

DIFFUSION OF PASAR JIWA INNOVATION IN EARLY PREVENTION OF MENTAL DISORDERS AT BUBAKAN HEALTH CENTRE PACITAN REGENCY

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Abstract. *The management of public mental health service in Pacitan Regency is not going well, this is due to the existence of a treatment gap between people with mental disorders and Puskesmas (community health centre) as a basic health service unit. Puskesmas tends to prioritize curative/rehabilitative service functions rather than promotive/preventive functions. The next problem is the social stigma for sufferers. People with mental disorders often get exclusion and discrimination, thus complicate the recovery process. This study aims to determine the diffusion of innovation in the early prevention of mental disorders in the area of Bubakan Health Centre through the innovation "Puskesmas Sadar Jiwa" (Pasar Jiwa). This study analyze the role of Pasar Jiwa team in carrying out the Rogers' innovation diffusion stages. The research uses descriptive qualitative method, with qualitative data analysis techniques using the Miles and Huberman model. The data validity used is the data triangulation technique through interviews, observation and documentation. The findings of the study uses the six stages of Rogers' theory of innovation diffusion, showing that: 1) Recognizing a problem or need: Pasar Jiwa team has a work plan based on identifying problems, challenges, and goals. 2) Basic and applied research: Pasar Jiwa team knows the formulation of innovation according to needs and characteristics to answer problems. 3) Development: Pasar Jiwa team has succeeded in developing quality innovations that have been formulated, flexible according to needs and developments over time. 4) Commercialization: Pasar Jiwa team carries out socialization and approaches to ensure that the innovation has benefits. 5) Diffusion and adaptation: Pasar Jiwa innovation has been carried out in society. Based on the evaluation, the innovator decides to continue the innovation. 6) Consequences: after the innovation is accepted by the community, this stage shows that the innovation has succeeded in making changes and answering the problems of the adopter.*

Keywords: innovation, diffusion of innovation, qualitative, mental health, health center

1. INTRODUCTION

Mental health disorders that occur at all age levels, prove that mental disorders are a very complex problem. In general, people with mental disorders who have been treated in hospitals, does not receive sustainable treatment after recovering and being sent home, so it is difficult to recover in one time treatment and requires a long process of healing (Yusuf, 2017). The time span from treatment to recovery, of course, requires expensive costs of treatment. The government as the provider of public health has a responsibility for that burden of treatment. Considering that the government's job is to serve the community, so everything that becomes government policy must originate from the aspirations, needs and interests of the community (M. Thoha, 2008:92).

Mental health management in Pacitan Regency is not going well. This is due to the gap in treatment between people with mental disorders and Puskesmas as the basic health service unit, which still tends to prioritize curative and rehabilitative service functions. In addition to these, there are also problems in handling people with mental disorders, especially at the Bubakan Health Center. This factor is the

social stigma for people with mental disorders. Having a mental disorder is still considered a taboo or even a disgrace in the family (Centre for Public Mental Health UGM, 2020). Until now, people with mental disorders still often get social stigma, in the form of exclusion and discrimination in the environment, which complicates the recovery process for sufferers. Social stigma around mental health problems does not only affect sufferers, but also their families. Families with mental disorders will tend to hide the mental illness of their family members in order to avoid social stigma, so then they are not isolated from the community (Pratt et al, 2016). With this social stigma, families with mental health problems, especially in rural areas, will tend to handle it in a non-medical way. This is because most people still believe that mental health disorders are caused by things that are irrational or supernatural, such as magic, possessed by evil spirits or because of violating prohibitions and so on (Pusdatin Kemenkes RI, 2019).

The author chose the diffusion of innovations in handling mental health, because only few other researchers had done this related to mental health. In previous research related to mental health, for example, research on literature review studies by Dumilah Ayuningtyas, Marisa Rayhani, Misnaniarti Misnaniarti, Asri Nur Maulidya (2018), it can be concluded that: "There are only a few local governments that initiate and implement Law Number 18 of 2014 on Mental Health along with health regulations and programs that are more operational. Existing activities are still focused on curative and rehabilitative efforts. In addition, not all local governments use their authority to regulate and mobilize resources in dealing with mental health problems. Law Number 18 of 2014 has not been implemented optimally, so not all aspects of mental health efforts have programs, operational standards or governance procedures and coordination. While the results of health research in general by Kurniawan Arianto and Eliza Nur Fitriana (2013) in Sri Katon Village, Pondok Kelapa District, Central Bengkulu Regency also explained that: "The government's weak ability to fulfill public service facilities, especially in the health service sector and the low economic level of the society add more to the complexity of health problems faced by the community. The formation of a health association or group in Sri Katon Village was actually based on collective needs that purely came from the community to improve the health status of the community.

From the two studies above, it can be explained if there are still problems in the implementation of health services, including the issue of budget support. Various problems are faced by local governments in the effort to improve health status of the community in their area, this is due to the limited ability to provide operational costs for services (Kurniawan, 2013).

Development of public mental health is not only a burden and responsibility of the government, but also the responsibility of society. Active community participation is needed for the success of health development in certain area (Kurniawan, 2013). Therefore, policy makers must be able to encourage collaboration between policy makers and the community in a joint effort to overcome these mental health problems. As explained by Alter and Hage (in La Ode, 2018) that collaborative efforts are an approach to achieve goals flexibly in a shorter time. One of the collaborative approaches is through the innovation movement. This innovation aims to provide services that are fast and according to standards, and expected that far more severe mental disorders will not occur.

At the Bubakan Health Center, where the author conducted the research, there has been an innovation in handling mental health problems, called Puskesmas Sadar Jiwa (Pasar Jiwa). Pasar Jiwa Innovation was born through the Decree of the Head of the Bubakan Health Center, Tulakan District, Pacitan Regency Number: 445/222/408.36.22/2019 concerning the Pasar Jiwa Innovation Team. The Puskesmas Sadar Jiwa innovation or Pasar Jiwa innovation has been implemented by the Pasar Jiwa Team in all working areas of Bubakan Health Center which includes five villages, namely Bubakan Village, Ngile Village, Losari Village,

Kalikuning Village and Gasang Village. The Bubakan Health Center Pasar Jiwa Team consists of doctors and health center nurses as well as elements from village officials in the working area of the Bubakan Health Center. The Pasar Jiwa Team when carrying out early detection and assistance at the field was assisted by mental health cadres including Integrated Service Post (Pos Pelayanan Terpadu / Posyandu) cadres, Integrated Coaching Post (Pos Pembinaan Terpadu / Posbindu) cadres and School Health Clinics (Unit Kesehatan Sekolah / UKS) cadres.

In the Pasar Jiwa innovation diffusion, of course, there are pros and cons in society. This is because the approach to mental health services by way of early detection for the community in the work area of Bubakan Health Center is a new concept that has not been accepted by all layers and strata of society. The conflict or rejection that occurs is natural, considering that early prevention of mental health problems is a sensitive issue for some people. According to them, if a mental health disorder is later detected, the person concerned and their family members will feel ashamed because mental health disorder is a disgrace or a taboo in their social environment.

2. RESEARCH METHODOLOGY

The purpose of this study was to identify and analyze the diffusion process of the Pasar Jiwa innovation as an effort to prevent early mental health disorder at the Bubakan Health Center. The research method contains several things related to the research process, including:

2.1 Research Locations

The Pasar Jiwa Innovation is one of several innovations in handling mental health problems in Pacitan Regency. Of the several existing innovations in handling mental health problems, the author chose the Pasar Jiwa Innovation because this innovation had represented Pacitan Regency in the Public Innovation Service Competition at the East Java Provincial level in 2019. The location of the Pasar Jiwa Innovation is in the working area of the Bubakan Health Center, Tulakan District, Pacitan Regency which includes 5 (five) villages: Bubakan village, Losari village, Ngile village, Gasang village, and Kali Kuning village.

2.2 Type of Research

This study use qualitative descriptive research method. The reason the author chose this type of research is because the author wants to see a complete picture and information as well as phenomena related to the diffusion of the Pasar Jiwa innovation at the Bubakan health center as a follow-up to the implementation of the Decree of the Head of the Bubakan Health Center on October 10, 2019 concerning the Pasar Jiwa Innovation team as an early prevention of mental health disorder.

2.3 Research Informants

The research method used by the authors in this study is a qualitative research method. Therefore the authors go directly to the field to obtain data from informants. Informants according to (Sugiyono, 2017) are people who provide information about the facts of the problem to be studied. Determination of informants using purposive sampling technique, which is withdrawn deliberately because they are considered to know the problem in depth about the issue to be studied. The selection of these informants is sufficient to represent the research needs. The informants in this study are:

- 1) Doctors and nurses specializing in mental services at the Bubakan Health Center; and
- 2) Bubakan Health Center's cadres, health care assistants specialized in mental health care.

2.4 Research Time

This research on the diffusion of Pasar Jiwa innovation was conducted from November 2022 to February 2023. The author chose this period of time because it was considered sufficient to analyze the existence and application of this diffusion of innovation.

2.5 Types of Research Data

The data obtained in this study include primary data and secondary data. In this research of the Pasar Jiwa innovation diffusion, the types of data used by the author are:

2.5.1 Primary Data

Primary data is data obtained from direct research subjects using several predetermined instruments. The data collection is a research process used to answer research questions. Primary data were obtained through interviews with the patient's family, doctors and nurses as well as mental health cadres at the Bubakan Health Center who were the informants of this study.

2.5.2 Secondary Data

Secondary data is pre-existing data related to the Pasar Jiwa innovation diffusion. Related to this, the data needed to support this research include:

- 1) Data on the number of mental patients who seek treatment at the health centre (Puskesmas)
- 2) Data on the number of mental patients who receive assistance
- 3) Data on the number of mental health nurses at the health centre (puskesmas)
- 4) Data on the number of accompanying cadres for mental health treatment
- 5) Standard Operational Service Documents (SOP)
- 6) Articles or information related to the diffusion of Pasar Jiwa innovations.

2.6 Focus of Research Studies

Focus of the study is the diffusion process of health service innovations as an effort to prevent early mental health problems. Starting from Recognizing a problem or need: the stages to identify problems, challenges, and goals to be achieved. This stage is the basic stage related to the innovation that will be created. Then, Basic and applied research: is the stage to find out as deeply as possible about the formulation of innovations that suit the needs and answer existing problems through research so that problems can be identified. Furthermore, Development: is the stages to develop the quality of innovations that have been prepared. Development is intended to follow the needs. Fourth, Commercialization: is the stage when an innovation can be practiced in society through socialization. This commercialization stage serves to ensure that the innovation has benefits in society. Fifth, Diffusion and adaptation: is the application of innovation in the community and then an evaluation is carried out, so that the resulting innovations may be rejected or accepted by the community. Finally, Consequences: is the stages when an innovation is assessed whether they provide change and answer problems or not. In addition, the success or failure of an innovation will be seen from the implications for the practicing community.

2.7 Data collection techniques

This study use interview as the data collecting technique. Interview is a process of interaction between the interviewer and the respondent which is carried out by gathering information related to the diffusion of the Pasar Jiwa innovation. The stages of data collection through interviews, including 1) conducting interviews

with doctors and nurses at the health centre, as well as mental health treatment companion cadres. 2) Interviews were conducted by recording important points in a research notebook. 3) The data and records that have been obtained are analyzed using data analysis techniques. Next is Observation. Observation is a direct technique in the field to obtain a real picture of research. This data collection technique is used by the author to increase knowledge and completeness of research data. In this study, the observations made by the author were unstructured observations, an observations that made without using observation guidelines. The author develops observations based on developments that occur in the field (Hamzah, 2019: 78). Then the last instrument, documentation. Documentation is a data collection technique through official documents at the research location or other sources of scientific writing which contain facts and data related to research. These facts and data are useful to assist writers in analyzing problems and strengthening research results and findings.

2.8 Data Analysis Technique

The data analysis technique performed is using an interactive analysis model. In this qualitative research on the diffusion of Pasar Jiwa innovations, the data analysis process is as follows:

Reducing data, is summarizing and selecting the main things then focusing on the important things to determine the themes and patterns. The reduced data will provide a clearer picture, and make it easier for the writer to carry out further data collection (Sugiyono, 2017). At this stage, the authors analyzed the data based on interviews, document findings and field notes that had been previously recorded. The data then classified which one is in accordance with the theme and research objectives. After the data reduction process, the next step is presenting the data. According to Miles and Huberman (in Sugiyono, 2017), the author will describe the stages of Pasar Jiwa innovation diffusion decision at the Bubakan Health Center use narrative text according to the needs in presenting data. The stages after presenting the data are drawing conclusions and verification in order to answer the formulation of the problem that has been formulated from the start.

2.9 Data validity

According to Wiliam Wiersma (in Sugiyono, 2017) that "Triangulation is qualitative cross-validation. It assesses the sufficiency of the data according to the convergence of multiple data sources or multiple data collection procedures". For example, the data that has been obtained in interviews with the informants of Pasar Jiwa innovation diffusion after being cross-checked through questionnaires, observation or documentation and then produces different data, then further discussions will be carried out with the data sources or other parties to ensure which data is considered correct.

3. RESULTS AND DISCUSSION

The number of residents in the working area of Bubakan Health Center based on the population data collection in 2020 was 27,187 people consisting of 13,868 men (51.0%) and 13,319 women (49.0%). Of the population in the working area of Bubakan Health Center mentioned above, there are several patients with symptoms of mental disorders who seek treatment at the puskesmas independently or with the assistance of the patient's family. The number of mental patients seeking treatment at the Bubakan Health Center during the period from 2019 to 2021 is as follows:

Mental Patients Seeking Treatment at the Bubakan Health Center

No	Gender	Year		
		2019	2020	2021
1	Male	19	20	23

2	Female	27	27	34
Total		46	47	57

Based on data of mental patients who seek treatment at the Bubakan Health Center, there are several mental patients who need special treatment and assistance by the Pasar Jiwa Team. The number of mental patients assisted by the Pasar Jiwa Team during the period from 2019 to 2021 is as follows:

Assisted Mental Patients

No	Gender	Year		
		2019	2020	2021
1	Male	9	12	15
2	Female	11	15	21
Total		20	27	36

Mental health special nurses at the Bubakan Health Center, starting in 2019, since the Pasar Jiwa innovation was announced in October, they only have 2 mental health nurses. This number is actually very low when compared to the number of 57 patients of mental disorders recorded in 2019 to 2021. Meanwhile, there are 42 mental health companion cadres at the Bubakan Health Center, consisted of 32 Posyandu cadres, 5 UKS cadres, and 5 Posbindu cadres. The companion cadres were formed in order to help early prevention of mental health problems in the working area of Bubakan Health Center which cannot be handled all by mental health nurses.

In this study, the authors obtained information related to the Pasar Jiwa innovation from mental health workers at the Bubakan Health Center and cadres of the Pasar Jiwa in the working area of Bubakan Health Center. The results of the research on Diffusion of Pasar Jiwa Innovations in the Early Prevention of Mental Health Problems at the Bubakan Health Center in Pacitan Regency by analyzing the diffusion of innovations through the six stages of diffusion of innovations, are as follows:

1) Recognizing a problem or need stage: related to the Pasar Jiwa innovation that has been created, the innovator of the Pasar Jiwa team already has a work plan contained in the working terms of reference. This is shown by the Pasar Jiwa team who have identified the problems, challenges and confirmed the goals of this innovation. This identification of problems and the need for innovation is the starting point for innovators. Doctors and nurses at the health centre have mapped the location, number of patients and types of symptoms of mental disorders suffered by patients in the working area of health centre. This proves that the innovator has carried out the stages to identify problems, challenges, and goals to be achieved properly.

2) Basic and applied research stage: at this stage all members of the Pasar Jiwa team already have formulations regarding innovations that are needed to answer problems so that these innovations are expected to become solutions. Identification and deepening of the problem has been carried out by the innovator, including the advantages and disadvantages of this innovation. So that when innovation is carried out by both the innovator team and the cadres, there is no longer any doubt.

3) Development Stage: at the implementation stage of this development, innovators

begin to receive input and suggestions from various parties including innovation recipients. Based on this input, the innovator and the team then conduct an evaluation to develop the quality of the Pasar Jiwa innovation. The development is intended to follow the dynamics of recipient needs and time adjustments. The innovator rearranged the terms of reference, changed the mentoring time scheme and made several changes to the mentoring method in the field. This proves that the innovator has carried out the stages to develop the quality of innovation that has been formulated previously.

4) Commercialization Stage: after the development and adjustments stage, the Pasar Jiwa team then conducts outreach. At this stage of commercialization, the innovator and the team will ensure that the innovation has benefits for society. The socialization carried out by the innovator and the team was carried out in all villages in the working areas of the health centre, posyandu and UKS through cadres on each assistance schedule.

5) Diffusion and adaptation stage: after the socialization and introduction stage is carried out by the innovator and the team, then the Pasar Jiwa team carries out the diffusion of innovation in society. At this stage, it is possible that the resulting innovation may be rejected or accepted by the community. Therefore, the innovator and the team then develop an evaluation agenda to find out the shortcomings and weaknesses of the innovation for readjustment and improvement.

6) Consequences Stage: this stage is the final stage of the Pasar Jiwa innovation diffusion. At this stage it can be seen if the Pasar Jiwa innovation at the Bubakan health center has been successfully implemented. This can be seen from the impact felt by the recipient, the change and expectations resulted from the innovation. This innovation has also succeeded in solving problems, in result of the people who practice it properly and correctly.

CONCLUSION

This research on the diffusion of the Pasar Jiwa innovation in the early prevention of mental health problems at the Bubakan Health Center uses the Diffusion of Innovation theory developed by Rogers using the six stages of Diffusion of Innovation as an indicator of the stages of diffusion, those are: Recognizing a problem or need, Basic and applied research, Development, Commercialization, Diffusion and adaptation, and Consequences. The stages in the Diffusion of Innovation theory succeeded in answering problems related to the early prevention of mental health problems at the Bubakan Health Center. The innovators really understand the problem so they have succeeded in developing their innovation framework by adjusting the conditions in the working area of health centre so that it can be well received. The results of this research are expected to be a reference for the development of the science of public administration, although this research still has weaknesses, for example the absence of supporting elements in each dimension of the diffusion stages. Therefore, further research can be developed by focusing more on the supporting elements of the dimensions of the innovation diffusion stages.

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