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Basic Observation and Interview Skills Training for Mental Cadres in Screening Mental Health in Sedayu District

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Abstract

Access to mental health services is still limited, especially in areas such as Sedayu District. With a dense population, there is a lack of mental health services. This basic observation and interview skills training aimed to enhance the competencies of community mental health cadres in the early detection of mental health problems in Sedayu District, Special Region of Yogyakarta. This community service program was implemented using a participatory approach that included coordination with local partners, focus group discussions, delivery of training materials, interactive discussions, observation and interview simulations, and emergency referral exercises. The evaluation employed a pre-post test design to assess changes in cadres' attitudes toward people with mental disorders (PWMD). The results indicated an increase in positive attitude scores among cadres after the training, although the improvement did not reach statistical significance. These findings suggest that practice-based training has the potential to strengthen the readiness of community mental health cadres; however, sustained mentoring and follow-up activities are necessary to optimize its impact. Overall, this training is expected to contribute to the strengthening of community-based mental health services and to support the mental health referral system in Sedayu District.

Keywords:

Mental Cadres, Mental Health, Sedayu

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INTRODUCTION

Mental health problems in Indonesia continue to increase in line with the complexity of social, economic, and cultural challenges faced by the community (Riskasdas, 2018). Based on WHO data (2020), around 20% of the world's population experiences mental disorders of varying severity. Mental health problems in DIY are showing an alarming trend. Data from the Indonesian Health Survey in 2023 indicates that the prevalence of severe mental disorders in Yogyakarta reaches 9.3%, making it the province with the highest number nationally (Novita, 2013). In addition, Indonesia's 2022 national mental health survey reported that 5.5% of adolescents aged 10 to 17 in Yogyakarta have a mental disorder, with 1% of them suffering from depression. The number of mental disorders is increasing, but access to mental health services is still limited, especially in certain areas, including in Sedayu District.

Sedayu District, DIY is one of the sub-districts located in Bantul Regency, DIY Province, Indonesia. Sedayu District is located in the northwest corner of the capital city of Bantul Regency. Sedayu District has an area of about 34.36 km². Previously known as Pedes District, the name was later changed to Kapanewon (District) Sedayu based on Yogyakarta Government Regulation Number 9 of 1951, which was inaugurated on June 20, 1951. The Sedayu District area is based on Sleman Regency and Kulon Progo Regency. Sedayu District consists of 4 villages, namely: Argodadi, Argorejo, Argomulyo, and Argosari. Sedayu District which is inhabited by 9,510 heads of families with a total population of 42,943 people. Based on demographic data, the number of male population in Sedayu District is 20,994 people and the female population is 21,949 people. Meanwhile, the population density in the sub-district is 1,249.80 people/km² where most of the population makes a living as farmers.

Services in order to overcome health problems in the first level of facilities in Sedayu District, namely at the UPT (Integrated Service Unit) Puskesmas (Community Health Center) Sedayu I and II. As a service unit, the Sedayu Health Center has services, as follows: 1) General examination services, 2) Emergency services, 3) KIA (Maternal and Child Health) and Family Planning (Family Planning) services, 4) Immunization Services, 5) Laboratory Services, 6) Physiotherapy Services, 7) Consultation Services (nutrition, environmental health, and health promotion), 8) Dental and Oral Examination Services, and 9) Pharmaceutical Services. There is a fairly dense population but there is no availability of mental health services at the Sedayu Health Center. Based on data from Clinical Psychologists as of February 23, 2025, there are 335 clinical psychologists domiciled in Yogyakarta, with the following distribution; Sleman Regency has 227; Yogyakarta City has 87; Bantul Regency has 57; Kulon Progo Regency is 9; and Gunung Kidul Regency totaling 8 (Yogyakarta Psychologist Data, 2025). Bantul Regency is an area with a minimal number of psychologist professionals in the Health Center. That way, the availability of mental health professionals in Yogyakarta is still inadequate.

1 Therefore, mental health cadres have an important role in early detection of mental health problems in the community.

12 When compared to the standard set by the WHO, which is one psychologist or psychiatrist per 30,000 population, this number is still far from ideal. The limited number of professionals has resulted in many people with mental disorders in Yogyakarta not receiving adequate treatment. Therefore, the role of mental health cadres in detecting mental health problems early in Sedayu District is very vital. Mental health cadres are members of the community who have received basic training in the field of mental health to help early detection, education, and support the recovery of individuals with mental disorders in the community (Tania, 2018). Mental health cadres act as a bridge between the community and health professionals, especially in areas with limited access to mental health services. The main roles of mental health cadres include early detection of mental health problems through observation and interviews, public education to increase awareness and reduce stigma against mental disorders, psychosocial assistance and support for individuals in need, and referrals to professionals if needed.

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5 Observation and interview skills are essential for mental health cadres to identify early symptoms of mental disorders and provide appropriate 'first aid'. Observation and interviews are essential skills that mental health cadres must possess in carrying out their roles. Systematic observation and effective interviews allow mental health cadres to identify the early symptoms of mental disorders and provide appropriate referrals to professionals (Stuart, 2016). With basic observation and interview skills training, mental health cadres are expected to be able to identify the early symptoms of mental disorders and provide appropriate referrals to professionals, so as to reduce the burden of limited mental health services in Yogyakarta (Ministry of Health of the Republic of Indonesia, 2021). The need for observation and interview skills training is increasingly high considering that mental health cadres are often the first parties to interact with individuals with mental disorders in the community. Without adequate skills, the risk of diagnosis, stigma, and inappropriate treatment is even greater.

Although the role of community mental health cadres has been recognized as a crucial component of community-based mental health systems, many cadres still face limitations in practical skills related to conducting initial observations and interviews with individuals suspected of experiencing mental health problems. Existing training programs tend to be predominantly theoretical and often lack simulation-based exercises grounded in real field cases. Therefore, this community service program was designed to address this gap by providing basic observation and interview skills training that is practical, contextual, and responsive to the specific needs of the Sedayu District community.

METHOD

This community service program involved community mental health cadres from Sedayu District, Bantul Regency, Special Region of Yogyakarta. A total of 37

4 cadres participated in the training, which was conducted on July, 17, and November, 6, 2025. The activity employed a structured training design that included lectures, group discussions, and simulation-based practice of basic observation and interview skills. Data were collected using an attitude questionnaire toward people with mental disorders (PWMD), administered before and after the training as a pre-test and post-test measure. The questionnaire served as the primary evaluation instrument to assess changes in cadres' attitudes following the intervention. The method of implementing the stages of community service includes the following activities.

First, Program Coordination and Socialization. The activity began with a coordination process with Sedayu District partners to convey the goals, benefits, and program plans. Socialization is carried out to ensure the existence of; a) active support, b) enthusiasm of mental health cadres and regional apparatus; c) commitment in participating in a series of activities, d) as well as the ability of partners to collaborate with a team from Mercu Buana University Yogyakarta. This stage resulted in an understanding of the roles and contributions of each party in organizing training for the residents of Sedayu District.

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1 Second, FGD (*Focus Group Discussion*). After coordination, an FGD was held to prepare a more detailed agenda of activities based on the results of the initial assessment of the condition of cadres and the needs of mental health services in the community. FGD works to; a) validate relevant priority issues in Sedayu District, b) agree on the focus of observation and interview skills training for mental health cadres, c) determine the type of simulation in the training to be used, d) and arrange the implementation flow to suit the needs of the field.

Third, Provision of Training Materials. The core material was given through interactive lectures by psychologists Jelang Hardika, M.Psi., Psychologists, which include; 1) basic concepts of observation, 2) interview skills, 3) ethical principles and limits of the role of cadres, 4) and identification of conditions that need to be referred to. Discussion and Q&A. Participants were given the opportunity to express their field experiences and challenges encountered when interacting with residents. This discussion is very helpful in connecting the theory with the daily practices encountered by mental health cadres in the field. Observation Simulation. Participants were introduced to case examples that describe; a) changes in emotions, b) behavior, c) physical conditions, d) and social aspects of society. Participants analyze and determine whether the case needs assistance or referral.

Basic Interview Simulation. Mental health cadres conduct interviews in pairs to train; Formulate and use open-ended questions, display empathy, active listening, summarize and communicate without judging others. Referral Training in Emergency Situations. *Role play* is carried out to familiarize mental health cadres to recognize emergency conditions such as; suicide risk, domestic violence, harmful behaviors, and psychotic symptoms. Mental health cadres are also trained to deliver appropriate and sensitive referrals to related parties as the first step in intervention.

Evaluations are carried out at the beginning, middle, and end of training activities. At the beginning of the activity, the level of understanding of observation

5 and interview skills will be evaluated. The purpose of this initial evaluation is to determine the success rate of program activities. An evaluation is carried out midway through to determine the success rate and the possibility of completing the activity. Final evaluation, to find out the success rate of the activity.

13 The effectiveness of the training was evaluated using a simple quantitative approach with a pre-test and post-test design. The evaluation instrument consisted of an attitude questionnaire toward people with mental disorders (PWMD), which was administered before and after the training. The data were analyzed descriptively to examine changes in attitude scores among community mental health cadres as an initial indicator of the program's effectiveness.

8 As a continuation of the program, mental health cadres who already have basic observation and interview skills can be given practical modules in handling mental health problems. In addition, the framework of the system and flow of mental health handling in Sedayu District is important. Next, it is necessary to strengthen skills through field practice and direct supervision and an understanding of crisis management or initial psychological support (PFA) for mental health cadres as part of early handling efforts.

RESULTS & DISCUSSION

The evaluation results indicated an increase in positive attitude scores among community mental health cadres toward people with mental disorders (PWMD) after participating in the observation and interview skills training. Although this improvement did not reach statistical significance, most cadres reported enhanced understanding of early signs of mental disorders, clearer awareness of the boundaries of their roles, and better knowledge of appropriate referral procedures. In addition, the cadres demonstrated increased confidence in initiating interactions with individuals experiencing mental health problems.

4 The psychosocial observation and interview skills training designed for community mental health cadres in Sedayu District aimed to enhance cadres' abilities to recognize early signs of mental disorders, establish empathic communication with affected community members, and conduct community-based detection and support for individuals with mental health problems. The effectiveness of the training was evaluated by measuring cadres' attitudes toward people with mental disorders (PWMD) before (pre-test) and after (post-test) the training.

Table 1. The effectiveness of the training was evaluated by measuring cadres' attitudes toward people with mental disorders (PWMD)

Test Statistics ^a	
	Posttest - PreTest
Z	-1.602 ^b
Asymp. Sig. (2-tailed)	.109

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

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The results showed that the mean pre-test score was 77.84 (SD = 18.13), while the mean post-test score increased to 82.16 (SD = 17.50), resulting in a mean gain score of +4.32. Further analysis using the Wilcoxon Signed-Rank Test yielded a Z value of -1.602 with a p-value of 0.109, indicating that the difference between pre-test and post-test scores was not statistically significant.

Despite the lack of statistical significance, changes in individual scores revealed a positive trend: 11 participants demonstrated an increase in positive attitudes, 4 participants showed a decrease, and 22 participants exhibited no change. These findings suggest a tendency toward improvement in cadres' attitudes toward PWMD following the training.

These findings are consistent with previous studies suggesting that community-based training programs can improve cadres' readiness to support mental health services at the community level. Training that emphasizes observation and interview simulations enables cadres not only to comprehend theoretical concepts but also to internalize empathic and nonjudgmental attitudes toward people with mental disorders. Although the observed changes in attitudes were not statistically significant, this outcome is understandable given that attitudes toward mental illness are shaped by cultural factors, social stigma, and personal experiences, which typically require a long-term process to change. Therefore, this training can be viewed as an initial step in strengthening the capacity of community mental health cadres, which should be followed by continued field practice and ongoing supervision to achieve more sustainable impact.

The findings of this community service program indicate that basic training in observation and interview skills can positively influence the readiness of community mental health cadres to engage in early mental health screening. Although the improvement in attitudes toward people with mental disorders (PWMD) was not statistically significant, the observed positive trend suggests that experiential learning through simulations may facilitate gradual cognitive and attitudinal shifts among cadres. This is consistent with prior research demonstrating that skills-based and participatory training approaches are more effective in enhancing community health workers' competencies compared to didactic methods alone (Stuart, 2016; WHO, 2021).

The emphasis on observation and interview simulations allowed cadres to practice empathic communication, active listening, and nonjudgmental questioning, which are core components of early mental health identification in community settings. Previous studies have shown that such interpersonal skills are critical for reducing stigma and fostering trust between community members and health workers (Hartini et al., 2018). By strengthening these skills, cadres are better positioned to act as effective intermediaries between individuals experiencing mental health problems and formal health services, particularly in areas with limited access to mental health professionals.

The lack of statistically significant change in attitudes may be attributed to the deeply rooted nature of mental health stigma, which is strongly influenced by

sociocultural beliefs and long-standing community norms. Attitude change toward mental illness is widely recognized as a complex and gradual process that often requires sustained exposure, repeated training, and ongoing reflective practice (Corrigan & Watson, 2002; Yuniasanti & Rinaldi, 2020). Therefore, a single training intervention may be insufficient to produce immediate measurable change, but it can serve as an important foundational step in a longer-term capacity-building process.

Furthermore, the results highlight the importance of continuity and follow-up in community-based mental health interventions. Previous evidence suggests that training programs accompanied by supervision, field mentoring, and refresher modules are more likely to result in sustained behavioral change among community health workers (Kementerian Kesehatan Republik Indonesia, 2021; Idaiani & Riyadi, 2018). In this context, the present training should be viewed as an initial intervention that lays the groundwork for the development of a more structured and sustainable community mental health support system in Sedayu District.

Overall, this program underscores the strategic role of community mental health cadres in strengthening early detection and referral mechanisms within community-based mental health services. Enhancing cadres' competencies through structured, practice-oriented training may contribute to reducing the burden on limited mental health resources and improving access to care for individuals with mental health problems in underserved areas.

Although the statistical results indicate that the difference between pre-test and post-test scores was not significant, the observed increase in scores reflects a shift toward more open and inclusive perceptions of mental health issues at the community level. Several factors may have contributed to the absence of statistically significant results, including (1) the short duration of the training, which was conducted in a single session; (2) the need for further skill reinforcement through field practice and direct supervision; and (3) the necessity of a gradual approach to reduce stigma that is deeply embedded within the socio-cultural values of the community.

CONCLUSION

The observation and interview skills training made a positive contribution to enhancing the readiness of community mental health cadres in Sedayu District. Although the change in cadres' attitudes toward people with mental disorders (PWMD) was not statistically significant, the training successfully improved their basic understanding, encouraged attitudinal reflection, and strengthened their preparedness to conduct early detection and initiate appropriate referrals for mental health problems within the community.

RECOMMENDATIONS

This activity recommends *follow-up* in the form of field practice, continuous supervision, and strengthening the capacity of mental health cadres through a local case-based advanced training module in Sedayu District.

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