

MENTAL HEALTH TRAINING MODULE: EDUCATION STRATEGY FOR HEALTH CADRES IN THE COMMUNITY

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ABSTRACT

Mental health problems in Indonesia continue to increase, but many people still do not understand the symptoms and treatment pathways. Health cadres as an extension of health services in the community have an important role in education, early detection, and referral of mental illness cases. Cadres need a mental health module to support their tasks in the community.. This study aims to evaluate the effect of mental health training modules on improving the knowledge of health cadres in the community. This study used a quasi-experimental design with a pretest-posttest approach without a control group. The subjects were 37 health cadres in the working areas of Sewon 2 and Sedayu 1 Health Center, Bantul Regency, Yogyakarta Special Region. Inclusion criteria included active cadres and willing to participate in the training. Exclusion criteria were not attending the full training and incomplete questionnaire filling. The intervention was a one-day training consisting of 3 sessions using a mental health module for cadres developed by the researcher. Data were analyzed using Wilcoxon Signed Rank Test. Most of the subjects were over 40 years old and all were female. The results of the analysis showed a significant increase in the subject's knowledge score after the intervention with a p value ($p=0.000$), with an effect size value of 0.613. Further analysis showed that the age factor and the length of time as a cadre had a $p>0.05$ value. Training using the Mental Health Module for Cadres is an effective strategy to increase the capacity of health cadres in the community. Contextualized materials and interactive training approaches are key factors in the success of the intervention. Replication and development of the module is needed for a wider and more diverse area.

Keywords: Health Cadres, Mental Health, Mental Health Module, Community.

INTRODUCTION

Mental health problems have become a public health issue that is increasingly gaining attention in various countries, including Indonesia. Based on the 2018 Indonesia *Basic Health Research* (Riset Kesehatan Dasar/Riskesdas) data, the prevalence of mental

emotional disorders increased from 6% in 2013 to 9.8% in 2018, with more than 19 million Indonesians experiencing mental health problems (Basrowi et al., 2024). Although mental disorders such as depression and anxiety do not directly cause death, they have a

huge impact on individual productivity and the burden of disability in society. The 2019 Global Burden of Disease Study noted that mental disorders are the second highest cause of Years Lived with Disability (YLDs) in Indonesia (Basrowi et al., 2024).

Indonesia still faces major challenges in handling mental health, both in terms of services, human resources, and other support systems (WHO, 2021; World Health Organization Regional Office for South-East Asia, 2022). The challenges of handling mental health in Indonesia are increasingly complex with limited mental health professionals that are not proportional to the population. The World Health Organization (2021) reports that the ratio of psychiatrists in Indonesia is still very low, at around 0.31 per 100,000 population, far below the ideal standard. So it is necessary to optimize mental health services, especially in primary care as the health care facility closest to the community. Health cadres have a strategic position in the primary health care system. According to (World Health Organization Regional Office for South-East Asia, 2022), the integration of mental health into basic health services needs to be supported by training for non-specialist personnel, including health cadres, to be able to carry out promotive and preventive functions effectively. Studies in various countries show that module-based cadre training can increase their knowledge, confidence, and effectiveness in dealing with mental health issues in the community (WHO, 2021).

The important role of cadres in mental health issues in the community has not been accompanied by an increase in mental health literacy and cadre skills in dealing with psychosocial

issues so that these conditions are still a real obstacle. Therefore, structured educational interventions such as mental health module-based training are needed to increase the capacity of cadres. Training modules are systematic and structured educational tools that can be used to increase the capacity of cadres on an ongoing basis. Modules designed with a participatory approach and based on local context have been shown to be more effective in improving cadres' understanding and skills (Basrowi et al., 2024). Such training not only improves mental health literacy, but also strengthens social networks and cross-sector collaboration in community-based health systems. Cadres who receive training will have a better level of knowledge so that they can increase their confidence and improve their performance in carrying out services (Sari, 2021). This training is expected to bridge service gaps and strengthen recovery-oriented community-based health systems. This study aims to analyze the effectiveness of Mental Health Module training on the level of knowledge of health cadres in the community.

LITERATURE REVIEW

Health is a state of body, soul and social well-being that allows individuals to live productively, this means that health must be seen holistically and mental health is an inseparable part (Rohmah et al., 2023). Individuals can be said to be mentally or mentally healthy if they are able to control themselves in dealing with stressors by thinking positively and not disturbing their mental and emotional balance so that they can optimize their potential to interact and contribute to society (Falasifah & Syafitri, 2022). Mental health is a state in

which individuals can develop physically, mentally, spiritually and socially so that they can work productively, realize their abilities, cope with pressure and make a positive contribution to their community including making decisions and building relationships with other individuals (WHO, 2022a). Mental health needs to be maintained because it affects all aspects of life, and if there are problems it will affect all aspects such as personal, social, spiritual and quality of life.

Mental health problems in Indonesia have shown a significant increasing trend in recent years. Data from the 2018 Basic Health Research (Riskesdas) showed that the prevalence of mental emotional disorders increased from 6% in 2013 to 9.8% in 2018, affecting more than 19 million Indonesians (Basrowi et al., 2024). The prevalence of households with members suffering from schizophrenia mental disorders increased from 1.7 percent to 7 percent. According to the 2023 Indonesian Health Survey (IHS), the number of families with schizophrenia has increased since 2018 from 282,654 individuals to 315,621 individuals in 2023. SKI 2023 also reported that 5.5% of adolescents experience mental disorders with 1% experiencing depression, 3.7% anxiety disorders, and 0.9% experiencing post traumatic syndrome disorder (PTSD). Mental disorders, such as depression and anxiety, although not directly causing death, contribute greatly to the burden of disability in society. The 2019 Global Burden of Disease study noted that mental disorders are the second highest cause of years lived with disability (YLDs) in Indonesia, with a rate of 1,304.36 YLDs per 100,000 population (Basrowi et al., 2024).

The impact of mental health problems includes decreased individual productivity, this not only affects individuals but also their families and surrounding communities. Another problem comes from the stigma and discrimination that develops in society regarding individuals with mental disorders, which also becomes a complication that ultimately causes delays in handling and treatment (Kurniawan et al., 2023). Individuals with mental disorders often experience discrimination from family, neighbors, friends, the surrounding community and sometimes even by health workers. Discrimination received by people with mental disorders ranging from stigmatization, harassment, unfair treatment, assault, humiliation, expulsion, confinement to murder (Firmansyah & Widjaja, 2022).

Knowledge about mental health problems is important for everyone to know, both individuals with mental disorders, families and the surrounding community so that individuals with mental disorders can get the right action and not be late (Jayanti & Silaen, 2019). Strategies to fight stigma and discrimination recommended by WHO are educational strategies, namely dispelling myths and misconceptions by means of literacy campaigns, training, counseling and learning, the second is a contact strategy, namely direct interaction with individuals who have mental health problems (WHO, 2022b).

Health cadres have a role in primary, secondary and tertiary prevention. Health cadres conduct primary prevention by identifying risk groups, providing education and motivation to patients and their families. Health education provided by health cadres to patients and their families can be in the form of

inviting patients to communicate and carry out activities, providing motivation, and telling how to take care of themselves. Secondary prevention is done by early detection where cadres will make home visits based on data collection or reports from residents. Tertiary prevention is carried out by motivating patients to routinely take medicine and control (Kurniawan et al., 2023).

Mental health cadres have a role in conducting early detection, finding new cases and as a support system for people with mental disorders and their families. Health cadres are part of the community and have close interaction with the community so that they have a strategic and effective position in delivering information and are more easily accepted by the community (Kurniawan et al., 2023). Health cadres play an important role in efforts to improve services for mental health so it is important to equip cadres with good knowledge and abilities so that cadres can convey health information and education directly to the community as a form of carrying out health services (Indrawati et al., 2019).

RESEARCH METHODS

This study used a quasi-experimental design with a pretest-posttest approach without a control group. This design was chosen to evaluate the effectiveness of Mental Health Module training on increasing the knowledge of health cadres. The study was conducted in January 2025 in the working areas of Sewon 2 Health Center and Sedayu 1 Health Center, Bantul Regency, Yogyakarta Special Region. The subjects in this study were active community health cadres in the working areas of Sewon 2 and Sedayu 1 Puskesmas, namely 37 people. Inclusion criteria

included cadres who were active for at least the last 6 months, willing to attend the training in full, and fill out questionnaires before and after training. Exclusion criteria were cadres who were not fully present during the training session.

The training was conducted for 1 full day using lectures, interactive questions and answers, and case studies. The Mental Health Module training materials included: 1). Introduction to mental health, 2). Introduction to the symptoms of mental disorders, 3). Early detection of mental health problems, 4). Referral procedures to health facilities. The modules were developed by researchers and have been tested for content validity by experts. The training was delivered by the mental health team at Muhammadiyah University of Yogyakarta and Puskesmas.

The instrument used was a mental health knowledge questionnaire prepared by the researcher based on the Mental Health Module book used in the training. The questionnaire consisted of 20 questions with a choice of one correct answer. If the answer is correct, the score is 1 and if the answer is wrong, the score is 0. The score of the questionnaire ranges from 0-20. The questionnaire was administered before and after the training to measure changes in cadre knowledge scores. The questionnaire was filled out by the subjects before and after the intervention in the form of training.

Data were analyzed using univariate and bivariate tests. Univariate test was used to describe the frequency distribution of subject characteristics in percentage. The bivariate test was used to test the effect of training on cadre knowledge using the Wicoxon test, which is to determine the difference in knowledge scores before and after

training. Data processing was performed using the latest version of the SPSS program with a significance level of p-value 0.05. This study has received ethical approval from the Health Research Ethics Committee

of the Faculty of Medicine, Muhammadiyah University of Yogyakarta No. 040/EC-KEPK FKIK UMY/I/2025. All participants were given informed consent before participating in the study.

RESEARCH RESULTS

Table 1. Participants' Characteristic

Participants' characteristic	Frequency (n)	Percentage (%)
Age		
<30	3	8.1
30 - 40	13	35.1
>40	21	56.8
Educational background		
Middle school	3	8.1
High schoool	20	54.1
Bachelor	6	16.2
3 rd Diploma	1	2.7
4 th Diploma	1	2.7
Marital status		
Married	35	94.6
Unmarried	2	5.4
Length of time as a cadre		
<5 year	19	51.4
≥5 year	18	48.6

Based on the data obtained, the age distribution of the subjects showed that most were in the age range above 40 years, as many as 21 people (56.8%). The education level of participants in this study was quite varied, with the majority of respondents having a high school education level, as many as 20 people (54.1%). Undergraduate education was taken by 6 people

(16.2%), while D3 and D4 levels were only 1 person each (2.7%). A total of 3 people (8.1%) only had junior high school education. The distribution of length of experience as a cadre was quite balanced. A total of 19 people (51.4%) had been cadres for less than 5 years, while 18 people (48.6%) had experience as cadres for 5 years or more.

Table 2. Training And Mentoring Experience Of People With Mental Disorders

Experience	Frequency (n)	Percentage (%)
Attended mental health training		
a. Yes	24	64.9
b. No	13	35.1
Assisted people with mental disorder		
a. Yes	21	56.8
b. No	16	43.2

A total of 24 (64.9%) participants had attended mental health training, while 13 (35.1%) had not. However, the training that had been received did not use the Mental Health Module used in the intervention in this study. In addition, 21 people (56.8%) had experience assisting people with mental disorders, while 16 people (43.2%) had never done so. The number of participants who have

attended training is more than those who have experience assisting, this condition indicates that not all health cadres who have received training have been directly involved in the practice of assisting people with mental disorders in the community. Before testing the effect of the mental health module intervention on cadres' knowledge, a normality test was first conducted, which is shown in Table 3.

Table 3. Normality test

Shapiro-Wilk			
	Statistics	df	p
Pre-Test score	0.931	37	0.023
Post-Test score	0.909	37	0.005

The Shapiro-Wilk test was conducted to test the normality of the data on the pre-test and post-test scores. The analysis results showed that the pre-test and post-test scores had a p value <0.05, indicating that the research data

was not normally distributed. Therefore, in further analysis, the Wilcoxon Signed Rank Test was used to compare pre-test and post-test scores on paired data, which is presented in table 4.

Table 4. Wilcoxon Signed Ranks Test

Variable	Median	Mean	SD	Wilcoxon Ranks Test	Signed	Effect Size	
				p	W	Z	r
Pre-Test score	8	8,62	1.381	0.000	17,00	-	0.613
Post-Test score	10	9,38	1.299			3,729	

The median post test score is higher than the median pre test value. Likewise for the mean value. This indicates an increase in the subject's knowledge score after the intervention. Wilcoxon Signed Rank Test was used to evaluate the difference in scores before and after the intervention in the same group. The test results showed a value of $p=0.000$, which means there is a significant difference between the pre-test and post-test scores.

The $W=17.00$ value reflects the total number of score differences that were lower in the post-test than the pre-test, while the $Z=-3.729$ value indicates that the distribution of post-test scores was significantly higher than the pre-test. The negative value of Z indicates that most participants experienced an increase in scores after the

intervention. In addition, the effect size (r) value = 0.613 indicates that the intervention had a large effect on the change in scores, in accordance with the categories proposed in Cohen's criteria (0.1= small, 0.3= medium, 0.5= large). Thus, the results of this analysis indicate that the intervention significantly increased the post-test score, which reflects the effectiveness of the Mental Health Modu training intervention in improving the knowledge of the subjects (health cadres).

The variables of subject age and length of time the subject served as a health cadre in the community were analyzed for their effect on knowledge level. The results of the analysis are shown in table 5.

Table 5. Knowledge Comparison Based on Demographic Attributes

Test	Variable	p	
		Pre-Test	Post-Test
Kruskal-Wallis H	Age category	0.512	0.583
Mann-Whitney U	Category Length of Service	0.185	0.975

Kruskal-Wallis H test results showed that there was no significant difference in pre-test ($p=0.512$) and post-test ($p=0.583$) scores by age category ($p>0.05$). Similarly, the Mann-Whitney U test showed that

length of cadre service had no significant effect on pre-test ($p=0.185$) or post-test ($p=0.975$) scores. Thus, the factors of age and length of being a cadre did not affect the results obtained in this study.

DISCUSSION

The results of this study indicate a significant increase in knowledge of health cadres after Mental Health Module training. The pretest average score of 8.62 increased to 9.38 in the post-test with a p value of 0.000 from the Wilcoxon Signed Rank Test. The effect was also large, with an effect

size (r) = 0.613, indicating that the Mental Health Module training had a strong impact on improving cadres' knowledge.

This finding is consistent with the results of previous studies showing that community-based training can improve cadres' knowledge and skills in providing

basic mental health services. Research in Nepal showed that cadres who received training showed increased ability to detect and refer cases of mental disorders in the community (Jordans et al., 2019). Skills are a factor that makes it easier for cadres to behave and approach individuals with mental disorders, the skills and attitudes of mental health cadres improve after being given training because cadres feel more confident in their skills (Amiyati Hasan et al., 2020).

The increase in cadres' knowledge after training can be attributed to the training approach used, namely the lecture method, question and answer, case studies, and the use of a contextually designed Mental Health Module. Petersen et al.'s 2012 study in South Africa showed that the success of cadre training is strongly influenced by participatory approaches and the use of materials that are appropriate to the local context. In this study, the use of the Mental Health Module developed by the researchers and the direct involvement of psychiatrists and young doctors in the training process contributed to the quality of learning. Amiyati Hasan et al. (2020a) said in their research that the selection of training methods with lectures, discussions, demonstrations and case studies made it easier for participants to absorb the existing training materials so that they could improve the perceptions of mental health cadres.

The training material provided in this study is the Mental Health Module which contains: 1). Introduction to mental health, 2). Introduction to the symptoms of mental disorders, 3). Early detection of mental health problems, 4). Referral procedures to health facilities. The selection of this material is very relevant to the

needs of the community and in accordance with the guidelines published by the Indonesian Ministry of Health in 2020 which emphasizes the importance of community education to understand the concept of mental health and recognize the early signs of mental disorders. Training with early detection material and referral pathways is proven to improve mental health services in the community (Rohmah et al., 2023).

Furthermore, training on referral pathways is essential to ensure linkages between the community and the healthcare system. The World Health Organization (2021) states that one of the main barriers to the treatment of mental disorders in developing countries is the unavailability of information on how and where individuals should be referred. Therefore, introducing referral pathways to cadres is a strategic intervention to strengthen community-based mental health systems and is one of the materials compiled in the Mental Health Module that was trained.

Pedagogically, the training method has advantages in improving knowledge because it involves active participation of participants, strengthens information retention, and provides space for reflection and immediate feedback. Compared to passive methods such as leaflet distribution or one-way counseling, interactive training promotes meaningful learning and increases cadres' motivation to understand and implement the material. According to (Khalil et al., 2021), simulation-based training methods and group discussions were shown to significantly improve the knowledge, skills, and confidence of health cadres compared to conventional lecture methods.

In Indonesia, health cadres have an important role in supporting the public health system, including in the field of mental health. Cadres serve as a bridge between the community and health facilities, providing early detection, counseling, and assistance for individuals with mental disorders. According to Hasan et al., 2020 (Amiyati Hasan et al., 2020) the existence of cadres greatly contributes to increasing access to mental health services, especially in areas with limited professional health personnel. Therefore, increasing the capacity and understanding of cadres is a strategic step in strengthening the community-based mental health service system.

The results of further analysis showed that demographic characteristics such as age and length of time as a cadre did not significantly affect the training outcomes. This is in line with the findings of (Mawaddah & Wisnusakti, 2022) who stated that the increase in cadre knowledge is more influenced by the content and methods of training than the individual background of cadres. This reinforces the importance of Mental Health Modules and training designs that are systematic, interesting, and relevant to the needs of cadres in the field.

More than half of the respondents (64.9%) had participated in previous mental health training and 56.8% had assisted ODGJ. This suggests that most cadres have had exposure to mental health issues, but the significant increase in post-test scores indicates that the training still provides additional benefits. As stated by Amiyati Hasan et al. (2020b) that training provided in a sustainable and structured manner can strengthen the capacity of

cadres in carrying out promotive and preventive roles in the field of mental health.

Thus, the results of this study support the importance of training as an intervention strategy to improve cadres' knowledge on mental health issues. The implementation of Mental Health Module training that is contextualized, interactive, and delivered by experts has proven effective in strengthening the capacity of cadres as agents of change in the community.

CONCLUSION

This study shows that mental health training can significantly improve the knowledge of community health cadres in the working areas of Puskesmas Sewon 2 and Puskesmas Sedayu 1. The cadres' knowledge scores have significantly increased after the training, with high effectiveness as indicated by the large effect size value. The training materials covering the introduction of mental health, the concept of mental disorders, early detection, and referral pathways proved to be in accordance with the needs of cadres in the field and were supported by national and international scientific literature. The training also proved that the preparation of the Mental Health module and its delivery through an interactive and participatory approach was effective in improving cadres' knowledge. Other factors, such as age and length of time as a cadre, did not significantly affect the training results, so the Mental Health Module training can be widely applied regardless of the background of health cadres. Replication and development of the module for a wider and more diverse range of areas is very necessary to be carried

out by related sectors in community mental health services.

REFERENCES

- Amiyati Hasan, L., Pratiwi, A., & Sari, R. P. (2020). Pengaruh Pelatihan Kader Kesehatan Jiwa dalam Peningkatan Pengetahuan, Keterampilan, Sikap, Persepsi dan Self Efficacy Kader Kesehatan Jiwa dalam Merawat Orang dengan Gangguan Jiwa. *Jurnal Health Sains*, 1(6), 377-384. <https://doi.org/10.46799/jhs.v1i6.67>
- Armstrong, G., Kermode, M., Raja, S., Suja, S., Chandra, P., & Jorm, A. F. (2011). A mental health training program for community health workers in India: impact on knowledge and attitudes. *International journal of mental health systems*, 5, 1-11.
- Basrowi, R. W., Wiguna, T., Samah, K., Djuwita F Moeloek, N., Soetrisno, M., Purwanto, S. A., Ekowati, M., Elisabeth, A., Rahadian, A., Ruru, B., & Pelangi, B. (2024). Exploring Mental Health Issues and Priorities in Indonesia Through Qualitative Expert Consensus. *Clinical Practice and Epidemiology in Mental Health: CP & EMH*, 20, e17450179331951. <https://doi.org/10.2174/0117450179331951241022175443>
- Falasifah, M., & Syafitri, D. U. (2022). Literasi Kesehatan Mental dan Stigma Publik Sebagai Prediktor Sikap Terhadap Bantuan Psikologis Pada Mahasantri. *Jurnal Ilmu Perilaku*, 5(2), 159-173. <https://doi.org/10.25077/jip.5.2.159-173.2021>
- Firmansyah, Y., & Widjaja, G. (2022). Masalah-masalah dalam kesehatan jiwa. *Cross-Border*, 5(1), Article 1.
- Indrawati, P. A., Sulistiowati, N. M. D., & Nurhesti, P. O. Y. (2019). Pengaruh pelatihan kader kesehatan jiwa terhadap persepsi kader dalam merawat orang dengan gangguan jiwa. *Jurnal Keperawatan Jiwa*, 6(2), 71. <https://doi.org/10.26714/jkj.6.2.2018.71-75>
- Jayanti, N. E., & Silaen, S. M. J. (2019). Hubungan Antara Keharmonisan Keluarga dan Kecerdasan Emosi Dengan Kecenderungan Perilaku Delinkuen Pada Siswa Smk Adi Luhur 2 Jakarta Timur. *IKRAITH-HUMANIORA*, 3, 46-51.
- Jordans, M. J. D., Luitel, N. P., Kohrt, B. A., Rathod, S. D., Garman, E. C., De Silva, M., Komproe, I. H., Patel, V., & Lund, C. (2019). Community-, facility-, and individual-level outcomes of a district mental healthcare plan in a low-resource setting in Nepal: A population-based evaluation. *PLOS Medicine*, 16(2), e1002748. <https://doi.org/10.1371/journal.pmed.1002748>
- Khalil, H., Peters, M. Dj., Tricco, A. C., Pollock, D., Alexander, L., McInerney, P., Godfrey, C. M., & Munn, Z. (2021). Conducting high quality scoping reviews-challenges and solutions. *Journal of Clinical Epidemiology*, 130, 156-160. <https://doi.org/10.1016/j.jclinepi.2020.10.009>
- Kurniawan, K., Yosep, I., Khoirunnisa, K., Nur'aeni, Y., & Nugraha, P. (2023). Upaya peningkatan kesehatan mental masyarakat melalui pelatihan

- duta kader kesehatan jiwa. *JMM (Jurnal Masyarakat Mandiri)*, 7(3), 2306. <https://doi.org/10.31764/jmm.v7i3.14320>
- Li, J., Li, J., Thornicroft, G., Yang, H., Chen, W., & Huang, Y. (2015). Training community mental health staff in Guangzhou, China: evaluation of the effect of a new training model. *BMC psychiatry*, 15, 1-10.
- Mawaddah, A. U., & Wisnusakti, K. (2022). Pengaruh pelatihan kader kesehatan jiwa terhadap self efficacy, pengetahuan dan keterampilan kader dalam mendeteksi dini orang dengan gangguan jiwa di masyarakat: litteratur review. *Journal of Health Research Science*, 2(01), 39-46. <https://doi.org/10.34305/jhrs.v2i1.471>
- Marastuti, A., Subandi, M. A., Retnowati, S., Marchira, C. R., Yuen, C. M., Good, B. J., & Good, M. J. D. (2020). Development and evaluation of a mental health training program for community health workers in Indonesia. *Community Mental Health Journal*, 56(7), 1248-1254.
- Rohmah, U. N., Setyaningsih, T., Fitria, D., Silalahi, M., Bastian, O. H., & Syamsu, Y. A. (2023). Pelatihan Kader Kesehatan Jiwa Sebagai Upaya Pemberdayaan Masyarakat dalam Meningkatkan Kesehatan Jiwa di Kecamatan Sawah Besar Jakarta Pusat. *Madani : Jurnal Pengabdian Kepada Masyarakat*, 9(2). <https://doi.org/10.53834/mdn.v9i2.5196>
- Sari, M. K. (2021). Pengaruh pelatihan deteksi dini dan home visit pada odgj terhadap performa kader kesehatan jiwa. *Jurnal Kesehatan*, 12(2), 145-151. <https://doi.org/10.38165/jk.v12i2.258>
- Utami, N. S., & Estria, S. R. (2024). The Effect Of Health Education Using "Module On Mental Health For Children And Adolescents" Media On Mental Health Knowledge Of Health Cadres. *Jurnal Keperawatan*, 16(2), 741-750.
- WHO. (2021). *Mental Health Atlas 2020 Country Profile: Indonesia*. World Health Organization. <https://www.who.int/publications/m/item/mental-health-atlas-idn-2020-country-profile>
- WHO. (2022a). *Mental health*. <https://www.who.int/health-topics/mental-health>
- WHO. (2022b). *World mental health report: Transforming mental health for all*. <https://www.who.int/publications/i/item/9789240049338>
- World Health Organization Regional Office for South-East Asia. (2022). *Addressing mental health in Indonesia*. World Health Organization. Regional Office for South-East Asia. <https://iris.who.int/handle/10665/364878>