



## The Voice of The Heart of Community Mental Health Lay educators: Between Honesty and Challenge

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### ABSTRACT

Mental health lay educators in the community as extensions of health workers in community health centers play an essential role in mental health programs because of the ease of reaching, close access, and understanding of the socio-cultural values of the community. However, the complexity of the problem of the performance of mental health lay educators who are shrouded in stigma has not been explored in depth, even though this fact has a tremendous impact on the recovery of the condition of people with mental disorders undergoing treatment at home. It is vital to conduct a study by exploring the experience of mental health lay educators while assisting the community in caring to increase the productivity of people with mental disorders. The purpose of this study was to identify the experiences of mental health lay educators while carrying out their duties in the community. This research is a qualitative study by applying a phenomenological empirical approach as well as direct interviews based on time agreements between researchers and informants and observing the activities of the cadres. Through the use of a purposive sampling technique, informants were gathered. The saturation of the study was obtained after conducting interviews with 6 participants. The data analysis process was carried out using the Haase adaptation of the Colaizzi method to analyze the transcripts. The data analysis revealed four themes: various sad stories on duty, beautiful and fun stories, strands of hope as mental health lay educators, and descriptions of reasons for lay educators to persist. It is hoped that this experience will become input for community mental health program holders to pay special attention to the holistic needs of health lay educators to display their optimal performance

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### Kata kunci:

kader kesehatan jiwa  
orang dengan gangguan jiwa  
peran

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### ABSTRAK

Kader kesehatan jiwa di masyarakat sebagai perpanjangan tangan tenaga kesehatan di pusat kesehatan masyarakat berperan penting dalam program kesehatan jiwa, karena kemudahan menjangkau, akses kedekatan serta pemahaman nilai sosial budaya masyarakat. Namun demikian kompleksitas permasalahan kinerja kader kesehatan jiwa yang diselimuti stigma masih belum tereksplorasi secara mendalam, padahal fakta tersebut berdampak luar biasa bagi pemulihan kondisi orang dengan gangguan jiwa yang menjalani perawatan di rumah. Penting untuk dilakukan kajian dengan mengeksplorasi pengalaman kader kesehatan jiwa selama mendampingi komunitas dalam merawat sehingga dapat meningkatkan produktivitas orang dengan gangguan jiwa. Tujuan penelitian ini untuk mengidentifikasi pengalaman kader kesehatan jiwa selama melaksanakan tugas di masyarakat. Penelitian ini merupakan studi kualitatif dengan mengamplifikasikan pendekatan fenomenologi empiris serta mewawancarai langsung berdasarkan kesepakatan waktu antara peneliti dengan informan serta mengobservasi aktivitas para kader. Informan direkrut melalui

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teknik purposive sampling. Satusasi penelitian diperoleh setelah melakukan wawancara terhadap 6 partisipan. Proses analisis data dilakukan menggunakan adaptasi Haase dari metode Colaizzi digunakan untuk menganalisis transkrip. Berdasarkan analisis data diperoleh empat tema yaitu berbagai cerita menyedihkan dalam bertugas, kisah indah dan menyenangkan, untaian harapan sebagai kader kesehatan jiwa, uraian alasan kader tetap bertahan. Diharapkan pengalaman ini menjadi masukan bagi pemegang program penanganan kesehatan jiwa komunitas untuk memperhatikan secara khusus terhadap kebutuhan holistik kader kesehatan agar dapat menampilkan kinerja optimalnya.

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## INTRODUCTION

Mental health is described as a condition when individuals with complete self-ability in solving problems and dealing with any stressors that come and can play a role, contribute and work productively to meet all life needs (Kusumawaty et al., 2021; Tania & Hernawaty, 2019). Basic health research data in 2018 illustrates that 7 out of 1000 households have individuals or family members who experience psychosis problems. Cases of mental disorders have increased dramatically in Indonesia, accompanied by high-stress issues in urban areas. The prevalence of mental disorders in the population over 15 years nationally has also increased significantly. Most schizophrenic mental disorders in South Sumatra have the third highest increase after West Sumatra and Aceh. The prevalence is from 1.3 per mile to 8 per mile, out of a total of 6.7 per mile in Indonesia. The coverage of treatment in South Sumatra for the category of having been treated at a mental hospital/ health facilities/ health care providers was recorded at 73.9% of the total 85% medical treatment coverage in Indonesia (Risksedas, 2018).

Mental disorders will undoubtedly have an impact on the level of productivity and quality of life of individuals and society in general. Meanwhile, one form of effort to handle mental health problems in a comprehensive, holistic and complete manner is to prepare various strategies and service interventions at the individual, group, and community levels. The existence of mental health lay educators in the community as an extension of the ability of the public health center has a critical role in carrying out mental health programs; this is due to the power of the lay educators to reach and access proximity to the community, groups, or individuals (Agyapong et al., 2015; Sahriana, 2018). Mental health lay educators' role in primary prevention programs is identifying data collection, providing health education, providing reinforcement, motivation, and facilitating health needs. Meanwhile, the secondary prevention program, namely conducting self-detection and socialization, and the tertiary prevention program, namely monitoring people with mental disorders to remain obedient to taking medication (Kusumawaty et al., 2021; Martini et al., 2021; Yani & Murtadho, 2019).

Another study that identified what part mental health lay educators plays in community mental health programs stated that several factors influence lay educators to implement their functions. It starts from the existence of factors in the form of information, inspiration, and expectancy; reinforcing elements of social encouragement and supporting factors in the form of availability of health services, convenience of services, the existence of guidelines and commitments (Mapanga et al., 2019; Sahriana, 2018; WHO, 2010). Stories about the life experiences of health lay

educators helping the recovery and healing process. These activities start from their sincerity in helping the recovery process, the emergence of feelings of fear when facing People with Mental Disorders (PWMD) with the final achievement, namely the satisfaction of lay educators in carrying out their roles (Report et al., 2015; Tania & Hernawaty, 2019). Meanwhile, at this time, most people still think about people with mental disorders that threaten their safety, others, and the environment. Research that describes several acts of violent behavior received by health workers, most of which are in the form of physical violence, the primary victims are health workers, including health lay educators in the community (Dwijayanti & Dharmawan, 2019; Kusumawaty et al., 2019; Maguire et al., 2014; Suryani, 2015).

Based on the description above, the research conducted is still within the scope of the role of public health educators that have been carried out. There is still a need for deeper identification of the various stories of mental health educators who approach the community. The purpose of this study was to identify the experiences felt by lay mental health educators in carrying out their duties in the community.

## METHODS

### *Participant characteristics and research design*

Empirical phenomenological methodology implemented in this qualitative research was to acquire an impression of the insight of mental health lay educators.

### *Sampling procedures*

The researchers are collecting data in this qualitative research utilizing direct interviews with a mutually agreed time between the researcher and the informants. Participants were recruited throughout a purposive sampling technique with inclusion criteria for mental health lay educators and mental health program managers. Based on data saturation the sample size is calculated, the fact at which not at all new data or themes related to the informants' experience appear. The characteristics of the informants explained numerous things, namely age, gender, married status, education level, employment, place of residence, and experience as a mental health lay educator.

### *Sample size, power, and precision*

When there were six participants, the study was at its maximum size of sample.

*Measures and covariates*

The research team outlined the study's objectives. It gave informed consent to participants, followed by requesting consent and an agreement to conduct extensive interviews at the contracted time in the date range starting from October-November 2021. With the approval of all informants, interviews were using audio and voice recordings. The following are some of the questions given to the lay educators, ranging from expressions of feelings, things that happened during the approach with families and patients, and hopes and desires conveyed by the lay educators. Data collection was carried out concurrently with data examination. The verbatim transcription of the speech or audio recordings within 24 hours after the completion of the interview. The interviewing crew also checked the tapes' veracity.

*Data analysis*

Data analysis was carried out using the Colaizzi approach as modified by Haase used to analyze the transcribed. Read the transcript to begin the analysis several times to understand the significance conveyed, recognize essential phrases, and then reiterate them in common terms, followed by articulating the purpose and confirming the importance through dialogue of the research group to attain compromise. The last platform by distinguishing by arranging topics into groups and categories, which were fully

developed into a theme description (Patton, 2002; Sargeant, 2012). Approaches used to confirm accurateness or data trusts were reliability and transferability. The two writers carried out a separate transcript analysis using bracketing data on certain previously generated hypotheses, after which they systematically used modifications of Colaizzi's technique. After comparing and debating the results, the team decided on a topic, theme group (domain), and classification (coding). For the time being, transferability was carried out, accounting for the discrepancy in participant characteristics and the quotations that were largely obtained as a result of in-depth interviews. Data concealment was also ensured during data collection by employing a participant number (rather than a participant's name) and excluding the names of the data from the transcript. All transcripts and audio recordings were gathered using computer password security. The team adhered to the reference or reporting criteria specified in the qualitative research guidelines throughout this study.

**RESULTS AND DISCUSSION**

The participant characteristics, including age, gender, marital status, education level, occupation, and training background, are described by the findings of identification (Table 1).

**Tabel 1. The Characteristics of participants**

Partisipant number	Age (years)	Sex	Marital status	Education	Training history	Occupation
1	35	Female	Married	Senior High School	Yes	Labour
2	28	Female	Married	Senior High School	Yes	Labour
3	39	Female	Widow	Junior High School	Yes	Seller
4	40	Female	Married	Elementary High School	Yes	Labour
5	47	Female	Married	Elementary High School	Yes	Labour
6	36	Male	Married	Senior High School	Yes	Seller

The findings of the in-depth interviews were also analyzed, starting with the phase of choosing quotes related with quota groups as the sources for coding to articulate categories, domains, and themes in greater detail. The process of developing a theme is shown in Table 2 using a quota of in-depth interviews with six older individuals as participants.

The description of the research data in table 2 illustrates the conscience of community mental health lay educators: between honesty and challenge. The identified themes started from stories of sadness when carrying out their duties; some stories were pleasant and beautiful for the lay educators, the hopes raised by the lay educators, and various reasons for lay educators to persist in carrying out their roles.

An important function of a health lay educator is to facilitate access to information, health education, social support, and assisting patients and families from the emergence of stigma and discrimination against the patient's circumstances and strives to increase the patients and families abilities empowerment. It is hoped that later the patient will be able to undergo the recovery process and continue to live productively in the community (Kusumawaty et al., 2019; Tania & Hernawaty, 2019). In line with several previous studies that tell about the life

experiences of mental health lay educators in carrying out their roles, namely breaking down, many positive things are obtained. However, they can not separated from the negative things that arise (Sahriana, 2018). Gaining experience of violent treatment of patients is also unavoidable by lay educators during their role in interacting directly with patients and families; acts of rejection, hostility, and violence are also often felt by lay educators and mental nurses (Laila et al., 2018). Another study also describes several acts of violent behavior received by health workers, most of which are physical violence. When approaching and communicating with patients and their families, the primary victims are health workers, including health lay educators (Maguire et al., 2014). The function of lay mental health educators in the neighborhood as an extension of the medical facility, in this case, plays a critical role in carrying out mental health programs because of the ability of lay educators who can reach and have close access to the community, groups, or individuals (Sahriana, 2018). The strategic position of health lay educators certainly provides an excellent opportunity for lay educators to be more acceptable to the community. Some information or education provided will be more readily accepted and accelerate the improvement of understanding and family behavior in caring for PWMD at home.

**Table 2.**  
**Experience of Mental Health Lay educators in carrying out the Role**

<b>Result</b>		<b>Experience of Mental Health Lay educators in carrying out the Role</b>	
<b>Theme 1</b>		<b>Various sad stories on duty</b>	
Codes	Sadness and rejection from the patient's family	Fears, worries and difficulties interacting with PWMD	
Quotes	"sad ma'am, we have come to the patient's house, even we are rejected " (Participant 1). "our presence, is not very welcome by the family for sure" (Participant 2) "sad, rejected by family and family don't want to see us" (Participant 3). "Quite a lot of stories were rejected for various reasons, sadly" (Participant 2).	"fear, anxiety about the patient's condition description, well if the patient is angry and restless " (Participant 2). "...quite difficult to initiate communication with patients and their families " (Participant 3). " our worries interact directly with PWMD patients with fluctuating emotions" (Participant 1). "afraid, anxious, we definitely feel when we start interaction" (Participant 5). "It's quite difficult when interacting followed by feelings of fear and anxiety" (Participant 4).	
<b>Theme 2</b>		<b>Various beautiful and happiness stories</b>	
Codes	Delighted and happy	Muncul kepuasan diri	Mendapat dukungan
Quotes	"happy to see the patient's ability " (Participant 3). " happy to help treat patients " (Participant 2). " see the progress of the patient is happy and happy " (Participant 5).	"the final feeling i feel yahh satisfied " (Participant 6). "although there are many stories, but in me there is satisfaction" (Participant 1). " Satisfied when I can help patients and families " (Participant 4).	" the municipality provides support ".(Participant 2). " the health center staff is very supportive of our role" (Participant 5). "doctors, nurses and our family are also very supportive" (Participant 6)
<b>Theme 3</b>		<b>A strand of hope as a mental health lay educators</b>	
Codes	Ease of reporting	Get regular assistance	Get official clothes and rewards
Quotes	" I hope it's easier for us to make monthly reports " (Participant 3). " quite difficult to make a report " (Participant 6). " yes I hope the report is not much and easy " (Participant 1).	" We really want to be accompanied by doctors and nurses on a regular basis " (Participant 5). " I want someone to accompany us when we are in the data " (Participant 4).	"yes, hopefully we will be given uniforms " (Participant 2). "hope is to get money as a work reward " (Participant 1). "if possible have clothes and money for transport" (Participant 6).
<b>Theme 4</b>		<b>Explanation of the reasons why the lay educators persists</b>	
Codes	Sincerity of heart	Concerned about the patient's condition	Passion to serve
Quotes	" we can help you sincerely " (Participant 1). " sincere intention to help " (Participant 2). "My intention is to help patients" (Participant 3). "the intention from the heart really wants to help " (Participant 5).	"Yes, the reason is quite concerned about the patient's condition " (participant 3). " the condition of the patient is apprehensive if there is no counseling " (Participant 2). " we still want to help, because we are concerned " (Participant 4).	"there is a passion to help " (Participant 3). " We've been educated, we're excited to serve " (Participant 1). "We are always excited to be able to help " (Participant 3).

Mental health lay educators' role in primary prevention programs is identifying data collection, providing health education, providing reinforcement, motivation, and facilitating health needs. Meanwhile, the secondary prevention program, namely conducting self-detection and socialization, and the tertiary prevention program, namely monitoring people with mental health disorders to remain obedient to medication (Yani & Murtadho, 2019). Based on the results of community service activities that the team has carried out through the provision of refreshments to mental health lay educators. It can recognize them in the early detection and treating people with mental disorders in the community; there is an increase in the understanding and ability of lay educators to help patients' families (Kusumawaty et al., 2020). However, of course, activities aimed at empowering lay educators should be able to be carried out on a scheduled basis, although it turns out that the results of other studies indicate that other components of lay educators are needed in helping PWMD families. Some of

the reasons expressed by the lay educators were identified in the theme, namely sincerity to help, also in line with the results of previous studies. The lay educators were sincere and sincere in helping patients and their families, which significantly impacted the recovery process of patients in the community (Tania & Hernawaty, 2019).

Previous review studies of 30 articles found positive findings that discussed the need for a refresher, task shifting, and regular assistance by the mental health team. It aims to make mental health lay educators working in the community more motivated in carrying out their roles, namely helping accelerate the recovery process of people with mental disorders (Javadi et al., 2017). The results of an in-depth investigation that as many as five health lay educators with ordinary citizen backgrounds in the United States. They have very high solidarity to wholeheartedly help people with mental disorders, eager to help care for and provide information about the care of individuals with mental illnesses (Hogg & Warne, 2010).



A narrative study of 11 volunteers who participated in a community program for caring for persons who have mental illnesses in the United States resulted in various positive stories, reasons, and hopes for volunteers to help those who suffer from mental illnesses and their families. The studies hope they can empower the ability of patients and their families to live productively in the community (Potter, 2016). In line with the results of research that has been obtained regarding the conscience of health lay educators, in carrying out their duties, they must be carried out with complete sincerity and have hope and reasons to continue to help patients with mental disorders and their families. Previous research explained that as many as 20 participants, including health workers and lay educators, helped each other and played an active role in carrying out their duties. The results were a concern for jointly caring for people with a mental disorders, establishing therapeutic relationships with patients and families, and enthusiasm for helping patients and families with independence (Shattell et al., 2007). The importance of involving lay educators in this regard includes convenience, affordability, and social and cultural effects. The diversity of social and cultural values is a crucial aspect that must get attention in the lifelong learning process and must be taken by all lay educators to improve their performance so that they are able to develop themselves dynamically in the preventive and promotive fields through the guidance of professional health workers.

#### LIMITATION OF THE STUDY

Only one group participated in the study. As a result, it does not illustrate how the opposite perception of lay educators for mental health has spread.

#### CONCLUSIONS AND SUGGESTIONS

The various complexities of the experience of mental health lay educators in carrying out their roles pose challenges for them. Behind the convenience as part of the community with their closeness, the ease of obtaining access and intimacy with the district. They are still faced with the potential to get harmful treatment themselves and feel they have been unable to perform optimally in helping the community. Although at the same time, it is realized that various positive experiences as lay educators have been felt beside the lack of getting an education about mental disorders. The information obtained while preparing to become a mental health lay educator becomes a provision to be implemented in his family. Thus, although health lay educators are key in a community-centered health system because of their presence and broad ability to provide health services close to the community, the presence of lay educators also poses a challenge to the quality of service delivery. The scheduled and continuous education for lay mental health educators is one of the determinants of lay educators' success in carrying out their roles.

It is recommended that the organizers of health service programs in the community, to provide educational interventions for health lay educators, and consider increasing training capacity and training programs. Supervision intervention in the regulation and self-registration as lay educators. The process of collaborative intervention and professional involvement in program implementation and recognizing the social and cultural

values of the local community. Financial and non-financial rewards are essential motivators for mental health lay educators that deserve attention.

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#### ETHICAL CONSIDERATIONS

The board of ethical review or the ethics committee Health Polytechnic of the Ministry of Health Palembang accepted and processed the ethical approval for this research.

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#### Conflict of Interest Statement

There is no conflict of interest either directly or indirectly related to the work submitted for publication.

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