



Analysis of The Achievements of Mental Health Screening of The Community In Bengkulu City in The Working Area of The Bengkulu City Health Office in 2025

Cindi Marta

Universitas Dehasen Bengkulu

Tuti Rohani

Universitas Dehasen Bengkulu

Daisy Novira

Universitas Dehasen Bengkulu

*Correspondence : Cindi Marta
Cinditata8309@gmail.com

Received: 09-12-2025

Accepted: 28-12-2025

Published: 07-01-2026

Copyright © 2026 by author(s)
and Scientific Research
Publishing Inc.

This work is licensed under the
Creative Commons Attribution
International License (CC BY
4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

Mental health disorders are a significant global problem and impact quality of life. Mental health screening coverage in Bengkulu City remains low compared to national targets. This study aims to analyze mental health screening coverage in Bengkulu City and the factors influencing it, including staff capacity, planning, funding, and the work environment. This evaluation is crucial for increasing the coverage and effectiveness of mental health screening as a preventative measure to reduce mental disorders in the community. This descriptive study, using a qualitative approach, aimed to evaluate mental health screening coverage in Bengkulu City. Data were collected through in-depth interviews, observation, documentation, and triangulation at five community health centers (Puskesmas). Data analysis was conducted through data collection, reduction, presentation, and drawing conclusions to identify factors supporting and inhibiting mental health screening. This study aimed to evaluate the implementation of mental health screening at Bengkulu City Community Health Centers (Puskesmas). Results indicated that staff knowledge was good, but most had not received specialized training. Program planning and financing utilized BOK funds, but did not optimally involve program managers. Limited infrastructure and dual duties were key obstacles. Competency improvement, adequate budget allocation, and strengthened evaluation were needed to support the success of the mental health screening program. Mental health screening at the Bengkulu City Community Health Center (Puskesmas) has been implemented, but it is not yet optimal. Some staff have not received specialized training and are still performing multiple duties. The program is planned annually with BOK funds, but facilities and infrastructure are still limited. Improved training, regular evaluation, and management support are needed to optimize program implementation.

Keywords: Screening, Health, Mental Health

Introduction

According to the Global Burden of Disease (2021), mental disorders are among the ten leading causes of health loss worldwide. Anxiety disorders and depression rank among the highest and most common across all age groups. In 2021, the number of people experiencing depression increased by 18%. Approximately 71% of the global burden of disease due to anxiety disorders could be avoided if people had access to optimal treatment. (IHME <https://www.healthdata.org>). Globally, an estimated one in seven children experiences a mental health disorder, but these disorders remain unrecognized and untreated. Anxiety disorders are estimated to affect 4.4% of adolescents aged 10-14 and 5.5% of adolescents aged 15-19. Depression is estimated to affect 1.4% of adolescents aged 10-14 and 3.5% of adolescents aged 15-19. Depression and anxiety disorders significantly impact school attendance and work, lead to social withdrawal, exacerbate isolation and loneliness, and lead to suicide (www.who.int, 2024). The Sustainable Development Goals (SDGs) have 17 sustainable development goals that call for global cooperation between developed and developing countries. One important goal is SDG Goal 3, which aims to ensure healthy lives and promote well-being at all ages. SDG Target emphasizes reducing premature deaths from Non-Communicable Diseases (NCDs) and improving mental health, including access to mental health services (www.who.int). Mental health programs are a global and national commitment, with targets of reducing premature deaths from NCDs by one-third by 2030, reducing suicide rates, and strengthening the prevention and treatment of substance abuse. The Indonesian government, through the Ministry of Health, is committed to reducing mental health and drug-related morbidity and mortality through comprehensive prevention and control efforts (Ministry of Health, 2021). Government Regulation No. 2 of 2018 concerning Minimum Service Standards (SPM) states that mental health services, including for people with severe mental disorders (ODGJ), are basic services that every citizen must receive. This SPM includes a comprehensive mental health evaluation, as well as promotive and preventive efforts such as education, mental health screening, and providing information to families about the importance of mental health (Hargono, Restuningati, 2025).

According to the World Health Organization, health is defined as a state of physical, mental, and social well-being, not merely the absence of disease or disability (WHO, 2022). Health is a state of physical, mental, spiritual, and social well-being that enables a person to live productively, both socially and economically (Law No. 17 of 2023). A person is considered healthy when they feel well physically, mentally, spiritually, and socially, and are able to live productively and adapt to their environment. The opposite of health is illness. The concepts of illness in English, "disease," "illness," and "sickness," all three of these words contain biopsychosocial meanings, where "disease" is biological, illness has a psychological dimension, and sickness is sociological (Calhoun et al., 2022). Meanwhile, according to the World Health Organization, the concept of illness is a state of physical, mental, emotional, social, and spiritual imbalance, reduced or impaired compared to a previous state (WHO, 2020).

Health efforts are all forms of activities and/or a series of activities carried out in an integrated and continuous manner to maintain and improve public health through promotive, preventive, curative, and rehabilitative measures, by central and regional governments, and/or the community. Mental health is a primary concern for society. The term "mental health" refers to a state of well-being in which an individual is aware of their abilities, able to manage and cope with normal life stresses, work productively and efficiently, and participate in society as a whole

(WHO 2022). "Mental health significantly influences how a person thinks and behaves, which in turn impacts how they cope with stress, interact with others, and make decisions in life" (Ernstmeyer & Christman, 2022). Good mental health is a state of peace and tranquility, enabling us to enjoy daily life and appreciate our surroundings (Ministry of Health of the Republic of Indonesia, 2018). Mental health is still one of the world's health problems, especially in Indonesia, various risk factors, both biological, psychological and social, and with the diversity of the population, resulting in the number of cases of mental disorders continues to increase, namely the prevalence of schizophrenia or psychosis mental disorders 0.15% (Rikesda 2013) to 0.18% (Rikesda 2018), the prevalence of emotional mental disorders in the population aged >15 years by 6% (Rikesda 2013) to 9% (Rikesda 2018). The Detik Health article (2023) in its writing stated that Indonesia is in a mental health emergency, 1 in 10 people are detected with mental disorders. In the same data, Rikesda 2018 revealed that more than 19 million people aged over 15 years in Indonesia experience emotional mental disorders. In addition, more than 12 million people in the same age group experience depression. (<https://health.detik.com>)

According to the 2023 Basic Health Research (Risksedas), an analysis of mental health in Indonesia estimates that 450 million people worldwide suffer from mental disorders. Neurological disorders and substance abuse account for 14% of the global disease burden. Approximately 154 million of these people suffer from depression. Nationally, the prevalence of depression in Indonesia in 2023 was 1.4%, with the highest prevalence among the 15-24 age group (2%). The government, through Law No. 17 of 2023 concerning Health, has regulated mental health efforts to achieve a good quality of life through promotive, preventive, curative, and rehabilitative approaches. This includes information on how to prevent and maintain good mental health as early as possible as a step to address mental disorders, as the promotion of mental health literacy is associated with improved positive mental health status. (Monardo & Harmadi, 2020; 2: Estheria, 2021: 96, Puspasari: 2022: 149).

Mental health screening is a mental health examination technique that has been regulated and explained in the Indonesian Minister of Health Regulation No. 29 of 2022 concerning guidelines for mental health examinations. Mental health screening is an activity to detect an individual's mental condition early based on signs and symptoms so that it can be carried out quickly and accurately. Many cases of mental disorders experienced throughout life begin in childhood or adolescence and often continue throughout life. Early detection and subsequent intervention have a greater impact in this age group (Hankin, B.L. 2020; Nurwidji et al., 2024). Promotive and preventative mental health efforts currently prioritize a close life cycle approach, starting from pre-marital and conception through adolescent development.

Methods

Analysis of Mental Health Screening Achievements in Bengkulu City:

Data Collection

In qualitative research, data is collected through observation, in-depth interviews, documentation, and a combination of the three. Data collection is conducted over several days, resulting in a greater volume of data. In the initial stage, the researcher conducts a general exploration of the object or situation to be studied. Everything is seen, recorded, and heard, thus obtaining varied data. This study selected the results of interviews, observations, and documentation from the evaluation of the mental health screening outcomes of the Bengkulu

City community. The interview results were written down in a detailed, structured, and accurate manner to facilitate data analysis. (Interview Transcript)

Data Reduction

Data reduction refers to the process of sorting and simplifying data from interviews, observations, and documents that are deemed important and relevant. Selecting the main points of focus, focusing on what is being sought, thus providing a clear picture. Based on the results of the interview transcripts, this facilitates the researcher's work. In this study, the data will be grouped based on variables, informants at each community health center.

Data Presentation (Data Display)

The next stage is displaying the data. In qualitative research, data can be presented in the form of tables, graphs, pie charts, pictograms, and similar. This presentation allows for organization and patterning, making it easier to draw conclusions.

Conclusion Drawing

Conclusions in qualitative research involve drawing conclusions from patterns found in the data to answer the problem formulation. In this study, conclusions were drawn based on interview data, with similar response patterns for each variable.

Data Verification

Ensure the validity of conclusions by comparing interview results, observations, and documents using triangulation, a data collection technique that combines data from various data collection techniques and existing data sources. Triangulation in this study consisted of source triangulation, namely the Head of the Community Health Center, and technical regulations, namely the observation checklist.

Results and Discussions

Ability (Knowledge and Skills)

Ability is the capacity, capability, or skill possessed by a person to perform a specific task or activity, whether physical, mental, or social. Ability is often defined as: The potential or skills possessed by an individual, such as knowledge, technical skills, and attitudes, that enable the individual to carry out their tasks effectively. Based on interviews, an informant (the Head of the Community Health Center) stated, "Mental health screening is an activity that screens the community for mental health issues. This activity is carried out at the Community Health Center (inside the building) and in the field, such as at schools, integrated health posts (Posyandu), etc. (outside the building). However, another informant stated that this activity is carried out outside the building. According to three informants, the Head of the Community Health Center, the target group is the community who comes to the community. However, two other informants stated that the screening targets are those suspected of experiencing mental health problems. All those responsible for this activity have never received training; they have only received socialization and/or direct learning from the mental health program managers at the Bengkulu City Health Office.

This statement is supported by photographic documentation of mental health orientation activities held by the City Health Office and technical guidance provided by mental health management officers at the Bengkulu City Health Office.

Planning, Financing, and Evaluation

Planning is a systematic process for determining program objectives, achievement strategies, and operational steps, including who will be involved and when activities will be implemented. The planning function establishes clear objectives, determines resource requirements (personnel, equipment, funds), and organizes the steps to be taken. It also develops program achievement indicators. Financing is the process of allocating the funds needed to implement a program or activity, including the source of funds, the amount of funds, and how they are used. The financing function ensures the availability of funds for program implementation, regulates the distribution of funds according to needs (e.g., for training, facilities, reporting), and ensures the efficiency and effectiveness of budget use. Based on interviews with key informants (Heads of Community Health Centers), the following statement was made: "Mental health activity planning is coordinated by the Head of the Community Health Center and the BOK Planning Team. It is planned annually through the Health Operational Assistance (BOK) budget, with proposals from the person in charge of the mental health program." An evaluation of the mental health screening activity was conducted during a minilogue, where the program's PJ also informed colleagues about this activity. All community health centers (Puskesmas) do not yet have Standard Operating Procedures (SOPs), which are written guidelines or guides outlining the steps for carrying out a task. Mental health activities have been socialized directly to the community during integrated health posts (Posyandu) and school child screening, but this has not been done through the use of media, and health cadres have not been actively involved in these activities. A similar sentiment was expressed by a key informant (Program PJ), who said "This mental health screening activity is planned annually, using the Health Operational Assistance (BOK) budget. The program manager is not directly involved. In planning the mental health screening activity, the program manager provides proposals for planned activities, and one of the five managers only implements the planned activities. Activity planning is coordinated directly by the Head of the Puskesmas and the BOK Planning Team." Activity evaluations were conducted during the community health center minilogue. In addition to presenting activity results, mental health program officers also socialized mental health screening activities to colleagues. Three program managers had conducted outreach to the community and school children during the mental health screening activities, but the communication was still verbal, without any promotional tools or materials such as brochures, leaflets, banners, or other resources. Mental health activity planning is carried out annually, involving the head of the community health center and the BOK Team, without involving the Program Manager. Mental health screenings are funded using the Health Operational Assistance (BOK) budget. This statement is directly supported by the planning and budgeting documentation at the community health center. The absence of a Standard Operating Procedure (SOP) to guide the evaluation of the mental health screening program was evident from the responses of three informants.

Work Environment (Facilities and Infrastructure)

The work environment refers to all physical, social, and psychological conditions in the workplace that can affect the comfort, safety, and productivity of workers in carrying out their duties. Facilities are all tools and equipment directly used in carrying out activities. Infrastructure is the supporting facilities that enable activities to run smoothly. The facilities and infrastructure used in this study were the SRQ-20 instrument, the SDQ, manuals, educational media, the community health center building, and the si-jiwa application reporting system. Regarding the facilities and infrastructure, a key informant stated, "The facilities and infrastructure for inputting reports from mental health screening activities have been provided. However, the availability of the SDQ and SRQ-20 instruments is still limited due to budget constraints. All Program Officers have a Duty Order, but in addition to being Program Officers, they also serve as staff in other polyclinics/wards at the community health center. This mental health screening activity is a priority because it is one of the Minimum Service Standards (SPM) at the community health center."

Obstacles in Mental Health Screening Activities

Obstacles are any barriers, challenges, or problems encountered in the implementation of an activity, program, or research that can reduce effectiveness, efficiency, and the achievement of established goals. Every program inevitably faces obstacles. Interviews with key informants (Heads of Community Health Centers) revealed that, "The obstacles faced are budget and human resource (HR) limitations. The dual duties of the program manager and the lack of training of staff make this activity less than optimal."

Discussion

Competencies (Knowledge and Skills)

Based on research and interviews with informants regarding competencies, including knowledge and training, it was found that all key informants, including primary and supporting informants, were knowledgeable about mental health screening activities. Interviews with key informants indicated that the educational qualifications of the program manager must be a nurse, and those involved in the field for mental health screening activities must have relevant education, such as doctors, nurses, midwives, and pharmacists.

Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2019 concerning Technical Standards for Fulfilling Basic Service Quality in the Minimum Service Standards in the Health Sector stipulates that every community health center (Puskesmas) in providing mental health services is required to have at least one health worker, including one doctor and one nurse trained in mental health (Ministry of Health, 2019). However, there are indications of multitasking among staff assigned to other service activities, potentially impacting the focus and effectiveness of the mental health program. This is supported by previous research, which states that the availability of mental health personnel in community health centers is adequate, but many officers still have multiple duties (Indaini, 2018).

Some officers who have not received any training on mental health pose a barrier to the mental health program in Bengkulu City. Training is a systematic process designed to improve the abilities, skills, and knowledge of workers to carry out their duties effectively and efficiently.

Training aims to help workers better understand their jobs, increase productivity, and adapt to changes and developments in the work environment. A person's ability to work consists of three main components: knowledge, skills, and work attitudes. These three components must be balanced for workers to perform optimally. Knowledge without skills will reduce the quality of work, and skills without knowledge will lead to errors in implementation (Kasmir, Human Resources, 2018). This aligns with research by Indri Yunita (2019), which found that in the mental health program, there are one general practitioner, one nurse, and a regional cadre who have received specialized training on mental health.

Planning, Financing, and Evaluation

According to interviews with informants, it was discovered that the mental health screening program is planned annually by the Head of the Community Health Center (Puskesmas) and the Program Operational Assistance Team (BOK) without directly involving the Program Manager. The Program Manager only provides activity proposals. Funding for mental health screening activities is provided through the Health Operational Assistance (BOK) budget, and evaluation of the mental health screening program is conducted during the Community Health Center minilogue.

The mental health screening program is planned annually, but without the direct involvement of the Program Manager (PJP), resulting in inadequate technical support for fieldwork. This contradicts the planning principles outlined by Kasmir (2016), which emphasize the importance of participation by all implementing elements in the planning process. Financial planning is an integral part of the program planning cycle, encompassing cost estimation, identification of funding sources, and preparation of a budget plan (RAB) as a breakdown of the operational activity plan. This stage is conducted annually to ensure each program has adequate funding support based on community characteristics and target outcomes. Annual in nature, based on the operational plan (POA) of the health program, funding sources are traced starting from the APBD, BOK, JKN. (Hasibuan, Public Health Planning & Evaluation, 2021).

Work Environment (Facilities and Infrastructure)

According to interviews with informants, the limited use of the SRQ-20 and SDQ instruments in mental health screening activities is due to budget constraints. The recording and reporting system is carried out directly by the program manager, delivered verbally without any recording of clusters 2 and 3. Screening activities in cluster 2 are based solely on simple questions and a pre-screening development questionnaire (KPSP) guide.

Based on Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2019 concerning Technical Standards for Fulfilling Basic Service Quality, the Minimum Service Standards for the Health Sector stipulate requirements for facilities and infrastructure that must be available to support the implementation of mental health programs. Some components mentioned in the regulation include guidelines, SRQ and SDQ forms, referral forms, recapitulation forms, PPDGJ III books, and IEC media. Some of these facilities and infrastructure are available, while others are not due to budget constraints. The work environment is the entirety of the facilities and infrastructure that support employees in carrying out their tasks, including work equipment, reporting tools, promotional media, and the supporting resources

needed to support task implementation. This includes the work atmosphere, relationships between employees, and the physical condition of the workplace. A comfortable and conducive work environment can increase employee morale, productivity, and performance (Kasmir, 2018). Minister of Health Regulation Number 4 of 2019 and the Terms of Reference for Activities (KAK) for the Screening Program. These guidelines have been distributed to midwives and nurses but have not yet been distributed to cadres. This is in line with research by Suhbah, Suryawati, and Kusumawati (2019), which found that guidelines for the Non-Communicable Disease (PTM) Posbindu (Integrated Health Post) are available for cadres at the Sukolilo I Community Health Center. However, these guidelines have not yet reached all cadres.

The forms are printed when needed, namely before activities at the Posbindu or Posyandu begin. SRQ and SDQ forms are printed for a limited number of targets. However, due to limited funding, IEC media specifically for mental health are limited in number and have not been installed, and report forms are not available. Facilities and infrastructure are available, but they tend to be limited, as some are not yet available and are limited in number. This aligns with research by Sicilia, Dewi, and Padmawati (2018) that found that activities are implemented with the available facilities and infrastructure and do not meet standards.

Obstacles in Mental Health Screening Activities

According to interviews with informants, several obstacles were identified, including budget and human resource (HR) limitations. The dual duties of program managers, inadequate training of staff, and an unstable reporting system have resulted in suboptimal performance. This is evident in the mental health screening program's achievement, which remains below 50% of the established target. Human resources are a vital aspect in implementing health programs. This is because human resources play a crucial role in improving and achieving health program objectives, as measured by their knowledge, skills, and expertise. Therefore, the government can ensure the fulfillment of human resources, including the type of health workers, the appropriate number of HRH (HRH Human Resources), and the quality of these HRH (Jarisman, 2018). Without the facilities and infrastructure to support the implementation of health programs, it is unlikely that these programs will benefit the community. Furthermore, existing facilities and infrastructure can also motivate and motivate staff to carry out their duties (Abbas et al., 2020).

Budget funding is strategic in implementing health programs. Without funding, these programs cannot operate. Therefore, the government should prioritize the health budget, particularly the budget for mental health programs.

Conclusion

1. Mental health screening has been conducted in all community health centers (Puskesmas) within the Bengkulu City Health Office's jurisdiction, but implementation has not been optimal.
2. All informants have a good basic knowledge of the mental health screening program, as screening activities have been implemented both in community health centers and outside of them, such as schools and integrated health posts (Posbindu/Posyandu). However, not all program managers have received mental health training and only received information and outreach from the Bengkulu City Health Office. This suboptimal training has resulted in

limited skills and a discrepancy with service standards stipulated in Health Ministerial Regulation No. 4 of 2019.

3. The mental health screening program is planned annually, but the planning process does not directly involve program managers. Funding is provided through the Health Operational Assistance (BOK) budget, but allocations for mental health screening remain limited. Activity evaluations are conducted during community health center mini-logues, but performance measurement and follow-up are not yet optimal. Program improvements based on screening achievement reports/quarterly mental health screening reports.
4. In the mental health screening program, facilities and infrastructure such as the SDQ and SRQ-20 are available, but the number is limited due to budget constraints. Furthermore, the reporting system is not optimal because some responsible personnel have multiple responsibilities and the application frequently experiences problems.

References

- Arikunto, 2010, *Prosedur Penelitian Suatu Pendekatan Praktik*, Rineka Cipta, Jakarta 413 Halaman
- Auerbach, R.P. (2018). WHO world mental health surveys international college student project: Prevalence and distribution of mental disorders. *Journal of Abnormal Psychology*, 127(7), 623-638, ISSN 0021-843X, <https://doi.org/10.1037/abn0000362>
- Badan Kebijakan Pembangunan Indonesia, *Survei Kesehatan Indonesia*, 2023, <https://www.badankebijakan79ndonesia.kemkes.go.id>
- Dessler 2015, *Manajemen Sumber Daya Manusia*, Selemba Empat, Jakarta, 850 Halaman
- Detik Health, *RI Darurat Kesehatan Jiwa*, 2023, <https://heath.detik.com> Direktorat Jendral Pencegahan dan Pengendalian Masalah Kesehatan Jiwa, 2020, *Pedoman Penyelenggaraan Kesehatan Jiwa di Fasilitas Kesehatan Tingkat Pertama*, Jakarta 87 Halaman
- Direktorat Jendral Pencegahan dan Pengendalian, 2018 *Petunjuk pelaksanaan Pelayanan Kesehatan Jiwa di Sekolah*, Jakarta, 70 Halaman
- Direktorat Tata Kelola Kesehatan Masyarakat, *Panduan Orientasi Integrasi Pelayanan Kesehatan Primer*, 2024, Jakarta 50 Halaman
- Ernstameyer, Cristman, *Manajemen Keperawatan & Konsep Profesional*, Tinggi Teknik Lembah Chippewa, Valley, 2020, 383 Halaman
- Estherita, *Literasi Kesehatan Mental Positif Pada Remaja dan Dewasa awal*, *Jurnal Magister Psikologi UMA*, 2021
- Gonbei, Kusdiyah dkk, 2023, *Pengetahuan Masyarakat dan Pengetahuan Kader*, *Jurnal Elektonik E-SEHAD* (4) 2023, 2774-4337

- Hankin BL (2020), Skrining dan personalisasi pencegahan depresi remaja. Arahannya dalam ilmu psikologi Halaman 327-332 <https://doi.org/10.1177/0963721420920231>
- Hargono, Restuningati, Analisis Pencapaian Standar Pelayanan Minimal Pelayanan Kesehatan Jiwa di Surabaya, Jurnal Promkes 2025
- Hasibuan 2016, Manajemen Sumber Daya Manusia, Bumi Aksara, Halaman - , Evaluasi Kesehatan masyarakat 2021, ISBN
- Huang, Y. (2019). Prevalence of mental disorders in China: a cross-sectional epidemiological study. *Lancet Psychiatry*, 6(3), 211-224, ISSN 2215-0366, [https://doi.org/10.1016/S2215-0366\(18\)30511-X](https://doi.org/10.1016/S2215-0366(18)30511-X)
- IHME, Beban Penyakit Global (GDB), 2021 <https://www.healthdata.org> - , Kesehatan Mental , 2021, Jurnal Lancet www.thelancet.com
- Jeschke, M.G. (2020). Burn injury. *Nature Reviews Disease Primers*, 6(1), ISSN 2056-676X, <https://doi.org/10.1038/s41572-020-0145-5>
- Malhi, G.S. (2018). Depression. *Lancet*, 392(10161), 2299-2312, ISSN 0140-6736, [https://doi.org/10.1016/S0140-6736\(18\)31948-2](https://doi.org/10.1016/S0140-6736(18)31948-2)
- Mazza, M.G. (2020). Anxiety and depression in COVID-19 survivors: Role of inflammatory and clinical predictors. *Brain Behavior and Immunity*, 89, 594-600, ISSN 0889-1591, <https://doi.org/10.1016/j.bbi.2020.07.037>
- Stevens, P.E. (2024). KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney International*, 105(4), ISSN 0085-2538, <https://doi.org/10.1016/j.kint.2023.10.018>
- Visseren, F. (2021). 2021 ESC Guidelines on cardiovascular disease prevention in clinical practice. *European Heart Journal*, 42(34), 3227-3337, ISSN 0195-668X, <https://doi.org/10.1093/eurheartj/ehab484>
- Wibowo 2016, *Managemen Kinerja, Rajawali*, Jakarta