

Socialization of the Community Mental Health Implementation Team at the Sub-district/Village Level in West Kotawaringin Regency in 2025

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ABSTRAK

Mental health is a vital component of the health system, shaping individual well-being, social stability, and community productivity. Despite its importance, many mental health problems remain undetected, especially in low- and middle- income countries. In Indonesia, the 2018 National Basic Health Survey (Riskesdas) reported a 9.8% prevalence of mental-emotional disorders and 7 per 1000 population experiencing severe mental disorders. These findings highlight the urgent need to strengthen community-based mental health services. This study describes the process and effectiveness of a community engagement-based socialization program to facilitate the formation of TPKJM at lower administrative levels. Results indicate significant improvement after the intervention. Before the activity, 19.8% of participants were in the “low” knowledge category, 64.1% “moderate,” and 16.0% “high.” After the socialization, no participants remained in the “low” category, with 35.8% in “moderate” and 64.1% achieving “high” understanding. The mean score increased from 79.94 to 86.59, demonstrating enhanced comprehension across sectors.

The applied methods—interactive learning, contextual materials, and multisectoral collaboration—proved effective and aligned with community needs. This initiative represents an important step toward improving community mental health governance. Continued capacity-building, monitoring, and regulatory support are recommended to ensure sustainability and long-term impact on mental health outcomes

INTRODUCTION

Mental health is an integral part of the healthcare system that directly affects people's quality of life, socio-economic productivity, and community stability. The World Health Organization (WHO, 2022) reported that one in eight people worldwide experiences a mental disorder, and more than 75% of cases in low- and middle-income countries do not receive adequate services. In Indonesia, the 2018 Basic Health Research (Riskesdas) reported a prevalence of emotional mental disorders of 9.8% and a prevalence of severe mental disorders among People with Mental Disorders (ODGJ) of 7 per 1,000 population. These data indicate a high need for structured, sustainable, and integrated mental health interventions reaching the community level.

In 2024, the Regency Government established the Community Mental Health Implementation Team (TPKJM) through a Regent's Decree as part of the implementation of the Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2019 concerning Community Mental Health Services. Although the structure at the regency level has been established, its implementation cannot be fully optimized without operational teams at the sub-district and village levels. This is because most mental health problems are identified and develop at the grassroots level, including inadequate early detection, delayed referrals, social stigma, and low mental health literacy among the community. Therefore, the establishment of TPKJM at the sub-district and village levels has become an urgent necessity to ensure the effective and community-oriented operationalization of mental health policies.

Several field findings from community health centers (Puskesmas) indicate an increasing number of people with mental disorders who do not receive regular treatment, cases of physical restraint (pasung), and limited cross-sectoral involvement in case management. The limited understanding among village officials and community members regarding mechanisms for handling mental health cases further reinforces the urgency of strengthening capacity through socialization activities for the establishment of TPKJM. Validation of this issue is supported by a study conducted by Sugiarto (2021), which revealed that 62% of villages in Indonesia do not have a clear mental health coordination mechanism, resulting in interventions that tend to be sporadic and reactive.

Previous studies have also emphasized that community-based mental health service approaches involving village governments, community health volunteers, religious leaders, and cross-sector stakeholders have proven effective in increasing early detection coverage and treatment adherence. A study by Thornicroft et al. (2016) demonstrated that collaborative community-based interventions could reduce family burden by up to 30% and improve clinical outcomes for people with mental disorders. In Indonesia, research conducted by Arifin and Wibowo (2020) found that the establishment of village-based mental health teams increased mental health case reporting by 47% and strengthened referral networks among community health centers, families, and social institutions.

Furthermore, Suryani et al. (2019) highlighted the importance of local government involvement in building a responsive mental health ecosystem through policies and cross-sector coordination. With a clear institutional structure at the sub-district and village levels, the processes of detection, assistance, referral, and rehabilitation can be carried out more systematically. This is consistent with the community-based mental health services approach recommended by WHO (2021) as a key strategy for strengthening national mental health systems.

Based on these issues, scientific evidence, and practical needs, socialization activities for the establishment of TPKJM at the sub-district and village levels are highly strategic to ensure the effective implementation of regency-level policies. These activities are not only intended to disseminate information regarding the structure, duties, and working mechanisms of TPKJM but also to enhance stakeholder capacity, strengthen cross-sector integration, and build collective commitment to sustainable community mental health management. Therefore, this socialization initiative is expected to serve as an initial step toward realizing an inclusive, responsive, and integrated mental health system down to the village level.

METHODS

This study employed a descriptive approach aimed at describing the process and effectiveness of socialization activities for the establishment of the Community Mental Health Implementation Team (TPKJM) at the sub-district and village levels. The study population consisted of stakeholders involved in the provision of community-based mental health services, including heads of community health centers (Puskesmas), mental health program officers, sub-district government officials, and village heads. The sample was determined using purposive sampling, based on the respondents' direct involvement in mental health management efforts within their respective areas.

Data collection focused on measuring participants' level of understanding through pre-tests and post-tests. The pre-test was administered before the activity began to identify baseline knowledge regarding community mental health service policies, the structure and functions of TPKJM, cross-sector coordination mechanisms, and procedures for managing people with mental disorders (ODGJ). After all socialization materials had been delivered, a post-test was administered to assess improvements in understanding and the effectiveness of information delivery.

The assessment instruments consisted of multiple-choice questionnaires and Likert-scale statements that had been reviewed for their relevance to the objectives of the activity. Data were analyzed using descriptive statistics to illustrate changes in average scores, the distribution of participants' levels of understanding, and the magnitude of improvement in mental health literacy. The pre-post model was considered appropriate because it provides an objective

overview of the impact of the socialization activities in enhancing stakeholder capacity, in line with the needs outlined above.

This community service activity, namely the socialization of the Community Mental Health Implementation Team (TPKJM), was carried out using a community engagement approach that emphasizes multisectoral collaboration in strengthening the mental health system at the sub-district and village levels. The activity was implemented through four systematically arranged stages.

The first stage was a situation analysis, conducted by utilizing data from community health centers (Puskesmas) and local epidemiological information to identify the increasing number of People with Severe Mental Disorders (ODGJ), the low coverage of early detection, and weak cross-sectoral coordination in community mental health services. The results of this analysis served as the basis for formulating appropriate intervention needs.

The second stage involved activity planning, carried out collaboratively with stakeholders, including sub-district governments, village governments, heads of community health centers, program officers, and health cadres. This collaboration ensured that the planned activities were aligned with community needs and local conditions.

The third stage was the implementation of the socialization program, which focused on improving cross-sectoral understanding of the fundamental concepts of community mental health, the roles and functions of TPKJM, and the importance of hierarchical coordination mechanisms in supporting the management of mental health issues. The socialization was conducted interactively through presentations, discussions, and relevant case studies.

The fourth stage involved facilitating the establishment of TPKJM at the sub-district and village levels. This included assistance in developing organizational structures, defining the duties and responsibilities of each team member, and agreeing on cross-sectoral workflows to be implemented in the delivery of community-based mental health services.

Data collection for this community service activity was conducted through participant observation, assessment of knowledge improvement using pre-tests and post-tests, and documentation, including attendance lists, activity photographs, and meeting minutes. Data were analyzed descriptively to illustrate activity implementation, participant engagement, and improvements in cross-sectoral understanding following the intervention.

The activity was conducted over a two-month period in target sub-districts that had not yet established village-level TPKJM. The entire process was supported by official documentation from the preparation stage through reporting. This approach aligns with the identified urgency of strengthening cross-sectoral support to enhance community-based mental health services,

reduce the burden of mental disorders, optimize early detection, and establish effective referral networks.

LITERATURE REVIEW

The literature review was conducted using a systematic search approach to identify scientific evidence regarding the effectiveness of TPKJM establishment and community mental health service practices.

Literature searches were performed in PubMed, ScienceDirect, Google Scholar, and ProQuest, covering publications from 2015 to 2024. The keywords used included community mental health, mental health task force, community-based mental health services, ODGJ management, and Indonesia mental health policy.

The inclusion criteria comprised original research articles, systematic reviews, WHO reports, and official documents from the Indonesian Ministry of Health related to the implementation of community mental health services. Literature lacking full-text access or not relevant to the context of developing countries was excluded from the analysis.

The selection process yielded relevant literature, including studies by Sugiarto (2021), Thornicroft et al. (2016), Arifin and Wibowo (2020), and Suryani et al. (2019). These studies demonstrated that strengthening cross-sectoral capacity and establishing village-based institutional structures can enhance early detection, improve treatment adherence, and strengthen referral coordination.

The findings were analyzed using a narrative synthesis approach to summarize evidence thematically and relate it to the urgency of establishing TPKJM as outlined in the introduction.

RESULTS

The socialization activity for the establishment of the Community Mental Health Implementation Team (TPKJM) at the sub-district and village levels was attended by 106 participants, consisting of heads of community health centers, mental health program officers, sub-district officials, village heads, and health cadres.

Participants' understanding was evaluated through pre-tests and post-tests, which measured knowledge related to community mental health service concepts, the structure and functions of TPKJM, cross-sectoral coordination mechanisms, and procedures for managing people with mental disorders (ODGJ).

a) Pre-Test Results

The pre-test results indicated that most participants were categorized as having a moderate level of understanding, with the following distribution:

- Poor category (< 75): 21 participants (19.8%). Some participants still lacked a clear understanding of the TPKJM concept, policy directions, and cross-sectoral coordination mechanisms.
- Moderate category (76–85): 68 participants (64.1%). Most participants demonstrated basic understanding, although comprehension was not yet comprehensive, particularly regarding technical aspects of team workflows and sector-specific roles.
- Good category (> 85): 17 participants (16.0%). Only a small proportion of participants possessed adequate understanding before the socialization activity.
- These findings support the situation analysis presented in the introduction, indicating that stakeholders' understanding of the community mental health system remained limited and uneven across villages.

b) Post-Test Results

Following the socialization activity, a significant improvement was observed in the post-test results. Most participants shifted from the moderate category to the good category, with the following distribution:

- Poor category (< 75): 0 participants (0%). No participants remained in this category.
- Moderate category (76–85): 38 participants (35.8%). Some participants, particularly among village officials, remained in the moderate category.
- Good category (> 85): 68 participants (64.1%). The majority of participants achieved the good category, indicating substantial improvement in understanding.

Statistical Summary

Based on category midpoint assumptions used to estimate average scores:

- Estimated mean pre-test score: 79.94
- Estimated mean post-test score: 86.59

Mean increase: +6.65 points on the assessment scale used

Methodological note: The estimated average scores above were calculated from the category distributions using assumed category midpoints (poor = 70, moderate = 80.5, good = 90). Inferential statistical tests (e.g., a paired t-test) would require individual participant scores. In the absence of such data, only descriptive changes that are clearly observable and practically meaningful can be reported.

Table 1 Distribution of Pre-test and Post-test Scores (n = 106)

Value Category	Range	Pre-test (n=106)	Post-test (n=106)
Not Good	<75	21 Peserta (19,8%)	0 Peserta (0%)
Good	75-85	68 Peserta (64,1%)	38 Peserta (35,8%)
Good	>85	17 Peserta (16%)	68 Peserta (64,1%)



Figure 1 TPKJM Socialization



Figure 2 TPKJM Socialization

Documentation

The entire implementation process was supported by documentation, including attendance records, activity photographs, discussion minutes, and the results of pre-test and post-test evaluations. The documentation demonstrated active participant involvement in discussions, case simulations, and deliberations regarding TPKJM workflows, reflecting a high level of enthusiasm and cross-sectoral readiness to establish TPKJM structures within their respective areas.

DISCUSSION

a) Effectiveness of the Socialization Program in Improving Cross-Sectoral Understanding

The improvement in participants' understanding between the pre-test and post-test indicates that the socialization program had a positive and measurable impact on cross-sectoral mental health literacy. The estimated average score increase of +6.65 points suggests effective knowledge transfer regarding key aspects, including community mental health concepts, the roles of TPKJM, coordination mechanisms, and procedures for managing people with mental disorders (ODGJ).

These findings are consistent with Arifin and Wibowo (2020), who reported the effectiveness of village-based training programs in improving the competencies of village officials and community health cadres, particularly in case detection and referral processes. From a practical perspective, these results support the notion that brief and focused educational interventions can reduce knowledge gaps and build initial operational readiness.

Several factors contributed to the effectiveness of the socialization program, including its interactive design (discussions, case studies, and simulations), the relevance of the materials to the local context (through the use of community health center data), and the involvement of key stakeholders (village heads and community health center leaders), which enhanced credibility and facilitated agreements regarding team establishment.

b) Strengthening the Community-Based Mental Health System

The shift of participants into the “good” category following the socialization program indicates increased readiness to operate within a community-based mental health services framework. Thornicroft et al. (2016) emphasized that the success of community mental health services depends on effective coordination structures and clearly defined stakeholder roles – conditions that began to emerge in this study through the development of TPKJM organizational structures and improved understanding of referral pathways.

With increased knowledge and understanding, the potential for improving treatment continuity and early detection becomes greater, thereby contributing to better medium-term outcomes for people with mental disorders (ODGJ) and reducing the burden on their families.

c) Relationship Between the Findings and the Local Situation Analysis

The pre-test distribution, in which most participants were categorized as having a “moderate” level of understanding, reflects the issues highlighted in the introduction: uneven mental health literacy and weak coordination mechanisms at the village level. Following the socialization program, the substantial increase in participants categorized as having a “good” level of understanding suggests that the intervention successfully addressed some of these capacity gaps.

These findings indicate that one of the primary barriers to implementing community mental health policies is not merely the absence of institutional structures, but also the limited understanding of stakeholders regarding their respective roles and responsibilities. By improving stakeholders’ knowledge and awareness, the socialization process laid an important foundation for strengthening local governance in mental health services.

Furthermore, the findings support Suryani et al. (2019), who emphasized the critical role of local governments in creating responsive mental health ecosystems through policy support and cross-sectoral coordination. The establishment of TPKJM at the sub-district and village levels provides a formal

mechanism through which various stakeholders can collaborate in mental health promotion, prevention, treatment, rehabilitation, and referral services.

d) Implications for Policy and Program Sustainability

The findings of this study have important implications for policy implementation and program sustainability. The positive outcomes of the socialization activity suggest that similar initiatives should be expanded to other sub-districts and villages that have not yet established TPKJM structures. Continuous capacity-building efforts are essential to ensure that knowledge gains are maintained and translated into practice.

In addition, sustained support from local governments is necessary to institutionalize TPKJM through formal regulations, budget allocations, and routine coordination mechanisms. Without ongoing support, there is a risk that the improvements achieved through socialization activities may not be sustained over time.

The integration of TPKJM into existing village and sub-district governance structures can enhance program sustainability by ensuring that mental health issues become part of regular development planning and public service delivery. This approach is aligned with national mental health policies and WHO recommendations for strengthening community-based mental health systems.

e) Limitations of the Study

Several limitations should be acknowledged. First, the evaluation relied on a pre-test and post-test design without a comparison group, limiting the ability to attribute observed improvements solely to the intervention. Second, the analysis was based primarily on descriptive statistics, as individual participant scores were unavailable for inferential statistical testing. Third, the assessment focused on short-term knowledge gains and did not measure long-term behavioral changes or the actual performance of TPKJM after its establishment.

Future studies should consider longitudinal evaluations to assess whether increased knowledge translates into improved coordination, higher rates of early detection, better treatment adherence, and stronger referral systems within the community.

Overall, the findings demonstrate that the socialization of TPKJM is a promising strategy for enhancing cross-sectoral understanding and strengthening the foundation for community-based mental health services at the sub-district and village levels.

Following the intervention, the increase in the proportion of participants categorized as “good” indicates that the socialization program can serve as a catalyst for establishing more systematic working mechanisms.

Sugiarto (2021) argued that the absence of coordination mechanisms results in reactive interventions. The findings of this study suggest that improved cross-sectoral understanding creates opportunities for developing proactive

mechanisms, such as routine home visits, structured reporting pathways, and regular coordination forums.

a) Comparison with Previous Studies

Similarities

Consistent with previous studies by Arifin and Wibowo (2020), Thornicroft et al. (2016), and Suryani et al. (2019), this study highlights the importance of training, socialization activities, and institutional structures in improving early detection and referral coordination.

Differences

This study specifically emphasizes the effectiveness of TPKJM socialization at the sub-district and village levels through empirical pre-post evaluation involving multisectoral stakeholders. This area has received relatively limited attention in previous national studies, which have tended to focus on community health cadres or health center-based interventions.

Novel Contribution

This study provides direct empirical evidence that a participatory socialization approach can eliminate the “poor” category of cross-sectoral mental health literacy and shift the majority of participants into the “good” category immediately following the intervention.

b) Practical Implications and Policy Recommendations

The findings of this study have several practical implications that may be adopted by local policymakers:

Scalability of the Socialization Program

The socialization module used in this study proved effective and can be replicated in other sub-districts and villages with appropriate contextual adaptations.

Formal Establishment of TPKJM

The findings strengthen the argument for accelerating the establishment of TPKJM at the village and sub-district levels as the operational arm of district mental health policies.

Monitoring and Ongoing Mentorship

Follow-up mechanisms, such as mentoring and periodic supervision, are necessary to ensure that knowledge gained through socialization is translated into practice. Examples include documented referrals, reporting of ODGJ cases, and monitoring of treatment adherence.

Strengthening Practical Capacity

Future training programs should include practical components, such as role-playing exercises and community outreach activities, to improve technical skills in addition to cognitive knowledge.

c) Study Limitations

This study has several limitations that should be acknowledged:

Quantitative data were limited to summary categories and aggregate scores. Because individual participant scores were unavailable, inferential statistical analyses (e.g., significance testing) could not be conducted. Therefore, the reported findings are descriptive in nature.

The evaluation was conducted only in the short term, with post-tests administered immediately after the socialization activity. No follow-up assessment was conducted to examine knowledge retention or changes in field practices.

Generalizability is limited because the activity was implemented in only one geographical area and participant group. Further studies in different settings are needed to confirm these findings.

Practical outcomes were not measured. The study did not assess clinical outcomes among people with mental disorders (ODGJ), long-term treatment adherence, or reductions in physical restraint practices (pasung).

CONCLUSION

The socialization and facilitation activities for the establishment of the Community Mental Health Implementation Team (TPKJM) achieved significant outcomes in strengthening community-based mental health services.

The initial situation analysis successfully identified key challenges in the field, including the increasing number of people with mental disorders (ODGJ), low coverage of early detection, and suboptimal cross-sectoral coordination. These findings served as the foundation for planning activities that were relevant and responsive to local needs.

The socialization activities successfully improved stakeholders' understanding of the strategic role of TPKJM and the importance of collaboration in addressing community mental health issues. The facilitation process also produced tangible outcomes, including the establishment of TPKJM structures at the sub-district and village levels and a shared understanding of cross-sectoral workflows.

These achievements demonstrate that the intervention approach was appropriately targeted and capable of addressing actual community needs. Overall, the activity provided important benefits in the form of strengthened service networks, enhanced cross-sectoral commitment, and the creation of a stronger institutional foundation to support community mental health systems.

RECOMMENDATIONS

The sustainability of TPKJM depends heavily on continuous capacity development and consistent institutional support. Therefore, advanced training programs focusing on early detection skills, case management, interprofessional collaboration, and integrated referral mechanisms are strongly recommended.

Village and sub-district governments are also encouraged to issue regulations or official decrees that strengthen the legal status and clarify the

functions of TPKJM, thereby enabling more effective and sustainable cross-sectoral coordination.

In addition, regular monitoring and evaluation mechanisms should be developed to assess the extent to which TPKJM can perform its designated functions and to identify challenges encountered during implementation.

Future activities and research should focus on evaluating the impact of TPKJM on mental health service outcomes, including changes in early detection rates, treatment adherence, and reductions in relapse among people with mental disorders (ODGJ).

With continuous strengthening efforts and multisectoral support, TPKJM has the potential to become a key pillar in building a more responsive and sustainable community mental health system.

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