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KAMPUNG INVESTASI HATI SERVICE FACILITY AS A SOLUTION-ORIENTED APPROACH TO MENTAL HEALTH PROBLEMS IN THE COMMUNITY; MONOGRAPH ANALYSIS

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ABSTRACT
Background: Mental disorders represent a complex public health issue that requires a comprehensive rehabilitative approach. In Indonesia, the increasing prevalence of people with mental disorders highlights the need for rehabilitation services that integrate medical, social, and psychological components. ***Objective:*** This study aims to analyze the rehabilitation needs of individuals with mental disorders at the Kampung Investasi Hati Service Facility as a strategic approach to addressing mental health problems in the community. ***Methods:*** A descriptive cross-sectional design was employed using total sampling of all residents and Kampung Investasi Hati Service Facility staff. The "Pulih Questionnaire" was used to assess clinical symptoms and social functioning. Data were obtained through interviews, observation, and document review, and were analyzed descriptively using frequency distribution and narrative synthesis. ***Results:*** The majority of residents were male, aged >60 years, diagnosed with hebephrenic or paranoid schizophrenia, and had stayed for more than five years. Basic needs were fulfilled; however, psychosocial rehabilitation remained minimal. Daily activities did not follow the established schedule, and only a few residents participated in vocational therapy. Several facilities required improvement, including bedrooms, toilets, activity rooms, and security systems. Human resources were limited; most staff were non-medical personnel and lacked continuous mental health training. Variation in treatment centers created challenges in monitoring therapy. Mean clinical symptom scores (6.41%) approached the threshold for clinical attention, while social functioning scores were within the moderate category (13.48%). ***Conclusion:*** Rehabilitation needs at the Kampung Investasi Hati Service Facility have not been optimally met. Strengthening human resources, improving infrastructure, establishing structured rehabilitation programs, and enhancing coordination with healthcare facilities are required to ensure continuity of care.

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1. INTRODUCTION

Mental disorders represent a complex public health issue that requires serious and comprehensive attention. Their impact extends not only to affected individuals but also to families and communities. Effective treatment cannot rely solely on medical interventions; instead, a holistic approach integrating psychological, social, and economic support is essential to ensure optimal recovery and functional reintegration into society. According to the World Health Organization (WHO), approximately one in eight people worldwide experiences a mental disorder, with depression, anxiety disorders, schizophrenia, and bipolar disorder contributing to the highest burden. In Indonesia, data from the Basic Health Research in Indonesia indicate that severe mental disorders affect more than 1‰ of the population, while over 6% of individuals experience emotional mental problems. These conditions generate not only personal suffering but also significant psychological, social, and economic burdens for families and communities. Severe mental disorders also affect those who provide daily care. Without proper management, caregivers often experience high levels of stress and emotional strain. In 2019, for example, 71.1% of caregivers at RS Mannah Santi Mahottama reported experiencing a significant burden while caring for individuals with schizophrenia. Psychosocial rehabilitation serves as a critical strategy in rebuilding life skills, enhancing social interactions, and supporting individuals to live more independently. Within this context, the Regional Technical Implementation Kampung Investasi Hati Service Facility functions as a social institution with a strategic role in providing rehabilitation and social reintegration services for people with mental disorders. The institution offers not only temporary housing but also a range of recovery programs, including counseling, mentoring, skills training, and economic empowerment. However, challenges such as limited human resources and inadequate facilities continue to constrain service effectiveness. A structured needs analysis is therefore essential to determine which aspects medical, psychological, social, or economic require strengthening. Such an analysis can guide the development of more accurate and sustainable solutions to improve rehabilitation services at Kampung Investasi Hati Service Facility. This study is expected to contribute academically and provide practical recommendations for the government, Psychiatrist, and communities in addressing mental health issues.

2. THEORETICAL FRAMEWORK

2.1 Basic Concepts of Mental Disorders

2.1.1 Definition

Mental health is an integral component of a person's overall health and well-being. It forms the basis of an individual's and community's capacity to make decisions, build relationships, and shape the environment in which we live. Mental health plays an essential role in every person's life by influencing thinking processes, emotions, and behavior. Good mental health implies the ability to connect, function, endure, and grow in various aspects of life.[7] Over the past several decades, a growing proportion of the global population has experienced mental health disorders. Mental disorders are conditions that affect an individual's thinking, emotions, and behavior, thereby disrupting their ability to interact, work, and carry out daily roles. These disorders represent maladaptive responses to stressors from within or outside the individual, resulting in changes in thought patterns, perception, behavior, and feelings that deviate from prevailing norms or cultural expectations. They also involve disruptions in physical and social functioning, leading to difficulties in social relationships and the ability to work normally. Mental disorders span a broad spectrum, ranging from mild emotional disturbances to severe psychotic disorders such as schizophrenia, bipolar disorder, and depression.[8],[9]

2.1.2 Epidemiology of Mental Disorders

According to the 2018 Basic Health Research in Indonesia more than 19 million Indonesians aged over 15 experience emotional mental disorders, and 12 million in the same age group suffer from depression. Severe mental disorders occur at a rate of 1.8 per 1,000 population, equivalent to 429,332 individuals with severe mental illness in Indonesia. The Ministry of Health further reports that approximately 1 in 5 Indonesians around 20% of the total population experience some form of mental disorder; however, the treatment coverage remains low in most provinces.[10]

WHO data from 2017 shows that the burden of disease due to mental disorders is 2,463.29 per 100,000 population, while the burden of suicide is 3.4 per 100,000 population. Understanding the magnitude of these problems is crucial for planning prevention, control programs, and mental health medication needs.[11]

In Bali Province, the prevalence of psychotic disorders is 11.1 per 1,000 population, while in Tabanan Regency it is recorded at 6.1 per 1,000 population.[12] Although this is below the provincial average, the numbers still highlight the importance of early detection and management of severe mental disorders at the community level.[12]

2.1.3 Impact of Mental Disorders

Mental disorders do not directly cause death; however, they may lead to negative self-perceptions, stigmatization, rejection from the surrounding environment, reduced activity, and difficulty performing daily functions.[13] These factors can significantly affect the quality of life of people with mental disorders. A major challenge in mental health care is the continuity of treatment after patients are discharged from the hospital. Many patients who

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are clinically stable experience rehospitalization due to various factors. One of the dominant contributors is social and community-related issues, such as stigma, rejection from the social environment, and lack of family support.[14] These conditions hinder recovery and increase the risk of relapse. To address these challenges, the presence of Kampung Investasi Hati Service Facility becomes essential as a social institution providing a safe, structured, and continuous environment for individuals with mental disorders who cannot yet return to their original communities. The Kampung Investasi Hati Service Facility also functions as a place for protection and rehabilitation that enables more integrated and sustained community-based psychiatric interventions.[11]

Mental disorders have wide-ranging impacts on affected individuals and society. Epidemiologically, these disorders are common and often begin at a young age, potentially influencing life trajectories in the long term. Many patients experience persistent or recurring symptoms that interfere with daily functioning[15]. Socially, individuals with mental disorders often face difficulties in school, work, and interpersonal relationships, leading to reduced quality of life, social isolation, and failure to reach their full potential. Mental disorders also affect physical health, increasing the risk of chronic diseases and even premature death[15]. Economically, mental disorders impose a substantial burden due to medical costs, loss of productivity, and indirect impacts on families and communities. These challenges are worsened by gaps in services, limited resources, stigma, and barriers to accessing mental health care[15]. Overall, mental disorders represent not only personal issues but also significant public health challenges that require serious attention in policy planning and development. Comprehensive efforts, from accessible mental health services to stigma reduction, are crucial to reducing the overall burden[15].

2.2 Psychosocial Rehabilitation

2.2.1 Definition and Objectives

Psychosocial rehabilitation is a planned process aimed at restoring social functioning, increasing independence, and improving the quality of life of individuals with mental disorders. The goal is not only to reduce symptoms but also to facilitate the recovery of social roles within the community. Rehabilitation for individuals with mental disorders may include:

1. Day care centers: structured therapeutic and skills training programs during specific hours.
2. Sheltered workshops: work training in a protected environment.
3. Community-based rehabilitation (CBR): community-based services involving families, volunteers, and the community.
4. Therapeutic communities: group-based approaches with peer support.

2.2.2 Implementation in Indonesia

In Indonesia, psychosocial rehabilitation is regulated through policies such as the Mental Health Act No. 18 of 2014 and various Ministry of Health regulations. Implementation involves psychiatric hospitals, social rehabilitation institutions, and community-based organizations. The Minister of Social Affairs Regulation No. 4 of 2020 outlines basic social rehabilitation for neglected children, with principles also applied to other vulnerable groups, including people with mental disorders. Provided services include identification, temporary care, counseling, reintegration, and social and economic empowerment[16]. Nowadays, Indonesia have not yet community-based mental health rehabilitation services. Kampung Investasi Hati Service Facility remains the only facility providing rehabilitation for individuals eith severe mental disorders, as well as for neglected older adults, women and children.

2.3 Kampung Investasi Hati Service Facility

2.3.1 Profile and History

Kampung Investasi Hati Service Facility , also known as Kampung Investasi Hati Service Facility and Protection for Women and Children of Tabanan Regency, began operating on August 10, 2017. It was established as an extension of the Department of Social Affairs, Women's Empowerment, and Child Protection (Dinsos P3A) of Tabanan Regency.

The institution emerged from the urgent need to provide integrated, responsive, and professional services for social issues, particularly those involving women and children who are victims of violence or social vulnerability. Previously, the Kampung Investasi Hati Service Facility was known as Panti Sosial Werdha Santi, a government-run facility inaugurated in 2017 to address social issues among the elderly. Its establishment aligned with the vision of the then-regent, Ni Putu Eka Wiryastuti, who introduced the "Investasi Hati" (Investment of the Heart) philosophy as a moral and spiritual foundation for social development. On August 9, 2017, the government inaugurated Panti Sosial Werdha Shanti in Wanasara, Bongan Village, alongside the launch of the Kampung Investasi Hati (Kata Hati) Program. This initiative became part of nine innovative social programs, including support for the elderly, women, children, and other vulnerable groups.

The Kampung Investasi Hati Service Facility carries out operational technical functions of the Social Affairs Office, including:

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a. Case reporting and outreach
b. Psychosocial and legal assistance
c. Social rehabilitation services
d. Integrated medical and legal referrals

According to the current regulation (Regent Regulation No. 61 of 2020), the Kampung Investasi Hati Service Facility functions as a provider of social welfare services and an information and consultation center for individuals with mental disabilities, neglected elderly, women, and children. Although its official name was changed, this report continues to use the term *Kampung Investasi Hati Service Facility* for consistency.

2.3.2 Role in Mental Health Management

The Kampung Investasi Hati Service Facility serves as a bridge between medical services (hospitals/psychiatrists) and social reintegration. It also facilitates economic empowerment, reduces stigma, and strengthens community involvement in supporting patient recovery.Previous research shows that community-based and institutional rehabilitation can improve adaptive functioning, quality of life, and independence among individuals with mental disorders. However, limitations such as inadequate facilities, societal stigma, and the need for cross-sector coordination persist. This study applies the Biopsychosocial Model, which explains mental disorders as the result of interactions between biological, psychological, and social factors. This model is relevant because rehabilitation requires comprehensive interventions, not only medical but also psychosocial and environmental.

3. RESEARCH METHOD

This research uses a descriptive cross-sectional approach. The study is conducted at the Kampung Investasi Hati Service Facility, a social service unit that provides care and psychosocial rehabilitation for people with mental disorders in Bali. The Kampung Investasi Hati Service Facility operates under the Social Affairs Office and handles services related to women and children protection as well as other social issues. It is located in the DPRD Housing Complex of Tabanan Regency, at Jalan Wanasara Baleran, Bongan Village, Tabanan City, Bali Province, Postal Code 82112. Data collection will take place from June 2025 to September 2025, covering the preparation stage, data collection, data analysis, and report writing.

Sampling will use a total sampling method, meaning all accessible members of the population who meet the inclusion criteria will participate. The target population includes all residents and staff involved in rehabilitation services at Kampung Investasi Hati Service Facility. The accessible population includes all residents and staff present at The Kampung Investasi Hati Service Facility during the data collection period, from 1 August to 30 September 2025. The research sample includes all residents and staff at the Kampung Investasi Hati Service Facility during the same period.

The inclusion criteria are:

a. All residents receiving care at the Kampung Investasi Hati Service Facility in August–September 2025.
b. All staff/workers at the Kampung Investasi Hati Service Facility.

The exclusion criteria are residents and staff who refuse to participate in the study.

The research begins with an initial survey and obtaining research permission from the Kampung Investasi Hati Service Facility , followed by an assessment of rehabilitation needs covering various aspects within the institution. The study will then continue with interviews with Kampung Investasi Hati Service Facility staff and people with mental disorders to identify the challenges faced in current services. The research will also collect information about rehabilitation programs already implemented by the Kampung Investasi Hati Service Facility , as well as the main barriers they encounter. Data will be collected through:

1. Interviews with residents, staff, and management.
2. Participant observation of rehabilitation activities and social interactions within the Kampung Investasi Hati Service Facility environment.
3. Documentation studies of internal data, activity reports, and medical records.

The research instrument uses the “Pulih Questionnaire”, which consists of:

- Emergency Section, used to detect early critical conditions (answers: Yes/No), with a score of 1 for Yes and 0 for No.
- Clinical Symptoms Section, which assesses the severity of various symptoms using a score of 0 to 3 for each item. The total score ranges from 0 to 24; higher scores indicate more severe symptoms.
- Social Function Section, which measures the respondent’s level of independence in daily activities. Each item is scored 0 to 3, resulting in a total score ranging from 0 to 24. Higher scores indicate better social functioning.

The analysis will describe the characteristics of the research subjects and the overall research variables. Numerical variables with a normal distribution will be presented using the mean and standard deviation. If they are not normally

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distributed, they will be presented as the median and percentiles. Categorical variables will be presented using relative frequencies or counts and percentages. The results of the descriptive statistical analysis will be presented in the form of single-distribution tables accompanied by narrative descriptions.

4. RESULTS AND ANALYSIS

4.1 Characteristics of Respondents

4.1.1 Demographic Characteristics of Residents

The study subjects consisted of 29 residents with mental disorders and 16 staff members at the Kampung Investasi Hati Service Facility , selected using a total sampling method. Most residents were male (55.2%). The majority were aged 60 years and above (58.6%). Most residents were unmarried (65.5%), with varying durations of stay, although the largest proportion had been staying for more than 5 years (34.5%). The demographic characteristics of residents are shown in Table 1.

Table 1. Demographic Characteristics of Residents

Characteristics	n	%
Sex		
Male	16	55.2
Female	13	44.8
Age		
41–60 years	12	41.4
61–80 years	17	58.6
Educational Level		
No schooling	6	20.7
Elementary School	7	24.1
Junior High School	7	24.1
Senior High School	9	31
Ethnicity		
Balinese	25	86.2
Javanese	3	10.3
Chinese	1	3.4
Marital Status		
Unmarried	19	65.5
Married	4	13.8
Divorced / Abandoned	6	20.7
Duration of Stay at Kampung Investasi Hati Service Facility		
< 1 year	3	10.3
1–2 years	3	10.3
2–3 years	4	13.8
3–4 years	6	20.7
4–5 years	3	10.3
> 5 years	10	34.5

4.1.2 Clinical Characteristics of Residents and Kampung Investasi Hati Service Facility Services

As of September 2025, there were 29 residents placed across Pondok Laras Mandiri, Pondok Tresna Werdha Santhi, and Pondok Perlindungan Perempuan dan Anak Bhuana Santhi. Although these units provide different types of services, resident placement is often mixed, with only the elderly separated. Detailed distribution and diagnoses of residents are presented in Table 2. and Table.3.

Table 2. Distribution of Residents by Kampung Investasi Hati Service Facility Service Unit

Service Unit	f (%)
Pondok Laras Mandiri (and Homeless)	26 (89.7)
Pondok Tresna Werdha Santhi (Elderly)	3 (10.3)
Pondok Bhuana Santhi (Mother and Child)	0

Most residents were diagnosed with schizophrenia, with the largest proportions being Hebephrenic Schizophrenia (31%) and Paranoid Schizophrenia (24.1%). Regarding treatment facilities, almost half of the residents received follow-up care at Mannah Shanti Mahottama Mental Hospital (48.3%). Others attended Dharma Kerti Hospital (24.1%), Tabanan Hospital (13.8%), Singasana Hospital (3.4%), and 6.9% were not receiving treatment.

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Table 3. Diagnosis and Healthcare Facilities of Residents

Diagnosis	**f (%)**
Dementia	2 (6.9)
Paranoid Schizophrenia	7 (24.1)
Hebephrenic Schizophrenia	9 (31)
Simple Schizophrenia	2 (6.9)
Schizoaffective Disorder	5 (17.2)
No Axis I Diagnosis	3 (10.3)
Healthcare Facility	f (%)
Mannah Shanti Mahottama	14 (48.3)
Dharma Kerti Hospital	7 (24.1)
Singasana Hospital	1 (3.4)
Tabanan Hospital	4 (13.8)
Not Receiving Treatment	2 (6.9)

Some residents at the Kampung Investasi Hati Service Facility are people with Mental Disorder or have general medical conditions requiring treatment. Residents with scheduled follow-up visits are transported together by two staff members using a special vehicle each morning according to schedule. Most residents use government insurance to help cover treatment costs include to Referral hospitals.

4.1.3 Symptom Profile and Social Function of Residents

Descriptive analysis of symptoms was based on three components of the Pulih Questionnaire. The findings indicate variation in emergency status, clinical symptoms, and social functioning among respondents. An emergency score >1 indicates that the resident should be brought to a healthcare facility. In general, most respondents were in stable condition without significant acute complaints. For clinical symptoms, scores >6 indicate the need for referral to the nearest health facility. In this study, clinical symptom scores showed a minimal average but with a wide standard deviation, indicating varying severity among individuals. Social functioning is considered good when scores exceed 12. The average level of social functioning was relatively adequate, reflected by score distribution suggesting independence in daily activities. Scores of the Pulih components are shown in Table 4.

Table 4. Emergency, Clinical Symptom, and Social Function Scores

Component	**Mean (SD)**
Emergency Score	0.79 (1.11)
Clinical Symptom Score	6.41 (4.87)
Social Function Score	13.48 (4.18)

4.1.4 Demographic Data of Kampung Investasi Hati Service Facility Staff

The Kampung Investasi Hati Service Facility for Social Services and Protection of Women and Children, Tabanan Regency, employed 16 staff members as per the Decree of the Regent of Tabanan No. 180/09/03/HK/2024 as of September 2025. Staff demographics are presented in Table 5.

Table 5. Demographic Characteristics of Kampung Investasi Hati Service Facility Staff

Characteristics	**n**	**%**
Sex		
Male	6	37.5
Female	10	62.5
Age		
21–30 years	8	50
31–40 years	3	18.8
41–50 years	2	12.5
51–60 years	3	18.8
Educational Level		
Elementary School	2	12.5
Junior High School	1	6.3
Senior High School	9	56.3
Bachelor's Degree	4	25
Marital Status		
Unmarried	5	31.3

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Married	10	62.5
Divorced	1	6.2
Employment Status		
Contract	13	81.3
Civil Servant (ASN)	3	18.8
Income		
< Minimum Wage	11	68.8
> Minimum Wage	5	31.3

Most staff members had been working at the Kampung Investasi Hati Service Facility for more than 5 years. Caregivers were the largest group (4 people), with educational backgrounds ranging from elementary school to bachelor's degree. Other staff included security, kitchen staff, cleaning, and administrative personnel (2–3 people each). None of the staff had a medical background. Staff composition is shown in Table 6.

Table 6. Number of Staff at the Kampung Investasi Hati Service Facility for Social Services and PPA, Tabanan Regency

Position	Education Level	Number
Caregivers	Elementary–Bachelor's	4
Security	Senior High School	2
Cooking Staff	Senior High School	2
Cleaning Staff	Elementary, Senior High, Bachelor's	3
Administrative Staff	Senior High School	3
Head of Administration	Bachelor's	1
Head of Kampung Investasi Hati Service Facility	Doctoral Degree	1

Staff responsible for caring for and elderly residents work in 24-hour shifts, divided into three periods: morning (07.00–13.00), afternoon (13.00–19.00), and night (19.00–07.00). Morning shifts are staffed by 4 workers, while the afternoon and night shifts are staffed by 2 workers each, with night shift staffed by security personnel. One caregiver is off-duty each day. In practice, all workers including caregivers, kitchen, and cleaning staff perform similar tasks during their shift.

4.1.5 Overview of Activities and Rehabilitation Services

The daily schedule at the Kampung Investasi Hati Service Facility Social Services "Kampung Investasi Hati" consists of structured activities, including waking up, hygiene routines, meals and medication, skills or hobbies, client interaction, and rest periods. Although the schedule is well organized, many residents especially those who are restless or less cooperative tend to stay indoors and do not always follow the scheduled activities. Residents with mental disorders are allowed outside their rooms for free activity between 08.00–09.00 and 15.00–16.00. They return indoors afterward and are taken outside again at 11.00 and 17.00 for meals. A more detailed description of the schedule is shown in Table 7.

Table 7. Types of Daily Activities for Residents

Type of Activity	Available	Description
Physical Activity	Yes	Light physical activity such as tidying rooms, cleaning the yard, and cleaning the kitchen.
Exercise	No	No scheduled or structured exercise program (e.g., aerobics, group exercise). Activities are limited to light daily movement.
Skills Training (Life / Vocational Skills)	No	No specific programs such as handicraft training or productive skill activities.
Routine Health Check	Yes	Residents attend scheduled hospital check-ups with staff support; no regular internal health screening at Kampung Investasi Hati Service Facility .
Religious Activities	No	Residents perform individual prayer in the afternoon/evening; no structured religious programs.
Cognitive Stimulation	Not available	No structured cognitive stimulation such as group therapy or cognitive remediation. Cognitive activity occurs informally through social interactions.

Caregivers play an important role in ensuring the continuity of resident care. The activities carried out by caregivers/Kampung Investasi Hati Service Facility staff during their duties include basic care such as preparing and cooking food, monitoring symptoms, monitoring daily activities, and accompanying persons with mental disorders during their check-ups. Cleaning the environment and assisting with medication administration are also supported by

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who are already more stable and cooperative. The conditions of caregiver activities and competencies can be seen in Table 8.

Table 8. Caregiver Competencies in the Kampung Investasi Hati Service Facility

Competency Area	Required Competencies	Caregiver Competencies in Kampung Investasi Hati Service Facility
Basic Caregiving	Able to assist with bathing, personal hygiene, eating, dressing, and able to accompany daily activities of the elderly & .	Caregivers are responsible for caring for the elderly, preparing meals, and assisting daily activities from morning to evening.
Medication Administration & Basic Psychiatric Understanding	Able to assist medication compliance for stable , understand signs of changes in mental/behavioral conditions, and observe basic psychiatric symptoms.	Caregivers assist medication administration for stable ; monitor daily changes in traits/behavior.
Behavior and Crisis Management	Understand behavioral de-escalation techniques, able to handle mild agitation, and apply basic safety procedures.	Staff have received agitation-management training (in collaboration with the psychiatric hospital). A restraint jacket is available for agitation intervention.
Basic Health Monitoring	Able to observe general health (ADL, food intake, physical condition changes) and accompany residents to healthcare facilities.	Most residents have physical comorbidities; caregivers accompany them to routine hospital check-ups. No training in health monitoring.
Communication Skills	Able to use empathetic communication with elderly & , calm patients verbally, and work cooperatively per shift.	Care is provided 24 hours, requiring good communication among staff and with residents. Empathetic communication is practiced but still requires further training.
Basic Psychosocial Support	Able to provide simple emotional support and create a safe and supportive environment.	No specific training available. Staff can communicate with residents, but further training is needed.
Environmental & Facility Safety	Maintain shelter cleanliness, supervise the use of the kitchen, rooms, window bars, and high-risk areas.	The building has window bars and rooms that are not yet adequate. The kitchen is separate. Some still drink tap water. Staff help direct residents to maintain shared-space cleanliness.

4.1.6 Supporting Data (Facilities and Infrastructure)

Kampung Investasi Hati Service Facility Kampung Investasi Hati has three main shelters (Laras Mandiri for , Tresna Werdha Santhi for the elderly, and Bhuana Santhi for women/children), with a total capacity of around 30 beds. The Social Service Kampung Investasi Hati Service Facility is supported by facilities that enable social rehabilitation services for residents. Available facilities include residential areas or shelters used as living spaces. In addition, there is open land used for physical activities, farming, or occupational therapy, which can be part of community-based rehabilitation programs. In practice, residents' housing is located within one compound. Female , male , and the elderly are placed in separate buildings. The Kampung Investasi Hati Service Facility still lacks adequate space and human resources, particularly for handling cases related to Women's and Children's Protection. Rehabilitation facilities remain limited. The hall (wantilan) is undergoing renovation at the time of data collection. There is also no dedicated counseling room. Health services are conducted through monthly visits from the local community health center (Puskesmas), monthly psychiatric referrals, and daily social and activity support from non-medical staff using a special vehicle (Figure 1b).

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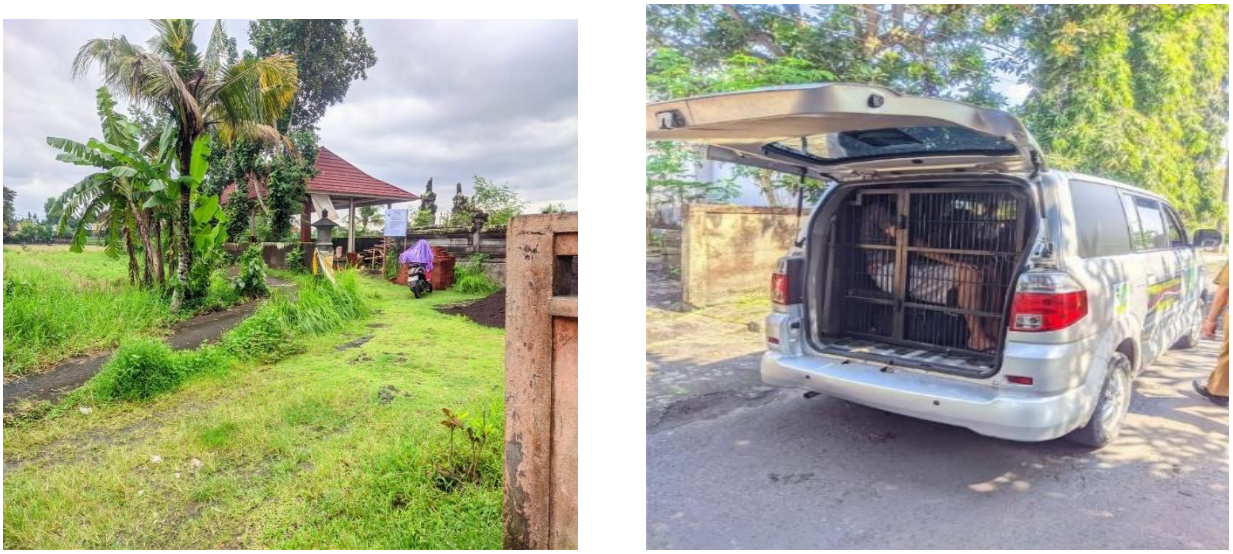

Figure 1. Pavilion around the Kampung Investasi Hati Service Facility (b) Resident Transportation Vehicle (Kampung Investasi Hati Service Facility Vehicle)

Table 11. Availability of Facilities and Health Services in Kampung Investasi Hati Service Facility

Aspect	Availability	Notes
Beds	30 units	Optimal
Hall	None	Not Optimal
Mental health professionals	None	Not Optimal
Ambulance	1 unit	Optimal
Puskesmas Visits	1×/month	Not Optimal
Psychiatrist Visits	1×/month (hospital referral)	Not Optimal
Psychiatric Medications	According to control schedule	Not Optimal
Activity Yard	Available	Optimal

Daily monitoring of residents' general condition is conducted. Staff will take them to the psychiatric hospital or nearest hospital if there are behavioral or symptom changes. The Kampung Investasi Hati Service Facility previously collaborated with Manah Shanti Mahottama Mental Hospital for agitation-management training every 6 months until 2022. The Kampung Investasi Hati Service Facility received a restraint jacket. Although agitation-management training took place three years ago, staff can still recognize symptoms, helped by the fact that agitated are usually chronic cases whose relapse patterns are familiar. The restraint jacket has never been used. When agitation arises, staff immediately refer the resident to the psychiatric hospital. Supporting facilities such as a communal kitchen, dining area, and a Hindu prayer shrine (sanggah) meet the residents' basic religious needs. Administrative and meeting rooms support coordination between social workers, healthcare staff, and related parties Each house has cleaning equipment, although cleanliness in the shelter remains suboptimal due to residents' limited basic abilities in self-care and maintaining hygiene.

Table 9. Supporting Facilities of Kampung Investasi Hati Service Facility

Supporting Type	Quantity	Remarks
Facilities		
Medications	According to Patient/Control Schedule	Optimal
Transportation Vehicle	1 unit	Optimal
Beds	30 units	Optimal
Cleaning Equipment	Available	Optimal
Washing Machine	1 unit	Optimal
Safety Equipment	1 Restraint Jacket	Optimal
Infrastructure		
Buildings	7 units	Optimal
Rooms	2 rooms/building	Not Optimal
Toilets	1/toilet per building	Not Optimal

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Hall	None	Not Optimal
Security Fence	Available	Optimal
Occupational Rehabilitation Facility	1 pond	Not Optimal
Yard/House Area	—	Not Optimal
Annual Budget	Rp 300,000,000	Not Optimal

Currently, the annual regional budget (APBD) for the Kampung Investasi Hati Service Facility is around Rp 300,000,000. This covers wages for 11 staff (Rp 171,600,000), daily consumption (Rp 80,408,600), and other expenses such as meeting costs, field costs, and fuel. Remaining funds are used for office supplies and administration. Health services are part of efforts to maintain residents' physical and mental condition. These include periodic basic health checks by the Puskesmas and medication provision according to medical needs. Also undergo monthly psychiatric follow-ups for symptom monitoring and mental-health education. Health facilities include basic care rooms, basic medications, and support equipment. No caregivers have medical qualifications.

Table 10. Health Services of Kampung Investasi Hati Service Facility

Health Service	Frequency	Notes
Puskesmas Visits	1×/month	Not Optimal
Outpatient Specialist Visits	±1×/month	Optimal

4.1.7 Residents' Interaction with the Surrounding Community

Interviews with staff and the Head of Kampung Investasi Hati Service Facility indicate that one potential challenge arises from interactions between some and nearby residents. Some residents occasionally leave the facility and visit nearby houses to ask for cigarettes. This behavior occurs because residents have no personal funds and due to long-standing smoking habits. However, according to interviewed neighbors, the behavior is not considered disruptive. The community has so far accepted the residents' presence, with no significant complaints or safety issues reported.

4.1.8 Expected Outputs

The expected outputs include academic papers, dissemination, and practical contributions. Results are targeted for publication in reputable international journals, presentations in symposiums, and discussion forums involving caregivers, policymakers, and the community. The research report is also intended to support policymaking for mental-health service strategies. Practically, this research is expected to contribute recommendations for rehabilitation program development in the Kampung Investasi Hati Service Facility, supporting community-based interventions, improving welfare of persons with mental illness, and strengthening their social reintegration.

4.2 Analysis of Rehabilitation Needs and Challenges

Rehabilitation needs were assessed through the Pulih Questionnaire and descriptive interviews. Detailed distribution is shown in Table 11.

Table 11. Distribution of Resident's Rehabilitation Needs

Need Aspect	Description of Findings
Medical Needs (outpatient care)	27 residents attend regular check-ups (93.1%) 2 residents receive no therapy
Psychological Needs (emotional support, counseling)	No training on effective communication for special populations No structured psychosocial rehabilitation services available
Social Needs (interpersonal relationships, social activities)	25 residents rarely participate in structured social activities (86.2%)
Economic / Occupational Needs (work training, productive activities)	25 residents have not participated in skills training (86.2%)

This study found that most residents of the Kampung Investasi Hati Service Facility are men over 60 years of age. The predominance of older adults indicates that the Kampung Investasi Hati Service Facility functions not only as a temporary shelter for people with mental disorders but also as a long-term social service facility for older individuals who are vulnerable and no longer have family support. This finding is consistent with Sibande (2025), who stated that individuals with mental illness often experience social abandonment and require long-term protective facilities.[18]. Most residents are unmarried and have low educational attainment, conditions that are associated with a higher risk of social isolation and limited access to healthcare services, further amplifying their vulnerability. These conditions indicate the need to adjust the service model shifting from merely a temporary shelter toward a long-term care provider for both and older adults. Most residents are diagnosed with hebephrenic schizophrenia and paranoid schizophrenia. The predominance of schizophrenia cases with lengths of stay exceeding five years suggests that many patients are in an incomplete remission phase or have high levels of social dependency. Nearly half of the residents

receive follow-up care at Mannah Shanti Mahottama Mental Hospital, while the remainder visit several other hospitals in the Tabanan area. These different treatment locations are due to varying levels of symptom severity and the need for more intensive therapeutic interventions. This variation may create non-uniform management approaches, potentially complicating Kampung Investasi Hati Service Facility staff's efforts to monitor treatment comprehensively. In addition, coordination with multiple healthcare facilities becomes more complex because each hospital has different policies and treatment protocols.

Although basic needs are being met, functional and social recovery remains suboptimal due to limited medical personnel particularly psychiatrists insufficient occupational therapy facilities and community-based activities, a lack of psychological interventions, and a restricted annual budget. These findings align with Ye et al. (2023) and Morin & Franck (2017), who emphasized that community-based rehabilitation improves social functioning and reduces relapse when implemented through an interdisciplinary approach.[5–6]. The average clinical symptom score using the Pulih questionnaire (6.41) is close to the threshold indicating the need for follow-up (>6), suggesting that although most residents are stable, there is still notable variability in symptom severity. This corresponds with the fact that the residents are chronic with fluctuating symptoms. Social functioning scores fall within a moderately good category (average 13.48), indicating that the structured routines, staff support, and shelter environment help maintain basic daily functioning. However, the variability in social functioning also reflects the lack of optimal structured rehabilitation programs.

4.3.1 Limited Human Resources

Staff responsibilities extend beyond daily care to crisis management, emotional support, and administrative tasks. The lack of specialized training in mental health increases the risk of high work pressure. No specific mental health programs are designed specifically for rehabilitation. If rehabilitation training were implemented, the workload for the existing staff would increase further, especially considering that the monthly salary of staff members remains below the provincial minimum wage. Most Kampung Investasi Hati Service Facility staff are not medical personnel and possess educational backgrounds at the high school level or below. This condition affects service capacity, as the care of chronic requires a combination of basic medical knowledge, communication skills, and crisis-management abilities. Although staff underwent agitation management training in 2022, the absence of continuous training makes crisis-management skills limited and reliant on intuition and empirical experience. Dependence on untrained caregivers also increases the risk of burnout.[20]

4.3.2 Facilities and Infrastructure of the Kampung Investasi Hati Service Facility

Facilities and infrastructure at the Kampung Investasi Hati Service Facility still require comprehensive improvement. When the Kampung Investasi Hati Service Facility was first established, several infrastructure adjustments were made, such as installing window and door grills to ensure the safety of residents especially those with agitation risks. However, the initial grills were not sturdy enough, raising concerns among security staff because they could lead to incidents that may endanger both residents and staff. As a follow-up, the grills were reinforced and replaced with stronger materials. Although the Kampung Investasi Hati Service Facility provides a sufficient number of beds, the number of available rooms is inadequate; living rooms or bedrooms in a single house are often shared by many individuals. Some infrastructure elements are no longer functioning well, such as leaking ceilings and malfunctioning squat toilets. In the building for male residents, one room was found to be combined with a storage area. Despite basic needs being met, functional and social recovery is still not optimal. In addition to limited professional staff and programs, the physical conditions of the living environment also affect comfort, safety, and engagement in rehabilitation activities. A non-stimulating environment with minimal activity space and limited facilities reduces residents' motivation to participate in daily activities. The available budget, approximately Rp 300,000,000, is largely allocated to routine monthly expenses and daily meals. This amount is quite limited, requiring adjustments in daily activities and rehabilitation programs. To compensate for shortages, the Kampung Investasi Hati Service Facility often receives donations that significantly support operational activities. Available medications are used according to doctors' prescriptions during follow-up visits. Injectable medications are unavailable. Emergency drugs cannot be administered because staff members lack medical management competence. Early management of agitation becomes a concern; however, so far, before severe agitation occurs, staff refer residents to the hospital.

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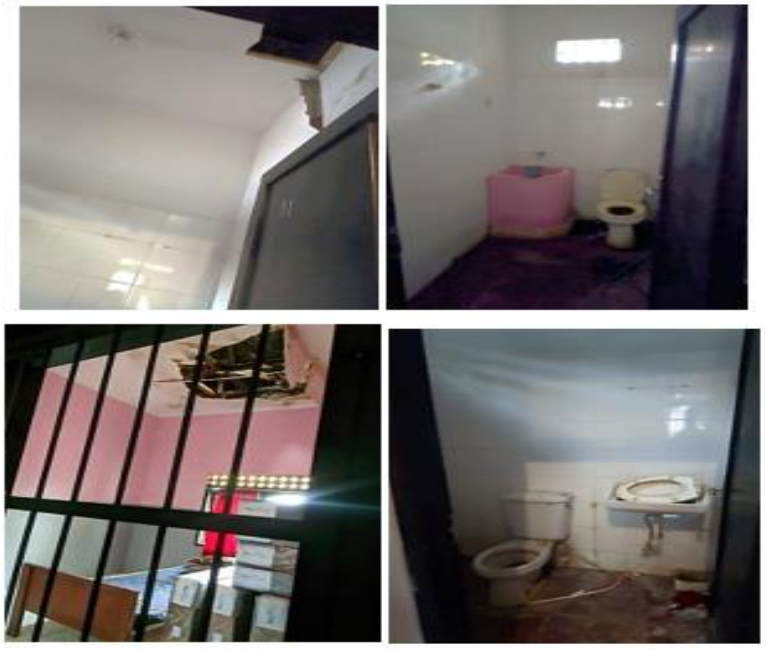

Figure 2. Damaged Facilities and Infrastructure

4.3.3 Rehabilitation Activities and Daily Programs

One important finding is that daily activities often do not run according to schedule. Most residents spend much of their time indoors. The absence of routine physical exercise, cognitive stimulation, life-skill training, and structured religious activities indicates that the Kampung Investasi Hati Service Facility focuses more on basic care rather than active rehabilitation. Yet, Chen (2021) states that structured activities such as group therapy, community-based occupational therapy, and psychosocial rehabilitation can improve social functioning, reduce relapse, and strengthen social reintegration.[21]

These gaps are understandable given that some continue to exhibit persistent clinical symptoms and cognitive decline, which may cause stagnation or deterioration in functional abilities. Implementing structured rehabilitation therefore requires a gradual approach, high-intensity supervision, and consistent involvement of trained rehabilitation personnel. Of the 29 current residents, only around four have previously participated in vocational therapy such as catfish farming. This indicates that program coverage is still limited and does not reach all residents equally. The lack of variety in activities also prevents repetitive and structured learning processes from occurring optimally. Thus, further strengthening of psychosocial rehabilitation is needed, including cognitive therapy, occupational and vocational therapy, skills training, and group activities. Activity selection should consider the basic functional capacity of residents, staff capacity, and available facilities to ensure interventions run consistently and measurably.

4.3.4 Analysis of Resident Interaction with the Surrounding Community

Interviews with Kampung Investasi Hati Service Facility staff explored potential challenges arising from nearby residents. According to staff and the Head of the Kampung Investasi Hati Service Facility , some occasionally visit neighboring houses within the complex, usually calling out and asking for cigarettes. The neighbors interviewed by staff stated that they were not disturbed—although residents occasionally requested cigarettes because they had no personal funds. Findings regarding resident interaction with the surrounding community reveal an important dynamic in the context of social rehabilitation. Although cigarette-requesting behavior did not lead to complaints, this situation still requires attention because it may affect the social reintegration process. Over time, such behavior could create negative perceptions, especially if frequency increases, visits occur at inappropriate times, or other maladaptive behaviors emerge. This behavior also reflects residents' limited social skills in understanding personal boundaries and managing personal needs independently. Research on reintegration and stigma is needed to assess community perceptions more accurately.

4.4 Strengths and Limitations

This study has the strength of being one of the first field-based assessments to comprehensively analyze the rehabilitation needs of individuals with mental disorders at the Kampung Investasi Hati Service Facility.The cross-sectional approach enabled the researcher to obtain a real-world picture of residents' conditions, available facilities, and rehabilitation needs within the social and medical context of a government social institution. The tools used the

"Pulih" Questionnaire and in-depth interviews provided a multidimensional mapping covering emergency risk, clinical symptoms, and social functioning. The results may serve as a foundation for local policy development toward more targeted and sustainable community-based rehabilitation programs. The main limitation of this study is that the sample is restricted to a single institution, given that similar shelters or social homes are limited; therefore, the findings cannot yet be generalized to all mental health rehabilitation facilities in Indonesia. In addition, the limited number of subjects and diagnostic variations made in-depth analysis challenging. The cross-sectional design depicts conditions at a single point in time and cannot determine causal relationships between variables. Therefore, further studies with multi-site coverage and longitudinal designs are needed to provide a more comprehensive understanding of rehabilitation dynamics at the community level.

5. CONCLUSION

This study shows that the Kampung Investasi Hati Service Facility Kampung Sosial Investasi Hati functions not only as a temporary shelter but also as a long-term residence for individuals with mental disorders, older adults, and displaced persons. Most residents are elderly men who have lived in the facility for more than five years, with schizophrenia being the most common diagnosis. Basic facilities and infrastructure are generally adequate to support daily needs and rehabilitation activities; however, functional recovery and psychosocial rehabilitation remain suboptimal. This is due to limited professional staff, insufficient staff training, infrastructure requiring further improvement, the absence of structured rehabilitation programs, and limited annual funding.

6. RECOMMENDATIONS

1. Capacity building for support staff and the provision of more comprehensive mental health services are needed, including the availability of psychiatric medications and a proper counseling room.
2. The findings may serve as a basis for policy planning to improve budget allocation, increase the number of professional personnel, and expand cross-sectoral collaboration.
3. Efforts are needed to enhance community understanding and involvement in the rehabilitation process to support better social reintegration.
4. Multi-site research is recommended so that findings may be generalized and compared with other Kampung Investasi Hati Service Facility /social shelter facilities.

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REFERENCES

[1] World Health Organization. Mental disorders [Internet]. Mental disorders. 2022 [cited 2025 Sept 23]. Available from: https://www.who.int/news-room/fact-sheets/detail/mental-disorders

[2] Kementrian Kesehatan RI. Laporan Nasional Riset Kesehatan Dasar 2018. In Lembaga Penerbit Badan Penelitian dan Pengembangan Kesehatan; 2019. p. 1689–99. (53). Available from: https://repository.badankebijakan.kemkes.go.id/id/eprint/3514/1/Laporan%20Riskesdas%202018%20Nasional.pdf

[3] Meilani NM, Sri Diniari NK. Beban Perawatan pada Caregiver Penderita Skizofrenia di Poliklinik Rawat Jalan Rumah Sakit Jiwa Provinsi Bali. E-JURNAL MEDIKA [Internet]. 2019 [cited 2025 Sept 24];8. Available from: https://ojs.unud.ac.id/index.php/eum/article/view/48438

[4] Long M, Stansfeld JL, Davies N, Crellin NE, Moncrieff J. A systematic review of social functioning outcome measures in schizophrenia with a focus on suitability for intervention research. Schizophr Res. 2022;241:275–91.

International Journal of Social Science (IJSS)
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[5] Morin L, Franck N. Rehabilitation Interventions to Promote Recovery from Schizophrenia: A Systematic Review. Front Psychiatry. 2017;8:100.
[6] Ye X, Zeng F, Wang Y, Ding R, Zhao M, Zhu D, et al. Effectiveness of Community-Based Rehabilitation Interventions on Symptoms and Functioning for People with Schizophrenia: A Systematic Review and Meta-Analysis. Psychiatr Q. 2023;94:501–29.
[7] World Mental Health Report: Transforming Mental Health for All. 1st ed. Geneva: World Health Organization; 2022. 1 p.
[8] Daulay W, Wahyuni SE, Nasution ML. Kualitas Hidup Orang dengan Gangguan Jiwa: Systematic Review. J Keperawatan Jiwa. 2021;9:187.
[9] Ten Have M, Tuithof M, Van Dorsselaer S, Schouten F, Luik AI, De Graaf R. Prevalence and trends of common mental disorders from 2007-2009 to 2019-2022: results from the Netherlands Mental Health Survey and Incidence Studies (NEMESIS), including comparison of prevalence rates before vs. during the COVID-19 pandemic. World Psychiatry. 2023;22:275–85.
[10] Kementerian Kesehatan Republik Indonesia. Profil Kesehatan Indonesia Tahun 2019 [Internet]. Jakarta: Kementerian Kesehatan RI; 2019. Available from: https://kemkes.go.id/app_asset/file_content_download/Profil-Kesehatan-Indonesia-2019.pdf
[11] World Health Organization. Mental health action plan 2013-2020 [Internet]. Plan d'action global pour la santé mentale 2013-2020. Geneva: World Health Organization; 2013 [cited 2025 July 26]. 45 p. Available from: https://iris.who.int/handle/10665/89966
[12] Badan Penelitian dan Pengembangan Kesehatan, Kementerian Kesehatan RI. Riset Kesehatan Dasar (Riskesdas) 2018: Laporan Provinsi Bali [Internet]. Balitbangkes, Kemenkes RI; 2019. Available from: https://repository.badankebijakan.kemkes.go.id/id/eprint/3900/1/LAPORAN%20RISKESDAS%20BALI%202018.pdf
[13] Sanchaya KP, Sulistiowati NMD, Yanti NPED. Hubungan Dukungan Keluarga dengan Kualitas Hidup Orang dengan Gangguan Jiwa. J Ilmu Keperawatan Jiwa. 2018;1:87.
[14] Sfetcu R, Musat S, Haaramo P, Ciutan M, Scintee G, Vladescu C, et al. Overview of post-discharge predictors for psychiatric re-hospitalisations: a systematic review of the literature. BMC Psychiatry [Internet]. 2017 [cited 2025 July 26];17. Available from: http://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-017-1386-z
[15] Cohen A, Minas IH, Prince M, Pātil W, editors. Global mental health: principles and practice. New York: Oxford University Press; 2014. 1 p.
[16] Menteri Sosial Republik Indonesia. Peraturan Menteri Sosial Republik Indonesia Nomor 4 Tahun 2020 [Internet]. Direktur Jenderal Peraturan Perundang-Undangan Kementerian Hukum dan Hak Asasi Manusia Republik Indonesia; 2020 [cited 2025 Sept 22]. Available from: https://peraturan.bpk.go.id/Home/Download/149754/Permensos%20Nomor%204%20Tahun%202020.pdf
[17] Algristian H, Bistara DN, Fitriyah FK, Fasya AH, Khamida K. View of Rehabilitasi Psikososial berbasis Rumah Sakit sebagai Upaya Sustainable bagi di Kabupaten Gresik. Warmadewa Minesterium Medical Journal. 2023;2:51–60.
[18] Sibande W, Chasweka D, Chidzalo K, Kokota D, Umar E, Amos A, et al. "They treat us like rabid dogs": Stigma and discrimination as experienced by people living with psychosis and their caregivers in Malawi—A photovoice study. Montague-Cardoso K, editor. PLOS Ment Health. 2025;2:e0000435.
[19] Newson JJ, Hunter D, Thiagarajan TC. The Heterogeneity of Mental Health Assessment. Front Psychiatry. 2020;11:76.
[20] Soh XC, Hartanto A, Ling N, Reyes M, Sim L, Majeed NM. Prevalence of depression, anxiety, burden, burnout, and stress in informal caregivers: An umbrella review of meta-analyses. Arch Gerontol Geriatr Plus. 2025;2:100197.
[21] Chen Y, Lam CS, Deng H, Yau E, Ko KY. The Effectiveness of a Community Psychiatric Rehabilitation Program Led by Laypeople in China: A Randomized Controlled Pilot Study. Front Psychiatry. 2021;12:671217.