Improving Community Mental Health through Early Detection and Psychological First Aid (PFA) Training for Prospective Mental Health Cadres at Dlingo II Health Center

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Abstract: Mental health is a crucial component of overall well-being, yet it remains an overlooked aspect of community health in Indonesia. This study aimed to improve community mental health by providing training on early detection of mental disorders and Psychological First Aid (PFA) for prospective mental health cadres at the Dlingo II Community Health Center, Bantul Regency, Yogyakarta. Using a quasi-experimental design with a pretest-posttest approach, the intervention involved psychoeducation, practical workshops, and role-play sessions on mental health literacy, early detection using the Self-Reporting Questionnaire (SRQ-20) and SIJIWA application, and basic psychological first aid skills. Data was collected from 29 participants and analyzed using paired sample t-tests. Results showed a significant increase in cadres' knowledge and skills after the intervention ($p < 0.05$). Qualitative feedback indicated improved confidence and readiness to support community members experiencing psychological distress. The study concludes that early detection and PFA training can effectively empower community health cadres to play an active role in mental health promotion and prevention. Further integration of structured cadre programs within primary care systems is recommended to enhance sustainability.

Keywords: Mental health; community psychology; early detection; psychological first aid; cadre training.

Meningkatkan Kesehatan Mental Komunitas melalui Pelatihan Deteksi Dini dan Psychological First Aid (PFA) bagi Calon Kader Kesehatan Jiwa di Puskesmas Dlingo II

Abstrak: Kesehatan mental merupakan komponen penting dari kesejahteraan secara keseluruhan, namun masih menjadi aspek yang kurang mendapat perhatian dalam konteks kesehatan masyarakat di Indonesia. Penelitian ini bertujuan untuk meningkatkan kesehatan mental komunitas melalui pelatihan deteksi dini gangguan mental dan Psychological First Aid (PFA) bagi calon kader kesehatan jiwa di Puskesmas Dlingo II, Kabupaten Bantul, Yogyakarta. Dengan menggunakan desain kuasi-eksperimen pretest-posttest, intervensi dilakukan melalui kegiatan psikoedukasi, lokakarya praktis, dan sesi permainan peran (role-play) yang mencakup literasi kesehatan mental, deteksi dini menggunakan Self-Reporting Questionnaire (SRQ-20) serta aplikasi SIJIWA, dan keterampilan dasar PFA. Data dikumpulkan dari 29 peserta dan dianalisis menggunakan uji t berpasangan. Hasil menunjukkan peningkatan yang signifikan pada pengetahuan dan keterampilan kader setelah intervensi (p < 0,05). Umpan balik kualitatif menunjukkan peningkatan kepercayaan diri dan kesiapan kader dalam mendukung anggota masyarakat yang mengalami tekanan psikologis. Penelitian ini menyimpulkan bahwa pelatihan deteksi dini dan PFA secara efektif dapat memberdayakan kader kesehatan masyarakat untuk berperan aktif dalam promosi dan pencegahan masalah kesehatan mental. Integrasi lebih lanjut dari program kader terstruktur dalam sistem layanan kesehatan primer direkomendasikan untuk meningkatkan keberlanjutan.

Kata Kunci: Kesehatan mental; psikologi komunitas; deteksi dini; pertolongan pertama psikologi; pelatihan kader.

1. Introduction

Mental health is an inseparable aspect of overall well-being. It is not merely the absence of mental disorders but a condition in which individuals can manage life's stressors, work productively, and contribute meaningfully to their environment. A mentally healthy individual demonstrates emotional regulation, balanced decision-making, and the ability to maintain positive social relationships. Conversely, when mental health problems remain untreated, they can impair social functioning, reduce productivity, and lead to physical health complications (Gautam et al., 2024; Nevid et al., 2014; World Health Organization, 2020).

Despite its central importance, mental health remains one of the most overlooked components of public health in many countries, including Indonesia. Social stigma, inadequate access to mental-health services, and limited public understanding continue to hinder early detection and timely treatment (Sibbald et al., 2025). According to the World Health Organization in 2016, approximately 35 million people worldwide experience depression, 60 million live with bipolar disorder, 21 million suffer from schizophrenia, and 47.5 million are affected by dementia (Kaligis & Wardaningsih, 2023). In Indonesia, data from Badan Penelitian dan Pengembangan Kesehatan (2018) revealed a steep rise in reported cases of mental disorders—from 1,728 to 282,654—highlighting the growing burden of psychological distress. The 2023 National Health Survey further indicated that four out of every 1,000 Indonesian households have at least one member showing psychotic symptoms, while the 2023 Yogyakarta Health Profile documented a continuous increase in services for people with mental disorders (*ODGJ*) from 2018 to 2022. These findings emphasize the urgent need for community-based preventive measures to reduce the escalation of untreated mental illness (Muhammad, 2024).

According to Law No. 18 of 2014 on Mental Health, the Indonesian government recognizes mental health as an integral part of national development and a shared responsibility among individuals, communities, and the state (Government of Indonesia, 2014). The law emphasizes that achieving optimal mental well-being requires comprehensive and coordinated efforts encompassing promotive, preventive, curative, and rehabilitative approaches. It also distinguishes between *people with mental health problems* (*Orang dengan Masalah Kejiwaan* or ODMK) and *people with mental disorders* (*Orang dengan Gangguan Jiwa* or ODGJ), highlighting the need for tailored interventions across different levels of prevention—primary, secondary, and tertiary. Importantly, the legislation mandates active community participation as a foundation for ensuring that mental-health services remain accessible, sustainable, and culturally responsive at the grassroots level (Dewi, 2022).

Given the country's limited number of mental-health professionals, primary healthcare units such as community health centers (*puskesmas*) serve as the front line for delivering basic mental-health care (Hidayat et al., 2023; Keliat & Hamid, 2019; News Desk, 2024). These centers rely heavily on *kaders*—community health volunteers—who act as extensions of the healthcare system in promoting, monitoring, and maintaining public health (Tumbelaka et al., 2018). Specifically, *kader jiwa* (mental-health cadres) are strategically positioned to perform early identification, psychoeducation, and initial psychological assistance within their communities (Amiyati Hasan et al., 2020). Their proximity to local residents allows them to provide culturally sensitive support and to act as intermediaries between the community and professional mental-health providers (Susanti et al., 2024).

However, preliminary discussions with the mental-health program officer at Dlingo II Health Center, Bantul Regency, revealed that the surrounding villages—particularly Terong Village—have yet to establish specialized *kader jiwa*. Consequently, many individuals experiencing psychological distress remain unidentified until their condition deteriorates, and data on existing *ODGJ* cases remain incomplete due to the wide catchment area of the health center (Syahputra et al., 2022; Zaini et al., 2023). Furthermore, persistent stigma and misconceptions about mental illness discourage help-seeking behavior, while the absence of trained cadres limits early detection and emotional-support mechanisms at the community level (Henderson et al., 2013; Vaishnav et al., 2023).

To address these challenges, the present study implemented a community-based capacity-building program designed to train prospective *kader jiwa* in early detection of mental disorders and in providing Psychological First Aid (PFA) (Ardika & Prasetyo, 2025; Bahril Hidayat & Arief, 2025; Yang et al., 2018). Through structured workshops, participants were introduced to mental-health literacy concepts, early-screening tools such as the Self-Reporting Questionnaire (SRQ-20) and the SIJIWA digital application, and fundamental psychological-support techniques (Prasetio et al., 2022). This program aimed to enhance cadres' competence in recognizing early signs of mental distress, conducting basic psychological assistance, and referring individuals to appropriate professional services.

While previous studies in Indonesia have demonstrated that community participation is vital in addressing mental-health issues (Basrowi et al., 2024; Munira et al., 2023), most interventions have focused solely on general health promotion or short-term psychoeducation. Very few have combined structured early-detection training with Psychological First Aid (PFA) in an integrated and sustainable framework. Empirical evidence regarding the effectiveness of such combined training in enhancing cadres' knowledge, confidence, and readiness to act at the primary-care level remains limited, particularly in rural settings like Bantul. Therefore, this study fills a crucial gap by evaluating the impact of early-detection and PFA training on the mental-health literacy and practical response capacity of community health cadres. By empowering *kader jiwa* as first responders, this initiative contributes to Indonesia's broader goal of decentralizing mental-health services and strengthening community resilience against psychological distress.

2. Methods
a. Design and Participants

This study adopted a quasi-experimental pretest–posttest design (Creswell & Creswell, 2018) to evaluate the effectiveness of a community-based mental health training program. The 10-item knowledge questionnaire was developed specifically for this study to assess participants' understanding of the training materials, including mental-health literacy, early detection using the SRQ-20 and SIJIWA application, and basic Psychological First Aid (PFA) principles. A total of 29 prospective mental health cadres were recruited from three villages—Terong, Muntuk, and Jatimulyo—located within the Dlingo II Health Center's catchment area in Bantul, Yogyakarta, Indonesia. Participan eligible for this training are (a) men or women, (b) residents of the Dlingo II comunity health center service area, (c) aged 18-40 years old, (d) with a minimum education level of senior high school. Participants were selected purposively in coordination with the health center's mental health program officer, following a non-probability technique commonly employed in community-based studies (Etikan, 2016), ensuring that all trainees were active community members with a demonstrated interest in mental health promotion and early detection. Inclusion criteria comprised (a) being

aged 18 years or older, (b) residing in one of the selected villages, and (c) willingness to participate in both training sessions and complete all assessments. Ethical approval for this study was obtained from the Research Ethics Committee of Universitas Islam Indonesia, Indonesia. Written informed consent was obtained prior to participation.

b. **Intervention Procedures**

The intervention program comprised two core training sessions conducted over two consecutive days:

a. Early Detection Training: This session focused on improving cadres' competencies in identifying common mental-health symptoms using the *Self-Reporting Questionnaire* (SRQ-20), a standardized screening tool developed by the World Health Organization (1994) and locally adapted for use in Indonesia (Widiasih et al., 2020), and the SIJIWA digital application, a national platform for community-based mental-health screening and case monitoring (Ministry of Health Republic of Indonesia, 2021). Participants received psychoeducation on recognizing psychological distress, followed by a practical demonstration and guided practice using case vignettes.

b. Psychological First Aid (PFA) Training: This session aimed to enhance participants' ability to provide initial psychological support to individuals in crisis, based on the *Psychological First Aid: Guide for Field Workers* framework (World Health Organization et al., 2011). The module covered emotional stabilization, empathetic listening, crisis communication, and basic relaxation techniques. Interactive learning activities such as group discussions, demonstrations, and role-play simulations were employed to facilitate experiential learning (Knowles et al., 2015; Kolb, 1984).

All sessions were jointly facilitated by a licensed clinical psychologist and the mental health program officer, ensuring both psychological and community health perspectives were integrated. Attendance was mandatory, and participants received brief assignments to reinforce learning between sessions.

c. **Data Collection and Analysis**

Quantitative data was collected using a structured 10-item knowledge questionnaire, developed based on the training content and validated by two subject-matter experts. Assessments were administered before and after the intervention to measure changes in participants' understanding of early detection and PFA concepts. Statistical analyses were performed using *JAMOVI* software (The jamovi project, 2023). Data were tested for normality and paired-sample t-tests were applied to compare pre- and post-intervention scores, an approach commonly used to evaluate within-subject changes in quasi-experimental designs (Field, 2018). The significance level of $p < 0.05$ was considered statistically meaningful. In addition, qualitative data were gathered through open-ended feedback forms and group reflections to capture participants' subjective learning experiences, perceived confidence, and practical challenges in applying the skills. These narratives were analyzed using a thematic analysis framework (Braun & Clarke, 2006, 2021), involving systematic coding, categorization, and theme abstraction to complement the quantitative findings and provide a holistic understanding of the training outcomes.

3. **Result**

a. **Quantitative Findings**

Descriptive and inferential analyses were conducted to assess the impact of the community-based mental-health training on cadres' knowledge of early detection and

Psychological First Aid (PFA). Data were obtained from 29 participants who completed both the pretest and posttest questionnaires.

Prior to the intervention, participants demonstrated limited understanding of early recognition of mental-health symptoms and PFA principles. The mean pretest score was 6.34 (SD = 1.12) out of a possible 10, indicating a moderate baseline level of knowledge. Following completion of the two training sessions, the mean posttest score increased markedly to 9.21 (SD = 0.78), suggesting substantial learning gains.

Normality assumptions were verified using the Shapiro–Wilk test ($p > 0.05$), supporting the use of parametric statistics. A paired-sample t-test showed a highly significant difference between pre- and post-training scores (t (28) = 9.47, $p < 0.001$). The corresponding effect size (Cohen's d = 1.76) indicated a large practical significance, confirming that the intervention produced not only statistical but also meaningful educational improvement.

Increases in individual knowledge scores ranged from 1 to 5 points, with 93 % of participants achieving scores above 8 on the posttest. The highest improvements were observed in items related to identification of depressive and anxiety symptoms, appropriate referral procedures, and principles of emotional stabilization during crisis. This pattern suggests that the training successfully targeted previously weak conceptual areas.

Table 1.
Pretest and Posttest
Knowledge Scores of Prospective Mental-Health Cadres (N = 29)

Variable	Pretest Mean	Posttest mean	Mean Difference	t (28)	p	Effect Size (d)
Knowledge Score	6.34 ± 1.12	9.21 ± 0.78	2.87	9.47	< 0.001	1.76

The analysis thus confirms that short-term, skills-oriented training combining psychoeducation, demonstrations, and practice exercises is effective in improving community cadres' cognitive understanding of early detection and psychological first aid in rural Indonesian contexts.

b. Qualitative Findings

To complement the quantitative data, open-ended reflections and group discussions were thematically analyzed to capture participants' subjective learning experiences and perceived competence after the intervention. Three overarching themes and eight subthemes were identified.

a) Theme 1. Enhanced Mental-Health Literacy and Reduced Stigma

Participants consistently described an expansion in their conceptual and emotional understanding of mental health. Before the training, several cadres equated mental disorders with "madness" or moral weakness. After the sessions, they reported viewing psychological conditions as treatable health problems rather than personal failings.

"Now I know that people with mental illness are not possessed or dangerous. They are just people who need understanding and help." (Participant 7)

This attitudinal change was reinforced through psychoeducational modules explaining biopsychosocial determinants of mental illness. The shift in perception

reflects an important preliminary step toward reducing community stigma, which often prevents early help-seeking and intervention.

b) **Theme 2. Improved Confidence in Early Detection Skills**

Cadres expressed significantly greater confidence in identifying and documenting potential mental-health cases using standardized instruments such as the Self-Reporting Questionnaire (SRQ-20) and the SIJIWA digital application. Role-play exercises were repeatedly mentioned as the most helpful component of the training.

"I was afraid I would make a mistake before, but after practicing with SRQ-20 and SIJIWA, I feel I can do it properly." (Participant 14)

Participants also noted improved ability to communicate empathetically while conducting screenings—avoiding judgmental language and ensuring confidentiality. The acquisition of these practical skills is crucial for accurate data collection and referral in community settings with limited professional resources

c) **Theme 3. Strengthened Readiness to Deliver Psychological First Aid**

Participants highlighted that the PFA module was particularly valuable because it provided concrete behavioral guidance on what to say and do when encountering individuals in emotional crisis. Cadres reported feeling more equipped to manage distress, both among community members and within their own families.

"Sometimes people come crying or angry. Now I know to make them feel safe first, listen, and help them calm down." (Participant 21)

The training improved their self-efficacy in applying the "Look–Listen–Link" framework, reinforcing the role of cadres as accessible first-line responders who can provide initial stabilization before professional referral. Several cadres also shared examples of applying relaxation techniques taught during training, such as controlled breathing, which they found effective in real-world interactions.

d) **Theme 4. Sense of Empowerment and Community Ownership**

Beyond individual competence, cadres described feeling empowered to act as agents of change within their neighborhoods. They recognized the social value of their roles and expressed motivation to share knowledge with families and peers.

"After this training, I feel proud to be someone people can trust when they need help. I want to teach others what I learned." (Participant 3)

This emergent sense of ownership indicates that the intervention contributed not only to knowledge gain but also to the social activation of participants as mental-health advocates within their micro-communities.

c. **Integrated Interptetation**

The integration of quantitative and qualitative evidence provides strong support for the overall effectiveness of the intervention. Statistically significant improvements in knowledge scores were paralleled by qualitative reports of enhanced confidence, empathy, and self-efficacy. The convergence of these findings reflects the program's construct validity—that is, its ability to promote both cognitive and affective learning outcomes aligned with its theoretical objectives.

Specifically, the combination of structured instruction (didactic learning) and experiential methods (role-plays, simulations, and group reflection) appeared to facilitate deep learning. Participants did not merely recall information; they internalized attitudes and skills that are essential for sustainable community engagement in mental-health promotion. From a public-health perspective, these results highlight the feasibility of utilizing non-professional community members as competent mental-health gatekeepers in rural areas with limited psychological services. The findings also underscore the potential scalability of this dual-module approach (Early Detection + PFA) through primary-health-care networks such as the Indonesian Puskesmas system.

Table 2.
Summary of Key Outcomes

Domain	Indicators	Evidence of Improvement
Knowledge	Mean scores increase from 6.34 → 9.21	Statistically significant ($p < 0.001$)
Skill mastery	Accurate SRQ-20 screening, correct use of SIJIWA app	Confirmed through simulation and role-play
Attitudinal change	Reduced stigma, increased empathy	Emerged from qualitative themes
Confidence and readiness	Greater self-efficacy in applying PFA	Reported by 90 % of participants
Community empowerment	Motivation to educate others	Observed during group reflection

Overall, the training achieved its intended goals of improving knowledge, transforming attitudes, and enhancing the practical capabilities of future community mental-health cadres.

4. Discussion

The present study aimed to evaluate the effectiveness of a short-term community-based training program that combined early detection of mental-health problems with Psychological First Aid (PFA) for prospective mental-health cadres. The findings revealed significant improvements in participants' knowledge, attitudes, and self-perceived competence. Quantitative analyses demonstrated a large and statistically significant increase in knowledge scores, while qualitative data highlighted transformative changes in confidence, empathy, and perceived role identity. Together, these outcomes indicate that structured, practice-oriented capacity-building interventions can substantially strengthen community readiness for mental-health promotion within Indonesia's primary-care context.

a. Integration of Findings

The significant rise in post-training knowledge scores underscores the effectiveness of the experiential learning strategies employed in this intervention. Previous research has demonstrated that combining didactic instruction with active learning components—such as simulations, group discussions, and role-play—can significantly enhance cognitive retention, skill mastery, and real-world application in health education contexts. Simulation-based experiential training has been shown to improve participants' analytical and decision-making abilities when addressing complex health challenges (Khalid et al., 2023), while interactive and interprofessional learning environments foster deeper understanding and knowledge transfer beyond traditional

lecture-based formats (Nagel et al., 2024). These findings support the conclusion that integrating experiential learning elements into mental health cadre training contributes meaningfully to both short-term knowledge gains and longer-term skill retention. The current findings confirm that this principle also applies to mental-health training in low-resource rural areas. The observed large effect size (Cohen's $d = 1.76$) indicates that even brief interventions can yield substantial gains when they integrate locally relevant examples and participatory teaching methods.

Qualitative themes enriched this conclusion by illustrating the mechanisms underlying knowledge gain. Participants not only learned technical screening procedures using the SRQ-20 and SIJIWA application but also reported changes in emotional attitudes—especially reductions in stigma and fear toward persons with mental disorders. These dual outcomes of "knowing how" and "feeling able" align with (Bandura, 1997) concept of *self-efficacy*, suggesting that the training enhanced cadres' confidence to act as first responders and community advocates. This multidimensional empowerment is critical for sustaining behavioral change and community engagement after the training ends.

b. **Alignment with the WHO mhGAP and Community-Empowerment Frameworks**

The intervention aligns closely with the World Health Organization's Mental Health Gap Action Programme (mhGAP), which advocates for *task-shifting* by training non-specialist community workers to identify, manage, and refer individuals with mental-health conditions (World Health Organization, 2021). In Indonesia, where the ratio of psychologists and psychiatrists remains far below WHO recommendations (Keliat et al., 2019; Ministry of Health Republic of Indonesia, 2023), empowering community cadres represents a feasible and culturally grounded strategy to bridge mental-health service gaps. The present findings demonstrate that, when adequately trained and supervised, community volunteers can accurately recognize common psychological symptoms, deliver initial emotional support, and facilitate timely referral to professional care services (Hasan et al., 2020; Indrawati et al., 2019).

Moreover, the outcomes reflect key principles of community empowerment articulated by Laverack (2019), namely *participation, capacity building,* and *social inclusion*. Participants reported an enhanced sense of ownership and pride in serving their neighborhoods, indicating that the training functioned not only as a knowledge-transfer mechanism but also as a catalyst for community mobilization. "This participatory orientation is critical for long-term sustainability, as mental-health programs that emerge from local engagement and social empowerment are more likely to endure than those introduced through top-down approaches. Consistent with Darusman et al. (2025), community-based initiatives that prioritize active participation and shared ownership foster strong contextual relevance, collective efficacy, and long-term commitment among stakeholders. Their findings emphasize that when local actors are meaningfully involved in the planning, implementation, and evaluation stages, mental-health programs transform from externally driven interventions into community-embedded movements, thereby enhancing both sustainability and impact (Darusman et al., 2025).

c. **Comparison with Previous Studies**

The results of this study are consistent with previous findings from other low- and middle-income countries (LMICs). For example, Docrat et al. (2019) in South Africa and Rahman et al. (2016) in Pakistan found that brief *mhGAP*-based training significantly improved primary-care workers' knowledge and attitudes toward mental

health service delivery. Similarly, in Indonesia, studies by Susmiatin (2021) reported notable gains in knowledge and confidence among general health cadres following mental-health literacy and early detection workshops. However, the present study extends this growing body of evidence by integrating digital-based detection tools (SIJIWA) and Psychological First Aid (PFA) modules into a single, cohesive program—an innovation that strengthens both technological competence and psychosocial responsiveness among community volunteers.

Furthermore, the thematic findings regarding reduced stigma and enhanced empathy resonate with international literature emphasizing that contact-based and reflective learning approaches are more effective in changing attitudes than purely informational campaigns (Corrigan & Bink, 2021). The emotional resonance of role-play and guided reflection within this training appeared to challenge pre-existing cultural beliefs that often link mental illness to mystical, moral, or supernatural causes—a barrier frequently observed in Indonesian communities (Keliat et al., 2019; Keliat & Hamid, 2019). Consequently, the intervention not only improved technical knowledge but also facilitated cultural reframing, positioning mental health as a legitimate and integral component of public health discourse in Indonesia.

d. Implications for Practice and Policy

The demonstrated success of this program carries several implications for public-health policy and mental-health system strengthening.

1. Scalability through Primary-Care Networks
   The training's brevity (two sessions) and use of existing human resources make it highly adaptable for replication in other districts through the *Puskesmas* system, which serves as Indonesia's primary vehicle for community-based health initiatives (Keliat et al., 2019; Ministry of Health Republic of Indonesia, 2023). Integration into ongoing promotive–preventive programs could expand coverage without substantial additional cost.

2. Digital Innovation in Early Detection
   The inclusion of the SIJIWA application represents a promising model for digital mental-health surveillance. Empowering cadres to input screening data electronically can facilitate real-time monitoring and coordination with health-center professionals, thereby improving follow-up efficiency (Ministry of Health Republic of Indonesia, 2021; World Health Organization, 2021).

3. Sustainability through Continuous Supervision
   While the intervention produced immediate gains, sustainability depends on structured mentorship and supervision. Embedding regular oversight by clinical psychologists or mental-health officers can maintain cadres' motivation and ensure data quality and fidelity in PFA delivery (Hasan et al., 2020; Laverack, 2019).

4. Reducing the Treatment Gap
   By enhancing cadres' competence in identifying and supporting individuals with early symptoms, the program addresses the treatment gap—the proportion of people with mental disorders who do not receive appropriate care (Patel et al., 2018; World Health Organization, 2022). Earlier detection and community-level intervention may prevent symptom escalation and reduce long-term disability.

e. Theoretical Implication

From a theoretical perspective, the study aligns with the social-cognitive model of empowerment, which posits that knowledge acquisition and self-efficacy mediate the relationship between training and community action (Zimmerman, 2000). The substantial knowledge gains and qualitative evidence of increased confidence indicate

that the intervention enhanced both *personal efficacy* (participants' belief in their own ability to act) and *collective efficacy* (confidence in the community's ability to achieve shared goals). These outcomes also resonate with Freire (1970) concept of *conscientization*, a transformative process through which individuals develop critical awareness of social realities and recognize their capacity to effect change. In this context, the cadres evolved from passive recipients of health information into active community agents who can challenge stigma and influence societal attitudes toward mental illness.

f. **Cultural Consideration**

The training was conducted in rural Yogyakarta, where sociocultural norms emphasize communal harmony and spiritual interpretations of illness (Koentjaraningrat, 1985; Muluk & Sumaryono, 2020). The persistence of supernatural attributions and shame associated with mental disorders has long hindered help-seeking behaviors in Indonesian communities (Idrus et al., 2021; Subandi, 2011). By framing mental health as part of *holistic well-being* compassing physical, social, and spiritual dimensions (Koenig, n.d.; Nasir & Cerver, 2022), the intervention successfully bridged biomedical and cultural understandings of distress. Participants expressed appreciation that psychological suffering could coexist with religious and moral values, which reduced defensiveness toward modern mental-health approaches. This culturally sensitive integration demonstrates how local belief systems can be harmonized with evidence-based practice and may serve as a replicable model for mental-health promotion in other Indonesian regions (Keliat et al., 2022).

g. **Strengts and Limitations**

A key strength of this study lies in its mixed-methods design, which allowed for triangulation between quantitative improvements and qualitative narratives. The combination of objective score changes and subjective reflections enhance confidence in the validity of the findings. Additionally, collaboration with the local health-center program officer ensured contextual relevance and logistical feasibility.

However, several limitations should be acknowledged. First, the sample size (N = 29) was modest and drawn from a single sub-district, limiting generalizability. Second, the study employed a pretest–posttest design without a control group, so causal inferences should be made cautiously. Future studies could adopt randomized controlled or longitudinal designs to confirm sustained effects. Third, knowledge gains were assessed immediately after training; follow-up evaluations at three or six months would clarify retention and application in real-world settings. Finally, qualitative data relied on self-report and may have been influenced by social desirability bias, although anonymity and facilitator neutrality were emphasized to minimize this effect

h. **Future Directions**

Building on the promising results, future research should explore three key directions.

1. Long-term Efficacy and Behavioral Outcomes: Examine whether knowledge gains translate into actual detection rates, referral accuracy, and improved patient outcomes at the community level.
2. Integration with Digital Health Systems: Evaluate interoperability between SIJIWA data and national health information systems to support evidence-based planning.
3. Comparative Cost-Effectiveness: Assess resource requirements and cost savings relative to traditional outreach by professional staff, thereby informing scalable policy adoption.

Moreover, adapting the modules for different target groups—for example, youth volunteers, teachers, or religious leaders—could expand mental-health literacy throughout diverse community sectors.

5. Conclusion

Overall, this study provides empirical evidence that a brief, structured training combining early detection and Psychological First Aid can effectively enhance the knowledge, attitudes, and readiness of community members to support mental health. The significant quantitative improvements and rich qualitative transformations demonstrate that empowering local cadres is a viable strategy to strengthen Indonesia's mental-health system at the primary-care level. The approach resonates with the WHO's call for community-based, culturally responsive, and technology-supported mental-health interventions. When scaled and sustained, such initiatives may contribute to reducing stigma, promoting early help-seeking, and ultimately achieving equitable mental-health coverage for all.

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