24th Sept 2013

Many Paths, One Purpose
Beda Cara, Satu Tujuan
殊途同归

Presentation by: Dr Tjin Wiguna
Country presentation: Indonesia

Overview
- Background & History of Crisis/Disaster in Indonesia
- Community Mental Healthcare & Priorities
- Progress Achieved to Date
- What are the current needs?
- Plans moving forward

Indonesia Country Context

Disasters across Indonesia
The Current Mental Health Priorities in Indonesia (based on the Indonesia Directorate of Mental Health, Ministry of Health, 2013)

- Free of ‘Pasung’
- Developing mental health law
- Mental health related with disaster
- Integrating mental health services into the community
- Mental health hotline service

Mental Health Services Challenging at Post-crisis Area in Indonesia

- Geographical context
- Heterogeneous population
- Stigma and discrimination
- Human resources and facilities
- Poor advocacy and lack of financial support
- Mental health illiteracy among the community

What have been done for enhancing Indonesian children and adolescents mental health in post disaster areas?

Table 1. Percentages of abnormal SDQ scores in 4-to-10-year

<table>
<thead>
<tr>
<th></th>
<th>Directly trauma exposed (%)</th>
<th>Not directly trauma exposed (%)</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total difficulties score</td>
<td>52.3</td>
<td>8</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Emotional scale</td>
<td>42.6</td>
<td>41</td>
<td>0.30</td>
</tr>
<tr>
<td>Conduct scale</td>
<td>25.8</td>
<td>20</td>
<td>0.46</td>
</tr>
<tr>
<td>Hyperactivity scale</td>
<td>2.5</td>
<td>13</td>
<td>0.007</td>
</tr>
<tr>
<td>Peer problem scale</td>
<td>37.1</td>
<td>17</td>
<td>0.054</td>
</tr>
<tr>
<td>Prosocial</td>
<td>30.7</td>
<td>13</td>
<td>0.056</td>
</tr>
</tbody>
</table>

Table 2. Percentages of abnormal SDQ scores in 11-to-18-year

<table>
<thead>
<tr>
<th></th>
<th>Directly trauma exposed (%)</th>
<th>Not directly trauma exposed (%)</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total difficulties score</td>
<td>46.5</td>
<td>11.8</td>
<td>0.012</td>
</tr>
<tr>
<td>Emotional scale</td>
<td>16.7</td>
<td>11.8</td>
<td>0.34</td>
</tr>
<tr>
<td>Conduct scale</td>
<td>15.0</td>
<td>5.9</td>
<td>0.01</td>
</tr>
<tr>
<td>Hyperactivity scale</td>
<td>3.2</td>
<td>5.9</td>
<td>0.46</td>
</tr>
<tr>
<td>Peer problem scale</td>
<td>9.7</td>
<td>17.6</td>
<td>0.22</td>
</tr>
<tr>
<td>Prosocial</td>
<td>9.0</td>
<td>5.9</td>
<td>0.14</td>
</tr>
</tbody>
</table>

Issues addresses after the Biopsychosocial program

- Proportion of emotional, conduct, hyperactivity, and peer problems increased significantly 4 months after the tsunami hit and started decreasing a year later
- There was an increasing trend for prosocial behavior problems, especially in adolescents
- Proportion of mental health problems among children under 10 years old were significantly higher compared to adolescents and control group
Issues addressed after the Biopsychosocial program

- Low literacy of mental health issues especially for child and adolescent mental health need
- Need systematic approach for children and adolescents in post disaster area to reduce their traumatic experience
- Local people need to be empowered in order to fulfill their own mental health needs especially in related with different language and cultural issues.

2. Developing a mental health module and training in early detection for mental health disorders in Meulaboh, Aceh (IOM and Prof Myron L. Belfer)

   → 2007 – 2009

Issues addressed after the Meulaboh’s program

- Lacking of mental health services for child and adolescent after in post disaster areas
- Mental health workers such as teacher, nurses and the local primary health doctors had low literacy on child and adolescent mental health issue

3. Life skills training for adolescent in post disaster areas after the eruption of Mt. Merapi, Central Java: focus on decreasing the high risk sexual behavior

   → 2011 – 2012
**SDQ scores before and after the life skills training**

<table>
<thead>
<tr>
<th></th>
<th>SDQ (pre-test) Mean ± SD</th>
<th>SDQ (post-test) Mean ± SD</th>
<th>P *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total difficulties</td>
<td>15.05 ± 5.276</td>
<td>13.42 ± 5.446</td>
<td>0.097</td>
</tr>
<tr>
<td>Conduct problems</td>
<td>2.74 ± 1.227</td>
<td>2.68 ± 1.279</td>
<td>0.484</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>4.53 ± 2.953</td>
<td>3.97 ± 2.660</td>
<td>0.173</td>
</tr>
<tr>
<td>Peer problems</td>
<td>3.82 ± 1.971</td>
<td>3.37 ± 1.582</td>
<td>0.339</td>
</tr>
<tr>
<td>Prosocial</td>
<td>8.11 ± 1.556</td>
<td>6.74 ± 1.811</td>
<td>0.001</td>
</tr>
</tbody>
</table>

**Self esteem scores before and after the life skills training**

<table>
<thead>
<tr>
<th></th>
<th>Self-concept (pre-test) Mean ± SD</th>
<th>Self-concept (post-test) Mean ± SD</th>
<th>P *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peace of mind</td>
<td>2.69 ± 1.466</td>
<td>2.37 ± 1.25</td>
<td>0.093</td>
</tr>
<tr>
<td>Resilience</td>
<td>3.36 ± 0.727</td>
<td>3.10 ± 0.88</td>
<td>0.214</td>
</tr>
<tr>
<td>Love self esteem</td>
<td>3.38 ± 1.975</td>
<td>2.33 ± 1.60</td>
<td>0.005</td>
</tr>
<tr>
<td>Npx; Ipr; perceived self</td>
<td>1.29 ± 1.470</td>
<td>0.38 ± 0.658</td>
<td>0.006</td>
</tr>
</tbody>
</table>

**Issues addresses after the Life skills training program**

- The life skills training in post disaster areas gives a positive impacts on adolescent self esteem and difficulties behavior;

- Therefore delivering these kinds of training are necessary especially in strengthen the adolescent capabilities and adaptation.

**Lessons Learned**

- Systematic training is needed for community health workers on issues related to child and adolescent mental health and psychosocial support before, during and after disasters

- Improving population access to mental health care for children and adolescent in urban and rural areas by developing community mental health service teams to co-manage complex cases with community health professionals especially after the disaster crisis

- Provide community and family mental health education to built their resilience and prevent mental health problems among their family members arising from the crisis.
Action

- Building capability among mental health workers, ‘Child & Adolescent Psychosocial Enhancement in Communities Affected by Disaster’

- Collaboration between Cipto Mangunkusumo General Hospital/Faculty of Medicine University of Indonesia, Jakarta – Gajah Mada University, Jogyakarta – Institute of Mental Health Singapore

Developing modules → Training:

1. Module 1: Understanding the impact of disaster in child and adolescent mental health development & importance of building resilience

2. Module 2: Early Detection of child & adolescent’s behaviour & emotional problems


4. Module 4: Supportive and behaviour therapy for child & adolescent in disaster area

Objectives

- Create a shared understanding of child and adolescent mental health issues and how it impacts their development.

- Develop effective and sustained human resources capable of planning, developing and implementing integrated child and adolescent mental health services in areas affected by disaster.

- Develop frameworks and tools to support the work of the mental health care professional in order to strengthen the existing disaster management structures within child and adolescent community mental health care.

Conclusion

[Video]