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FACTORS ASSOCIATED WITH THE OF MENTAL DISORDERS IN THE WORKING AREA OF UPTD PUSKESMAS BANJAREJO, MADIUN CITY, 2026

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ABSTRACT

Introduction: Mental disorders are a public health problem that can be influenced by biological, psychological, social, and economic factors. This study aims to analyze the factors associated with the severity of mental disorders in the working area of UPTD Puskesmas Banjarejo, Madiun City, in 2026. Methods: This study used a quantitative approach with a cross-sectional design. The population and sample consisted of 86 patients with mental disorders, determined using total sampling. The independent variables included genetics, age, sex, stress, marital status, and socioeconomic pressure, while the dependent variable was the severity of mental disorders. Analysis was performed using the Chi-Square test with a significance level of 0.05. Results: A total of 67 respondents (77.9%) experienced severe mental disorders and 19 respondents (22.1%) experienced mild mental disorders. There were significant relationships between stress (p = 0.033), marital status (p = 0.047), and socioeconomic pressure (p = 0.000) with the severity of mental disorders. No significant relationships were found between genetics (p = 0.371), age (p = 0.678), and sex (p = 0.123) with the severity of mental disorders. Conclusion: Stress, marital status, and socioeconomic pressure are associated with the severity of mental disorders, while genetics, age, and sex show no significant relationship.
Keywords: mental disorders; severity; stress.

INTRODUCTION

Mental health is an important component in supporting individual productivity and quality of life. According to Law No. 18 of 2014 concerning Mental Health, it is defined as a condition in which an individual can develop physically, mentally, spiritually, and socially, enabling them to cope with life's stressors and contribute productively to their environment. A mental disorder itself is characterized by a clinically significant disturbance in cognition, emotional regulation, or behavior, resulting in meaningful distress and impairment in daily functioning (World Health Organization, 2025).Globally, more than 1 billion people — approximately 1 in 8 individuals — experience a mental disorder, with schizophrenia and psychosis among the chronic conditions requiring long-term treatment and continuous support (WHO, 2022). In Indonesia, the prevalence of mental disorders among adolescents aged 10–17 years was recorded at approximately 5.5%, based on the Indonesia National Adolescent Mental Health Survey (I-NAMHS, 2022). At the local level, data from the Madiun City Health Office in 2024 recorded 383 patients with mental disorders, with a service coverage rate of 105.2%, while in the working area of UPTD Puskesmas Banjarejo, Madiun City, 86 patients with mental disorders were recorded out of a total population of 45,271, with all patients (100%) having received health services.

Various prior studies have identified biopsychosocial determinants of mental disorders. Genetic factors increase an individual's vulnerability to mental disorders, particularly among those with a family history of similar conditions (Owen et al., 2025). Age also plays a role, as each stage of life presents different developmental stressors, with adolescence and young adulthood being critical periods for the early onset of mental disorders (Fusar-Poli et al., 2024). Sex likewise shows differing risk patterns, with women being more vulnerable to depression and anxiety, while men are at greater risk of substance use disorders (Battista et al., 2025). Marital status acts as a protective factor through the emotional support of a partner, whereas unmarried, divorced, or widowed individuals tend to be at higher risk (Kim et al., 2023). Low socioeconomic status further increases vulnerability due to limited resources and access to health services (Andreu-Bernabeu et al., 2023), as does prolonged exposure to stress, which can disrupt psychological balance (Fusar-Poli et al.,

2024).Although mental health service coverage in the working area of UPTD Puskesmas Banjarejo and in Madiun City as a whole has reached 100%, the number of mental disorder cases has not shown a significant decline, indicating a gap between program service achievements and conditions on the ground. Available services still tend to focus on curative and rehabilitative efforts, while the sociodemographic and socioeconomic factors contributing to the severity of mental disorders in this area have not been comprehensively identified. Based on this gap, the present study aims to analyze the factors (genetics, age, sex, marital status, economic pressure, and stress) associated with the severity of mental disorders in the working area of UPTD Puskesmas Banjarejo, Madiun City, as a basis for developing more comprehensive prevention and control interventions.

MATERIALS AND METHODS

This study employed a quantitative approach using an analytical observational research type with a cross-sectional design, in which the independent variables (genetics, age, sex, marital status, economic pressure, and stress) and the dependent variable (severity of mental disorders) were measured simultaneously within a single observation period. The study population consisted of all patients with mental disorders registered in the working area of UPTD Puskesmas Banjarejo, Madiun City, in 2026, totaling 86 patients. The sample was selected using a total sampling technique, in which all members of the population were included as respondents, given the relatively small population size. Respondents in this study were patients or the family members/guardians of patients with mental disorders who met the inclusion criteria (registered as patients at UPTD Puskesmas Banjarejo, residing within the working area, and willing to participate through the consent of the patient or guardian) and exclusion criteria (experiencing severe communication impairment without an accompanying person able to provide information, currently experiencing a medical/psychological emergency, or refusing to participate).

Data were collected using two instruments: (1) a closed-ended questionnaire covering demographic data as well as questions on marital status and economic pressure, and (2) an observation sheet used to assess the severity of mental disorders based on medical record data and diagnoses made by health workers. The study was conducted in the working area of UPTD Puskesmas Banjarejo, Madiun City, in July 2026. Data analysis was performed univariately to describe the characteristics of each variable, and bivariately using the Chi-Square test to determine the relationship between the independent and dependent variables, with a significance level of $\alpha = 0.05$. The choice of correction method (Pearson Chi-Square or Continuity Correction) followed standard conventions for 2×2 tables, where Continuity Correction was applied when more than 20% of the expected cell counts were below 5. This study adhered to research ethics principles throughout its implementation.

RESULTS AND DISCUSSION

Characteristics of Respondents

The study involved 86 respondents. Most respondents were under 30 years old (83.7%), male (65.1%), had a family history of mental disorders (51.2%), had no partner (61.6%), experienced high socioeconomic pressure (80.2%), had high stress (58.1%), and were classified as having severe mental disorders (77.9%).

Table 1. Characteristics of respondents (n = 86)

Variable	Category	n	%
Age	<30 years	72	83.7
	>30 years	14	16.3
Sex	Male	56	65.1
	Female	30	34.9
Family history	Yes	44	51.2
	No	42	48.8
Stress	High	50	58.1
	Low	36	41.9
Marital status	No partner	53	61.6
	Partner	33	38.4
Socioeconomic pressure	High	69	80.2
	Low	17	19.8
Severity	Severe	67	77.9
	Mild	19	22.1

Bivariate Analysis

Bivariate analysis showed significant relationships between stress, marital status, and socioeconomic pressure and the severity of mental disorders. Family history, current age, and sex were not significantly associated with severity.

Table 2. Bivariate relationships between study factors and severity of mental disorders

Factor	p-value	Interpretation
Family history	0.371	Not significant
Current age	0.678	Not significant
Sex	0.123	Not significant
Stress	0.033	Significant
Marital status	0.047	Significant
Socioeconomic pressure	<0.001	Significant

Relationship between Family History and Severity

The analysis found no significant relationship between family history of mental disorders and severity (p = 0.371). Respondents with a family history had a severe-disorder proportion of 73.8%, while those without a family history had a proportion of 81.8%. This finding does not mean that genetic factors are unimportant. Genetic studies have demonstrated heritable contributions to vulnerability to mental disorders, including schizophrenia and depression (Trubetskoy et al., 2022; Howard et al., 2023). The present study, however, assessed family history rather than molecular genetic variants and focused on severity among people who had already been diagnosed. According to the researcher, genetic vulnerability may contribute more to susceptibility to illness, whereas severity after onset may be shaped by interacting psychological, social, treatment, and environmental factors. Limited knowledge of relatives' psychiatric histories may also have reduced the ability to detect an association.

Relationship between Current Age and Severity

There was no significant relationship between current age and severity (p = 0.678). Most respondents in both age groups were classified as having severe disorders. This result should be distinguished from evidence concerning age at onset. Solmi et al. (2022) reported that age at onset is associated with differences in the course and clinical characteristics of mental disorders, but the present study measured current age, not age at onset. Therefore, the two findings are not directly comparable. The researcher considers that once patients are already within a clinical population, current age alone may be insufficient to explain severity because duration of illness, treatment history, adherence, social support, and environmental conditions may also influence clinical status.

Relationship between Sex and Severity

No significant relationship was found between sex and severity (p = 0.123), although the descriptive distribution showed a high proportion of severe disorders in both sexes. Previous literature indicates that sex differences are more consistently observed in the type and pattern of mental disorders than as a uniform difference in severity across all disorders (Battista et al., 2025; GBD 2023 Mental Disorders Collaborators, 2024). According to the researcher, the absence of a significant association suggests that sex alone may not determine the severity category in this patient population. Differences in diagnosis, symptom profile, treatment, social support, and other clinical characteristics may be more important determinants of severity.

Relationship between Stress and Severity

A significant relationship was found between stress and severity (p = 0.033). Among 50 respondents with high stress, 43 (86.0%) had severe mental disorders, whereas among 36 respondents with low stress, 24 (66.7%) had severe disorders. The significant association is consistent with evidence that stress and stress reactivity are important psychological processes related to mental health and affective symptoms (McEwen & Akil, 2020). However, the direction of the descriptive association should be interpreted carefully because the study measured stress at the same time as clinical severity. Patients with more severe illness may have reduced insight, altered emotional appraisal, or difficulty reporting their perceived stress accurately. Reverse causality and uncontrolled factors such as illness duration and treatment adherence are also possible explanations. The researcher therefore interprets stress as an important correlate rather than proof of a causal effect.

Relationship between Marital Status and Severity

Marital status was significantly associated with severity (p = 0.047). Respondents without a partner showed a higher proportion of severe disorders (84.9%) than respondents with a partner (66.7%). This finding is

consistent with the social-determinants perspective, which recognizes social relationships and support as important influences on mental health (Lund et al., 2023; Cook et al., 2025; Walker et al., 2024). A partner may provide emotional, instrumental, and practical support, including assistance with treatment routines. Nevertheless, the p-value was close to the 0.05 threshold; therefore, the finding should be interpreted as modest evidence of association rather than a definitive causal relationship. According to the researcher, family members and other social networks may partly compensate for the absence of a partner, so marital status should be assessed together with the quality of social and family support.

Relationship between Socioeconomic Pressure and Severity

Socioeconomic pressure showed the strongest statistical association with severity ($p < 0.001$). Of 69 respondents categorized as experiencing high socioeconomic pressure, 67 (97.1%) had severe mental disorders, while all 17 respondents in the low-pressure group were classified as mild. This pattern is consistent with evidence that socioeconomic disadvantage is associated with poorer mental health and that social and economic conditions can shape exposure to chronic stress, access to resources, and opportunities for recovery (Lund et al., 2023; Patel et al., 2023; Thomson et al., 2024; Edwards et al., 2024). According to the researcher, economic pressure may affect severity through several interconnected pathways, including difficulty meeting basic needs, treatment-related costs and transportation, dependence on family members, and persistent financial stress. The very strong association in this study should nevertheless be interpreted cautiously because the cross-sectional design does not establish causality and the distribution between economic categories was highly uneven.

CONCLUSION

Among 86 patients with mental disorders in the working area of UPTD Puskesmas Banjarejo, stress, marital status, and socioeconomic pressure were significantly associated with severity, with socioeconomic pressure showing the strongest statistical association ($p < 0.001$). Family history, current age, and sex were not significantly associated with severity. These findings support the need for community mental health services to integrate clinical care with stress assessment, strengthening family and social support, and identification of socioeconomic barriers. Because the study used a cross-sectional design and a total sample of 86 patients from one primary health-care area, the findings should not be interpreted as causal or automatically generalized to other populations.

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