Analysis of the Implementation Efforts for Mentally Healthy Villages Based on Community Care

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Abstract
Disturbance soul is problem health society that continues increasing and requiring handling-based community. Mentally Healthy Alert Village (DSSJ) with community care approach is present as solution preventive and promotive. Subdistrict Kasemen in Serang City, Banten Province, is one of the areas that needs analysis deep related effectiveness implementation of this program. Research This aim for analyze realm effort implementation of the Mentally Healthy Alert Village (DSSJ) based on community care in the District Kasemen, Serang City, Banten Province. Research This use design qualitative with approach studies case. Data collection was carried out through interview in -depth interview, discussion group focused (FGD), and observation field. Research results show that implementation of DSSJ has reflect community care approach through involvement power health, cadres, family, government village and community in the identification process cases, assistance, treatment, education, monitoring, and empowerment of ODGJ. In the realm of curative, the program has support access treatment and referral, but still constrained limitations power, transportation, conditions economy family, and not yet strong support sustainable. In the realm of preventive and promotive activities visit home, detection early, counseling, and education health soul has walking, but its effectiveness Still inhibited by stigma, beliefs non-medical, and low literacy health soul. In the realm of empowerment, patients, families, and communities start involved in the process of recovery, but not yet fully supported by capacity, opportunity productive, and resources adequate power.

Keywords: Mental health, community care, Mental Health Alert Village, ODGJ, services-based community.

INTRODUCTION

Mental health Still become challenge big in development global health as well as national Because height burden disease and the stigma attached to sufferers (Ridlo & Zein, 2018). Limitations amount facility service health formal soul as well distribution power medical that is not evenly cause many people with disturbance soul (ODGJ) does not get proper handling (Riyadi, 2018). Conditions This exacerbated by the rise of practice confinement and rejection social consequence low literacy mental health at the level family. Therefore that, is necessary A transformation system service from the beginning home-centered sick (hospital-based care) switch going to strengthening service-based community-based care (Suryaputri et al., 2019).

People with Mental Disabilities, also known as People with Mental Disorders (ODGJ), often face complex problems stemming from the neglect of their equal rights with other citizens, including the right to obtain adequate health care through access to health services or facilities (Riadi, 2022). Banten Province is one of the provinces with the highest number of ODGJ cases, particularly in mental health cases through neglect and shackling. Based on data from the Banten Provincial Health Office (Dinkes) in 2025, the number of people with mental disorders (ODGJ) in Banten reached 58,994. Of that number, 17 were still shackled. Banten has eight regencies/cities, with the highest number of ODGJ in

Serang City, Tangerang City, and Tangerang Regency, followed by South Tangerang City, Serang Regency, Pandeglang Regency, Lebak Regency, and Cilegon City (Fauzi, 2022).

Conceptually, research on programs involving the community often encounters challenges, necessitating the formulation of an appropriate approach to understanding the social dynamics of the community. Communities are not homogeneous entities, so researchers must consider cultural diversity, educational levels, and perceptions of the program (Sugeng, Naupal, 2023). Misunderstandings of the concept of community participation are also common, where participation is seen only as physical presence without involving active involvement in decision-making (Cornwall & Jewkes, 1995). From a policy perspective, obstacles arise when existing regulations do not support community participation or actually limit researchers' access. For example, complicated bureaucracy in obtaining research permits can hinder the data collection process (Amiruddin, 2023). Furthermore, top-down policies from the government or institutions with vested interests often do not align with the real needs of the community, resulting in community participation being merely a formality (Cahyono & Mufidayati, 2021; Indriani et al., 2021).

The Mentally Healthy Alert Village (DSSJ) Program is a national community-based mental health program service model formed from the development of alert villages to increase awareness, willingness, and ability to carry out mental health efforts (Arinindya & Rizka, 2022) . Mad Zaini et al. (2023) stated that the advantage of the DSSJ program is the creation of connections between Community Health Centers, Village Governments, Mental Health Cadres, and individuals or families with mental health problems. The Mentally Healthy Alert Village Program is included in community-based health efforts (UKBM) based on community care that provides easy access to health services for people with mental disabilities/ODGJ properly, as well as other services to support social aspects of community life (Veda et al., 2023).

Community care in community-based programs community, such as the Mentally Healthy Alert Village (DSSJ), refers to the group or individuals who play a role in give support social, educational, and service health soul to society (Putri et al., 2013). They is part from contributing community in a way direct in increase mental wellbeing and help individuals in need attention special, such as people with disturbance mental illness (ODGJ) or those who experience pressure psychological. In implementation in the field, community care involves various elements, start from volunteers community, cadres health, energy professional, up to family and citizens around (Nuryani et al., 2020).

One of One form of community care in Serang City, Banten Province namely the Mentally Healthy Alert Village Program which is present with unique innovation in respond problem related with health the soul of ODGJ and problem other such as stigma and discrimination until shackling through effort based on community care. Therefore that, the writer interested for analyze more far How implementation of the Mentally Healthy Alert Village Program based on community care in Serang City, Banten Province, and How role volunteers and manpower professional.

Based on identification problems that have been presented, the purpose main from study This is For get relevant data and information about implementation of the Mentally Healthy Alert Village program in the District Kasemen, Banten Province, through four focus main, namely describe implementation of programs based on effort curative, efforts preventive, efforts promotional, as well as effort empowerment society. Through achievement objective said, the results study This expected can give significant benefits with provide information as well as base knowledge needed to solve problems and create decision strategically. In academic, research This useful for development knowledge knowledge in the field health soul society, whereas in a way practical, the results can used as material evaluation and referral in development policy and health programs, both in the community agency government and non- governmental.

METHOD

Study This use method qualitative with design studies case For get understanding deep about implementation of the Mentally Healthy Alert Village program at the location research (Sugiyono, 2008). Primary data was collected through technique interview in - depth interviews with informants

key like health program manager soul, cadre health, and figures society, as well as through discussion group Focus *Group* Discussion and observation field in a way directly. Meanwhile that is secondary data obtained through studies documentation in the form of program and policy reports related. All collected data Then analyzed use technique analysis thematic which includes stages data reduction, data presentation, and data extraction conclusion to answer focus research on aspects curative, preventive, promotive, and empowerment society (Sarosa, 2021).

RESULTS AND DISCUSSION

Curative Efforts in the Mentally Healthy Alert Village Program

Curative efforts in the Mentally Healthy Village Alert Program (DSSJ) basically No can understood only as action healing - oriented medical symptoms, but rather as a care process community that involves connection between formal services and support social at the level family as well as community. Implementation effort curative done through giving drug regularly, consultation medical, monitoring condition patients and referrals to facility better health tall if condition patient exceed capacity service health center. Medicine is given in a way periodically through community health center or facility closest like polindes, so that service curative No fully centralized at home sick, but encouraged to be more near with life patient everyday. In framework thinking study this, realm curative as well explicit positioned as form concrete intervention community that can analyzed through dimensions of community care, especially reflected with existence network support social, collaboration, accessibility, and approach holistic.

Seen from dimensions network support social, efforts curative in DSSJ it is clear reflected Enough strong. Success treatment No only determined by power health, but also by involvement family, especially the primary caregiver at home. Findings study show that condition patient more stable when drug drunk in a way regular, whereas termination drug cause disturbance sleep, behavior No directed, until improvement aggressiveness. In situation this, family specifically Mother become actor central taking medicine, monitoring compliance drink medicine, even adapt method giving medicine for patients willing consume it. Apart from family, cadres health and society also function as connector information beginning about condition patients and changes behavior that requires handling. With Thus, efforts curative in DSSJ has show existence network support practical and emotional that become characteristics main community care.

In dimension empowerment, efforts curative of course reflected, but No as strong as dimensions network support social. Empowerment seen when family and cadres No only become recipient instructions from power health, but rather follow operate function care, supervision, and retrieval decision practical related continuity treatment patient. In framework script, empowerment understood as strengthening capacity and independence families, cadres, volunteers and communities so they can participate active in effort health soul. However, in the realm of curative, empowerment This Still nature limited Because family more Lots placed as implementer maintenance than as the real party has own capacity even and strong. This is looks from fact that not quite enough answer maintenance often concentrated only on one member family, while capacity cadres also still called need strengthening. With Thus, the aspect empowerment in effort curative there is, but Still be at the level early and not yet optimal.

Dimensions collaboration is also visible real in implementation effort curative. Handling of ODGJ is not carried out by the community health center in a way alone, but through Work The same with cadre health, government village or sub-district, figures society, family patients and services related. At this stage program preparation, cadres and community become source information beginning about the existence of ODGJ, while at the stage implementation curative community health center play a role in service medical and referral. In conceptually, the script also emphasizes that community care combines Work professional and work citizens, so that service become more close, responsive, and humane. However, research also shows that that collaboration cross sector Not yet fully effective Because limitations budget, personnel, and not yet strong involvement non- health sector.

This means that the dimensions collaboration in effort curative Already exist and are important, but its effectiveness Still Not yet maximum.

From the side accessibility, efforts curative is one of the the most obvious realm show at a time test DSSJ community care character. In one side, the program has make an effort get closer access treatment through distribution medicine at the health center or village health posts, as well as open track references when condition patient need more services high. But on the other hand, research find existence obstacle Serious in the form of limitations economy family, absence transportation, location place difficult living reachable, and rejection references Because reason cost and stigma. With Thus, the aspect accessibility in effort curative clear reflected, but more Lots come on stage as a problematic arena that shows that formal access already available, but access real for family patient Not yet fully guaranteed.

In dimension approach holistic, efforts curative in DSSJ also can it is said reflected, even though Still partial. In conceptual, script state that handling of ODGJ is not may stop at the aspect clinical, but must blend element medical, psychological, social, economic, and environmental. In practice field, effort curative of course No stop at giving medicine, but also includes monitoring House stairs, involvement family, consideration condition economy, obstacles transportation, as well as support social patients in the environment. This is show that reality treatment patient in DSSJ already read as comprehensive problem. However, the limitations power health and not yet optimally support cross sector make approach holistic the Not yet fully institutionalized in system service. So, the dimensions holistic there is, but Not yet fully strong in practice curative.

Dimensions sustainability is very prominent in analysis effort curative, because treatment for ODGJ is not intervention moment, but rather a process that must be ongoing continuously. Script show that sustainability curative guarded through monitoring by PJ Keswa, compliance drink medication, supervision family and support environment social so that patients No experience separated treatment. However, the sustainability this also faces threats serious consequence limitations source Power human, dependence on one officers, lack of support budget, as well as weakness ability family guard continuity treatment. Therefore, it can it is said that aspect sustainability in effort curative is very much reflected, but at a time become point weak in need strengthening institutions and resources program power.

Temporary that, dimension competence culture is also present in effort curative, although come on stage more No direct compared to another dimension. Script confirm that public Still keeping a stigma against ODGJ and in Lots case interpret disturbance soul through non- medical explanations, such as spiritual factors or belief certain conditions This influence behavior family in look for assistance, including trend postpone treatment medical or reject reference. In context said, the power health need use sensitive approach to values, norms, and beliefs local for intervention curative can accepted. This means that competence culture No just complement, but is conditions for treatment, referral and monitoring can executed without too much impact big with method view society. Although thus, from existing findings, aspects This it seems Still more Lots become need than the power that has been ripe in program implementation.

Based on description said, can confirmed that effort curative in the Mentally Healthy Alert Village Program indeed contains and reflects all over community care dimension, but degrees its realization No same. The strongest dimension reflected is network support social, collaboration, accessibility, and sustainability, because the four of them looks direct in practice treatment, monitoring, referral, and support family-community. Meanwhile that, empowerment, approach holistic, and competence culture is also present, but Still nature partial and not yet fully woke up in a way systemic. Because of this that, analysis This show that effort DSSJ curative not Again can understood as action medical only, but as a care process based communities that have move to direction of community care, although Still need strengthening capacity family and cadres, expansion access real to services, strengthening collaboration cross sector, as well as approach more culture adaptive so that the service curative truly effective, inclusive, and sustainable.

Preventive Efforts in the Mentally Healthy Alert Village Program

Preventive measures in the Mentally Healthy Village Alert Program (DSSJ) is form directed interventions for prevent worsening condition disturbance soul, lowering risk relapse, accelerate detection symptom beginning, and minimize occurrence mishandling of People With Mental Disorders (ODGJ) at the level family and society. In script this, realm preventive understood as part from translation community care values and mechanisms in practice health soul based community, so that prevention No only interpreted as action medical early, but also as a social process that involves family, cadres, workforce health, government village and community as system support main. In conceptually, the DSSJ model is indeed designed based seven community care dimensions, namely network support social, empowerment, collaboration, accessibility, approach holistic, sustainability, and competence culture.

Implementation effort DSSJ preventive measures are implemented through visit home, communication with family patients, education to family and cadres health, as well as routine monitoring of condition patient. The main goal is for the family capable recognize sign beginning relapse and do response more fast before condition patient worsening. With thus, preventive in DSSJ no stop at delivery information, but rather covers effort build vigilance social in the environment place stay patient. Findings research also shows that in the realm preventive and promotive activities education, detection early, visit home, and counseling of course has walking, but its effectiveness Still inhibited by stigma, beliefs non-medical, as well as low literacy health soul.

Seen from dimensions network support social, efforts DSSJ preventive measures are reflected Enough clear. Prevention relapse in ODGJ is very dependent on the relationship that is built between health center, family, cadres health, and society. In stage program preparation, cadres and residents often become source information beginning about the existence of ODGJ because family No always willing report condition member his family. At this stage preventive, same pattern continue when cadres and families become observer First to change behavior patients and convey information the to power health. This is show that prevention in DSSJ relies on networks social local functioning as system support emotional and practical. However, the power network This Still Not yet evenly Because in Lots case maintenance daily only charged to One member family, especially mother, meanwhile member other families tend to passive.

In dimension empowerment, efforts DSSJ preventive measures are also visible, but not optimal. Families, cadres, and volunteers No Again positioned solely as recipient service, but rather start involved in surveillance, detection beginning, and response to change condition patient. In program framework, cadres health given role as connector between community and health centers, while family expected become actor main in recognize signs relapse as well as guard continuity treatment. However, the findings field show that empowerment This Still limited Because low knowledge family about method handling ODGJ. As a result, in a number of situation, family precisely do wrong response like to bind, confine, or use action violence when patient relapse. This shows that empowerment preventive has started, but Not yet fully produce capacity strong families and communities For act in a way appropriate and humane.

Dimensions collaboration is one of the sufficient aspects strong in effort DSSJ preventive. Since stage early, health center build coordination with government village or sub-district, cadre health, figures community and services related through forums such as Musrenbang as well as informal communication at the level community. In context preventive, collaborative This important Because detection early detection and prevention relapse No Possible only done by manpower health. Existence cadres, volunteers, and officials village help power health reach patient, monitoring conditions in the field, and convey need intervention more fast. However, the script also shows that collaboration cross sector This Not yet walk fully effective Because Still limited by limitations source power, involvement sector non-health that has not been maximum, and capacity cadres who are still need reinforced. With Thus, efforts preventive DSSJ has reflect collaboration as the principle of community care, but collaboration That Still need strengthening institutional.

From the side accessibility, efforts preventive DSSJ shows an ambivalent picture. On one side, visit home, monitoring field and education direct to family is a strategy for get closer service prevention

to community, especially for possible family No active come to facility health. This shows existence orientation services that strive reach group prone to in a way more proactive. However, on the other hand, the effectiveness prevention still heavily affected by obstacles economy family, limitations transportation, and conditions difficult geographical area reachable. A family that doesn't own vehicle or ability economy often experience difficulty take drug or bring patient to service health when start appear signs recurrence. In this sense, accessibility preventive in DSSJ already attempted, but access real to protection and response early Still Not yet evenly.

In dimension approach holistic, efforts DSSJ preventive is sufficient clear reflected. Prevention in this program No solely seen as effort medical, but also touching aspect social, psychological, economic, and environmental patient. Visit House allows power health evaluate condition patient in context family and place where he lives, not only from side symptom clinical. Likewise, education to family and society aim No only prevent relapse, but also prevent stigma, violence, and abuse. No human like shackling. This means that prevention in DSSJ has move to direction a more approach comprehensive. However, because Still limited power health, support facilities and capacity family, approach holistic That Not yet fully come true in a way systemic.

Dimensions sustainability is also present strong in analysis effort preventive. Preventive efforts are basically No activity very finished, but need routine monitoring, education recurring, involvement family in a way consistent, and support community in term long. Manuscript confirm that the sustainability of the DSSJ program depends on monitoring by PJ Keswa, participation family, support community, as well as strengthening coordination between parties. In context preventive, things This means detection early detection and prevention relapse only will effective when family, cadres, and workforce health Keep going operate function supervision in a way sustainable. However, sustainability This Still threatened by the lack of power implementer, dependence on one officers, limited funds, and weak involvement family. With Thus, the aspect sustainability in efforts preventive of course reflected, but still prone to.

As for the dimensions competence culture is very important in understand Why effort DSSJ preventive has not fully effective. Script show that social stigma towards ODGJ still strong, and partly family and public Still interpret disturbance soul through belief non-medical or spiritual explanation. As a result, reporting case often delayed, family Embarrassed look for assistance and action preventive medical No quick done. In context this, effort preventive DSSJ demands ability power health and cadres For communicate in a way sensitive to values, norms, and beliefs local. Without competence culture, education health soul will difficult accepted, and prevention relapse will Keep going defeated by stigma and old beliefs that are not always in line with approach formal health. Therefore, the aspect competence culture in effort preventive No only there is, but precisely become dimensions determinant success prevention in the community.

Based on description said, can confirmed that effort preventive in the Mentally Healthy Alert Village Program has reflect dimensions of community care in general Enough comprehensive, although level its realization different. The most real dimension seen is network support social, collaboration, accessibility, and sustainability, because the four of them direct looks in visit home, detection early, coordination with family and cadres, as well as need monitoring sustainable. Meanwhile that, empowerment, approach holistic, and competence culture is also reflected, however Not yet fully strong because still limited by the low capacity family, strong stigma, beliefs non-medical, and limitations source program power. Because of this that, the effort preventive DSSJ can assessed has move to direction substantive community care practices, but still need strengthening education family, improvement capacity cadres, expansion access services, and sensitive communication strategies culture for function prevention truly effective, humane, and sustainable.

Promotional Efforts in the Mentally Healthy Alert Village Program

Promotional efforts in the Mentally Healthy Village Alert Program (DSSJ) is realm directed interventions for increase understanding public about health soul, building awareness collective, as well as reduce stigma against people with Mental Disorders (ODGJ). In findings research, efforts promotional realized through counseling to community, cadres health and family patient about mental

health, causes disturbance soul, its importance maintenance medical, as well as method nurse patient in a way right in the neighborhood family activities This implemented through various community forums, including meeting cadre health and deliberation planning development (Musrenbang) at the level village. In In general, the script also confirms that in the realm preventive and promotive activities education, detection early, visit home, and counseling has walking, even though its effectiveness Still inhibited by stigma, beliefs non-medical, and low literacy health soul.

In community care perspective, efforts DSSJ promotive shows that health soul No positioned solely as problem clinical, but rather as issue social needs change knowledge, attitudes, and behavior Community. DSSJ Model in Serang City Alone designed based on seven community care dimensions, namely network support social, empowerment, collaboration, accessibility, approach holistic, sustainability, and competence culture. Therefore, the analysis to effort promotional No only see whether counseling has implemented, but also the extent of the activity promotional the build support social, strengthening participation community, expanding access information, and adjust intervention with context culture.

Seen from dimensions network support social, efforts DSSJ's promotional efforts are reflected Enough clear. Counseling to community, family and cadres health show that the program does not only try convey information One direction, but also build environment more social open to issue health soul. In script explained that system service health souls in the District Kasemen has develop to model-based direction community with community health center as center services supported by cadres, families, government village, and community. With existence counseling in community forums, society pushed For No Again view ODGJ as burden or disgrace, but rather as citizens in need support social and decent services. This means that the realm promotional in DSSJ has functioning as a medium for strengthen network relation more social supportive towards ODGJ.

In dimension empowerment, efforts promotive also appears Enough strong, even though Not yet fully optimal. Activities counseling and socialization in essence is effort For increase capacity knowledge families, cadres and communities so that they No only become recipient information, but also actors who are capable of understand, respond, and support handling health souls in their environment. Manuscript confirm that one of The advantages of DSSJ are creation connection between health center, government village, cadre health soul and individual or family with problem health soul, as well as existence strengthening ability cadres and officers health health center. However, the findings the field also shows that promotional Not yet fully produce change strong attitudes, due to stigma and beliefs non-medical Still survive in part family and society. With Thus, the aspect empowerment in effort promotional has present through improvement knowledge and involvement community, but the result Still Not yet evenly in form change behavior social.

Dimensions collaboration is one of the very prominent elements in effort DSSJ promotive. Implementation counseling through meeting cadres and Musrenbang forum show that promotion health soul done through synergy between health center, cadres health, government village, family patients, and the community. Since stage preparation, script confirm that community health center No walk alone, but build collaboration with government village or sub-district, cadre health, figures society and institutions related others. In context promotional, collaborative This important Because stigma change and improvement literacy health soul No Possible achieved only by force formal health care. He needs support figure local, community forums, and presence cadre as more connectors near with citizens. So, it can it is said that effort DSSJ's promotion is very reflective dimensions collaboration in community care, although still need strengthening coordination and capacity cross sector.

From the side accessibility, efforts DSSJ's promotional efforts are also reflected with Enough real. Different with service frequent curative hit problem transportation and costs, efforts promotional precisely try get closer information health soul to spaces community which are already familiar for society, such as meeting cadres and village forums. This show the existence of a strategy for expand access information and literacy health soul without wait public come Alone to facility health. However, obstacles accessibility still appear in form access social and psychological, namely shame, fear to judgments of others, and tendencies family postpone search help until condition patient worsening.

With Thus, the dimensions accessibility in effort promotional has executed at the deployment level information, but access to reception social and change behavior Still Not yet fully achieved.

In dimension approach holistic, efforts DSSJ's promotion is also reflected Enough strong. Counseling health soul in this program No only aim introduce aspect medical disturbance soul, but also try change method view family and society towards ODGJ, including method nurse patients at home and how build environment that is not discriminatory. This shows that promotion health soul understood as part from touching intervention aspect psychological, social, and cultural, not just a transfer of knowledge medical. The DSSJ model itself emphasize that handling of ODGJ is necessary consider condition psychological, social, economic, and environmental patient. With Thus, efforts promotional in DSSJ has move to direction a more approach comprehensive, although its implementation Still limited by the strong stigma and low literacy health soul public.

Dimensions sustainability is also visible in effort DSSJ promotive. Promotion health soul No activity moment, but rather a process that requires repetition, consistency messages and support from various parties to make changes understanding public can endure in term long. Manuscript confirm that the continuity of the DSSJ program is highly dependent on collaboration between PJ Keswa, family patients, and support community, as well as strengthening coordination and improvement awareness public about health soul. In context promotional, thing This means counseling only will effective when done in a way sustainable, not sporadic. However, the continuity This Still face to face with limitations source Power people, access, and support family, so that function promotional program not yet fully stable and even.

As for the dimensions competence culture is very decisive aspect in analysis effort DSSJ promotive findings study show that part public Still look at disturbance soul through explanation non-medical, such as spiritual factors or lack of activity religious, so that family tend looking for a shaman or religious figures in particular formerly before bring patient to facility health. In addition, shame and fear to evaluation social make family often postpone search help until condition patient Already severe. In situation like this activity promotional No can succeed when only use Language formal medical counseling must delivered with understand values, norms, and beliefs local so that information health soul can accepted. Therefore, the competence culture in DSSJ not just complement, but rather prerequisites for efforts promotional capable changing the stigma and reaching out method view diverse society.

Based on description said, can confirmed that effort promotional in the Mentally Healthy Alert Village Program has reflect dimensions of community care in general Enough comprehensive. The most powerful dimension looks is network support social, collaboration, competence culture, and accessibility information, because the four of them direct related with counseling, socialization, community forums, and business reduce stigma. Meanwhile that, empowerment, approach holistic, and sustainability are also reflected, but Still not optimal because change knowledge public Not yet fully transform become change consistent attitudes and behavior. Therefore that, the effort DSSJ promotive can assessed has move to direction substantive community care practices, but still need intensification education health soul, strengthening capacity cadres and families, as well as more communication strategies sensitive to context culture for promotion health soul truly produce environment inclusive, responsive and sustainable social development.

Empowerment Efforts in the Mentally Healthy Alert Village Program

Empowerment efforts in the Mentally Healthy Village Alert Program (DSSJ) is realm directed interventions for increase capacity, independence, and participation active People with Mental Disorders (ODGJ), family, and community in the recovery process. Empowerment in DSSJ aims facilitate independence patient and encourage involvement they in life community. Findings study show that some ODGJ still capable do activity base in a way independent when his condition stable, such as eating, bathing, and communicating more good with family. In addition, some the patient also showed desire for return Work or help activity economy family. This is confirm that recovery in DSSJ no understood solely as disappearance symptoms, but also as a strengthening process function social and independence patient in life daily.

In framework study this, effort empowerment is one of the form concrete translation community care values in practice health soul-based society. Manuscript confirms that in the realm empowerment, focus mainly is strengthening capacity cadres, volunteers, families, and if allows ODGJ as foundation sustainability of DSSJ. This area reinforced by dimensions empowerment That alone, and related close with sustainability, collaboration, and approach holistic that places recovery of ODGJ as a medical process at a time socio-cultural in the community. In addition, the DSSJ implementation model is overall of course built on seven community care dimensions, namely network support social, empowerment, collaboration, accessibility, approach holistic, sustainability, and competence culture.

Seen from dimensions network support social, efforts empowerment in DSSJ is reflected through involvement family, neighbors, cadres, and volunteers in support the recovery process patients. Research show that surrounding community patient in a number of situation behave neutral, no show stigma in a directly, even willing help If family need support. Potential support social This become asset important in empowerment Because patient No can return undergo function social without existence minimum acceptance from environment. In community care perspective, empowerment No born from standing individual alone, but rather from network a relationship that gives room safe for patient For recover, interact, and return involved in life social. However Thus, the power support social This Still Not yet fully evenly Because support permanent nuclear family become center main, while support community Not yet always organized in a way systematic.

In dimension empowerment, realm This precisely is the most direct and most powerful dimension reflected. In a way conceptually, Popple asserts that empowerment means community No positioned as recipient passive, but rather as agent active participants formulate solution, take decisions, and contribute to the implementation initiative care. In findings research, things the seen in involvement family as caregiver main, cadre as liaison at the level community, volunteers as companion social, and patients started it myself show capacity For independent and active productive. At the level conceptually, the script also mentions that empowerment in DSSJ includes training cadres, strengthening group support family, and participation public in accompany ODGJ, so that community positioned as actor main in care. With Thus, efforts DSSJ empowerment is clear reflects the essence of community care. Although so, the findings the field also shows that empowerment the not optimal because skills patient Still limited, burden maintenance often only carried by one member family, and capacity cadre and family Still need reinforced.

Dimensions collaboration is also very prominent in analysis effort empowerment. Structure DSSJ implementation involves service health, community health center, government village, cadres, volunteers, family, and in a number of matter power professional like worker social medical or psychologist. Manuscript confirm that volunteers own task help mentoring patient, support education society, and strengthen network support social for ODGJ and their families. In addition, the mechanism the work of the program also shows that DSSJ is implemented through connected flow between identification cases, assistance, monitoring and reporting, all of which involving interaction social between power health, family, cadres, and society. In context empowerment, collaboration This important Because strengthening capacity patients and families No Possible achieved only by one actors. However, research also shows that participation power other professionals still less and not yet fully integrated, so that dimensions collaboration in empowerment Already there is, but still need consolidation more institutional strong.

From the side accessibility, efforts empowerment in DSSJ still face enough obstacles big. Findings study show that Lots family patient life in limitations economy, so that difficult provide means, opportunities, or activities that allow patient develop in a way productive. Low education and skills patients also limit opportunity they for return involved in activity economy or more social meaningful. In community care perspective, accessibility No only question access to facility health, but also convenience reach source Power social, economic, and opportunities participation. Therefore that, can it is said that aspect accessibility in realm empowerment new reflected in a way limited space empowerment Already start opened, but Not yet fully supported by access to source adequate power.

In dimension approach holistic, efforts DSSJ empowerment is reflected Enough strong Because recovery patient No only directed at stability medical, but also on the ability undergo activity everyday, desires work, relationships with family, and reintegration social in society. Manuscript confirm that in the realm empowerment, recovery of ODGJ is understood as a medical process at a time socio-cultural in the community. This is means that DSSJ does not limit oneself in effort control symptoms, but also pay attention to dimensions psychological, social, economic, and environmental patients. In fact, the willingness patient For help family or participate in activity productive viewed as sign important from rehabilitation social. With Thus, the approach holistic in empowerment has looks clear, though its implementation Still hit by conditions social economy family and limitations support environment.

Dimensions sustainability is also very present in effort empowerment. In a way conceptual, script mention that empowerment is foundation sustainability of DSSJ, because strengthening capacity cadres, families, volunteers, and patients will determine whether the program can Keep going live at the level community. In conclusion research, also emphasized that empowerment strengthen independence community and encourage program continuity in term long. However, sustainability This Not yet fully safe Because empowerment in the field Still Not yet supported by sources adequate power and capacity. Limitations support budget, training cadres, opportunities productive for patients, and support families who do not always evenly show that effort empowerment has move to the right direction, but still prone to when no strengthened in a way institutional.

As for the dimensions competence culture is also important in understand effort DSSJ empowerment. Manuscript since beginning confirm that one of the challenges for ODGJ in Banten are stigma, discrimination, and ways view non-medical who still strong in society. In context empowerment, competence culture necessary for the reintegration process social patient No clash with values, norms, and perceptions public local. Empowerment No will effective If patient start getting better in a way functional, but still viewed as shame or threats by the environment. Therefore, the willingness neighbor for help, neutrality society, and efforts continuous education become part important from sensitive empowerment culture. In other words, competence culture in realm empowerment looks No only through adjustment method communication, but also through need build reception appropriate social with context local.

Based on description said, can confirmed that effort empowerment in the Mentally Healthy Alert Village Program has reflect dimensions of community care in general Enough strong, especially in the aspect empowerment, networking support social, collaboration, approach holistic, and sustainable. While that, dimension accessibility and competence culture is also present, but still show limitations Because room empowerment patient Not yet fully supported by sources Power economy, capacity family and cadres, as well as reception social equality. Because that, the effort DSSJ empowerment can assessed as the closest realm with the core of community care, because put patients, families, and communities as subject active in recovery. However, in order for empowerment This truly effective and sustainable, still required strengthening capacity cadres and families, expansion chance socio-productive for patient, integration power professional, and creation environment more social inclusive towards ODGJ.

CONCLUSION

Implementation of the Mentally Healthy Alert Village Program (DSSJ) based on *community care* in the sub-district Kasemen, Serang City, Banten Province, is a service model health soul based an integrative, participatory, and contextual community. The implementation of this program in a way real reflect approach *community care* through integration four realm effort main. In the realm of curative, DSSJ has facilitate access treatment and referral medical, as well as put family as *caregiver* main in guard compliance therapy. In the realm of preventive, system vigilance social has formed through visit home and regular monitoring by cadres for detection early relapse. Meanwhile that, realm promotional succeed initiate an educational forum community to improve literacy mental health, and the realm of empowerment start open potential recovery social as well as independence activity base for People with Mental Disorders (ODGJ). Although show potential big in get closer access service to level root grass,

success implementation of DSSJ in this region Not yet walk optimally as a result a number of obstacle structural and cultural. Effectiveness interventions throughout realm effort Still limited by limitations source Power humans especially dependence on one officer health program holder soul and limitations funding and access transportation for family underprivileged. Challenges This exacerbated by the low capacity handling critical at the level family, weakness commitment collaboration cross sector, as well as still strong social stigma and beliefs non-medical in the middle society. Therefore that, in order to guarantee program sustainability, is required strengthening regulations institutional, improvement capacity cadre in a way periodically, and formulation of intervention strategy based context more local systematic.

REFERENCES

Amiruddin, A. (2023). Red Tape dalam Pelayanan Publik. *Journal Governance and Politics (JGP)*, *3*(1), 19–23.

Arinindya, S., & Rizka. (2022). Tinjauan Kebijakan Pemerintah Uu No 18 Tahun 2014 Melalui Program DSSJ/KSSJ. *Jurnal Hukum Pidana Indonesia*, *4*(1), 145–153.

Cahyono, H., & Mufidayati, K. (2021). Partisipasi Masyarakat Dalam Perencanaan Apbdes Sasakpanjang Kecamatan Tajurhalang Kabupaten Bogor. *Indonesian Treasury Review: Jurnal Perbendaharaan, Keuangan Negara Dan Kebijakan Publik*, *6*(2), 173–194. https://doi.org/10.33105/itrev.v6i2.176

Cornwall, A., & Jewkes, R. (1995). What is participatory research? *Social Science & Medicine*, *41*(12), 1667–1676. https://doi.org/https://doi.org/10.1016/0277-9536(95)00127-S

Fauzi, L. (2022). *Sosialisasi DSSJ dinkes Provinsi dan Kabupaten Pandeglang di Kelurahan Pagadungan*. https://banten.antaranews.com/berita/218829/sosialisasi-dssj-dinkes-provinsi-dan-kabupaten-pandeglang-di-kelurahan-pagadungan

Indriani, C., Asang, S., & Hans, A. (2021). Tingkat Partisipasi Masyarakat dalam Perencanaan Pembangunan di Desa Pali Kecamatan Bittuang Kabupaten Tana Toraja. *Development Policy and Management Review (DPMR)*, *1*(1), 57–67. https://doi.org/10.61731/dpmr.vi.18597

Mad Zaini, Komarudin, & Abdurrahman, G. (2023). Desa Siaga Sehat Jiwa sebagai Intervensi Kesehatan Jiwa Berbasis Masyarakat. *Jurnal Kesehatan, 12*(2), 225–232. https://doi.org/10.46815/jk.v12i2.148

Nuryani, R., Lindasari, S. W., & Sopiah, P. (2020). Upaya Peningkatan Kesehatan Jiwa Masyarakat Melalui Pembentukan Desa Siaga Sehat Jiwa (DSSJ). *Syntax Literate*, *5*(4), 185-193.

Putri, A. S., Martiningtyas, M. A., Sagala, A. E. B., Erawan, G. N., Yana, I. P. A., Matulu, S., ... & Subandi, S. (2013). Era baru kesehatan mental Indonesia: Sebuah kisah dari desa siaga sehat jiwa (DSSJ). *Jurnal Psikologi UGM*, *40*(2), 169-180.

Riadi, S. (2022). Peran Pemerintah Daerah Dalam Pemenuhan Hak Orang Dengan Gangguan Jiwa Di Kabupaten Hulu Sungai Utara. *Jurnal Niara*.

Ridlo, I. A., & Zein, R. A. (2018). Arah kebijakan kesehatan mental: tren global dan nasional serta tantangan aktual. *Buletin Penelitian Kesehatan*, *46*(1), 45-52.

Riyadi, E. (2018). Sistem kesehatan jiwa di Indonesia: tantangan untuk memenuhi kebutuhan. *Jurnal Penelitian dan Pengembangan Pelayanan Kesehatan*.

Sarosa, S. (2021). *Analisis data penelitian kualitatif*. Pt Kanisius.

Sugeng, Naupal, L. S. dan abby G. B. M. (2023). Rekognisi Keragaman Budaya dan Multikulturalisme Bhineka Tunggal Ika. Krtha Bhayangkara, 17(2), 273-296. *Jurnal: Krtha Bhayangkara*, *17*(2), 273–296. https://ejurnal.ubharajaya.ac.id/index.php/KRTHA/article/view/2180/1580

Sugiyono, M. (2008). Penelitian kuantitatif kualitatif dan R&D. *Bandung: Alfabeta*.

Suryaputri, I. Y., Utami, N. H., & Mubasyiroh, R. (2019). Gambaran Upaya Pelayanan Kesehatan Jiwa Berbasis Komunitas di Kota Bogor. *Buletin Penelitian Kesehatan*, *47*(1), 13-22.

Veda, V. Y., Laalah, E. E. T., Langie, M. A., Kristiawan, A., Mahastya, M., & Wibowo, D. H. (2023). Desa siaga sehat jiwa: psikoedukasi kesehatan mental bagi masyarakat desa banyubiru. *Magistrorum Et Scholarium: Jurnal Pengabdian Masyarakat*, *3*(3), 451-460.