Partnerships for Community Mental Health
Part 2 – Chair: A/Professor Chee Ng

Indonesia

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INDONESIA:
Community Mental Health Partnership Through Primary Health Care in Tebet

Community Mental Health in the Asia Pacific Region  Melbourne, 10 November 2011
TEBET: an urban sub-district in South Jakarta

- Population: 242,000 people, > 64,000 families,
- the population density: 27,000 people /km².
  - Jakarta : 14,464
  - Melbourne : 1,566
  - Indonesia : 351
  - Australia : 7

Large of Treatment Gap

The needs
- National Basic Health Research (2007) in Tebet:
  - severe mental disorders: 3600 people
  - emotional problems: 35,000 people
- Many psychosocial problems, includes “pasung”

Resources
- Primary Health Care
  - GP : 1
  - Nurse : 1
  - Number of visits: limited
- Mental Health Hospital
  - Located 12 km away
- Psychiatrist practice
  - Private clinic
  - Private hospital
The Challenge:
- Rapid increase in mental health services demand
- Limited funding
- Limited number and capacity of health workers for mental health services

Need to build Partnership in Community MH

Strategies

Change the name of the clinic
- Family and adolescence consultation clinic
- MH promotion and education

Increase budget
- Availability of psychotropic drug
- Support Community activities

Partnership
- Family and consumer group
- NGOs
- Universities
Activities

**Community**
- Community empowerment, helped by health workers
- Hygiene and ADL practice
- Forum

**Basic MH Service**
- Integrated with general health services
- Training for health workers
- Drugs availability

**Referral**
- To the general/mental health hospitals

**Building Partnerships**
- Mental health training and supervision from Provincial/District Health Office and Soeharto Heerdjan Mental Hospital (psychiatrist and community MH nurse)
- Partnership with NGOs and national agencies (BNN, Global Fund, YPI, MIND IT, National MH Taskforce) for training, provision for medication, community-based activities, support occupational programs for patients.
- Partnership with consumer group (PJS) -- directly supporting patients and families for empowerment

→ Continuity Problems
Success Story

• Community knowledge and awareness had been greatly enhanced
• More people with mental illness could be helped
• Community acceptance grown, some patients have managed to secure small jobs and become active contributors to their community

Governor’s wife with a recovery patient. She used to be a patient who had been isolated and being locked in her room for 10 years

New strategy required for sustainability...

Collaboration with academic institution:
medical students from the Atmajaya Medical Faculty and psychiatry residents from the University of Indonesia

• mental health needs assessment;
• support community psycho-education activities;
• secondary consultation;
• home visits for treatment evaluation;
• undertake a specialist supervision program;
• case identification and case holding;
• build a more systematic referral mechanism
The Power of Inspiration..

- Tebet’s model has been adopted by at least five other PHCs in Jakarta
- Commitment, determination and enthusiasm are fundamental in improving mental health services.
- The hard work of the small team and their willingness to share with others was inspirational in building trust and commitment by others

Lesson Learned

- The success lies in the variety, quality and continuity of support from all partners involved.
- Planning of mental health activities needs to be realistic, simple and doable.
- A formal partnership agreement, adequate budget and provision of resources, and ongoing training and support for health workers and the community are critical for the continuity of the PHC mental health program.
Thank You