ASPI | Afarand Scholarly Publishing Institute; Turkey
ISSN: 2008-2630 *Iranian Journal of War & Public Health* *2023;15(4):381-386* *10.58209/ijwph.15.4.381*

Effect of an Indonesian Culture-Based Cadre Empowerment Module on the Early Detection Ability of Mental Health

ARTICLE INFO

Article Type
Original Research

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How to cite this article
Aris A, Yusuf A, Fitryasari R, Ubudiyah M, Suhariyati S, Faridah VN, Sholikah S, Kusumaningrum AT, Iswatun I. Effects of Interdisciplinary Effect of an Indonesian Culture-Based Cadre Empowerment Module on the Early Detection Ability of Mental Health . Iranian Journal of War & Public Health. 2023;15(4):381-386.

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Article History
Received: November 15, 202
Accepted: December 26, 2023
ePublished: December 28, 2023

ABSTRACT

Aims The incidence of mental disorders continues to rise annually, a trend that is exacerbated by the inability to detect early mental health issues in the community and the inadequate reporting of such conditions. This study aimed to assess the efficacy of interventions that distribute culture-based cadre empowerment modules to improve cadres' early awareness of mental health issues.

Materials & Methods This experimental study, with a pre-post design, was conducted from March to May 2023 in Lamongan, Indonesia. One hundred two cadres were selected by purposive sampling technique and were divided into an intervention group (n=51) and a control group (n=51). The intervention constituted culture-based cadre empowerment training via discussion forums and modules. The participants were evaluated by independent assessors before randomization (T0) and in a posttest following eight weeks of intervention (T1).

Findings The intervention group could detect risks of psychosocial problems, the ability to see behavior or signs of mental symptoms, the ability to supervise, the ability to mobilize, and the ability to document in the sufficient category. There were no significant differences between the mean of control and intervention groups in the dimensions of mental health detection ability except the risk detection ability for psychological problems (p=0.025).

Conclusion Culture-based cadre empowerment is a short, easy-to-use, group-based intervention to increase cadres' ability to detect mental health in the community.

Keywords Cadre Empowerment; Culture-Based; Mental Health; Community; Early Detection

CITATION LINKS

[1] Mental Health and ... [2] The mental health industrial complex: A study ... [3] Mental disorders among college students in the World Health Organization World ... [4] Overcoming depression in the elderly after the eruption of Mount Merapi through humorous games based on local cultural wisdom ... [5] Positive school psychology to achieve better ... [6] Indonesian Health ... [7] Refreshment of mental health cadres regarding early detection of mental disorders and how to care for ... [8] Empowering cadres through knowledge and practice to improve early detection of cancer (Leukaemia) in ... [9] Path analysis on the determinants of health cadres ability in early detection and management of pregnancy risk factors in ... [10] The Presence of posyandu as an approach in improving health development ... [11] Cultural competence and metaphor in mental healthcare interactions: A ... [12] Improving detection of mental health problems in community settings in Nepal : Development and pilot testing of the community ... [13] IThe effectiveness of android-based mobile applications authorized early detection on user satisfaction (Parents, health ... [14] The effectiveness of booklets in stimulation, detection and early intervention of growth and development (SDEIGD) for health cadres in implementing the growth and ... [15] Detecting early symptoms of mental health deterioration using handwriting ... [16] Early detection and prevention of mental health problems: Developmental epidemiology ... [17] Mental state detection using riemannian geometry on ... [18] Mental status detection for schizophrenia patients via deep ... [19] Mental health issues and psychological factors in athletes: Detection, management, ... [20] Physical violence against doctors: A content analysis from online ... [21] The roles of health cadres in implementing mental health ... [22] Experience of care as a critical component of health system performance measurement: ... [23] The development of a community mental health education and ... [24] The effect of mental health training on attitudes and knowledge of cadres ... [25] Project FLOW: Early results from a clinical demonstration project to improve the transition of ... [26] An exploration of the Roles of Lay Mental Health Workers (Cadres) in Community ... [27] Psychoeducation an effective tool as treatment modality in ... [28] Does child and adolescent mental health in-service training result in equivalent knowledge ... [29] Programme of eradicating pasung in lamongan through community ...

Introduction

Mental health and psychosocial issues constitute a substantial fraction of the global population [1]. The prevalence of individuals with mental health and behavioral issues is consistently increasing each year. Additionally, these disorders are very intricate and multifaceted [2]. To enhance educational and psychosocial functioning among individuals with mental health issues within the community, it is imperative to promptly identify and provide efficient treatment for these conditions [3]. Early detection and prompt treatment of a disease can reduce the prevalence of the infection by shortening the duration of a disease, which is a form of secondary prevention [4]. Early detection is an effort to recognize mental health conditions that are disrupted or unhealthy early [5]. Early detection and immediate mental health treatment will minimize physical and psychological complications so that globally, it will have an impact on reducing cases of mental disorders.

According to Muslims in Mubarta, mental health in Indonesia is 6.55%. Data from 33 psychiatric hospitals in Indonesia show that there are 2.5 million mental patients in Indonesia, with the prevalence in East Java showing a fairly high number, namely 6.5% of people with mental disorders [6]. The user's text is empty. According to the Lamongan District Health Office's initial survey in March 2020, the prevalence of mental diseases has been steadily rising. In 2019, there were 2,081 individuals with mental disorders, while in 2020, the number increased to 3,051. Just 25% of mental health professionals are engaged in the early identification of mental problems [7]. The level of proficiency among cadres in identifying mental diseases in society is insufficient, with just 40.3% demonstrating the ability to recognize mental illnesses. However, 53.3% of cadres possess adequate knowledge in this area [8].

The World Health Organisation (WHO) defines mental health as well-being in which individuals can achieve their full potential, effectively cope with life's challenges, and make meaningful contributions to society. Residential location. Mental health is intricately linked to an individual's level of depression. Depression is a mood disorder characterized by a loss of feelings of control and subjective experiences of severe distress. There are currently no definitive statistics available in Indonesia pertaining to the prevalence of melancholy. In 2020, according to the World Health Organization, depression will rank second in terms of the global burden of disease, following ischemic heart disease. This disorder also includes anxiety disorders in patients. Anxiety is a condition that makes a person feel uncomfortable, restless, afraid, worried, and restless, accompanied by various physical symptoms. The American Psychological Association states these physical symptoms include sweating, shaking, dizziness, and a fast heartbeat. Anxiety is a natural thing that everyone can feel. Anxiety is considered a part of everyday life [9].

Many problems with mental disorders in society have not been properly detected; this could be caused by the role of cadres not being optimal in recognizing the signs and symptoms of people with mental disorders in society [10]. This issue demonstrates that cadres must be expanded to address the aforementioned concerns comprehensively. The early identification of mental disorders is additionally significantly impacted by cultural factors, including but not limited to language, society, and stigma. The community's approach to mental disorder cases is significantly shaped by cultural factors, including social stigma and feelings of remorse [11]. To address this issue, it is imperative to enhance the capacity of cadres rooted in specific cultures to conduct early detection of mental disorders through empowerment. According to Subba *et al.*, a cadre demonstrates greater proficiency in the early detection of mental disorders within the community. Additionally, cadres responsible for the early detection of mental disorders must assimilate into the local culture [12].

Health education can be carried out in various ways, including learning media modules. Health education through the use of module media is very appropriate to be given to families of mental disorders patients because the module can be used by families whenever needed and makes families not dependent on health workers whose numbers and abilities are limited to visit families considering the large number of sufferers who need to be seen, and the distance between them [13]. in close proximity, in addition to additional responsibilities for families of individuals with mental disorders. Humans require health above all else to live a prosperous and fulfilling existence. Health is a determining factor in how the wheel of existence turns for each individual. A state of health encompassing the physical, mental, spiritual, and social spheres empowers an individual to lead a socially and economically fruitful existence [14].

Early detection of mental health issues is the subject of numerous studies, but the scope is restricted to early detection via handwriting duration parameters [15], a combination of early detection and individual prevention [16]; Riemannian Geometry on Electroencephalogram Brain Signals [17], detection by Deep Visual Perception [18]; In addition, early detection within the athlete group was conducted [19]. Nevertheless, the extent to which mental health cadres contribute to the early identification of mental disorders in the general population has not been investigated. This subject matter offers a compelling, pertinent, and practical synopsis for community managers to deliberate upon cadre empowerment to enhance cadres' capacity to identify mental health concerns within the community.

Materials and Methods

This experimental study, with a pre-post design, was conducted from March to May 2023 in Lamongan, Indonesia. One hundred two cadres were selected by purposive sampling technique, 51 of whom comprise the control group and 51 comprise the intervention group. Participants had to have been mental health cadres with the Lamongan district health service for at least one year to meet the inclusion criteria for this research. The exclusion criteria, on the other hand, were cadres who exhibited physical health issues.

The data collection technique was a questionnaire to assess culturally rooted mental health problems through a survey consisting of 25 multiple-choice questions that evaluated early detection capabilities; supervision, mobilization, referral, and documentation. The standard deviation value is used to determine the data distribution in a sample and see how close the data is to the mean value. The greater the standard deviation value, the more varied the values on the item or the less accurate they are with the mean; conversely, the smaller the standard deviation, the more similar the values on the item or the more accurate they will be with the mean. Researchers developed a questionnaire based on Kanter's fundamental ideas about cadre empowerment. They used a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The interprofessional collaboration measure demonstrated internal consistency, as indicated by Cronbach's alpha values of 0.79 for the pretest and 0.83 for the posttest.

Community mental health professionals have reviewed and analyzed the module to ensure it is appropriate for intervention. The module's five subjects comprise effective communication, fundamental concepts of cadre empowerment based on culture, personal evaluation of cadres, and evaluation of mental health issues. Standard operating procedures and the flow of reports regarding mental health issues in the community constitute the ultimate subject matter. The intervention was carried out over four meetings; each discussed one issue, except the cadres received two topics at the last meeting. The duration of the intervention is 100 minutes per meeting and is carried out offline by observing health protocols. All groups filled out a pretest questionnaire providing cultural-based cadre empowerment module interventions. At the end of the session, all groups will fill out a posttest questionnaire to measure cadres' ability to detect mental health in culturally based communities.

The initial data analysis technique used was descriptive statistics. The Pearson correlation was also used to investigate the relationship between the study variables. To ensure the normality of the data, the Kolmogorov-Smirnov test was carried out, and results were produced indicating that the data did not conform to normality. Thus, potential differences between groups before intervention were analyzed using the Mann-Whitney test. The Wilcoxon test was carried out on each group to ascertain whether there were intragroup differences in the data collected before and after the test. In addition, after the intervention, group differences between the two groups were analyzed using the new Mann-Whitney test. SPSS 24 software was used for data processing.

Findings

Most respondents were female and had been cadres for more than two years, with the highest age being 36-45 years old and the highest educational level of cadres being high school graduates (Table 1).

Table 1. Frequency of sample demographics

Characteristics	Treatment		Control	
	Number	Percent	Number	Percent
Gender				
Female	43	84.3	35	68.6
Male	8	15.7	16	31.4
Experience (year)				
< 2	4	7.8	22	43.1
> 2	47	92.2	29	56.9
Age (year)				
25-35	5	9.8	6	11.8
36-45	24	47.1	24	47.1
46-60	21	41.2	21	41.2
>60	1	2	0	0
Education				
Elementary School	3	5.9	1	2.0
Junior High School	10	19.6	7	13.7
Senior High School	31	60.8	26	51.0
College	7	13.7	17	33.3

Table 2. Mental health detection ability of the sample cadres in pre- and post-tests of the intervention and control groups

Category	Pretest				Posttest			
	Intervention		Control		Intervention		Control	
	No.	%	No.	%	No.	%	No.	%
Risk Detection Ability for Psychosocial Problems								
Not enough	3	5.9	39	76.5	0	0	36	70.6
Enough	40	78.4	1	2.0	5	9.8	4	7.8
Good	8	15.7	11	21.6	46	90.2	11	21.6
Ability to detect behavior or signs of mental symptoms								
Not enough	2	3.9	29	56.9	0	0	25	49.0
Enough	48	94.1	12	23.5	2	3.9	16	31.4
Good	1	2.0	10	19.6	49	96.1	10	19.6
Supervision Ability								
Not enough	12	23.5	35	68.6	0	0	33	64.7
Enough	34	66.7	5	9.8	1	2.0	7	13.7
Good	5	9.8	11	21.6	50	98.0	11	21.6
Driving Ability								
Not enough	11	21.6	36	70.6	0	0	34	66.7
Enough	30	58.8	4	7.8	10	19.6	6	11.8
Good	10	19.6	11	21.6	41	80.4	11	21.6
Referral Capabilities								
Not enough	4	7.8	37	72.5	0	0	34	66.7
Enough	46	90.2	3	5.9	2	3.9	6	11.8
Good	1	2.0	11	21.6	49	96.1	11	21.6
Documentation Capabilities								
Not enough	14	27.5	40	78.4	0	0	34	66.7
Enough	37	72.5	0	0	0	0	6	11.8
Good	0	0	11	21.6	51	100	11	21.6

The intervention group could detect risks of psychosocial problems, the ability to see behavior or

signs of mental symptoms, the ability to supervise, the ability to mobilize, and the ability to document in the sufficient category. Subsequently, on the posttest conducted subsequent to the intervention, all indicators exhibited an improvement to a satisfactory level. Conversely, upon conducting the assessment or posttest on the control group, no substantial alterations in the competencies of the cadres were observed (Table 2).

There were no significant differences between the mean of control and intervention groups in the dimensions of mental health detection ability except the risk detection ability for psychological problems (p=0.025; Table 3).

Table 3. Comparing (Mann Whitney test) the mean of mental health detection ability dimensions between two groups

Parameter	Group	Mean±SD	p-Value
Risk Detection Ability for Psychosocial Problems	Intervention Control	65.26±70.60 37.74±21.60	0.025
Ability to detect behavior or signs of mental symptoms	Intervention Control	60.41±49.00 42.59±31.40	0.897
Supervision Ability	Intervention Control	59.58±19.60 43.42±64.70	0.07
Driving Ability	Intervention Control	61.16±13.70 41.84±21.60	0.372
Referral Capability	Intervention Control	63.07±66.70 39.93±11.80	0.244
Documentation Capabilities	Intervention Control	60.51±21.60 42.49±66.70	0.816

Discussion

The study findings indicated that most participants were female and possessed a standard high school diploma. Consistent with Marlita *et al.*, the majority of cadres involved in early detection of mental health issues are female. Consistent with Swain *et al.*, which suggest that female health cadres contribute significantly to initiatives aimed at enhancing physical and mental health in the general population, it is anticipated that cadres will possess the knowledge and competencies necessary to conduct early detection of mental health issues [20].

This research is consistent with Marlita *et al.*, which indicates that most cadres engaged in initiatives to identify early mental health care have completed secondary education. Nevertheless, the results of this study do not align with the cadres' age, which tends to be younger or within the early adulthood range (20-30 years) as opposed to the late adulthood period [21]. However, the duration of one's tenure in a cadre significantly impacts one's capacity to implement preventive and promotive measures for psychosocial issues; this is correlated with the level of expertise possessed by health workers and cadres [22].

The capability of cadres to conduct early detection in this study is consistent with Grant *et al.*, who found that early mental disorder detection improved following intervention; furthermore, the community can accept intervention methods tailored to cultural and contextual mental health issues [23]. Moreover, the participation of mental health cadres in program implementation is a crucial element that must be reinforced through training initiatives [21]. An additional study found a noteworthy correlation between cadre training and their involvement in implementing mental health programs. Additionally, the attitudes and knowledge of the cadres regarding the early detection of mental disorders in the Tanjungsari District must be incorporated [24].

Monitoring or supervision, according to Marlita, is the most influential or dominant factor regarding the function of cadres in implementing the mental health early detection program [21]. Emotional support for individuals with mental disorders can be rendered through management supervision through home visits, attentive hearing of patient grievances and apprehensions, and provision of moral fortitude and encouragement [25]. One way in which cadres' capacity to fulfill their responsibility as mobilizers can be evaluated is through their participation in the provision of counseling services to social groups that are at a heightened risk of developing mental disorders. Cadres actively participate in community-level initiatives aimed at enhancing mental health and diminishing the social stigma surrounding mental disorders in Indonesia. This is attributed to the formidable drive that mental health cadres possess [26]. When it comes to the treatment and rehabilitation of patients with mental disorders, psychoeducation is vital. Psychoeducation guides family members and individuals with mental illnesses regarding the characteristics, trajectory, and outlook of the illness [27].

It is increasing the ability of cadres to make referrals after being given intervention. This is confirmed by previous research, which states that the power of cadres to refer patients with mental disorders will increase after cadres receive mental health training from health workers from northern Uganda. This also affects expanding the ability to identify mental health problems [28].

This research shows an increase in cadres' capabilities in documentation after being given intervention. This is confirmed by previous research that cadres have an active role in reporting cases in community health center areas, conducting home visits, healthy community movement efforts, providing social support for families and the environment, and, most importantly, documenting mental cases and helping clients when needed [29].

Conclusion

The culture-based cadre empowerment module yields noteworthy outcomes in terms of cadres' awareness and capacity to identify mental health issues in their nascent stages, as assessed by means of monitoring, coordinating, referring, and documenting capabilities.

Acknowledgments: The author would like to thank Airlangga University and Muhammadiyah Lamongan University for taking the time and support to carry out this research.

Ethical Permissions: The research was approved by the ethics committees (approval code: 2641-KEPK).

Conflicts of Interests: The authors declare no conflict of interest.

Authors' Contribution: Aris A (First Author), Introduction Writer/ Main Researcher (11%); Yusuf A (Second Author), Introduction Writer (11%); Fitryasari R (Third Author), Introduction Writer (11%); Ubudiyah M (Fourth Author), Methodologist (11%); Suhariyati (Fifth Author), Methodologist (11%); Faridah VN (Sixth Author), Assistant Researcher (11%); Sholikah S (Seventh Author), Assistant Researcher (11%); Kusumaningrum AT (Eighth Author), Discussion Writer (11%); Iswatun I (Ninth Author), Statistical Analyst (11%)

Funding/Support: This research was fully funded using personal funds.

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