UNIVERSITAS GADJAH MADA
EVALUASI IMPLEMENTASI PROGRAM KESEHATAN JIWA DALAM UPAYA KONTINUITAS PERAWATAN DAN PENCEGAHAN
KEKAMBUHAN PASIEN GANGGUAN JIWA DI KABUPATEN BAUCAU, TIMOR -LESTE PERIODE TAHUN 2025
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ENTISARI

Evaluasi Implementasi Program Kesehatan Jiwa Dalam Upaya Kontinuitas Perawatan dan Pencegahan Kekambuhan Pasien Gangguan Jiwa Di Kabupaten Baucau, Timor-Leste, Periode Tahun 2025

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Latar belakang: Gangguan jiwa merupakan isu kesehatan global dan regional dengan peningkatan kasus yang sangat signifikan, termasuk di Timor-Leste. Untuk mengendalikan peningkatan tersebut, diperlukan penguatan layanan kesehatan jiwa yang merata, khususnya di Kabupaten Baucau. Penelitian ini bertujuan mengevaluasi kualitas dan kontinuitas layanan kesehatan jiwa di *Community Health Center* (CHC), mengevaluasi efektivitas sistem surveilans antarinstansi, serta menganalisis pengaruh pengetahuan, sikap, perilaku dukungan keluarga, faktor sosiodemografi, serta faktor sosiokultural terhadap risiko kekambuhan pasien gangguan jiwa.
Metode: Pendekatan *mixed-method convergent parallel* digunakan untuk substudi evaluasi program dan sistem surveilans, dengan sampel sebanyak 20 pelaksana program yang dipilih secara *purposive sampling*. Substudi analitik menggunakan desain deskriptif kuantitatif *cross-sectional,* melibatkan 122 pengasuh yang dipilih melalui *stratified random sampling.* Evaluasi program dan evaluasi surveilans akan dilakukan analisis tematik, sementara studi analitik akan dianalisis secara univariat, bivariat dan multivariat menggunakan STATA 17.
Hasil: Evaluasi program menunjukkan hambatan kritis, 100% unit CHC dan HP belum memiliki dokumen fisik SOP nasional, tidak ada anggaran mandiri sehingga bertumpu pada program rutin PIS *(Pakote Integradu Saúde/ Integrated Health Package)* dan *SISCa (Serviço Integradu Saúde Comunitária/*Posyandu), keterbatasan sarana prasarana, serta 88.8% fasilitas kesehatan mengandalkan tenaga tunggal. Evaluasi surveilans mengungkapkan kualitas sistem yang rendah karena dualisme pelaporan (100% manual di tingkat CHC dan digital di tingkat kabupaten), HP tidak melakukan pencatatan dan pelaporan mandiri. Kualitas sistem surveilans rendah, ketepatan laporan terhambat oleh alur birokrasi laporan manual, diskrepansi data, serta komunikasi yang tersentralisasi pada *case manager*. Pada substudi analitik, analisis univariat menunjukkan 54.9% pasien mengalami kambuh ≥4 kali pada tahun 2025; 50.8% pengasuh berpengetahuan kurang baik, sementara sikap (42.6%) dan perilaku dukungan (53.2%) berkategori cukup baik. Analisis bivariat (*chi-square)* menunjukkan tingkat pengetahuan (p=0.037) dan perilaku dukungan (p=0.042) secara statistik memiliki hubungan dengan frekuensi kekambuhan. Analisis multivariat menegaskan bahwa tingkat pengetahuan berperan sebagai faktor protektif yang menekan risiko kekambuhan hingga 46% (p=0.049; aOR=0.54), sedangkan lingkungan masyarakat yang tidak mendukung, meningkatkan risiko kekambuhan 2 kali lipat (aOR=2.00). Di sisi lain, variabel perilaku dukungan justru menurun sehingga, signifikan pada tingkat marjinal.
Kesimpulan: Kesinambungan layanan kesehatan jiwa di Kabupaten Baucau belum berjalan optimal karena kendala distribusi SOP, ketiadaan anggaran mandiri program, serta rendahnya mutu surveilans berbasis manual. Pada tingkat domestik, kapasitas pengetahuan pengasuh dan faktor lingkungan sosiokultural menjadi prediktor paling dominan dalam memitigasi risiko kekambuhan.

Keywords: Gangguan Jiwa, Evaluasi Program Evaluasi Surveilans, Kekambuhan, pengasuh, Kabupaten Baucau.

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ABSTRACT

Evaluation Of Mental Health Program In Efforts To Maintain Continuity Of Care And Prevent Relapse In Mental Disorder Patients In Baucau Municipality, Timor-Leste, 2025

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Background: Mental disorders represent a significant global and regional health issue with a substantial increase in cases, including in Timor-Leste. To control this increase, equitable strengthening of the mental health service is required, particularly in the Baucau Municipality. This study aims to evaluate the quality and continuity of mental health services in Community Health Centers (CHC), the effectiveness of the inter-institution surveillance system, and to analyze the influence of knowledge, attitude, family support behavior, sociodemographic, and sociocultural factors on the risk of relapse in patients with mental health disorders.

Method: A mixed-method convergent parallel approach was used for the program and surveillance system evaluation, with a sample of 20 program implementers selected by purposive sampling. The analytic sub-study employed a descriptive quantitative method with a cross-sectional design approach, involving 122 caregivers selected through stratified random sampling. The program and surveillance evaluation were analyzed using thematic analysis, while the analytic study was analyzed univariately, bivariately, and multivariately using STATA 17.

Result: The program evaluation reveals critical barriers: 100% of Community Health Center (CHC) and Health Post (HP) units lack physical copies of national SOPs, budget allocation is minimal, program implementation is integrated into other routine programs such as PIS and SISCa, infrastructure and facilities are limited, and 88.8% of health facilities rely on a single health worker. The surveillance evaluation disclosed low system quality due to dual reporting (100% manual at the CHC and digital at the municipality level), and the absence of independent recording and reporting at HP. Reporting delays were caused by manual bureaucratic workflows, data discrepancies, and communication centralized around the case manager. In the analytic sub-study, univariate analysis showed that 54.9% of patients experienced ≥4 relapses in 2025. 50.8% of caregivers had poor knowledge levels, while attitudes (42.6%) and supportive behaviours (53.2%) were categorized as fair. Bivariate analysis (chi-square) revealed that knowledge level (p=0.037) and supportive behaviour (p=0.042) were statistically significantly associated with relapse frequency. Multivariate analysis confirmed that knowledge level acted as a protective factor, reducing the risk of relapse by up to 46% (p=0.049; aOR=0.54), whereas an unsupportive community environment increased the risk of relapse twofold (aOR=2.00).On the other hand, the supportive behaviour variable decreased to a marginal level.

Conclusion: The continuity of mental health services in Baucau Municipality is not yet optimal due to barriers in SOP distribution, the absence of an independent program budget, and the low quality of the manual-based surveillance system. At the domestic level, caregiver knowledge capacity and sociocultural environmental factors are the most dominant predictors in mitigating the risk of patients relapse.

Keywords: Mental Disorders, Program Evaluation, Surveillance Evaluation, Relapse, Caregiver, Baucau Municipality.