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Sustainability Review

Ongoing Changes in Community Mental Health Approaches in Aceh

CBM Australia supported mental health work in the Indonesian province of Aceh from 2006 to 2021. Here we tell the story of our approach, and findings from a review to assess what long term influence we have had on the mental health system.

Initially, our engagement in Aceh helped fill a service gap identified by Indonesia's Ministry of Health and the World Health Organisation (WHO) following the 2004 Asian Tsunami and the consequent international response. Our approach was based on WHO's research paper 'Recommendations for Mental Health in Aceh' (2005), which included specific pathways on how to develop a comprehensive mental health system in line with the global shifts away from institutionalised and medical services towards a broader rights-based approach to continuity of care. This is known as the Aceh model.

This document looks at sustainability at each level of the Aceh model, from the provincial government down to the individuals living in their communities. We examine what CBM contributed to over 15 years of support, and we highlight what we see as the fundamentals needed to ensure sustainability.

Melawiti (pictured above) started to find it difficult to cope after her mental health began deteriorating following the death of her husband. She became unsure about what was real and what was not and started having had sever mood swings. People began avoiding her because they thought she was "weird".

The CBM supported mental health project started raising awareness of mental health conditions, and Melawati was connected with support from the community mental health nurse.

Now she feels more in control and finds that the change of attitude in the village helps to create a supportive environment. Like Nur, who also has a mental health condition, she feels she can be more open and upfront about her challenges.

A quick snapshot of the approach

CBM started to focus on mental health in Aceh in 2007 as part of the response to the Asian 2004 Tsunami that devastated the area. Learning and adapting over nearly two decades, CBM built on an approach conceived by the Provincial Health Office and WHO in 2005. During that time, CBM supported a clear model for the continuity of care for people with mental health conditions, working with the Provincial and selected District Health Offices, District hospitals, Community Health Centres (puskesmas), villages, and people with psychosocial disabilities and their families. This can be considered a rights-based approach that looked at improving access to medical care and addressing societal barriers.

Front: Melawati (left) and Nur (right) now openly discuss their mental health.

Fundamental to the approach was alignment with government health and social welfare systems to promote an understanding of how to address mental health conditions from the top-down and the bottom-up.

When CBM first started working in the area, approaches to mental health were linked to ongoing impacts provoked by the tsunami, and it was clear that the institutional and medicalised approach was inadequate for the widespread trauma experienced across the population. At the time, the only real options for people with more significant mental health conditions were institution based and very medicalised. This, coupled with high levels of poverty and services only available in the capital, led to a high incidence of people with mental health conditions being chained up by their families. CBM's team worked actively with the Provincial Health Office to forge an approach to community-based services that made health staff more aware of holistic approaches to mental health, as well as making medicine and counselling support more accessible to people, particularly those who were very poor. Greater awareness of this approach increased demand and reinforced approaches being taken by Community Health Centres, which then justified more health budget being allocated to this area of health care.

Sustainability findings

Here we look at what approaches were taken at different levels, and what has been sustained.

CBM's input at different levels - snapshot

Provincial

Working with the Provincial Health Office on health regulations and policies, input into training curriculum for health staff across the province - improving approaches at the Mental Health hospital.

District

Support to community mental health units in District hospitals – improving approaches and understanding.

Sub-district

Strengthening Community Health Centres and community mental health nurses to better address mental health holistically.

Community and Individuals

Awareness raising and reducing stigma, linking people to medical and community support services.

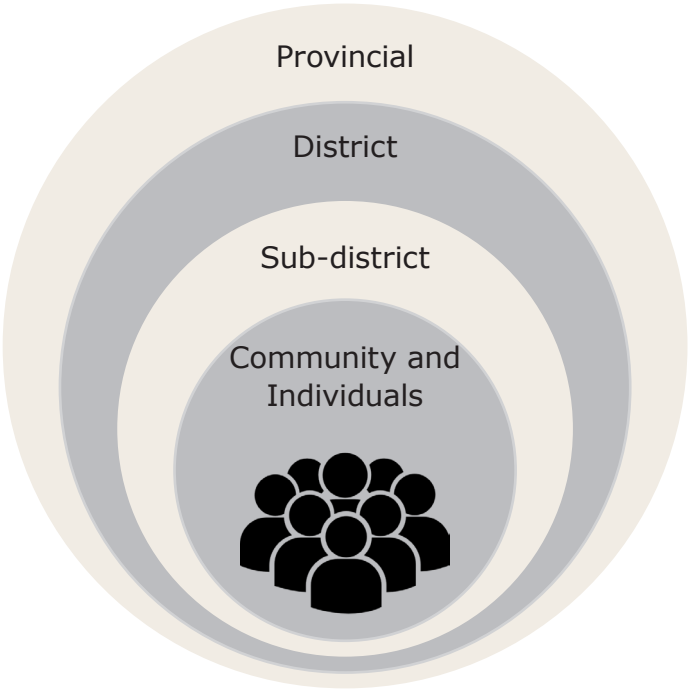

Figure: CBM's input at different levels.

PROVINCE LEVEL

Provincial Health Office

Factors promoting sustainability

CBM's work in strengthening mental health within the government health system began with the Provincial Health Office. This was an important starting point, in that government at this level both endorsed and helped direct the activities we chose to fund from 2007.

Part of the initial success at this level was because there were strong champions in provincial government who saw the value of a system strengthening approach. Another key factor was that CBM had a well-known psychiatrist on the team. This not only added credibility and opened doors, but his existing linkages with university teaching hospitals eased the way for improving national curriculum's and getting local health personnel to upgrade their qualifications in psychiatry and mental health nursing.

As CBM devolved responsibility for the program to a local non-government organisation (NGO) - Forum Banda Aceh (FBA) - from 2018, engagement with the provincial level reduced as CBM had recognised that the focus of their work needed to shift more to communities and individuals, and modelling ways of working in communities.

What has not been sustained?

There was an expectation that a comprehensive approach to Community Mental Health would involve supporting the Provincial and District Health Offices to establish cross-departmental working groups involving social welfare departments, police and prisons, youth agencies and so on. While these working groups were set up, they were not strong or active, mainly because they lacked clear directives and relied on individual interest.

CBM's work did not focus on getting regional regulations (peraturan daerah or perda) in place regarding mental health. This has impeded an ongoing mandate regarding budgeting in the health system for mental health activities and resulted in the failure of ongoing cross-departmental coordination. Getting regulations changed is not a result easily achieved within a project's average life cycle (3-5 years), but in hindsight, CBM should have focussed on the "long game" and worked with other organisations and advocates to push for this. CBM's mental health work in other provinces has recognised this and incorporated this into their longer-term planning.

People coming together during a group therapy session.

Provincial Health Office	
Our contribution	**What has been sustained?**
Advocacy around the inclusion of mental health within the Provincial Regulations on Health.	Mixed: ✓ The Provincial Health Regulation set the foundations for budget and action in the health sector at district and sub-district levels.
Co-branded training package developed for health staff.	✓ A changed understanding of the social-medical approach to mental health, across the whole health system in Aceh.
Promoted the value of an approach that look at both the social and medical approaches to mental health.	X Buy-in has waned. CBM's partner has less influence than CBM.
Promoted cross-departmental approaches to mental health (social welfare, police, youth affairs).	X No "Perda"/law means mandate is lacking. X No cross-departmental buy-in.

The Mental Health Hospital in Banda Aceh

What has been sustained?

The Mental Health Hospital in Banda Aceh has a strong commitment to a social-and-medical approach to supporting people with more significant mental health conditions, and this can be attributed to the initial work CBM supported at provincial level from 2007. CBM's contribution to strengthening Community Health Centres and District Hospitals has reduced pressure on the Mental Health Hospital as it is no longer the only option for people to obtain support.

Provincial Mental Health Hospital	
Our contribution	**What has been sustained?**
Contributed to more holistic approaches to supporting people with mental health conditions.	Yes: "it is no longer seen as a house of horrors." ✓ Ongoing focus on the social aspects of mental health conditions and recovery through gardening, cooking, handyman, and music programs, supported by National Insurance. ✓ Reduced relapse and readmission because of stronger community care.

DISTRICT

District Health Offices and Hospitals

Factors in sustainability

CBM worked in five districts and supported the establishment of mental health wards in three District Hospitals. CBM assisted these hospitals with resources to top up government budget shortfall. This support facilitated the renovation of buildings, procurement of beds and supplies, and the opening of wards and an outpatient facility.

CBM paid for training for psychiatrists and nurses to staff these wards and although most of these staff members have now moved on, training modules that were initiated with CBM support in certain teaching departments in the University of Indonesia have now been integrated into the curriculum. So, although CBM no longer directly supports these hospitals, the benefit of our engagement is sustained through medical students applying the learnings from these training modules in their line of work.

Out of the three District Hospitals, only one has a mental health ward that is currently operational. The other two have been closed due to a shortage of psychiatrists. However, the two District Hospital administrations recognise the value of an outpatient facility and hospital ward for short stays, and the fact that this did reduce pressure on the provincial Mental Health Hospital. Calang District hospital sees the re-opening of the ward as a priority.

Even though most of the recent focus of CBM's work was on sub-district Community Health Centres, keeping the District Health Offices engaged in planning and progress was important for sustainability.

What has not been sustained?

CBM recognised that the District Health Office could be more effective in addressing mental health conditions by promoting a multisectoral approach that involves collaboration with other willing government departments, that engaged social workers or women's affairs officers. Unfortunately, due to decrees from governors that separated departmental cooperation and a lack of strong champions within government that could advocate for change, this was not successful. The small efforts that were successful to coordinate with the Social Affairs Department will not be sustained, due to fundamental differences in approach between the health and social affairs departments in the province.

People talking about their challenges during a group therapy session.

Community mental health services at district hospitals	
Our contribution	**What has been sustained?**
Training of psychiatrists and nursing staff reinforcing the social-medical approach to mental health.	Mixed: ✓ Outpatient support at District Hospital reduces pressure on Mental Health Hospital.
Strengthening the continuity of care between Mental Hospital - District Hospital - Community Health Centre.	✓ Ongoing improved coordination between all levels in the health system. ✓ District Hospital administrators see the value in mental health services.
Filled the gaps in activities not covered by government budget – gave the needed momentum.	X Some mental health wards have closed due to lack of a psychiatrist.

SUB-DISTRICT LEVEL

Sub-District Community Health Centres

Factors in sustainability

In 2007 as the project started, CBM provided motorbikes to community health workers for conducting home visits. Now home visits are a routine part of a Community Mental Health nurse's work schedule.

CBM trained health professionals in the Community Health Centres resulted in a more comprehensive and holistic understanding of how to approach mental health conditions.

Community Mental Health nurses lead the way in ensuring that all staff across the health centre are alert to mental health conditions. The salaries of the Community Mental Health nurses and their deputies continue to be included in Community Health Centres budgets in all targeted sub-districts, because of the Provincial recognition of mental health in Health Regulations.

CBM initiated several hundred village-level mental health volunteers in coordination with the Community Health Centres, as an "add on" to other existing health volunteers. They were paid a small stipend by CBM and were trained by Community Mental Health nurses to have a broader holistic understanding of mental health approaches. Group therapy sessions were organised that brought people together to talk about their challenges in a supportive environment.

Good practices at this level that reinforce sustainability include Community Mental Health nurses having "second in line" staff who understand holistic mental health approaches. This helps mitigate against a loss of momentum due to staff turnover.

Ibu Erliania is the mental health nurse at Kota Baru Community Health Centre, which supports 47 villages. Eliania reflects how CBM and partner organisation FBA worked with local government health services to increase the focus on mental health conditions.

Erliania, pictured above on the left, is proud of what she and other Community Health Centre staff have achieved to slowly reduce stigma.

"The key to strong mental health support is building integration internally. We have mental health volunteers working in villages, who provide home care and support. At the Community Health Centre we do assessments of people at risk of mental illness, and other health teams, be they for maternal and child health or targeted at adolescents, are aware of mental health conditions and know the avenues for referral. The District Hospital also has services for those needing more intensive support."

- Eliania

What has not been sustained?

Refresher training on community mental health approaches is being budgeted by some Community Health Centres, as staff move on. However, this is happening only in a few places, and CBM project partners could have had more focus on working with Community Health Centre managers to find ways to budget for both refresher training and for group therapy activities that were previously funded by the project.

Strengthening Community Health Centres

Our contribution	What has been sustained?
Worked with the District Health Office to give mandates about activities that should happen at Community Health Centres.	Yes: ✓ Strong Community Mental Health nurses and second in line champions in place. ✓ Understanding by all that mental health is an issue that cuts across all sectors.
Funded training in Community Mental Health for GPs, Community Mental Health nurses, and other staff.	✓ Ongoing budget for Community Mental Health nurses.
Motorbikes for home visits.	✓ Buy-in has waned. CBM's partner has less influence than CBM.
Ran group therapy activities and modelled the approach.	✓ Budget for group therapy.
Village level mental health volunteers engaged and strengthened.	X Refresher training to account for staff turnover is not funded of mandated.

COMMUNITY LEVEL

Communities

Factors in sustainability

Facilitating communities to buy into becoming a "Mental Health Alert Village" has set in place practices that are continuing even after the project finished. This involves signing on to a range of commitments to reduce stigma and increase people with psychosocial disabilities' participation in community life.

The CBM project had Community Organisers who forged alliances between the Community Health Centre and village heads and were key to setting up sustainable processes. As such, it is important they are skilled in managing relationships with village leadership.

Attitudes have changed. Community leaders and Community Mental Health volunteers are modelling reduced stigma, increasing awareness, discussing early detection and prevention, and making efforts to actively involve and support people with mental health conditions in community life. We can conclude that while the Community Mental Health volunteers are active, they will help maintain these changes in social norms.

In Cotlamme village, Nurbayan (right) is an active Community Mental Health volunteer, who keeps connected with the seven people in the village who have had mental illness.

Village based Community Mental Health volunteers like Nurbayan (picture on the right) support connections between families and the Community Health Centre team.

"We started from zero, but now everyone is more alert to mental health conditions."
- Nurbayan

The Village Fund provides her with a small monthly stipend for her work supporting community members.

"I'm one of nine health volunteers in this village. Everyone thinks I've got a lot of expertise, but I've only got a primary school education. I'm just interested in helping people manage their challenges."
- Nurbayan

What has not been sustained?

The allocation of village funds to continue to support mental health volunteers is key to sustainability. CBM paid for mental health volunteers initially, with an expectation that the village would continue the small monthly stipend. Where this has happened, there is continuity of support for people with mental health conditions in the village. But many leaders are unclear whether they have the authority to allocate funds to support this. They need to hear that this is "permitted" by the sub-district and endorsed by sub-district health authorities.

Stronger formal and informal Community Mental Health services at the community level.	
Our contribution	**What has been sustained?**
Village authorities engaged to understand and lead on stigma reduction.	Mixed: ✓ Big drop in stigma and a better understanding of mental health conditions.
Mental health volunteers trained to support people in their communities.	✓ Mental Health Alert Village award sets precedents that continue.
Mental Health Alert Villages established.	X Not all villages continue to fund mental health volunteers.
Efforts to involve people with psychosocial disability more actively in village life.	X Village leadership is unclear about whether mental health initiatives can be supported through village funds.

At the Personal Level

Factors in sustainability

People with psychosocial disabilities in the villages targeted by CBM's project indicate that there is reduced stigma and more acceptance in the community.

Families also indicate that they have a more holistic understanding of ways that people with mental health conditions can be supported, that goes beyond medication.

In Aceh, the practice of chaining up people who demonstrated behaviours that were hard to manage is now illegal. An indication of CBM's success is the reduced incidents of chaining in communities, and increased community health service efforts to support families and specific individuals exhibiting challenging behaviours. This is an ongoing challenge, particularly with the closure of mental health wards and services at District Hospitals, where people could get more intensive support with short stays. Poverty is a key factor in the level of family support that is given to people with more significant psychosocial disability, so livelihoods initiatives with some families is appropriate.

People with psychosocial disabilities have been supported to be more active and engaged in the community, which leads to a positive spiral of recovery or management of their mental health condition. People feel more confident to talk with others about their challenges in an environment that is not going to be judgemental. More open conversations lead to more people feeling confident enough to open up about their situation.

Above: Sofyan, pictured on the right, next to the village leader explains how he stayed in his house for 10 years due to his mental health. However, since the local health centre put more focus on reducing stigma, he is doing much better. He now leaves his house, people make an effort with him, and he has found a sense of purpose, being responsible for keeping the village office clean.

Lampaya village is a "Mental Health Alert village." There is strong commitment from the village leadership to make sure that everybody is alert to people living with or at risk of mental health conditions. There are monthly meetings for people with mental health conditions and their families, and active mental health volunteers. People with psychosocial disabilities are supported to get involved in craft, handyman and gardening activities.

"I'm growing ginger", laughs Sofyan. "Well, I dig and dig, but to be honest, I'm not very productive. But I'm out and about, and a lot happier than before!"

For those people intensively supported to develop small enterprises that generate a profit, it is expected that this will be sustained, particularly when family members are also involved.

Right: A meeting with caregivers, helping them to better understand and support people with mental health conditions.

What has not been sustained?

CBM set up self-help groups in selected villages. Self-Help Groups are an important element of mental health support because they promote peer-to-peer support. While sustainability of these groups was not investigated, it is likely that they faced challenges continuing due to the discontinuation of village funding.

Stronger formal and informal Community Mental Health services at the personal level.	
Our contribution	**What has been sustained?**
Modelled a social-medical approach to care and follow-up.	Mixed: ✓ Better links with support services because of the mental health volunteers.
Established support groups for individuals and their families.	✓ People with mental health conditions are less hidden and more prepared to speak out.
Supported livelihood activities for individuals.	✓ Some successful enterprises are still running.
Built confidence and facilitated ways for people to talk about their situation.	X Likely that most self-help groups will not be strong enough to continue alone.
	X Lack of local action on how to meaningfully engage people.
	X Supporting people with more significant mental health conditions are still challenging for families experiencing poverty.

Training mental health volunteers to support mental health in their communities.

In conclusion

To improve mental health in Aceh, CBM opted for a long-term approach, and focused on strengthening existing government services, drawing more government attention to mental health needs, and filling specific funding gaps. CBM's shift from focusing exclusively on health system strengthening to focusing more on communities and families has meant that people with mental health conditions are more likely to experience a continuity of care, feel comfortable seeking help, and have access to support close to their homes and close to their homes, minimise the need to go to tertiary level hospitals away from their homes.

Following CBM's phase out in 2021, understandings about a social-medical approach to supporting people with psychosocial disabilities remains evident at all levels of the Aceh Model, from the provincial government down to individuals and communities. Government health systems are stronger and a continuity of care between families through to specialised health services at provincial level has been modelled. Gaps in the Aceh Model are due to lack of skilled medical personnel, mainly at the District Hospital level.

The Aceh model has improved understandings about how to best support people with psychosocial disabilities at all levels, from the provincial government down to communities and individuals.

Currently, there is more effort across all levels of the health system to identify mental health conditions early, and this requires more up-front discussion about mental health. Mental health conditions around Covid-19 have paved the way for this. As a result, stigma around being identified as having a mental health condition has reduced, and there is accepted understanding of the value of a community-based approach in addressing mental health.

FACTORS THAT INCREASED SUSTAINABILITY

Having people in government that are committed to promote the issue - in this case, a changed approach to mental health.

Having people involved in the project with existing linkages to the services you want to influence - this added credibility and expertise.

Embedding training modules into existing systems or institutions - in this case, teaching universities.

Getting buy-in and mandates from the top, that provides the authority to engage "down the line".

Providing kick-off support to fill a gap (motorbikes for home visits, or funding for mental health volunteers) that helps a process to get embedded and become routine.

Ensuring that "second in line" staff are being engaged in processes, and understand the big picture.

Establishing a mechanism to recognise actions and reinforce ongoing focus - in this case a "mental health alert village".

Hands on work with authorities at lower levels to think through the practicalities and processes of ongoing support (e.g., how to allocate support in village funds or health centre budget).

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