

Fostering Futures: Integrating Technology and Awareness For Community Mental Wellbeing

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ABSTRACT

Mental health issues affect over a quarter of the global population, contributing significantly to the global health burden. Tackling these challenges requires effective prevention, care management, and community-driven strategies to reduce stigma and promote mental well-being. This study explores how digital innovation—specifically the integration of the e-Self Reporting Questionnaire (e-SRQ-20)—can foster mental health awareness and encourage proactive care-seeking behaviors. Conducted from October to December 2022, a community-based cross-sectional study involved 135 participants across 11 neighborhood units in the PU Health Centre, South Jakarta. Using purposive sampling, participants completed the e-SRQ-20 with support from medical doctors and health volunteers. Findings showed that 61% were aged 35–55, 84% were women, and 64% were housewives, with common symptoms including fatigue, somatic complaints, depression, and anxiety. Yet, only 31.6% of those scoring above the threshold sought further care—highlighting critical gaps in service access. These results underscore the need to empower individuals, families, and communities through awareness and inclusive digital tools. Integrating electronic screening into primary care offers a promising pathway to make mental health services more accessible, affordable, and acceptable.

Introduction

The level of awareness and sensitivity towards mental disorders varies among individuals. Early detection is key to promptly identifying mental health problems. Since 1975, the WHO has promoted integrating mental health into primary care, starting with a report on mental health services in developing countries. A major international study in 1995 highlighted that psychological disorders are common and treatable in primary care across diverse settings. Over time, more evidence supported this approach, including a 2008 joint WHO/WONCA report offering a global perspective on integration. These cases play a critical role in the efforts to maintain health in these facilities.

WHO's study across 15 global primary healthcare facilities revealed that 23.4% of people experience mental health issues (World Health Organization, 2018a). Similarly, a UK study found that 90% of individuals with mental health problems receive care in primary health facilities (Royal College of General Practitioners, 2017). These facilities serve as the initial point of contact and continue to provide health efforts from self-care, informal care, to mental healthcare. They also promote coordinated comprehensive and individualized care, particularly for patients with both physical and mental health comorbidities (Oros et al., 2022; World Health Organization, 2018b).

Primary health facilities have been pivotal in transforming mental health management according to the World Mental Health Report 2022. This transformation includes shifting the focus to primary health facilities, renewing community role engagement, prioritizing prevention and promotion, adopting community and government approaches, initiatives from various stakeholders, and managing patients holistically through a biopsychosocial approach involving non-specialized personnel (World Health Organization, 2022). According to the Republic of Indonesia Law Number 18 of 2014, mental health is defined as the state where an individual can develop holistically physically, mentally, spiritually, and socially; enabling them to recognize their capabilities, manage stress, work productively, and contribute to society. This law serves as the foundational policy for mental health management in Indonesia, emphasizing the enhancement of public mental health and the prevention of mental health disorders among at-risk populations (Kemenkes RI, 2014).

The Indonesian Ministry of Health introduced the 2020 Mental Health Guidelines to support Sustainable Development Goal 3.8 for Universal Health Coverage. These guidelines promote comprehensive mental health care through preventive, curative, and rehabilitative approaches (World Health Organization, 2022; Kemenkes RI, 2014). Mental health issues are categorized as ODMK (mental problems) or ODGJ (mental disorders), each requiring tailored care. Early screening and prompt assessment within 30 days are crucial. Poor stress management can lead to destructive behaviors, with rising global suicide rates as a severe consequence, affecting both developing and developed nations.

Mental health disorders like anxiety and depression exist across cultures, highlighting the need for culturally validated tools. Indonesia's Ministry of Health endorses the SRQ-20 for mental health screening in primary care. Used in nationwide surveys (2013, 2018, 2023), it detects mental-emotional issues and aids in preventing

disorders. Building mentally healthy communities requires empowering people and developing tools for early detection and self-management (Kemenkes RI, 2021; Badan Penelitian dan Pengembangan Kesehatan Kemenkes RI, 2018). Psychosomatic cases rose by 25% in late 2023 at polyclinics and PU health centers. Screenings linked issues to family-related stressors. However, most patients stopped seeking care. Evaluating this and understanding help-seeking behaviors is essential.

Methods

Research Design and sampling

This observational cross-sectional study was conducted from October and December 2022 in 11 neighborhood units (RWs) and 4 health-posts in the Puskesmas PU area of South Jakarta. Using the Lemeshow formula, the sample size was calculated, adding a 10% dropout possibility, resulting in 135 subjects selected through purposive sampling. Subjects were chosen based on symptoms of increased anxiety, sleep disturbances, and unexplained sadness observed during health-posts screening activities (Posbindu).

Instruments

The process of collecting data involved screening participants with the e-SRQ-20 tool, which contained 20 questions and was delivered through Google Forms. Data collection was supported by 3 young medical doctors and trained health cadres. Initially, 10 health cadres were trained to assist in data collection among households in 11 neighborhood units based on inclusion criteria during health post activity.

The electronic screening tool is tailored for effective use in primary healthcare settings, enabling the swift identification of potential mental health concerns. However, it is not designed for diagnostic purposes. Participants were instructed to answer 'Yes' for any problems they faced in the previous 30 days and 'No' if they did not. A result of six or more 'Yes' responses signaled a possible mental and emotional health issue. The e-SRQ-20 consists of four domains,

such as depression symptom (questions number 9,10,10,14,15,16,17); anxiety symptom (questions number 3,4,5); somatic symptom (questions number 1,2,7,19) and loss of energy symptom (questions number 8, 11,12,13,18,20). The numerical entries were added together to produce totals, which represented the mental-emotional disorder scores.

Statistical Analysis

A descriptive analytical approach was applied to examine the data, focusing on the distribution of responses across key mental health domains. Percentages and individual scores were calculated and grouped according to predefined categories reflecting symptom severity and potential issue levels. This method enabled a clear visualization of patterns within the dataset, facilitating the identification of prevalent emotional and psychological concerns. By aligning the scoring with domain-specific indicators, the analysis provided a structured overview of community mental health status and highlighted areas requiring targeted intervention.

Results and Discussion

Result

Characteristic subjects

Of the 135 respondents surveyed based on symptoms of increased anxiety, sleep disturbances, and unexplained sadness. 115 were female (85.2%) and 20 were male (14.8%). Most respondents were of productive age (74.8%) and primarily housewives (64.5%). Additionally, 60% had completed senior high school as their highest level of education (Table 1).

Table 1. Characteristic of respondents

Characteristics	n (%)
Sex	
Male	20 (14.8)
Female	115 (85.2)
Age	
17-25	17 (12.6)
26 – 35	19 (14.1)
36 – 45	44 (32.6)
46 – 55	38 (28.1)
56 – 65	17 (12.6)
Activity	
Housewives	87 (64.5)

Laborer	6 (4.4)
Self-employed	6 (4.4)
Private employee	19 (14.1)
Government employee	9 (6.7)
Student	8 (5.9)
Formal Education	
Elementary school	14 (10.3)
Junior high school	19 (14.1)
Senior high school	81 (60)
Diploma/undergraduate	21 (15.6)
Total	135 (100%)

Domain symptoms results

Table 2. Symptoms by e-SRQ-20 in Domains

Domain	SRQ Q - no	Answer	
		Yes n (%)	No n (%)
Depression symptom	6	6 (4.4)	129 (95.6)
	9	14 (10.4)	121 (89.6)
	10	11 (8.1)	124 (91.9)
	14	10 (7.4)	125 (92.6)
	15	8 (5.9)	127 (94.1)
	16	15 (11.1)	120 (88.9)
	17	5 (3.7)	130 (96.3)
Anxiety symptom	3	26 (19.3)	109 (80.7)
	4	12 (8.9)	123 (91.1)
	5	20 (14.8)	115 (85.2)
Somatic symptom	1	32 (23.7)	103 (76.3)
	2	9 (6.7)	126 (93.3)
	7	15 (11.1)	120 (88.9)
	19	21 (15.6)	114 (84.4)
Loss of energy symptom	8	17 (12.6)	118 (87.4)
	11	8 (5.9)	127 (94.1)
	12	26 (19.3)	109 (80.7)
	13	7 (5.2)	128 (94.8)
	18	18 (13.3)	117 (86.7)
	20	46 (34.1)	89 (65.9)
Mental emotional potential problem based on the score		≥ 6 19 (14.1)	< 6 116 (85.9)

Results grouped by e-SRQ-20 domains showed that 90.4% of respondents (122) experienced loss of energy and 57% had somatic symptoms. Moreover, 51% displayed depression symptoms, and 43% exhibited anxiety, regardless of potential mental health issues. Screening revealed that 19 respondents (14.1%) with total score ≥ 6 , potentially had mental and emotional

issues. Among these, 89.47% were female, 63.2% were aged 26–35 years, and 89.5% were housewives, with senior high school being the highest educational attainment for all 19 respondents.

Of the 19 respondents experiencing emotional mental disorders, they were categorized into four symptom groups: depression, anxiety, somatic symptoms, and decreased energy. The most reported symptoms in each category were as follows:

Depression: Unhappiness (14 respondents, 10%) and Feelings of uselessness (15 respondents, 11%) corresponding to questions number 9 and 16, respectively.

Anxiety: Sleep disorders (26 respondents, 19%) and shaking hands (20 respondents, 14.8%) corresponding to questions number 3 and 5, respectively.

Somatic Symptoms: Frequent headaches (32 respondents, 23.7%) and uncomfortable in the stomach (21 respondent, 15.6%) corresponding to questions number 1 and 19, respectively.

Decreased Energy: Easily fatigued (46 respondents, 34%) and frequent difficulty making decisions (26 respondents, 19%) corresponding to questions number 12 and 20, respectively.

Using electronic screening with the e-SRQ simplifies the process and provides immediate results. This is especially beneficial for large-scale mental and emotional assessments in environments such as schools, workplaces or others at community setting (Beusenberg et al., 1994; Rifat et al., 2022). The e-SRQ-20 screening over the past 30 days indicated that loss of energy and somatic symptoms were the predominant mental health concerns, followed by depression and anxiety. Mental health involves emotional, psychological, and social aspects that shape thoughts, feelings, and behaviors. It impacts stress management, communication, and productivity. Issues in these areas can lead to

mental health disorders, identifying individuals as People with Mental Problems (ODMK). Among the 19 individuals identified with mental health issues, only five (one-third) sought follow-up care at a primary health facility, and just one continued with follow-up management twice. This highlights the community's low health-seeking behavior for mental health. Similarly, a study in China found that only 8% of the 6.8% diagnosed with major depressive disorder (MDD) sought healthcare (Phillips et al., 2009; Huang et al., 2019). In Taiwan, 37% of patients diagnosed with depression did not seek help during their first depressive episode (Chang, 2023).

These cases show that people have a low tendency to seek help from health services, even when they or their families are diagnosed with mental or emotional health problems, or even mental health disorders. A study conducted in Bali (2006) found that individuals with mental health problems often seek help from “*orang pintar*,” “*Tabib*,” or “*dukun*” (shaman/traditional healer) before going to primary or tertiary healthcare facilities. The same phenomenon occurred in studies conducted in Ujung Pandang, Philippines, and Malaysia (Kurihara et al., 2006; Martinez et al., 2020; MacDonald et al., 2018; Wong et al., 2020). The belief that mental health problems are caused by mythical factors exists in some countries. Seeking help for these issues is defined as an adaptive coping process, involving formal and informal support (Rickwood, D., & Thomas, 2012). Seeking help behavior for mental health problems is related to socio-demographic factors such as younger age, which is more common in females, and the loss of a current partner or spouse (Heinsch et al., 2020; Mackenzie et al., 2019; Tomczyk et al., 2020a). A positive previous experience of seeking help is also a factor in individuals seeking help informally (Michel et al., 2018). Behavior in seeking help for mental health problems is influenced by socio-cultural factors. A major factor is the tendency to rely on close friends or family for severe psychological issues, along with an aversion to professional help (Mackenzie et al.,

2019; Aguirre Velasco et al., 2020). Various forms of stigma have been identified as significant barriers to seeking help from mental health services. Stigmatization remains a persistent issue, hindering individuals with potential mental or emotional health problems and their families from seeking help. Both self-imposed stigma and societal stigma act as barriers, preventing individuals from addressing their mental and emotional health needs (Chang, 2023; Martinez et al., 2020; Lasalvia et al., 2013; Sun et al., 2019). The higher the stigma in the community, the lower the health-seeking behavior, leading to reduced access to healthcare, suboptimal therapy, and social marginalization (Barney et al., 2009; Wiersinga et al., 2020; Doll et al., 2021; Tuti et al., 2022; Na'imah et al., 2023). Many initially seek primary healthcare for physical complaints, such as somatic symptoms, which can mask deeper psychological concerns, delaying appropriate intervention. Bio-sociocultural factors are crucial in shaping mental health and adaptability.

Due to data collection took place after the post-pandemic, which led to various preventive measures to stop the virus's spread. These measures, implemented by national and local governments, which involved stay-at-home orders, work-from-home mandates, public transport restrictions, and lockdowns in several countries (Wiersinga et al., 2020; Tuti et al., 2022; World Health Organization, 2021a). These restrictions also limited access to healthcare facilities, which prioritized emergency cases, especially COVID-19-related respiratory distress. During that time, people are increasingly reluctant to seek healthcare services, compounded by the social impacts experienced after the pandemic. The pandemic itself was a stressor, leading to increased cases of mental health problems and disorders (World Health Organization, 2021a; Gloster et al., 2020; Chen et al., 2021; Onyeaka et al., 2021). The post-pandemic period brought significant social and economic changes, transforming work patterns, social interactions, learning approaches, and

adaptation strategies. These shifts had a profound impact on mental health and psychosocial well-being as individuals and communities adjusted to the demands of a new way of life. The main mental health issues reported by subjects included fear of infection, boredom, stress from self-isolation or working from home, children studying from home, and economic difficulties due to layoffs (Gloster et al., 2020; Chen et al., 2021; Onyeaka et al., 2021; Brooks et al., 2020; Guerra & Eboreime, 2021; Van Wyk et al., 2021; Inglein et al., 2024). As the pandemic winds down, the study indicates a continued surge in mental disorders across communities. Symptoms of mental and emotional distress—like changes in cognition and behavior—are still prevalent. Recent cases of adult suicide underscore a pressing issue: the late detection of mental health struggles within families, necessitating improved awareness and intervention efforts. The healthcare structure in Indonesia includes *puskesmas*, private medical practitioners, mental health nurses, clinical psychologists, social workers, and occupational therapists (Kementerian Kesehatan RI, 2009; Kementerian Kesehatan RI, 2015). Among these, *puskesmas* are integral to the provision and management of mental health services in primary health care. The process of seeking mental health services at *puskesmas* is outlined in **Figure 1**.

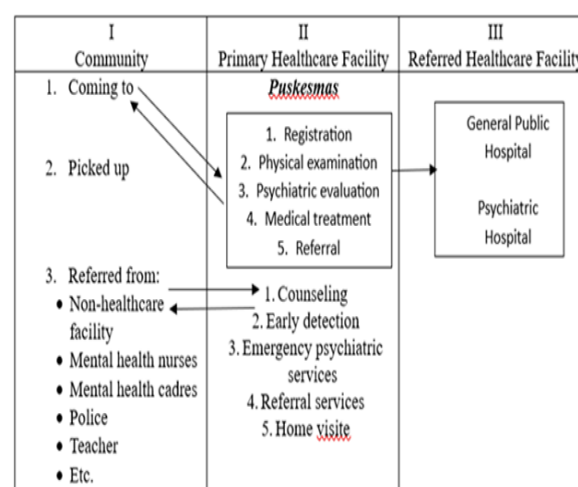


Figure 1. Community Mental Health Service Flow at Primary Care³⁹

Puskesmas serve as the hub for primary healthcare, addressing direct cases from patients who visit alone or with support, as well as indirect cases referred by clinics, institutions, or community reports. People with mental-emotional health issues or noticeable symptoms receive a range of care from non-medical to medical interventions. Non-medical management includes counseling, training, early detection, and occupational therapy, particularly for those with potential issues. Early detection and counseling are crucial in preventing the escalation of mental and emotional problems. Medical management involves psychiatric assessments and pharmacological treatment, in accordance with the authority of primary health facilities. Referrals are made based on the patient's clinical symptoms (Kementerian Kesehatan RI, 2015).

Adopting a life-cycle approach, promotive and preventive mental health measures now begin from pre-marital and conception stages, extending through growth and development periods. Adolescence is vital for screening and early detection to identify mental health risk factors, establish prevention strategies, and mitigate consequences. According to WHO, most mental health problems start around age 14, with many undetected and untreated. Preventive measures during this period effectively establish healthy behaviors (Royal College of General Practitioners, 2017; Abdullah, 2017; World Health Organization, 2021b). The burden of mental disorders in children and adolescents is significant, exacerbated by misinformation, stigma, and discrimination. These disorders are often misunderstood, leading to children and adolescents being labeled as "not trying hard enough" or as troublemakers. In line with WHO's Comprehensive Mental Health Action Plan 2013–2030, the goal is to improve mental health by strengthening governance, providing community-based care, implementing promotion and prevention strategies, and enhancing information systems, evidence, and research (World Health Organization, 2021b).

Mental health-emotional disorders and issues can be addressed in primary health care by

trained personnel such as general practitioners, nurses, and other health workers. However, gaps in therapy persist due to low detection rates and the lower prioritization of mental health issues. Even in high-income countries, nearly half of those with depression remain untreated (Thornicroft et al., 2017). This is particularly important for general practitioners, who often serve as the first point of contact for individuals with mental health issues (Tomczyk et al., 2020b). Early detection in primary health care, through appropriate tools and the combined efforts of health and non-health workers, can help prevent mental and emotional health issues. The E-SRQ or *e-Jiwa* tool supports this approach, aligning with Indonesian Health Transformation of Pillar-1, Promotive and Preventive Programs and Pillar-6, Digital Health Systems. The Ministry of Health advises annual mental health screenings for all individuals as a proactive step toward early detection and prevention (Kementerian Kesehatan RI, 2024).

Promoting help-seeking behavior by strengthening social support and improving mental health literacy, attitudes, and self-efficacy is essential. Encouraging early assistance among individuals and families facing emotional challenges enables more timely and effective intervention. Mental health care has been integrated into primary health care facilities, making services easily accessible, affordable, and acceptable for individuals experiencing mental health issues and requiring support from their families.

These findings underscore the need to strengthen health cadres' capacity to use the e-SRQ 20 tool and promote self-screening for proactive health seeking behavior of mental health. While the study offers valuable insights into community-level interventions, its scope limited to a single high-prevalence sub-district suggests caution in generalizing the results. Expanding research across more *Puskesmas* areas would enhance representativeness and inform broader implementation strategies.

Conclusion

Empowering communities through awareness, stigma reduction, and inclusive decision-making is key to addressing mental health challenges. Integrating electronic screening tools like the Ministry of Health's e-SRQ or *E-jiwa* into primary care offers a transformative pathway for early detection and proactive support. When paired with community-driven efforts, this approach enhances mental health literacy and access to care. Expanding implementation across multiple *Puskesmas* will strengthen representativeness, refine strategies, and build a robust foundation for policy and practice, advancing mental health care in Indonesia and beyond.

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Author Contributions

For research articles with several authors, a short paragraph specifying their individual contributions must be provided. The following statements should be used "Conceptualization, R.N.K. and R.K.; Methodology, R.K. and D.K.; Software, R.N.K.; Validation, R.N.K, R.K. and D.K.; Formal Analysis, R.N.K.; Investigation, R.K. and R.N.K.; Resources, R.N.K.; Data Curation, D.K.; Writing – Original Draft Preparation, R.N.K.; Writing – Review & Editing, R.N.K, R.K. and D.K.; Visualization, R.N.K. and D.K.; Supervision, R.K.; Project Administration, R.N.; Funding Acquisition, R.K.”.

Conflicts of Interest

The authors state that the research was carried out without any commercial or financial ties that might suggest a conflict of interest.

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