Challenges to Implementing and Sustaining Comprehensive Mental Health Program at Primary Health Care (PHC) in Wonogiri District, 2018
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CONTENTS
This study was an observational study using mixed methods. Subjects for quantitative study were 21 of 34 PHCs in Wonogiri District and 2 district officer. Subjects for qualitative study were 5 patient’s family, 1 psychiatrist in district, 1 social worker in rehabilitation center. Evaluation conducted in July-August 2018. Sample size of subjects was calculated using slovin formula. Primary data were obtained by interview using questionnaire. Data analysis was done descriptively.

Results
The achievement implementation of mental health program in Wonogiri District has not reached the target of minimum service standards. This was related to challenges for implementing the program about funding, there was no special budget allocation for mental health program at PHC. Existing problems were not only funding problems, but also human resources. There was only one psychiatrist in district and no psychologist at PHC. Beside that, only 5 of 21 mental health officer (MHO) that had received training about mental health program and 50% of them were not report MHP regularly for every 6 months.

Besides funding and human resources, the other results include the incomplete medicine supply in the district, the lack of attention to mental health in the national health and social sector targets, the lack of support from community and related to stigma, low socio-economic level with uninsured population, and the problem of district level supervision to PHC.

CONCLUSION
Mental health problems will get worse if the program implemented has not been functioning optimally. Challenges in the implementation of mental health program were related to funding, resources, facilities and infrastructure, health surveillance, and self-motivation, health insurance, and supervision.

RECOMMENDATIONS
Developing community support services and social prescribing services referred to as community referral, is a means of enabling GPs, nurses to refer people to a range of local, non-clinical services can lead to improved sustainability.

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