
THE DECISION OF PASAR JIWA INNOVATION ADOPTION IN THE EARLY PREVENTION OF MENTAL HEALTH ISSUES AT THE BUBAKAN HEALTH CENTER, PACITAN REGENCY

Hendro Harmoko¹, Kristina Setyowati², Rino Ardhian Nugroho³

Universitas Sebelas Maret, Surakarta, Indonesia

Email: hendro.harmoko@student.uns.ac.id¹, kristina@staff.uns.ac.id², rino.nugroho@staff.uns.ac.id³

KEYWORDS:

adoption decision;
innovation; community
health center; mental
health.

ABSTRACT

The research method uses a qualitative approach with in-depth interviews with health workers, patients, and related parties at the Bubakan Health Center. The results showed that the decision to adopt Soul Market innovations was influenced by several factors, including awareness about mental health issues, availability of resources, support from authorities, and perceptions of the benefits of innovation. The findings of this study indicate that efforts to prevent early mental health problems require cooperation between authorities, health workers, and the community. The adoption of Mental Market innovations can be an effective first step in addressing mental health issues at the community level. The practical implication of this research is the need to raise public awareness of mental health issues and increase the support and resources available in Puskesmas to facilitate the adoption of these innovations. This research makes an important contribution to the understanding of early prevention efforts of mental health problems at the community level, especially in Puskesmas Bubakan, Pacitan Regency, and can be a reference for the development of more effective early prevention strategies in the future.

INTRODUCTION

Overall, mental health treatment in Pacitan Regency has not been going well ([Yudhastuti et al., 2019](#)). This is due to the treatment gap between people with mental disorders and Puskesmas as a basic health service unit, which still tends to prioritize the function of curative and rehabilitative services. In addition to these factors, there are also problems and difficulties in handling mental disorders, especially at the Bubakan Health Center. This factor is the existence of social stigma for people with mental disorders. Having a mental disorder is still considered a taboo or even a disgrace in the family ([Yudhastuti et al., 2019](#)). People with mental problems still often get ostracized and discriminated against, making the healing process difficult for the sufferer himself. Many sufferers still face social stigma and discrimination due to the relationship between life and social responsibilities involving people with mental disorders ([Burmeister & Marks, 2016](#)). The social stigma surrounding mental health issues not only affects sufferers but also their families. The social stigma surrounding mental health issues not only affects sufferers but also their families. Families with mental disorders will tend to hide the mental illness of their family members to avoid social stigma, so as not to be isolated from their environment ([Pratt et al., 2016](#)). Families with mental

disorders in rural areas will tend to deal with it in a non-medical way. This is because most people still believe that mental health disorders are caused by irrational or supernatural things, such as magic, the entry of evil spirits, and/or because they violate prohibitions and others ([Suwarno, 2008](#)).

In addition to the two main issues mentioned above, the problem of community literacy, especially in rural areas, also influences. Low literacy, in this case, mental health literacy, is still very influential. This is revealed from the assumption in the community, especially in the Bubakan Puskesmas work area, that mental health is no more important to getting medical care and treatment when compared to physical health. Although physical health and mental health are two things that cannot be separated. Good physical health will be associated with good mental health. Vice versa, because talking about health holistically, must combine the two ([Crepaz-Keay, 2016](#)). Stuart Geoffrey ([Nuryani et al., 2022](#)) also said that people in rural areas have a high risk of mental health because they consider symptoms of mental disorders to be common. In fact, in some rural communities, there is still the practice of shackling people with mental disorders using wood or leg chains, including confinement ([Ayuningtyas et al., 2018](#)).

In addition, geographical conditions in the Bubakan Puskesmas work area also affect the handling of mental health disorders. This is considering that to get to the basic health service center, namely the Bubakan Health Center, these mental patients need a relatively long time due to hilly geographical conditions. For this reason, the role of mental health cadres at the Bubakan Health Center is expected to help ease the burden on patients in overcoming these geographical problems. Mental health cadres are scattered in each village as a form of collaboration between the government and the community. As Alter and Hage explain ([La Ode Syaiful Islamy, 2018](#)) collaborative efforts are approaches to achieve goals flexibly in less time. This collaborative approach, one of which is through the innovation movement. This innovation aims to provide fast and standard service so that more severe mental disorders do not occur. Meanwhile, according to ([Burmeister & Marks, 2016](#)), to support social roles as part of a recovery-oriented approach for people with mental disorders, it is necessary to collaborate across sectors holistically by creating easy access to direct services to patients through infrastructure improvements ([GHAFAR & Cahya, 2023](#)).

In general, mental health development is not only a burden and responsibility of the government, but also the responsibility of the community. Active community participation is needed for the success of health development in an area ([Arianto & Fitriana, 2013](#)). In line with this statement and at the same time as an effort to deal with mental health problems in the working area of the Bubakan Health Center, Tulakan District, an innovation called Puskesmas Sadar Jiwa abbreviated as PaSar Jiwa has been born. In short, PaSar Jiwa aims to deal with delays in finding People With Mental Disorders (ODGJ) so that more severe mental disorders do not occur. PaSar Jiwa is one of the five mental health treatment innovations in Pacitan Regency.

The five innovations are as follows:

Table 1
Mental Health Service Innovation in Pacitan Regency Until 2021

No	Organizational Units	Innovation Name
1	Health Office	Kahur Saji (Sahabat Jiwa Friendly Residential Room)
2	Temple Health Center	Posyandu Jiwa Services
3	Kebonagung Health Center	Posyandu Jiwa Services
4	Gondosari Health Center	Soul Promise (No Stigma for People with Mental Disorders)
5	Bubakan Health Center	PaSar Jiwa (Puskesmas Sadar Jiwa)

Source: Pacitan District Health Office in 2021

Of the five existing mental health treatment innovations, the author chose the Bubakan Health Center with PaSar Jiwa Innovation as the research location. This is as information from the Organizational Section of the Regional Secretariat of Pacitan Regency as the regional coordinator of the Public Innovation Service Competition, that the PaSar Jiwa innovation is the only innovation (of the five innovations mentioned above) that has been verified and validated, both in terms of data completeness, cadre readiness and service coverage to represent Pacitan Regency at the Public Innovation Service Competition at the East Java Province level in 2021.

The adoption of the PaSar Jiwa innovation has been carried out by the PaSar Jiwa Team in all working areas of the Bubakan Health Center which include Bubakan Village, Ngile Village, Losari Village, Kalikuning Village, and Gasang Village. The initiation of PaSar Jiwa innovation in the Bubakan Health Center work area was carried out starting in 2018. Since then, the process of adopting PaSar Jiwa innovations has also been communicated through several communication channels. This communication channel is a medium for disseminating innovation. Two-way communication between PaSar Jiwa innovators and recipient communities is carried out by puskesmas through mental health detection service units or directly by going to the field, namely at Integrated Service Posts through Posyandu cadres, in each hamlet through cadres of Integrated Development Posts or Posbindu and in schools through School Health Business (UKS) cadres.

The innovation theory developed by (Rogers et al., 2014) is known as a theory that discusses the decision to adopt innovation. In his book Diffusion of Innovation, (Nuryani et al., 2022) offered the concept of adoption of innovation accompanied by the speed of a social system in accepting new ideas offered by innovation. Innovation adoption decision according to (Nuryani et al., 2022), is the process by which a person or unit of adoption goes through stages in finding and processing information starting from when the innovation is introduced, then the implementation of the new idea until there is a certainty to accept or reject the innovation. For the adopter unit, in this case, the community in the Bubakan Health Center work area who have family members of mental health patients, that the PaSar Jiwa innovation must have the main characteristic of an innovation, namely novelty. That is, the PaSar Jiwa innovation must be an idea or practice that can be felt as something new for the community that is the target of PaSar Jiwa innovation.

The decision to adopt this innovation is important, considering that the sustainability of the PaSar Jiwa innovation will be determined by the innovators, in this case, doctors, nurses, mental cadres at the Bubakan Health Center as well as adopters or families of mental health patients as beneficiaries of the innovation. Adoption decisions made by families of mental health patients can have an impact on whether or not innovations have been launched by innovators. It is also influenced by the attributes of innovation as a theory ([Nuryani et al., 2022](#)) namely the extent to which innovation can provide benefits, the extent to which innovation is consistent with the values and needs of adopters, the degree to which the difficulty of innovation to be understood and used, the extent to which innovation can be tested gradually and the extent to which an innovation can be seen and observed by others. Some of these things then become considerations for adopters in deciding to accept or reject PaSar Jiwa's innovation.

RESEARCH METHODS

The purpose of this study is to analyze the process of decision stages for the adoption of PaSar Jiwa innovation in the early prevention of mental health problems at the Bubakan Health Center. The research method contains several things related to the research process, including:

Research Location

The location of PaSar Jiwa Innovation is in the working area of the Bubakan Health Center, Tulakan District, which includes 5 (five) villages, namely: Bubakan Village, Losari Village, Ngile Village, Gasang Village, and Kali Kuning Village. PaSar Jiwa innovation is one of several innovations in handling mental health problems in Pacitan Regency. Of the several innovations in handling mental health problems that exist, the author chose PaSar Jiwa Innovation because the innovation has been selected by the local government to represent Pacitan Regency in the East Java Provincial Public Innovation Service Competition.

Types of Research

In this study, the author used a type of qualitative descriptive research. The reason the author chose this type is that the author wants to see complete information and phenomena related to the stages of the decision to adopt PaSar Jiwa innovation at the Bubakan Health Center as a follow-up to the implementation of the Decree of the Head of the Bubakan Health Center dated October 10, 2019 concerning the PaSar Jiwa Innovation Team.

Research Informants

Informants according to ([Sugiyono, 2018](#)) are people who provide information about the facts of the problem to be researched. The informants in this study were 1 (one) Bubakan puskesmas doctor, 1 (one) Bubakan puskesmas nurse, 5 (five) cadres of Posbindu PaSar Jiwa, and 5 (five) families of patients with mental disorders as informants from each village in the Bubakan Puskesmas work area.

Determination of informants in puskesmas and posbindu, namely doctors, nurses, and posbindu cadres using purposive sampling techniques, where informants are determined deliberately because they are considered to know deeply about the problem to be studied. Meanwhile, the determination of informants in the families of patients with mental disorders uses accidental sampling techniques, namely informants who are not determined in advance or coincidentally meet with the author and are directly used as informant samples because the patient's family is suitable to be used as a source of data. From several patient families or innovation

adoption units encountered in each of these villages, the author then made a selection to be selected according to research needs. The choice of accidental sampling technique in family informants of mental patients was due to the author's limited time in conducting research. In addition to the author's limited time, this is also influenced by the characteristics of community work at the research site where most of the patient's family as informants are farming, gardenin,g and freelance daily labor which is difficult to find at home before evening or evening.

Research Time

The PaSar Jiwa Innovation Adoption Decision Research was conducted from November 2022 to February 2023. The author chose this time because it was considered sufficient to analyze the PaSar Jiwa Innovation Adoption Decision.

Types of Research Data

The data used in this study include primary data and secondary data. Primary data is data obtained from direct research subjects using several predetermined instruments. The data collection is a research process used to answer research questions. Primary data were obtained through interviews with patients' families, doctors, and nurses as well as mental health cadres at the Bubakan Health Center who became research informants.

Focus of Research Studies

The focus of the research study is the decision to adopt innovation in mental health services, starting from the knowledge we know about the innovation, then how the innovation works, and why innovation is needed. Departing from knowledge about innovation, the analysis of the stages of innovation adoption decisions is continued at the next stage, namely how to trust innovation, so that subjects decide to make innovation adoption decisions. If the innovation has been adopted, then the innovation can be continued. After the decision to adopt the innovation is continued, the last stage is confirmation of the sustainability or unsustainability of the decision to adopt the innovation.

But the results are different, if the subjects receiving the innovation after being given knowledge about the innovation then form negative behaviors or do not adopt the innovation, then the decision to adopt the innovation is not successfully continued. If the innovation has been successfully continued, but at the confirmation stage the subject decides not to continue the decision to adopt the innovation, it is necessary to evaluate the process of implementing the innovation.

This research a fos focusesve stages of innovation adoption decisions as follows:

1. Knowledge Stage:
 - a. What subjects know about innovation
 - Where subjects get information about innovation
 - b. Why this innovation is needed
 - What subjects need from innovation
 - c. How innovation works
 - What information the subject know about innovation
2. Persuasion Stage:
 - a. Positive / want (Favorable)
 - How subjects respond to the innovations offered

- Whether the subject is immediately interested in his innovation
- b. Negative / not wanting (Unfavorable)
 - Whether the subject has ever received information from another party not to trust the innovation
 - What attitudes and opinions are conveyed by the other party to the subject
- 3. Decision Stage:
 - a. Innovation Adoption
 - Whether the subject accepts innovation
 - Whether the subject is seeking additional information from other parties
 - b. Rejecting innovation
 - Whether the subject refuses to follow the innovation
 - Whether the subject is influenced by others to reject the innovation
 - c. Implementation Stage:
 - Whether the subject follows the innovation according to the provisions
 - Whether subjects follow innovation on an ongoing basis
- 4. Confirmation Stage:
 - a. Sustainability of innovation
 - Whether subjects benefit from innovation
 - Whether the innovation is as expected
 - Whether the subject informs the benefits of innovation to others
 - b. Unsustainable (discontinuance) innovation
 - Whether the subject does not benefit from innovation
 - Whether the innovation is not as expected

Data collection techniques

The data collection techniques used in this study are as follows:

a. Interview

According to (Sugiyono, 2018) interviews are used to find problems that must be researched and other things from respondents that are more in-depth. This data collection technique is based on reports about oneself or at least on personal knowledge or beliefs. The interview is a process of interaction between the author and informants carried out by exploring information related to the subject of implementing the PaSar Jiwa innovation adoption decision. There are several steps for the author in conducting an interview, including:

Conducting interviews with informants related to research, including families of mental patients, doctors and nurses at community health centers, and cadres assisting mental health care;

The interview was conducted by recording important points in the research notebook;

The data and records that have been obtained are then analyzed using data analysis techniques.

b. Observation

Observation is a direct observation technique in the field to obtain an overview of social events that occur to answer research questions. This data collection technique is used by the author to increase knowledge and completeness of data. In this study, the observations made by the author were unstructured observations, that is, observations made without using observation

guidelines. The author develops observations based on developments that occur in the field ([Hamzah, 2021](#)).

c. Documentation

Documentation is a data collection technique through official documents at the research location and other sources of scientific papers that contain facts and data related to research. These facts and data are useful to assist the author in analyzing problems and strengthening research results and findings. In this documentation study, the author studies PaSar Jiwa's Service Operational Standards (SOP) and other official documents that support the decision to adopt PaSar Jiwa's innovation.

Data analysis techniques

The data analysis technique carried out is using an interactive analysis model. The technique of interactive model data analysis after the data collection process can be explained as follows:

a. data condensation

According to Miles and Huberman ([Sugiyono, 2018](#)) what is meant by data condensation is the process of selecting, focusing, simplifying, abstracting, and or transforming data from written field notes, interview transcripts, document documents, and other empirical materials to strengthen data. At the data condensation stage, the author will analyze data based on written field notes, interview transcripts, documents and observations from other existing phenomena. The data is then selected which one by one by the theme and purpose of the research with the help of electronic equipment or manual notebooks.

b. display data

After the data condensation process is carried out, the next step is the presentation of the data. According to Miles and Huberman ([Sugiyono, 2018](#)), "the most frequent from display data for qualitative research data in the past has been narrative text". In this opinion, the author will describe the decision stages of adopting PaSar Jiwa innovations by using narrative tests accompanied by tables, graphs, images or, the like as needed in presenting data. This is to make it easier for the author to obtain a systematic picture and to make it easier to determine the next process flow.

c. Conclusion: drawing/verifying

To answer the problem formulation based on the data that has been presented, the author will conclude as to whether the decision stage of adopting the PaSar Jiwa innovation is in accordance with formulation or not. Therefore, the author only focuses on the stage of the decision to adopt the innovation.

Data validity

According to Wiliam Wiersma ([Sugiyono, 2018](#)) "triangulation is qualitative cross-validation. It assesses the sufficiency of the data according to the convergence of multiple data sources or multiple data collection procedures". As the argument goes, triangulation is qualitative cross-validation and it will assess the adequacy of data according to the intersection of various data sources. In testing the validity of research data, the author uses triangulation techniques, namely according to ([Sugiyono, 2018](#)) data collection techniques carried out by checking data to the same source with different techniques. If the data that has been obtained through interviews with informants and after cross-checking through questionnaires, observations or documentation

produces different data, further discussions will be carried out with the data source or other parties to ensure which data is considered correct.

RESULTS AND DISCUSSION

PaSar Jiwa innovation is expected to be able to contribute to the achievement of national Sustainable Development Goals (SDGs) or sustainable development goals in improving the degree of mental health in the community, namely SDGs indicator Number 3: "ensuring a healthy life and supporting welfare for all for all ages". To achieve these sustainable development goals, PaSar Jiwa takes the role of early prevention of mental health disorders in the community through early detection efforts. Early detection that has been carried out is expected to prevent people from falling into severe mental health conditions, suppress suicide cases and reduce the budget costs that will be incurred. This is considering that severe mental disorders have the potential to reduce productivity which will affect the health and welfare of the community.

Therefore, with the decreasing prevalence of mental illness cases in the community, it is hoped that the future of public health services at the puskesmas level can contribute to the sustainable achievement of national SDGs. To find out how the development of mental health disorder management at the Bubakan Health Center, the following table is presented comparing the handling of mental health disorders before and after the PaSar Jiwa innovation, as the following table:

Table 2
Comparison of Mental Health Disorders Management
Before and After PaSar Jiwa Innovation

No	Handling Conditions	Before Innovation	After Innovation
1	Service System	The discovery of mental health cases is passive and there has been no community involvement. The Puskesmas program has not prioritized the discovery of mild mental cases that are the root of the problem of onset to severe mental health cases.	PaSar Jiwa focuses on cases of mild mental disorders, which are detected early by mental health cadres to bring mental health services and mental health management closer to promoting and preventive efforts, so that severe mental health cases and suicide attempts can be minimized.
2	HR Implementers	Doctors and health workers puskesmas	Doctors and health workers of

puskesmas,
 involving the role of
 PaSar Jiwa cadres:
 Posyandu cadres
 Posbindu cadres
 UKS cadres
 The Village Head as
 a policy maker at the
 village level plays a
 role in Community-
 Based Health Efforts
 involving the role of
 the existing Alert
 Village

3	Involvement of other agencies in the service	Dr. Darsono Hospital Pacitan RSJ Surakarta Health Office	Dr. Darsono Hospital Pacitan RSJ Surakarta Health Office Social services provide support/stimulants to some people with mental disorders Polri and TNI (Babinkam and Babinsa) also accompany officers when handling mental patients in the field The Dukcapil Office facilitates the service of people with mental disorders to obtain an identity card (KTP) MSF is a public service supervisory institution in the health sector
---	--	--	--

4	Soul Case	The discovery of severe mental cases was 64.6% higher than that of mild mental cases by 35.4%.	The discovery of mild mental cases was 83.3% higher than that of severe mental cases by 16.7%
---	-----------	--	---

Source: Narrative matrix of the 2021 public service innovation competition (processed)

Knowledge Stage :

According to (Nuryani et al., 2022) the knowledge stage is the stage where an individual will learn about the existence of an innovation and seek information about the innovation. Before the PaSar Jiwa innovation is carried out or accepted by the target, namely people with mental disorders, the target (as explained by Rogers) must be able to explain what, how, and why the innovation is processed so that the target or people with mental disorders will find a comprehensive and integrated understanding of what PaSar Jiwa innovation is.

The knowledge stage has three indicators, namely knowledge indicators of the existence of an innovation, knowledge indicators about how to use an innovation correctly, and knowledge indicators about the functioning principles that underlie how and why innovation can work. From the statements of informants above if associated with theory (Nuryani et al., 2022), then at this stage of knowledge has the characteristics of innovation implementers and decision-making units or innovation adopters, namely families of people with mental health disorders, each of which is influenced by socioeconomic variables, individual variables and communication behavior variables.

In the knowledge indicator of the existence of an innovation, this is influenced by individual variables where both the implementer of the innovation and the adopter of the innovation each have the same knowledge that the innovation in addition to solving mental health problems, is also an effort to save medical costs. However, in terms of behavioral variables, communication, socialization or counseling about PaSar Jiwa carried out by innovation implementers has not reached all communities or is still lacking. This is also felt by innovation adopters.

In the knowledge indicator of how to use an innovation correctly, this is influenced by individual variables that according to the implementation of the innovation procedurally in the management of mental health treatment has run well. However in terms of communication behavior variables, where the intensity of the performance of mentoring mental health patients through communication in the field is still minimal due to limited mental health human resources coupled with having other administrative workloads.

In the indicator of knowledge about the principles of functioning that underlie how and why innovation can work, this is influenced by individual variables where in carrying out innovation adoption, PaSar Jiwa innovation implementers are guided by the terms of reference as a guide for the entire innovation implementation team. Meanwhile, in terms of communication behavior variables, the objectives and functions of PaSar Jiwa in terms of reference as a guide for assisting have been well arranged.

Based on the results of the analysis of the discussion above, it is known that at this stage of unification, it is only influenced by individual variables and communication behavior variables.

Meanwhile, the knowledge stage in the decision to adopt PaSar Jiwa innovation is not influenced by socioeconomic variables.

Persuasion Stage :

At this stage of encouragement or persuasion, the individual begins to interact psychologically with the innovation. Before the innovation is accepted by the target or people with mental disorders, the target as explained (Rogers & Singhal, 2003) must be able to determine the behavior of the innovation, namely whether individuals tend to be positive or want (*favorable*) or even negative or not want (*unfavorable*) the innovation.

If associated with the theory (Rogers & Singhal, 2003) about the decision to adopt innovation, the analysis at the stage of encouragement or persuasion will see the characteristics of the implementer of innovation and the decision-making unit or adopter of innovation, namely families with mental health disorders, each of which is influenced by:

- a. Variable relative profit. This variable is to measure the comfort factor, and satisfaction or something that is considered beneficial. For the adopter of innovation, PaSar Jiwa greatly affects the quality of life of patients and the lives of others, so this innovation is very profitable and provides satisfaction to adopters.
- b. Compatibility variables. This variable to measure an innovation is consistent with existing values and adopter needs. For the adopter of innovation, PaSar Jiwa is not directly adopted because of doubts about the innovation. However, due to the need to immediately find a solution for healing for patients or their families, the PaSar Jiwa can be accepted in the decision to adopt innovation.
- c. Variable complexity. This variable is influenced by the level of difficulty of innovation. For innovation implementers and innovation adopters, this does not affect both. Given the innovation of PaSar Jiwa, it is very easy to adapt and even replicate. In addition, PaSar Jiwa is also *low cost*, the instrument is easy to learn, and only requires trained cadres.
- d. Variable trialability. This variable is influenced by the degree to which innovations can be piloted gradually. For innovation implementers and innovation adopters, this is by what innovation implementers do, namely that the introduction of innovation to each village is carried out through socialization or counseling in stages starting from the Bubakan Health Center to the hamlet level by involving regional leaders and stakeholders. So that makes it easier for adopters to accept or understand.
- e. Observability/observation variables. This variable is influenced by the level of innovation if seen or observed by others, i.e. the easier a person sees the results of innovation, the more likely they are to adopt. For innovation adopters, this can be proven by following the assistance from cadres and seeing the changes that occur in patients so that innovation adopters or patient families can accept the PaSar Jiwa innovation. The biggest encouragement is due to a change in patient attitudes compared to before participating in assistance from PaSar Jiwa innovation implementers.

Based on the results of the analysis above, it is known that the characteristics at the stage of encouragement or persuasion of PaSar Jiwa innovation are influenced by four variables (Awaludin & Sukmono, 2020), namely relative profit variables, compatibility variables, trialability variables, and observability variables. There is only one variable that does not affect that is the complexity variable or the variable caused by the level of difficulty of innovation.

Decision Stage :

According to [\(Rogers & Singhal, 2003\)](#) at this stage, individuals decide whether to accept or reject an innovation. If the innovation can be used partially, then this innovation will be accepted faster because usually want to try the innovation first in the situation and then decide to accept the innovation. However, rejection of innovation can also occur. According to [\(Rogers & Singhal, 2003\)](#) there are two types of rejection, namely first is *active rejection* where the individual tries innovation and thinks he will adopt the innovation but in the end, he rejects the innovation. The second is *passive rejection*, where the individual does not think at all about adopting innovation.

It can be explained that one of the things that influenced the decision to accept the PaSar Jiwa innovation was that PaSar Jiwa became a solution or solution for the community, especially adopters or families who have mental health patients where most of them have felt confused in caring for and caring for patients or their family members. Meanwhile, if it is associated with the theory [\(Rogers & Singhal, 2003\)](#) about the decision to adopt innovation, the analysis at this decision stage, will be seen in two variables, namely accepting or rejecting innovation. Based on the results of the discussion above, at this stage, it is known that each of the implementers and adopters of innovation has decided to accept innovation. This happens because PaSar Jiwa innJiwa'sion has been used partially, therefore innovation can be accepted faster because the adopters of innovation have tried first and then decided to accept the innovation.

Implementation Stage:

According to [\(Rogers & Singhal, 2003\)](#) at the implementation stage, an innovation is tried to be used, although at this stage there is still uncertainty about the expected impact of an innovation even though the decision to adopt the innovation has previously been taken.

From the adopter's statement, it is known that PaSar Jiwa's innovation has been well implemented. It is hoped that the officers can be added and the services can be further developed so that the handling of mental health problems in the community can be handled properly. Meanwhile, if it is related to the theory [\(Rogers & Singhal, 2003\)](#) about the decision to adopt innovation, the analysis at this implementation stage explains that PaSar Jiwa innovation has been tried to be implemented, but at this stage, there is still a possibility or uncertainty of the impact of the implementation of the innovation. Although at the previous stage, both implementers and adopters of innovations have already decided to accept innovations.

Confirmation Stage :

According to [\(Rogers & Singhal, 2003\)](#) at this stage of confirmation, the sustainability of innovation will depend on individual support and attitude, while *discontinuity* is the attitude of rejecting innovation after adopting it. This unsustainability can occur in two ways, namely first: the individual rejection of innovation to seek other innovations (*replacement discontinuance*) and second: unsustainability due to dissatisfaction with the results of the decision to adopt innovations or it can also be because innovations do not meet needs so that there is no benefit from the innovation.

From both statements, it is known that the adopters of the PaSar Jiwa innovation have each confirmed that the impact of following the innovation has proven to help patients recover by being able to move again. Meanwhile, if it is associated with the theory [\(Rogers & Singhal, 2003\)](#) about the decision to adopt innovation, the analysis at this confirmation stage, will be seen in two variables, namely sustainability and *discontinuity (discontinuance)* of innovation. Based on the results of the

discussion above, it is known at this stage that both implementers and adopters of innovation have jointly confirmed to continue innovation. This is demonstrated through statements and support from implementers and adopters of innovation.

CONCLUSION

Based on the discussion and research results in the previous chapter, the research conclusions of the Decision to Adopt Mental Market Innovation in Conducting Early Prevention of Mental Health Problems at the Bubakan Health Center in Pacitan Regency based on theory ([Rogers & Singhal, 2003](#)) are as follows:

According to theory ([Rogers & Singhal, 2003](#)), before going to the stage in the communication channel of innovation diffusion, it always begins with a consideration of the conditions or background that trigger innovators in giving birth to an innovation. In the context of this PaSar Jiwa innovation, the background is contained in the variables felt needs/problems or needs/problems that exist in the work area of the Bubakan Health Center. These needs or problems are treatment gaps and social stigma. Of the need to solve problems, the Bubakan Health Center initiated the birth of PaSar Jiwa Innovation through the Decree of the Head of the Bubakan Health Center regarding the PaSar Jiwa Innovation Team. Therefore, as the implementers of innovation, doctors, nurses, and mental cadres then opened the communication channel to the community in 5 (five) villages in the Bubakan Health Center work area.

At the knowledge stage as a theory ([Rogers & Singhal, 2003](#)), it has three indicators, namely: 1) Knowledge indicators of the existence of an innovation. This indicator is influenced by two variables, namely individual variables and communication behavior variables. On individual variables, both implementers and adopters of each innovation have the same knowledge that the innovation is not only solving mental health problems but also an effort to save medical costs. While on the variable of communication behavior, there is still socialization or counseling about PaSar Jiwa that has not reached all communities. This is also felt by innovation adopters. 2) Knowledge indicators of how to properly use an innovation. This indicator is influenced by individual variables that the mental health management procedure has been running well. However in terms of communication behavior variables, the intensity of mentoring performance for mental health patients in the field is still minimal due to limited mental health human resources, let alone still having other administrative workloads. 3) Indicators of knowledge of the principles of functioning underlying how and why an innovation can work. This indicator is influenced by individual variables, where PaSar Jiwa innovation implementers are guided by the terms of reference as *guide* in carrying out functions for the entire innovation team in terms of assisting

Next is the second stage, namely the stage of encouragement or persuasion. At this stage, the characteristics of PaSar Jiwa innovation are influenced by four variables, namely: 1) Relative profit variable: This variable measures the comfort factor, and satisfaction or something that is considered profitable. For innovation adopters, PaSar Jiwa can affect the quality of life of patients so this innovation is very profitable and provides satisfaction to adopters. 2) Compatibility variable: This variable measures the consistency of existing values as well as the needs of adopters. The need to find solutions for the recovery of patients or families of people with mental health disorders is an impetus for innovation adopters in the decision to adopt these innovations. 3) Trialability variable:

This variable is influenced by the degree to which innovations can be piloted gradually. For implementers and adopters of innovation, this is by the introduction of innovation to each village through gradual socialization starting from the Bubakan Health Center to the hamlet level. So that makes it easier for adopters to accept innovation. and 4) Observability variable: This variable is influenced by the level of innovation if seen or observed by others. For innovation adopters, this can be proven by following assistance from cadres and seeing changes that occur in patients so that innovation adopters have the incentive to accept the PaSar Jiwa innovation. The biggest encouragement is due to a change in patient attitudes when compared to before participating in PaSar Jiwa innovation assistance. At this stage of encouragement, there is only one variable that does not affect that is the complexity variable or the variable caused by the level of difficulty of innovation. This is because PaSar Jiwa innovation has no difficulty in adoption.

The third stage is the decision stage. At this stage, both parties, both PaSar Jiwa innovation implementers and adopters have jointly decided to adopt the innovation because of the benefits and benefits in it. This PaSar Jiwa innovation has also been used partially, therefore innovation can be accepted faster because the adopters have tried innovations after that decided to accept the innovation. The fourth stage is the implementation stage. At this stage, the PaSar Jiwa innovation has been tested to be implemented, although there is still a possibility or uncertainty of the impact of the implementation of the innovation.

The final stage is the confirmation stage. At this stage, both implementers and adopters of the innovation have jointly ensured the sustainability of the PaSar Jiwa innovation. By the results of previous discussions, both parties decided to continue this innovation. The continued use of innovation is proven by the support and attitudes of implementers and adopters of innovation. In the previous stage, namely the implementation stage, both implementers and adopters of the innovation were supported by decisions that had been taken based on encouragement or persuasion and knowledge at the previous stage.

BIBLIOGRAPHY

- Arianto, K., & Fitriana, E. N. (2013). Modal sosial dalam kemandirian masyarakat di bidang kesehatan. *JKAP (Jurnal Kebijakan Dan Administrasi Publik)*, 17(2), 37–49.
- Awaludin, M. N., & Sukmono, S. (2020). The Effect of Social Media Marketing and Brand Awareness on Purchase Decisions With Viral Marketing As Intervening Variables on Janji Jiwa Coffee Consumers Among Students Using Social Media Area Jabodeta. *AFEBI Management and Business Review*, 5(1), 54–68.
- Ayuningtyas, D., Rayhani, M., Misnaniarti, M., & Maulidya, A. N. (2018). Implementation of mental health policies toward Indonesia free restraint. *Policy & Governance Review*, 2(2), 161–173.
- Burmeister, O. K., & Marks, E. (2016). Rural and remote communities, technology and mental health recovery. *Journal of Information, Communication and Ethics in Society*, 14(2), 170–181.
- Crepaz-Keay, D. (2016). Improving mental health in later life: the role of service user involvement. *Quality in Ageing and Older Adults*, 17(3), 179–188.
- GHAFFAR, Z., & Cahya, M. N. (2023). Effects Of Technology On Foreign Language Learning And Its Negative Impacts: An Overview. *Jurnal Ekonomi, Teknologi Dan Bisnis (JETBIS)*, 2(5), 421–429.
- Hamzah, D. A. (2021). *Metode Penelitian Kualitatif Rekonstruksi Pemikiran Dasar serta Contoh Penerapan Pada Ilmu Pendidikan, Sosial & Humaniora*. CV Literasi Nusantara Abadi.

- La Ode Syaiful Islamy, H. (2018). *Collaborative governance konsep dan aplikasi*. Deepublish.
- Nuryani, R., Lindasari, S. W., Sopiah, P., Rahmat, D. Y., & Nurhuda, P. M. (2022). Optimalisasi Kemampuan Perawat Community Mental Health Nursing dalam Manajemen Asuhan Keperawatan Psikososial pada Masa Pandemi COVID-19 di Kabupaten Sumedang: Optimization of Ability of Community Mental Health Nursing in Psychosocial Nursing Care Management during the COVID-19 Pandemic in Sumedang Regency. *PengabdianMu: Jurnal Ilmiah Pengabdian Kepada Masyarakat*, 7(6), 868–874.
- Pratt, R., Fadumo, A., Hang, M., Osman, S., & Raymond, N. (2016). Perceptions of mental illness in the Somali community in Minnesota. *International Journal of Migration, Health and Social Care*, 12(1), 16–25.
- Rogers, E. M., & Singhal, A. (2003). Empowerment and communication: Lessons learned from organizing for social change. *Annals of the International Communication Association*, 27(1), 67–85.
- Rogers, E. M., Singhal, A., & Quinlan, M. M. (2014). Diffusion of innovations. In *An integrated approach to communication theory and research* (pp. 432–448). Routledge.
- Sugiyono. (2018). *Metode Penelitian kuantitatif, kualitatif dan R & D / Sugiyono*.
- Suwarno, Y. (2008). *Inovasi di sektor publik*. Jakarta: STIA-LAN Press.
- Yudhastuti, R., Pawitra, A. S., & Lusno, M. F. D. (2019). Community behavior in control of rats in Leptospirosis transmission areas in Pacitan Regency, Indonesia. *Journal of Public Health in Africa*, 10(s1).



licensed under a

Creative Commons Attribution-ShareAlike 4.0 International License