

Appendix DS1
Patient & Primary Caretaker (Household) Questionnaire

We want to talk with you and your primary care taker to see hear about your experiences with the *Puskemas* Mental Health Services program here in Aceh. You were chosen randomly for the interview because we were told that you met with a Community Mental Health Nurse. The interview will take approximately 30 minutes and is confidential which means that your name will never be used. Your participation will not change—improve or reduce—any services you receive whatsoever. Rather, it will be used—along with many other people’s responses—to review how well the program is working and what areas need to be improved. Do you understand? Do you have any questions? Are you willing to participate?

ID #
LK –Lhok’nga
SK-Sukamakmur
LG- Lhoong
SL-Seulimeum

1. We were told that you visited the *Puskesmas* for a mental health problem. Is this accurate?

☐ Yes
☐ No

2. What did you learn about your problem there?

1.
2.
3.

5. What did the CMHN recommend that you do to resolve the problem?

☐ Take medication
☐ Other _____

IF YES to medication: How often are you supposed to take your medication?

Have you been able to take the medication everyday?

☐ Yes

☐ No

If not, why not?

☐ Unpleasant side effects_____

☐ Didn't work

☐ Can't afford it

☐ Not available

☐ Other

6. Has anyone visited you in your home about the problem?

☐ Yes

☐ CMHN (How many times_____?)

☐ Mental Health Cadre (How many times__?)

☐ Psychosocial Cadre

☐ Other

☐ No

7. Can patient & caretaker describe how the problem was affecting him/her before meeting with CMHN?

1.

2.

3.

8. Ask the patient; on a scale of 1-5 how big of a problem was this for you before you met with the CMHN? With one being affecting all aspect of my life and 5 being not a significant problem at all.

| | | | | | |
|-------------------|---|---|---|-------------------|------|
| 1 | 2 | 3 | 4 | 5 | most |
| difficult problem | | | | no problem at all | |
| of my life | | | | | |

9. Ask the caretakers, on a scale of 1 to 5, how difficult it was to care and protect the patient before visiting the CMHN?

| | | | | | |
|-------------------|---|---|---|-------------------|------|
| 1 | 2 | 3 | 4 | 5 | most |
| difficult problem | | | | no problem at all | |
| of my life | | | | | |

10. What did the caretaker have to do to care and protect the patient? (specifically ask if the patient every had to be locked-up or chained for any reason)

11. Since meeting with the CMHN has the problem changed?

☐ Yes

☐ No

12. How would patient rank the problem now? (Show them where it was ranked before).

| | | | | | |
|-------------------|---|---|---|-------------------|------|
| 1 | 2 | 3 | 4 | 5 | most |
| difficult problem | | | | no problem at all | |
| of my life | | | | | |

13. Ask the patient to describe the change? (Patient well-being, care and protection functions)

14. How would the caretaker rank care and protection issues now? (ask specifically if the patient has to be locked up or chained)

| | | | | | |
|-------------------|---|---|---|-------------------|------|
| 1 | 2 | 3 | 4 | 5 | most |
| difficult problem | | | | no problem at all | |
| of my life | | | | | |

15. Is there anything else that you would like to share with me?

16. May I ask your (patient's) age:

Sex:

☐ Male

☐ Female

17. How did you first find out about the Community Mental Health Nurses?

- ☐ Mental Health Cadre
- ☐ Psychosocial Cadre
- ☐ Family Member
- ☐ Someone in the *Puskesmas*
- ☐ Iman
- ☐ Village leader
- ☐ Other _____

18. Did you have this problem before the tsunami?

☐ Yes

Appendix DS2 CMHN Questionnaire

Thank you for taking the time to sit down and talk with us today. We want to hear about your thoughts and experiences as a CMHN, what you think is working well and what you think could be changed. These responses are confidential. Your participation will not change—improve or reduce—any services. Rather, it will be used—along with many other people’s responses—to review how well the program is working and what areas need to be improved.

- 1) How did you become a CMHN?
- 2) What level of trainings have you done?
☐ Basic
☐ Intermediate
- 3) What percentage of your time do you spend on mental health nursing?
- 4) About how many patients for the CMHN do you see in a week?
- 5) How are these patients referred to you?
- 6) Do you ever visit patients?
- 7) If yes, how many home visits have you done in the last week?
- 8) Can you tell me about a case where you feel that you have been very successful with a patient?
- 9) Why do you think that you were able to be successful with that patient?
- 10) What do you think the biggest challenges of your job are?
- 11) Think of the doctor that you work with the most. On a scale of 1-5, how easy is it for you able to coordinate with that doctor?
- 12) What things work well with the doctor that you work with?
- 13) What are some of the challenges that you face in working with the doctor?

- 14) How important do you think that the mental health cadres are to your job? Scale of 1-5
- 15) What do you find helpful about the mental health cadres?
- 16) What do you think that the cadres could do to be more helpful?
- 17) Is there anything else that you'd like to tell me about your work as a Community Mental Health Nurse?

Appendix DS3

Focus Group Discussion with Psychosocial Volunteers

Thank you for meeting with us. We are evaluating an HSP program on psychosocial well-being and mental health. We want to understand what is working and what could be improved. We want to ask you--in your role as psychosocial volunteers—some questions. Your answers will be kept confidential, and not increase or decrease any services currently being offered. Do you understand? Do you have any questions? Are you willing to participate in this group interview?

Number of volunteer present:

Name of Village:

Date:

Interviewer:

1. How were you selected as psychosocial volunteers?

Village leader held meeting?

Nominated and voted?

Qualities: trustworthy, ability; commitment?

Other?

2. What do you do as psychosocial volunteers?

- Seed money activities

1. List the 2-3 activities

2. How many participants per activity

3. How often do they meet – what times and where

- Community Discussions or forums

How many

Subjects (e.g. mental health, domestic violence, etc) addressed

- Home Visits or Mental health Awareness Raising

Screening

3. Do you work with the CMHN? If so, what do you do with the CMHN? How would you rate the working relationship?

Yes ----- No -----

What is done?

How effective is it?

How could this work be improved?

4. After tsunami, what were the biggest psychosocial problems faced by people in your community? Please list them and describe how they affected members of your community.

1. Many deaths
2. Trauma/shock
3. Separated children/orphans
4. Other

5. After the tsunami, how would you rank – on a scale of 1-5, the severity of these psychosocial problems?

| | | | | |
|------------|----------|-----|---------|------------|
| 1 | 2 | 3 | 4 | 5 |
| Worst ever | Very bad | Bad | Not Bad | No problem |

6. Today, how would you rank – on a scale of 1-5, change or improvement of these same problems?

| | | | | |
|-----------|---------------|----------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| No change | Little change | Progress | same as before | Better than before |

7. If things have improved, what are the main reasons for improvement? If things have not improved – or in fact are worse, what are the main reasons for this lacks of progress? Please list and describe.

- 1.
- 2
- 3

8. What importance do you attach to the activities you perform as psychosocial volunteers (rate each one)

- Seed projects
- Their work on mental health issues
- Other

9. If HSP stops its support of psychosocial projects, which projects will the community continue if any?