

## Human Resource Development Strategies for Mental Health Program Officers

A Case Study in Sukabumi City

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### Abstract

Mental health is a priority in Indonesia's development, yet primary care faces significant human resource (HR) challenges. In Sukabumi City, 2024 service coverage for severe mental disorders (ODGJ) reached 95.9%, falling short of the 100% Minimum Service Standard (SPM). This qualitative case study evaluates manager performance and formulates HR development strategies using the Miles and Huberman framework alongside IFAS, EFAS, and SWOT analysis. The study concludes that Sukabumi occupies an Aggressive-Growth (Quadrant I) position. While performance is currently hindered by internal structural bottlenecks—notably an 80% dual-role burden and clinical competency gaps—these are outweighed by strong internal commitment and significant external opportunities, such as Mayor's Regulation No. 126/2025. To bridge the performance gap, the study recommends a strategic HRD roadmap: formalizing the Community Mental Health Task Force (TPKJM) at the sub-district level to redistribute workloads, implementing SKKNI-based certified training, and optimizing the SIMKESWA platform for digital monitoring. Transitioning from fragmented, multi-tasking roles to a specialized, competency-based system is essential. By integrating these strategies, Sukabumi City can transform program officers into strategic coordinators, ensuring the sustainable achievement of the 100% national mental health mandate.

### How to Cite

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## Introduction

Mental health is an integral component of overall well-being and a vital indicator of high-quality human resource development. This calls for mental health to be established as an indispensable component of global public health domains with a strong and prepared workforce to address mental health complexities. As indicated by Das et al. (Das et al., 2024), human resources have proven to be the foundational component within mental health care delivery structures. This is because infrastructure is not enough without reference to human resources. In primary care settings, especially when mental health care is integrated, this is of critical significance. However, this often experiences substantial gaps when implementing this within primary care settings. This is especially so with reference to various settings within developing regions, particularly when program officers must contend with numerous challenges while seeking to meet set objectives. This is a strategic way of transforming mental health care delivery.

Under Indonesian Law Number 18 of 2014 concerning Mental Health, it is defined as a state in which an individual can flourish physically, mentally, spiritually, and socially recognizing their own potential, coping with life's pressures, working productively, and contributing meaningfully to their community. Despite its importance, implementing mental health programs at the primary care level remains fraught with challenges, particularly regarding the performance of the human resources tasked with managing them. The Indonesian government's commitment to this issue is enshrined in the Ministry of Health Regulation (Permenkes) No. 13 of 2022. This regulation designates mental health as a priority program with clear performance benchmarks: a 100% service coverage target for individuals with severe mental disorders (ODGJ), and a 50% target for those aged 15 and above suffering from depression or emotional-mental disorders. These ambitious targets underscore a serious national drive to elevate the quality of mental health services across the country.

There are, however, a series of issues that affect the successful execution of the programs grounded in the limited comfort as well as competency in dealing with the mentally ill by public health officials themselves. Studies by Meyerhoff et al. (Meyerhoff et al., 2023) emphasize that care coordinators admit to a lower "level of confidence in dealing with concerns over mental health versus physical health," recognizing a significant "training imperative" that should be addressed to ensure improved health outcomes are realized at a later time. This can be heightened by issues such as "operational stress" as a prominent feature of public health as well as safety-focused workplaces, which may negatively affect proactive measures to ensure the psychological protection of staff themselves (Stelnicki et al., 2021) Absence of a holistic approach to address the issues touching upon the competency as well as psychological comfort of the public health officials themselves who enact the programs may continue to pose a challenge to the sustainability of programs targeting mental health in Sukabumi City in Indonesia.

In Sukabumi City, each of the 15 community health centers (*Puskesmas*) is managed by only one dedicated mental health program coordinator. These individuals hold a strategic role—responsible for planning, executing, and evaluating services, managing patient records, and ensuring both internal and external coordination. Consequently, their performance is the linchpin that determines whether program targets are met and whether regional mental health policies succeed. However, empirical evidence suggests that the performance of these coordinators in Sukabumi City is still suboptimal. Data from 2024 reveals that service coverage for severe mental disorders reached only 95.9% (491 out of 512 targeted individuals), falling short of the mandatory 100% Minimum Service Standard (SPM). This gap points to significant hurdles in performance management at the *Puskesmas* level.

These performance issues are exacerbated by a "dual-role" burden. In practice, mental health coordinators are often saddled with additional responsibilities for other programs, fragmenting their time, energy, and focus. This leads to inconsistent field activities and delays in reporting through the Mental Health Information System (SIMKESWA) application, which ultimately weakens monitoring and evaluation functions. Furthermore, strategic integration remains weak;

the lack of cross-sectoral coordination and the absence of Community Mental Health Task Forces (TPKJM) at the sub-district level mean that coordinators often lack the external support they desperately need. From a competency management perspective, coordinators also face a "capacity ceiling." The lack of specialized, comprehensive, and continuous training has left many with limited technical knowledge and managerial skills for handling complex cases. Previous research echoes these findings (Mukarom et al., 2024; Riyanto et al., 2025; Sulistyarningsih et al., 2022), suggesting that *Puskesmas* mental health programs often fall below standard due to a combination of staffing shortages, dual-role conflicts, inadequate infrastructure, and a lack of certified mental health training for frontline workers.

To bridge this gap, contemporary strategies for human resource management must also take steps to evolve far from the conventional application of workshops (Srikanth, 2019). To this effect, research by Lyon et al. (Lyon et al., 2012) posits the need for promoting the role of mental health professionals to include a multifaceted approach. This must address consultation needs as well as continued support following training. Moreover, there must also exist a high level of correspondence between training content provided to the practitioner and the real-world practitioner experience. Furthermore, this study will seek to apply recent findings by Pearala et al. (Pearala et al., 2025) on promoting knowledge retention for health care providers in the larger global setting to bridge the gap between health care policy and its application in the day-to-day activities of mental health care in the case of Sukabumi City.

There is increasing recognition that, in order for organizations to navigate complex challenges, HRD and HRM need to be strategically aligned. According to Harney and Gubbins (Harney & Gubbins, 2024), HRD and HRM are separate; however, the nature of the "FRAGILE" world order—those fragmenting boundaries and accelerated digitalization—presents compelling reasons for a collaborative and skills-based agenda. This is important in the integration of mental health programs, whereby health care traditional job-based roles must transition into a more resilient, task-based competency (Akhtayeva et al., 2023; Gita et al., 2025; Suprpto et al., 2023). While in Sukabumi, within the context of public health, such a skills-based approach can help identify the specific performance deficiencies of program officers and align them with future service demands.

The importance of a structured competency framework is further emphasized by Ali et al. (Ali et al., 2021), who highlight that while competency-based development is a popular academic concept, it remains underutilized in practice due to its inherent complexity (Brenner, 2022; Fejfarová & Fejfar, 2022; Marnisah et al., 2022). Their research underscores the need for a simplified, scientifically validated framework that can be easily replicated across various job functions. For mental health program officers, developing a generic yet robust competency model is essential to ensure that recruitment, training, and performance evaluations are grounded in the actual skills required to manage severe mental disorders and meet national health mandates.

Furthermore, the effectiveness of HRD strategies is profoundly influenced by external shifts, such as the digital transformation of the workplace (Ghozali et al., 2020; Mannayong & Haerul, 2020; Marnisah et al., 2022; Pambudi et al., 2022). Piwovar-Sulej et al. (Piwovar et al., 2024; Piwovar-Sulej et al., 2026) demonstrate that digitalization significantly impacts the development of future competencies, with HRD playing a conditional and supportive role in this relationship. This suggests that for mental health officers in Sukabumi, training programs must not only focus on clinical skills but also on digital literacy to optimize the use of reporting systems like SIMKESWA. Without integrating these modern competencies, the gap between policy expectations and field reality will likely persist, hindering the overall performance of the health program.

Finally, adopting a systems thinking approach provides a holistic lens through which to view workforce development. As discussed by Meier et al. (Meier et al., 2025), HRD in public health should be driven by a comprehensive mapping of labor market requirements and human resource system interdependencies. This systemic perspective is echoed in the work of previous authors

(Gita et al., 2025; Mirayanti et al., 2025; Philip et al., 2023), who illustrate that HRD for community development is not just about individual skill acquisition but also about creating socially cohesive spaces and building community capacity.

While earlier research thoroughly shows the performance shortcomings in primary mental health services due to limited resources (Lu et al., 2022; Zappalà et al., 2022), current investigations predominantly focus on implementing standalone clinical workshops and personal training programs. A significant knowledge gap exists in exploring how comprehensive human resource development (HRD) frameworks can effectively transform public health responsibilities in underdeveloped areas. Previous models frequently fail to address organizational hurdles—such as inflexible dual-role assignments and fragmented inter-agency collaboration—that hinder frontline workers from utilizing newly gained skills to achieve lasting performance improvements (Ghozali et al., 2020; Harney & Gubbins, 2024; Linde & Schalk, 2026; Pradesa et al., 2021). This research addresses this gap by applying a combined IFAS, EFAS, and SWOT strategic methodology to develop a structural HRD strategy, shifting the focus from individual skill enhancement to broader institutional capacity advancement in Sukabumi City. By synthesizing these perspectives, the current study in Sukabumi City seeks to move beyond isolated training sessions toward a sustainable, system-wide HRD strategy that empowers program officers and fosters long-term community mental well-being.

## Research Methods

The study utilizes a qualitative study design with a case study methodology in order to develop a profound and comprehensive knowledge of the dynamics involved in the performance. By utilizing a qualitative design, the study intends to explore the complexities of the challenges encountered in the field and the development strategies that are contextual to the local area. Specifically, the case study design is utilized to emphasize the distinctiveness of the local area or community—in the case of the study, Sukabumi City—in the implementation of mental health programs.

The research was conducted across 15 Community Health Centers (*Puskesmas*) and the Sukabumi City Health Office between October 2024 and January 2025. Sukabumi City was selected as the research site because, despite having a relatively active mental health program, it still faces significant challenges in achieving its Minimum Service Standards (SPM). To gather rich and relevant data, informants were selected through purposive sampling. This group of 15 individuals included 10 *Puskesmas* mental health program managers, three high-ranking officials from the City Health Office—specifically the Head of Non-Communicable Disease Prevention, the Head of the Mental Health Section, and the Program Coordinator—and two external stakeholders consisting of a community health volunteer and a local community leader.

The method of data collection involved a comprehensive gathering of data through in-depth interviews, observation studies, and document analyses. The interviews conducted were aimed at gaining deeper knowledge about the outcomes of the performances. Moreover, the interviews with the experts were semi-structured in nature and were conducted for a period between 45 and 90 minutes. The experts were further observed with the aim of gaining deeper knowledge about the daily activities conducted within the *Puskesmas* facility. Some of the key daily activities conducted within the facility were the treatment of patients with severe mental conditions (ODGJ) and the efficiency of the mental health information system (SIMKESWA). An in-depth study of official documents such as the program reports of the years 2022–2024 and regional papers were conducted.

As far as the process itself was concerned, data analysis was carried out systematically based on a structured model designed by Miles and Huberman. The process comprised data reduction, data display, and inductive conclusion drawing. As far as data reduction was concerned, data from the field was methodically arranged and simplified. As to data display, narratives and data presentation in tabular form were relied on to represent data. Moreover, a SWOT analysis was conducted to enable a clear understanding of data analysis. SWOT analysis comprised four

strategic priorities—ST, WO, SO, and WT—which are products of a SWOT matrix. To maintain data integrity and avoid any compromise in data results, data trustworthiness was ensured through source and method triangulation and data member checking. To support the qualitative approach and create a clear structure for developing strategies, the information gathered from interviews and document reviews was turned into numerical scores in the Internal Factor Analysis Summary (IFAS) and External Factor Analysis Summary (EFAS) matrices. The weight and score for each strategic factor were decided by experts through a consensus process that included three main informants from the City Health Office and selected Puskesmas managers. This teamwork method makes sure that moving from detailed personal stories to making smart, number-based decisions stay fair, thorough, and true to the real situation in Sukabumi City.

To connect the qualitative insights with strategic positioning, a framework based on expert judgment was utilized to create the Internal Factor Analysis Summary (IFAS) and External Factor Analysis Summary (EFAS) matrices. The strategic elements were extracted from the distilled qualitative data. Following this, an evaluation by an expert panel took place, involving five significant stakeholders, including the Head of Non-Communicable Disease Prevention, the Head of the Mental Health Section, and three senior managers from Puskesmas. Weights ranging from 0.0 to 1.0 were allocated based on the relative significance of each factor in meeting the Minimum Service Standards (SPM), making sure that the total weight adds up to 1.0. Descriptors from 1 to 4 were assigned based on the present institutional response, with 1 indicating a critical weakness or threat and 4 indicating an exceptional strength or opportunity. The content validity of the tool was verified through triangulation of sources and methods, coupled with thorough member-checking discussions with participants to ensure that the assigned mathematical weights were consistent with practical operational realities.

## Result

The Internal Factor Analysis Summary (IFAS) highlights a compelling narrative of the internal environment governing mental health programs in Sukabumi City, where human dedication stands as the most formidable asset. The analysis reveals that the primary core strength of the organization is the high initiative and commitment of mental health officers, which earned the highest weighted score of 0.5. This high rating suggests that despite systemic limitations, the frontline providers possess a deep-seated professional drive and personal investment in their roles. This internal motivation is further amplified by supportive leadership and established community networks, creating a resilient human foundation that prevents the program from stagnating in the face of administrative hurdles.

However, this individual dedication is constantly tested by structural deficiencies that threaten to undermine long-term performance. While several weaknesses were identified, the most critical internal barrier is the dual-role burden and the fragmentation of officer responsibilities. Even though it received a lower rating, its high weight reflects its profound impact on the system, as officers find their focus split between specialized mental health care and various other primary health duties. On the other end of the spectrum, the absence of specific local Standard Operating Procedures (SOPs) represents the "primary weakness" in terms of weighted impact (0.12) and organizational maturity. This suggests that while there is a general framework for operation, the lack of localized, step-by-step technical guidance prevents the workforce from translating their high commitment into standardized, high-quality clinical outcomes.

The quantitative weight assigned to the dual-role burden (0.19) is profoundly reflected in the field reality. During the in-depth interviews, a Puskesmas mental health program manager explicitly stated:

*'We cannot focus on tracking severe mental disorder (ODGJ) patients in the field because we are simultaneously assigned to manage the stunting and non-communicable disease programs. Our energy is completely fragmented.'*

Ultimately, the total IFAS score of 2.255 indicates a positive internal position where strengths significantly outweigh weaknesses. The interpretation of these results suggests that Sukabumi City’s mental health program is driven by "people power"—a workforce ready to adopt national regulations and collaborate with community volunteers. To move toward an optimal performance level, the strategic focus must shift from relying solely on the officers' individual commitment to fortifying the organizational structure. By addressing the primary weakness of absent SOPs and the physical lack of dedicated service rooms, the leadership can provide the necessary professional environment that allows the officers' high initiative to flourish, thereby closing the gap in the Minimum Service Standards (SPM) achievement.

**Table 1 Internal Factor Analysis Summary**

No	Internal Strategic Factors	Weight	Rating	Score
1	High initiative and commitment of mental health officers	0,125	4	0,5
2	Established community partnerships with health volunteers (kaders)	0,095	3	0,285
3	Operational efficiency policies at the Puskesmas level	0,09	3	0,27
4	Institutional readiness to adopt national regulations	0,085	3	0,255
5	Responsive and supportive leadership at health facilities	0,105	3	0,315
	Sub-total Strengths	0,5		1,625
6	Dual-role burdens and fragmentation of officer roles	0,19	1	0,19
7	Limited clinical competencies in mental health management	0,11	1	0,11
8	Lack of dedicated rooms for mental health services	0,07	1	0,07
9	Absence of specific local Standard Operating Procedures (SOPs)	0,06	2	0,12
10	Target gap in Minimum Service Standards (SPM) achievement	0,07	2	0,14
	Sub-total Weaknesses	0,5		0,63
	<b>TOTAL IFAS SCORE (Strength - Weakness)</b>	<b>1</b>		<b>2,255</b>

Source: Developed in this study based on data collected (2025),

The External Factor Analysis Summary (EFAS) provides a strategic perspective on the environmental landscape surrounding mental health management in Sukabumi City, revealing a highly favorable climate for organizational growth. The analysis identifies a significant wave of external support, primarily characterized by the high level of local government awareness regarding mental health regulations. This factor stands out as the primary opportunity, carrying the highest weighted score of 0.48. This suggests that the political will in Sukabumi is currently at a peak, providing a solid foundation for the health office to advocate for resources, policy formalization, and institutional support that were previously difficult to secure.

Complementing this political awareness are robust technical and legal opportunities, such as the National Competency Standards (SKKNI) and Mayor’s Regulation (Perwali) No. 126/2025. It is important to mention that while the main research and data gathering were done between October 2024 and January 2025, Mayor’s Regulation (Perwali) No.126/2025 was used in this study because it is the final, officially passed policy that came out of the earlier advocacy efforts. Therefore, including it offers a very relevant and timely outside chance that directly confirms the real challenges found during the first interviews in the field.

Conversely, the high score for local regulatory readiness is validated by the optimism of the City Health Office officials. One high-ranking official remarked:

*“The issuance of Perwali No. 126/2025 is our strongest lever. For years, cross-sectoral coordination with the Social Department and police was informal and weak. This regulation provides the legal mandate to finally institutionalize the Task Force (TPKJM) at the sub-district level.”*

These factors act as catalysts that allow the program to move beyond mere service delivery into the realm of professionalization. However, the organization must remain vigilant against external pressures that threaten to derail these advancements. Interestingly, the threat of weak and unstructured inter-sectoral coordination serves as the most critical threat in terms of its systemic vulnerability (indicated by the lowest weighted score of 0.09). This low score reflects a high level

of urgency; it signifies that while the government is aware and regulations exist, the actual mechanisms for departments to work together remain fragile and underdeveloped, posing a risk to the cohesive execution of the program.

Ultimately, the total EFAS score of 2.40 indicates that the external environment is overwhelmingly positive, with opportunities outweighing the threats. The interpretation of these results suggests that Sukabumi City is in a "prime position" to leverage its external advantages to mitigate its internal weaknesses. By utilizing the strong local government awareness as a springboard, the program can focus on fixing the unstructured coordination through the formal activation of the TPKJM. If the city can bridge the gap between high-level policy awareness and the practicalities of inter-agency teamwork, it will be well-equipped to counter other threats such as social stigma and budgetary constraints, ensuring a sustainable path toward achieving national mental health targets.

**Table 2 External Factor Analysis Summary**

No	Internal Strategic Factors	Weight	Rating	Score
1	Mayor's Regulation (Perwali) No. 126/2025 on TPKJM as a basis for coordination	0,09	4	0,36
2	National Competency Standards (SKKNI) as training benchmarks	0,12	3	0,36
3	Potential for cross-sector collaboration (Social Dept, Police, NGOs)	0,09	3	0,27
4	Local government awareness of mental health regulations	0,12	4	0,48
5	Information technology (SIMKESWA) for case monitoring	0,08	3	0,24
Sub-total Opportunities		0,5		1,71
6	Strong social stigma toward mental illness in the community	0,12	1	0,12
7	Budgetary constraints for training, facilities, and incentives	0,11	2	0,22
8	Risk of burnout due to high workload and low system support	0,1	1	0,1
9	Weak and unstructured inter-sectoral coordination	0,09	1	0,09
10	High administrative demands shifting focus from clinical care	0,08	2	0,16
Sub-total Threats		0,5		0,69
TOTAL EFAS SCORE (Opportunity - Threat)		1		2,4

Source: Developed in this study based on data collected (2025),

The synthesis of internal and external factors reveals that the human resource development (HRD) for mental health in Sukabumi City is currently in a state of "latent potential," where high individual readiness meets a supportive political climate. The internal strength, anchored by the high initiative and commitment of program officers, provides the necessary human capital to drive change. When this is mapped against the primary external opportunity—the high level of local government awareness and the legal backing of Mayor's Regulation No. 126/2025—it becomes clear that the city has a golden window to institutionalize mental health services. The convergence of these factors suggests that HRD strategies should not just focus on basic training, but on empowering these committed officers to become leaders of the Community Mental Health Task Force (TPKJM), effectively turning high-level policy into grassroots action.

However, the path to a sustainable 100% Minimum Service Standard (SPM) achievement is hindered by a critical structural "mismatch" that must be addressed through systemic HR reform. While the external environment offers advanced tools like SIMKESWA and national competency benchmarks (SKKNI), the internal reality of dual-role burdens and fragmented responsibilities acts as a significant drag on performance. The data suggests that without resolving the internal lack of localized SOPs and dedicated service spaces, the external threat of unstructured inter-sectoral coordination will likely persist, leading to officer burnout. Therefore, the strategic link between IFAS and EFAS dictates that HRD interventions in Sukabumi must move beyond individual skill-building; they must involve a structural redesign that protects officers' focus, leverages digital monitoring, and formalizes partnerships to ensure that the "people power" within the health centers is supported by a robust, integrated administrative system.

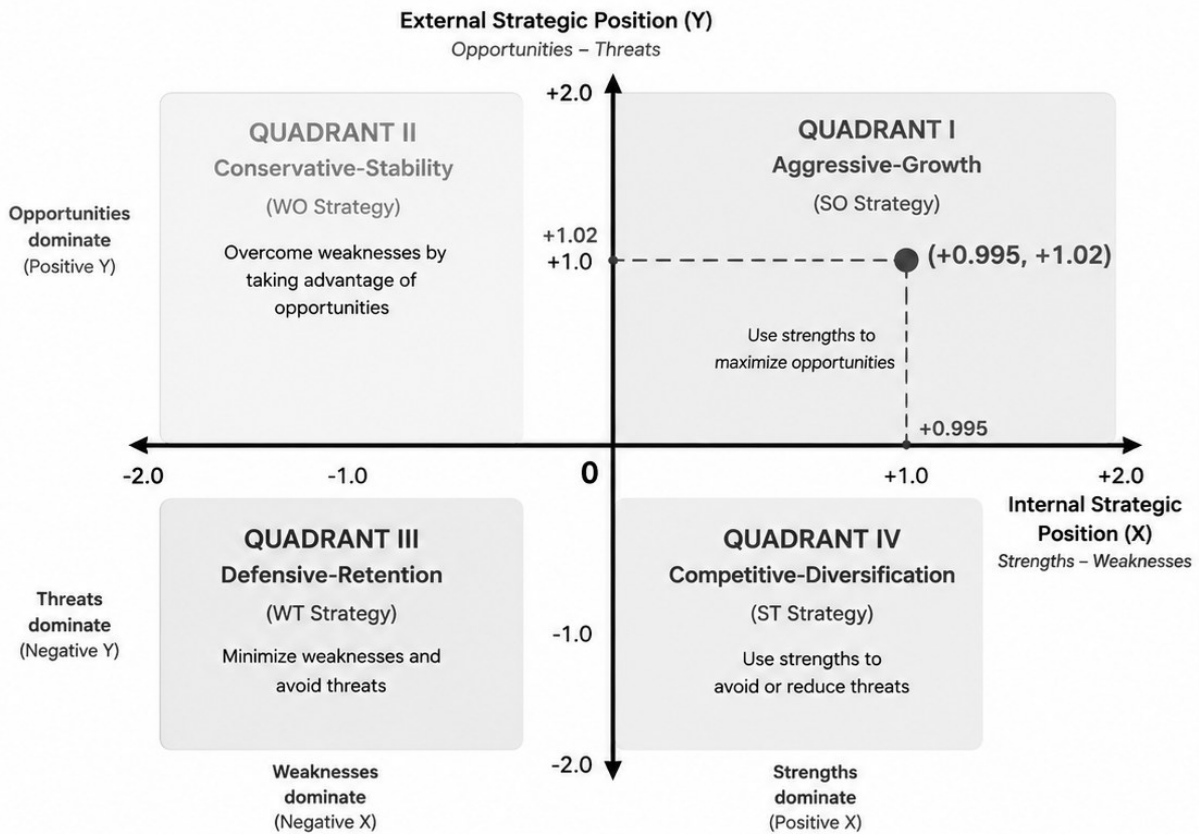
**Table 3 SWOT Matrix in HR Development for Mental Health Program Officers**

Internal Factors / External Factors	Strengths (S)	Weaknesses (W)
	1. High initiative & commitment	1. Dual-role burdens
	2. Strong community (Kader) ties	2. Limited clinical competency
	3. Operational efficiency policies	3. Lack of dedicated rooms
	4. Institutional readiness	4. Absence of local SOPs
5. Supportive leadership	5. SPM target achievement gap	
Opportunities (O)	SO Strategies (Aggressive)	WO Strategies (Turn-Around)
1. Mayoral Regulation No. 126/2025 (TPKJM)	SO-1: Utilize the high commitment of officers and leadership support to accelerate the full implementation of TPKJM based on Mayoral Regulation No 126/2025.	WO-1: Establish standardized local SOPs and dedicated mental health rooms by leveraging local government awareness and regulatory support.
2. National Standards (SKKNI)	SO-2: Leverage institutional readiness and community networks to implement SKKNI-based certified training for officers and kaders.	WO-2: Use SKKNI benchmarks and SIMKESWA technology to provide targeted training that addresses clinical competency gaps.
3. Cross-sector collaboration	SO-3: Optimize SIMKESWA data to strengthen evidence-based reporting for cross-sectoral collaboration with the Social Dept and NGOs.	WO-3: Activate TPKJM at the sub-district level to redistribute tasks, thereby reducing the dual-role burden and closing the SPM gap.
4. Gov awareness of regulations		
5. SIMKESWA Technology		
Threats (T)	ST Strategies (Diversification)	WT Strategies (Defensive)
6. Social Stigma	ST-1: Mobilize committed officers and health kaders to conduct massive community education to counter social stigma.	WT-1: Restructure administrative workflows to prevent officer burnout and ensure focus remains on clinical SPM targets.
7. Budgetary constraints	ST-2: Use operational efficiency and strong leadership to advocate for specialized budget allocations despite general constraints.	WT-2: Formalize inter-sectoral coordination to share resource burdens (funding and facilities) and minimize the impact of weak structural support.
8. Risk of burnout		
9. Weak inter-sectoral coordination		
10. High administrative demands		

Source: Developed in this study based on IFAS & EFAS generated (2025),

Ultimately, the SWOT synthesis suggests that the path toward meeting national health mandates in Sukabumi City requires a shift toward an "Aggressive-Growth" strategy through targeted HR interventions. The high score for institutional readiness to adopt national regulations suggests that the workforce is prepared for change. By utilizing the SIMKESWA digital platform for clinical evaluation and activating the TPKJM at the sub-district level, the city can mitigate the threats of social stigma and administrative overload. This strategic redirection is essential to transform the current 95.9% service achievement into a sustainable 100% fulfillment of the Minimum Service Standards.

**Discussion**



**Figure 1. SWOT Quadrant Matrix**

Source: Developed in this study based on IFAS & EFAS generated (2025),

To mathematically pinpoint the strategic posture of Sukabumi City’s mental health HRD, the coordinates were calculated from the IFAS and EFAS sub-totals. The internal strategic position (X-axis) is derived from the difference between total strengths (1.625) and total weaknesses (0.63), yielding +0.995. The external strategic position (Y-axis) is derived from the difference between total opportunities (1.71) and total threats (0.69), yielding +1.02. Plotted onto a SWOT Grand Strategy Matrix, the intersection at (+0.995, +1.02) places the organization firmly within Quadrant I (Aggressive-Growth). This positioning mathematically proves that the internal strengths and external opportunities heavily outweigh the systemic bottlenecks, authorizing the implementation of expansionary and structural integration strategies.

The findings of this study place the mental health program management of Sukabumi City in a Quadrant I (Aggressive-Growth) posture, driven by high officer commitment and a supportive regulatory environment. This high degree of internal initiative aligns with the assertions of Das et al. (2024), who argue that human resources are the fundamental component of mental health service delivery, far outweighing the importance of mere physical infrastructure. By leveraging the commitment of health officers alongside Mayor’s Regulation (Perwali) No. 126/2025, Sukabumi is positioned to transition from isolated clinical care to a sustainable, community-based model. This finding confirms the "systems thinking" approach advocated by Meier et al. (Meier et al., 2025), which suggests that effective HRD in public health must be driven by a comprehensive mapping of system interdependencies—in this case, the synergy between local policy, leadership, and frontline dedication.

To bridge the 95.9% service gap and achieve the mandatory 100% Minimum Service Standard (SPM), the strategy must address the competency deficits identified in the IFAS. The current lack of specialized skills mirrors the concerns raised by Meyerhoff et al. (Meyerhoff et al., 2023), who

found that care coordinators often report lower comfort levels in addressing mental health compared to physical health needs. To rectify this, utilizing National Competency Standards (SKKNI) as a training benchmark provides the structured, scientific methodology that Ali et al. (Ali et al., 2021) found essential for effective competency frameworks. Furthermore, the integration of the SIMKESWA digital platform supports the findings of Piwowar-Sulej et al. (Piwowar-Sulej et al., 2026) regarding the conditional role of HRD in digitalization; specifically, that digital tools act as critical enablers for future competencies, provided they are supported by a professionalized workforce.

The persistence of the "dual-role burden" (where 80% of officers manage multiple programs) remains a significant threat to sustainability. This research confirms the warnings of Stelnicki et al. (Stelnicki et al., 2021) regarding "operational stress," where heavy workloads in health professions undermine proactive psychological protection and lead to burnout. To mitigate this, the establishment of sub-district level Community Mental Health Task Forces (TPKJM) is vital. This approach aligns with the community development model proposed by Philip et al. (Philip et al., 2023), which emphasizes creating socially cohesive spaces to foster individual and group capacity. By redistributing administrative tasks through TPKJM, Sukabumi can alleviate the role fragmentation that is identified as a byproduct of a "FRAGILE" world order, moving instead toward a task-based competency model that protects officer focus (Harney & Gubbins, 2024).

Ultimately, this study confirms the effectiveness of blended training models. The proposal to combine SKKNI-based training with digital monitoring via SIMKESWA resonates with the results of Pearala (Pearala et al., 2025), who demonstrated that combining in-person training with tele-mentoring significantly sustains knowledge among community health providers. By transitioning the program officer from a "lone manager" into a strategic coordinator of a multi-sectoral network—involving law enforcement, social departments, and health volunteers, Sukabumi City can shift its organizational culture from reactive to proactive. This comprehensive HRD roadmap not only addresses technical deficiencies but also builds a unified front towards community stigma, ensuring equitable mental health access as envisioned in the national mandate.

However, accelerating digital integration and pushing for absolute SPM compliance are heavily constrained by the acute shortage of public health personnel. The pervasive 80% dual-role burden experienced by Sukabumi's program officers creates immense psychological and professional strain, triggering a fragmentation of focus that threatens organizational engagement. To counter this structural vulnerability, targeted job redesign that grants greater operational autonomy is profoundly imperative. This intervention is strongly supported by the insights of Nugraha, Taufiq, and Agustina (Nugraha et al., 2026), whose research reveals that within modern public sector bureaucracies, autonomy flexibility serves as the single most critical predictor of employee job engagement—outperforming both time and place flexibility—because it empowers public officers with the self-governing capacity to systematically manage their compounded professional responsibilities

Furthermore, an unmitigated dual-role burden inevitably spills over into the domestic sphere, blurring the boundaries between professional accountability and personal life. The high-pressure environment of primary health centers creates psychological distress that public officers often carry home, a phenomenon validated by previous studies (Pradesa et al., 2021; Taufiq & Hidayati, 2022) regarding the gendered dynamics of Work-Family Conflict (WFC) among civil servants, which demonstrates that intense work-to-family friction is profoundly driven by behavioral constraints and a severe restriction of family activities. Consequently, formalizing the Community Mental Health Task Forces (TPKJM) at the sub-district level emerges as an urgent structural mitigation. By decentralizing routine administrative obligations and expanding operational autonomy through the TPKJM network, Sukabumi City can successfully minimize employee burnout, protect officer focus, and transition toward a resilient, task-based competency framework that guarantees equitable, comprehensive, and responsive mental health access.

## Conclusion

This study concludes that the human resource development (HRD) for mental health services in Sukabumi City operates in an Aggressive-Growth posture (Quadrant I), where the strong dedication of internal staff and good support from regulations are stronger than any internal shortcomings. However, moving from the current 95.9% service coverage to the required 100% national standard is being held back by a heavy workload that employees have to handle in two roles, and there are not enough clear instructions tailored to local conditions. To fix this performance issue, the Sukabumi City Health Office needs to change from having staff who handle many different tasks to having a system where staff are trained in specific areas and work based on their skills. This needs urgent changes to how things are structured: setting up the Community Mental Health Task Force (TPKJM) at the sub-district level to spread out the workload of managing administrative tasks, providing training that is officially approved and follows the country's standards, and making sure there are set times for monitoring digital SIMKESWA operations.

In order to fully exploit this competitive edge, it is recommended that Sukabumi City Health Office develop and execute a multi-layer transformation plan on HRD. Firstly, there is a strong recommendation that Sukabumi establish formal structures for the Community Mental Health Task Force to operate at the sub-district level with the aim of decentralizing and reducing pressure on primary health officers who have two roles to fill. This change in structure should come with a certified and continuous training package to ensure that skill mastery is developed through digital mentorships and maximizing the SIMKESWA system. Finally, there is a strong recommendation that Sukabumi prioritized and allocated separate rooms with budgets to address officer burnout and stagnation. Through these strategic and tactical elements, Sukabumi aims to develop and fortify a strong and professional mental health workforce that can deliver high-quality and equitable care towards meeting health policies.

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