

Increasing Community Awareness of the Importance of Mental Health in Lambara Subdistrict Tawaeli District

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Abstract

Mental disorders are illnesses that affect the emotions, thought patterns, and behaviors of those who suffer from them. The limited understanding of the public regarding the causes of mental disorders creates stigma, leading to mental disorders often being associated with supernatural disturbances. This indicates that the mental health literacy of the community is still relatively low. One of the causes of the increase in mental health disorders is the neglect of the signs and symptoms of mental health issues. The purpose of this activity is to increase public understanding of the signs and symptoms of mental disorders. The method used involves direct socialization by the speaker using leaflet brochures and a question-and-answer session. At the beginning and end of the activity, the presenter asked questions related to mental health to gauge the community's understanding. This activity took place in the temporary shelter of Lambara Village, Tawaeli District, attended by the local community. The result of this activity showed an increase in community understanding through pretest and posttest score about 40%. It can be concluded that this activity is very beneficial for the people of Lambara Village.

Keywords: Mental Health, Service, Socialization

Abstrak

Gangguan mental adalah penyakit mental yang mempengaruhi perilaku, pola pikir, dan emosi penderitanya. Keterbatasan pemahaman masyarakat mengenai penyebab gangguan jiwa menimbulkan stigma sehingga sering kali gangguan jiwa dikaitkan dengan gangguan gaib. Hal ini menandakan bahwa literasi kesehatan mental masyarakat masih tergolong rendah. Salah satu penyebab peningkatan kejadian gangguan mental ialah dari adanya pengabaian terhadap tanda dan gejala kesehatan mental. Tujuan kegiatan pengabdian ini untuk memberikan edukasi dan meningkatkan pemahaman masyarakat mengenai tanda dan gejala gangguan mental. Metode yang digunakan berupa sosialisasi secara langsung oleh pemateri menggunakan lefleat brosur dan tanya jawab. Diawal dan akhir kegiatan penyaji memberikan pertanyaan terkait kesehatan mental, untuk mengukur pemahaman masyarakat. Kegiatan PKM ini bertempat di HUNTARA (Huniah Sementara) Kelurana Lambara, Kecamatan Tawaeli yang dihadiri oleh 25 masyarakat setempat. Hasil dari kegiatan ini, terjadi peningkatan pemahaman masyarakat melalui kuisioner pretest dan posttest yang dibagikan sebesar 40%. Dapat diartikan kegiatan ini sangat memberikan manfaat pada masyarakat di Kelurahan Lambara.

Kata Kunci: Kesehatan Mental, Pengabdian, Sosialisasi

INTRODUCTION

Mental disorders, also known as mental illnesses, are conditions that affect the behavior, emotions, and thought patterns of individuals who experience them (Vitoasmara et al., 2024). In most cases, public skepticism toward mental disorders is caused by a lack of knowledge about their causes, as well as deeply rooted cultural beliefs within the community (Satria Ardhi, 2022). Some examples of illnesses classified as mental disorders include Bipolar Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Depression, Schizophrenia, Anxiety Disorders, Eating

Disorders, and addiction or dependence on substances that are not appropriate or harmful, such as drugs or certain chemicals (Choresyo et al., 2015).

The Indonesian Health Profile presented by the Indonesia Health Survey (SKI) in 2023 shows that the number of schizophrenia cases in Indonesia reached 315,621 individuals. This figure is distributed across all islands and provinces in Indonesia. The highest prevalence rate was recorded in the Special Region of Yogyakarta at 9.3%, followed by Central Java Province at 6.5% and West Sulawesi Province at 5.9% (Ministry of Health, 2023). Health is essential for every individual and can be considered a fundamental necessity that everyone must have. Health is not only viewed in terms of physical well-being but also mental or psychological well-being. Both mental and physical health must be equally maintained in order to achieve an optimal level of health for every individual (Noerul Ikmar, 2022).

Mental health has recently received greater attention from both the government and society. Many stakeholders have begun to realize that although mental disorders may not directly cause death, they can impose significant burdens on individuals, their families, and the wider community. The serious impact of mental health disorders is highlighted in research showing that 6 out of the 20 conditions considered most responsible for causing disability are mental disorders.

Neglect of mental health is one of the factors that manifests in the increasing incidence of mental disorders (Shalahuddin et al., 2024). For a considerable period, mental health has been one of the areas of public health that has received insufficient attention and has often been overlooked (Farisandy et al., 2023). Many people assume that physical health is more important than mental health. This situation is influenced by the generally low levels of knowledge and socioeconomic status within the community (Ministry of Health, 2021).

Studies on mental health literacy continue to be conducted in various settings to combat stigma and to strengthen positive attitudes toward seeking help from mental health professionals. The goal is to foster favorable attitudes toward obtaining professional mental health support when needed (Gorcynski et al., 2017; Munawar et al., 2022). There is still a lack of empirical information regarding help-seeking behavior and access to mental health services. Greater insight into mental health is needed, particularly concerning help-seeking behavior, intentions to seek support, and self-stigma associated with seeking help (Wulf, 2022).

Knowledge about mental disorders that enhances understanding of their recognition, management, and prevention is referred to as mental health literacy. The types of mental disorders can be classified as follows:

- a. Knowledge of how to prevent mental disorders;
- b. Understanding of the underlying conditions of mental disorders;
- c. Understanding of how to seek help and obtain treatment;
- d. Understanding of effective self-help strategies for mild mental health problems; and
- e. Skills related to providing first aid to others experiencing mental disorders or mental health crises (CPMH, 2020).

Research conducted by Zalfa (2022) concluded that mental health literacy has significant implications for public awareness that mental health must be maintained just as physical health is (Rudianto, 2022).

Lambara Subdistrict covers an area of approximately 738.68 hectares and stretches about 8.5 km from west to east. It is located approximately 21 km from the city of Palu, or about 40 minutes by car. Administratively, the boundaries of Lambara Subdistrict are as follows:

- a) The northern part is directly bordered by Baiya Subdistrict.
- b) The southern part is directly bordered by Kayumalue Ngape Subdistrict.
- c) The eastern part is directly bordered by Nupabomba Village and Parigi Moutong Regency.
- d) The western part is directly bordered by Panau Subdistrict (BKKBN, 2020)

Socioeconomic status is closely related to the level of depressive symptoms. Research conducted by Yustika Dewi (2020) on the analysis of Socioeconomic Status (SES) factors and their impact on mental health concluded that socioeconomic status—encompassing employment status, wealth, and education—has a significant influence on the occurrence of depressive symptoms (Dewi et al., 2021).

Mental health problems can affect anyone (Dr. Fitrina Aprilia, 2019), including residents of Lambara Subdistrict, the majority of whom work as traders and farmers. These occupations can potentially contribute to mental health decline, as they are closely related to uncertain outcomes and expected results. In addition, some community members are still living in temporary shelters (In Indonesia: Hunian Sementara/Huntara), which were provided by the government following the 2018 earthquake and liquefaction in Central Sulawesi. Difficult economic conditions, along with unstable employment, may trigger mental health disorders. Therefore, socialization and education regarding mental health are considered necessary in Lambara Subdistrict, so that the community becomes more aware of the signs and symptoms of declining mental health.

METHOD

This Community Service Program (PKM) activity was carried out in a structured manner in the form of socialization and community service on Saturday, November 23, 2024, starting at 10:00 a.m. until completion. The activity was divided into three groups and locations. The first location took place at the temporary housing site (HUNTARA), while the other two locations were held at residents' homes in Lambara Subdistrict. All participants were housewives, although several adolescents also took part in the activity.

The socialization session was delivered directly by lecturers by distributing leaflets to the residents. The effectiveness of the session was assessed through pre-test and post-test evaluations administered to participants in order to measure their level of understanding. The leaflet distributed to the community is shown in the image below.



Figure 1. Mental Health Prevention Leaflet

This Community Service Program (PKM) activity consisted of several stages, namely:

1. Planning

At this stage, the target group and number of participants were determined through a preliminary survey conducted by the organizing committee. A total of 20 participants took part in this activity, consisting of housewives and adolescents.

2. Preparation.

At this stage, all necessary arrangements for the socialization activity were prepared. The lecturers, assisted by students, prepared the tools and materials to be used at the community service site. The preparation process included: forming the organizing committee, assigning job descriptions, designing and printing leaflets, preparing pre-test and post-test forms, arranging basic food packages, preparing health screening equipment, organizing transportation, and arranging refreshments.

3. Evaluation.

At this stage, an evaluation was conducted to assess the impact of the socialization and information provided. The instrument used was a questionnaire completed by participants before and after the session. The questionnaire consisted of seven questions measuring participants' understanding of the importance of mental health. These questions covered the signs and symptoms of mental disorders, ways to prevent mental disorders, what to do when experiencing emotional instability, and when it is advisable to consult a psychiatrist or psychologist.

RESULT AND DISCUSSION

The socialization activity was conducted by delivering general information aimed at increasing public knowledge about mental health. The information presented included the signs and symptoms of mental disorders, strategies to minimize stress, and steps to take when facing problems that are difficult to resolve. The activities carried out included: providing educational sessions to residents, conducting question-and-answer discussions, offering free health check-ups, and distributing basic food packages at the end of the program as a token of appreciation for the community's participation in the activity.

The results of measuring residents' knowledge were assessed through tests administered before and after the socialization session, as shown in the table below:

Table 1. Results of the residents' pre-test and post-test measurements.

Participant Number	Pre-test Results	Post test Result	Percentage Increase in Scores
1.	50	80	30 %
2.	30	90	60 %
3.	20	90	70 %
4.	50	80	30 %
5.	40	90	50 %
6.	20	70	50 %

7.	50	50	0 %
8.	50	80	30 %
9.	20	70	50 %
10.	20	80	60 %
11.	20	80	60 %
12.	60	90	30 %
13.	60	80	20 %
14.	40	90	50 %
15.	40	90	50 %
16.	30	70	40 %
17.	40	80	40 %
18.	40	80	40 %
19.	50	60	10 %
20.	40	70	30 %
21.	30	80	50 %
22.	20	80	60 %
23.	40	80	40 %
24.	40	70	30 %
25.	40	70	30 %
Total	940	1595	1010
Average	37,6	78	40 %

Based on the results of measuring residents' level of understanding, a percentage increase of 40% was obtained, rising from 37.6% to 78%. This indicates that the socialization activity contributed to improving residents' understanding of the signs and symptoms of mental disorders. This finding is consistent with a previous Community Service Program (PKM) conducted in Sejahtera Village, Palolo District, which also measured residents' understanding of mental disorders and reported a 61% increase in community understanding (Kurnia Utami et al., 2024).

Based on the sociodemographic results, the majority of residents involved in this activity were aged 30 years and above, with 90% being female. According to research conducted by Homewood Health United Kingdom, 47% of women are at high risk of experiencing mental disorders compared to 36% of men. Women are almost twice as likely to be diagnosed with depression compared to men (Intang Arifia & Binti Q Masruroh, 2021).

Previous research conducted by Haniyah et al. revealed that vulnerability to mental health problems originates from parenting patterns, peer influence, the residential environment, and socioeconomic conditions (Haniyah et al., 2022). Another study related to the low level of mental health literacy was conducted by Sumi Lestari (2022), which found that educational outreach on mental health literacy was effective in improving community understanding and also contributed to enhancing community hard skills (Sumi Lestari & Martomo Wahyudianto, 2022).

Mental health literacy refers to knowledge and beliefs about mental health disorders that assist individuals in recognizing, managing, and preventing mental disorders. The term mental

health literacy is defined as knowledge and beliefs about mental disorders that help in identifying symptoms, as well as managing and preventing mental health problems. It also encompasses individuals' attitudes toward knowledge of symptoms, causes, and treatment, all of which are essential in facilitating recognition and help-seeking behavior for mental health problems (Vale-Dias et al., 2014; Sampaio, Gonçalves, & Sequeira, 2022; Trompeter et al., 2022).

The following are documentation images from the Community Service Program (PKM) activities, which included educational sessions, question-and-answer discussions, health check-ups, and the distribution of basic food packages.



Figure 2. Educational session conducted for community residents

In this activity, the speaker delivered educational material to residents regarding mental health awareness.



Figure 3. Question-and-answer session with the residents.

The question-and-answer session at the end of the socialization ensured that the material delivered was well understood by the residents.



Figure 4. Documentation with several community members.

Documentation was conducted after the socialization and distribution of basic food supplies were completed. Some of the challenges encountered during the socialization process included a lack of coordination between local officials and residents. Consequently, it took some time to prepare everything before residents could gather at the location.

CONCLUSION

The conclusion of this PKM activity was that it increased community knowledge about mental health by measuring a 40% increase in community understanding. Suggestions for future activities include improving coordination with village officials to minimize long waits at the service location.

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REFERENCES

Aprilia, Aprilia. (2019). *Bisa Menyerang Siapa Saja, Ini Fakta Kesehatan Mental*. https://www.halodoc.com/artikel/bisa-menyerang-siapa-saja-ini-fakta-kesehatan-mental?srsltid=AfmBOoqF8YwonA4LXDrqSjtJME5lh1xT7QHl95SVBbHjI_e1G9cbkA

BKKBN. (2020). *Lambara*. <https://kampungkb.bkkbn.go.id/kampung/9785/lambara>

Choresyo, B., Nulhaqim, S. A., & Wibowo, H. (2015). *Kesadaran Masyarakat Terhadap Penyakit Mental*.

CPMH. (2020, September 29). *Literasi Kesehatan Mental di Masyarakat, Apa Urgensinya? – Center for Public Mental Health*. <https://cpmh.psikologi.ugm.ac.id/2020/09/29/literasi-kesehatan-mental-di-masyarakat-apa-urgensinya/>

Dewi, Y., Relaksana, R., & Siregar, A. Y. M. (2021). ANALISIS FAKTOR SOCIOECONOMIC STATUS (SES) TERHADAP KESEHATAN MENTAL: GEJALA DEPRESI DI INDONESIA. *Jurnal Ekonomi Kesehatan Indonesia*, 5(2). <https://doi.org/10.7454/eki.v5i2.4125>

Farisandy, E. D., Asihputri, A., & Pontoh, J. S. (2023). *Peningkatan Pengetahuan dan Kesadaran Masyarakat Mengenai Kesehatan Mental*.

Haniyah, F. N., Novita, A., & Ruliani, S. N. (2022). Hubungan Antara Pola Asuh Orangtua, Teman Sebaya, Lingkungan Tempat Tinggal dan Sosial Ekonomi Dengan Kesehatan Mental Remaja. *Open Access Jakarta Journal of Health Sciences*, 1(7). <https://doi.org/10.53801/oajjhs.v1i7.51>

Kurnia Utami, I., Magfirah, M., Arynesta, T., & Songko, A. (2024). Peningkatan Pengetahuan Masyarakat Mengenai Kesehatan Mental di Desa Sejahtera Kecamatan Palolo, Sulawesi Tengah. *Jurnal Mandala Pengabdian Masyarakat*, 5(1), 141–145. <https://doi.org/10.35311/jmpm.v5i1.368>

Ministry of Health. (2023). Health Development Policy Agency. *Indonesian Health Survey*, 1–965. <https://www.badankebijakan.kemkes.go.id/hasil-ski-2023/>

Noerul Ikmar. (2022). *Literasi Kesehatan Mental dan Dampaknya pada Kesehatan Jiwa Masyarakat*. https://keslan.kemkes.go.id/view_artikel/1510/literasi-kesehatan-mental-dan-dampaknya-pada-kesehatan-jiwa-masyarakat

Intang Arifia, & Binti Q Masruroh. (2021). *Perempuan Rentan Alami Masalah Kesehatan Mental*. <https://unair.ac.id/perempuan-rentan-alami-masalah-kesehatan-mental-pakar-psikologi-unair-uraikan-penyebabnya/>

Rudianto, Z. N. (2022). *Pengetahuan Generasi Z Tentang Literasi Kesehatan dan Kesadaran Mental di Masa Pandemi* (Vol. 11, Issue 1).

Satria Ardhi. (2022). *Stigma Buruk Gangguan Kesehatan Mental Hambat Pemulihan Pasien - Universitas Gadjah Mada*. <https://ugm.ac.id/id/berita/22185-stigma-buruk-gangguan-kesehatan-mental-hambat-pemulihan-pasien/>

Shalahuddin, I., Rosidin, U., Purnama, D., Sumarni, N., & Witdiawati, W. (2024). Pendidikan dan Promosi Kesehatan Mengenai Kesehatan Mental pada Siswa Kelas XII SMAN 1 Pangandaran. *Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM)*, 7(5), 2134–2146. <https://doi.org/10.33024/jkpm.v7i5.14290>

Sumi Lestari, & Martomo Wahyudianto. (2022). *Psikoedukasi Literasi Kesehatan Mental*.

Vitoasmara, K., Vio Hidayah, F., Yuna Aprillia, R., & Dyah Dewi, L. A. (2024). Gangguan Mental (Mental Disorders). *Student Research Journal*, 2, 57–68. <https://doi.org/10.55606/srjyappi.v2i3.1219>