr. Bambang, who now serves as director of the Mental Hospital Lawang also very caring and giving support to Ns.Soebagijono to continue to deliver an innovative mental health. Support is given in the form of free consultation about mental disorders in health centers Bantur. Although both psychiatric specialist was not able to immediately practice at Bantur health centers and dr.Benedikus and dr.Bambang provide guidance and reference medicine to patients with mental disorders in the Bantur health center and establish good relationships with the Ns. Soebagijono.

Ns. Soebagijono as responsible of mental health programs always actively consult with a physician SpKJ by describing the situation and take a picture of the condition of people with mental disorders who then sent through one of the social media Whatsapp. From these results dr.Bambang

or dr.Benedikus advise treatment measures and prescription medicinee should be given to people with mental disorders. So Ns. Soebagijono can provide medication each physician SpKJ. The above statement was explained by Ns. Soebagijono as follows:

“kami bekerjasama dengan dokter SPKJ dari RSJ Lawang yaitu dr.Bambang dan dr.Benedikus. Beliau sangat mendukung dan membantu saya dengan berkonsultasi melalui Whatsapp tentang keadaan pasien dan saya mengirim foto kondisi pasien. Kemudian memberikan resep obat yang nantinya akan saya berikan pada penderita gangguan jiwa”

(We make collaboration with doctors SpKJ of Mental Hospital Lawang is dr.Bambang and dr.Benedikus. He was very supportive and helped me with consulted via Whatsapp on the state of the patient and I send photos of the patient's condition. Then prescribe medicine that will I give to people with mental disorders.)

With the cooperation of the course makes it easy for health centers and for people with mental disorders to get proper treatment by the doctor SpKJ. People with mental disorders receive the monitoring of cadres spirit and nurses CHMN. It would be better if there is a doctor in the clinic SpKJ Bantur order to see directly the condition of mental disorder.

A health centers must provide health services, but mental health services not the services that must be provided by health centers. In the health center there mental polyclinic Bantur that provides mental health services, mental polyclinic is open once a week every Wednesday. On the day of patients with mental disorders can control the development of the condition of patients in the Bantur health center.

Not only services in society health centers, mental health services program also provides services outside the health center that is *posyandu* that performed weekly for one month rotating from one village to another village's five villages. This mental *Posyandu* activities consist of registration, inspection of body weight and height, registration, counseling, treatment, counseling and therapy last activist groups. The statement explained by Ns. Soebagijono as follows:

“jadi selain poli jiwa dipuskesmas kita juga mengadakan posyandu di tiap desa yang berjumlah 5 desa, dilaksanakan seminggu sekali bergantian selama satu bulan. Kegiatan pokok posyandu ini adalah pendaftaran, pemeriksaan berat badan dan tinggi badan, pencatatan, konseling, pengobatan, penyuluhan dan terapi aktifis kelompok.”

(So in addition to mental polyclinic of our health center also organizes *posyandu* in every village, amounting to five villages, alternately held once a week for a month. The main activities are the *posyandu* registration, examination of body weight and height, registration, counseling, treatment, counseling and therapy activist groups.)



Figure 4.6 Condition of Mental Disorder in Bantur

Source : Taken by Author

Besides mental *posyandu*, in Bantur health centers also conduct the Workshop ARTIS (creative, inspirational, Innovative, Supportive). Workshop is located in the village of Srigonco District of Bantur. Points Repair work is the result of donations from someone who provide land for such activities. Behind the Workshop are homeless shelter and land for farming and aquaculture aimed so that people with mental disorders remain productive. The statement explained by Ns. Soebagijono as follows:

“kita juga punya Bengkel Kerja ARTIS singkatanya adalah kreAtif, inspiRatif, Inovatif, Suportif. Letaknya di Desa Srigonco Kecamatan Bantur. Dibelakangnya terdapat tempat penampungan gelandangan dan lahan untuk budidaya perikanan dan peternakan. Bengkel Kerja dilaksanakan seminggu sekali setiap hari Rabu.”

(We also have ARTIS Workshop is a creative, inspiring, Innovative, Supportive. It is located in the Srigonco Village District of Bantur. Behind this place there is a homeless shelter and land for aquaculture and livestock. Workshop held once a week every Wednesday. ”



Figure 4.7 Activity Workshop ARTIS in Srignonco Village Bantur

Source : Taken by Author

In addition to provide treatment to patients with mental disorders, Bantur health centers also seeks to help lift the economy by giving families with mental disorders groceries worth of RP 75,000 per person. This is done because this PerkesWaMas innovation is not only intended to cure patients through treatment but also through the family and the neighborhood. With so families will also help our power to keep people with mental disorders can be cured and activities as usual. For people with mental disorders are already independent in a sense can take care of their own bodies, Bantur health centers give the gift of toiletries to people with mental disorders. A small gift can be an encouragement for people with mental disorders to continue increase their productivity.

The government already provides BPJS and JAMKESMAS program as a means of treatment both in hospital and at health centers. In

the mental health service innovation is now able to use BPJS or JAMKESMAS in treatment. The concern is most Bantul people especially those experiencing mental disorders do not have health insurance in the form of BPJS or JAMKESMAS, it is because the lack of economic and lack of attention to people with mental disorders. Bantul health center in this PerkesWaMas innovation provides a way out is to provide free treatment for people with mental disorders and no charge at all. The statement explained by Ns. Soebagijono as follows:

“sebenarnya kesehatan jiwa sudah dicover oleh BPJS dan JAMKESMAS, tapi hampir semua penderita gangguan jiwa tidak punya jaminan kesehatan. Kalau disuruh bayar pasti keluarga merasa keberatan terutama yang ekonominya kurang. Lalu kita putuskan untuk menggratiskan pengobatan pasien gangguan jiwa. dengan begitu keluarga pasien pasti dengan senang hati mau mengantarkan untuk berobat.”

(Mental health is actually already covered by BPJS and JAMKESMAS, but almost all people with mental disorders do not have health insurance. If asked to pay family definitely objected particularly economically less. Then we decided to eliminate the treatment of mental patients. So the patient's family certainly be happy to deliver to treatment.)

With the policies made by the Bantul health center namely freeing the cost of treatment for patients with mental disorder it is expected that people with mental disorders can exercise control to the clinic on a regular basis. The development of mental health disorders is very important to monitor. The family is also very important role in the development of the condition

of people with mental disorders. Families were instrumental in helping to take medicine to control and deliver to the health center.



Figure 4.8 Homeless Shelter in Srignonco Village and Animal Land

Source :Taken by Author

After seeing the number of people with mental disorders in Bantur there are a main cause of the economic conditions, the pressure of social life, and problem in the family. Many people who wish to improve their economic condition by performing a variety of ways, one of them with a migrant worker or migrant workers abroad. Most of them sell some assets that they have to be able to depart out of the country. It turned out that some of them were ripped off by the labor agencies who are not responsible so that they lose the money earned from the sale of their assets. From there, over time they become depressed pressure from the family and then suffering from a mental disorder.

Therefore PerkesWaMas Bantur with innovations not only want to health people with mental disorders but also wants to improve the

economic conditions of people with mental disorders. The people with mental disorders are given training according to their abilities, many of those who are able to create handicraft which can later be sold to mental *posyandu*. There also are taught for cultivation or livestock to fill their spare time. This is done to teach people with mental disorders remain more productive.

Although people with mental disorders has recovered and is back productive, mental disorders in Bantur has been recorded for life in the Bantur health center. This is done to provide legal protection to them when there is something undesirable. Never happen a case in Bantur with mental disorder who had recovered but still should continue to take the rare periods of time. The person has worked as Baby Sister and suddenly suffer of relapse for no apparent reason. So homeowner reported to the authorities.

After finding out the cause turns out that person no longer take medication as recommended because it was already health. The police contacted the family and Bantur health centers give an explanation to the police to provide the data that has been recorded that the person had suffered a mental disorder. Then Bantur health centers provide referrals to the Mental Hospital Lawang to do recamedic so that the person is free from the law. That is the main reason why people with mental disorders in Bantur remain registered for life. The case described by Ns. Soebagijono as follows:

“semua penderita gangguan jiwa kita catat meskipun mereka sudah sembuh, karena pernah terjadi kasus orang yang sudah sembuh lalu kerja sebagai Baby Sister. Dia sudah tidak minum obat karena merasa sudah sembuh. Ternyata dia kambuh dan dilaporkan oleh pemilik rumah kepolisi. Lalu keluarganya ditelfon dan kita memberikan penjelasan tentang riwayat orang tersebut kemudian kita rujuk ke RSJ untuk dilakukan rekamedik. Akhirnya orang tersebut bebas hukum.”

(All people with mental disorders be noted though they are cured, because it never happened cases of people who have recovered and working as Baby Sister. He is not taking medication because it was already health. Turns out he had a relapse and was reported by the homeowner to the authorities. Then his family called and we provide an explanation of the person's history and then we refer to Mental Hospital Lawang to do recamedic. Finally, the person is free of the law.)

With the account of the life mental disorders by the Bantur health centers provide benefits for people with mental disorders. Either already recovered or are still in the healing process. Because people with mental disorders who have recovered can be suffer of relapse back due to several factors. The most important thing is recording a history of mental disorders can become a legal umbrella for people with mental disorders.

c. Source of funds

Every innovation program certainly needs the support of all parties to implement it. Especially the support of the funds used for the sustainability of such innovations. Mental health service programs through innovation this PerkesWaMas obtain funding from various parties

including the local health clinic itself Rp 1.000.000, - every 6 months which came from government funds set aside for the benefit of mental health services. In fact there is no special fund budget for mental polyclinic, but the leader of Bantur health center agreed to set aside funds for the sustainability of mental health services.

There was also no funding from community care ODGJ (People With Mental Disorders), which provides funding for this PerkesWaMas innovation. This community not only from Bantur alone but also from various regions. One of Bantur people who work in Korea as migrant workers, she saw on Youtube about mental health services innovation which was derived from his village. The person calling Ns.Soebagijono to ask truth classification and sustainability of these innovations. It turned out that after being convicted of the person to invite friends from Indonesian migrant workers to make donations via Kitabisa.com for people with mental disorders. Last donations given from the workers is Rp 11.500.000,



Figure 4.9 Donation for PerkesWaMas
Source : Kitabisa.com

Moreover, an alumni junior high school friends of Ns. Soebagijono who is now a businessman smoking in Pakisaji Malang also strongly supports this PerkesWaMas innovation. He became a permanent donation and provide funds amounting to Rp 5,000,000, - every 3 months. Funds as a form of gratitude for his success and as a form of awareness of mental disorders especially in Bantur. Bantur society also make donations to help the mental *Posyandu* activities. The explanation is explained by Ns. Soebagijono as follows:

“dana untuk melaksanakan kegiatan inovasi PerkesWaMas ini berasal dari banyak pihak, mereka adalah komunitas ODGJ yang bekerja diluar negeri, ada juga teman SMP saya yang sekarang punya usaha rokok di Pakisaji dia menjadi donator tetap disini. Masyarakat sini juga turut membantu untuk kegiatan Posyandu Jiwa. puskesmas juga memberikan sedikit dana meskipun itu tidak masuk dalam program kerja puskesmas. Selain itu kita juga memberdayakan penderita gangguan jiwa supaya produktif dan menghasilkan uang yang nantinya digunakan untuk kepentingan mereka lagi.”

(Funds to carry out activities PerkesWaMas innovation comes from many side, it was a community ODGJ who work abroad, there is also my junior high school friend who now have a cigarette business in Pakisaji he became donors remain here. Here the community also helped to mental *Posyandu* activities. Health centers also provide a bit of money even though it was not included in the work program of health centers. In addition we also empower people with mental disorders so that productive and make money that will be used for the benefit of them.)

Not only accept donations of funds from others, people with mental disorders are also taught to be more productive. They are taught to make a simple craft and later can be sold. There is also a person or community that has an existing land MOU agreement and have agreed to use for people with mental disorders. The land is used for livestock and aquaculture are taken care of by the people with mental disorders and of course accompanied by a few people, so that people with mental disorders have useful activities.

5. The Success of Innovation PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) in Bantur Health Center Malang

a. Indicator success of innovation PerkesWaMas

An innovation of course can go well or otherwise. The success rate of innovation can be measured from several things. PerkesWaMas innovations include innovations that have succeeded in bringing about positive change for the society. One measure of the success of this PerkesWaMas innovation is to positively impact the community received directly. One of them with improving conditions in people with mental disorders, the families are feeling the impact plus, they can be reunited with families experiencing mental disorders and can take care of directly. The corresponding statement that explained by mother Suriah the sister of Wagimun people with mental disorders as follows:

“nami kulo Suriah tinggal dateng desa Sumberbening celak mriki. Niki adik kulo Wagimun ingkang sakit sakniki sampun mari. Riyin

niku dipasung sampun tigangdoso tahun mergi kulo wedi nek kluyuran, sampek boten saget mlampah. Sak niki sampun saget mlampah sampun radi sehat. Kulo ajeg ngeterne Wagimun niki periksa terus teng bengkel kerja niki. Sakniki sampun genah dijak omong-omongan.”

(my name is Suriah, stayed near in here that is Sumberbening village. He is my brother who sick, his name is Wagimun and now he was health. In the past he was deprived in thirty year, because we scared if he go outside, until can not road. And now was healthy and can activity well. I always try to carry Wagimun to join the activis therapy in Bantur health center. Now he was can be talk more better.)

Mr Wagimun Sumerbening villagers have suffered a mental disorder. Because the family was afraid the Mr Wagimun go without the knowledge of the family, the family decided to deprivation Mr Wagimun. Without realizing it makes leg of Mr Wagimun could not walk for too long time. After the innovations of this PerkesWaMas Mr Wagimun was released from deprivation, and could walk again. The family was very pleased with their mental health services because they can feel the impact directly and they could be taking good care of the family suffering from mental disorders.

Beside from the impact felt by the public, the success rate of this innovation is also measured on Public Satisfaction Survey (SKM). At Community Satisfaction Survey is conducted there four categories: excellent, good, less good and bad. PerkesWaMas innovation is included

in good categories with SKM 78.79 ministry. SKM is not the only indicator of the success of this innovation, other indicators can be measured from the change before and after the introduction of this innovation. The difference before and after innovation, among others:

- 1) Mental health programs have not been implemented optimally in order to attempt promotive, preventive, curative and rehabilitative services in all health centers as well as the underdog program (not a priority or not a feature).
- 2) The involvement of families and communities has not been done by health workers in an effort to promotive, preventive and rehabilitative against people with mental disorders.
- 3) In the treatment of mental disorders, only through clinical approaches-individuals.
- 4) The lack of mental health services by community health centers.
- 5) In a regular report SP2TP (Recording System Integrated Reporting Health Center) the number of cases of mental disorder nil and the absence of a data portrait of mental health problems that exist in the community from the village level to district.
- 6) The existence of some cases of mental disorders relapse after a few days or health otherwise be discharged by the Mental Hospital.

After their innovation achieved many changes, among others:

- 1) Mapping data on the number of cases in the mental Bantur health center work up to date every month. This is because the report and

referral from cadre of mental health as well as their openness in reporting cases of family life in the society.

- 2) Treatment of mental disorders from clinical approaches-individuals turn out to be productive-social approach through the development of community mental health concepts so that people with mental disorders do not lose productivity or quality of life.
- 3) Mental health services organized in a comprehensive, holistic and complete so that the fundamental rights of individuals with mental disorders are guaranteed and respected, as in mental disorder so it does not appear the case of deprivation by the family or society.
- 4) Mental health services are managed as an integral part of various different services and programs, taking into account various aspects of health in addition to their families and communities directly involved in the treatment of mental disorders.
- 5) With this innovation in the health center there Bantur Polyclinic services and integrated in the respective villages.
- 6) The stigma against people with mental disorders in the society has begun to decrease marked by contributing involvement of families, society and the environment in the care of people with mental disorders.

b. Accomplished Awards

Innovation mental health services at the Bantur health center not only make a difference for people with mental disorders in Bantur and

family only. PerkesWaMas innovation is getting quite a lot of awards at both local and national. The corresponding statement explained by Ns. Soebagijono as follows:

“inovasi PerkesWaMas ini sudah dapat beberapa penghargaan mbak ada yang tingkat nasional ada juga yang tingkat provinsi. Penghargaan pertama yang didapat pada tahun 2013 pada tingkat nasional yang diberikan langsung oleh bapak SBY saat itu masih menjabat sebagai presiden. Setelah itu pada tahun-tahun berikutnya alhamdulillah kita dapat penghargaan lagi. Hampir setiap tahun kita dapat penghargaan, yang terakhir tahun 2016 kita dapat penghargaan sebagai inovasi terbaik dibidang pelayanan public ditingkat provinsi.”

(PerkesWaMas innovation can already be some award in national level and also a provincial level. The first award obtained in 2013 at the national level are given directly by Mr. Susilo Bambang Yudhoyono was still serving as president. After that in the following years thank God we can get award again. Almost every year we can award, the last in 2016 we can award as the best innovation in the field of public services at provincial level.)





Figure 4.9 Award which Gotten by PerkesWaMass
Source : Taken by Author

These awards include:

- 1) In November 2013 PerkesWaMas innovation get award *Bintang Satya Bakti Sosial* in National level presented by President Susilo Bambang Yudhoyono who at that time was still serving as president.
- 2) In October 2014 PerkesWaMas innovation get award from the World Health Day
- 3) In 2015 Mr. Ns.Soebagijono get an award from the regent of Malang as *Tenaga Kesehatan Teladan*
- 4) In 2015, Mr Ns.Soebagijono get award in Province level as the best nurse
- 5) In 2016 PerkesWaMas innovation get an award as the best innovation in the field of public service of the province of East Java.

In addition to the above awards PerkesWaMas innovation also has become an icon of his East Java sponsored by Mr. Karwo. In this video explains that many people with mental disorders are still not handled properly. Social economic condition is the background of someone experiencing a mental disorder. Because of the strong stigma that people do all non-medical ways to treat people with mental disorders that may actually be cured with medical assistance.

By creating a mental health condition used as an icon of East Java and will serve in one of the television media that provincial governments hope to people not to discriminate against people with mental disorders. The government also expects to families with mental disorders to support the healing process by give medical treatment. With the appeal of the public are expected to also avoid the social economic condition is not good so there is no depression and being a mental disorder.

When Mr Ns.Soebagijono come the Philippines conference, there is one that is Gramedia book publisher who is interested with the innovation of this PerkesWaMas and want to make a book that inspires everyone. Because Ns.Soebagijono is not a writer then the Gramedia submitting author and editor to write about innovation PerkesWaMas and some stories in innovation. The writer named Mr. Toto. The above statement was explained by Ns. Soebagijono as follows:

“saya tiba-tiba dihubungi oleh salah seorang penulis namanya Pak Toto beliau dari Gramedia. Katanya beliau tertarik untuk menulis tentang inovasi PerkesWaMas ini dan memunculkan beberapa kisah didalamnya. Karena saya bukan seorang penulis

jadi saya sebagai narasumber saja disini. Saya bertemu dengan beliau untuk membahas masalah buku ini di Malang karena untuk ke Bantur sini lumayan jauh."

(I was suddenly contacted by one of the authors name is Mr. Toto him from Gramedia. He said he was interested in writing about this PerkesWaMas innovation and raises some stories in innovation. Because I am not a writer so I was here as a guest speaker. I met with him to discuss this book in Malang because Bantur to far from Malang.)

Having met once to discuss the writing of the book Ns. Soebagijono provide explanations and communicating about this PerkesWaMas innovation through social media Whatsapp for considering the location very much that the author was in Jakarta. Mr. Toto is the author of a book entitled "Media Darling Ala Jokowi"

6. Sustainability of Innovation PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) in Bantur Health Center Malang

After 5 years of innovation PerkesWaMas carried out with various inhibiting, in 2017 this innovation is already known to many people for several awards so PerkesWaMas innovation has been spread out in various society through the media or from people. Many people around Bantur who also want to take medication for the family or their colleagues who experience mental disorder. Some areas are already Bantur come to Bantur health centers for treatment include Dampit and Donomulyo Malang regency. The arrival of people from outside the district of Bantur region certainly got a good response

from Bantur health center. Bantur health center try to serve as much as possible, especially in mental health services. The explanation is explained by Ns. Soebagijono as follows:

“sekarang sudah ada warga diluar kecamatan Bantur yang datang untuk berobat di poli jiwa ini. Waktu saya tanya mereka ternyata tau dari berita dan dari mulut kemulut. Tentu saja kita menyambut dengan baik dan saya harap disetiap puskesmas kabupaten malang ada pelayanan kesehatan jiwa supaya mereka tidak jauh-jauh datang kesini.”

(Now there are already people outside Bantur districts who come for treatment in mental polyclinic. When I asked them turned out to know from the news and from people. Of course we welcome well and I hope that every health center in district there are have mental health services so that they are not far to come here.)

It proves that the society is need of mental health services around them. Health center as the nearest society health center for residents to be one of the main destinations for medical residents. Not only Mental Hospital which became one of the means of treatment for people with mental disorders. Moreover, the location of the Mental Hospital is very far from the reach of residents of Malang.

In order to ensure sustainability of the program PerkesWaMas Bantur, at the health center has been established Bantur TPKJM (Decree of Community Mental Health Implementation Team) districts Bantur No.09 / 2014, the Public Health Office has included Bantur PerkesWaMas Program and become airborne Non Competitive Program and calls Mr. Regent for the immediate realization of free deprovation Malang 2016 provincial health

office and some local governments are also eager to replicate this program with a visit to the health center Bantur like Sidoarjo regency, Riau provincial health office, Malang City Government-health centers and health centers in District and Malang has visited the health center Bantur. Accelerating replication also occurs in various regions today, so that innovators are often invited to share their experiences in various regions in Indonesia. The statement explained by Ns.Soebagijono as following:

“inovasi PerkesWaMas ini sudah direplikasi mbak dan sudah ada SK-TPKJM nya dari dinas. beberapa puskesmas dikabupaten maupun kota Malang juga berkunjung kesini untuk melihat implementasi inovasi ini. Selain itu beberapa daerah seperti Sidoarjo, Provinsi Riau dan Kota Malangjuga telah melakukan kunjungan ke puskesmas Bantur. Yaa saya berharap semoga inovasi PerkesWaMas ini bisa menjadi contoh yang baik bagi puskesmas-puskesmas didaerah lain di Indonesia.”

(These innovations have been replicated and existing SK-TPKJM from Public Health Office. Some health centers in the county and the city of Malang also visit here to see the implementation of this innovation. In addition, some areas such as Sidoarjo, Riau Province and City Malang also made a visit to the Bantur health center. Well I hope this PerkesWaMas innovation could be a good example for health centers elsewhere in Indonesia.)

With the SK-TPKJM PerkesWaMas, that innovation is actually managed to bring change to people with mental disorders and families in the District of Bantur. It has a lot of innovation in the field of health that have been made, but very rarely innovation in the field of mental health until successful.

Various inhibiting have been traversed so many awards obtained as a result of the hard work of implementing this PerkesWaMas innovation.

C. DISCUSSION

1. Process Innovation PerkesWaMas (*Perawatan kesehatan Jiwa Masyarakat*) in Puskesmas Bantur

A large number of population in Indonesia make the economic and social conditions more competitive. Society needs also increases with the increase of population in Indonesia, one of them needs in health care. Health became one of the most important needs to perform daily activities and to achieve the goal of the next life. There are very many government hospital or private hospital in Indoneisa. In many isolated areas also have many health centers which provided in each district or village.

Most of the case experied by the public is a physical case. Without realizing that there are other case that is mental case. The number of people with mental disorders are not as physically case, but unconcious mental disorder becomes very important and need to be considered in the life of society. A person suffering from a mental disorder would be disrupted productivity so it can not accord activities to achieve the next life. It is therefore mental disorders need to be considered before physically. People with mental disorders is not just someone who is experiencing severe mental disorder or schizophrenia, but those who experience mild mental disorders like stress and depression are also included in mental disorders categorize.

East Java became one of the provinces that have the highest number of people with mental disorders in 2013. The lack of attention of the public and the government in the mental health raises many cases in Indonesia. It will not be resolved if there was no change in the handling of people with mental disorders. In one of health center in Malang especially Bantur health center create an innovation in the field of mental health services that bring new breakthroughs in Indonesia, especially in East Java. Such innovation is PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*).



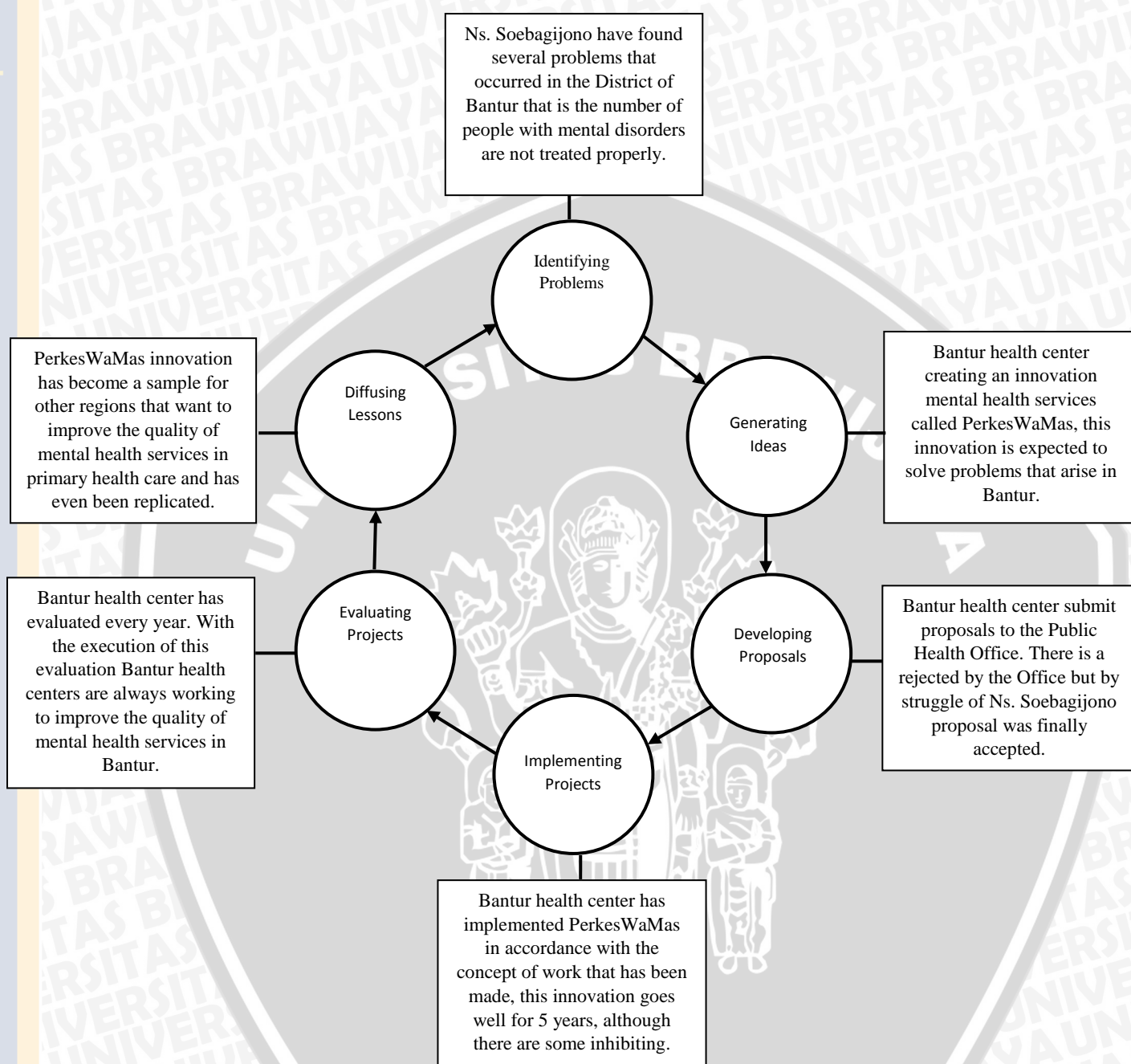


Figure 4.11 Innovation Cycle of PerkesWaMas Bantur

Sources : Made by Author

a. Supporting factor of Innovation PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) in Bantur Health Center Malang

According to the theory of the innovation cycle first started of Identifying Problems that identifies and learn where and why innovation is needed, then the results of this study found that PerkesWaMas innovation is needed by society in Bantur. This is because at the number of people with mental disorders and several factors. An innovation is not needed if there are no problems at all in some place. If there is a problem like in the Bantur it is clear that the Bantur health center requires an innovation that will be able to overcome the problems that occurred in the District of Bantur. As described by Rogers (2003) as quote by Suwarno (2008: 91) that an innovation does not just show up without their processes and stages. Where new innovations are developed not appear in person but through the process and required certain stages.

b. Started Process of Building Idea About Innovation PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) in Bantur Health Center Malang.

As described in the second innovation cycle theory is Generating Ideas that purpose to respond to a problem. Based on research in Bantur health center, a nurse named Ns. Soebagijono create new ideas to resolve the mental health problems of the District Bantur. The idea is expressed in the form of innovation that is named PerkesWaMas. An innovation can not be implemented on just like that without a process to be followed. This

study found that in 2011 it was decided to change the concept of the healing of the mental hospital into a healing concept of family and the environment.

Besides an innovation would come from new ideas to solve problems. According Suwarno (2008: 10-11), in his book with the title *Innovation in the Public Sector* provides an understanding that at the core of innovation can not be separated from a new knowledge, new ways, new technologies, new objects, and new discoveries. From this study found that innovation PerkesWaMas have a new way of service to the society with mental disorders such services were previously only found in the Mental Hospital.

c. Creating of Program Innovation PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) in Bantur Health Center Malang.

According to the theory of innovation cycles number three that is developing a proposal to explain that an idea must be converted into real form that is by submitted a proposal so that the idea can be implemented. This study found that innovation PerkesWaMas has made a proposal to be submitted to the Health Office Malang Regency. In the innovation there are some people who play a role of process. Without a partnership innovations maker and some other people then innovation will not be implemented. Rogers (2003) as quote by Suwarno (2008: 91) suggests that the stages of the decision process innovation is, Knowledge, Confidence, Decision, Implementation, and Confirmation. At this stage there are

decisions adopter who decide to accept or reject such innovations. Rogers differentiate passive and active rejection. Rejection of the course with basic or objective reasons.

According to the third theory innovation cycle that is turning ideas into business cases can be assessed and acted also explained that an innovation must be approved by the stakeholders to get to the next stage of implementation. As explained above in innovation PerkesWaMas there are also some people involved in the process of innovation. A program will run well if it gets the support of all parties concerned. In this PerkesWaMas innovation includes someone as initiators of innovation, advocating innovation, the responsible of Mental Health Program in Bantur health center, the village government and society, and the relevant governmental actors. With the involvement of all stakeholders, the objectives of PerkesWaMas services can deliver the expected results that resolved the mental health problems experienced by the people in Bantur.

In addition from these stakeholders also some other parties involved in the implementation of this innovation. Brawijaya University was deliver Ns. Soebagijono as deputy health clinic to get *Penghargaan Tanda Kehormatan Satyalencana Kebangkitan Sosial* from Susilo Bambang Yudhoyono. It became an first award from innovation Perkes Wa Mas. Then the Brawijaya University make cooperation with Bantur health center to formulate an academic curriculum and the nursing profession. Bantur health center also help nursing students in running the

nursing profession by joining in the implementation of the PerkesWaMas innovation.

An innovation strategy has to invite the society to play a role in making innovation to be acceptable in the society. Rogers (2003) as quote by Suwarno (2008: 91) suggests that the stages of the decision process innovation is, Knowledge, Confidence, Decision, Implementation, and Confirmation. At the second stage of persuasion explained that the society is influenced attitudes and behavior to be positive and in line with the implementation of such innovations. At this stage formed mindset of the people who will determine the next behavior to decide his attitude to accept or reject.

In this PerkesWaMas innovation has a working concept that includes also invites people and families with mental disorders to attend mental health counseling held by Bantur health center. Besides the family with mental disorders also provided counseling to treat people with mental disorders. Cadres also move mental patients to follow treatment by Bantur health centers. So the society is expected to support the implementation of PerkesWaMas innovation by following each stage is given by Bantur health center. The resulting of positive impact will also be perceived directly by the society with their innovations this PerkesWaMas.

d. Implementation Process Innovation PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) in Bantur Health Center Malang.

According to the theory of innovation cycles number four Implementing Projects explained that an innovation must be realized not only be an idea. Based on the research that innovation has implemented the innovation PerkesWaMas well even have to walk up to 5 years. Act 23 of 1992 about health of article 24 say that mental health organized to realize the mental health optimally, both intellectually and emotionally. In the Bantur health center itself have mental polyclinic that specifically used for the treatment of people with mental disorders.

According to Levey and Loomba in Azrul (1996), health care is every effort be carried out alone or together in an organization that purpose to maintain and improve health, prevent and cure disease and restore health. A health center must provide health services, but mental health services not the services that must be provided by health centers. Bantur health center was already implementing the theory for doing new innovations to provide mental health services that purpose to maintain and improve health, prevent and cure diseases, especially in the mental health. In mental polyclinic Bantur health center that provides mental health services, mental polyclinic is open once a week every Wednesday. On the day of patients with mental disorders can control the development of the condition of patients in the Bantur health center.

After saw the number of people with mental disorders in Bantur there are a main cause of the economic conditions, the pressure of social life, and problems in the family. Law No. 18 of 2014 on Mental Health is intended to ensure that persons in order to achieve good quality of life, as well as providing health services in an integrated, comprehensive, and sustained through promotive, preventive, curative, and rehabilitative services. Mental health services in Bantur health center have purpose is not only to cure mental disorders but also improve economic conditions of society in Bantur by helping people to have a better quality of life.

e. Attainment of Innovation PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) in Bantur Health Center Malang.

An important aspect in the study of innovation is the level of innovation that reflects variations of the impact which inflicted from innovation. The innovation level category described by Mulgan and Albury from incremental, radical until transformative (Muluk, 2008: 46). Muluk explained that the Radical Innovation is a fundamental change in public service or the introduction of new ways in the process of organization and service. This kind of innovation is scare done because it need the biggest political support because it generally has a greater risk. Radical innovation is needed to bring a improvement in the performance of public services.

An innovation can go well or otherwise. The success rate of innovation can be measured from several things. PerkesWaMas innovations include innovations that have success in bringing about positive change for

the society. In accordance with the theory that PerkesWaMas innovations included in radical innovation because with this innovation has provided new public services, especially in the mental health services. One measure of the success of this PerkesWaMas innovation is to positively impact the society which received directly. One of them with improving conditions in people with mental disorders, the families also feeling the impact, they can be come together with families experiencing mental disorders and can take care of directly.

Based on the theory that innovation cycle number five is Evaluating Projects explained that innovation should be implemented and communicated well to the public and complete the need to resolve problems that arise. Beside from the impact felt by the public, the success rate of this innovation is also measured on Public Satisfaction Survey (SKM). At Public Satisfaction Survey is conducted there four categories: excellent, good, less good and bad. PerkesWaMas innovation is included in good categories with SKM service 78.79. SKM is not the only indicator of the success of this innovation, other indicators can be measured from the change before and after the introduction of this innovation. PerkesWaMas innovation has brought the needed changes for the society in Bantur particularly in the mental health services.

Innovation mental health services at the Bantur health center not only make a difference for people with mental disorders in Bantur and family. PerkesWaMas innovation is getting quite a lot of awards at both

local and national. In addition to the above awards PerkesWaMas innovation also has become an icon of his East Java sponsored by Mr. Karwo. In this video explains that many people with mental disorders are still not get health care properly. Social economic condition is the background of someone experiencing a mental disorder. Because of the strong stigma that people do all non-medical ways to treat people with mental disorders that may actually be cured with medical assistance.

f. Sustainability Innovation PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) in Bantur Health Center Malang.

In the last of innovation cycle theoru that is Diffusing Lessons explained that an innovation should explain how the innovation and continuing to show that the innovation can serve as an example and applied in other areas. In this study, in 2016 this innovation is already known to many people because of several awards so PerkesWaMas Innovation has been spread out in various communities through the media or from people. PerkesWaMas innovation has proved that this innovation has been implemented and not just a theory.

From variety of awards which obtained then this innovation shows that innovative mental health services could become an example for other health centers. Many people around Bantur who also want to take medication for the family or their colleagues who experience mental case. Some areas was already come to Bantur health centers for treatment include Dampit and Donomulyo Malang regency. The arrival of people

from outside the district region Bantul certainly got a good response from Bantul health center. Bantul health center try to serve as much as possible, especially in mental health services. It proves that the community was need of mental health services around them. Health center as the nearest health center for society to be one of the main destinations for medical. Not only Mental Hospital which became one of the means of treatment for people with mental disorders. Moreover, the location of the Mental Hospital is very far from the reach of Malang regency especially Bantul.

In order to ensure sustainability of the PerkesWaMas program, at the

Bantul health center has been established SK-TPKJM (*Surat Keputusan Tim Pelaksana Kesehatan Jiwa Masyarakat*) districts Bantul No.09 / 2014, the Health Office of Malang Regency has included PerkesWaMas Program and become Competitive Program and for the immediate realization of free deprivation Malang 2016. Provincial health office and some local governments are also want to replicate this program with a visit to the Bantul health center like Sidoarjo regency, Riau provincial health office, Malang City Government-health centers and health centers in District and Malang has visited the Bantul health center. Replication also occurs in various regions today, so that innovators are often invited to share their experiences in various regions in Indonesia. With the SK-TPKJM PerkesWaMas proves that innovation is actually managed to bring change to people with mental disorders and families in the District of Bantul. It has a lot of innovation in the field of health that

have been made, but very rarely innovation in the field of mental health until successful. Various obstacles have been traversed so many awards obtained as a result of the hard work of implementing this PerkesWaMas innovation.

2. Supporting and Inhibiting Factors Innovation PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) in Bantur Health Center Malang.

a. Supporting Factor of Innovation PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) in Bantur Health Center Malang.

1) Internal Supporting Factor

In the innovation of course there is a supporting factor in its implementation. According Ancok (2012: 58), there are three factors supporting innovation, namely human capital, leadership capital and organization capital. In this study, there are some internal supporting factors the first is the support of the head of the Bantur health center Dr. Julia and nurses in Bantur health centers. With the support of them PerkesWaMas innovation can work well for their good cooperation between the innovators and the rest of Bantur health center. With the leadership of Dr. Julia supporting the innovation PerkesWaMas then Dr. Julia also in charge of innovation PerkesWaMas and is represented by Ns. Soebagijono as the originator of innovation. Thus forming mental polyclinic of Bantur health center.

The second is the support of stakeholders in District Bantur helps the activities carried out outside the Bantur health center such as the introduction of innovation to the community. And the last is support of Malang Health Office to approve the allocation of medicine and provide assistance for people with mental disorders in Bantur. Because Bantur health center have mental polyclinic health services of course requires a constant supply enough medicine to patients with mental disorders. These three internal supporting factors is be the first step for Innovation PerkesWaMas to continue implement and provide mental health services to the community, especially people with mental disorders in Bantur.

2) External supporting factor

In addition to the above internal supporting factors are also several external supporting factor in the implementation of PerkesWaMas. From the research, there are 4 external supporting factors. The first is the support of CHMN (Community Mental Health Nursing) that help in providing care for patients with mental disorders and provide training to the cadres. The second is the support of the society with the formation of cadres who helped PerkesWaMas Innovation activities primarily in the provision of counseling to the family of the patient, the patient's home visits and monitor the patient's condition. The third is the support of the Brawijaya University Department of Nursing to establish cooperation with Bantur health

centers so that students from the Urawijaya University can run programs in Bantur health center especially in mental polyclinic. Third parties has helped PerkesWaMas innovation goes well in mental polyclinic and activities outside the Bantur mental health center like *Posyandu* and *Bengkel Jiwa*.

The next support is obtained from the financial support, financial support from various parties. The first of Bantur health center, although the numbers were not too great, the second one there is a caring community ODGJ which also make a donation and help find donations for patients with mental disorders. Also obtained financial support from individuals and also support for the activities of the workshop where the care. Of the four external supporting factors can be seen that the innovation PerkesWaMas has succeeded in invite people to care for people with mental disorders and provide care that people with mental disorders can return to normal activity.

b. Inhibiting Factor Innovatioan PerkesWaMas (*Perawatan Kesehatan Masyarakat*) Bantur Health Center Malang.

1) Internal Inhibiting Factors

An innovation will not be apart of the inhibiting factors, besides there are also a supporting factor inhibiting factor in innovation. According Borins in Noor (2013: 25), there are three inhibiting factors innovation that emerged from within the bureaucracy itself, derived from the political environment, and the derived from the environment outside

the public sector. Based on the results of research, internal inhibiting factor of PerkesWaMas have derived from the bureaucracy, that is the absence of a doctor SpKJ (Mental Health Specialist) who served in Bantur health center. Examination of mental patients is not done directly by the doctor SpKJ, but CHMN and nurse clinic.

Consultation and prescription via telephone and social media Whatsapp, so the SpKJ doctor can not see and examine directly the condition of people with mental disorders. Second, internal inhibiting factors is no follow-up prescribing the medicine. By looking at the development of patients with mental disorders of course there will be a change in prescription and dose given, until now Bantur health center still difficult in providing follow-up to patients with mental disorders. All of factor is the main inhibiting of the implementation this PerkesWaMas after 5 years running and perform various evaluations.

2) External Inhibiting Factor

Beside internal factors, innovation PerkesWaMas also have some factor external inhibiting factor. According Borins in Noor (2013: 25), there are three factors inhibiting innovation that is from bureaucracy itself, derived from the political environment, and the latter is derived from the environment outside the public sector. According to this study all of external inhibiting factor comes from the environment outside the political sector.

External inhibiting factor is the mental health stigma and socio-cultural myths about mental health is still strong in the society. People with mental disorders in the society often get good treatment and received discrimination from society. It should not be made to people with mental disorders because it will only be a bad impact on people with mental disorders and families so that families tend to hide people with mental disorders such as by deprivation. By treating people with mental disorders as it will make more bad condition.

The next external factors is the concept of mental health is still poorly understood by the public and the mental paradigm that still in the cultural society. Most people saw that sick paradigm only physically. However, mental disorders also include the sick and very important in social life. When someone is having a mental disorder so the person will not be productive as when in a healthy state. It is still often overlooked by the public and assume that people with mental disorders can not be cured.

CHAPTER V

CONCLUSION

A. CONCLUSION

a. Process of Innovation PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) in Bantur Health Center Malang

Based on the results of research and discussion presented in four chapter can be concluded that basically causes a person experiencing mental disorders is due to economic factors. Bantur at the southern end of Malang is a coastal area that most people still less economically and education. The government is obligate to provide services of health, especially mental health. Services already provided through the Mental Hospital in various regions in Indonesia. The psychiatric hospital itself does not reach areas far from cities like Bantur districts. Therefore Bantur health center as the nearest healthcare for the society Bantur make health care innovation that is PerkesWaMas.

Innovation of public services of mental health is PerkesWaMas has gone well. It can be seen from PerkesWaMas innovation cycle consists of six part. The first innovation cycle is identifying the problem, one of the nurses at the health center Bantur Mr. Ns. Soebagijono have found several problems that occurred in Bantur, the number of people with mental disorders are not treated properly. With the existence of this problem into the early emergence of innovation PerkesWaMas. The second part of the innovation cycle is generating ideas, Bantur health center have attempted to create new ideas to solve problems that arise in the districts of Bantur to create an innovative

mental health services called PerkesWaMas, this innovation is expected to solve problems that arise in Bantul. The third of innovation cycle is developing proposals, public health innovation PerkesWaMas in Bantul has submitted a proposal to the Public Health Office Malang. Despite initially being rejected by the Agency but due to the seriousness of Mr. Ns. Soebagijono want to realize this innovation ultimately Public Health Office Malang regency was received a proposal from Bantul health centers.

Number four of innovation cycles is implementing projects, at this steps is the most difficult steps that must be done. Bantul health center has implemented PerkesWaMas innovation in accordance with the concept of work that has been made, even 5 years of innovation is going well despite the various inhibiting. This fifth steps of innovation cycle is evaluating projects, after several years this innovation was running, Bantul health centers also has evaluated each year whether this innovation can overcome the existing problems or not. With the execution of this evaluation Bantul health centers are always working to improve the quality of mental health services. The last steps of the innovation cycle is Diffusing Lessons, PerkesWaMas innovations was get many awards at both national and regional, PerkesWaMas innovation is also as an example for other regions that want to improve the quality of mental health services in primary health care and has even been replicated.

Not all innovations go well until the Diffusing Lessons steps, the majority of innovation just stop at the implementation stage because at the number that appears inhibiting factor. PerkesWaMas innovation has been

carrying out the steps of the innovation cycle very well. This is evidenced by the many awards obtained and the number of visits from different regions and various of department to study how such innovations run. Many of those who support this innovation ranging from the general public to stakeholders. The concern is treatment of Bantur health centers provide free of medical treatment to all patients with mental disorders in Bantur that doesn't have BPJS or JAMKESMAS.

b. Supporting and Inhibiting Factors of Innovation PerkesWaMas (*Perawatan Kesehatan Jiwa Masyarakat*) in Bantur ahealth Center Malang

1) Supporting factors

Based on the discussion in Chapter 4 there is a supporting factor innovation PerkesWaMas consisting of internal and external factors. The supporting factors is the support of the leader Bantur health center dr. Julia and nurses in Bantur health centers. The second is the support of stakeholders in Bantur which helps the activities carried out outside the Bantur health center such as the introduction of innovation to the community. And the last support from the Public Health Office Malang to approve and provide assistance allocation of the medicine for patients with mental disorders in Bantur.

In addition to the above internal factors, also have external supporting factors in the implementation of PerkesWaMas. From the research, there are 4 supporting external factors. The first is the support of CHMN (Community

Mental Health Nursing) that assist in providing care for patients with mental disorders and provide training to the cadres. The second is the support of the society with the formation of cadres who helped PerkesWaMas innovation activities. The third is the support of the Brawijaya University Department of Nursing to establish cooperation with Bantur health center. The next support is obtained from the financial support, financial support from various parties.

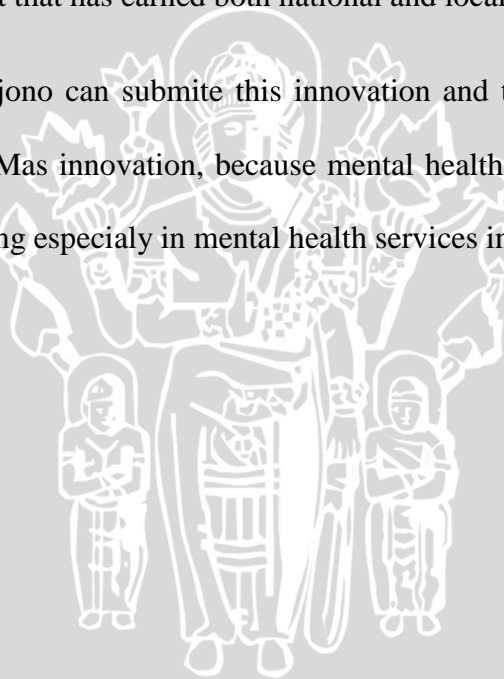
2) Inhibiting factors

Based on the discussion in chapter 4, there are several inhibiting factors, internal and external. The first is the absence of a doctor SpKJ (Mental Health Specialist) who served in Bantur health center. The second is the lack of follow-up prescribing the medicine. In addition, internal factors, innovation PerkesWaMas also have some inhibiting external factor. The first is the stigma against mental health and socio-cultural myths about mental health is still strong in the society. The second is the concept of mental health is still poorly understood by the public and the sick paradigm that linger in the cultural community.

B. SUGGESTION

Based on the conclusions that have been described, the author gives suggestion to PerkesWaMas innovation in order to improve the quality of mental health services in Bantur health centers Malang. The suggestions that can be delivered are as follows:

- a. The need for a submission to the Public Health Offices Malang to provide support by providing at least one doctor SpKJ which could directly provide direct examination of patients with mental disorders in the Bantur health center. At least once a week doctor SpKJ visit to the Bantur health center.
- b. The need to perform the filing allocation of special funds used to provide mental health services. Seeing the growing of PerkesWaMas innovation and achievement that has earned both national and local.
- c. Mr. Ns.Soebagijono can submit this innovation and they will get HaKI from PerkesWaMas innovation, because mental health service innovation as the new finding especially in mental health services in Indonesia.



REFERENCES

- Anna, L.K. 2012. "450 Juta Orang Menderita Gangguan Jiwa", diakses pada tanggal 28 September 2016 dari <http://health.kompas.com>
- Ancok, Djamaluddin. 2012. *Kepemimpinan dan Inovasi*. Jakarta: Erlangga.
- Azwar, Azrul., 1994. *Pengantar Administrasi Kesehatan, Edisi ketiga, Ciputat*. Tangerang: Binarupa Aksara.
- _____. 1996. *Menuju Pelayanan Kesehatan Yang Lebih Bermutu*. Jakarta: Yayasan Penerbitan IDI Tangerang : Binarupa Aksara.
- Budijanto, D. 2015. "400 Ribu Alami Gangguan Jiwa Berat (Schizophrenia), 10 Juta Alami Gangguan Mental Emosional (GME)" diakses pada 27 September 2016 dari <http://www.kompasiana.com/>
- Denhardt, V Janet 7 Robert B, Denhardt. 2003. *The new Public Service Serving not Steering*. New York: M.E. Sharpe. Inc.
- Depkes RI 1995. *Pedoman Pelayanan Kesehatan Jiwa di Fasilitas Kesehatan Umum*. Cetakan Pertama, Jakarta.
- _____. 1999. *Rancangan Kebijakan dan Strategi Program Kesehatan jiwa Menuju Indonesia Sehat 2012*. Jakarta
- Dinas Kesehatan Kabupaten Malang. 2016. Visi dan Misi Dinas Kesehatan Kabupaten Malang Tahun 2011-2015. Diakses pada tanggal 28 September 2016 dari dinkes.malangkab.go.id
- Gunawan, Imam. 2013. *Metode Penelitian Kualitatif*. Jakarta: Bumi Aksara.
- Hardiyansyah. 2011. *Kualitas Pelayanan Publik*. Yogyakarta: Gava Media.
- Irmansyah. 2003. *Developing a family intervention program and an Indonesian family association for schizophrenia, to improve psychosocial rehabilitation outcomes and positives attitude toward schizophrenia patients*. World Psychiatric (Official Journal of the World Psychiatric Association).
- Muluk, Khairul. 2008. *Knowledge Management : Kunci Sukses Inovasi Pemerintahan Daerah*. Malang : Bayumedia.

Muninjaya. 2004. *Manajemen Kesehatan Edisi 2*, EGC, Jakarta.

_____. 2014. *Manajemen Mutu Pelayanan Kesehatan*, EGC, Jakarta.

Noor, Irwan. 2013. *Desain Inovasi Pemerintah Daerah*. Malang: Ub Press.

Pasolog, Harbani. 2007. *Teori Administrasi Publik*. Bandung: Alfabeta.

Ritsuko Kakuma, Harry Minas, Nadja van Ginneken, Mario R Dal Poz, Keshav Desiraju, Jodi E Morris, Shekhar Saxena, Richard M Scheffler. 2013. *Human resources for mental health care: current situation and strategies for action*. Prime Policy Brief.

Roger Walsh. 2011. *Lifestyle and Mental Health*. University of California, Irvine College of Medicine.

Sri Lestari, Widiyanti. 2012. *Evaluasi Penggunaan Sauran Komunikasi Antarpribadi Sebagai Salah Satu Strategi Komunikasi dalam Proses Adopsi Inovasi Program pemerintah (Studi Kasus: program keluarga harapan)*. Tesis. Jakarta: Program Pascasarjana Universitas Indonesia.

Susanto, A.B., dan Masri Saheb Putra, R. 2010. *60 Management Gems*. Jakarta: PT Gramedia.

Suwarno, Yogi. 2008. *Inovasi di Sektor Publik*. Jakarta : STIA-LAN Press.

Syafri, Wirman. 2012. *Studi Tentang Administrasi Publik*. Jakarta: Erlangga.

Yin, Robert. K, 2009, *Studi Kasus; Desain dan Metode*, Jakarta; Raja Grafindo Persada.

Zuhal. 2013. *Gelombang Ekonomi Inovasi*. Jakarta: Gramedia Pustaka Utama.

Peraturan Perundang-Undangan

Keputusan Menteri Pendayagunaan Aparatur Negara Nomor 63 Tahun 2003 tentang Pedoman Penyelenggaraan Pelayanan Publik.

Peraturan Menteri Kesehatan Republik Indonesia No 74 tahun 2014

Undang-Undang No. 25 Tahun 2009 tentang Pelayanan Publik.

Undang-Undang No. 23 Tahun 1992 tentang Kesehatan pasal 24

Undang-Undang No. 23 Tahun 2014 tentang Pemerintahan Daerah

Undang-Undang No. 36 Tahun 2009 tentang Kesehatan
Kementerian kesehatan RI. Badan Penelitian dan Pengembangan kesehatan

Internet :

<http://labdata.litbang.depkes.go.id/riset-badan-litbangkes/menu-riskesnas/menu-riskesdas/374-rkd-2013> diakses pada 22 Desember 2016

<http://health.kompas.com/read/2010/05/01/14401261/Kasus.Gangguan.Jiwa.Ringan.Meningkat> diakses pada 22 Desember 2016

WHO. Mental health atlas: 2011.

http://whqlibdoc.who.int/publications/2011/9799241564359_eng.pdf diakses pada 25 Januari 2017



APPENDIXES

PEDOMAN WAWANVARA

A. Tentang proses inovasi PerkesWaMas

1. Diajukan kepada penanggung jawab inovasi PerkesWaMas

- a. Bagaimana proses memulai dan pembuatan ide tentang inovasi PerkesWaMas?
- b. Siapa yang mencetuskan inovasi PerkesWaMas tersebut?
- c. Apa saja faktor pendorong munculnya inovasi PerkesWaMas?
- d. Apa saja faktor penghambat dalam memulai proses inovasi PerkesWaMas?
- e. Bagaimana cara mengatasi hambatan dalam memulai proses inovasi PerkesWaMas?
- f. Bagaimana ide PerkesWaMas diagendakan?
- g. Siapa saja yang terlibat dalam proses inovasi PerkesWaMas?
- h. Pelayanan apa saja yang diberikan oleh inovasi PerkesWaMas?
- i. Dari mana sumber dana untuk inovasi PerkesWaMas?
- j. Bagaimana tingkat keberhasilan inovasi PerkesWaMas diukur?
- k. Bagaimana keberlanjutan PerkesWaMas?

2. Diajukan kepada perawat CHMN dan Kader inovasi PerkesWaMas

- a. Apa saja tugas anda sebagai kader inovasi PerkesWaMas?
- b. Apakah anda menjadi kader dengan sukarela atau karena tugas tertentu?
- c. Bagaimana menurut anda tentang inovasi PerkesWaMas tersebut?

3. Diajukan kepada pasien penderita gangguan jiwa dan keluarga

- a. Sejak kapan bapak/ibu mengalami gangguan jiwa?
- b. Dari desa mana bapak/ibu tinggal?
- c. Dari mana bapak/ibu mengetahui tentang adanya inovasi PerkesWaMas ini?
- d. Apakah bapak/ibu rutin memeriksa dan mengikuti kegiatan PerkesWaMas?
- e. Bagaimana perubahan keadaan bapak/ibu setelah adanya inovasi PerkesWaMas ini?
- f. Menurut anda apakah inovasi PerkesWaMas ini bermanfaat bagi penderita gangguan jiwa?

B. Tentang faktor pendorong dan penghambat inovasi PerkesWaMas

1. Diajukan kepada penanggung jawab inovasi PerkesWaMas

- a. Apa saja yang menjadi faktor pendorong internal dalam pelaksanaan inovasi PerkesWaMas ini?
- b. Apa saja yang menjadi faktor pendorong eksternal dalam pelaksanaan inovasi PerkesWaMas ini?
- c. Apa saja yang menjadi faktor penghambat internal dalam pelaksanaan inovasi PerkesWaMas ini?
- d. Apa saja yang menjadi faktor penghambat eksternal dalam pelaksanaan inovasi PerkesWaMas ini?

**DAFTAR NAMA PENDERITA GANGGUAN JIWA
DI KECAMATAN BANTUR**

| No | Nama | Desa | Umur | L/P | Tingkat ketergantungan | Minum obat/Tidak |
|----|-------------------|--------|------|-----|------------------------|------------------|
| 1 | Sunarwi | Bantur | 55 | L | Parsial | Iya |
| 2 | Khusnul Hariyanto | Bantur | 53 | L | Mandiri | Iya |
| 3 | Widuwu Ningsih | Bantur | 53 | P | Parsial | Iya |
| 4 | Widodo | Bantur | 51 | L | Mandiri | Iya |
| 5 | Yatmini | Bantur | - | P | Mandiri | Iya |
| 6 | Tuminah | Bantur | 53 | P | Mandiri | Iya |
| 7 | Sodikin | Bantur | 32 | L | Mandiri | Tidak |
| 8 | Sri | Bantur | 26 | L | Mandiri | Iya |
| 9 | Mistiari | Bantur | 40 | P | Mandiri | Iya |
| 10 | Deni | Bantur | 22 | L | Mandiri | Iya |
| 11 | Sumiatun | Bantur | 50 | P | Mandiri | Iya |
| 12 | Suhari | Bantur | 50 | L | Parsial | Tidak |
| 13 | Sodikyah | Bantur | 51 | P | Mandiri | Tidak |
| 14 | Siarni | Bantur | 60 | P | Mandiri | Iya |
| 15 | Ngatiman | Bantur | 38 | L | Mandiri | Iya |
| 16 | Rini | Bantur | 34 | P | Mandiri | Iya |
| 17 | Abdul kamid | Bantur | 30 | L | Mandiri | Iya |
| 18 | Syaifur | Bantur | 63 | L | Mandiri | Tidak |
| 19 | Sholikul huda | Bantur | 40 | L | Mandiri | Iya |
| 20 | Sumarmi | Bantur | 50 | P | Mandiri | Iya |
| 21 | Lasiah | Bantur | 30 | P | Parsial | Tidak |
| 22 | Gunawan | Bantur | 25 | L | Mandiri | Iya |
| 23 | Endang | Bantur | 38 | P | Mandiri | Iya |
| 24 | Juari | Bantur | - | L | Mandiri | Tidak |
| 25 | Poniah | Bantur | 45 | P | Total | Iya |
| 26 | Asmani | Bantur | 45 | P | Parsial | Tidak |
| 27 | Siti khotimah | Bantur | 32 | P | Parsial | Iya |
| 28 | Kasemi | Bantur | 75 | P | Parsial | Tidak |
| 29 | Mujiati | Bantur | 34 | P | Mandiri | Tidak |
| 30 | Setyobudi | Bantur | 33 | L | Mandiri | Iya |
| 31 | Suwoto | Bantur | 50 | L | Total | Iya |
| 32 | Imam | Bantur | 40 | L | Mandiri | Iya |
| 33 | Mistiari | Bantur | 40 | P | Mandiri | Iya |

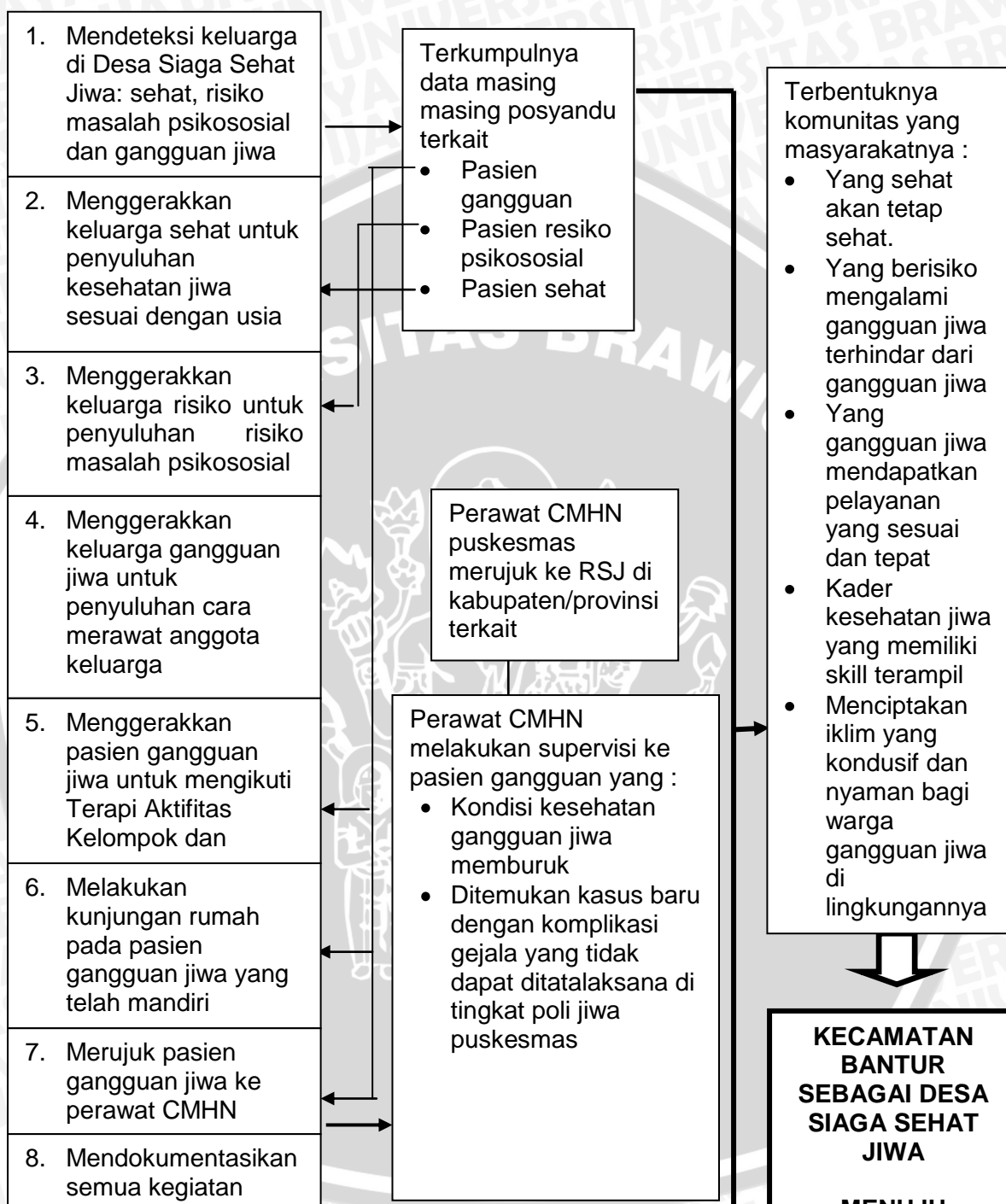
| | | | | | | |
|----|---------------|----------|----|---|---------|-------|
| 34 | Sumarmi | Bantur | 55 | P | Mandiri | Tidak |
| 35 | Tukimin | Bantur | 44 | L | Mandiri | Tidak |
| 36 | Priyanto | Bantur | 25 | L | Mandiri | Iya |
| 37 | Saminten | Bantur | 60 | P | Mandiri | Tidak |
| 38 | Sumiati | Bantur | 37 | P | Mandiri | Tidak |
| 39 | Sujariantono | Bantur | 36 | L | Mandiri | Iya |
| 40 | Sukami | Bantur | 10 | L | Mandiri | Tidak |
| 41 | Gini | Bantur | 52 | P | Mandiri | Tidak |
| 42 | Kamari | Bantur | 58 | L | Parsial | Iya |
| 43 | Mesiyo | Bantur | 47 | L | Mandiri | Tidak |
| 44 | Sa'adah | Bantur | - | P | Total | Tidak |
| 45 | Samini | Bantur | 60 | P | Total | Iya |
| 46 | Saninten | Bantur | 60 | P | Mandiri | Tidak |
| 47 | Pairin | Bantur | 70 | L | Mandiri | Tidak |
| 48 | Welem | Wonorejo | 41 | L | Mandiri | Tidak |
| 49 | Adi | Wonorejo | 41 | L | Mandiri | Tidak |
| 50 | Yuli | Wonorejo | 53 | P | Mandiri | Iya |
| 51 | Jatu | Wonorejo | 28 | P | Mandiri | Tidak |
| 52 | Mestun | Wonorejo | 65 | P | Mandiri | Tidak |
| 53 | Nanto | Wonorejo | 35 | L | Parsial | Tidak |
| 54 | Hari | Wonorejo | 25 | L | Parsial | Tidak |
| 55 | Nyarimah | Wonorejo | 48 | P | Parsial | Tidak |
| 56 | Munah | Wonorejo | 70 | P | Total | Tidak |
| 57 | Naning | Wonorejo | 46 | P | Mandiri | Iya |
| 58 | Samirah | Wonorejo | 50 | P | Mandiri | Tidak |
| 59 | Hari | Wonorejo | 63 | P | Mandiri | Iya |
| 60 | Ririn | Wonorejo | 38 | P | Mandiri | Tidak |
| 61 | Kristiani | Wonorejo | 35 | P | Mandiri | Tidak |
| 62 | Hari budiarto | Wonorejo | 30 | L | Mandiri | Iya |
| 63 | Saelan | Srigonco | 65 | L | Parsial | Iya |
| 64 | Ponanti | Srigonco | 64 | P | Mandiri | Tidak |
| 65 | Samin | Srigonco | 41 | L | Mandiri | Tidak |
| 66 | Yatmoko | Srigonco | 36 | L | Mandiri | Iya |
| 67 | Sri winarti | Srigonco | 28 | P | Parsial | Iya |
| 68 | Poniyok | Srigonco | 54 | P | Mandiri | Tidak |
| 69 | Atim | Srigonco | 48 | P | Mandiri | Tidak |
| 70 | Dedy irawan | Srigonco | 19 | L | Mandiri | Iya |
| 71 | Parikem | Srigonco | 62 | P | Mandiri | Iya |
| 72 | Priyanto | Srigonco | 23 | L | Mandiri | Tidak |

| | | | | | | |
|-----|------------------|--------------|----|---|---------|-------|
| 73 | Karmisah | Sumberbening | 40 | P | Mandiri | Iya |
| 74 | Sumini | Sumberbening | 45 | P | Mandiri | Iya |
| 75 | Subekti | Sumberbening | 25 | P | Mandiri | Iya |
| 76 | Nurkholis | Sumberbening | 28 | L | Mandiri | Iya |
| 77 | Warsih | Sumberbening | 60 | P | Mandiri | Iya |
| 78 | Sinem | Sumberbening | 60 | P | Mandiri | Iya |
| 79 | Wagimun | Sumberbening | 35 | L | Parsial | Iya |
| 80 | Agus | Sumberbening | 22 | L | Mandiri | Tidak |
| 81 | Endang | Sumberbening | 43 | P | Mandiri | Tidak |
| 82 | Mubin | Sumberbening | 21 | L | Mandiri | Iya |
| 83 | Samuri | Sumberbening | 50 | L | Mandiri | Iya |
| 84 | Miati | Sumberbening | 60 | P | Parsial | Iya |
| 85 | Anang | Sumberbening | 28 | L | Parsial | Iya |
| 86 | Yulianingsih | Sumberbening | 35 | P | Parsial | Iya |
| 87 | Priatin | Sumberbening | - | P | Parsial | Tidak |
| 88 | Afif | Sumberbening | 13 | L | Parsial | Iya |
| 89 | Kasiati | Sumberbening | 62 | P | Parsial | Iya |
| 90 | Sriani | Sumberbening | 70 | P | Parsial | Iya |
| 91 | Ponijan | Sumberbening | 50 | L | Mandiri | Iya |
| 92 | Harun | Bandungrejo | 52 | L | Mandiri | Tidak |
| 93 | Istiqomah | Bandungrejo | 62 | P | Mandiri | Tidak |
| 94 | Ahmad sahendar | Bandungrejo | 14 | L | Mandiri | Tidak |
| 95 | Sri mulya sejati | Bandungrejo | 32 | P | Mandiri | Iya |
| 96 | Sumarmi | Bandungrejo | 40 | P | Mandiri | Iya |
| 97 | Sarni | Bandungrejo | 60 | P | Mandiri | Iya |
| 98 | Jatmiko | Bandungrejo | 32 | L | Mandiri | Iya |
| 99 | Suki | Bandungrejo | 32 | L | Mandiri | Iya |
| 100 | Nurul | Bandungrejo | 25 | P | Mandiri | Iya |
| 101 | Sinta | Bandungrejo | 25 | P | Mandiri | Tidak |
| 102 | Wasono | Bandungrejo | 41 | L | Mandiri | Iya |
| 103 | Witono | Bandungrejo | 38 | L | Mandiri | Tidak |
| 104 | Rinanti | Bandungrejo | 36 | P | Mandiri | Tidak |
| 105 | Poniyah | Bandungrejo | 41 | P | Mandiri | Tidak |
| 106 | Sukari | Bandungrejo | 41 | L | Parsial | Tidak |
| 107 | Ambar | Bandungrejo | 43 | P | Total | Tidak |
| 108 | Kasianto | Bandungrejo | 42 | L | Parsial | Tidak |
| 109 | Timbul | Bandungrejo | 33 | L | Parsial | Tidak |
| 110 | Purnawan | Bandungrejo | 30 | L | Mandiri | Tidak |
| 111 | Indah | Bandungrejo | 25 | P | Mandiri | Tidak |

| | | | | | | |
|-----|-------------------|-------------|----|---|---------|-------|
| 112 | Udin | Bandungrejo | 25 | P | Parsial | Iya |
| 113 | Siyono | Bandungrejo | 55 | L | Mandiri | Iya |
| 114 | Waji | Bandungrejo | 40 | L | Mandiri | Tidak |
| 115 | Ngateman | Bandungrejo | 34 | L | Total | Iya |
| 116 | Nurul | Bandungrejo | 31 | P | Parsial | Iya |
| 117 | Wagini | Bandungrejo | 45 | L | Parsial | Tidak |
| 118 | Dedi | Bandungrejo | 19 | L | Mandiri | Iya |
| 119 | Ruliami | Bandungrejo | 28 | P | Mandiri | Tidak |
| 120 | Marsi | Bandungrejo | 35 | P | Mandiri | Tidak |
| 121 | Lasiyem | Bandungrejo | - | P | Mandiri | Tidak |
| 122 | Salim | Bandungrejo | 46 | L | Mandiri | Tidak |
| 123 | Suwari | Bandungrejo | 24 | L | Mandiri | Tidak |
| 124 | Sugiyem | Bandungrejo | 53 | L | Mandiri | Tidak |
| 125 | Ana nisa ulmufida | Bandungrejo | 26 | P | Mandiri | Iya |
| 126 | Sulis triwiyono | Bandungrejo | 26 | P | Mandiri | Tidak |
| 127 | Minah | Bandungrejo | 55 | P | Mandiri | Iya |
| 128 | Tukiyat | Bandungrejo | 65 | L | Parsial | Iya |
| 129 | Dewi | Bandungrejo | 22 | P | - | Tidak |
| 130 | Tamuji | Bandungrejo | 33 | L | - | Tidak |
| 131 | Sugiyanto | Bandungrejo | 54 | L | Mandiri | Tidak |
| 132 | Sukadi | Bandungrejo | 60 | L | Mandiri | Tidak |
| 133 | Beti | Bandungrejo | 41 | P | Mandiri | Iya |



KONSEP KERJA INOVASI PERKESWAMAS



Keterangan :

Kegiatan diatas dilakukan secara bergiliran dalam satu bulan.

Minggu pertama : kegiatan nomor 1, 2, 6, 7,8

Minggu kedua : kegiatan nomor 1, 4, 5, 6, 7,8

Minggu ketiga : kegiatan nomor 1, 3, 6, 7,8

Minggu keempat : kegiatan nomor 1, 4, 5, 6, 7,8



PEMERINTAH KABUPATEN MALANG
BADAN KESATUAN BANGSA DAN POLITIK
Jl. KH. Agus Salim No. 7 Telp. (0341) 366260 Fax. (0341) 366260
MALANG - 65119

SURAT KETERANGAN

NOMOR : 072/ ~~509~~ /35.07.205/2016

Untuk melakukan Survey/Research/Penelitian/KKN/PKL/Magang

Menunjuk : Surat Dari Dekan Fak. Ilmu Administrasi UB Malang Nomor : 17882/UN10.3/PG/2016
Tanggal : 29 November 2016 Perihal : Ijin Penelitian

Dengan ini Kami **TIDAK KEBERATAN** dilaksanakan kegiatan Ijin Penelitian oleh :

Nama / Instansi : Elsa Marga Retna

Alamat : Jl. MT Haryono 163, Malang

Thema/Judul/Survey/Research : Inovasi Layanan Kesehatan Jiwa Melalui Desa Siaga Sehat Jiwa
Mewujudkan Bantur Bebas Pasung (Studi Pada Puskesmas
Bantur Kab. Malang)

Daerah/tempat kegiatan : Di Puskesmas Bantur Kab. Malang

Lamanya : 5 Desember 2016 s.d 13 Januari 2017

Pengikut : -

Dengan Ketentuan :

1. Mentaati Ketentuan - Ketentuan / Peraturan yang berlaku
2. Sesampainya ditempat supaya melapor kepada Pejabat Setempat
3. Setelah selesai mengadakan kegiatan harap segera melapor kembali ke Bupati Malang Cq. Kepala Badan Kesatuan Bangsa dan Politik Kabupaten Malang
4. Surat Keterangan ini tidak berlaku apabila tidak memenuhi ketentuan tersebut diatas

Malang, 1 Desember 2016

An. **KEPALA BADAN KESBANG DAN POLITIK**
Kepala Bidang Ideologi, HAM dan Wasbang



ub
Kasubid Wawasan Kebangsaan

KUSWANTORO
Penata
NIP. 19680125 199203 1 004

Tembusan :
Yth.

1. Dekan Fak. Ilmu Administrasi UB Malang
2. Kepala Dinas Kesehatan Kab. Malang
3. Kepala Puskesmas Bantur Kab. Malang
4. Mhs / Ybs
5. Arsip



PEMERINTAH KABUPATEN MALANG

DINAS KESEHATAN



Jln. Panji No.120 Kepanjen Telp (0341) 393730-391621, Fax. (0341) 393731
Email : dinkes@malangkab.go.id website : http:// dinkes.malangkab.go.id
MALANG

Malang, 8 Desember 2016

Nomor : 072/ 45 30 /35.07.103/2016
Sifat : Biasa
Lampiran : -
Perihal : Ijin Penelitian

Kepada :
Yth. Dekan Fakultas Ilmu Administrasi
Universitas Brawijaya
Di -

T E M P A T

Menjawab Surat dari Dekan Fakultas Ilmu Administrasi Universitas Brawijaya, Nomor 17882/UN 10.3/PG/2016, tanggal 29 Nopember 2016 tentang Ijin Penelitian , dengan ini kami TIDAK KEBERATAN dilaksanakan Kegiatan tersebut oleh :

N a m a : Elsa Marga Retna
N I M : 135030100111093
Judul : *Inovasi Layanan Kesehatan Jiwa Melalui Desa Siaga Jiwa Mewujudkan Bantur Bebas Pasung (Studi pada Puskesmas Bantur Kab. Malang)*
Tempat Kegiatan : Puskesmas Bantur Kab. Malang
Waktu Kegiatan : 05 Desember 2016 - 13 Januari 2017

Dengan ketentuan sebagai berikut :

1. Mentaati peraturan / ketentuan yang berlaku
2. Sesampainya ditempat kegiatan untuk melaporkan dan berkoordinasi kepada Pejabat yang terkait.
3. Melakukan **Inform consent** secara tertulis sebelum dilakukan kegiatan kepada yang bersangkutan
4. Harus memegang azas rahasia (tanpa nama / identitas responden)
5. Mempresentasikan dan menyampaikan hasil penelitian di tempat penelitian
6. Setelah selesai melaksanakan kegiatan untuk melaporkan kembali kepada Kepala Dinas Kesehatan Kabupaten Malang Cq. Diklat Litbang Dinas Kesehatan Kab Malang.
7. Surat ini tidak berlaku apabila tidak memenuhi ketentuan tersebut diatas.

Demikian atas perhatian dan kerjasamanya disampaikan terima kasih.

an. KEPALA DINAS KESEHATAN
Sekretaris



Drs. NANDANG DJUMANTARA

embusan.Yth:

1. Kepala Dinas Kesehatan (Sebagai Laporan)



PEMERINTAH KABUPATEN MALANG
DINAS KESEHATAN

UPTD PUSKESMAS BANTUR

Jln. Raya Bantur No. 2203 Telp. (0341)841113 Kode Pos 65179

Bantur, tgl. 9 Desember 2016

Nomor : 445/ 206 /421.103.114/2016
Lampiran : -
Perihal : **Ijin Penelitian**

K e p a d a :
Yth. Dekan Fak.Ilmu Administrasi
Universitas Brawijaya

Di -
Malang

Menunjuk surat dari Dinas kesehatan Kab.Malang, Nomor : 072/4530/35.07.103/2016 pada tanggal 8 Desember 2016: tentang Permohonan ijin Penelitian oleh Mahasiswa, dengan ini kami TIDAK KEBERATAN dilaksanakan Kegiatan tersebut oleh :

N a m a : Elsa Marga Retna
N I M : 135030100111093
Judul : ***Inovasi Layanan Kesehatan Jiwa Melalui Drsa Siaga Jiwa Mewujudkan Bantur Bebas Pasung (Studi pada Puskesmas Kabupaten Malang)***
Tempat Kegiatan : Puskesmas Bantur Kab. Malang
Waktu Kegiatan : 05 Desember 2016 -13 Januari 2017

Dengan ketentuan sebagai berikut :

1. Mentaati peraturan / ketentuan yang berlaku
2. Sesampainya ditempat kegiatan untuk melaporkan dan berkoordinasi kepada pejabat yang terkait.
3. Melakukan **Inform consent** secara tertulis sebelum dilakukan kegiatan kepada yang bersangkutan
4. Harus memegang azas rahasia (tanpa nama / identitas responden)
5. Setelah selesai melaksanakan kegiatan untuk melaporkan kembali kepada Kepala Puskesmas Bantur
6. Surat ini tidak berlaku apabila tidak memenuhi ketentuan tersebut diatas.

Demikian untuk dapat dipergunakan sebagaimana keperluannya.



Kepala Puskesmas Bantur

dr. Julia Rosana
NIP. 197007122002122004

Tembusan :

1. Kepala Wilayah Kecamatan Bantur
2. Kepala Desa Bandungrejo
3. Yang bersangkutan
4. Arsip.