

Analisis Tercapainya Target Skrining Program Kesehatan Jiwa Melalui E-Jiwa di Puskesmas Palmerah DKI Jakarta

Kusumasari, Jorra Putri Anggun

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Abstrak

Tingginya prevalensi gangguan jiwa di Indonesia, khususnya di DKI Jakarta, belum diimbangi dengan capaian target skrining kesehatan jiwa nasional. Puskesmas Palmerah menunjukkan keberhasilan signifikan dalam mencapai target skrining melalui implementasi E-Jiwa. Tujuan: menganalisis faktor-faktor yang memengaruhi tercapainya target program skrining kesehatan jiwa di Puskesmas X. Metode: Studi ini menggunakan pendekatan kualitatif dengan metode wawancara mendalam dan telaah dokumen terhadap pelaksanaan program. Hasil: tercapainya target program skrining dengan E-Jiwa di Puskesmas Palmerah DKI Jakarta karena didukung oleh sumber daya manusia yang memadai, infrastruktur dan teknologi berbasis digital seperti E-Jiwa, serta manajemen yang efektif dalam perencanaan, pelaksanaan, dan pengawasan. Masih terdapat beberapa tantangan terkait tenaga kesehatan yang rangkap tugas dan belum terintegrasinya sistem skrining E-Jiwa dengan SIMKESWA. Puskesmas mampu mencapai target hingga 96,3% hingga triwulan ketiga. Kesimpulan: bahwa program skrining dengan E-Jiwa di Puskesmas Palmerah telah berjalan sesuai regulasi yang ada, namun masih membutuhkan improvisasi pada beberapa komponen seperti SDM dan teknologi agar dapat berjalan lebih optimal.

Kata kunci: e-jiwa, kesehatan jiwa, puskesmas, skrining

The high prevalence of mental disorders in Indonesia, especially in DKI Jakarta, has not been balanced with the achievement of the national mental health screening target. Puskesmas Palmerah has shown significant success in achieving the screening target through the implementation of E-Jiwa. Research aims: analyze the factors that affect the achievement of the target of the mental health screening program at the Puskesmas Palmerah. Method: This study uses a qualitative approach with an in-depth interview method and document review of the implementation of the program. Results: the achievement of the target of the screening program with E-Jiwa at the Puskesmas Palmerah DKI Jakarta because it is supported by adequate human resources, digital-based infrastructure and technology such as E-Jiwa, as well as effective management in planning, implementation, and supervision. There are still several challenges related to health workers who have dual duties and the E-Jiwa screening system has not been integrated with SIMKESWA. The health center was able to achieve the target of up to 96.3% until the third trimester. Conclusion: the screening program with E-Jiwa at Puskesmas Palmerah has been running according to existing regulations, but still needs improvisation on several components such as human resources and technology so that it can run more optimally.

Key words: e-jiwa, health center, mental health, screening