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CMHN (Community Mental Health Nursing) in Efforts to Improve Literacy and Empowerment Strategies for Posyandu Cadres Towards a Mentally Healthy Neighborhood

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ABSTRACT

Mental health remains a significant global challenge, including in Padang City, where community-based services are not yet fully optimized. In Ganting Village, posyandu cadres have limited capacity to conduct early detection of mental health disorders, which may hinder timely intervention. This community engagement initiative was designed to enhance mental health literacy and strengthen cadres' competencies through the Community Mental Health Nursing (CMHN) approach. The program employed a combination of socialization, structured health education on the concept of mental well-being, hands-on training in the use of validated screening tools (PHQ-2, GAD-2, and EPDS), and field-based mentoring. Evaluation was carried out using pre- and post-tests as well as observational assessments of cadre participation was conducted on August 8, 2025.Findings revealed an increase in the average knowledge score from 6.0 to 8.0 (33% improvement). Cadres demonstrated improved soft skills in conceptual understanding and hard skills in administering screening instruments. Importantly, they were able to identify cases of postpartum depression, underscoring the practical relevance of the intervention. Overall, the program proved effective in preparing cadres as community change agents in mental health promotion. Empowering local cadres through CMHN contributes to strengthening preventive strategies and advancing Ganting Village toward a mental health–ready community.

Keywords: mental health, posyandu cadres, CMHN, health literacy, early screening

INTRODUCTION

Mental health is an essential component of overall well-being, yet it continues to be a global challenge. The WHO (2022) reported that more than 478 million people worldwide experience mental disorders, with depression and anxiety being the most common conditions. In Indonesia, the Ministry of Health (2021) estimated that 20% of the population is at risk of developing mental health problems. These figures highlight the urgent need for health strategies that go beyond curative measures and prioritize promotive and preventive approaches.

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At the local level, Padang City faces a similar situation. Data from the Health Office (2025) (Dinas Kesehatan Kota Padang, 2025) recorded 2,148 cases of mental disorders, with 145 cases reported in the working area of Andalas Community Health Center. However, community-based mental health services remain suboptimal. In Ganting Village, there are no designated mental health cadres, and existing posyandu cadres lack the necessary skills for early detection. This condition hinders the provision of initial care for individuals at risk of mental health disorders.

The gap between high community needs and limited service capacity is a critical issue. Previous studies have emphasized that empowering health cadres is effective in improving early detection and support for people with mental disorders. However, the implementation of Community Mental Health Nursing (CMHN) at the local level still encounters obstacles, including low mental health literacy, limited training, and persistent social stigma. Therefore, targeted interventions are required to strengthen cadres' capacity in their promotive and preventive roles.

Conceptually, CMHN positions cadres as the frontline of community-based services. Cadres function not only as early detectors of mental health problems but also as educators and advocates for mental well-being in their communities. This role requires improved literacy, enhanced screening skills, and continuous mentoring support to ensure cadres can contribute sustainably.

Based on this analysis, this community service program was designed to improve mental health literacy and the competencies of posyandu cadres through CMHN-based education, training, and mentoring. The expected contribution is the establishment of mental health cadres capable of acting as agents of change, while supporting the development of Ganting Village as a mental health–ready community.

METHOD

The community service activity was conducted on August 8, 2025, at the working area of Andalas Community Health Center, Ganting Village, Padang City, West Sumatra. The location was selected because no specific mental health cadres had yet been established in the local posyandu. The mechanism of the activities carried out is :

The program partners consisted of 12 posyandu cadres recruited through coordination with the village head and the community mental health nurse at the health center. The activity was carried out in three main stages. The preparation stage involved socialization of the program to local authorities and health center staff, scheduling, and preparation of training modules. The implementation stage consisted of (1) health education on mental well-being, psychosocial problems, and early detection of mental disorders; (2) training on the use of screening instruments; and (3) field practice with direct mentoring by psychiatric nursing lecturers and health center nurses. The final stage included continuous mentoring to ensure cadres' skills could be applied sustainably. Data were collected through pre- and post-test questionnaires to assess knowledge, observations of participation, and short interviews to explore cadres' understanding. In addition, the results of community screening using PHQ-2, GAD-2, and EPDS were recorded to evaluate cadres' screening skills. Quantitative data from pre- and post-test scores were analyzed using the paired t-test to determine differences in mean scores before and after the intervention. Qualitative data from observations and interviews were analyzed descriptively to illustrate cadres' skills, challenges encountered, and the relevance of the activity to community needs.

RESULTS AND DISCUSSION

This community service activity was carried out in the working area of the Andalas Community Health Center, Ganting Village, Padang City, involving 12 posyandu cadres as key partners. The activity began with socialization and consensus building on the importance of early detection of mental health issues in the community.



Figure 1: Socialization and perception adjustment

As shown in Figure 1, the cadres showed great enthusiasm throughout the activity. Most of the cadres had never attended special training on mental health, so this activity was a new experience that broadened their understanding of the importance of the role of cadres in promotional and preventive efforts. The socialization stage was not only a means of transferring information, but also built the cadres' sense of ownership of the Community Mental Health Nursing (CMHN) program. These findings are in line with the results of a study by Ulfa et al. (2023), which reported that cadre training through socialization can increase cadres' awareness and motivation regarding mental health issues, and supports the opinion of Mauliza et al. (2023) that low literacy and awareness among the community are one of the main obstacles in the implementation of CMHN.

Prior to the implementation of health education, the initial knowledge of the cadres was measured through a pre-test.

Table 1. Demographic characteristics of respondents (n=12)

Respondent Characteristics	Frequency	Percentage (%)
Age		
22 years old	1	8,3
23 years old	1	8,3
35 years old	1	8,3
47 years old	1	8,3
49 years old	1	8,3
50 years old	1	8,3
54 years old	2	16,7
55 years old	3	25,0
56 years old	1	8,3
Lenght of Time as a Cadre		
0-5 years	3	25
≥5 years	9	75

Based on Table 1, the majority of cadres were in the age group above 50 years and most (75%) had served for more than five years as posyandu cadres. However, this long experience was not directly proportional to their knowledge of mental health.

Table 2. Pre-test scores of mental health knowledge

Variable	N	Mean	SD	Min-Max
Knowledge about mental health before receiving health education	12	6,0	1,537	3-8

The pre-test results showed that the average knowledge score of the cadres was 6.0 (SD = 1.537) with a score range of 3–8, as shown in Table 2. This value indicates that the initial knowledge of the cadres was still moderate, with considerable variation between individuals. This condition is in line with the findings of Marastuti et al. (2020), which stated that most cadres in Indonesia had a low understanding of mental health issues before receiving formal training.

After the mental health education session was given, the cadres participated in training using interactive lectures, group discussions, and simulations of screening instrument use. This activity lasted three hours and focused on improving mental health literacy and the cadres' skills in using the PHQ-2, GAD-2, and Edinburgh Postnatal Depression Scale (EPDS) instruments. The atmosphere of the activity can be seen in Figure 2, where cadres actively participated in simulations and question and answer sessions. Many cadres said that they had just realized that symptoms of mild mental disorders could appear in the general public and needed to be addressed immediately through early detection. This practice-based training approach proved to be effective because it was in line with the principles of adult learning, where direct experience strengthens participants' understanding and skills. These results also support the research of Dwijayanti et al. (2020) and Kusumawati et al. (2024), which confirms that simulation-based training is more effective in improving cadres' skills than conventional counseling.



Figure 2. The atmosphere during health education

The results of the activities were evaluated through a post-test after the training to measure the increase in cadres' knowledge.

Table 3. Post-test scores of mental health knowledge

Variable	N	Mean	SD	Min-Max
Knowledge about mental health after receiving health education	12	8,0	1,044	6-9

Based on Table 3, the average score increased to 8.0 (SD = 1.044) with a minimum score of 6 and a maximum score of 9.

Table 4. Comparison of participants' average knowledge before and after health education (n=12)

Variable	Mean difference	SD	*t*	p value
Mental health knowledge	-2,000	1,206	-5,745	0,000

The paired t-test analysis showed a significant difference between the scores before and after training (t = -5.745; p = 0.000) as presented in Table 4. This increase illustrates that the training activity effectively increased the cadres' knowledge by 33%.

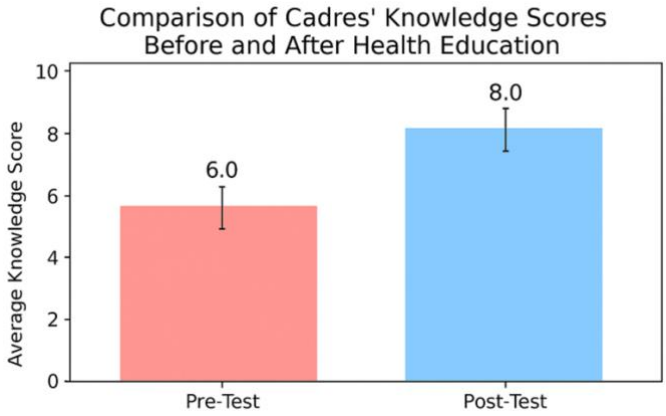


Figure 3. Average difference between pre-test and post-test

Figure 3 visually illustrates this change, showing a consistent trend of knowledge improvement among all participants. These results are in line with the research by Kurnia et al. (2025), which found that community-based cadre training improves the ability to detect depression early. Therefore, the health education activities carried out in the CMHN program have proven to be effective in strengthening the capacity of cadres to conduct mental health screening and education at the community level.

In addition to increasing knowledge, the results of field screening using the PHQ-2, GAD-2, and EPDS instruments also provide an overview of the mental health conditions of the community in the partner region.

Table 5. Patient Health Questionnaire-2 Results and Generalized Anxiety Disorder

Variable	*f*	%
Symptoms of depression		
No symptoms of depression	12	100
Symptoms of depression	0	0
Symptoms of anxiety		
No symptoms of anxiety	11	91,7
Symptoms of anxiety	1	8,3

Based on the results shown in Table 5, all respondents (100%) did not experience symptoms of depression and most (91.7%) did not show signs of anxiety, with only one respondent (8.3%) having mild symptoms.

Table 6. Patient Health Questionnaire-2 Results and Generalized Anxiety Disorder

Variable	*f*	%
Incidence of depression in mothers who have given birth		
No symptoms of depression	7	58,3
Presence of symptoms of depression	5	41

Meanwhile, Table 6 shows that 41.7% of postpartum mothers experienced symptoms of depression. This finding reinforces WHO (2022) data reporting that one in five mothers experience postpartum depression, especially in developing countries. These results demonstrate the real relevance of the activities to community needs, while also emphasizing the importance of the role of cadres in early detection and prevention of mental health problems. Fitryasari et al. (2025) also add that health cadres play a crucial role in bridging the treatment gap through education and early referral for at-risk individuals.

During the implementation of the activity, several obstacles were identified. The limited number of participants (12 people) meant that the community was not fully represented. In addition, the stigma surrounding mental disorders is still quite high, causing some residents to be reluctant to open up about the problems they are experiencing. The short training period was also an obstacle to the in-depth study of the material and field practice. Similar obstacles were reported by Damayanti et al. (2020) and Mauliza et al. (2023), who mentioned that social barriers and limited numbers of cadres were common challenges in the implementation of CMHN. To overcome this, this activity suggested follow-up strategies in the form of recruiting additional cadres, involving community and religious leaders to reduce stigma, and providing ongoing training through coaching and supervision.

This community service activity had a positive impact on improving the soft skills and hard skills of cadres. The improvement in soft skills was evident in the cadres' ability to comprehensively understand mental health concepts and communicate effectively with the community, while the improvement in hard skills was demonstrated through their ability to use screening instruments correctly. Another positive impact is the formation of a collaborative network between cadres, community health center staff, and nursing lecturers in an effort to strengthen the CMHN program at the community level. To ensure the sustainability of the program, strategies such as integrating CMHN activities into the routine agenda of Integrated Service Centers (posyandu), establishing Mental Health Integrated Service Centers (posyandu) as forums for health workers to conduct early detection, and utilizing digital media as a means of education and continuous monitoring are necessary.

Overall, the results of this activity show that the CMHN-based approach can significantly improve the mental health literacy of cadres and effectively respond to community needs related to community-based mental health services. A 33% increase in knowledge proves the effectiveness of field-based training. These results are in line with the research of Marastuti et al. (2020), Ulfa et al. (2023), and Purwaningsih et al. (2024), which states that empowering cadres through community-based training can strengthen the early detection system and reduce stigma against mental disorders. Thus, this program has the potential to be replicated in other regions as a model for sustainable community service toward a mentally healthy society.

CONCLUSION

The implementation of the Community Mental Health Nursing (CMHN) program in Ganting Village successfully enhanced the mental health literacy and practical screening skills of posyandu cadres, enabling them to play an active role in promotive and preventive community health efforts. This activity has proven that structured education, simulation-based training, and direct mentoring are effective strategies for empowering cadres as local agents of change in mental health promotion. Beyond improving individual competencies, the program also fostered collaboration between cadres, community health centers, and academic institutions, contributing to the establishment of a sustainable community-based mental health system. To ensure program continuity, it is recommended that CMHN activities be integrated into routine posyandu agendas, with periodic supervision and involvement of community leaders to strengthen social support and reduce stigma. This initiative serves as a replicable model for other regions in advancing community resilience toward mental health readiness.

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