

Villages SDG's response to mental health: Better late than never

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Abstract

Purpose: This article presents village-based mental health policies in response to sustainable development goals.

Research methodology: A qualitative research approach was used in conjunction with library research.

Results: According to the findings of this study, the focus of development goals, namely living a healthy and affluent life, has not been on mental health. Furthermore, there are findings on advocacy, research and innovation, partnership, and integration of mental health and other SDGs.

Contribution: Based on the findings of this study, several recommendations were made, including developing wise mental health policies in rural areas, increasing mental health commitments and budgets, mobilizing communities to respond to rural mental health policies, and improving treatment facilities and mental health response services.

Novelty: Although the goals of sustainable development place a special emphasis on healthy and prosperous lives, insufficient data on mental health have been collected, and mental health policies based on village wisdom have not become a theme that many central and regional governments have implemented.

Keywords: *Mental health, Village SDG, Good health and well-being*

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1. Introduction

Mental health problems currently cross regional boundaries where mental health is no longer just an urban problem but also a rural problem. Previous research conducted by the Indonesian Ministry of Health showed insignificant differences in the prevalence of mental disorders between urban and rural areas. Table 1 shows data on the three psychiatric disorders, schizophrenia, psychosis, depression, and mental emotional disorders, reported according to where respondents live in urban and rural areas.

Table 1. Prevalence of mental health disorders by place of residence

Residence	Schizophrenia/ Psychosis (‰)	Depression (%)	Mental Emotional Disorders (%)
Urban	6.4	6.3	9.8
Rural	7.0	5.8	10.0
Indonesia	6.7	6.1	9.9

Source: Basic Health Research report (Kemenkes, 2018)

When comparing the data, it can be seen that two of the three mental disorders that were noted had a greater prevalence in rural areas than in urban areas. The prevalence of depressive illnesses was marginally higher in urban than in rural regions. It is anticipated that the broad COVID-19 pandemic

will increase mental health prevalence, including in Indonesia. In Indonesia, the COVID-19 pandemic has had an impact on people's mental health, including medical students, asymptomatic and mild COVID-19 patients who were not hospitalized, and individuals with pre-existing mental health issues. There is a significant documented prevalence of stress, anxiety, and depression in this group (Fauk, Ernawati, Dent, Asa, & Ward, 2022).

Various other studies that support this article are also found outside Indonesia, where various mental health cases, such as how emotional resilience can affect banking performance (Phina, Patrick, & Nwabuike, 2022) or cases of cyberbullying among college students (Fakir, 2023), show mental health issues to be serious. Additionally, a study conducted by Uddin and Uddin (2021) showed the significance of the influence of economic, social, and educational factors on students' mental health during the Covid-19 pandemic. Other severe problems show that mental health is related to depressive disorders and suicidal tendencies, as produced by research conducted by Rahman and Al Amin (2023) on the contribution of Youth Livelihood programs to resilience, showing the importance of mental health treatment (Elizabeth & Mwesigwa, 2023).

Tampubolon, Silalahi, and Siagian (2021) indicated that Indonesia had a pre-pandemic high incidence of mental health issues and that the COVID-19 pandemic has increased the burden by at least 10%. During the COVID-19 pandemic, medical students experienced symptoms of depression, anxiety, and stress at rates of 45.4%, 65.2%, and 60.9%, respectively, according to a cross-sectional study conducted in Indonesia by Nugraha et al. (2023). According to Kaligis, Indraswari, and Ismail (2020), individuals in Indonesia who suffer from mental health disorders may have a relapse or worsening of their disease as a result of the emotional reaction sparked by the COVID-19 epidemic. A study conducted in the Indonesian province of East Java during the later stages of the COVID-19 pandemic discovered that among hospitalized asymptomatic individuals and mild COVID-19 patients, the prevalence of depression, anxiety, and stress was 3.6%, 14.3%, and 7.9%, respectively (Lusida et al., 2022).

One of the real phenomena of evidence of the increasingly crucial importance of mental health, especially during the Covid-19 Pandemic, is the "Mentuyo" incident that occurred in Toraja, South Sulawesi. Mentuyo is the act of self-immolation carried out by Toraja millennial children during the Covid-19 Pandemic. This millennial generation has committed massive mentuyo since the beginning of the pandemic in 2020. The phenomenon of mentuyo 30 Toraja millennial children hanging themselves occurred in North Toraja Regency in 16 cases and in Tana Toraja Regency in 14 cases (Lambe, 2022).

Since mental health is essential to achieving social inclusion and equity, universal health coverage, access to justice and human rights, and sustainable development, mental health and well-being promotion initiatives are crucial components of the Sustainable Development Goals (SDGs) and have specific targets (Votruba & Thornicroft, 2016). Another argument for the connection between mental health and SDGs is that achieving one's objectives and functioning well in daily life is correlated with good mental health (Dybdahl & Lien, 2017).

Globally, SDG 3 aims to ensure healthy lives and improve well-being for all people at all ages, including reducing premature deaths from non-communicable diseases through prevention and treatment, and promoting mental health and well-being. Indicators and Targets in SDG's Village 3 point 10 mention Posyandu, which addresses mental health in 100% of households. This further highlights the importance of mental healthcare in the community. Mental health outcomes are targeted at 3.4 under goal 3 of the Sustainable Development Agenda, which specifically calls for promoting mental health and well-being (Bruckauf, 2017). Furthermore, Bruckauf's research on adolescents and children found that one in four adolescents showed two or more symptoms of mental illness, more than once a week.

Based on these data and problems, the author aims to see how responsive the SDGs are in dealing with problems related to rural mental health in Indonesia.

2. Literature Review

Specifically, mental health in rural areas is not as prevalent as the general theme of mental health. However, some supporting literature for this research comes from Slade, Oades, and Jarden (2017) who discussed the importance of mental health in Indonesian villages as well as information on mental health services and recovery-oriented practices in general, and the importance of mental health for civil servants (ASN) in Indonesia in preventive, curative, and rehabilitative forms. The emphasis was on the importance of well-being orientation in mental health services and positive psychotherapy as a well-being approach to recovery. In addition, recovery-oriented mental health practices and collaborative partnerships for meaningful community living have become important (Rees, Ennals, & Fossey, 2021).

WHO (2023) also emphasizes the importance of integrating mental health care into primary health care in villages to ensure people have access to mental health care services, including preventive, curative, and rehabilitative mental health care services. The WHO (2023) also highlights the importance of community-based mental healthcare services that are culturally appropriate and sensitive to community needs.

Kirmayer and Swartz (2013) further emphasized the importance of cultural competence in mental health care and the need for a collaborative approach to mental health care that considers the socio-cultural context of mental health disorders. In addition, mental health professionals need to be trained in cultural psychiatry to effectively address the mental health needs of diverse populations, including those in rural and multicultural settings, and cultural competence in mental health care, particularly in global mental health settings, where cultural differences can influence the assessment and treatment of mental health disorders.

In their book *Recovery and Mental Health: A Critical Sociological Account*, Pilgrim and McCranie (2013) view mental health problems as related to the structural context of society where it is important to consider the socio-structural context of mental health disorders and the role of power in society and in the mental health system. She also added the importance of a recovery-oriented approach to mental health care that is grounded in the social context of mental health disorders and recognizes the role of power in shaping experiences of mental health distress and recovery. There is also a need for emphasis on mental health professionals to be trained in recovery-oriented mental health care and to work collaboratively with service users to develop recovery plans tailored to individual needs and the sociocultural context. This is in line with Cockerham (2020) statement that emphasizes the importance of considering the sociocultural context of mental health disorders, as cultural and social factors can influence the experience and expression of mental health symptoms.

Another supporting theory comes from Bhugra and Bhui (2018), who view the relevance of cultural psychiatry to global mental health and the impact of culture on mental health. Culture plays an important role in shaping how individuals express distress, explain it, and seek help according to what they see as the cause of their problems. In addition, she explained the importance of cultural competency in mental health care, particularly in global mental health settings where cultural differences can influence the assessment and treatment of mental health disorders. Mental health professionals should be trained in cultural psychiatry to effectively meet the mental health needs of diverse populations, including those in rural and multicultural settings.

In addition to psychological and sociological perspectives, rural mental health can be viewed from an anthropological perspective. McElroy (2018) argues that ecological context is important for understanding health problems and disorders, including the social, cultural, and environmental factors that influence health. Therefore, a biocultural approach that integrates biological, cultural, and environmental factors is needed to study health and illness. McElroy (2018) argues that ecological context is important for understanding health problems and disorders, including the social, cultural, and environmental factors that influence health. Therefore, a biocultural approach that integrates biological, cultural, and environmental factors is needed to study health and illness.

In response to mental health issues, sustainable development goals have an important agenda. Project (2005), for example, emphasizes the importance of transforming health systems in an integrated manner to improve health, especially in developing countries. In addition, community-based approaches to health care involve community members in planning and implementing interventions and emphasize the need for healthcare providers to be trained in cultural competence to effectively address the health needs of diverse populations. The WHO (2018) also found the relevance of cultural psychiatry in global mental health, where culture plays an important role in shaping how individuals express distress, explain it, and seek help according to what they see as the cause of their problems. The WHO also emphasizes the importance of integrating mental health care into primary healthcare services. This is important for improving access to mental health care for individuals with mental health disorders.

3. Research Methodology

This research is a type of literature review in which theoretical references related to the observed case or problem are sought. According to Dr. John Creswell, a literature review is a written summary of articles from journals, books, and other documents that provide theory and information from both the past and present, categorizing the literature into the subjects and documents needed (Creswell, 2019). In this analysis, the authors relied on data obtained from the literature. A literature review is a strategy for collecting data or sources related to the research topic. The collected data were then reviewed using a descriptive analysis. The descriptive analysis approach is used to state the facts that are then analyzed, not only describing but also providing sufficient understanding and explanation.

4. Results and Discussions

As an internationally agreed development approach, SDGs are a global development agenda with 17 goals and are divided into 169 targets that are interrelated, mutually influencing, inclusive, and integrated with each other, universal, or no one left behind with a period of achievement until 2030. Overall, the SDGs aim to create a better human life in terms of social, economic, and environmental aspects. Therefore, the SDGs have three main pillars: human, socioeconomic, and environmental development. Furthermore, in this section, the author explains the process of integrating the SDGs into the national development policy agenda and regional development but has not yet reached the village level. As Law No. 6/2014 on Villages (Village Law) states, the paradigm of village development has changed dramatically with great resources and potential to support the achievement of SDGs goals. The author argues that mainstreaming village development can contribute 74 percent to the achievement of SDGs, so Village SDGs become very important and urgent. However, it is still necessary to explain in more detail the indicators and ways of measuring the achievement of these contributions; for example, by presenting comparative data on SDG achievements so that the justification becomes stronger (Iskandar, 2020).

Village development in the Village Law and the lack of village development measures (village development index/IPD and village development index/IDM) so that the position of SDGs is increasingly important because, in addition to being in accordance with village development policies, it is also necessary to be implemented in the village so that the chances of success in achieving SDGs in one village are maximized. At the policy level, the SDGs are directly placed in the Regulation of the Minister of Villages, PDT, and Transmigration No. 13 of 2020 concerning Priorities for the Use of Village Funds in 2021 as a reference for preparing annual activities and budgeting for each village.

Village SDGs are an integrated action or effort to realize the accelerated achievement of sustainable development goals through strengthening typologies: villages without poverty and hunger, economic villages growing evenly, healthcare villages, environment care villages, education care villages, women-friendly villages, networked villages, and culturally responsive villages.

4.1 Advocacy on Mental Health and SDGs

Mental health is an integral part of Goal 3 of the Sustainable Development Agenda, which specifically calls for "promoting mental health and well-being." Promoting mental health and well-being requires integral advocacy efforts from the government's center to the village. Advocacy efforts should be made

to ensure that mental health is included in the development agenda. This can be achieved by writing letters, meeting with the Minister of Health, attending United Nations open meetings, writing publications, and lobbying strongly when mental health was not included in the wording of the first draft of the SDGs (Scorza, Poku, & Pike, 2018).

Table 2, obtained from the Basic Health Research published by Kemenkes (2018), shows that the incarceration rate of mentally ill patients remains high. Rural areas had a higher prevalence than urban areas. This indicates that rural communities still have a negative attitude towards mental illness, which leads to confinement in stock. Based on the proportion of reasons for non-adherence to medication for schizophrenia/psychosis among members of the household, rural people often forget, cannot afford routine medication, medication is not available, do not regularly seek treatment, and feel that the dosage is inappropriate. Based on these proportions, rural communities also have a higher prevalence than urban communities, which are more aware of the curative measures for mental disorders. Advocacy efforts need to be made more frequently so that this stigma can change in rural communities.

Table 2. Proportion of households with a household member with schizophrenia/psychosis who has been confined by place of residence

Residence	Have been confined (for life)		N weighted	confined last 3 months		N weighted
	(%)	95% CI		(%)	95% CI	
Urban	10,7	8.3 - 13.6	1.021	31,1	26.3 – 36.2	125
Rural	17,7	14.9 – 21.0	907	31,8	26.9 – 37.1	183
Indonesia	14,0	12.1 – 16.2	1.929	31,5	28.0 – 35.2	309

Source: Basic Health Research report (Kemenkes, 2018)

This phenomenon can clearly be seen in Ponorogo District, where the number of household members with mental illness is quite large, and because of the lack of literacy of family members, they choose to include household members with mental illness. From year to year, the number of household members with mental disorders has gradually decreased; however, there are still 15 people shackled in 2021 (Wicaksono, 2021).

One form of mental health advocacy was carried out by Dr. H. of the Ministry of Health. Marzoeki Mahdi Mental Hospital (RSJMM) in Bogor City, collaborating with the Ministry of Social Affairs' Bhudi Dharma Social Rehabilitation Center (BRSLU) in Bekasi City, to jointly handle elderly patients with mental disorders according to the criteria, so that they get their rights for care and treatment at RSJMM Bogor, and vice versa for post-patient elderly patients or elderly who are in families and communities to receive social rehabilitation according to the criteria of BRSLU Bhudi Dharma Bekasi (Kemenkes, 2022).

The Center for Public Mental Health (CPMH) University of Gadjah Mada, Indonesia, through Twitter social media, also advocates for mental health using the hashtag #ElevateTheConvo, which aims to make people aware of the importance of a mental health revolution in society. This awareness is built on everyone is responsibility for mental health (Humas, 2020).

The YAKKUM Rehabilitation Center also partners with people with psychosocial disabilities, mental health cadres, organizations of persons with disabilities (DPOs), civil society organizations, and academics from the Yogyakarta Special Region, which then produced a roadmap for mental health advocacy strategies. Through this roadmap, PRY also ensures that advocacy work does not leave the community (people with psychosocial disabilities, caregivers, and DPOs) as the main actors and beneficiaries of the CEPLERY project and is based on valid data on their actual needs. PRY will also

continue to collaborate with partners and communities in carrying out work plans in accordance with the advocacy strategy developed to realize a better life and fulfillment of the rights of people with psychosocial disabilities in the Special Region of Yogyakarta (Yakkum, 2023).

Although mental health advocacy has been widely carried out at the national and village levels, negative stigma regarding mental health remains an obstacle to rehabilitation and healing efforts for mental patients. This is supported by the CPMH UGM, which states that stigma keeps patients away from the best treatment they can receive. With centralized systematic advocacy, with or without awareness of mental health, steps to overcome stigma can be implemented. The practice of shackling, choosing silence, hiding, and ostracizing people with mental disorders is often encountered. Many people with mental disorders (ODGJ) are left on the street, wandering, and are considered shameful to the family. This stigma hinders the process of accepting someone with a mental disorder. Acceptance is the first step (Ardhi N, 2022).

4.2 Research and Innovation on Mental Health and SDGs

Rigorous research and evaluation can show that governments that progress toward other SDGs are severely hampered without addressing mental health issues. Such research and evaluation can help governments to understand the importance of mental health as a development priority. Scorza et al. (2018) further emphasized the role of research and evaluation on mental health policies and programs to achieve sustainable goals. A previous study related to research and evaluation of mental health and the SDGs was conducted in Kenya by Kamau and MacNaughton (2019), where the implementation of SDG 3 increased the focus on health priorities in Kenya. SDG 3 targets have helped align health policies and strategies in Kenya with global health priorities. The SDG 3 targets have also helped mobilize resources for health programs in Kenya. However, there are still challenges in achieving the SDG 3 targets in Kenya, such as inadequate funding and weak health systems. Overcoming these challenges requires political commitment and sustained investment in the healthcare system.

Research on mental health can provide evidence-based insights that inform the development of policies and interventions aimed at achieving the SDGs. By understanding mental health needs and challenges in different populations and contexts, policymakers can design targeted strategies to address mental health as part of broader developmental efforts (Heymann & Sprague, 2023). Heymann and Sprague (2023) added that research plays an important role in tracking progress towards achieving the SDGs for mental health. This helps monitor the implementation and impact of interventions, identify gaps, and evaluate the effectiveness of strategies. Adequate tracking of progress is essential to ensure that mental health receives necessary attention and resources within the broader SDG agenda.

On the other hand, research and innovation can help mainstream mental health across the SDG continuum. By demonstrating the relevance of mental health to various developmental goals, research can contribute to the integration of mental health considerations into policies, programs, and funding mechanisms (Madill et al., 2022). Research and innovation also contribute to global initiatives aimed at strengthening mental health in the SDGs. Initiatives such as the global FundaMentalSDG rely on research findings to advocate for mental health as a priority and to mobilize resources and support for mental health programs (Votruba & Thornicroft, 2016). Research findings can be used to raise awareness about the importance of mental health in achieving the SDGs. By highlighting the impact of mental health on various aspects of development, research can contribute to advocacy efforts and encourage the inclusion of mental health in global development agendas (Staglin, 2022).

The implementation of village mental health research and innovation in Indonesia can be seen from one of the village SDGs indicators, where Desa Peduli Kesehatan is a Posyandu that handles mental health in 100% of households, which can be achieved through several activities, including increasing the knowledge and skills of cadres in organizing mental health Posyandu and the support of mental health facilities and infrastructure. However, it is difficult to perform this evaluation considering that there is no SDG Village questionnaire as an instrument for assessing achievements.

Mental health innovations have begun to grow in Indonesia at the national and regional levels. Some examples of mental health forms that have been initiated and are running include the Rasa Sejiwa Program. This program is a mental health service innovation that aims to provide primary mental health services at Puskesmas in villages in Indonesia. The program provides mental health services such as counseling, psychotherapy, and medication management for patients with mental health problems (Saputra, Syamsurizaldi, & Aromatica, 2022). In addition, the Samawa Program provides mental health services to patients with mental disorders in rural areas. The program includes publicity and prevention activities for patients with mental health problems and disorders (Dianti, 2022; WHO, 2023).

Another innovation can be seen in the UPTD Puskesmas Pangkalan Public Service. This program aimed to improve mental health services for mentally ill patients in villages. The program provides counseling, psychotherapy, and medication management for patients with mental health problems (WHO 2023). Another innovation originating in the village is Gelimasjiwo, which aims to improve the quality of mental health services for mentally ill patients in rural areas. The program provides counseling, psychotherapy, and medication management to patients with mental health problems, especially those with intellectual disabilities (PANRB, 2022).

Research and innovation on mental health are essential to inform policy, integrate mental health into the SDGs, track progress, strengthen global initiatives, raise awareness, and guide funding decisions. By prioritizing research and innovation in mental health, we can better meet the mental health needs of individuals and communities, thereby contributing to the achievement of SDGs.

4.3 Partnership on Mental Health and SDGs

Partnerships between civil society, the private sector, and government and non-government organizations are important to address mental health from multiple perspectives. Partnerships for mental health can include civil society, the private sector, the government, and non-governmental organizations. The lessons from these partnerships can be applied to the overall SDG agenda (Dybdahl & Lien, 2017).

One form of partnership between the government and other stakeholders to achieve mental health can be seen from mental health treatment efforts with Mental Health Posyandu. The author presents an example of its implementation at Posyandu Sumber Waras in Dadapan Village, Candi Health Center, Pringkuku District. The Mental Health Posyandu aims to prevent and reduce the risk of mental disorders and provide treatment, therapy, and empowerment activities. This Posyandu partner with the TERSAYANG (Neglected When Their Souls Wobble) group aims to monitor their health status. Through this activity, it is hoped that the recovery of patients with mental disorders will not depend on drugs alone, but also receive support from family and society so that patients can be productive in developing their potential skills (DiskominfoPacitan, 2021).

Partnerships carried out by the Ministry of Health of the Republic of Indonesia include the BRSLU Bhudi Dharma Ministry of Social Affairs, which has a working area in 16 provinces throughout Indonesia, developing referral services for the elderly who experience mental health problems and hopes to obtain a mental health assessment for elderly patients by creating synergies in mental health services for the elderly, both referrals from families, communities, and social rehabilitation centers to RSJMM or vice versa.

The Ponorogo District Government also involves health cadres in Mental Health Posyandu. In 2022, the Regent of Ponorogo inaugurated Mental Health Posyandu (Poskeswa) in Plumpang Village, Gupolo Village, Campurejo Village, Serangan Village, Dayakan Village, Mrican Village, and Paringan Village in the working areas of the Sambit Health Center, Sukosari Health Center, Jenangan Health Center, Setono Health Center, Sukorejo Health Center, Mlarak Health Center, and Badegan Health Center, which targets Ponorogo as an area free from shackling. Poskeswa is expected to detect early on residents who are indicated to have mental disorders so that patients can be quickly treated and receive treatment. In addition, Poskeswa is expected to increase the understanding of village communities regarding mental health, and education and anticipation must be delivered by Poskeswa cadres to screen for a

number of non-communicable diseases, including detecting mental emotional disorders through examinations of targets aged 15-59 years (Marhaban, 2022; Wibisono, 2022).

Yakkum Rehabilitation Center also partners with people with psychosocial disabilities, mental health cadres, DPOs, civil society organizations, and academics from the Yogyakarta Special Region to produce a roadmap for mental health advocacy strategies. Through this roadmap, PRY also ensures that advocacy work does not leave the community (people with psychosocial disabilities, caregivers, and DPOs) as the main actors and beneficiaries of the Ceplery project and is based on valid data on their actual needs. PRY will also continue to collaborate with partners and communities in carrying out work plans in accordance with an advocacy strategy that has been prepared to realize a better life and fulfillment of the rights of people with psychosocial disabilities in the Special Region of Yogyakarta (Yakkum, 2023).

The partnership built by Universitas Gadjah Mada to overcome stigma against mental health is intervened through Go-To Educator Training, which is a program that integrates educators, educator bureaucrats, mental health care professionals, as well as Acceptance and Commitment Therapy, which can offer alternatives to weaken the negative impact of self-stigma and can effectively reduce the effects of mental health-related stigma to the smallest effect (Ardhi N, 2022).

4.4 Integration of Mental Health and other SDGs'

Mental health can be integrated into broader development programs aimed at achieving SDG 3 by identifying ways to link mental health to the main objectives of different projects. For example, mental health can be linked to insecurity, weak citizenship, and food security (Madill et al., 2022). Another integration is linked to economics, where mental health problems are a huge burden on individuals and society, in terms of both human suffering and economic costs (Dybdahl & Lien, 2017).

Bappenas (2022) states that improving the quality of public health cannot only be resolved with a health sector approach but requires a multisectoral approach such as the economic, social, cultural, and other sectors as well as a multistakeholder approach, so that the role of the Village is how to coordinate village programs/activities with programs/activities that enter the Village from supra so that there is integration of both program/activity integration, budget integration, integration of actor roles including the most important is data integration, especially data on health sector development targets.

Cultural psychiatry is important for global mental health, integrating mental health care into primary health care services, and addressing social determinants of health to improve mental health outcomes. The WHO also adds the importance of addressing the social determinants of health, including poverty and inequality, to reduce the burden of mental health disorders and improve mental health outcomes. Thus, mental health issues are inseparable from other development goals, including poverty, discrimination, and equity (Abrahams, 2018; Becker, 2014; WHO, 2018, 2023).

Integrating mental health interventions into efforts to achieve other Sustainable Development Goals (SDGs) can significantly impact overall development. Mental health promotion and mental illness prevention should be integrated into broader efforts to achieve the SDGs, to help reduce the incidence and prevalence of mental illness, and to achieve other goals for health, economic, and social development (De Silva, 2015). An integrated development agenda is needed that places mental health at the center, both as a means and an international development goal (Lund, 2020). Lund further stated that the SDGs challenge us to include mental health as a means to achieve other international development targets and as a goal worth achieving. Reducing gender-based violence (SDG 5): Mental health issues can help reduce gender-based violence and promote gender equality. Mental health interventions can support women and girls who have experienced violence and trauma, empowering them to fully participate in society.

Mental health interventions in schools can promote positive mental well-being among students, leading to improved concentration, academic performance, and educational outcomes. By addressing mental health issues in educational settings, we can create an environment conducive to learning. Lund (2020)

also added that cash transfers, housing improvements, education upgrades, and early responses to humanitarian emergencies all have mental health benefits, and their impact and sustainability can potentially be enhanced by integrated mental health interventions.

For poverty eradication (SDG 1), mental health interventions can help break the cycle of poverty by improving individuals' ability to work, earn income, and access education and other opportunities. By addressing mental health issues, we can help individuals overcome barriers to economic empowerment. Mental health is highly relevant to most SDGs, especially those related to poverty alleviation, education, and economic development (Jenkins, 2019).

Mental health is also linked to decent work and economic growth (SDG 8), and mental health interventions in the workplace can improve employee well-being, productivity, and job satisfaction. Promoting mental health in the workplace can contribute to sustainable economic growth and create healthier and more inclusive work environments.

To reduce inequalities (SDG 10), mental health interventions can help by ensuring that vulnerable populations, such as those living in poverty or experiencing discrimination, have access to mental health support and services. By addressing mental health disparities, we can work towards a more equitable society. Regarding Climate action (SDG 13), mental health interventions can help individuals and communities cope with the psychological impacts of climate change, such as anxiety, stress, and trauma. By integrating mental health into climate action initiatives, resilience and support adaptation strategies can be built.

5. Conclusion

5.1. Conclusion

Given the myriad factors and contexts that influence mental health, efforts to address mental health issues in rural Indonesia require an approach that does not stand alone on SDG 2 alone but links to other sustainable goals holistically. This synergy will help to solve mental health problems in an integrative manner. Based on the results of this study, it can be concluded that mental health is an integral part of the Sustainable Development Goals (SDGs). The SDGs provide a framework to improve the prevention and treatment of mental health conditions as well as to promote mental health as a means and goal of international development. Research and innovation play critical roles in informing policies and interventions, tracking progress, strengthening global initiatives, raising awareness, and guiding funding decisions. Mental health interventions can contribute to the achievement of other SDGs, such as gender equality, poverty eradication, quality education, decent work and economic growth, inequality reduction, and climate action. By recognizing the link between mental health and sustainable development, we can create a holistic and effective approach to global development. It is important to prioritize mental health in the SDGs and ensure that they receive the attention and resources they need.

5.2. Limitation

Although the literature has been reviewed and various mental health implementations related to village SDGs have been explored, this study has methodological limitations that require further quantitative, qualitative, and mixed methods research. This study can be extended with statistical measurements and benefit and cost analyses to support further research. There is also insufficient secondary data related to rural mental health in Indonesia. Development data, especially in the health sector, focuses more on physical health, including indicators of the success of health development, which focuses more on physical health development. It is hoped that future research will consider these limitations to obtain the novelty of further research.

5.3. Suggestion

The development of the paradigms of modernization, dependency, and participation in development, the importance of localizing development through the paradigm of participation, and strategies for localizing the grand narrative of the SDGs Village level, starting with the redrafting of the SDGs icon image to be clearer, less abstract, and closer to the reality in Indonesian villages to the statement of the SDGs village goal, which consists of 18 goals. Some of the researchers' inputs include that villages

should raise awareness about the importance of mental health and the resources available to them. This can help to address the lack of awareness of mental health issues and encourage the inclusion of mental health in the global development agenda. In addition, villages should encourage the integration of mental health into broader efforts to achieve SDGs. This can help reduce the incidence and prevalence of mental illness as well as achieve other goals for health, economic, and social development. There is also a need to address stigma and discrimination associated with mental health problems. This can help individuals to feel more comfortable seeking help and support, leading to improved access to mental health services. Villages also need to increase funding for mental health programmes and services. This can help to address the limited resources available to address mental health issues and ensure that mental health is given the attention it deserves.

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