IMPLEMENTATION OF PUBLIC SERVICES OF GERAKAN SUKABUMI *SIAGA SEHAT JIWA* (*RASASEJIWA*) AT THE SUKABUMI HEALTH CENTER IN SUKABUMI CITY

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ABSTRACT

This study explores the implementation of the *Gerakan Sukabumi Siaga Sehat Jiwa* (*RASASEJIWA*) at the Sukabumi Health Center. The program aims to address mental health issues, particularly *Orang dengan Gangguan Jiwa* (*ODGJ*). Using a qualitative case study approach, data were collected through interviews with *Puskesmas* staff, local government, and families of *ODGJ* patients. Analysis was based on Edward III's implementation model, focusing on communication, resources, disposition, and bureaucratic structure. Findings indicate effective communication with stakeholders, though improvements in language and community engagement are needed. Limited resources, including specialist staff and facilities, require additional support. Staff show high commitment but need further training. The bureaucratic structure supports task division, but better inter-departmental coordination is necessary to ensure consistent information flow.

Keywords: *Implementation, Public Services, Gerakan Sukabumi Siaga Sehat Jiwa, RASASEJIWA*

A. INTRODUCTION

The *Undang-Undang Dasar Republik Indonesia Tahun 1945,* Constitution of the Republic of Indonesia mandates the state to promote public welfare and meet the basic needs and civil rights of its citizens. One of the critical areas of public service is health, which directly affects the quality of life and productivity of society. Despite significant progress in health services, mental health remains a neglected area, both empirically and theoretically, particularly in local public

service delivery.

Sukabumi City, as one of the developing cities in Indonesia, has various challenges in optimizing health services through *Puskesmas* (Health Center). Public health services at *Puskesmas* include various activities, such as disease prevention, health promotion, basic care, and handling medical cases. The government as the main organizer of public health services is responsible for providing equitable and quality access to the entire community, taking into account the principles of justice and sustainability.

One of the public service innovations carried out by the Sukabumi Health Center, Sukabumi City, is the *RASASEJIWA* (Sukabumi Alert Mental Health Movement). *RASASEJIWA* is a public service innovation implemented by the Sukabumi Health Center in Sukabumi City in response to the high number of cases of *Orang Dalam Ganguan Jiwa/ODGJ* (People with Mental Disorders) in the region. Developed as a program that focuses on community mental health, *RASASEJIWA* has the main objective of increasing community understanding, awareness, and participation in maintaining their mental health. The data on *ODGJ* cases in Sukabumi City are:

Table 1. *ODGJ* Case Data in 2023 in Sukabumi City

No.	Health Center	Total Population	ODGJ	Severe ODGJ	Total
1	CIPELANG	19.218	161	27	188
2	KARANGTENGAH	30.632	257	43	300
3	SOFTWARE	19.673	165	28	193
4	SUKABUMI	45.028	378	63	441
5	TIPAR	18.454	155	26	181
6	NANGGELENG	17.122	144	24	168
7	GEDONGPANJANG	18.889	159	26	185
8	PABUARY	13.614	114	19	133
9	SUKAKARYA	16.660	140	23	163
10	FORT	30.105	253	42	295
11	BAROS	39.118	329	55	384
12	LEMBURSITU	18.517	156	26	182
13	CIKUNDUL	23.688	199	33	232
14	CIBEUREUMHILIR	24.263	204	34	238
15	LIMUSNUNGGAL	20.754	174	29	203
	355.735		2.988	498	3486

Source: Sukabumi City Health Office, 2024

Empirically, data from Sukabumi City Health Office shows a high number of People with Mental Disorders (*ODGJ*), with 3,486 recorded cases in 2023. However, the implementation of mental health programs, such as the Sukabumi *Siaga Sehat Jiwa* (*RASASEJIWA*) movement, faces several challenges, including inadequate resources, stigma in the community, and limited infrastructure. For instance, the lack of specialist medical personnel and facilities, combined with

persistent cultural stigma that views mental illness as supernatural or hereditary, hampers the effectiveness of such programs.

Theoretically, the literature on public service innovations often emphasizes the importance of policy implementation frameworks, such as Edward III's model, which highlights communication, resources, disposition, and bureaucratic structure as critical factors. However, there is limited exploration of how these elements intersect with mental health service delivery in specific socio-cultural contexts, such as Sukabumi City. This creates a theoretical gap in understanding the practical application of these frameworks in addressing mental health issues.

This study addresses these gaps by analyzing the implementation of the *RASASEJIWA* program at the Sukabumi Health Center through the lens of Edward III's policy implementation model. By bridging the empirical and theoretical gaps, this research aims to provide insights into improving mental health services in local communities, with a focus on the challenges and opportunities in implementing innovative public health programs.

Based on the phenomenon of the above problems described by the researcher, the researcher is interested in conducting research with the title "Implementation of Public Services for the Sukabumi *Siaga Sehat Jiwa* Movement (*RASASEJIWA*) at the Sukabumi Health Center, Sukabumi City".

B. LITERATURE REVIEW
Policy Implementation

Edward III (2015) asserted that "the main problem of public administration is the lack of attention to its implementation. He said that without effective implementation, the policy maker's decision will not be implemented successfully. Four main issues for effective policy implementation are communication, resources, disposition or attitude, and bureaucratic structure. Communication is concerned with how policies are communicated to organizations and/or the public and the attitudes and responses of the parties involved. Resources are concerned with the availability of supporting resources, especially human resources, where this is concerned with the ability of public policy implementers to implement policies effectively. Disposition is concerned with the willingness of implementers to implement the policy. Bureaucratic structure is concerned with the harmonization of bureaucratic organizations that implement public policy."

Waluyo (2007: 49) states, "real policy implementation is not just related to the mechanism of translating political decisions into routine procedures through bureaucratic channels, but more than that, it involves conflict issues, decisions of who gets what from a policy". According to Mulyadi (2015:24), the most important difference between one country and another does not lie in its form or ideology, but in the level of the country's ability to govern. The level of ability can be seen in the ability to implement every decision or policy made by a cabinet or president of the country.

Cleaves (Waluyo, 2007: 49) states that policy implementation is a process of administrative and political actions directed at achieving policy objectives. Hamdi (2014: 97) also explains policy implementation as an effort to achieve the goals set by a particular policy.

According to Mulyadi (2015:26), policy implementation is a multi-organizational change or transformation that connects various layers of society through policy implementation strategies. Udoji (2015:46) emphasizes the importance of policy implementation by stating that without effective implementation, policies will only be good plans stored in archives and not actualized. Edward III (2015:47) adds that policy implementation is an activity that follows the issuance of a policy and involves efforts to manage inputs to produce outputs for the community. Mazmanian and Sebastier (2007: 50) highlight the importance of analyzing policy implementation to identify variables that affect the achievement of policy objectives during the implementation process. These variables include the ease of controlling problems, the ability of policy decisions to structure implementation, and political variables that affect support for policy objectives.

Public Policy

According to Karniawati (2010: 6) states, "policy is a chain that is intertwined and interdependent with one another where the link is left to the community as the object of the policy to implement the policy or not implement it". Another definition according to Syahida (2014: 11), namely: "public policy always contains at least three basic components, namely broad goals, specific targets and ways to achieve these goals. Thus, the third component of a policy, namely the method, is a component that functions to realize its first two components, namely specific goals and objectives. This method is commonly referred to as implementation, for example, defining policy implementation as an action taken by the government or private sector either individually or in groups that are intended to achieve the objectives as formulated in the policy. This implementation activity is only carried out after the policy has been authorized by the legislature and the allocation of resources has also been approved."

Another opinion according to Soenarko (2014: 12), "public policy is a decision made by authorized government officials, for the benefit of the people, where the interests of the people are a whole from a combination of crystallization of opinions, desires and demands from the people". Meanwhile, according to Hamdi (2014: 36), "defines policy as a long series of related activities and their consequences for those concerned, rather than just a decision".

Meanwhile, according to Dunn (2013: 229), "public policy is a series of interconnected choices made by government agencies or officials in areas concerning government duties, such as defense and security, energy, health, education, public welfare, crime, urban areas and others". Mulyadi (2015: 43) states, "public policy is a legal product obtained through a process of activities or actions that are administrative, scientific and political in nature made by policy makers and related policy makers". Meanwhile, Waluyo, (2007: 43), "defines policy as a permanent decision characterized by consistency and repetitiveness of the behavior of those who make and those who comply with these decisions".

Public Service

Public services will never be separated from issues that concern the lives of many people. Many experts have an opinion on this public service, including Dwiyanto (2006: 136), he argues that public services are: "A series of activities

carried out by the public bureaucracy to meet the needs of user citizens. The users referred to here are citizens who need public services, such as making ID cards (*KTP*), birth certificates, marriage certificates, death certificates, land certificates, business licenses, Building Permits (*IMB*), nuisance permits (*HO*), permits to take groundwater, subscription to drinking water, electricity and so on ".

Furthermore, there is Moenir (2010: 7) he also states that "Public service is an effort made by a group or person or bureaucracy to provide assistance to the community in order to achieve a certain goal." Then another opinion is expressed by Ratminto & Winarsih (2006: 4) "Public services or public services can be defined as all forms of services, both in the form of public goods and public services which in principle are the responsibility and are carried out by Government Agencies at the Center, in the Regions, and within State-Owned Enterprises or Region-Owned Enterprises, in the context of efforts to fulfill community needs as well as in the context of implementing statutory provisions." In addition to the opinions of the experts above, the concept of public services is also enshrined in the Law.

Based on the *Undang-Undang Nomor 25 Tahun 2009* on Public Services, namely: "Public services are all forms of activities in the context of regulation, guidance, guidance, provision of facilities, services and others carried out by government officials as an effort to fulfill needs to the community in accordance with applicable laws and regulations."

Premise

The premise of this research is: The implementation of the Sukabumi *Siaga Sehat Jiwa* (*RASASEJIWA*) public service movement at the Sukabumi Health Center in Sukabumi City is effective and efficient if it meets 4 indicators based on the Edward III implementation model consisting of 1) communication, 2) resources, 3) disposition and 4) bureaucratic structure.

C. METHOD

The research method used in this research is a qualitative research method with a case study approach. As stated by Creswell (2016: 4) "Qualitative research is a method for exploring and understanding the meaning that a number of individuals or groups of people ascribe to social or humanitarian problems. These qualitative research processes involve important efforts, such as asking questions and procedures, collecting specific data from participants, analyzing data inductively from specific themes to general themes, and interpreting the meaning of the data. The final report for this research has a flexible structure or framework". In this research, cases that are limited by time and activities in question are about the implementation of public services. In this research, a qualitative research method with a case study approach was used to find out how the implementation of public services of the Sukabumi *Siaga Sehat Jiwa* Movement (*RASASEJIWA*) at the Sukabumi Health Center in Sukabumi City. Researchers used a case study approach along with Edward III's theory with four indicators because it was considered suitable for analyzing the phenomena currently occurring.

In this study, the research unit was the Sukabumi City Health Center and for determining informants, researchers determined informants using purposive sampling techniques. In choosing informants, the researcher mainly involved and knew about how the implementation of the Sukabumi *Siaga Sehat Jiwa* (*RASASEJIWA*) public service movement at the Sukabumi Health Center in Sukabumi City. The details of the informants in this study are as follows:

Table 2. Determination of Informants

No.	Informant	Description
1	Informant 1	Head of Sukabumi Health Center, Sukabumi City
2	Informant 2	Service Section of Sukabumi Health Center, Sukabumi City
3	Informant 3	Family of patient at Sukabumi Health Center, Sukabumi City
4	Informant 4	Family of patient at Sukabumi Health Center, Sukabumi City
5	Informant 5	Family of patient at Sukabumi Health Center, Sukabumi City

(Source: Research, 2023)

The data collection techniques used in this research is observation, interviews, and documentation. To ensure complete data/information and high validity and reliability, qualitative research uses triangulation. Triangulation is a method used in qualitative research, often also done in quantitative methods. According to (Sugiyono, 2019: 267) that "Triangulation is defined as checking data from various sources in various ways, and various times". Triangulation in this study was carried out by comparing the results of interviews, observations and documentation that researchers conducted with different data sources. By collecting and comparing multiple datasets with each other, triangulation helps eliminate threats to any validity and reliability of the data. The triangulation approach applied in the evaluation and reduces the risk of misinterpretation by using multiple sources of information. The triangulation approach techniques used by researchers are source triangulation and technique triangulation.
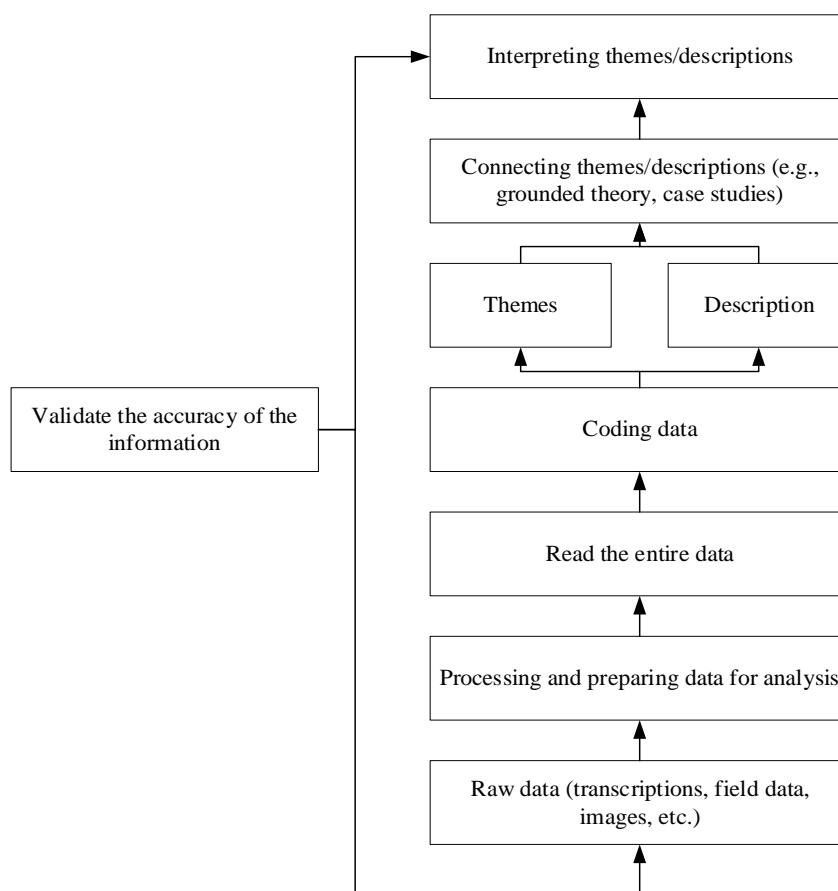
Image 1. Data Analysis
(Source: Research, 2023)

D. EXPLANATION

This study aims to explore and understand the implementation of the Sukabumi *Siaga Sehat Jiwa* (*RASASEJIWA*) Movement in public services at Sukabumi Health Center, Sukabumi City. The implementation of this program is a crucial aspect in handling cases of people with mental disorders (*ODGJ*) in the region. In this context, this study explores various perspectives from the parties involved, including *Puskesmas* staff, local government, and families of *ODGJ* patients. Through purposive sampling technique and qualitative approach, this study seeks to describe the dynamics of implementation, challenges faced, and potential improvements that can be made. The results of this study are expected to provide valuable insights for the development of more effective mental health service policies and practices in Sukabumi City.

This research uses 4 indicators based on the Edward III implementation model which consists of 1) communication, 2) resources, 3) disposition and 4) bureaucratic structure. The results of research based on dimensions, namely:

Communication

Effective communication is essential in implementing the *RASASEJIWA* program. It ensures clarity, coordination, and understanding among stakeholders, including policy organizers, field implementers, and the community. Using

Edward III's policy implementation model, this study highlights the role of communication in overcoming implementation barriers and fostering collaboration.

The *Puskesmas* has employed multiple channels, such as monthly coordination meetings, digital platforms (e.g., WhatsApp, *SIMPUS*), and direct community outreach, to facilitate effective communication with stakeholders. Coordination meetings ensure routine collaboration with the Health Office and referral hospitals, while digital platforms allow for rapid information sharing. However, technical issues, such as network disruptions and delayed responses, occasionally hinder communication efficiency.

Community-level communication is achieved through direct education, social media, posters, and home visits. These strategies effectively disseminate information but face challenges in simplifying medical terminology for broader accessibility. Staff efforts to clarify complex procedures demonstrate their commitment, but a systematic approach to simplifying language remains necessary.

Puskesmas staff undergoes regular communication training, emphasizing interactions with patients and families of mental health patients. These trainings improve their ability to handle sensitive interactions, which is crucial for building trust and ensuring program success.

Despite these efforts, areas for improvement include minimizing delays, enhancing the effectiveness of digital tools, and deepening community engagement. Simplifying medical jargon and increasing interaction frequency could further strengthen the program's impact.

In line with Edward III's model, the findings underscore that clear and consistent communication, supported by trained personnel, is vital for achieving policy objectives. Enhancing these aspects will optimize *RASASEJIWA*'s implementation and improve mental health outcomes for the community.

Resources

Resources play a critical role in policy implementation, encompassing manpower, equipment, facilities, budget, and information. Their availability and quality directly impact the effectiveness of programs like *RASASEJIWA*. While Sukabumi Health Center has basic resources, such as medical personnel (general practitioners, nurses, and psychologists), consultation rooms, and basic equipment, significant gaps remain in specialized facilities and expertise.

The lack of psychiatrists and specialized equipment for severe mental health cases, coupled with insufficient operational budgets, hinders program efficiency. Informants highlighted the need for more private consultation rooms, group therapy spaces, and additional operational vehicles. These gaps limit the health center's ability to provide comprehensive care and meet patient needs effectively.

Community feedback indicates that while services are generally adequate, issues like long waiting times, limited consultation slots, and unresponsive registration systems create barriers. These challenges underline the need for better resource allocation and management to ensure smoother service delivery.

Regular training programs, such as stress management and communication skills workshops, demonstrate the health center's commitment to staff capacity

building. However, these efforts must be complemented by systemic improvements in resources to maximize program effectiveness.

In line with Edward III's theory, resource sufficiency is vital for achieving policy objectives. Addressing gaps in funding, specialized expertise, and infrastructure will enhance the *RASASEJIWA* program's implementation and outcomes, aligning with broader goals of public health service improvement. They expect an increase in the provision of experts and additional medical equipment to support the success of the program. This reflects Udoji's (2015) view that without effective implementation, policies will only become plans stored in archives without being properly realized. Therefore, increased budget allocations and more substantial support from the government are crucial in ensuring the sustainability and effectiveness of the *RASASEJIWA* program in the long term.

Disposition

Disposition refers to the attitude, commitment, and understanding of policy implementers in executing policies effectively. It ensures policies are implemented not just procedurally but with dedication and adaptability, aligning with the intended objectives. In the context of the *RASASEJIWA* program, the disposition of implementers at Sukabumi Health Center has played a pivotal role in overcoming challenges and achieving program goals.

The implementers follow written guidelines in the form of Standard Operating Procedures (SOPs) issued by the Health Office. These SOPs provide a clear framework for program implementation, ensuring consistency and structure. However, challenges such as limited resources and unforeseen field adjustments occasionally hinder full compliance. Implementers demonstrated commitment by adapting workflows, seeking external support, and retraining staff to address these obstacles, reflecting a positive disposition.

Decision-making processes within the program are participatory, typically involving coordination meetings among the head of the *Puskesmas*, program coordinators, and relevant staff. In urgent situations, decisions are made promptly by key personnel, ensuring responsiveness and timely action. This structured yet flexible approach highlights the implementers' dedication to maintaining program efficiency and service quality.

Community feedback indicates that the *Puskesmas* provides clear and practical instructions, although families of patients expressed a need for more detailed guidance on handling crisis situations and specific scenarios at home. The staff's responsiveness in handling complaints and providing solutions further demonstrates their commitment to addressing community needs and improving services.

Regular evaluations conducted every three months assess program effectiveness, revealing increased community awareness and participation. However, these evaluations also identified areas requiring improvement, such as facilities and staff training. Complaint handling by the *Puskesmas* has been positively received, with staff showing a willingness to listen and resolve issues, although challenges in resolution speed remain.

These findings align with Edward III's policy implementation theory, which emphasizes the importance of implementers' attitudes in determining policy

success. The willingness of Sukabumi Health Center's staff to adapt, coordinate, and address challenges reflects their commitment to achieving the objectives of the *RASASEJIWA* program. Continuous efforts to enhance monitoring, evaluation, and support systems will further strengthen the program's implementation and community impact. This is in line with Waluyo's (2007) opinion that policy implementation is not just about routine procedures, but also concerns how policy implementers respond to feedback from the community and overcome operational obstacles to achieve policy objectives. In this case, the responsiveness of the *Puskesmas* in handling complaints and providing special support to the families of *ODGJ* patients shows their commitment to ensuring that this policy is not only implemented procedurally, but also with dedication to achieve the desired results.

Overall, the findings reinforce the importance of positive dispositions of policy implementers in public policy implementation. By having clear guidelines, conducting regular evaluations, and being responsive to challenges and feedback, *Puskesmas* Sukabumi demonstrated a commitment to implementing the *RASASEJIWA* program in an adaptive and results-oriented manner. This supports the theory that without the right attitude from policy implementers, public policy cannot be implemented effectively and achieve its intended goals.

Bureaucratic Structure

Bureaucratic structure involves the organizational arrangement, task division, hierarchy, and workflow guiding policy implementation. A well-defined structure enhances coordination and minimizes confusion, thereby facilitating efficient and effective policy execution. In the *RASASEJIWA* program, Sukabumi Health Center's structure includes the head of the *Puskesmas*, program coordinator, medical team, and administrative team, each with clearly defined roles.

The division of tasks ensures specialization: the head provides strategic oversight, the coordinator manages daily operations, the medical team delivers healthcare, and the administrative team supports logistics and data management. Such clarity enables effective delegation and accountability. Informants acknowledged the strength of this structure but noted challenges in inter-departmental coordination, with some patients reporting confusion when navigating between sections or receiving inconsistent information from different departments.

Coordination mechanisms, such as weekly meetings and daily reporting, help streamline workflows, starting from patient registration to follow-up. However, issues like unclear information flow and delays during peak times indicate a need for better communication and capacity management. These gaps highlight the importance of improving integration between departments to enhance service delivery.

Standard Operating Procedures (SOPs) provide a standardized framework, outlining processes from patient registration to outcome evaluation. While SOPs ensure consistency and quality, patient experiences revealed occasional procedural difficulties, particularly during schedule changes or new policy implementations. Addressing these challenges requires improved communication channels and flexibility in adapting procedures to field conditions.

Policy implementation theories, including Edward III's framework, emphasize the significance of clear bureaucratic structures in successful program delivery. However, as Waluyo (2007) suggests, effective implementation also requires adaptability and practical application of policies. Sukabumi Health Center's structure aligns with these principles, but its operational efficiency depends on resolving coordination issues and optimizing workflows.

To enhance the *RASASEJIWA* program's success, the health center must focus on:
a. Improving inter-departmental communication and coordination.
b. Ensuring consistent and clear information delivery to patients.
c. Enhancing procedural flexibility to address unforeseen challenges.

These steps will reinforce the bureaucratic structure's role in delivering responsive and efficient mental health services, aligning with community needs and program goals. This is in line with Waluyo's (2007) view that policy implementation is not only about carrying out routine procedures, but also about how the policy is adapted and applied effectively in the field to achieve the stated objectives.

Thus, although the bureaucratic structure at *Puskesmas* Sukabumi has been well designed, the successful implementation of the *RASASEJIWA* program also relies heavily on the organization's ability to improve coordination between sections and improve workflows and procedures, so as to provide services that are more efficient and responsive to community needs.

The results of the study Yudha Perdana et al., (2023) showed that the *SICEPOT* program was not fully effective, mainly due to the lack of integration in the socialization process and adaptation of professional resources, such as the lack of psychology and psychiatrists. This is similar to the *RASASEJIWA* program, where resource and communication constraints are also major challenges in implementing the program.

E. CONCLUSIONS

The implementation of the *RASASEJIWA* program at *Puskesmas* has highlighted key strengths and challenges. While a medical team and basic facilities are available, the absence of specialists and specialized equipment requires urgent attention. Staff demonstrates high commitment and follow established SOPs, but further training is needed to enhance their capacity. The bureaucratic structure effectively supports task division; however, inconsistencies in information delivery and procedural communication reveal areas for improvement. Adequate coordination exists between departments, but greater transparency and consistency are essential to ensure seamless service delivery.

To enhance the implementation of the *RASASEJIWA* program, several recommendations are proposed. First, resources should be strengthened by increasing budget allocations to meet the needs for specialists and advanced facilities, while also exploring partnerships with external agencies to secure additional support. Second, capacity building is essential, with advanced training for staff in crisis management and handling complex cases, as well as providing practical guidance for families to improve their ability to care for *ODGJ* patients

at home. Third, communication and coordination should be improved by ensuring consistent and accurate information through better inter-departmental communication and establishing proactive mechanisms to inform patients of procedural or policy changes. Finally, regular evaluations should be conducted to identify and address challenges, with patient and family feedback incorporated into policy adjustments and service improvements. These measures will help create a more efficient and responsive *RASASEJIWA* program.

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