



## AN OVERVIEW OF EARLY DETECTION OF MENTAL HEALTH USING SRQ 20 AMONG HOSPITAL HEALTH WORKERS

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### ABSTRACT

Good mental health is a state of well-being where individuals are able to cope with life's stresses, work productively, and contribute to their communities. In the workplace, good mental health promotes productivity and a positive work environment. Conversely, poor mental health can reduce performance and increase the risk of occupational hazards, especially in the health sector such as hospitals. This study aimed to identify the mental health of health workers in Yogyakarta using the Self-Reporting Questionnaire (SRQ-20). The research method used a descriptive survey involving 87 respondents who were given the SRQ-20 questionnaire. The results showed that 17.2% of the 87 respondents experienced mental emotional disorders, with the majority of symptoms being headaches, anxiety, and depression.

Keywords: health workers; mental health; SRQ 20

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### INTRODUCTION

Mental health is a state of well-being in which individuals are aware of their own abilities, can cope with normal life stresses, work productively, and are able to contribute to their communities. Good mental health is an essential component of the well-being of individuals and society as a whole (WHO, 2022). In the workplace, good mental health contributes to increased productivity, creativity, and a positive work environment (Harnois & Gabriel, 2000). Conversely, poor mental health in workers can lead to lower employee satisfaction, lower performance, fatigue, and increased risk of occupational hazards. In addition, workers are also part of society and the impact of poor mental health can also affect families and communities (Oliveira et al., 2023; Sarkar et al., 2024). This is particularly relevant in the healthcare sector, particularly in hospitals, where workers face high work pressure and often deal with medical emergencies.

The working environment in hospitals is known to be one of the most challenging and demanding. Medical professionals in hospitals often have heavy workloads and a high risk of work-related stress due to various emergencies that must be dealt with immediately (ILO, 2016; Shanafelt et al., 2012). Hospital workers, including doctors, nurses and support staff, are often faced with heavy workloads, long and irregular work shifts, and constant exposure to emergencies and death. These conditions can trigger chronic stress and various other mental health problems. Occupational stress is one of the major risk factors affecting the mental health of hospital workers. Sources of this stress include time pressures, heavy patient responsibilities, interactions with patients and their families who are in critical condition, and the need to constantly update medical knowledge and skills (Amiard et al., 2023).

There is a study that identified the prevalence of mental health disorder symptoms in health workers, namely symptoms of depression (47%) and anxiety (50%) (Suryavanshi et al., 2020). Given the increasingly high workload of medical workers, adequate infrastructure and mental health services are needed to overcome physical and mental fatigue (Shaukat N et al., 2020). The negative impact of mental health problems in hospital healthcare workers can be very detrimental, both to the individual and the health system as a whole, requiring serious attention.

Early detection of mental health problems is a crucial step to prevent the development of more serious disorders. The Self-Reporting Questionnaire (SRQ-20) is an effective tool in early detection of mental health disorders. The SRQ-20, developed by the World Health Organisation (WHO), consists of 20 items designed to assess common symptoms such as anxiety, depression and stress in a short period of time. Research by (Westhuizen et al., 2016) showed that the SRQ-20 has good sensitivity and specificity in detecting mental health disorders, making it a useful tool for initial screening. Based on this description, the researcher wants to describe mental emotional disorders among health workers in hospitals using the SRQ-20 questionnaire by looking at the characteristics of health workers who experience mental emotional disorders, identifying the most common symptoms experienced, and knowing the description between the characteristics of respondents and the proportion of mental emotional disorders.

## **METHOD**

This research method uses a survey research method, with a descriptive research design where the main source of data and information is obtained from respondents as a research sample using a questionnaire as a data collection instrument. This research was conducted at one of the hospitals in the Special Region of Yogyakarta. The sample in this study were 87 respondents. In this study, the instrument used was the translated Self Reporting Question 20. SRQ 20 is a valid and reliable Self Reporting Questionnaire to measure mental or psychiatric disorders. This questionnaire was created by the WHO and has been used by the Indonesian government to evaluate the mental health of the Indonesian people as part of the Basic Health Research (Riskesdas) programme. If a person answers "Yes" 6 or more times out of a total of 20 questions, then that person has an indication of mental health problems. (Prasetio et al., 2022).

## **RESULTS**

This study was conducted in one of the hospitals in the Special Region of Yogyakarta. The subjects of this study were health workers at hospital. The results of this study are as follows.

Table 1.  
Respondent characteristics (n=87)

Respondent characteristics	f	%
Gender		
Male	22	25.3
Female	65	74.7
Age		
X±SD: 35,93 ± 9,84		
20-34 years	69	79.3
35-49 years	16	18.4
50-65 years	2	2.3
Marital Status		
Single	37	42.5
Married	50	57.5
Working Period		
X±SD: 13,5 ± 10		
<5 years	56	64.4
≥5 years	31	35.6
Education		
Academy	42	48.3
Bachelor	44	50.6
Post-Graduate	1	1.1
Income		
<UMK	5	5.7
=UMK	42	48.3
>UMK	40	46.0

Table 1, it can be illustrated that the majority of respondents are female, as many as 65 people (74.7%). The age of the most respondents is in the age group of 20-34 years, as many as 69 people (79.3%) of the total sample. Based on the level of education, most respondents have a bachelor's degree as many as 44 people (50.6%) and 50 people (57.5%) have a married status. Based on the length of work, most of them have worked in this hospital for less than 5 years as many as 56 people (64.4%) and have an income equal to District Minimum Wage (UMK) as many as 42 people (48.3%).

Table 2.  
Frequency Distribution of Emotional Mental Disorders (n=87)

Variable	f	%
Emotional Mental Disorders		
Yes (SRQ score ≥6)	15	17.2
No (SRQ score <6)	72	82.8

Table 2, it can be seen that out of a total of 87 health workers who were respondents in this study, 15 health workers or equivalent to 17.2% of the total respondents experienced mental emotional disorders.

Table 3.  
Frequency Distribution of Emotional Mental Disorders (n=87)

Variable	f	%
Symptoms		
Frequent headaches	33	37.9
Loss of appetite	9	10.3
Not sleeping well	24	27.6
Easy to feel scared	13	14.9
Hand trembling	4	4.6
Feeling anxious, tense or worried	17	19.5
Indigestion	12	13.8
Difficulty thinking clearly	8	9.2
Feeling unhappy	8	9.2
Crying more often	4	4.6
Difficulty enjoying daily activities	9	10.3
Difficult to make decisions	17	19.5
Daily activities are neglected	7	8.0
Feeling useless	3	3.4
Loss of interest	9	10.3
Feeling worthless	5	5.7
Wanting to end life	4	4.6
Always feeling tired	15	17.2
Stomach discomfort	7	8.0
Easily tired	30	34.5

Table 3 shows that of the symptoms of mental health problems measured using SRQ 20, most respondents often experience headaches as many as 33 people (37.9%).

Table 4.  
Category Overview of Mental Emotional Distress or distress (n=87)

Category	SRQ		Answer			
	No question		Yes		No	
			Total	Percentage (%)	Total	Percentage (%)
Somatic Symptoms	1		12	80.0	3	20.0
	2		4	26.7	11	73.3
	7		5	33.3	10	66.7
	19		4	26.7	11	73.3
Symptoms of Anxiety	3		6	40.0	9	60.0
	4		7	46.7	8	53.3
	5		2	13.3	13	86.7
Symptoms of Depression	6		11	73.3	4	26.7
	9		6	40.0	9	60.0
	10		3	20.0	12	80.0
	14		2	13.3	13	86.7
	15		6	40.0	9	60.0
	16		4	26.7	11	73.3
Cognitive Symptoms	17		4	26.7	11	73.3
	8		7	46.7	8	53.3
	12		11	73.3	4	26.7
Symptoms of Decreased Energy	13		3	20.0	12	80.0
	11		6	40.0	9	60.0
	13		3	20.0	12	80.0
	18		10	66.7	5	33.3
	20		13	86.7	2	13.3

Table 4 shows that of the 15 respondents who experienced mental emotional disorders that lead to mental disorders are divided into 5 categories, namely somatic symptoms, anxiety

symptoms, depressive symptoms, cognitive symptoms, and symptoms of decreased energy. The largest number of each category is as follows: the most somatic symptoms were in question number 11 related to frequent headaches with a total of 12 respondents (80.0%); the most anxious symptoms were in question number 4 related to easily feeling afraid with a total of 7 respondents (46.7%); the most depressive symptoms were in question number 6 related to easily feeling anxious, tense or worried with a total of 11 respondents (73.3%); the most cognitive symptoms were in question number 12 related to difficulty making decisions with a total of 11 respondents (73.3%); and the most symptoms of decreased energy were in question number 20 related to being easily tired with a total of 13 respondents (86.7%).

Table 5.  
Overview of Mental Emotional Distress with SRQ Based on Respondent Characteristics (n=87)

Respondent Characteristics		SRQ	
		Yes	No
Gender	Female	14	51
	Male	1	21
Marital Status	Single	10	27
	Married	5	45
Education	Academy	8	34
	Bachelor	7	37
	Post-Graduate	0	1

Table 5 describes mental emotional disorders or distress based on the results of screening with the SRQ instrument based on respondent characteristic data.

## DISCUSSION

Based on the results of the study, it is known that out of 87 respondents, 65 people (74.7%) were female while 22 male respondents (25.3%). The age of the majority of respondents is in the range of 20-34 years, namely 69 people (79.3). Based on the level of education, most respondents have a Bachelor's degree, namely 44 people (50.6%). As many as 50 respondents are married. Based on income, it is known that 42 respondents (48.3%) have an income equal to the Regency Minimum Wage (UMK). A total of 56 respondents (64.4%) have worked for more than 5 years. This study was conducted to see a picture of mental health problems in workers. The measuring instrument used in this study is Self-reporting questionnaire 20 (SRQ-20). SRQ-20 is a questionnaire developed by the World Health Organisation (WHO). The SRQ-20 has been widely used to identify mental health problems in individuals. It cannot be used to support the diagnosis of a psychologist or psychiatrist, but can be a useful tool for mental health service providers (WHO, 1994). The SRQ, which is recommended by WHO as a screening tool for mental disorders for developing countries, has been shown to have good face, content, criterion and construct validity. It has also been widely used in various surveys and studies (Idaiyani et al., 2022)

This SRQ questionnaire consists of 20 statement items and has two answer options, namely "yes" and "no". Furthermore, the answer "yes" will be given a score of 1 while the answer "no" will be given a score of 0 (Triwahyuni & Prasetyo, 2021). The assessment of mental health conditions is based on the interpretation of the SRQ questionnaire by summing the "yes" answers obtained from each question of the questionnaire. Respondents were indicated to have mental emotional disorders or mental health problems if there were six or more "yes" answers (Ministry of Health, 2013). The results showed that out of a total of 87 respondents, 15 health workers or equivalent to 17.2% of the total respondents experienced mental emotional disorders. According to (Putri, 2021) emotional and mental disorders are medical

problems that affect emotions, ideas, feelings, and moods. Anxiety, worry, and tension are examples of mental emotional problems that can harm individuals, families, and the surrounding environment. In line with research (Goetzel et al., 2018) which states that mental health problems can result in decreased self-esteem and lack of drive to complete tasks. Research by Sattar et al. (2024) also mentioned that mental emotional disorders, such as stress, anxiety, and depression, can substantially affect the performance of health workers. They may face difficulties in maintaining focus, make less informed decisions, and experience decreased efficiency in their daily work.

Questions in the SRQ questionnaire include whether the respondent experiences headaches, eats less than three meals a day, sleeps poorly, feels scared, anxious, tense, or worried, trembles hands, indigestion, has difficulty thinking, feels unhappy, cries, has difficulty enjoying daily life, has difficulty making decisions, loses interest, feels worthless, gets tired easily, or has suicidal thoughts. According to Sinaga and Jober (2023) symptoms of depression are found in questions number 6, 9, 10, 14, 15, 16, and 17; anxiety symptoms in numbers 3, 4, and 5; somatic symptoms in numbers 1, 2, 7, and 19; cognitive symptoms in numbers 8, 12, and 13; and symptoms of decreased energy in numbers 8, 11, 12, 13, 18, and 20. Based on the results of the study, it is known that from several symptoms of mental health problems measured using SRQ 20, most respondents often experience headaches as many as 33 people (37.9%). Questions from number 1 to 20 were designed to identify symptoms of neurosis in respondents. All of these questions describe symptoms of body system disorders experienced by a person due to psychological disorders (Hasniah et al., 2023).

The results of the study in each category showed that the most somatic symptoms were in question number 11 related to frequent headaches with a total of 12 respondents (80.0%); the most anxiety symptoms were in question number 4 related to easily feeling afraid with a total of 7 respondents (46.7%); the most depressive symptoms were in question number 6 related to easily feeling anxious, tense or worried with a total of 11 respondents (73.3%); the most cognitive symptoms were in question number 12 related to difficulty making decisions with a total of 11 respondents (73.3%); and the most symptoms of decreased energy were in question number 20 related to being easily tired with a total of 13 respondents (86.7%). The results showed that of the 15 respondents who experienced mental emotional disorders, 14 of them were female. The same thing is revealed in research Wijayanti et al., (2022) that gender is a factor that can significantly affect anxiety levels. Women tend to be more sensitive or sensitive to situations. Stratton et al.,'s (2015) research also explains that gender is one of the risk factors for mental health disorders. In general, women and older individuals report higher levels of distress compared to men and younger individuals. According to Roseflind in (Fatahya & Abidin, 2022) explains that women tend to be more prone to internalising disorders that can develop into depression and anxiety. In addition, women more often feel lost, hopeless, and helpless in dealing with problems. They also blame themselves more often and live with more fear. These factors make women more prone to subjective distress.

Furthermore, the results of the study also showed that of the 15 respondents who experienced mental emotional disorders, 8 of them had an academy education. Research (Gruebner et al., 2017) revealed that low education is a factor that has the highest relationship to mental emotional disorders. A low-educated population has twice the tendency to experience mental emotional disorders compared to a highly educated population. Kuklová et al.'s (2021) study identified low levels of education as a risk for depression and anxiety. According to Chevalier & Feinstein (2007) in general, education has been shown to provide better protection against the risk and severity of mental disorders. The results showed that out of 15 respondents who

experienced mental emotional disorders, 10 of them were married. Research shows that married workers often experience mental emotional disorders associated with conflicts between work and family. A study by the CDC (2023) found that healthcare workers, including those who are married, reported poorer mental health, with an increase in the number of poor mental health days and higher levels of burnout compared to 2018. According to the results of the study Najafi *et al.* (2020), married people (compared to those who were single, divorced, or widowed) were found to make a more significant contribution to socioeconomic inequalities related to poor mental health. This may be due to the financial burdens placed on married relationships. Individuals from lower socioeconomic groups often experience more marital relationship problems, domestic violence, stress, and financial pressure, which can ultimately lead to mental emotional disorders.

## CONCLUSION

This study identified that 17.2% of 87 respondents experienced mental emotional disorders. The majority of respondents were female (74.7%) with an age range of 20-34 years (79.3%) and a Bachelor's degree (50.6%). The most commonly reported symptom of mental emotional disturbance was headache, felt by 37.9% of respondents. Other prominent symptoms included anxiety, depression, cognitive difficulties, and decreased energy. Findings show that mental emotional disorders are more prevalent among women, with 14 out of 15 respondents experiencing disorders being female. In addition, 8 out of 15 respondents had an academic educational background, and 10 out of 15 were married.

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## REFERENCES

- Amiard, V., Telliez, F., Pamart, F., & Libert, J. P. (2023). Health, Occupational Stress, and Psychosocial Risk Factors in Night Shift Psychiatric Nurses: The Influence of an Unscheduled Night-Time Nap. *International Journal of Environmental Research and Public Health*, 20(1). <https://doi.org/10.3390/ijerph20010158>
- CDC. (2023). *Health Workers Face a Mental Health Crisis*. <https://www.cdc.gov/vitalsigns/health-worker-mental-health/index.html>
- Chevalier, A., & Feinstein, L. (2007). *Sheepskin or Prozac: The Causal Effect of Education on Mental Health* (Issue 2231). <https://doi.org/10.2139/ssrn.923530>
- Fatahya, & Abidin, F. A. (2022). Literasi Kesehatan Mental dan Status Kesehatan Mental Dewasa Awal Pengguna Media Sosial. *Higeia Journal of Public Health Research and Development*, 1(3), 625–634.
- Goetzl, R. Z., Roemer, E. C., Hologue, C., Daniele Fallin, M., McCleary, K., Eaton, W., Agnew, J., Azocar, F., Ballard, D., Bartlett, J., Braga, M., Conway, H., Andrew Crighton, K., Frank, R., Jinnett, K., Keller-Greene, D., Rauch, S. M., Safeer, R., Saporito, D., ... Richard Mattingly, C. (2018). Mental Health in the Workplace: A Call to Action Proceedings from the Mental Health in the Workplace-Public Health Summit. *Journal of Occupational and Environmental Medicine*, 60(4), 322–330. <https://doi.org/10.1097/JOM.0000000000001271>
- Gruebner, O., Rapp, M. A., Adli, M., Kluge, U., Galea, S., & Heinz, A. (2017). Cities and

- Mental Health. *Deutsches Arzteblatt International*, 114(8), 121–127. <https://doi.org/10.3238/arztebl.2017.0121>
- Harnois, G., & Gabriel, P. (2000). Mental Health and Work: Impact, Issues and Good Practices. *World Health Organization*, 17(April), 1500–1531. [https://www.who.int/health-topics/mental-health#tab=tab\\_2](https://www.who.int/health-topics/mental-health#tab=tab_2)
- Hasniah, H., Simeulu, P., Munazar, M., & Arbaiyah, A. (2023). Deteksi Dini Kesehatan Jiwa Perawat Dan Penerapan Adaptasi Kebiasaan Baru Pada Masa Pandemi Covid-19 Di Provinsi Aceh. *Journal Keperawatan*, 2(1), 34–45. <https://doi.org/10.58774/jourkep.v2i1.30>
- Idaiani, S., Mubasyiroh, R., Suryaputri, I. Y., Indrawati, L., & Dharmayanti, I. (2022). The Validity of the Self-Reporting Questionnaire-20 for Symptoms of Depression: A Sub-Analysis of the National Health Survey in Indonesia. *Open Access Macedonian Journal of Medical Sciences*, 10(E), 1676–1682. <https://doi.org/10.3889/oamjms.2022.9999>
- ILO. (2016). *Workplace Stress: A Collective Challenge* (Issue April 2016, p. 57). [https://www.ilo.org/global/topics/safety-and-health-at-work/resources-library/publications/WCMS\\_466547/lang--en/index.htm%0Ahttp://www.ilo.org/africa/media-centre/news/WCMS\\_477712/lang--en/index.htm](https://www.ilo.org/global/topics/safety-and-health-at-work/resources-library/publications/WCMS_466547/lang--en/index.htm%0Ahttp://www.ilo.org/africa/media-centre/news/WCMS_477712/lang--en/index.htm)
- Kementerian Kesehatan Republik Indonesia (Kemenkes RI). (2013). *Pedoman pengisian kuesioner*.
- Kuklová, M., Kagstrom, A., Kučera, M., Mladá, K., Winkler, P., & Cermakova, P. (2021). Educational inequalities in mental disorders in the Czech Republic: data from CZEch Mental health Study (CZEMS). *Social Psychiatry and Psychiatric Epidemiology*, 56(5), 867–877. <https://doi.org/10.1007/s00127-020-01930-9>
- Najafi, F., Pasdar, Y., Karami Matin, B., Rezaei, S., Kazemi Karyani, A., Soltani, S., Soofi, M., Rezaeian, S., Zangeneh, A., Moradinazar, M., Hamzeh, B., Jorjoran Shushtari, Z., Sajjadipour, M., Eslami, S., Khosrojerdi, M., Shabestari, S., Mehrparvar, A. H., Kashi, Z., Nejatizadeh, A., ... Salimi, Y. (2020). Decomposing socioeconomic inequality in poor mental health among Iranian adult population: Results from the Persian cohort study. *BMC Psychiatry*, 20(1), 1–11. <https://doi.org/10.1186/s12888-020-02596-y>
- Oliveira, C. de, Saka, M., Bone, L., & Jacobs, R. (2023). The Role of Mental Health on Workplace Productivity: A Critical Review of the Literature. *Applied Health Economics and Health Policy*, 21(2), 167–193. <https://doi.org/10.1007/s40258-022-00761-w>
- Prasetio, C. E., Triwahyuni, A., & Prathama, A. G. (2022). Psychometric Properties of Self-Report Questionnaire-20 (SRQ-20) Indonesian Version. *Jurnal Psikologi*, 49(1), 69. <https://doi.org/10.22146/jpsi.69782>
- Putri, M. N. (2021). Pengaruh Kecerdasan Emosional dan Motivasi Karyawan Terhadap Kinerja Karyawan Bank Mandiri Cabang Jambi Dr. Sutomo. *Jurnal Manajemen Terapan Dan Keuangan (Mankeu)*, 10(01), 110–122.
- Sarkar, S., Menon, V., Padhy, S., & Kathiresan, P. (2024). Mental health and well-being at the workplace. *Indian Journal of Psychiatry*, 66. [https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry\\_608\\_23](https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_608_23)



- Sattar, R., Lawton, R., Janes, G., Elshehaly, M., Heyhoe, J., Hague, I., & Grindey, C. (2024). A systematic review of workplace triggers of emotions in the healthcare environment, the emotions experienced, and the impact on patient safety. *BMC Health Services Research*, 24(1), 1–13. <https://doi.org/10.1186/s12913-024-11011-1>
- Shanafelt, T. D., Boone, S., Tan, L., Dyrbye, L. N., Sotile, W., Satele, D., West, C. P., Sloan, J., & Oreskovich, M. R. (2012). Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Archives of Internal Medicine*, 172(18), 1377–1385. <https://doi.org/10.1001/archinternmed.2012.3199>
- Shaukat N, Mansoor A, & Razzak J. (2020). Physical and Mental Health Impacts of COVID-19 on Healthcare Workers: A Scoping Review. *International Journal of Emergency Medicine*, 13(1), 1–8. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7370263/pdf/12245\\_2020\\_Article\\_299.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7370263/pdf/12245_2020_Article_299.pdf)
- Sinaga, E., & Jobber, N. F. (2023). Karakteristik dan Status Kesehatan Mental Ibu Postpartum. *Jurnal Keperawatan Silampari*, 6(2), 1717–1729. <https://doi.org/10.31539/jks.v6i2.5333>
- Stratton, K. J., Richardson, L. K., Tran, T. L., Tam, N. T., Aggen, S. H., Barenz, E. C., Trung, L. T., & Tuan, T. (2015). Using the SRQ–20 Factor Structure to Examine Changes in Mental Distress Following Typhoon Exposure Kelcey. *Psychol Assess*, 176(1), 100–106. <https://doi.org/10.1177/0022146515594631.Marriage>
- Suryavanshi, N., Kadam, A., Dhumal, G., Nimkar, S., Mave, V., Gupta, A., Cox, S. R., & Gupte, N. (2020). Mental Health and Quality of Life Among Healthcare Professionals During the Covid-19 Pandemic in India. *Brain and Behavior*, 10(11), 1–12. <https://doi.org/10.1002/brb3.1837>
- Triwahyuni, A., & Prasetio, C. E. (2021). Gangguan Psikologis dan Kesejahteraan Psikologis pada Mahasiswa Baru. *Psikologika: Jurnal Pemikiran Dan Penelitian Psikologi*, 26(1), 35–56. <https://doi.org/10.20885/psikologika.vol26.iss1.art3>
- Westhuizen, C. van der, Wyatt, G., Williams, J. K., Stein, D. J., & Sorsdahl, K. (2016). Validation of the Self Reporting Questionnaire 20-Item (SRQ-20) for Use in a Low- and Middle-Income Country Emergency Centre Setting. *International Journal of Mental Health and Addiction*, 14(1), 37–48. <https://doi.org/10.1007/s11469-015-9566-x>
- WHO. (2022). *Mental health: strengthening our response*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- Wijayanti, R., Hestningsih, R., Yuliawati, S., & Kusariana, N. (2022). Faktor-Faktor yang Berhubungan dengan Tingkat Kecemasan pada Tenaga Kesehatan saat Pandemi COVID-19 (Studi di RSUD Dr. Moewardi Surakarta). *Jurnal Epidemiologi Kesehatan Komunitas*, 7(1), 465–470. <https://doi.org/10.14710/jekk.v7i1.13328>
- World Health Organization (WHO). (1994). *A User's Guide To The Self Reporting Questionnaire (SRQ)*.

