

KADER MENTARI Synergy: Empowering Posyandu Cadres for Early Detection of Perinatal Depression in the Wagir Primary Healthcare Center Area

Sirli Mardianna Trishinta^{1*}, Ika Cahyaningrum², Pertiwi Perwiraningtyas³

^{1,2,3} Departemen of Nursing, Faculty of Health Science, Tribhuwana Tungadewi University, Indonesia

*Corresponding author: sirli.shinta@unitri.ac.id

ABSTRACT

Recent transformations in the basic health system through Primary Healthcare Integration (ILP) emphasize the need for comprehensive care, including mental health monitoring for pregnant women (Cluster 2). Despite this, current services at Integrated Healthcare Centers (*Posyandu*) remain heavily physical-centric, leaving cadres inadequately prepared to detect psychosocial issues. This community engagement program aimed to improve the literacy and practical skills of *Posyandu* cadres in the Wagir Primary Healthcare Center (*Puskesmas Wagir*) area to conduct early detection of perinatal depression using the Edinburgh Postnatal Depression Scale (EPDS). This activities using a Participatory Action Research (PAR) approach, with the program was carried out in three stages: (1) Preparation, which involved initial mapping and the development of the KADER MENTARI Training Module; (2) Intervention, comprising a facilitated training focused on empathetic EPDS interviewing techniques, score calculation, and crisis referral management; and (3) Mentoring and Evaluation, which included direct mentoring of cadres at the *Posyandu* and the assessment of their final competencies. Nineteen cadres participated in the program. Evaluation results revealed a significant improvement in the cadres' knowledge, with the average pre-test score rising from 72.6 to 81.6 in the post-test (a 9.0-point increase). Furthermore, the competency assessment showed that 78.9% of the cadres achieved a competent passing grade. Consequently, the KADER MENTARI Synergy program effectively enhanced both the cognitive and psychomotor capacities of the cadres, better preparing them to serve as the frontline of maternal mental health care in their communities.

Keywords : EPDS Screening, Mental Health, Perinatal Depression, Posyandu Cadre, Primary Health Center

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INTRODUCTION

The Wagir Primary Healthcare Center (*Puskesmas Wagir*) is currently undergoing a comprehensive transformation of its basic health services. Through the Minister of Health

Decree No. HK.01.07/MENKES/2015/2023, the Indonesian government has mandated the implementation of Primary Healthcare Integration (ILP). This national policy restructures primary care governance across primary health centers and Integrated Healthcare Centers (*Posyandu*) using a life-cycle approach (Ministry of Health of the Republic Indonesia, 2023). One of the main priorities in this restructuring is the Cluster 2 services, which specifically target maternal and child health (WHO, 2022a). While *Posyandu* cadres serve as essential frontline health agents, observations reveal a gap between the new ILP regulatory standards and the cadres' actual operational capacities (Setiaasih et al, 2025). Currently, maternal care in these community posts is predominantly physical-centric, focusing on weight measurement, mid-upper arm circumference (MUAC), and basic documentation in the Maternal and Child Health (KIA) book (Meo et al, 2024). The mental and psychosocial monitoring mandated by the ILP technical guidelines is rarely implemented (Wasir et al, 2025).

Perinatal depression is a serious condition that can affect mothers from pregnancy through the postpartum period (ACOG, 2026b; NIMH, 2023). Expectant mothers are highly susceptible to both biological and psychological stressors, often stemming from role transition anxiety, fear of childbirth, or socio-economic pressures (Al et al., 2023). If left unaddressed, persistent maternal emotional distress can lead to severe clinical complications, such as preeclampsia and preterm birth (Grigoriadis et al, 2013). Moreover, it significantly increases the risk of childhood stunting due to delayed breastfeeding initiation and poor mother-infant bonding (ACOG, 2026a; Falek et al., 2022).

Unfortunately, due to limited mental health literacy, cadres often dismiss drastic emotional changes in pregnant women as normal physiological adaptations (Waqas et al., 2022). The lack of standardized screening tools and inadequate therapeutic communication skills at the *Posyandu* level mean that the golden period for psychosocial intervention is frequently missed (Wardoyo et al, 2023). Consequently, primary healthcare center only receives referrals when a mother's condition has already escalated to severe clinical depression (Wardoyo et al, 2024).

This community service team initiated the "KADER MENTARI Synergy" program (an acronym for *Kader Mental Tangguh Masa Kehamilan di Layanan Kesehatan Primer/* Mentally Resilient during Pregnancy in Primary Healthcare). The program provided targeted training on using the Edinburgh Postnatal Depression Scale (EPDS) for early screening, paired with Interpersonal Communication (KAP) and Psychological First Aid (DPA) training, as well as the formulation of clear referral Standard Operating Procedures (SOPs) (NSW Health, 2019). This initiative directly supports the Sustainable Development Goals (SDGs), particularly Goal 3 (Good Health and Well-being) and Goal 17 (Partnerships for the Goals), while also serving as a practical application of psychosocial nursing science within the community.

METHOD

This community service adopted a Participatory Action Research (PAR) framework. This method ensured active, continuous collaboration among academics, health practitioners, and the cadres from the initial problem identification through to planning, intervention, and evaluation. The target participants were 19 *Posyandu* cadres operating within the Puskesmas Wagir coverage area.

The intervention was structured into three continuous phases: Phase I: Preparation and Instrument Alignment in the 1st month. During this phase, we coordinated closely with the Head of Puskesmas Wagir, the Coordinating Midwife, and Coordinating Nurses. Together, we developed the "KADER MENTARI Module" and also a pocket module version, which provides step-by-step instructions for using the Indonesian version of the EPDS. We also

conducted a baseline assessment via a pre-test. Phase II: Intervention and Clinical Skills Transfer in the 2nd Month. The core training took place on July 24, 2026, structured as a one-day Workshop emphasizing experiential learning. The sessions included: Psychoeducation: Educating cadres on how to recognize the red flags of psychosocial distress during pregnancy. Technical EPDS Training: Simulating structured interviews and teaching cadres how to calculate and interpret scores (Normal, Mild Risk, or High Risk). Communication Roleplay: Practicing Psychological First Aid (PFA) so cadres could respond empathetically, without judgment, and avoid giving toxic positivity. Phase III: Community Implementation and Mentoring in the 3rd month. Cadres applied their new skills in real-world settings by screening pregnant women during integrated Posyandu days and home visits. Puskesmas Wagir provided direct shadowing to ensure the screening process did not unintentionally trigger anxiety in the mothers. We evaluated the program's success by measuring the cadres' cognitive improvements (pre-test vs. post-test scores) and assessing their psychomotor skills during the roleplay simulations.

RESULTS

Implementation and Knowledge Evaluation

The main intervention of the KADER MENTARI Synergy program was successfully conducted on July 24, 2026. A total of 19 invited cadres attended the session. The participants demonstrated high enthusiasm, actively engaging in the psychoeducation discussions and taking the screening role-play scenarios seriously.



Figure 1. Posyandu cadres practicing the early detection of perinatal depression using the EPDS instrument.

To measure the effectiveness of the psychoeducation and technical training, the cadres' baseline knowledge was compared with their post-training scores. The outcomes of this cognitive evaluation are summarized in Table 1.

Table 1. Average Pre-Test and Post-Test Scores of Cadres

Evaluation Indicator	Result
Number of participants	19 cadres
Average pre-test score	72.6
Average post-test score	81.6
Average score improvement	9.0 points

Based on Table 1, the average score increased by 9.0 points. Furthermore, the post-test results were categorized into three competency levels to gauge the cadres' readiness to conduct independent screenings in their respective communities. The distribution of these competency categories is presented in Table 2.

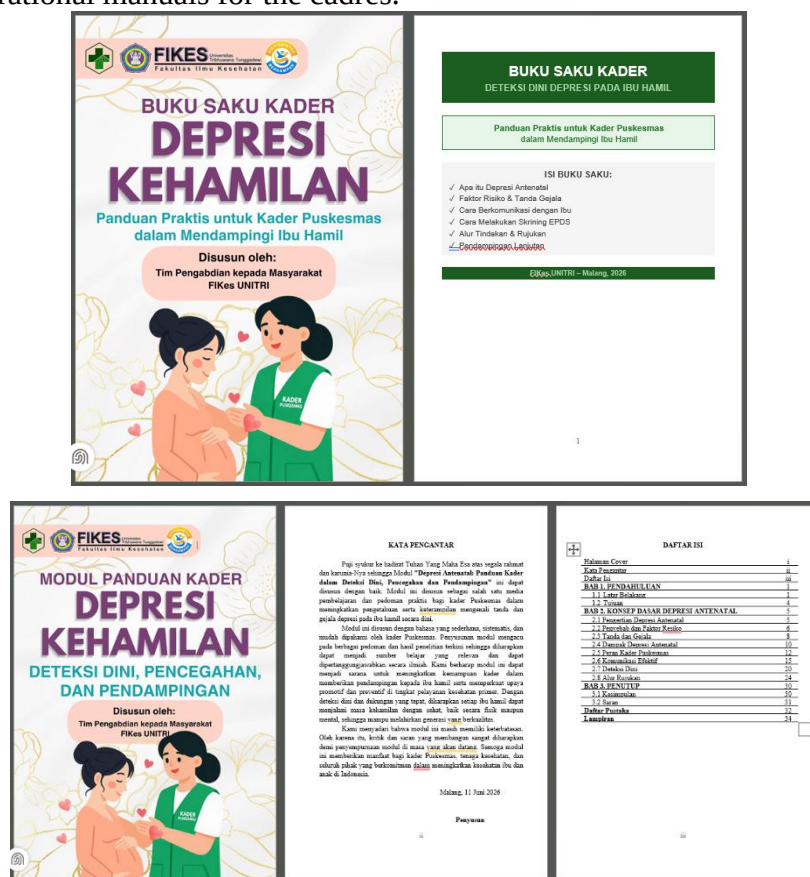
Table 2. Distribution of Cadre Competency Levels Post-Training

Competency Category	Number of Cadres	Percentage (%)
Competent (Passed)	15	78.9%
Needs Reinforcement	1	5.3%
Needs Retraining	3	15.8%

The evaluation data reveals that a strong majority (78.9%) of the participating cadres achieved the "Competent" level, indicating a solid grasp of the material and screening techniques.

Program Outputs and Referral System

The community service program generated several tangible outputs. The team successfully developed and registered the Intellectual Property Rights (Copyright) for the "KADER MENTARI Guidelines" Module and Pocket Book (Figure 2), which serve as permanent operational manuals for the cadres.

**Figure 2.** The KADER MENTARI Pocket Book and Training Module.

Additionally, in collaboration with the head of the primary healthcare center and the local mental health nurse coordinator (Perawat Pemegang Program Jiwa), the team formulated and legalized a Standard Operating Procedure (SOP) for Psychosocial Referrals. Under this protocol, cadres use the EPDS cut-off scores to stratify pregnant women into three categories: Normal, Mild Risk, and High Risk (red flag). The established psychosocial referral pathway is illustrated in Figure 3.



Figure 3. The Referral Pathway Algorithm of the KADER MENTARI Program

DISCUSSION

Interpretation of Knowledge and Competency Improvement

The cognitive evaluation demonstrated a noticeable improvement in maternal mental health literacy among the cadres, as evidenced by the 9.0-point increase in their average test scores. This significant rise suggests that translating complex medical-psychological concepts into everyday language tailored to local cultural contexts is highly effective for empowering non-professional groups (Holcomb et al, 2022).

With 78.9% of the cadres achieving the Competent level, the training successfully equipped most participants with the necessary skills to administer the EPDS tool and navigate the appropriate referral pathways (ACOG, 2026c). Such cognitive improvement is a key indicator of successful community empowerment (WHO, 2017). This outcome aligns with the World Health Organization's stance that structured education and task-shifting to community health workers significantly boost an individual's readiness to take on frontline health-related roles (WHO, 2022b; WHO, 2026).

Navigating Field Challenges

While the intervention was largely successful, the team encountered several logistical and educational challenges during the implementation. Although 19 cadres actively participated, five other invited village representatives were unable to attend due to scheduling conflicts. Furthermore, there was a noticeable disparity in the educational backgrounds of the participants, which initially affected how quickly some absorbed the technical material.

To overcome these barriers, the facilitating team dynamically adjusted the training approach (Sukmawati, 2024). By stripping away clinical jargon, utilizing relatable case studies during the roleplays, and providing intensive, hands-on mentoring in smaller groups, the team ensured that cadres from all educational backgrounds could achieve the required competency standards (Setiaasih et al, 2025).

System Integration and Impact of the Standardized SOP

The most critical system output of this program was the establishment of the standardized clinical referral pathway (SOP). Merely screening for perinatal depression is ineffective if it is not followed by appropriate, timely clinical action (O'Connor et al, 2016). The formalized SOP is pivotal as it bridges the gap between community screening and professional clinical care (WHO, 2019; WHO, 2023). It provides clear directives: mothers with

Normal or Mild Risk scores receive basic psychoeducation and continuous monitoring by the cadres, whereas those in the high risk category with scores above the predetermined cut-off or showing any positive response to suicidal ideation trigger an immediate emergency referral (Tessema, 2024; Levis et al, 2020).

This structured referral mechanism ensures a robust continuum of care. Importantly, it provides the cadres with clear, legal boundaries for their actions, ensuring they do not overstep into clinical diagnosis (Ministry of Health of the Republic of Indonesia, 2023). Simultaneously, it significantly aids the Puskesmas nurses by ensuring they receive early, well-documented, and timely referrals before a mother's condition deteriorates into severe clinical depression (Hayati, 2026; Moore et al, 2018).

CONCLUSION

The KADER MENTARI Synergy program has proven to be an effective community-based intervention for enhancing the capacity of Posyandu cadres in the early detection of perinatal depression. The program successfully improved the cadres' maternal mental health literacy and technical skills, as evidenced by a 9.0-point increase in their average evaluation scores and a 78.9% competency rate.

The program also succeeded in strengthening the local healthcare system's infrastructure. By producing copyrighted operational guidelines (Module and Pocket Book) and establishing a legalized Standard Operating Procedure (SOP) for psychosocial referrals, the initiative effectively bridged the gap between community-level screening and professional clinical care. In essence, the cadres have been successfully empowered to serve as capable frontline mental health agents, ensuring that vulnerable pregnant women receive timely support and appropriate medical referrals before their conditions worsen.

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