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Effectiveness in Handling People with Mental Disorders

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Abstract

The research addresses how well North Kalimantan Province of Indonesia executes mental health policies to deal with mental disorders (ODGJ) among its population. The practical implementation of Law No. 18 of 2014 faces substantial hurdles because the law specifies integrated service delivery with promotive and curative approaches while preventive and rehabilitative approaches. The study adopted qualitative methods to gather data by interviewing stakeholders along with analyzing documents and performing field observations. The analysis through thematic methodology revealed five significant obstacles which include insufficient infrastructure, poor inter-agency cross-sectoral coordination along with continuous financial limitations and inexperienced workforce shortage and the failure to maximize community health services. Multiple actors take part in implementing the system yet it remains ineffective because policy and execution operate apart from each other structurally. Research results demonstrate an immediate necessity for mental health infrastructure funding alongside improved governance systems and budget inclusion policies as well as human resource development and official recognition of community-led mental health care designs. Through this study researchers gain essential knowledge about strengthening mental health policy in resource-limited settings for providing sustainable and inclusive care to ODGJ patients.

Introduction

Mental disorders are a condition of deviation in a person's thought process, feelings, and behavior. Mental disorders are a health problem that causes psychological or behavioral disabilities caused by disorders in social, psychological, genetic, physical/chemical, and biological functions. According to Law Number 18 (2014), people with mental disorders often abbreviated as ODGJ are individuals who experience disorders with their thoughts, feelings, and behavior which are manifested in the form of symptoms and/or significant behavioral changes and can cause suffering and obstacles in carrying out functions as humans (Gilbert, 2016; Al-Beltagi, 2021; Greene & Manfredini, 2021).

Law number 18 of 2014 concerning Mental Health states that mental health efforts are carried out through promotive, preventive, curative, and rehabilitative approaches that are implemented in an integrated, comprehensive, and sustainable manner together with related cross-programs and cross-sectors. To realize the highest level of public health, various efforts are being made to realize the meaning contained in the Law on Mental Health (Søvold et al., 2021; Puras, 2022; Westberg et al., 2022; Puras et al., 2022; Campbell et al., 2022; Mao & Agyapong, 2021; Coppola et al., 2021).

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The North Kalimantan Provincial Health Office recorded that 3,022 people were categorized as People with Mental Disorders (ODGJ) in the last data collection in 2019. About this problem, the North Kalimantan Provincial Government has paid attention to handling People with Mental Disorders (ODGJ). Based on the Decree of the Governor of North Kalimantan Number 188.44/K.295/2022 concerning the North Kalimantan Province Community Mental Health Steering Team (TPKJM) aims to handle mental health.

This team has the task of identifying, clarifying, and mapping community mental health problems to formulate general policies for community mental health efforts, determining coordination mechanisms and operational policies for community mental health efforts, compiling work programs for community mental health efforts, conducting coaching, monitoring and evaluating the implementation of work programs for community mental health efforts in the short, medium and long term, compiling joint work programs, forming a secretariat as needed, and delivering the results of the implementation of tasks to the Governor of North Kalimantan.

To see how the effectiveness is related to the implementation of ODGJ handling programs in North Kalimantan Province by the government and related leading sectors, the researcher feels the need to conduct a study entitled "Effectiveness in Handling ODGJ in North Kalimantan Province ". For this study, the researcher tries to see whether the handling of ODGJ in North Kalimantan Province has been implemented by the government and related stakeholders through the perspective of the effectiveness of program implementation. Effectiveness itself Generally comes from the word effective which contains the meaning of achieving success in achieving the goals that have been set (Pathony et al., 2020; Lembong et al., 2017; Masyita, 2016). Effectiveness is always related to the relationship between the expected results and the actual results achieved. Effectiveness can be seen from various viewpoints and can be assessed in various ways and is closely related to efficiency. As stated by Arthur G. Gedeian et al in their book Organization Theory and Design which defines effectiveness, as follows: "That is, the greater the extent it which an organization's goals are met or surpassed, the greater its effectiveness" (Gedeian, 1991).

Based on the above understanding if the achievement of the goals of the organization is greater, then the effectiveness is greater. From this understanding, it can be concluded that the achievement of large goals of the organization means the greater the results that will be achieved from these goals. According to Adibowo & Fidowaty (2022) effectiveness refers to two interests, namely both theoretically and practically, meaning that there is a comprehensive and in-depth accuracy of efficiency and goodness to obtain input on productivity. Effectiveness is a condition that influences something impressive, progress, business success, actions, or things that apply (Adibowo & Fidowaty, 2022).

Organizational effectiveness is a construct. Constructs are abstractions that exist in the heads of people, but they have no objective reality (Nurlan, 2019; Lambert & Newman, 2023; Balasubramanian & Fernandes, 2022; Olan et al., 2022). They cannot be pinpointed, counted, or observed. They exist only because they are inferred from the results of observable phenomena. They are mental abstractions designed to give meaning to ideas or interpretations. One difference between constructs and concepts is that concepts can be defined and exactly specified by observing objective events. Constructs cannot be so specified. Their boundaries are not precisely drawn (Kaplan, 1964; Kerlinger, 1973). Examples of other constructs in the social sciences are leadership, needs, intelligence, motivation, and satisfaction. As a construct, the total meaning of organizational effectiveness is unknown. Some authors, for example, have used variables such as productivity to stand as an indicator of organizational effectiveness

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(Goodman, 1979; Goodman & Pennings, 1977). But productivity is a concept, and its total meaning can be captured by measuring the amount of organizational output. The total meaning of effectiveness comprises more than the concept of productivity, however, productivity represents only one aspect of the total construct space. According to Bernard, effectiveness can be defined by four things that describe effectiveness, namely: 1) Doing the right things, which are what should be completed according to the plan and rules; 2) Reach a level above competitors, where you can be the best with other opponents as the best; 3) Bringing results, where what has been done can provide useful results; 4) Dealing with future challenges Effectiveness refers to the success or achievement of goals (Bernard, 1938).

Practically, if we talk about organizational effectiveness it is not likely to go away because individuals are continually faced with the need to make judgments about the effectiveness of organizations. For example, which public school to close, which firm to award a contract to, which company's stock to purchase, or which college to attend are all decisions that depend at least partly on judgments of organizational effectiveness. Whereas the criteria upon which those decisions are made are often difficult to identify, and whereas considerations other than effectiveness are always relevant (political and social), the consequences of individuals nevertheless engage regularly in personal evaluations of organizational effectiveness (Cameron & Whetten, 2013; Cameron & Bilimoria, 1985). This also points out one reason why organizational effectiveness is more problematic for organizational researchers than for the general public. Researchers have struggled to develop general models for consistently and regularly measuring and defining effectiveness, whereas members of the general public have less trouble making judgments about organizational success. When direct evidence for success is not available (productivity or output), almost any secondary, but visible, criteria are selected as a basis for judgments (furnishings of the buildings, or the appearance of organization members) (Strati, 1990). Unfortunately, the public's judgments are often based on criteria that are unrelated to or inconsistent with organizational performance.

The most powerful constituency can rarely be identified in organizations with multiple constituencies (and few organizations rely on only one major constituency). Like effectiveness criteria, the relative power of a constituency is partly based on subjective assessments, and the judgments change depending on who is doing the rating. In rating the relative power of the major constituencies of colleges, for example, faculty members, administrators, trustees, funders, and legislators all produced different rankings (Cameron, 1982). It was impossible to determine objectively which constituency was most powerful because each group gave a different answer. Even if it is assumed that the most powerful constituency could be identified, no organization could survive by focusing only on one constituency's preferences while ignoring other constituencies. Solving Multiple Preference Problems. One potential solution to the problem of contradictory or unrelated constituency preferences is illustrated in Figure 1.

Each axis in the figure represents the preferences of a different constituency. Members of Constituency A prefer that the organization performs at the very top of the scale on the vertical axis. Members of the constituency prefer that the organization performs at the right-hand end of the horizontal axis. A point is identified for each constituency that represents minimal satisfaction of preferences, or a minimally satisfying level of performance for the organization. Below that point, the constituency is dissatisfied. If the preferences of constituencies A and A are largely unrelated (or negatively related) as Friedlander & Pickle (1968) and Whetten (1978) found, then a preference curve can be drawn to illustrate the organization's performance. The more the organization pursues constituency as preference, the less satisfied constituency A is, and vice versa. However, a point can be identified (point X) where both constituencies are minimally satisfied. The organization's performance is not high on either set of preferences,

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but it is satisfactory. This multiple constituency implies that satisfactory effectiveness is better for the organization than maximum perspective effectiveness on any one constituency's criteria. Organizational effectiveness is increased, according to this perspective, only as constituency preferences become more compatible.

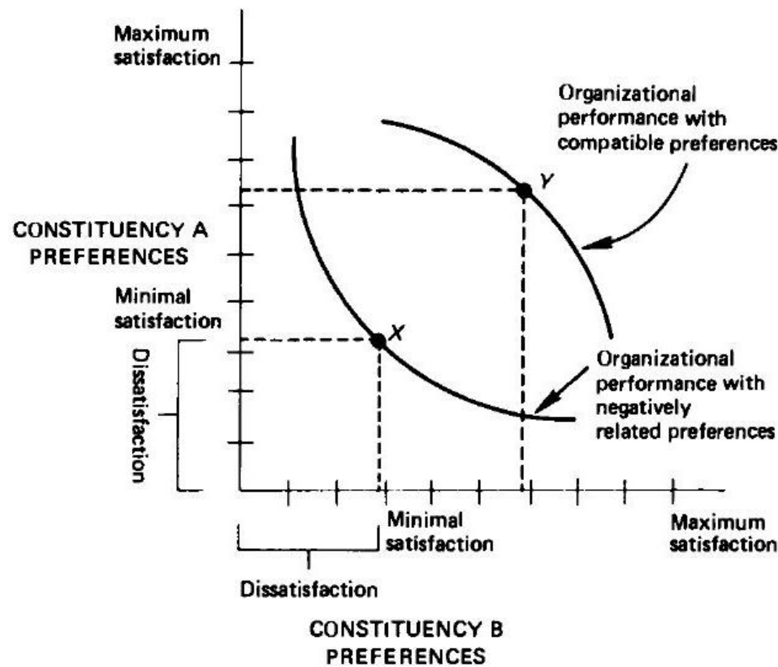

Figure 1. Organizational effectiveness under conditions of compatible and incompatible constituency preferences (Cameron, 1982).

The present view of organizations, then, is based on the assumption that because people's behavior determines organizational behavior, the important questions of interest in studying organizational effectiveness have to do with understanding the cycles of *goal definition —> organizational design —» attraction —» selection —> attrition —> comprehension —> goal definition* that characterizes a particular organization.

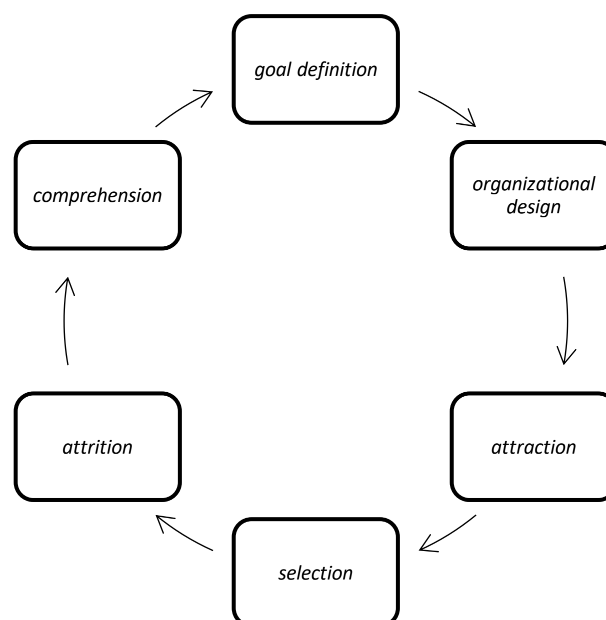

Figure 2. Organizational effectiveness cycles (Cameron & Whetten, 1983)

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It can be predicted that the clearer an organization is about the importance of monitoring organizational imperatives and setting in motion processes for appropriate goal definition and coping with change, the more viable the organization will be. The way organizations can make this happen is by ensuring that they attract, select, and retain people who will engage in these future-oriented kinds of behaviors. Consideration of the role of personnel selection as a determinant of the kinds of people in organizations will reveal the importance of these issues for organizational viability (Cameron & Whetten, 1983).

Methods

The study follows a qualitative descriptive design to evaluate how North Kalimantan Province implements its mental health policy toward mental disorder patients (ODGJ). Qualitative research methods offer the most suitable approach because this study needs to understand social processes and stakeholder views and systemic challenges and institutional dynamics that quantitative statistics cannot measure effectively. This research seeks to obtain a thorough explanation of mental health service design and implementation and experiential aspects across multiple levels of government and society.

Research Design

The researchers performed this investigation as a case study analysis which concentrated solely on North Kalimantan Province. The researcher chose this design to better observe the real-life conditions where mental health policy implementation takes place. The research examines how the local government applies Mental Health Law Number 18 of 2014 in their regional initiatives while collaborating with stakeholders to deliver services.

By using the case study approach researchers can examine multiple sources of data from diverse perspectives to gain complete understanding of ODGJ handling effectiveness. Surface-level and quantitative approaches would not detect certain implementation gaps together with specific barriers and opportunities which the study helps analyze.

Data Collection Techniques

The research data collection included deep interviews and document assessment alongside real-time observation methods. The research team utilized these data collection methods because they provided diverse points of view about how mental health policies operate in North Kalimantan.

The main method for data collection consisted of extensive interviews. The research team interviewed major participants since they carry duties in mental health delivery and policy development throughout the province. The research investigated Community Mental Health Steering Team (TPKJM) members together with officials from the North Kalimantan Provincial Health Office and mental health practitioners including psychiatrists and psychologists and social workers and NGO representatives and local government administrators. The researcher conducted interviews that focused on ODGJ family members to collect experiences regarding their lives. The research method incorporated semi-structured interviews which offered flexibility but maintained consistent examination of topics throughout all sessions including resource assessment and inter-agency relations as well as service access and policy implementation. Participants used open-ended questions to deliver complete descriptions along with contextual information about their opinions.

The study adopted document analysis as an additional method to confirm data that emerged from interview findings. The study examined every relevant source starting from original documents followed by secondary material consisting of policy manuscripts along with

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government rules and regulations and reports about strategic planning and financial statements for mental health programs together with TPKJM coordination meeting documentation. The researcher evaluated these documents to track down the official organizational designs and motives guiding mental health programs in the targeted region. The research provided an opportunity which allowed investigators to compare the current implementation of policies with the intended blueprint. The researcher's analysis of official documents enabled them to observe and document differences between stated policies and their real-world application for managing ODGJ while learning about the institutional forces which promoted or blocked their implementation.

The research conducted direct onsite observations at all important facilities offering health and social services in North Kalimantan. The researcher inspected regional hospitals together with social rehabilitation institutions while also visiting Puskesmas health centers throughout the area. The researcher inspected key facilities while taking records about infrastructure quality and medical equipment inventory alongside staff distribution and operational routines and center support systems. Recordings were made from check-ups on community outreach efforts together with direct experiences of staff activities and patient engagement. The researcher needed to participate directly at the sites to get crucial information about service delivery which other collection methods would not reveal adequately. The researcher used observations to authenticate interview information and discover operational difficulties which remained hidden during policy discussions.

Sampling Strategy

The research adopted purposive sampling to pick participants as informants. Examining professional achievements along with institutional duties formed the basis which determined who would participate. Multiple sectors within health services alongside social services together with local government and civil society were included in the sample design.

Data collection procedures went on until thematic saturation occurred because new significant insights stopped emerging from new interviews. About 15 to 20 subjects participated in interviews which required further discussions to obtain proper insight.

Data Analysis

The study employed thematic analysis as an accepted qualitative research technique to determine patterns and themes in gathered data. The selected method let the researcher interpret the data's substantial meaning specifically regarding mental health policy execution and service delivery for people with mental health disorders (ODGJ) in North Kalimantan.

The research commenced with converting every recorded interview into written text. Transcripts together with direct observation notes and selected policy and program document sections received systematized review. The researcher performed multiple examinations of the data to gain knowledge about its contents before selecting important information. The first stage of open coding required highlighting essential text elements from the study such as coordination methods alongside budget limitations and infrastructure requirements and staffing resources and legal commitments.

The researcher transitioned into axial coding after which point he organized the initial codes through relationships and patterns to construct wider categories. Different codes that describe resource barriers and staffing issues and inadequate infrastructure systems were merged into the main category of “systemic barriers.” Several codes describing both inter-agency support activities alongside local capacity-building initiatives belonged to the “inter-agency support”

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along with “capacity-building” subcategories. These groupings enabled the researchers to identify patterns which represented the key challenges and experiences of stakeholders operating throughout the mental health service system.

The research team refined the most important and repeating patterns during selective coding to reconnect them with the core objective of analyzing ODGJ handling in North Kalimantan. The researcher analyzed how the identified themes related to each other as well as what they communicated regarding the advantages and limitations of the present system framework. The researcher created an explanatory framework that explained both observed ground-level activities and their causes as well as the systemic factors that led to successful or unsuccessful outcomes.

Throughout the analysis period the research approach relied on triangulation because it combined interview data with documentary evidence and observational findings. The validation through multiple evidence sources led to higher credibility of examined outcomes. Academic supervisors together with colleagues reviewed thematic interpretations through peer debriefing sessions to guarantee their alignment with the data source while maintaining consistency. The research approach demanded continuous feedback between the data and investigator who revisited the information and reassessed the impact of their preexisting ideas on interpretation.

Result and Discussion

Context of the Study

The research site located in North Kalimantan Province stands out as an Indonesia region that experiences geographic difficulties and limited health care services including mental health care. The province encounters distinct barriers in its attempt to execute national mental health legislation (Law No. 18 of 2014) within local settings because of its lack of basic infrastructure and qualified staff and minimal policy structure in that area.

The study obtained data from several weeks of interviews involving North Kalimantan Community Mental Health Steering Team members, psychiatric professionals, social service workers, public health officials and actors at the community level. The researcher conducted onsite observations through several service facilities which included both Puskesmas community health centers and local government offices together with informal rehabilitation shelters.

Every interviewed participant possesses direct knowledge about mental disorder program deployment or support activities (ODGJ). The researcher's firsthand observations confirm that the region follows an inconsistent and varied pattern of mental health care practices according to the insights gathered from participants. The study organizes its findings into thematic categories which developed from a thorough transcript and field note and policy document coding process. The research backs each theme with informant and observational data which results in critical assessments of North Kalimantan's ODGJ handling effectiveness.

Inadequate Infrastructure and Medical Facilities for Mental Health Care

Nearly all informants throughout the study underlined the extreme deficit of specialized facilities for treating and rehabilitating people with mental disorders (ODGJ) throughout North Kalimantan. Interview and observation results identified that North Kalimantan has no essential elements which would allow building adequate mental health support systems.

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"We do not have a single psychiatric hospital in the entire province. If someone has a severe mental condition, we have to send them to South Kalimantan or East Kalimantan."—Provincial Health Official, Informant 4

This statement shows the core functional defect. Without a psychiatric hospital the state demonstrates its doubtful commitment to mental health while providing delayed healthcare. Families who are poor or rural face impractical or too expensive long-distance mental health referrals which leads to untreated or neglected cases of mental illness.

"We try to help, but we are not trained in handling psychiatric patients. Sometimes, we just refer them to another hospital that might be days away for the patient's family."—Nurse at Puskesmas, Informant 9

Human resources deficiency intensifies beyond basic facility limitations at this point. The lack of training for nurses and general practitioners managing complex mental health cases elevates the risk of mistreatment and incorrect analysis together with public discrimination against patients. A continuous professional development system for mental health does not exist today.

"There are people here with mental illnesses, but because there's no place to take them, their families keep them locked in. It's not cruelty—it's desperation."—Village Head, Informant 12

The sad announcement reveals how organizations fail to maintain social stability when their systems do not perform adequately. When family members face both emotional distress and lack of support they sometimes choose unhealthy solution methods. Mental health patients use isolation as an emergency solution when professional services are unavailable which directly opposes national mental health rights established by human rights framework.

"Without facilities, we can't carry out any rehabilitation programs. It's like treating a broken leg without a hospital or crutches."—Social Services Officer, Informant 7

Management centers that do not exist cannot execute intervention programs because of this fundamental technical difficulty. The absence of infrastructure negates any attempt at long-term recovery and social reintegration, key elements in effective mental health policy.

"There's no consistency. When we do get a visiting psychiatrist, it's like a one-time favor, not a system."—Hospital Administrative Staff, Informant 5

The existing services demonstrate their vulnerability through this statement. Mental health care delivery depends entirely on luck instead of planned systems thus further damaging public trust and diminishing institutional dependability.

The mental health care system of North Kalimantan presents two major structural issues because it lacks necessary physical infrastructure and experienced personnel. The deficient system goes beyond logistical problems for it hinders care access and reduces service quality while disturbing principles of equitable treatment and dignity preservation. The system proves ineffective through its insufficient design because it lacks psychiatric hospitals and trained personnel with community-based care servicesAny policy structure regardless of its quality cannot substitute basic infrastructure problems. Any efforts to enhance the effectiveness of ODGJ handling need to start with substantial investments that build facilities while training the workforce and developing regional systems.

Fragmented Inter-Agency Coordination and Policy Disconnect

The collected data point to fundamental problems between government agencies who struggle to unite their efforts and policy creators who fail to link strategies to operational deployments.

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The Indonesian mental health policy demands sector integration among health services together with social services and law enforcement and local government yet these agents fail to work together effectively in North Kalimantan. Agencies perform in separate departments leading to service delivery gaps because their responsibilities create overlapping or ambiguous mandates that produce inconsistent treatment results for ODGJ.

> *"We actually have a steering team (TPKJM), but the meetings are irregular, and even when they happen, not all agencies attend or follow up."*—TPKJM Member, Informant 2

The statement demonstrates how ill-equipped institutional partnerships function when executing their duties. TPKJM shows signs of excellence through its organizational structure yet fails to operate effectively due to insufficient coordination from members combined with a lack of shared objectives and meaningful follow-up steps which transform it into an emblematic entity instead of an operational system. Such fragmentation violates one of the central purposes of integrated policy structures defined by these frameworks.

> *"Sometimes we wait for the Social Office to handle cases, but they think it's the Health Office's responsibility. We just end up doing nothing because we don't want to overstep."*—District Health Officer, Informant 6

This situation involves more than inadequate communication since roles remain unclear. Agnecies refrain from taking action because they worry about disputes regarding jurisdiction. A policy implementation void exists because administrative disorganization fails to produce effective urgent responses for vulnerable people.

> *"Every office has their own program, but they don't connect. Mental health is everyone's business, but at the same time, no one's responsibility."*—NGO Representative, Informant 11

The statement presents a comprehensive view of the accountability issue. The lack of shared responsibility toward mental health occurs as an effect of insufficient leadership and deficient coordination frameworks and planning structures which result in administrative paralysis. Bureaucratic inaction becomes apparent through the phrase "Everyone's business yet no one's responsibility" that prevents advancement.

> *"We already have the Governor's Decree, but it's not backed by a clear budget or operational procedures. So it just stays on paper."*—Social Affairs Official, Informant 3

This quote exposes the policy-practice gap. Even when political will exists, such as through the Governor's Decree establishing the TPKJM, it fails to materialize into impact when not accompanied by technical guidelines, resource allocation, or enforcement mechanisms.

> *"Even within our own department, there's confusion. One unit might be doing outreach, while another is planning something similar, and we're not talking to each other."* — Health Department Staff, Informant 10

The lack of internal coordination within single departments exacerbates the broader inter-agency dysfunction. Such resource inconsistency together with personnel frustration creates negative outcomes for project management. A proper internal organization is required first before partnerships between different sectors can achieve genuine success.

North Kalimantan experiences significant operational deficits due to the broken system of inter-agency coordination handling ODGJ incidents. The existing framework through laws and

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policies requires coordinated actions between sectors yet operational execution demonstrates uncoordinated and irregular response mechanisms. The study demonstrates that agencies operate independently while programs lack clear guidance and cooperative actions are voluntary rather than integrated into the system. The lack of unity between agencies creates service delays and results in unmet needs which causes vulnerable people to drop out of the system. Without clear coordination between programs the combined effect becomes weaker while none of the institutions takes ownership for the results. The effectiveness of mental health care requires mandatory coordination systems between health services and joint funding and recognized roles for all participating organizations.

Lack of budgetary control together with resource allocation mismanagement

This study points out the critical problem of inadequate financial support and wrong distribution of funds for mental health programs in North Kalimantan. The national and regional governments have made commitments toward mental health promotion yet their financial support for dealing with ODGJ falls far short of funding levels for other health and social welfare initiatives. Such a system functions ineffectively regardless of policy implementation along with adequate personnel deployment.

> *"We are told that mental health is a priority, but when the budget comes, it's only enough for socialization activities—no medication, no staff training, nothing substantial."*—Provincial Health Planner, Informant 1

This statement reveals there is a difference between what decision makers say and how much funding they allocate. When authorities show support for mental health they fails to provide funds which enable people to receive concrete services. Strategic plans become mostly symbolic when organizations fail to obtain sufficient resources.

> *"Every year we propose a larger budget for psychiatric care, but it always gets slashed because the focus is on infectious diseases and maternal health."*—Finance Division Staff, District Health Office, Informant 8

Resources dedicated to health face strong competition in the framework of existing health budgets. Mental health remains at the bottom of funding priorities compared to more readily visible health matters and statistical health issues. The denial of proper public health treatment to mental health occurs because society trivializes and misunderstands mental illness.

> *"Even when we receive funds, they often arrive late, and the amount is unclear. By the time we process procurement, the year is almost over."*—Program Manager, Mental Health Outreach, Informant 13

The statement points to timing along with procedural problems which extend beyond budgetary limitations. Budget disbursement delays make approved budgets useless which harms program planning and lowers the chance of sustainably effective interventions.

> *"Sometimes, we use our own money just to transport patients or buy their meds. There's no guarantee we'll get reimbursed."*—Puskesmas Mental Health Officer, Informant 14

Staff on the front line cope with budget deficiencies which push them to provide essential care needs that exceed their normal responsibilities. This admirable practice presents an unsustainable solution which indicates systemic failure because it shifts state duties onto worker individuals.

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> *"Budget discussions rarely include input from people who understand mental health. So, the allocations don't match the real needs."*—NGO Psychosocial Support Lead, Informant 15

The quote reveals how active involvement of domain experts in planning would prevent funding from going toward inadequate targets. Budgeting processes which exclude substantive practitioner involvement create decisions that fail to match human service operations.

The available evidence demonstrates a sustained pattern of mental health budgets being insufficient combined with poor management while planning and operational activities remain mismatched. Limited funding resources make existing programs weaker and blocks both program progression and expanded programs while inhibiting their capacity for growth. Funding that becomes available tends to arrive at wrong times because it is improperly distributed or limited for specified purposes. The persistently limited funding causes multiple negative effects which block infrastructure development while blocking hiring and procurement of staff and medicine as well as outreach programs. The lack of funding strips away morale while pushing healthcare workers to adopt unhealthy job-related survival methods. Relationships between ODGJ policy delivery and effective results require investments which align with objectives alongside budget processes that actively involve stakeholders and distribution systems that enhance their operational capacity.

Lack of Trained Human Resources and Professional Support Systems

All field observation and interview data confirm the significant structural problem of trained mental health workforce shortages in service delivery. Professional teams treating ODGJ conditions lack sufficient training and self-assurance about case management including medical doctors, nurses, social workers, community health officers in addition to psychiatrists and psychologists. Services in North Kalimantan experience both diminished coverage and inferior mental healthcare because of the absence of training support for professionals.

> *"We only have one psychiatrist for the entire province, and even they are based in Tarakan, far from most districts."*—Health Department Mental Health Coordinator, Informant 16

The dire professional shortage appears through this declaration. The entire population in this province faces an absolute barrier to proper diagnosis since there is only one psychiatrist available to handle the entire area. This situation exhausts the limited healthcare workers who lack both medical qualifications and competency to treat psychiatric disorders.

> *"We never received training in dealing with psychiatric patients. If someone comes in with hallucinations or aggression, we don't know what to do."*—Puskesmas Nurse, Informant 17

People with mental health conditions often interact first with staff members who lack appropriate mental health knowledge according to this quotation. Patient safety risks result from inexperienced healthcare providers who develop both provider neglect and patient misunderstanding and fear.

> *"Handling ODGJ is emotionally draining. Sometimes we feel abandoned. There's no mental health supervision, no peer support, nothing."*—Field Social Worker, Informant 18

The matter extends beyond technical capabilities because mental health providers also need emotional backup and support. Staff members experience high turnover rates alongside burnout

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mainly because they receive no formal supervision or psychosocial assistance for managing traumatic situations leading to inadequate service continuity.

> *"The medical staff often say, 'That's not our job,' when it comes to ODGJ cases. There's no integration mindset—no shared responsibility."*—Community Health Volunteer, Informant 19

The health system shows deeper institutional along with cultural divisions about how they view mental healthcare delivery. Staff who do not consider mental health within their work scope end up dismissing essential interventions as the system maintains its inefficient operations.

> *"We have many young graduates willing to work in the field, but there's no structured career path in mental health. So they leave for other sectors."*—University Faculty Member, Informant 20

The system demonstrates its inability to build or keep mental health workforce development by such statements. The lack of incentives together with career development and job security drives skilled professionals to pursue alternative options through which they find better stability. This produces long-term deficits in the field.

Health policy effectiveness faces severe limitations due to insufficient training among human resources combined with insufficient professional support systems. Infrastructure together with budgets remain essential baseline requirements yet skilled personnel who receive professional support and institutional appreciation and maintain their confidence are crucial for service operations. Multiple institutional levels from basic health staff members to psychiatric professionals experience a deficiency of qualified workers due to insufficient staffing resources. When training programs and career incentives and emotional support systems are weak the system forces its employees to perform impossible tasks leading to service failure for those who need help. A strategic improvement plan requires building capacity through training all levels of staff with established support systems for mental health professionals.

Community-Based Approaches and Their Unrealized Potential

In addition to their infrastructure shortcomings and coordination deficits and resource restrictions formal systems have received important feedback showing that community-based alternative strategies may provide new ways to handle ODGJ. These promising local initiatives fail to fulfill their potential because they suffer from scarcity of institutional backing combined with inadequate funding and lack of proper institutional support.

> *"We've done training for families on how to support ODGJ at home, but it was just a one-time activity. After that, there was no follow-up."*—District Health Officer, Informant 21

The above quote shows that community education programs show uneven patterns in their actual execution. Quite often the awareness programs get started but lack continuous support which results in families having insufficient knowledge and no ongoing support system. Caregivers who lack institutionalized support become both frustrated and helpless because of a lack of sustained care.

> *"There are local volunteers who actually understand the community, but they are not recognized or supported. Everything they do is out of goodwill."*—NGO Mental Health Coordinator, Informant 22

The maker of this statement has exposed the hidden framework of grassroots care through everyday community workers who sustain essential services beyond official institutions.

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Although their essential service remains unofficial it lacks sustainability because they receive no recognition or support for development or payment. Not supporting local actors who provide essential health services means the chance for culture-specific prevention and large-scale implementation diminishes.

> *"Some villages have tried to set up support groups, but without guidance or funding, they die out quickly."*—Community Health Facilitator, Informant 23

The primary challenge exists because organizations do not provide enough support structures for grassroots innovation development. District and provincial health planning systems fail to incorporate community-led solutions thus making them incapable of survival. The successful advancement of what could become transformative initiatives struggles to gather enough momentum to reach policy decision makers.

> *"Families often ask, 'What should we do?' But when we refer them to a health center, they find no specific help there. So they stop trying."*—Volunteer Mental Health Advocate, Informant 24

Such an incident demonstrates how awareness efforts at the community level fail to properly link up with official responses. Families who show willingness for care get their efforts undermined by poor communication between outreach services and follow-up support which deteriorates both trust and engagement. Community-based approaches must have both responsive referral systems to succeed.

> *"We need a model that fits our context. Copying the big-city approach won't work here. Our strength is in the community, but we have to build it properly."*—Local Academic Researcher, Informant 25

The spoken statement explains why localized community models need specific neighborhood foundations. The design of mental health programs requires an understanding of the cultural context combined with knowledge of geographical location and how locals relate with each other. Local stakeholders need to co-design strategies which should not include imported urban approaches.

North Kalimantan shows large latent opportunities to develop community-run mental health programs according to the information the research has uncovered. Formal structure scarcity together with limited professional expertise allows community members to assume key roles in local mental health prevention work and assistance programs as well as sustained care. The current local mental health approaches face three major problems including fragmentation while also suffering from neglect and the absence of institutional backing. No strategic plan exists to develop, train or support community volunteers in their mental health work as it relates to the broader mental health system. Significant improvements in handling ODGJ happen when healthcare institutions work together with community actors and families receive continuous training through community mobilization initiatives. The correct development and organization of a community-centered method provides the potential to supply enduring mental healthcare that scales across different cultures within resource-constrained areas.

The Implementation of Mental Health Services for ODGJ requires collaboration between policy development and field practices in the North Kalimantan region

Research investigated North Kalimantan's implementation of mental disorder (ODGJ) policies along with their operative practices particularly regarding the translation of national regulations at the regional level. The five main themes found in the study uncover multiple breakdowns in the mental health system that include insufficient infrastructure and poor coordination between

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agencies together with insufficient funding and untrained professionals and failing community-based programs. Each of these issues generates multiplying impacts which indicate systematic mistakes in both mental health governance frameworks and implementation procedure.

North Kalimantan fails to achieve National Policy minimum requirements because its absence of psychiatric institutions or enough support for mental health units. According to Law No.18 of 2014 on Mental Health the welfare approach includes four components: promotion, prevention, treatment and rehabilitation that require integrated sustained care delivery (Republic of Indonesia, 2014). National policy exists with clear guidelines but the current healthcare infrastructure fails to put these policies into practical effect. ODGJ find themselves confined in homes or informal settings because of unavailable care facilities which creates a critical human rights problem (Puras, 2022). The absence of diagnostic and treatment facilities and reintegration locations denies Department of Guardianship of Juvenile (ODGJ) access to their basic health rights.

The research demonstrates significant failure among different agencies to collaborate when the Community Mental Health Steering Team (TPKJM) performs its operations. Søvold et al. (2021) argue that mental health treatment demands joint cooperation between health services with social services education and local governance units in North Kalimantan although this mechanism exists in name only. Fragmentation together with duplication occurs when roles are not defined and goals are not shared and communication is not structured effectively (Cameron & Whetten, 1983; Goodman, 1979). According to Whetten (1978) and Cameron (1982) and previous research shows how public organization effectiveness declines because of diverse stakeholder disagreement. The service delivery becomes delayed and responsibilities shift without proper oversight because of fragmented care approaches in ODGJ programs.

The organization faces lasting budget limitations which worsen its existing governance challenges. Cognitive assistance for mental health programs receives public backing but actual financial support proves minimal and delayed with no matching intent to true clinical requirements. According to Adibowo & Fidowaty (2022) the evaluation of effectiveness needs both theoretical and practical assessments because it requires inputs to be properly aligned with outputs. The provided funding cannot create sufficient meaningful results when used as input. Mental health budgets frequently shift to politically prominent healthcare sectors while the research indicates mental health services continue to rank last as funding priorities despite increased burden rates (Westberg et al., 2022). A dangerous pattern develops when inadequate funding generates poor results that provide proof points for further budget cuts.

The situation becomes more troubling because trained staff along with suitable professional support systems are completely absent. The effectiveness of organizations depends on human capital because competent motivated employees need appropriate structural support from the organization (Kaplan, 1964; Gedeian, 1991; Benevene & Cortini, 2010; Rezaei et al., 2021; Mulang, 2021). The research shows that front-line professionals lack training and feel a lack of backing while discussing psychiatric situations. Studies by Søvold et al. (2021) support findings that demonstrate health workers require mental well-being to be treated as a significant public health matter because they face burnout along with emotional exhaustion and insufficient leadership support. The system requires appropriate incentives together with structured training programs and recognition practices for attracting and retaining the necessary workforce that will deliver lasting ODGJ care. The research confirms Balasubramanian & Fernandes (2022) by showing that adaptable institutions together with crisis leadership form the foundation for building resilient health systems particularly within neglected care areas like mental health.

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The research outcomes highlight potential success from community-based care although this potential remains unexploited at present. Family caregivers along with volunteers and leaders based at the village level currently support ODGJ work even though they operate outside official policy structures. Grassroots community members currently deliver culturally sensitive healthcare within a locally embedded system which has great potential to expand through official policy integration (Carter, 2022; Panaite et al., 2024; Knowles et al., 2023; Reddy et al., 2023; Ahrweiler, 2025). Most primary health care initiatives remain unconnected and unsupported because the formal health system cannot detect their activities. The "scoping gap" in mental health help-seeking exists according to Westberg et al. (2022) and denotes a situation where discretionary local efforts do not obtain institutional backing or policy authorization. These community models have potential to build an effective mental health system when they receive necessary support and expertise for development from training to supervision and financial resources (Ugwu et al., 2025; Lansing et al., 2023; Stockton et al., 2021).

The findings indicate that ODGJ policy implementation effectiveness in North Kalimantan shows low results because the current system fails to align these measures with intended policy, structural components, resource availability, and cultural support. An organization reaches effectiveness according to Gedeian (1991) when it exceeds its target goals. In this case, the goals of Law No. 18/2014—comprehensive, sustainable, and cross-sectoral mental health care—remain largely unmet. Strategic problems alongside operational challenges form the true causes of this failure. Programmatic changes alone are insufficient to tackle this problem because it demands fundamental structural reforms regarding governance and financing systems alongside capacity development along with cultural transformations in the bureaucratic system (Zein, 2023; Supriyanto, 2016).

The necessity proves itself in practical terms because mental health should not serve as a secondary consideration. A comprehensive mental health system needs to become part of health governance while receiving continuous funding support from dedicated budgets which allows trained professionals to apply adaptable services to each specific setting. North Kalimantan governments need both authority and responsibility to establish a coherent mental health plan together with efficient infrastructure and strong coordination and community-based elements while maintaining solid financial backing.

Conclusion

Research shows North Kalimantan faces a severe problem in policy execution regarding mental disorder handling (ODGJ) because fundamental institutional barriers persist. The provincial translation of national mental healthcare provisions according to Law No. 18 of 2014 faces difficulty due to limited infrastructure and insufficient funding and uncoordinated inter-agency support and untrained personnel alongside underutilized community-based services.

Most of the districts display restricted or nonexistent essential services for ODGJ due to the lack of mental health facilities and intensifying shortage of mental health professionals. The breakdown of inter-sectoral collaboration mechanisms represented by the TPKJM stops the national policy-mandated integrated system of cross-sectoral programs from functioning effectively. The insufficient funding allocation combined with quantitative disbursement irregularities and the absence of mental health specialist participation in planning processes eliminate the useful impact of available budget resources on the mental health program. The promising community-driven initiatives to handle ODGJ face challenges because they receive no official support nor do they have a structured design nor are they connected to existing official systems.

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комісії ODGJ Recommend intervention in North Kalimantan requires fast implementation of multiple strategy components. This must include: (1) significant investment in mental health infrastructure and human resources; (2) clear operationalization and strengthening of coordination platforms such as TPKJM; (3) stable, needs-based mental health budgeting with timely disbursement; and (4) formal integration and empowerment of community-based models through training, supervision, and incentives. Only through these reforms can mental health policy move beyond symbolic commitment and toward real, measurable improvements in care delivery, dignity, and social inclusion for ODGJ.

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