

Improving Psychological Well-Being Through Community-Based Mental Health Screening: A Community Service Program In Purwojati, Indonesia

Ninuk Angelia^{a)}, Yolinda Suciliyana, Indiana Lazulfa, Nunik Angelia, Zafria Atsna

Faculty of Health Sciences, Universitas Muhammadiyah Purwokerto, Banyumas, Indonesia

^{a)}Corresponding author: ninukangelia@ump.ac.id

ABSTRACT

Globally, the prevalence of mental disorders continues to increase. This condition not only affects individuals but also has far-reaching consequences for families, communities, and even nations. Public awareness of mental health remains relatively low, while persistent stigma continues to hinder individuals from seeking timely professional help. Therefore, integrating mental health services at the community level is essential for strengthening the overall health system. This IbM (Community Service Program) aimed to improve mental health knowledge among members of PCNA Purwojati while simultaneously conducting community-based mental health screening. The methods employed in this program included early detection, counseling, and the administration of pre- and post-tests. The target population consisted of adult members of the Nasyiatul Aisyiyah Purwojati Branch Leadership, including individuals in good mental health as well as those at risk of or experiencing mental health problems. The evaluation results showed that the average knowledge score before the intervention was 86.90%, which increased slightly to 87.26% following the intervention. Although the increase in knowledge was relatively minimal, the mental health screening successfully identified individuals who require further professional mental health support and intervention. The screening results revealed that 6 respondents experienced anxiety, 11 respondents showed symptoms of post-traumatic stress disorder, 4 respondents exhibited indications of psychotic disorders, and 19 respondents were categorized as having good mental health. These findings indicate the presence of participants at risk of mental health disorders who require follow-up care and referral to mental health professionals. Mental health remains a critical public health issue that requires serious attention, particularly in light of the increasing trend of mental disorders ranging from mild to severe conditions. Overall, these findings highlight the importance of community-based mental health screening as an effective entry point for expanding access to mental health services and ensuring early identification and timely intervention within the community.

ARTICLE INFO

Article History:

Submitted/Received: 13-01-2026

First Revised: 20 January 2026

Accepted: 25 January 2026

First Available online: 31 January 2026

Publication Date: 31 January 2026

Keyword

Community Mental Health

Early Detection

Mental Health Literacy

Mental Health Screening

Psychological Well-Being

INTRODUCTION

Mental disorders represent a major global public health challenge due to their high prevalence and substantial impact on individuals, families, and communities. The World Health Organization (WHO) reported that in 2019, approximately 970 million people worldwide were living with a mental disorder, making mental health conditions a leading contributor to the global burden of disease and disability (WHO, 2019). Despite this growing need, a significant treatment gap persists, particularly in low- and middle-income countries, where more than 75% of individuals requiring mental health care do not receive professional treatment (Global Health Institute, 2024; Sweetland et al., 2014). Limited access to services, low public awareness, and persistent social stigma remain major barriers to the utilization of mental health care services (WHO, 2023).

In Karang Talun Lor Village, Purwojati District, Banyumas Regency, mental health literacy within the community remains limited. A preliminary assessment conducted among members of the Nasyiatul Aisyiyah Branch Leadership (PCNA) Purwojati revealed low levels of knowledge and awareness regarding mental health, as well as the absence of structured early detection initiatives at the community level. Inadequate mental health literacy contributes to stigma and delays in seeking professional help, often leading to the worsening of mental health symptoms before appropriate intervention is obtained (Kutcher et al., 2016; WHO, 2022a).

Early detection through community-based mental health screening is a crucial strategy for identifying individuals at risk, improving mental health literacy, and encouraging timely help-seeking behaviors (Devassy et al., 2025; Sihombing et al., 2024). Evidence indicates that community-based mental health interventions enhance early detection, strengthen social support systems, and contribute to improved psychological well-being (Thornicroft et al., 2018; WHO, 2022a). Psychological well-being encompasses positive self-acceptance, healthy interpersonal relationships, a sense of purpose in life, autonomy, and effective environmental mastery (Ryff, 2014).

Although evidence supporting the effectiveness of community-based mental health screening continues to grow, research examining its implementation within faith-based women's organizations in rural Indonesian settings remains limited. Such organizations hold significant strategic potential as agents of mental health promotion and prevention due to their close engagement with local communities and influential role in shaping social norms.

Therefore, this community engagement program aims to improve mental health literacy while conducting mental health screening among members of PCNA Purwojati. The program is designed not only as a promotive and preventive initiative but also as an entry point for identifying individuals at risk and facilitating linkage to professional mental health services. In addition to providing direct community benefits, the findings of this program are expected to contribute to the scientific development of community-based mental health intervention models in rural Indonesia.

METHOD

The implementation of this community service activity was conducted in several stages. In the initial stage, the team conducted a preliminary study and site survey to ensure the availability of the venue and the adequacy of facilities to support the educational activities. Subsequently, the team submitted a formal permission letter to the Chairperson of the Nasyiatul Aisyiyah Branch Leadership (PCNA) Purwojati and carried out further coordination regarding the technical preparation of the activity.

The methods applied in this activity included early detection of mental health problems, health education, and evaluation through pre-test and post-test assessments. On the day of implementation, the activity area was divided into four stations. Station I functioned as the registration area, where participants completed the attendance list. Station II was designated for physical health examinations, including measurements of height, weight, and blood pressure. Station III served as the area for completing the mental health screening questionnaire. Station IV was the counseling area, where all participants gathered to receive education on community mental health. This session began with the administration of the pre-test and concluded with the post-test.

The target participants of this community service activity were 40 members of the Nasiyatul Aisyiyah Branch Leadership (PCNA) Purwojati.

The instruments used in this activity included the Self-Reporting Questionnaire (SRQ-29), pre-test and post-test questionnaires, a height measurement tool, a weight scale, and a blood pressure measuring device. The SRQ-29 was employed as a mental health screening instrument due to its good validity and reliability, as well as its recommendation by the World Health Organization (WHO) for the early detection of mental health disorders at the primary care and community levels, particularly in developing countries (Netsereab et al., 2018). This instrument is simple, easy to administer, and sensitive to a wide range of common mental health problems in the community.

The SRQ-29 consists of 29 items with dichotomous response options of "Yes" (score = 1) and "No" (score = 0), grouped into four mental health domains: anxiety and depression (items 1–20), possible psychoactive substance use (item 21), psychotic disorders (items 22–24), and post-traumatic stress disorder (PTSD) (items 25–29). Respondents with six or more "Yes" responses on items 1–20 were categorized as being at risk of anxiety and/or depressive disorders. A "Yes" response to item 21 indicated a possible psychoactive substance use problem. A "Yes" response to one or more items 22–24 suggested a possible psychotic disorder and indicated the need for further referral. Meanwhile, respondents with one or more "Yes" responses on items 25–29 were considered to exhibit symptoms of post-traumatic stress. The screening results were indicative in nature and did not constitute a clinical diagnosis.

Before participation, all participants received a clear explanation regarding the objectives, procedures, benefits, and potential risks of the program, including assurances of data confidentiality and respondent anonymity. Written informed consent was obtained from all participants as an indication of voluntary participation. Participants who demonstrated positive screening results in one or more domains were advised to seek further evaluation and follow-up care from mental health professionals.

Evaluation of the activity was conducted to assess the achievement of the community service objectives in terms of both process and outcomes. Process evaluation included assessment of the implementation of each activity stage, participant engagement, and the smooth execution of the screening and counseling sessions. Outcome evaluation was performed by comparing pre-test and post-test scores to assess changes in participants' mental health knowledge following the educational intervention. In addition, SRQ-29 screening results were analyzed descriptively to illustrate participants' mental health status and identify the need for further follow-up. Participant feedback obtained during discussion sessions was also used as qualitative evaluation data to assess understanding, acceptance of the material, and the overall perceived benefits of the activity.

RESULTS AND DISCUSSION

The community service activity conducted by a team of lecturers from Universitas Muhammadiyah

Purwokerto, in collaboration with nursing students, involved 40 members of the Purwojati Branch of Nasiatul Aisyiyah (PCNA). The program was implemented smoothly and received a positive response from participants. The results are presented descriptively, encompassing respondent characteristics, physical health assessment findings, mental health screening outcomes, and changes in participants' knowledge levels before and after the educational intervention.

TABLE 1. Distribution of Respondent Characteristics

Age Category	f	%
25 – 35	15	37,5
36 – 45	22	55
46 - 55	3	7,5
Occupation	f	%
Housewife	33	82,5
Teacher	3	7,5
Employee	2	5
Village Official	1	2,5
Tailor	1	2,5
Education Level	f	%
Elementary School	2	5
Junior High School	15	37,5
Senior High School	17	42,5
Diploma	2	5
Bachelor's Degree	4	10
Marital Status	f	%
Married	37	92,5
Unmarried	3	7,5
Blood Pressure	f	%
Normal	26	65
Pre-hypertension	9	22,5
Hypertension	5	12,5
Body Mass Index	f	%
Normal	15	37,5
Overweight	5	12,5
Obesitas	20	50

Based on respondent characteristics, most participants were within the adult age range (25–45 years), were predominantly housewives, and had attained a senior high school level of education. Physical health assessments indicated that the majority of participants had normal blood pressure, while body mass index (BMI) status ranged from normal to obese. These findings are consistent with reports from the Indonesian Ministry of Health, which indicate that adults in Indonesia face a dual burden of health problems encompassing both physical and psychosocial conditions (Kementerian Kesehatan RI, 2018).

TABLE 2. Screening Result

Mental Health Screening	f	%
Mentally Healthy	19	47,5
Anxiety	6	15
PTSD	11	27,5
Psychotic Disorder	4	12,5

Mental health screening using the Self-Reporting Questionnaire (SRQ-29) revealed that 19

respondents were categorized as having good mental health. However, a proportion of participants showed indications of mental health problems, including 6 respondents with anxiety symptoms, 11 respondents with symptoms of post-traumatic stress disorder (PTSD), and 4 respondents with indications of psychotic disorders. These findings underscore that mental health problems may be present within the general community and often remain undetected in the absence of systematic screening efforts (WHO, 2022b).

Anxiety disorders represent one of the most common mental health conditions globally. The World Health Organization reports that more than 301 million people worldwide experience anxiety disorders, with risk factors including chronic stress, traumatic experiences, and social and economic pressures (WHO, 2022a). Early detection through community-based screening is therefore crucial for preventing symptom escalation and facilitating timely referral to appropriate mental health services (Thornicroft et al., 2018).

The identification of PTSD symptoms in 11 respondents also warrants serious attention. PTSD typically arises as a response to unresolved traumatic experiences and may adversely affect social functioning, occupational performance, and overall quality of life (Koenen et al., 2017). Although community-based social support can contribute to recovery, individuals exhibiting PTSD symptoms continue to require professional intervention to prevent long-term psychological consequences (Calhoun et al., 2022).

Furthermore, the identification of indications of psychotic disorders in 4 respondents underscores the urgency of implementing mental health screening as an entry point to mental health services. Psychotic disorders are characterized by distortions of reality, such as hallucinations and delusions, which can significantly impair daily functioning and increase social and medical risks if left untreated (Correll et al., 2018). Community-based screening, therefore, plays a strategic role in identifying individuals who require referral and further professional care.

TABLE 3. Evaluation of Respondents' Average Knowledge Scores

Average Knowledge Score Before Counseling	Average Knowledge Score After Counseling	n
86,90%	87,26%	40

Knowledge evaluation results showed that the mean pre-test score was 86.90%, which increased to 87.26% in the post-test, representing a modest improvement of 0.36%. This limited increase suggests that a single educational session may be insufficient to achieve substantial improvements in mental health literacy. This finding is consistent with previous studies indicating that meaningful improvements in knowledge and attitudinal change related to mental health require repeated, sustained, and contextually tailored educational interventions (Jorm, 2012; Kutcher et al., 2016). Nevertheless, despite the minimal increase in knowledge scores, the screening component of the activity successfully identified individuals in need of further professional mental health support, thereby adding significant value to the program.



FIGURE 1. Attendance registration and health examination



FIGURE 2. Results of Word Cloud Analysis on the Importance of NVivo for Participants



FIGURE 3. Community mental health education session

Overall, the findings emphasize the importance of community-based mental health screening as both a promotive and preventive strategy. Screening functions as a critical entry point for mental health services, particularly in communities where mental health literacy remains limited, and stigma continues to be pervasive (Latuheru et al., 2024; Sihombing et al., 2024; Thornicroft et al., 2016; WHO, 2022b). While education plays a supportive role, early detection through screening demonstrates a more tangible impact on the prevention and management of mental health disorders at the community level.

Several limitations of this activity should be acknowledged. The sample size was relatively small and limited to a single community, thereby restricting the generalizability of the findings. The short duration of the intervention and the absence of long-term follow-up also limited the assessment of sustained changes in knowledge and behavior. In addition, knowledge evaluation was conducted quantitatively

without in-depth exploration of changes in attitudes or help-seeking behaviors. These limitations provide a basis for future community service programs and research employing more comprehensive designs and longitudinal approaches.

CONCLUSION

This community service program demonstrates that community-based mental health screening, integrated with educational interventions, plays a vital role in the early identification of mental health problems and the promotion of mental health awareness at the community level. Although the educational component resulted in only a modest improvement in participants' mental health knowledge, the screening process successfully identified individuals at risk of anxiety, post-traumatic stress disorder, and psychotic disorders who required further professional support.

These findings highlight the value of community-based screening as an effective entry point for mental health services, particularly in settings with limited mental health literacy and persistent stigma. Future programs should incorporate repeated and sustained educational activities, broader community involvement, and long-term follow-up to enhance knowledge retention, encourage help-seeking behavior, and strengthen the continuity of mental health care in rural communities.

RECOMMENDATIONS

Community-based mental health screening using the Self-Reporting Questionnaire (SRQ-29) is recommended to be implemented on a sustained basis as an effort to support early detection and prevention of mental health disorders. This screening should be accompanied by a clear and functional referral mechanism to ensure that participants with positive screening results receive appropriate follow-up care from mental health professionals. Mental health education should be delivered repeatedly and in a structured manner, as a single educational session is insufficient to produce meaningful improvements in mental health literacy. Future community engagement programs are encouraged to involve larger and more diverse participant groups, expand to broader community settings, and incorporate long-term evaluations to assess changes in knowledge, attitudes, and help-seeking behaviors.

REFERENCES

Calhoun, C. D., Stone, K. J., Cobb, A. R., Patterson, M. W., Danielson, C. K., & Bendezu, J. J. (2022). The Role of Social Support in Coping with Psychological Trauma: An Integrated Biopsychosocial Model for Posttraumatic Stress Recovery. *Psychiatr Q*, 95(4), 949–970. <https://doi.org/10.1007/s11126-022-10003-w>

Correll, C. U., Galling, B., Pawar, A., Krivko, A., Bonetto, C., Ruggeri, M., & Kane, J. M. (2018). Comparison of early intervention services vs treatment as usual for early-phase psychosis: A systematic review, meta-analysis, and meta-regression. *JAMA Psychiatry*, 75(6), 555–565. <https://doi.org/doi.org/10.1001/jamapsychiatry.2018.0623>

Devassy, S. M., Scaria, L., Babu, S., SP, R., KJ, L., Jose, A. T., Thampi, K., & Gearing, R. E. (2025). Community-level mental health screening and referral using task-sharing with student volunteers in Kerala, India: a scalable model for low and middle income countries. *BMC Psychiatry*, 25(352). <https://doi.org/10.1186/s12888-025-06773-9>

Global Health Institute. (2024). A path for scaling mental health treatment in low-income countries: Results from the SHARP trial. University of North Carolina. https://globalhealth.unc.edu/2024/04/a-path-for-scaling-mental-health-treatment-in-low-income-countries-results-from-the-sharp-trial/?utm_source=chatgpt.com

Jorm, A. F. (2012). Mental health literacy: empowering the community to take action for better mental health. *Am Psychol.*, 67(3), 231–243. <https://doi.org/10.1037/a0025957>

Kementerian Kesehatan RI. (2018). Kemenkes Beberkan Masalah Permasalahan Kesehatan Jiwa Di Indonesia. <https://kemkes.go.id/id/kemenkes-beberkan-masalah-permasalahan-kesehatan-jiwa-di-indonesia>

Koenen, K. C., Ratanatharathorn, A., Ng, L., McLaughlin, K. A., Bromet, E. J., Stein, D. J., & Kessler, R. C. (2017). Posttraumatic stress disorder in the World Mental Health Surveys. *Psychological Medicine*, 47, 2260–2274. <https://doi.org/10.1017/S0033291717000708>

Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental Health Literacy: Past, Present, and Future. *The Canadian Journal of Psychiatry*, 61(3), 154–158. <https://doi.org/10.1177/0706743715616609>

Latuheru, G., Asmin, E., Noya, F. C., Warella, J. C., Yunita, M., Mus, R., & Sulfiana. (2024). Skrining Gangguan Kesehatan Mental Pada Masyarakat Pesisir di Kota Tual. *MAHESA: Mahayati Health Student Journal*, 4(12), 5361–5370. <https://doi.org/https://doi.org/10.33024/mahesa.v4i12.15644>

Netsereab, T. B., Kifle, M. M., Tesfagiorgis, R. B., Habteab, S. G., Weldeabzgi, Y. K., & Tesfamariam, O. Z. (2018). Validation of the WHO self-reporting questionnaire-20 (SRQ-20) item in primary health care settings in Eritrea. *Springer Nature Link*, 12(61).

Ryff, C. D. (2014). Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and Psychosomatics*, 83(1), 10–28. <https://doi.org/doi.org/10.1159/000353263>

Sihombing, E. R., Hardayati, Y. A., & Ides, S. A. (2024). Pendidikan Kesehatan Dan Skrining Pada Klien dengan Hipertensi. *Jurnal Pengabdian Saga Komunitas*, 3(3), 298–304.

Sweetland, A. C., DrPH, MSW, Oquendo, M. A., MD, & Sidat, M. (2014). Closing the Mental Health Gap in Low-income Settings by Building Research Capacity: Perspectives from Mozambique. *Annals of Global Health*, 80, 126–133.

Thornicroft, G., Deb, T., & Henderson, C. (2018). Community interventions for mental health: Efficacy, effectiveness and future directions. *The Lancet Psychiatry*, 5(2), 175–186.

Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., & Rose, D. (2016). Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *The Lancet*, 387(10023), 1123–1132. [https://doi.org/10.1016/S0140-6736\(15\)00298-6](https://doi.org/10.1016/S0140-6736(15)00298-6)

WHO. (2019). Mental Health.

WHO. (2022a). Community preparedness and response for health emergencies. WHO.

WHO. (2022b). World mental health report: Transforming mental health for all. Geneva: WHO.

WHO. (2023). Mental Health Gap Action Programme (mhGAP). https://www.who.int/teams/mental-health-and-substance-use/treatment-care/mental-health-gap-action-programme?utm_source=chatgpt.com.