



## Strengthening Integrated Mental Health Services: Implementation of Community Mental Health Wellness Centre in Langsat, Pekanbaru

Jasrida Yunita<sup>1\*</sup>, Hetty Ismainar<sup>1</sup>, Sekani Niriayah<sup>2</sup>, Harvandy Anwir<sup>3</sup>, Kharisma Yuhana Fauziah<sup>1</sup>, Anggi Wahyuni<sup>1</sup>, Nurlisis<sup>4</sup>

<sup>1</sup>Master of Public Health Program, Postgraduate Program, Universitas Hang Tuah Pekanbaru, Riau, Indonesia

<sup>2</sup>Nursing Program, Faculty of Health, Universitas Hang Tuah Pekanbaru, Riau, Indonesia

<sup>3</sup>Langsat Public Health Center, Pekanbaru, Riau, Indonesia

<sup>4</sup>Public Health Program, Faculty of Health, Universitas Hang Tuah Pekanbaru, Riau, Indonesia

\*Corresponding author: [jasridayunita@htp.ac.id](mailto:jasridayunita@htp.ac.id)

Submitted: July 5, 2025

Accepted: October 22, 2025

Published: December 27, 2025

### ABSTRACT

Integrated Mental Health Services at Langsat Public Health Centre were implemented to address low community awareness of mental health screening, stigma toward individuals with mental disorders or mental health problems, and limited educational and support facilities. This program aimed to enhance the capacity of primary health care staff and community health cadres, strengthen the reporting and service management system, and promote community participation through mental health promotion and screening by establishing the Community Mental Health Wellness Centre. The methods included collaborative discussions, training for health workers and cadres, development of Standard Operating Procedures (SOPs) and service guidelines, and production of educational media and promotional videos. An integrated reporting system using e-Puskesmas and Google Spreadsheets enabled real-time data monitoring. The results included the development of SOPs and an Integrated Mental Health Service Guideline as official references, improved understanding among health workers and cadres regarding service flow, counseling, patient support, and reporting mechanisms, and the availability of educational media disseminated through social media and primary health care waiting areas. The program produced SOPs, service guidelines, educational media (posters and leaflets), and established the Community Mental Health Wellness Centre as a replicable model that strengthens community-based mental health services and enhances community engagement.

**Keywords:** community mental health; community wellness; SOP; e-puskesmas reporting; community empowerment

### INTRODUCTION

The Integrated Mental Health Service Strengthening Program aims to improve service management capacity, prepare competent human resources, and develop effective mechanisms for education and reporting. One essential element is enhancing mental health literacy among community health workers, including cadres, so that they can detect and provide initial support for individuals experiencing mental health problems (Marthoenis et al., 2024).

The 2023 Indonesian Health Survey reported that 7% of households in Indonesia have at least one member with symptoms or a diagnosis of a mental disorder. In Riau

Province, the figure is 4.2%, predominantly among low-income groups (Kementerian Kesehatan RI, 2023). This indicates that access to mental health services remains limited and poses a serious challenge in the region (Munira et al., 2023).

In Pekanbaru, although the target coverage for mental health services for people with severe mental disorders (in Indonesia, abbreviated as ODGJ, Orang Dengan Gangguan Jiwa)) is set at 100%, the realization has not been optimal. Many primary health centres, including Langsat Primary Health Care (PHC), still face barriers such as insufficient mental health personnel, limited facilities, inadequate availability of medications, and persistent social stigma. Furthermore, integration of mental health services into primary care activities, such as community-based health posts, has not explicitly addressed mental health targets.

Langsat PHC serves three sub-districts with a total population of 22,823 (Badan Pusat Statistik Kota Pekanbaru 2024). In 2022, of the target of 36 patients with severe mental disorders, only 26 (72.2%) received services. In 2023, coverage dropped significantly to 25% before increasing again to 56.8% in 2024 (Puskesmas Langsat, 2025). The services provided, however, were mainly limited to referrals to hospitals or psychiatrists, without active screening or dedicated service programs. Contributing factors include limited budget allocation, the absence of specialized facilities, reliance on only one mental health officer with multiple duties, passive and reactive service approaches, inadequate community education, and intense societal stigma. Community literacy on mental health remains low, leading to symptoms often being ignored or hidden. Nevertheless, several initiatives have been introduced. In October 2024, Langsat PHC encourages community-based health posts cadres to actively participate in community-based mental health activities conducted at the facility. These cadres are members of the local community who have demonstrated a strong commitment to addressing mental health issues. An unused auxiliary health centre building has been prepared as the designated service location, although it is not yet fully equipped with adequate infrastructure and facilities.

Socially, the catchment area of Langsat PHC is relatively dense and heterogeneous, with substantial potential from community groups such as majelis taklim (religious study groups), youth organizations, and spiritual leaders. However, this potential has not yet been mobilized to support mental health services. Thus, the challenges in mental health services at Langsat PHC are multidimensional, encompassing technical, managerial, and social aspects. Addressing these challenges requires not only strengthening internal health system management but also empowering the community to establish social support networks for individuals with mental disorders and their families.

The objective of this initiative is to enhance the managerial capacity of Langsat PHC in providing standardized mental health services and to empower both the community and health cadres through education, assistance, and improved accessibility of services.

## METHOD

This community engagement program was implemented at Langsat PHC in Pekanbaru, covering the service areas of Jadirejo, Kampung Melayu, and Kampung Tengah sub-districts. The program was carried out from June to September 2025.

The implementation method was designed to address priority problems at Langsat PHC, namely the low coverage of mental health services and the limited community empowerment in supporting community-based care. The approach employed a participatory partnership model, involving the implementation team, health professionals from the health centre, community mental health cadres, local leaders, and stakeholders from the planning stage through evaluation.

The method integrated awareness campaigns, training, innovation implementation, mentoring, and sustainability planning, emphasizing the principle of community-based mental health services in alignment with government programs and in support of SDG 3 (Good Health and Well-being). Each stage focused on strengthening the internal management capacity of the health centre, enhancing community health literacy, and mobilizing cadres for early detection, screening, and assistance for people with severe mental disorders (ODGJ).

The program was carried out systematically over three months with active participation from partners. Langsung PHC provided health professionals, target population data, and facilities, while community mental health cadres served as the frontline for education, screening, and community monitoring. The engagement team—comprising university faculty, students, and health partners—played coordinating, training, and technical mentoring roles.

The implementation of this community engagement program followed a structured sequence of five stages as shown in Figure 1.



Figure 1. The implementation stages of community engagement

### Program Socialization

The initial stage involved meetings with the Head of PHC, the person in charge of the mental health program, community health cadres, local leaders, and representatives from the sub-districts. Activities included presenting the program objectives, benefits, and implementation flow, as well as reaching agreements on the location of the Community Mental Health Wellness Centre (in Indonesia abbreviated as Rumah Sehat Jiwa Komunitas) and the target households for mentoring. This socialization ensured that all stakeholders understood the plan and committed to supporting the program.

### Training and Capacity Building

The team conducted training for two target groups. For health centre staff: workshops on developing standard operating procedures (SOP) for integrated mental health services and training on using e-Puskesmas for recording and reporting. For cadres and community members: training in basic community mental health, effective communication techniques for assisting people with severe mental disorders (ODGJ), stress management, and screening simulations. These activities enhanced technical skills and improved cadres' readiness as community education agents.

### Application of Technology and Innovation

This stage implemented various media and tools developed for the program, including: (1) SOPs and Guidelines in both print and PDF formats to facilitate service standardization; (2) An integrated e-Puskesmas-based mental health reporting system for health centre staff and a cadre reporting program using Excel developed through Google Spreadsheets; (3) Mental health screening campaign videos circulated via social media and displayed in health centre waiting areas; (4) Posters promoting mental health screening placed in health centres, Auxiliary Health Posts/Community Mental Health Wellness Centre, and Non-Communicable Disease (NCD) Posyandu; (5) Educational leaflets on mental health distributed to patients and visitors at health facilities.

## **Mentoring, Monitoring, and Evaluation**

The engagement team, together with students, supported the delivery of mental health services at the Community Mental Health Wellness Centre. Monitoring was conducted through field visits and the collection of achievement data. Evaluation was carried out by distributing questionnaires to assess partners' empowerment levels regarding community social and management aspects before and after program implementation. The scoring scale was as follows: 1 = very low; 2 = low; 3 = moderate; 4 = high; 5 = very high. Data analysis was performed to examine whether there were significant differences before and after the intervention, using the Wilcoxon test, with a significance level of  $p < 0.05$ .

## **Program Sustainability**

In the final stage, the team and Langsat PHC developed a sustainability plan for community-based mental health services to be incorporated into the following year's activity plan, ensuring the initiative became an innovative program eligible for health centre budgeting. Active cadres were integrated into the health centre's cadre system to receive continuous training. At the same time, SOPs, guidelines, and monitoring formats were provided in both printed and digital formats for long-term use by the health centre.

# **RESULTS AND DISCUSSION**

## **This Program Socialization Stage**

The socialization stage began with a coordination meeting at Langsat PHC on June 16, 2025, to discuss the implementation plan for the community engagement program. Subsequently, the work plan was further deliberated in the Mini Workshop of Sukajadi Subdistrict, attended by representatives from the Pekanbaru City Health Office, the subdistrict head, community health cadres, and other stakeholders. During the workshop, the Pekanbaru City Health Office recommended replacing the term "Posyandu Jiwa", as this concept has already been integrated into the Primary Health Care Integration System (in Indonesia, abbreviated as ILP, Integrasi Layanan Primer) and no longer functions as a separate entity. This input aligned with the program's objective of designing an innovative mental health service at the PHC that is integrated within the ILP system and capable of serving people with severe mental disorders (ODGJ), people with mental health problems (ODMK), and the broader community in need of mental health support. The socialization process was also extended to cadres and community leaders to gather further input. Based on discussions with partners and cadres, the term "Community Mental Health Wellness Centre" (Rumah Sehat Jiwa Komunitas) was agreed upon as the name for the innovative mental health service program to be developed at Langsat PHC.

The socialization stage in community-based mental health programs is crucial for ensuring the successful implementation and sustainability of interventions. Conducted at the outset, socialization activities that engage health professionals, cadres, community members, and stakeholders serve to build collective ownership and commitment. Freebairn et al. (2022) Emphasize that stakeholder involvement from the planning stage, through participatory approaches and knowledge mobilization, enables more inclusive decision-making and responsiveness to local contexts. Similarly, Tuaf & Orkibi (2023) Demonstrate that community-based programs integrating social and recreational activities not only enhance public acceptance but also foster active participation of adolescents in mental health services. Furthermore, Duncan et al. (2023) highlight that meaningful socialization involving open dialogue with stakeholders is a critical mechanism to anticipate barriers, maintain program stability, and ensure desired outcomes, particularly

when policy or funding changes occur. Thus, the socialization stage is not merely an initial communication effort, but a key strategy to build collaboration, enhance health literacy, and strengthen the legitimacy and sustainability of community-based mental health programs.



Figure 2. Discussion on the activity plan

### Training and Capacity Building

The training and capacity-building activity was conducted on September 12, 2025, to strengthen the knowledge of community health centre staff and cadres about the mental health services to be implemented at the Community Mental Health Wellness Centre (Rumah Sehat Jiwa Komunitas). The training began with an introduction to the service concept, which is structured around five core steps. The session also elaborated on the service flow, client intake mechanisms, follow-up procedures, and evaluation processes. Participants received detailed explanations of the Standard Operating Procedures (SOP), integrated mental health service guidelines, and the technical implementation of services at the Community Mental Health Wellness Centre, enabling them to provide structured and standardized support.

The subsequent session emphasized stress management and effective communication techniques when working with ODGJ. This component aimed to ensure that staff and cadres could engage with empathy, reduce stigma, and maintain patient comfort. In addition to theoretical instruction, participants were trained in essential service skills, including basic physical measurements, mental health screening and assessment, and community-based therapeutic activities. The training also introduced an interactive tool, the “Community Mental Health Wheel”, designed to support recovery processes and enhance patient engagement. Through this program, staff and cadres are expected to develop the knowledge, skills, and confidence necessary to manage community-based mental health services effectively and sustainably.

These findings are consistent with the capacity-building framework proposed by Endale et al. (2020), which emphasizes that the effectiveness of training is determined by sustainability, system support, and the presence of supervision and monitoring following the training. Training programs that are not accompanied by long-term support risk failing to generate a significant impact on service practices. Similarly, the results of this activity align with the study by Wenny et al. (2025), which demonstrated that training for mental health cadres significantly improved their screening skills, increasing from 41.7% before training to 100% after training. This highlights that training designed with interactive and practice-based approaches can enhance the capacity of cadres to act as agents of change within their communities. Accordingly, the training conducted at the Community Mental Health Wellness Centre is not only theoretically relevant but also empirically aligned with best practices in strengthening the capacity of cadres and health workers.

To ensure the sustainability of its impact, such training should be complemented with periodic refresher sessions, supervision mechanisms led by experts, and the integration of

training curricula into the official community health centre programs. These measures will ensure that cadres and health workers possess the necessary skills, motivation, and system support to deliver community-based mental health services effectively and sustainably.



Figure 3. Capacity-building training for health workers and community cadres

### Application of Technology and Innovation

The application of technology and innovation was realized through the development of SOPs and an Integrated Mental Health Service Guideline, collaboratively prepared by the community engagement team and Langsat PHC. The SOPs outline patient screening, counseling, referral, assistance for individuals with mental health conditions, and documentation via the e-Puskesmas system. The guideline, available in both print and digital formats, was jointly verified with the Head of Langsat PHC and serves as an official reference for health workers and community cadres, particularly within the Community Mental Health Wellness Centre model.

In terms of reporting systems, services were integrated into e-Puskesmas through a dedicated Community Mental Health menu, complemented by Google Spreadsheet-based reporting. This mechanism enables real-time data entry by community cadres, facilitating transparent, efficient, and integrated information flow from the community to health facilities.

Furthermore, a promotional video was produced in the form of audio-visual media, featuring the Head of Langsat PHC, the mental health physician, and the public relations officer to encourage community mental health screening. Dissemination was carried out through social media and community groups. To strengthen outreach, posters and leaflets were also designed to present service pathways and screening invitations for the community.

The application of technology and innovation in community-based mental health services at Langsat Public Health Service aligns with the concept of digital mental health integration, which emphasizes the importance of synergy between face-to-face and digital services (blended care) to enhance access and ensure service continuity Bond et al. (2023). The utilization of a cloud-based reporting system through e-Puskesmas and the use of digital media for community education demonstrate how technological innovations can strengthen coordination between health workers and community cadres. These innovations simultaneously reduce geographical barriers and stigma toward mental health services. This finding is consistent with Alsleem et al. (2024), who highlighted that technological integration, such as telemedicine and mHealth, improves treatment adherence, patient satisfaction, and equity in access within resource-limited settings. Nevertheless, challenges such as low digital literacy and inadequate internet infrastructure remain significant barriers. Therefore, it is essential to develop adaptive and participatory digital platforms that engage users and healthcare providers from the design stage, as recommended by Bond et al. (2023), to ensure that technology remains contextually relevant and sustainable in supporting community mental health services.

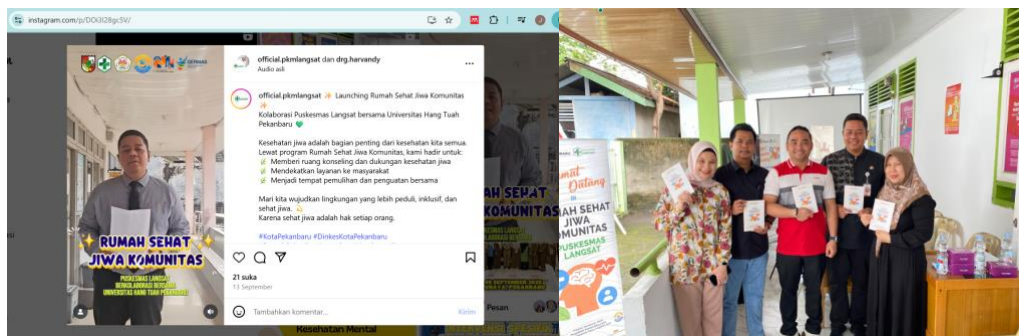


Figure 4. Examples of technology and innovation outputs

### Mentoring, Monitoring, and Evaluation

Throughout the implementation of the community engagement program, the academic team consistently provided mentoring and technical assistance to the partner institution in planning and executing all activities. The mentoring process included developing work plans, formulating Standard Operating Procedures (SOPs), preparing service guidelines, conducting training for health workers and community cadres, and providing on-site assistance during service delivery at the Community Mental Health Wellness Centre. Monitoring activities were carried out before program implementation to ensure the availability of essential resources, including human resources, financial support, facilities, infrastructure, and data readiness. At the end of the program, a comprehensive assessment was conducted to evaluate the implementation process from inception to completion.



Figure 5. Capacity building for health workers and community cadres

To assess the program's effectiveness, an evaluation was conducted, focusing on improving the partner's empowerment in two key domains: social-community aspects (assessed among community cadres) and managerial aspects (assessed among health officers). As presented in Table 1, the level of empowerment in the social-community aspect increased from a low category (mean score = 1.75) to a moderate category (mean score = 3.38). The Wilcoxon test indicated a statistically significant difference before and after the intervention across all indicators of social-community empowerment, with a  $p$ -value  $< 0.05$ . Meanwhile, as shown in Table 2, the empowerment level in the managerial aspect improved from a moderate category (mean score = 3.44) to a high category (mean score = 4.22). However, this change was not statistically significant, as all indicators had  $p$ -values  $> 0.05$ .

Table 1. Evaluation results of the social and community aspect

| No | Question                                                                                                 | Mean pre-test | Mean Post-test | P-value* |
|----|----------------------------------------------------------------------------------------------------------|---------------|----------------|----------|
| 1  | Understanding the concept of community mental health services                                            | 2.00          | 3.40           | 0.009    |
| 2  | Able to perform early mental health screening independently                                              | 1.63          | 3.10           | 0.014    |
| 3  | Able to provide mental health education to families and communities                                      | 1.75          | 3.30           | 0.010    |
| 4  | Confident in leading cadre or Posyandu activities related to mental health                               | 1.63          | 3.00           | 0.015    |
| 5  | Able to make appropriate decisions in assisting people with mental disorders and their families          | 1.63          | 3.30           | 0.009    |
| 6  | Able to coordinate with health workers or other cadres without waiting for instructions                  | 1.88          | 3.40           | 0.010    |
| 7  | Actively shares information or experiences with fellow cadres/workers through groups or regular meetings | 1.88          | 3.30           | 0.014    |
| 8  | Able to encourage community participation in mental health activities                                    | 1.75          | 3.40           | 0.009    |
| 9  | Committed to continuing support for people with mental disorders even after the program ends             | 1.75          | 3.30           | 0.014    |
| 10 | Has follow-up plans or innovations to improve mental health services in the work area                    | 1.75          | 3.40           | 0.009    |

\*Wilcoxon test

Table 2. Evaluation results of the management aspect

| No | Question                                                                               | Mean Pre-test | Mean Post-test | P-value* |
|----|----------------------------------------------------------------------------------------|---------------|----------------|----------|
| 1  | Understanding of integrated mental health service SOPs                                 | 3.80          | 4.60           | 0.157    |
| 2  | Ability to develop or adapt SOPs according to the needs of the health centre           | 3.80          | 4.40           | 0.180    |
| 3  | Independence in implementing SOPs without assistance                                   | 3.80          | 4.60           | 0.157    |
| 4  | Understanding of the mental health service flow from screening to referral             | 3.80          | 4.60           | 0.157    |
| 5  | Ability to coordinate service flows across programs or units                           | 3.80          | 4.60           | 0.157    |
| 6  | Ability to input and manage mental health data in e-Puskesmas or other digital systems | 3.80          | 4.60           | 0.157    |
| 7  | Understanding of mental health service reporting procedures at the health centre       | 3.80          | 4.40           | 0.157    |
| 8  | Ability to plan follow-up activities after the community engagement program ends       | 2.80          | 3.60           | 0.157    |
| 9  | Ability to encourage cadres/community members to remain active after mentoring ends    | 2.60          | 3.40           | 0.157    |

|    |                                                                          |      |      |       |
|----|--------------------------------------------------------------------------|------|------|-------|
| 10 | Independence in seeking internal/external support to sustain the program | 2.60 | 3.40 | 0.157 |
|----|--------------------------------------------------------------------------|------|------|-------|

\*Wilcoxon test

Mentoring and monitoring within the community-based mental health program proved effective in enhancing partners' social capacity and participation. The significant improvement in social and community aspects reflects the success of the capacity-building process through continuous training and mentoring approaches that strengthen the competencies of community cadres while fostering cross-sectoral collaboration at the community level. These findings are consistent with Mehrotra et al. (2018), who demonstrated that blended tele-mentoring models are effective in improving competence, confidence, and performance among healthcare professionals in remote areas through sustained mentorship and case-based learning. Similarly, the concept of community-based mentoring aligns with Silke & Brady (2025), who found that such mentoring initiatives can strengthen social relationships, enhance emotional well-being, and build self-confidence among participants through supportive and non-clinical interactions. Thus, mentoring serves not only as a mechanism for knowledge transfer but also as a strategy for reinforcing social networks and emotional support within the community. It is recommended that an integrated digital mentoring model be developed, combining online training, periodic supervision, and participatory feedback systems, to ensure the sustainability of capacity enhancement and the effectiveness of community-based mental health services.

### Program Sustainability

To ensure the sustainability of the Community Mental Health Wellness Centre program and maintain the quality of integrated mental health services at Langsat PHC, the community engagement team has developed a follow-up plan in collaboration with the health centre and relevant stakeholders. This plan includes several strategic actions as follows:

#### *Development of a Service Sustainability Plan*

The community engagement team, together with Langsat PHC, the Pekanbaru City Health Office, and other relevant stakeholders, will develop a sustainability plan for community-based mental health services. This plan will serve as a long-term operational guide, outlining role distribution, coordination mechanisms, and integration with the Primary Care Integration Program (ILP) to ensure the service can operate independently and sustainably.

#### *Integration of Cadres into the Health Centre System*

Cadres who have been trained and actively involved during the program will be formally integrated into the PHC cadre system. Through this integration, they will participate in regular training, supervision, and continuous skill development. This process is expected to strengthen the cadres' capacity as the frontline agents of education and assistance for people with mental disorders (ODGJ/ODMK) in the community.

#### *Replication of SOPs and Guidelines*

The SOPs and Integrated Mental Health Service Guidelines that have been developed will be handed over to Langsat PHC in both digital and printed formats. These documents will serve not only as internal references but also as replicable models for other health centres seeking to establish community-based mental health services. Moving forward, revisions and updates to these guidelines will continue to be necessary to ensure continuous improvement in service quality.

The sustainability of community-based mental health programs depends on multilevel factors involving organizational capacity, stakeholder engagement, and

supportive policy environments. Moore et al. (2022) emphasized that long-term program viability is shaped by stable funding, strong community connectedness, and institutional partnerships that link local initiatives to broader health systems. Similarly, Larrieta et al. (2022) demonstrated that sustained mentorship, capacity building, and equitable collaboration with funders enhance the growth and adaptability of community-based mental health initiatives, especially in resource-limited settings. Banwell et al. (2023) further highlighted the importance of leadership engagement, continuous communication, and adaptability in embedding mental health programs into existing systems to ensure continuity beyond the implementation phase. Taken together, these findings suggest that the sustainability of the Rumah Sehat Jiwa Komunitas initiative at Langsat PHC will rely on formalizing multi-sector partnerships, institutionalizing cadre training within primary care systems, and ensuring long-term policy and financial support from local health authorities. Strengthening monitoring mechanisms and embedding the program within the Primary Care Integration (ILP) framework are also recommended to maintain service integration, accountability, and scalability.

## CONCLUSION

The implementation of the Community Mental Health Wellness Centre at Langsat PHC has successfully strengthened the integrated community-based mental health service system through capacity building, technological innovation, and the development of standardized service documents. Collaboration among the community engagement team, health workers, cadres, and stakeholders resulted in the formulation of Standard Operating Procedures (SOPs) and Integrated Mental Health Service Guidelines, which now serve as official references for implementation and replication across other PHCs. The integration of an e-Puskesmas-based reporting system and digital educational media has enhanced transparency, efficiency, and community participation. Training, mentoring, and evaluation activities demonstrated significant improvements in social empowerment and managerial capacity among partners. To ensure sustainability, it is essential to strengthen multi-sectoral partnerships, integrate trained cadres into the PHC system, conduct periodic updates of SOPs and service guidelines, and secure long-term policy and financial support within the Primary Care Integration (ILP) framework, ensuring that the program remains adaptive, sustainable, and replicable in other regions. The community is encouraged to actively utilize the services provided by the Community Mental Health Wellness Centre to maintain mental well-being, participate in available educational activities, and contribute to fostering a supportive, inclusive, and stigma-free environment for individuals with mental health conditions.

## ACKNOWLEDGMENT

Acknowledgments are extended to the Directorate of Research and Community Service, Directorate General of Research and Development, Ministry of Higher Education, Science, and Technology, for funding this activity through the Community Service Grant for the 2025 fiscal year. The authors also express their sincere gratitude to Universitas Hang Tuah Pekanbaru under Contract No. 056/LPPM/UNIV-HTP/VI/2025. The authors further express their appreciation to Langsat PHC, the Pekanbaru City Government, the Subdistrict Head of Sukajadi, as well as all cadres and community partners for their invaluable collaboration and support throughout the implementation of this program.

## REFERENCES

- Alsleem, H. S. S., Al Jufaysh, J. S. G., Al Yami, A. S. S., Alqufayli, M. H. M., Alyami, M. M., Alyami, S. M. M., Alyami, W. M. M., Althaiban, S. H. A., & Althaiban, A. H. A. (2024). Comprehensive review of mental health integration, community health services, and technological innovations for vulnerable populations. *Journal of Ecohumanism*, 3(8), 6797–6805. <https://doi.org/10.62754/joe.v3i8.5335>
- Badan Pusat Statistik Kota Pekanbaru. (2024). Kecamatan Sukajadi Dalam Angka 2024 (Vol. 16).
- Banwell, E., Humphrey, N., & Qualter, P. (2023). Child and adolescent mental health services in a devolved healthcare system: a qualitative exploration of sustainable practices. *Health Research Policy and Systems*, 21(1), 1–14. <https://doi.org/10.1186/s12961-023-00970-2>
- Bond, R. R., Mulvenna, M. D., Potts, C., O'Neill, S., Ennis, E., & Torous, J. (2023). Digital transformation of mental health services. *Npj Mental Health Research*, 2(1), 1–9. <https://doi.org/10.1038/s44184-023-00033-y>
- Duncan, A., Stergiopoulos, V., Dainty, K. N., Wodchis, W. P., & Kirst, M. (2023). Community mental health funding, stakeholder engagement and outcomes: A realist synthesis. *BMJ Open*, 13(2). <https://doi.org/10.1136/bmjopen-2022-063994>
- Endale, T., Qureshi, O., Ryan, G. K., Esponda, G. M., Verhey, R., Eaton, J., De Silva, M., & Murphy, J. (2020). Barriers and drivers to capacity-building in global mental health projects. *International Journal of Mental Health Systems*, 14(1), 1–12. <https://doi.org/10.1186/s13033-020-00420-4>
- Freebairn, L., Song, Y. J. C., Occhipinti, J. A., Huntley, S., Dudgeon, P., Robotham, J., Lee, G. Y., Hockey, S., Gallop, G., & Hickie, I. B. (2022). Applying systems approaches to stakeholder and community engagement and knowledge mobilisation in youth mental health system modelling. *International Journal of Mental Health Systems*, 16(1), 1–18. <https://doi.org/10.1186/s13033-022-00530-1>
- Kementerian Kesehatan RI, B. K. P. K. (2023). Survei Kesehatan Indonesia (SKI) Dalam Angka. In Kemekes BKKP (Vol. 01).
- Langsat, P. (2025). Mental Health Service Data of Langsat Public Health Centre, 2022–2024.
- Larrieta, J., Miguel Esponda, G., Gandhi, Y., Simpson, N., Biriotti, M., Kydd, A., Eaton, J., & Ryan, G. K. (2022). Supporting community-based mental health initiatives: insights from a multi-country programme and recommendations for funders. *BMJ Global Health*, 7(5), e008906. <https://doi.org/10.1136/bmjgh-2022-008906>
- Marthoenis, M., Fitryasari, R., & Warsini, S. (2024). Mental health literacy among female community health workers: A Multi-setting cross-sectional study. *Indian Journal of Psychological Medicine*, XX(X), 1–5. <https://doi.org/10.1177/02537176241306137>
- Mehrotra, K., Chand, P., Bandawar, M., Rao Sagi, M., Kaur, S., G, A., Raj, A., Jain, S., Komaromy, M., Murthy, P., & Arora, S. (2018). Effectiveness of NIMHANS ECHO blended tele-mentoring model on integrated mental health and addiction for counsellors in rural and underserved districts of Chhattisgarh, India. *Asian Journal of Psychiatry*, 36(July), 123–127. <https://doi.org/10.1016/j.ajp.2018.07.010>
- Moore, A., Bertotti, M., Hanafiah, A., & Hayes, D. (2022). Factors affecting the sustainability of community mental health assets: A systematic review. *Health and Social Care in the Community*, 30(6), e3369–e3383. <https://doi.org/10.1111/hsc.13929>

- Munira, L., Liamputtong, P., & Viwattanakulvanid, P. (2023). Barriers and facilitators to access mental health services among people with mental disorders in Indonesia: A qualitative study. *Belitung Nursing Journal*, 9(2), 110–117. <https://doi.org/10.33546/bnj.2521>
- Silke, C., & Brady, B. (2025). Is youth mentoring beneficial for child and adolescent mental health service users? A multi-stakeholder perspective. *Child and Youth Care Forum*, 54, 1109–1137. <https://doi.org/10.1007/s10566-025-09852-w>
- Tuaf, H., & Orkibi, H. (2023). Community-based programs for youth with mental health conditions: a scoping review and practical implications. *Frontiers in Public Health*, 11(November), 1–12. <https://doi.org/10.3389/fpubh.2023.1241469>
- Wenny, B. P., Mahathir, Ningsih, A. R., Freska, W., Lenggogeni, D. P., Sarfika, R., Refnandes, R., Yuliharni, S., Safitri, K. H., Kosasi, S. M., & Ramaita. (2025). Training mental health cadres in improving screening skills for mental problems in school health unit at junior high school 23 Padang. *Warta Pengabdian Andalas*, 32(2), 139–146. <http://wartaandalas.lppm.unand.ac.id/index.php/jwa/article/view/943>

---

@2025 Yunita et al.

This is an open access article licensed under the terms of a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License (<http://creativecommons.org/licenses/by-nc-sa/4.0>).