

ABSTRAK

Evaluasi Program Deteksi Dini Masalah Kesehatan Jiwa pada Usia Remaja di Kabupaten Sleman Tahun 2024

Arifah Alf Maziyya^{1*}, Isa Dharmawidjaja², Vicka Oktaria¹, Amirah Ellyza Wahdi¹

¹Departemen Biostatistik, Epidemiologi, dan Kesehatan Populasi, Universitas Gadjah Mada

²Dinas Kesehatan Kabupaten Sleman

*arifahalfimaziyya@mail.ugm.ac.id

Latar belakang: Penelitian ini bertujuan mengevaluasi pelaksanaan program deteksi dini masalah kesehatan jiwa pada remaja di Kabupaten Sleman tahun 2024, mengevaluasi pencatatan dan pelaporan surveilans masalah kesehatan jiwa remaja, serta menilai kesepakatan antar instrumen skrining kesehatan jiwa.

Metode: Evaluasi program menggunakan mixed methods dengan desain sekuensial eksplanatori dan pendekatan *logic model* (input, proses, dan output). Evaluasi surveilans menggunakan desain observasional deskriptif untuk menilai struktur sistem, fungsi pokok, fungsi pendukung, dan atribut kualitas surveilans. Sub-studi analitik menggunakan desain *cross-sectional* untuk menilai kesepakatan antara SDQ dengan PSC-17, PHQ-A, dan GAD-7 menggunakan uji Kappa. Data dikumpulkan melalui telaah dokumen, wawancara, dan pengisian kuesioner.

Hasil: Evaluasi program menunjukkan bahwa pedoman belum tersedia di sekolah serta terdapat keterbatasan sumber daya, pendanaan, sarana, dan jejaring lintas sektor. Proses perencanaan, advokasi, penyuluhan, pelatihan, skrining, serta monitoring dan evaluasi belum berjalan optimal dan seragam, sehingga capaian skrining belum mencapai target, bervariasi antar puskesmas, dan sebagian hasil tidak tercatat. Evaluasi surveilans menunjukkan bahwa sistem pencatatan dan pelaporan telah berjalan, namun belum mampu menghasilkan data yang lengkap dan tepat waktu. Kelemahan terutama terdapat pada regulasi dan pedoman operasional, registrasi kasus luar gedung, analisis dan pemanfaatan data, serta kualitas sistem SIMKESWA yang dinilai kurang sederhana dan kurang fleksibel dibandingkan PTM Keswa. Sub-studi analitik menunjukkan tingkat kesesuaian sedang (*moderate agreement*) antara SDQ dengan PSC-17 ($\kappa=0,52$), SDQ emosional dengan PHQ-A ($\kappa=0,52$), dan SDQ emosional dengan GAD-7 ($\kappa=0,41$).

Kesimpulan: Program deteksi dini dan surveilans masalah kesehatan jiwa remaja di Kabupaten Sleman belum berjalan optimal. Diperlukan penguatan implementasi program, kualitas surveilans, serta pengelolaan penggunaan instrumen skrining untuk meningkatkan efektivitas deteksi dini.

Kata kunci: Evaluasi, deteksi dini, kesehatan jiwa, surveilans, remaja

ABSTRACT

Evaluation of the Early Detection Program for Mental Health Problems among Adolescents in Sleman Regency in 2024

Arifah Alfi Maziyya^{1*}, Isa Dharmawidjaja², Vicka Oktaria¹, Amirah Ellyza Wahdi¹

¹Departement of Biostatistics, Epidemiology, and Population Health, Universitas Gadjah Mada

²Sleman District Health Office

*arifahalfimaziyya@mail.ugm.ac.id

Background: This study aimed to evaluate the implementation of the early detection program for adolescent mental health problems in Sleman Regency in 2024, to assess the recording and reporting of adolescent mental health surveillance, and to examine the agreement between mental health screening instruments.

Methods: Program evaluation employed a mixed-methods approach with a sequential explanatory design and a logic model framework (input, process, and output). Surveillance evaluation used a descriptive observational design to assess system structure, core functions, support functions, and surveillance quality attributes. The analytic sub-study applied a cross-sectional design to assess agreement between the SDQ and PSC-17, PHQ-A, and GAD-7 using the Kappa statistic. Data were collected through document review, interviews, and questionnaire administration.

Results: Program evaluation indicated that guidelines were not available in schools and that limitations existed in resources, funding, facilities, and cross-sectoral collaboration. Planning, advocacy, health education, training, screening, and monitoring and evaluation processes were not implemented optimally or uniformly, resulting in screening coverage below target, variation across primary health centers, and incomplete recording of screening results. Surveillance evaluation showed that the recording and reporting system was functioning but had not yet produced complete and timely data. Key weaknesses were identified in regulations and operational guidelines, registration of community-based cases, data analysis and utilization, and the SIMKESWA system, which was considered less simple and less flexible than the PTM Keswa system. The analytic sub-study demonstrated a moderate level of agreement between the SDQ and PSC-17 ($\kappa=0.52$), the emotional subscale of the SDQ and PHQ-A ($\kappa=0.52$), and the emotional subscale of the SDQ and GAD-7 ($\kappa=0.41$).

Conclusion: The early detection and surveillance of adolescent mental health problems in Sleman Regency have not been optimally implemented. Strengthening program implementation, improving surveillance quality, and optimizing the management of screening instrument use are required to enhance the effectiveness of early detection.

Keywords: evaluation, early detection, mental health, surveillance, adolescents