# PREPARING FOR MENTAL HEALTH CARE SERVICES: PROFESSIONAL PSYCHOLOGY CURRICULA IN INDONESIA

Anrilia E M Ningdyah[1,*], Edward Helmes[2], Garry Kidd[3], Claire Thompson[1]
[1]James Cook University, College of Healthcare Sciences, Department of Psychology
Singapore Campus, 149 Sims Drive, Singapore 387380
[2]James Cook University, College of Healthcare Sciences, Department of Psychology
1 James Cook Drive, Townsville, QLD 4811
[3]James Cook University, College of Healthcare Sciences, Department of Psychology
Cairns Campus, 14-88 McGregor Road, Smithfield, QLD 4878

anrilia.ansyorideas@my.jcu.edu.au and anrilia_ema@yahoo.com (Anrilia E M Ningdyah)

**Abstract**

Mental health is an important issue in the Indonesian health arena, given the existing large gap between the number of people with mental disorders and mental health services available for them. One raised concern is the extent to which Indonesian psychologists - as mental health professionals - can bridge this identified gap, in terms of both quality and accessibility of services provided. The involvement of psychologists in the provision of mental health services in primary health care facilities is one of the many initiatives intensively discussed by the parties involved in mental health care service in Indonesia. The writer argued that there were at least two important points that were important to be addressed by the Indonesian health services community in relation to the above: the competencies expected of a health service psychologist and the extent to which the curricula for prospective Indonesian psychologists equip the graduates to be able to meet the demands for these competencies. The scholars had identified the roles and capabilities expected of mental health service psychologists in this area, which were presented briefly in this paper. In relation to the latter, this article described the structure of Indonesian professional psychology education and identified the curriculum content in several of the country's professional programs that were closely related to specific competencies required by health service psychologists. Further, the content was considered relevant to the preparation of psychologists working in health settings that was currently missing from Indonesian curricula would also be identified. In conclusion, some important aspects of preparing mental health service psychologists for practice would be discussed later. Some suggestions were also made on some areas of research that might be pursued in the future.

**Keywords: mental health, curriculum, psychologists' education, health care psychologists**

**Presenting Author's biography**

Anrilia E M Ningdyah. She holds a Bachelor of Psychology from the University of Indonesia, a Professional Psychology Certificate from the University of Indonesia, and a Masters in Educational Management from the University of Western Australia. She is a registered psychologist with the Indonesian Psychological Association. She currently pursues her doctoral degree at James Cook University, Department of Psychology, with the research entitled: Professional Psychology Education Curricula: An Indonesian case study.

## INTRODUCTION

Mental health services in Indonesia are in a concerning state. With the current total population of 237 million inhabitants [1], according to the results of the Basic Health Research in 2013, the prevalence of severe mental health cases was 1.7 per mil, which meant 1 to 2 of 1000 members of the Indonesian population of 237 million had severe mental disorders [2]. The mental health services in Indonesia cannot accommodate patient demand, resulting in a large treatment gap [3]. In 2015, this gap was more than 90%, which meant that less than 10% of patients were able to access the services of health workers [3].

In terms of quantity, the number of mental health hospitals in Indonesia is also minimal. The Mental Health Directorate of the Ministry of Health of the Republic of Indonesia [3] stated that there were the total of 48 psychiatric hospitals in Indonesia, including those treating drug addiction cases. These hospitals were located in 26 provinces out of 34 provinces in Indonesia. Harnowo [4], citing the data from Health Research Association in 2013, observed that of the total 34 provinces in Indonesia, as many as 8 did not have a mental hospital and 5 did not even have the services of a mental health professional. Geographically, mental hospitals spread unequally throughout Indonesia, generally being located in provincial capital cities. Other providers of mental health services in Indonesia were district public hospitals. While these were located in every province, several did not have mental health care facilities. Indeed, some hospitals were still struggling to provide GPs, let alone mental health professionals [2]. From the total number of 445 hospitals, only 121 (40.67%) provided mental health services. Community health centers (or *Pusat Kesehatan Masyarakat* - PUSKESMAS is the Indonesian acronym) provided mental health services amounted to only 2702 or 30% of the total 9005 health centers in Indonesia [3]. Considering Indonesia's geographical scale (total land and sea area of 5.19325 million km2, placing it as the 7th largest country in the world after Russia, Canada, the US, China, Brazil and Australia), the delivery of mental health services was still a major problem.

Besides the inadequate mental health services infrastructure, there were not enough mental health professionals to meet the population’s demand, and the distribution of their services was uneven [3]. There were only 773 psychiatrists in total, or 0.32 per 100,000 members of the population; there were 451 or 0.15 clinical psychologists per 100,000 , and around 6,500 or 2 mental health nurses per 100,000 [3]. The WHO had recommended the proportion of mental health professionals was 3.33 per 100,000 [3]. Not surprisingly, the mental health service imbalances in Indonesia had resulted in negative public perception. Cases of *pasung* (chaining people with perceived mental illness or locking them in a room) still existed in Indonesia, with the data from one study showing a total 1,274 *pasung* cases in 21 provinces in Indonesia. It was claimed that this incidence had been reduced by the government's efforts to ban the practice of *pasung* [5]. However, the data from the Directorate of Mental Health, Ministry of Health of the Republic of Indonesia [3] identified 4393 cases of *pasung* and of these only 3399 cases were undergoing therapy. Compounding the somewhat justified negative public perception of mental health care was a lack of proper information regarding such services. Mental illness was still stigmatized; a patient admitted to a mental hospital was commonly referred to in the general populace as a ‘madman’. As a result, families or patients tended to hide mental illness or symptoms that may indicate mental health issues.

The lack of supporting infrastructure and limited number of mental health professionals in Indonesia have led to the emergence of several initiatives that seek to reduce the treatment gap within the mental health field [3]. One that is relevant to this paper is the role of psychologists in the provision of mental health services at primary health care/community

health centers, known in Indonesia by the acronym PUSKESMAS [6]. Psychologists are generally perceived to play a minimal role among mental health professionals due to the limited number of clinical psychologists and the limited access to psychological services (which are most commonly available in big cities).

Discussions around the concept of psychologists working in primary health centers continue to conclude that involvement of psychologists in community health centers is a proposal that should be supported and implemented immediately. Some districts in Indonesia have actually implemented this initiative. For example, one such program was initiated by Gadjah Mada University and the government of Sleman and Yogyakarta, and has been operating in Yogyakarta province since 2004 [7]. Similar programs have also been carried out in several primary health care facilities in Jakarta, Bogor and Surabaya [7]. Scholars and the Indonesian government have recommended some actions to support further such initiatives [3, 6]. This leads to an important question as to the extent to which Indonesian psychologists are ready to face the challenges of the wider implementation of this initiative. Have Indonesian psychologists been well equipped with the necessary competencies to fulfill their roles as providers of mental health services, especially in primary health care? To what extent does education prepare the graduates to provide appropriate mental health services as demanded by the society they serve? These questions will be explored in this paper by presenting results of a literature review of society demands on the roles and competences of psychologists who work in health care, or are categorized as a 'health service psychologist' [8]. This will be followed by a discussion on the structure of education and the curricula of Indonesian professional psychology programs in relation to the required competencies of psychologists in the field of mental health services.

## ROLES AND COMPETENCIES OF HEALTH SERVICE PSYCHOLOGISTS

One major concern underlying the discussion on the role and competencies of psychologists in health care is the fact that the practice of psychology consists of many diverse aspects, not just those appropriate to the area of mental health [8]. This raises questions about the ability of psychologists to provide the services specific to the field of mental health and justifies efforts to review and reform professional psychology education and training to ensure a more meaningful contribution of psychologists in the mental health care arena.

Furthermore, HSPEC [8] observed that the stated competencies or learning outcomes developed for professional psychology students are general in nature and not directed specifically towards preparing 'health service psychologists' [8]. In fact, the health sector is the area where most psychologists work. Health service psychology is a concept or term referring to the functions of professional psychologists who provide health services [8, 9]. The HSP domain includes Clinical Psychology, Counseling Psychology and School Psychology.

Table 1 presented the core competencies (including knowledge, skills and attitudes) for professional psychology according to the final draft of the International Declaration on Core Competence of Professional Psychologists [10]. Further, Table 2 presented a formulation of competencies for psychologists who worked in the health sector in accordance with the Health Service Psychology Education Collaborative/HSPEC [8]. Both the final draft of International Declaration on Core Competence of Professional Psychologists and the HSPEC's competencies are products that reflect the progress in the field of psychology in determining the core competencies for its practicing psychologists. Table 2 also presented a

summary of research results from Diana Setiyawati et al [11, 12, and 13]. All this information combined will indicate required knowledge, skills and attitudes specific to health service psychologists.

**Table 1.** Core Competency Model Recommended by the International Project on Competence in Psychology – IPCP [10]

| Competence | | Descriptions | |
|---|---|---|---|
| KNOWLEDGE AND SKILLS | | | |
| KN | Possesses the necessary knowledge | KN1 | Has the necessary foundational knowledge of psychological concepts, constructs, methods, theory and practice to support competence |
| | | KN2 | Has the necessary specialized knowledge of psychological concepts, constructs, methods, theory and practice relating to own chosen area to support competence |
| SK | Possesses the necessary skills | SK1 | Has the necessary basic skills to support competence in psychological practice |
| | | SK2 | Has the necessary specialized skills to operate in own chosen area of psychological practice to support competence |
| PROFESSIONAL BEHAVIOUR | | | |
| PE | Practices ethically | PE1 | Applies relevant ethic codes in one's professional practice and conduct |
| | | PE2 | Adheres to relevant laws and rules in one's professional practice and conduct |
| | | PE3 | Resolves ethical dilemmas in one's professional practice using an appropriate approach |
| AP | Acts professionally | AP1 | Follows the accepted best practice |
| | | AP2 | Maintains competence |
| | | AP3 | Operates within the boundaries of one's own competence |
| | | AP4 | Consults peers, supervisors, or other relevant sources when appropriate |
| | | AP5 | Makes referrals to relevant others when appropriate |
| | | AP6 | Chooses professionally appropriate courses of action in response to unpredictable and complex events |
| ER | Relates appropriately to clients and others | ER1 | Establishes, maintains and develops appropriate working relationships with clients and relevant others |
| | | ER2 | Establishes, maintains and develops appropriate working relationships with colleagues in psychology and other professions |
| WD | Works with diversity | WD1 | Works with an understanding of the historical, political social and cultural context of clients, colleagues, and others |
| | | WD2 | Demonstrates cultural competence |
| | | WD3 | Identifies, acknowledges and respects diversity in others |
| WD | Works with diversity (cont.) | WD4 | Recognizes the impact of one's own values, beliefs and experiences on one's professional behavior, clients, and relevant others |
| | | WD5 | Works and communicates effectively with all forms of diversity in clients, colleagues, and others |
| | | WD6 | Is inclusive of all forms of diversity in working with clients, colleagues and others |

| Competence | | Descriptions | |
|---|---|---|---|
| EP | Operates as an evidence-based practitioner | EP1 | Adopts an evidence-based orientation to the provision of assessments, interventions, service delivery and other psychological activities |
| | | EP2 | Consults psychological and other relevant research to inform practice |
| | | EP3 | Recognizes the limitations of the evidence available to inform practice |
| SR | Reflects on own work | SR1 | Evaluates the efficacy of one's activities and service provision |
| | | SR2 | Reflects on and implements areas for improvement in one's practice |
| | | SR3 | Reflects on one's own values and beliefs and the impact they may have on one's practice |
| | | SR4 | Validates reflections with peers or supervisors, when appropriate |
| PROFESSIONAL ACTIVITIES | | | |
| SG | Sets relevant goals | SG1 | Develops goals based on needs analysis |
| | | SG2 | Aligns goals with those of clients and others |
| PA | Conducts psychological assessments and evaluations | PA1 | Identifies assessment or evaluation needs in individuals, groups, organizations or situations |
| | | PA2 | Selects, designs or develops assessments or evaluations, using methods appropriate for the goals and purposes of the activity |
| | | PA3 | Conducts assessments or evaluations, including delivery, scoring, interpretation, feedback and application of results |
| PI | Conducts psychological interventions | PI1 | Plans and carries out psychological interventions, with individuals, groups or organizations. |
| | | PI2 | Designs, develops and evaluates the usefulness and effectiveness of psychological interventions, using methods appropriate for the goals and purposes of the intervention |
| | | PI3 | Integrates assessment and other information with psychological knowledge to guide and develop psychological interventions |
| PI | Conducts psychological interventions (cont.) | PI4 | Evaluates the usefulness and effectiveness of one's own interventions |
| | | PI5 | Uses evaluation results to review and revise interventions as necessary |
| | | PI6 | Provides guidance and advice to other relevant parties involved in the psychological intervention |
| CO | Communicates effectively and appropriately | CO1 | Communicates with diverse audiences as necessary for the effective conduct of one's professional activities |
| | | CO2 | Provides relevant and clear feedback, reporting and guidance to clients and relevant others |
| | | CO3 | Provides clear and objective information on psychological matters to relevant audiences |

**Table 2.** Competencies for Health Service Psychologists [8] and Required Skills for Psychologists Working in Primary Health Care in Indonesia [11, 12, 13]

<table>
<tr><td colspan="6">Health Service Psychology Competencies [8]</td></tr>
<tr><td>Science</td><td>Professionalism</td><td>Relational</td><td>Applications</td><td>Education</td><td>Systems</td></tr>
<tr><td>Scientific Knowledge and Methods: Emphasis on biological aspects of health and illness</td><td>Professional Values & Attitudes</td><td>Interpersonal Skills & Communication</td><td>Evidence-Based Practice</td><td>Teaching</td><td>Interdisciplinary/Inter-professional Systems: Inter-professional & collaborative practice; knowledge of health policy and health care system</td></tr>
<tr><td>Research/Evaluation: practice-based research, program development & evaluation</td><td>Individual & Cultural Diversity</td><td rowspan="3"></td><td>Assessment</td><td>Supervision</td><td>Professional Leadership Development</td></tr>
<tr><td rowspan="2"></td><td>Ethics & Legal Standards & Policy</td><td>Intervention</td><td rowspan="2"></td><td>Advocacy (Local, State, National): i.e. advocate for psychologist’s role as a science and a profession in health care; equity and access</td></tr>
<tr><td>Reflective Practice/Self-Assessment/Self-Care</td><td>Consultation</td><td></td></tr>
<tr><td colspan="6">Roles, Skills and Requirements for Education/Training for Psychologists Working in Primary Health Care in Indonesia [11,12,13]</td></tr>
<tr><td colspan="2">Australian experts’ perspectives</td><td colspan="2">Indonesian experts’ perspectives</td><td colspan="2">International experts’ perspectives</td></tr>
<tr><td colspan="2">Clinical & public mental health skills</td><td colspan="2">Clinical skills</td><td colspan="2" rowspan="4">Wide-ranging roles & skills: clinical skills, health promotion and advocacy.</td></tr>
<tr><td colspan="2">Education about mental health issues</td><td colspan="2">Collaboration with other health care professionals</td></tr>
<tr><td colspan="2">Research & evaluation of programs</td><td colspan="2">Advocacy</td></tr>
<tr><td colspan="2" rowspan="2">Collaboration and referrals</td><td colspan="2">Working in community</td></tr>
<tr><td colspan="4">Additional roles related to patients, other primary health care professionals, primary care, community and policy.</td></tr>
</table>

Information from Tables 1 and 2 showed that some traditional competencies of professional psychology such as conducting psychological assessments, psychological intervention, communication skills and understanding of professional ethics, remained the same between the IPCP’s competencies (general), the HSPEC’s competencies and those specified by Diana Setiyawati et al [11,12,13] for psychologists working in primary health

care. However, there were several differences regarding specific competencies and emphases for psychologists working in health care as follows:

1. There was an emphasis on knowledge of the underlying biological aspects of the concept of health and illness, in addition to the psychosocial approach of professional psychology programs. HSPEC [8] stated that the biopsychosocial approach was fundamental for all professions in the health sector. The research conducted by Diana Setiyawati et al [13] confirmed this. Further, mental health experts in Indonesia agreed that psychologists who provided services in primary care needed to have a broad understanding of mental illness, the physical condition of the patient and associated physical treatments including the diagnosis and aspects of medical treatment, and epidemiology.
2. Regarding 'Research' competence, there was an emphasis on the ability to conduct practice-based research so that HSPs could contribute on the development and evaluation of health programs and services, and conduct an evaluation as part of quality improvement efforts [8, 13].
3. There was an emphasis on ability to collaborate with other health professionals and conduct collaborative practice [8, 13].
4. Understanding of health policy and health care systems were crucial [8], including understanding the roles of psychologists in primary health care [13].
5. HSPs should possess competencies related to teaching and supervision, with an emphasis on the ability to apply psychological science and principles when educating other health professionals [8, 13].
6. Competence in advocacy was also highlighted, with an emphasis on the ability to disseminate and promote psychology's roles both as a science and a health care profession, and also to promote mental health policies.
7. Emphasis was given to specific intervention skills that bring valuable benefits specific to local demands, such as one proposed in the study conducted by Diana Setiyawati et al [13]: that was, crisis intervention skills and disaster recovery, highly relevant since Indonesia is a country prone to natural disasters.

In the following discussion, the author focused on the extent to which perceived roles and significant competencies required for health service psychologists are covered in the Indonesian curricula, especially in relation to content/subject matter.

## PROFESSIONAL EDUCATION CURRICULA FOR HEALTH SERVICE PSYCHOLOGISTS

As mentioned above, the perceived roles and specific competencies required of psychologists working in the health sector had given rise to a need to review and enhance professional psychology education and training. The extent to which Indonesian program curricula could incorporate required competencies of HSPs would be discussed in this section. The author began with a description of the structure of Indonesian professional psychology education, followed by a presentation of relevant content/subject matter appropriate to professional programs according to the latest mutual agreement between the Indonesian Psychological Association (Indonesian acronym HIMPSI ) and Association of Providers of

Psychology Education in Indonesia (Indonesian acronym AP2TPI). This section also provided a summary of the curricula content of several Indonesian professional psychology programs.

Formal preparation to equip psychology students for professional practice in Indonesia was conducted at the Master's Degree level for at least 2 years or 4 semesters, in the so-called Master's Degree of Professional Psychology Program. Passing an undergraduate psychology course and the completion of a bachelor thesis were prerequisites for entry into this program. Indonesia had not yet offered professional psychology education at the doctorate level, as in the United States and Australia. Within the Master's professional program, students were able to choose to specialize in clinical psychology (in some programs, this was subdivided into adult clinical, child clinical or child and adolescent clinical), industrial and organizational psychology, or educational psychology.

Indonesian professional psychology program curricula were set jointly by the AP2TPI and the Indonesian Psychological Association (HIMPSI). AP2TPI Decree number 01 / Kep / AP2TPI / 2013 had listed agreement on the aspects of curricula, among them being minimum 45 semester credit units [14]. Furthermore, a joint agreement between AP2TPI and HIMPSI regarding the curriculum for Master's professional psychology programs (as stated in document number 03/Kep/ AP2TPI/2013) included more comprehensive consideration of aspects of the program's curriculum, including educational objectives, selection criteria, description of the scope of knowledge and competence goals, and the number and scope of compulsory subjects [15]. In addition to formulating the core competencies of professional program graduates, this joint decree also outlined the competencies of graduates for each field of specialization, namely Industrial and Organizational Psychology, Child Clinical, Adult Clinical and Educational Psychology.

The core competencies of professional program graduates were incorporated in six qualifications set out in the form of target behaviors [15] and described in detailed fashion. The qualifications and core competencies of program graduates could be summarized into 5 clusters as follows: 1) Mastery of psychological knowledge (including knowledge of relevant psychological assessment methods, psychological interventions, demonstrating positive attitudes towards acquiring knowledge), 2) Practice Skills (comprising skills in applying methods of assessment and intervention in psychological cases); 3) Research (including knowledge of research methods, ability to conduct and report research, and demonstrating a positive attitude towards research), and 4) Ethics in Practice (including understanding of the code of ethics and concern for human welfare), and 5) Management or supervision of practice.

The AP2TPI/HIMPSI Joint Agreement document also listed the subjects that should be provided by all Indonesian professional psychology programs, which were grouped into: 1) Master's subjects including statistics-related subjects, research methods and development of measuring tools, and a thesis component with a total of 16 credits; 2) Basic courses in psychological practices consisting of psychological assessment, psychological intervention and the code of ethics in psychology, with a total of 11 credits; 3) Practice subjects in professional psychology, with a total of 18 to 23 credits and consisting of several specialized subjects to be developed by each professional program which served as an elective component, and included an internship component. To be able to complete the program, students must take course subjects totaling 45-50 credits.

Given the composition of subjects in the Joint Agreement document, it appeared that practice skills were emphasized, followed by a research component and some form of knowledge base. The document allowed each program to determine elective courses in areas according to program's educational focus. With the guidance of this agreement, it seemed that

any variety of course content would be limited to elective courses, which did not constitute a large proportion of total course content (elective components range from 4 to 9 units, equivalent to approximately 2 to 4 courses).

Suggested competencies set by the International Project on Competence in Psychology/IPCP [10] and the HSPEC [8] for health service psychologists had been utilized in the formulation of competencies and subject matter of Indonesian professional psychology programs as per the Joint Agreement document [15]. This was mainly related to the competencies in conducting research, psychological assessment and intervention, and adhering to the ethical code of conduct in professional psychology. Several courses had also been designed to accommodate these competences.

Other specific HSP competencies as mentioned above were only partially covered – or not at all - in the curriculum guidelines from the AP2TPI and HIMPSI [15]. ). For example, 'Knowledge and Method' in the area of 'Science' competence was covered in the majority of courses, but it remained unclear whether courses that supported these competencies had included the required emphasis on the biological aspects of health and illness, or other concepts needed in a health care setting such as epidemiology, and medical treatment and its effects [13]. Furthermore, description of competencies and subject matter in the 'Research' area did not specifically include the required ability to conduct program evaluation, although the Joint Agreement specifies the type of research deemed appropriate for the professional programs. 'Systems' competence was not included in the program curricula. The content related to the knowledge of health systems, health policy (especially concerning mental health), and the establishment of advocacy competence for HSPs was also absent. Further, the Joint Agreement had not emphasized 'Education' competence, necessary to develop the ability of psychologists to provide teaching for other health professionals. 'Relational' and 'Applications' competences were largely covered in the formulation of competences set out by the AP2TPI and the HIMPSI [15].

Further analysis on the extent to which the Indonesian curriculum had accommodated recommended competences as stated by IPCP [10], HSPEC [8] and results generated from research conducted by Diana Setiyawati et al [13], would be carried out through scrutiny of curriculum information within the official websites of each Indonesian professional program. Across Indonesia, there were currently 19 professional psychology programs, all located on the island of Java (18) with the exception of one in North Sumatra. Not all the programs provide curriculum information on their website. This paper focused on one aspect of the curriculum - content or subject matter - in estimating the extent of program coverage of the required HSP competencies. There was no attempt to address other curriculum aspects such as program objectives, methods of learning and teaching, and the process (es) through which students and courses were evaluated. Thus, the analysis results in this section pertained only to programs that provide content information through their official websites.

Referring to the HSPEC [8] definition of Health Service Psychology as consisting of clinical, counseling and school psychology, the analysis reported on in this paper specifically focused on content in the fields of Clinical Psychology (General), Adult Clinical, Child Clinical, or Child and Adolescent Clinical Psychology, as well as Educational Psychology which was approximately equivalent to the scope of school psychology [16]. The analysis of the relationship between HSP competencies and subject matter provided by the Indonesian professional psychology programs was summarized in Table 3 below. The ticks denoted coverage of relevant competencies, and in some cases were followed by a description of the specific/unique content provided. Grey shading indicated absence of coverage of competencies within the Indonesian professional psychology programs.

**Table 3.** HSP Competencies [8] and Curricula Content in 10 Indonesian Professional Psychology Programs

| Health Service Psychology Competencies | | University name, checklist of competencies' coverage and title(s) of specific content | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Unika Atmajaya | Universitas Gunadarma | Universitas Kristen Maranatha | Universitas Surabaya | Universitas Indonesia | Universitas Airlangga | Universitas Islam Bandung | Universitas 17 Agustus 1945 | UPI YAI | Universitas Ahmad Dahlan |
| **Science** | **Scientific knowledge & methods** | √ -Medical sociology -Clinical neuropsychology -School neuropsychology | √ | √ | √ | √ | √ | √ | √ - Psychopharmacology - Community approach - Psychoneuroimunology | | √ - Psychopharmacology - Psychology of community empowerment |
| | **Research/ evaluation** | √ | √ | √ | √ | √ | √ | √ | √ -Mental health design in school setting -Learning process evaluation | √ | √ |
| **Professionalism** | **Professional Values & Attitudes** | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ |
| | **Individual & Cultural Diversity** | | | | | | | | | | |
| | **Ethical & Legal Standards & Policy** | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ |
| | **Reflective Practice/Self-Assessment/ Self-Care** | √ Evaluation & monitoring of intervention | | | | | | | | | |
| **Relational** | **Interpersonal Skills & Communication** | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ |
| **Applications** | **Evidence-Based Practice** | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ |
| | **Assessment** | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ |
| | **Intervention** | √ - Trauma and recovery - Stress and health | √ | √ Mental health | √ | √ | √ Increasing mental health | √ | √ | √ | √ |
| | **Consultation** | | | √ Consulting | √ Coaching & counselling | | | | | | |
| **Education** | **Teaching** | | √ Training in clinical psychology | √ | √ Training and development design | √ | √ Learning models | √ Techniques of training | √ Training design | | |
| | **Supervision** | √ Health psychology and safety at work | | | | | | | | | |
| **Interdisciplinary/Inter-professional Systems** | **Inter-professional & collaborative practice** | √ Hospital organizational behaviour | √ Clinical psychology in occupational health settings | | | | | | √ | | |
| | **Professional Leadership Development** | | | | | | | | | | |
| | **Advocacy (Local, State, National)** | | | | | | | | | | |

Some of the core HSP competencies as proposed by the HSPEC [8] were already covered in the list of contents provided by some Indonesian professional psychology programs. These were mostly the core competencies that were basically psychologist trademarks. For example: 'Professionalism' referred to professional values and attitudes, and ethical standards; 'Relational' equated with interpersonal and communication skills; and 'Applications' consisted of evidence-based practice, assessment and intervention. 'Research' competence was also represented convincingly in the minimum research components (approximately 14 units), including conducting research in preparation for the writing of a thesis.

'Scientific knowledge and methods' competencies were already represented in the subject matter lists in some Indonesian professional programs; however, the availability of the contents related to the biological basis of health and illness was not categorically confirmed in the exploration undertaken here. Some programs had incorporated course materials relevant to the health sector: for example, medical sociology [17]; pharmacology, community approach and psychoneuroimmunology [18]; and psychopharmacology and psychology of community [19]. Other relevant subjects aligned with the HSPEC competences are: 'Mental health in school settings design' [18]; 'Trauma and recovery' and 'Stress and health' [17]; 'Mental health' [20]; 'Increasing mental health' [21]; 'Psychology health and safety at work' and 'Hospital organizational behavior' [17], and 'Clinical psychology in occupational health settings' [22]. In some other programs, the courses were general in nature and not specifically targeting the appropriate competencies as per the HSPEC formulation [8].

Based on the exploration of courses offered by some of the Indonesian programs, the author concluded that only some of the target competences for psychologists working in the health sector were already covered. These mostly comprised the competencies that might be considered as traditionally associated with psychologists: assessment, intervention, research, and ethical/professional behavior. However, some other required competencies had not been sufficiently covered or, in some cases, had not been represented at all by the professional programs. The latter included 'Individual and cultural diversity', 'Reflective practice/self-assessment', 'Supervision', 'Interprofessional and collaborative practice', 'Professional leadership development' and 'Advocacy' competencies. In addition, some essential contents related to health policy, the health care system, and the roles and positions of psychologists among other health care professionals as revealed by HSPEC [8] and Diana Setiyawati et al [13], were not currently represented in the program curricula.

It was hoped that the results of this exploration would highlight important contents that were not currently included in the curricula of Indonesian professional psychology education; therefore, improvement actions could be planned accordingly. Mastery of required competencies by Indonesian psychologists is one of the keys to ensuring psychologists play a significant role in the provision of mental health services.

## CONCLUSIONS AND DIRECTIONS FOR RESEARCH

This paper was an effort to discover the extent to which content or subject matter provided in the Indonesian professional psychology programs could cover the competencies required of psychologists in the health services arena. The analyses reported on in this paper were based on exploration done by the author on the official websites of Indonesian educational institutions providing professional psychology programs. The results showed that besides some degree of coverage of 'traditional' psychologist competencies (i.e., those related to assessment and intervention), some specific competencies relevant to the work of HSPs had

not been covered in the currently available courses. These included: 'Scientific Knowledge' competencies, particularly those related to the biopsychosocial concept; 'Professionalism' competencies, especially the sub-competencies of Individual and Cultural Diversity, which were particularly relevant considering Indonesia's diverse culture; and the entire area of 'Systems' competency that included 'Interdisciplinary/Interprofessional Systems' and 'Advocacy', which was vital to the capacities of psychologists to engage in the collaborative relationships with healthcare professionals, to fight and to establish the role of psychologists in the area of health services and to support the emergence and application of mental health policies that represented the needs of the greater community. There was a strong need for a comprehensive study of the characteristics of Indonesian professional psychology program curricula, particularly in providing objective and complete information about their degree of relevance in developing competencies in psychologists appropriate to meeting the societal demands, in both general context or in a more specific setting such as the health care arena. Furthermore, Diana Setiyawati's [13] efforts to determine the roles and competences expected of Indonesian psychologists should be continued by other scholars and was extended outside the health field to other areas of nationally relevant psychological practice. The author also suggested that the efforts should be undertaken to translate the roles and competencies to fulfill the society demands of psychologists into the formulation of appropriate curricula in the Indonesian professional psychology programs.

## REFERENCES

[1] BPS (Badan Pusat Statistik). (2010). *Penduduk Indonesia menurut Provinsi 1971, 1980, 1990, 1995, 2000 dan 2010* [Indonesian Population by Province 1971, 1980, 1990, 1995, 2000 and 2010]. Available at: https://www.bps.go.id/linkTabelStatis/view/id/1267 accessed March 5, 2016.

[2] Universitas Gadjah Mada. (2015). *Minim Psikolog, Ribuan Penderita Gangguan Jiwa Belum Tertangani* [Lack of Psychologists, Thousands of Mental Disorder Patients are remain untouched]. Available at: http://ugm.ac.id/id/berita/9715-minim.psikolog.ribuan.penderita gangguan.jiwa.belum.tertanga ni accessed on March 5, 2016.

[3] Mental Health Directorate of the Ministry of Health of the Republic of Indonesia. (2015). *Strategi Kesehatan Jiwa: Posisi Dokter Umum dalam Layanan Kesehatan Jiwa Primer* [Mental Health Strategy: The position of General Practitioners in Primary Mental Health Care]. Available at: https://docs.google.com/presentation/d/1D-ube5V_GtzDOONPAK1P0VlCcZ5-MWzpjdnVhB4SNdg/edit?pref=2&pli=1#slide=id.p4 accessed on March 2, 2016

[4] Harnowo, P. A. (2013). *Delapan provinsi di Indonesia tak punya rumah sakit jiwa* [Eight provinces in Indonesia don't have any mental health hospital]. Available at: http://health.detik.com/read/2013/07/31/104440/2319785/763/8-provinsi-di-indonesia-tak-punya-rumah-sakit-jiwa accessed on March 16, 2016.

[5] Human Rights Watch. (2016). *Living in Hell: Abuses against People with Psychosocial Disabilities in Indonesia*. Available at: https://www.hrw.org/node/287537/ accessed March 21, 2016.

[6] Retnowati, 2011. *Psikolog di Puskesmas, Solusi Kesehatan Jiwa di Indonesia* [Psychologists at Primary Health Care, Mental Health Solutions in Indonesia].

Available at: http://ugm.ac.id/id/berita/3646-psikolog.di.puskesmas.solusi.kesehatan.jiwa.di.indonesia accessed March 22, 2016.

[7] Mawarpury, M. & Khairani, M. (2016). *Layanan Kesehatan Mental bagi Masyarakat: Sebuah Paradigma Induksi* [Mental Health Services for the Community: An Induction Paradigm]. Available at: http://warta.unsyiah.ac.id/index.php/pengabdian-riset/item/100-layanan-keseha tan-mental-bagi-masyarakat-sebuah-paradigma-induksi-marty-mawarpury-m-psi-maya-khairani-m-psi#sthash.g13mSfxn.dpuf accessed March 21, 2016.

[8] HSPEC/Health Service Psychology Education Collaborative. (2013). Professional psychology in health care services: A blueprint for education and training. *American Psychologist*, 68, 411–426.

[9] Schulte, T. J., Isley, E., Link, N., Shealy, C. N., & Winfrey, L. L. (2004). General practice, primary care, and health service psychology: Concepts, competencies, and the Combined-Integrated model. *Journal of Clinical Psychology*, *60*(10), 1011-1025. doi:10.1002/jclp.20032

[10] IPCP/International Project on Competence in Psychology. (2015). *Draft-Third IPCP Progress Report, June 2015* (pp. 6-13). Unpublished paper.

[11] Diana Setiyawati, Grant Blashki, Ruth Wraith, Erminia Colucci & Harry Minas. (2014a). Australian experts' perspectives on a curriculum for psychologists working in primary health care: implication for Indonesia. *Health Psychology and Behavioral Medicine*, 2:1, 970-982, DOI: 10.1080/21642850.2014.951937

[12] Diana Setiyawati, Erminia Colucci, Grant Blashki, Ruth Wraith & Harry Minas. (2014b). International experts' perspectives on a curriculum for psychologists working in primary health care: implication for Indonesia. *Health Psychology and Behavioral Medicine*, 2:1, 770-784, DOI: 10.1080/21642850.2014.929005

[13] Diana Setiyawati, Grant Blashki, Ruth Wraith, Erminia Colucci & Harry Minas. (2014c). Indonesian experts' perspectives on a curriculum for psychologists working in primary health care in Indonesia. *Health Psychology and Behavioral Medicine*, 2:1, 623-639, DOI: 10.1080/21642850.2014.912946

[14] AP2TPI (Asosiasi Penyelenggara Pendidikan Tinggi Psikologi Indonesia). (2013). *Keputusan Asosiasi Penyelenggaran Pendidikan Tinggi Psikologi Indonesia Nomor 01/Kep/AP2TPI/2013 tentang Pendidikan Tinggi Psikologi di Indonesia* [Decision of the Association of Higher Education Psychology of Indonesia Number 01 / Kep / AP2TPI / 2013 on Higher Education Psychology in Indonesia]. Available at: http://www.ap2tpi.or.id/index.php? option=com_ k2&view=item&id=107:keputusan-ap2tpi&Itemid=53 accessed on March 5, 2016.

[15] AP2TPI (Asosiasi Penyelenggara Pendidikan Tinggi Psikologi Indonesia) and HIMPSI (Himpunan Psikologi Indonesia). (2013). *Keputusan Bersama Asosiasi Penyelenggara Pendidikan Tinggi Psikologi Indonesia (AP2TPI) nomor 03/Kep/AP2TPI/2013 dengan Himpunan Psikologi Indonesia (HIMPSI) Nomor 003/PP-Himpsi/IV/13 tentang*

*Kurikulum Program Studi Psikologi Profesi (S2)* [Joint Agreement between AP2TPI and HIMPSI on the Curriculum of Masters Professional Psychology Education]. Available at: http://www.ap2tpi.or.id/index.php?option=com_k2&view=item&id=109:keputusan-bersama-ap2tpi-nomor-03/kep/ap2tpi/2013-dengan-himpunan-psikologi-indonesia-nomor-003/pp-himpsi /iv/13-tentang-kurikulum-program-studi-psikologi-profesi&Itemid=53 accessed March 5, 2016.

[16] APA/American Psychological Association. (2016). *School Psychology*. Available at: http://www.apa.org/ed/graduate/specialize/school.aspx accessed on March 7, 2016.

[17] Atma Jaya Catholic University. (2012). *Kurikulum* [Curriculum]. Retrieved March 24, 2016 from http://www.atmajaya.ac.id/web/InfoFakultas.aspx?gid=kurikulum&cid=distribusi-mata-kuliah&ou=psikologi-magister-profesi

[18] University of August 17, 1945. (2016). *Pedoman dan Kurikulum* [Guidance and Curriculum]. Retrieved March 23, 2016 from http://psikologi.untag-sby.ac.id/index.php/program-studi/prodi-mapro/pedoman-kurikulum

[19] Ahmad Dahlan University. (2014). *Kurikulum* [Curriculum]. Available at: http://pascapsi-profesi.uad.ac.id/kurikulum/ accessed on March 7, 2016.

[20] Maranatha Christian University. (n.d.). *Kurikulum Magister Profesi Psikologi* [Curriculum of Masters of Professional Psychology]. Available at: http://www.maranatha.edu/academic /program-magister-psikologi accessed on March 7, 2016.

[21] Airlangga University. (2016). *Perkuliahan* [Lectures]. Available at: http://psikologi.unair.ac.id/perkuliahan/ accessed on March 7, 2016.

[22] University of Gunadarma, 2011. *Mata Kuliah* [Course List]. Available at: http://pasca.gunadarma.ac.id/pasca/psikologi/?page_id=183