

Manotar Tampubolon
(Discrimination of persons with
mental illness: testing the
principles for the protection of
persons with mental illness and
the improvement of mental
health care in Indonesia)

by Library Referensi

Submission date: 16-Apr-2024 10:42AM (UTC+0700)

Submission ID: 2351306632

File name: F1000Research.pdf (848.03K)

Word count: 7456

Character count: 41719



RESEARCH ARTICLE

Discrimination of persons with mental illness: testing the principles for the protection of persons with mental illness and the improvement of mental health care in Indonesia

[version 1; peer review: awaiting peer review]

Nelson Simanjuntak¹, Manotar Tampubolon ¹, Favio Farinella ²

¹Faculty of Law, Universitas Kristen Indonesia, East Jakarta, Special Capital Region of Jakarta, 10340, Indonesia

²Department of Law, Universidad Nacional de Mar del Plata, Mar der Plata, Buenos Aires, 2695, Argentina

V1 First published: 04 Apr 2024, 13:250
<https://doi.org/10.12688/f1000research.139319.1>
Latest published: 04 Apr 2024, 13:250
<https://doi.org/10.12688/f1000research.139319.1>

Open Peer Review

Approval Status *AWAITING PEER REVIEW*

Any reports and responses or comments on the article can be found at the end of the article.

Abstract

Background

Discriminatory acts against individual freedom rights in the context of human rights and dignity in Indonesia have been in the international spotlight due to human rights violations for years. Although the condition of individuals with mental disorders in Indonesia is quite worrying when viewed from the context of human rights; however, some basic mental health services are not available in most parts of the country.

Methods

This qualitative research uses secondary data such as health literature, social scientific, and national legal studies. The thematic analysis in this study concentrates on answering different research questions. However, this study encountered limited scope on two grounds; the first focuses on whether the National Mental Health Act (MHA) meets the basics set by the principles of CRPD. The second was the impact of other different rights on people with mental disorders.

Results

The results of this study on the number of cases of shackles and the differences between International Mental Health standards and the Indonesian Mental Health Act are also presented. A total of 23 studies

have been used to determine the result from the analysis. It has been observed that adequate knowledge and awareness of people about mental retardation and health issues guide to the poor attitude as well as treatment of them. As per the report of Human Rights Watch in 2019, approximately 57,000 individuals with mental illness have been humiliated once in their overall lifetime in Indonesia.

Conclusions

The tradition of shackles (*pasung*) has resulted in ongoing suffering due to ineffective actions that violate human freedom and are contrary to human values. The Indonesian government should provide proper facilities for individuals with mental disorders to protect and cure them the people who have mental disorders and structure its laws more strongly.

Keywords

shackles, pasung, mental illness, human freedom, discriminative treatment



This article is included in the **Public Health and Environmental Health** collection.

Corresponding author: Manotar Tampubolon (manotar.tampubolon@uki.ac.id)

Author roles: **Simanjuntak N:** Conceptualization, Data Curation, Formal Analysis, Writing – Original Draft Preparation, Writing – Review & Editing; **Tampubolon M:** Data Curation, Investigation, Methodology, Resources, Writing – Review & Editing; **Farinella F:** Formal Analysis, Methodology, Project Administration, Resources, Supervision, Writing – Review & Editing

Competing interests: No competing interests were disclosed.

Grant information: The author(s) declared that no grants were involved in supporting this work.

Copyright: © 2024 Simanjuntak N *et al.* This is an open access article distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

How to cite this article: Simanjuntak N, Tampubolon M and Farinella F. **Discrimination of persons with mental illness: testing the principles for the protection of persons with mental illness and the improvement of mental health care in Indonesia [version 1; peer review: awaiting peer review]** F1000Research 2024, 13:250 <https://doi.org/10.12688/f1000research.139319.1>

First published: 04 Apr 2024, 13:250 <https://doi.org/10.12688/f1000research.139319.1>

Introduction

Populations in most countries, including Indonesia, are facing mental illness struggles (Roberts, 2018). Nearly one billion people worldwide suffer from mental illnesses, and more than 75% of them do not receive adequate treatment (Kovacevic, 2021). According to Tang *et al.* (2022), suicide is the leading cause of death among people with mental illnesses because they do not receive timely and appropriate treatment. According to Hartini *et al.* (2018), 1.7% of Indonesia's total population suffers from mental illness, which is often stigmatized by society. The proportion of people suffering from mental illness in 2022 was 3.7%, or 9.162,886 people, making Indonesia one of the countries with the highest number of people suffering from mental illness in the world (World Population Review, 2022), and it is expected to rise by 3.24 million before 2024 (Wolf, 2022). According to the Ministry of Health of the Republic of Indonesia's Basic Health Research (Ministry of Health of the Republic of Indonesia, 2018), more than 19 and 12 million people over the age of 15 experience mental and emotional disorders, and depression, respectively. Furthermore, data on suicides show that 1,800 people per year, five per day, commit suicide, and 47.7% of suicide victims are aged 10-39 years, a group comprising teenagers and adults of productive age. The presented percentage of the suicide rate may be correct if no early efforts are made to slow the growth rate.

Globally, Ukraine has the highest number of depressed people according to their population at 6.30% followed by the United States of America and Australia at 5.90% each, and Brazil at 5.80%; whereas Laos and Nepal have the lowest proportion at 3.20% each (World Population Review, 2022). Further, Sweden, Germany, and Finland provide some of the best healthcare in the world because their governments promote psychological wellbeing including work-life balance and healthy work environments and allocate government spending to mental health care (CEO Magazine, 2022). Indonesia has the worst ratio of general medical practitioners to people worldwide, with only 0.22 medical practitioners for every 1,000 people (Clarkson, 2022). To overcome this problem, the Indonesian government imposed the National Mental Health Act (MHA). The aim of this act is to offer services regarding mental health for everyone and specify the rights of people with mental health problems (ODMK) are people who have physical, mental, social, growth and development problems and/or quality of life so they are at risk of experiencing mental disorders and people with mental health disorders (ODGJ) are people with personality disorders, where sufferers tend to have deviant thought patterns and deviant behavior. Although, it cannot be acquired optimally. The rights of ODGJ and ODMK individuals are sometimes ignored both legally and socially. There is still some stigma in society about people who have a mental illness, so families try to hide the existence of the members who have this issue. This sustains ODGJ and ODMK individuals' access to adequate health services. Regulations and laws that are legally existing cannot comprehensively assist the fulfilment of ODGJ and ODMK rights.

Although Indonesia has ratified the United Nations Convention on the Rights of Persons with Disabilities, and has rules that guarantee the rights of citizens with mental illness such as Act No. 18 of 2014 concerning Mental Disease, Act No. 19 of 2011 concerning the Ratification of Convention on the Rights of Persons with Disabilities, Act Number 18 of 2016 concerning Persons with Disabilities, and the Regulation of the Minister of Health of the Republic of Indonesia No. 54 of 2017 concerning the Completion of Increase in People with Mental Disorders (ODGJ), it often violates the rights of patients with mental illness (Edwards, 2014; Hartini *et al.*, 2018; Widodo, 2019; Tampubolon, Silalahi, and Siagian, 2021; Wolf, 2022). Further, Indonesia must respect inherent dignity, individual autonomy including the freedom to make one's own choices, and people's independence (United Nations Office of Human Rights of the United Nations from the High Commissioner, 2006); further, there shall be no discrimination on the grounds of mental illness (United Nations of the Human Rights Office from the High Commissioner, 1991).

However, problems arise when mental disorders are considered taboo, as they are in Indonesia (Subu *et al.*, 2021; Puspitasari *et al.*, 2020). In India, Kate *et al.* (2012) mentioned that mental disorders reflect abstract metaphysical entities; supernatural agents; witchcraft; disrespect for gods, teachers, or others; and excessive fear or excitement that causes mental shock and wrong bodily activity. These disorders are treated using herbs, ointments, mantras, prayers, and moral or emotional persuasion. In such situations, discrimination continues, causing the mental condition of the patient to worsen. To avoid the community's taboo perception, previous practice in Indonesia stipulates that sufferers of mental diseases must be shackled by their feet so they cannot roam freely (Hidayat *et al.*, 2020; World Health Organization Southeast Asia, 2021; Dahniar *et al.*, 2022). To avoid being seen and so as not to disturb others, *pasung* (shackling) is enforced for sufferers of mental illnesses. Because of this method and inadequate health facilities, people's health worsens, and they experience feelings of isolation and loneliness (Wang *et al.*, 2017; Banerjee and Rai, 2020; McKenzie *et al.*, 2022; Majmudar *et al.*, 2022).

In the context of guaranteeing the rights of people with mental illness, the Indonesian government seems to be more focused on avoiding the practice of *pasung* than on treating people with mental illness by issuing regulations to eliminate the shackles that are so often used (Saputri, 2021). This has resulted in priorities that are detrimental to the rights of

mentally ill individuals. In addition, the government's lack of attention to building mental hospitals and the lack of psychiatrists available to treat patients with mental illnesses (Kokom, 2021) result in increasing feelings of isolation among patients and high suicide rates. This policy, which is not pro-mental health, not only hinders the right to access health facilities for people with mental illness but also causes them to lose their right to live due to depression and suicide.

Based on these facts, this study focuses on a new problem with two driving questions: Is there a policy protecting the rights of persons with mental disabilities in accordance with the Convention on the Rights of Persons with Disabilities? What is the impact of discrimination on the rights of people with mental disabilities? The answer to the first question is no. Second, the protection of the rights of people with mental disabilities, misaligned with the Convention of the Rights of Persons with Disabilities (CRPD), is increasingly suffering and resulting in the harming of other rights. This specific study was presented at the EDI Conference, London 10–11 July 2023 as a Development Paper.

Methods

This study critically evaluates the discrimination against people with mental illnesses in Indonesia and the inconsistency between mental health laws and the principles in the CRPD. Secondary research has been considered. It conceptually approaches human rights and legal studies approaches to overcome these issues and considers the fulfilment of human rights related to mental illness in Indonesia.

For this qualitative research, the author employs relevant national legal, social scientific, and health literature in its entirety, including international legal norms set by regulations. Secondary data were collected from articles selected from Google Scholar. All the studies were from 2002 to date; no studies were selected for qualitative data collection prior to 2002. This study evaluates Indonesian laws, and the Indonesian constitution regarding the health rights, operations, and structures of the “National Human Rights Commission”.

Mahendra (2023) considers that the government of Indonesia has a significant role in the development of the country that offers guarantees for decent and safe for citizens. The individual with disabilities as a citizen of Indonesia also has the same rights, similar to other general people. From the study of Eka and Daulima (2019), it has been found that mental illness stigma guides the abuse of human right and discrimination. To analyse the problem, primary sources such as MHA and CRDP records, as well as secondary data sources such as legal instruments, national and international literature, and reports by international organisations were required. Such a mix of approaches is ideal since it gives a solid foundation for exploring existing problems and finding more creative and liberating solutions.

This study begins with the MHA and the difficulties in its implementation as it has not fulfilled all the principles for the protection of persons with mental illness and the improvement of mental health care stipulated in the CRPD. The thematic analysis, as described below, focuses on answering the research questions: Does the MHA, which regulates the treatment of people with mental illnesses, fulfill their fundamental freedom and rights, and the provisions of the principles for the protection of persons with mental illness and the improvement of mental health care? Second, what is the impact on the other rights of people with mental illnesses? Different sources have been collected from Google Scholar, and later after analyzing every journal and article according to the study matter, relevant studies have been kept aside. From the selected studies, different themes have been established based on the subject.

We have limited the scope of this study to two areas. First, this study only focuses on whether the MHA meets the standards set by the CDRP principles of non-discrimination; therefore, no information is provided if the MHA is similar to other studies based on the studies (Praherso *et al.*, 2020; Subu *et al.*, 2023). Second, we used qualitative research to address the research problems, meaning that research on the same topic using quantitative analysis is outside the scope of this study. These are limited scopes, as this study only focused on these two aspects rather than other areas. The qualitative studies have been selected based on the study subject, which talks about laws and regulations regarding people with mental illness in Indonesia. Studies with quantitative analysis have been eliminated from this study, as it followed the qualitative data analysis method.

Tanaka *et al.* (2018) stated that the eligibility criteria for people with a mental health problem (PMHP) were categorised as epilepsy or “Diagnostic and Statistical Manual of Mental Disorders 5” (DSM 5). The main reason behind selecting people suffering from epilepsy as they are known to suffer discrimination and stigma. This study has observed that geographical barriers and stigma sometimes prevent patients from attending treatment till they are extremely unwell.

The dependent variable of this study is people with mental illness in Indonesia, and the independent variables are discrimination, certain mental illness-related acts, and human rights. From the selected articles and journals, all the necessary data have been determined and taken to complete the study. In case any particular data regarding mental illness in Indonesia has been taken, credit to the author has been provided there.

Inclusion criteria

- Secondary studies.
- Articles published from 2002 to 2023.
- Journals and articles focused on mental health issues.
- Studies that mainly focused on discrimination towards people with mental illness.

Exclusion criteria

- Studies presenting quantitative data were avoided.
- Articles published before 2002.
- Articles and journals not focused on mental health issues.
- Articles and journals not based on discrimination towards people suffering from mental illness.

All the qualitative data included in this study was gathered from reliable journals and articles from ScienceDirect, BMC Psychiatry, and PubMed. For further research and to test the authenticity of this study, the references have been added at the end of the paper. This study has used all the articles and journals that have online free access.

National Mental Health Act

The Mental Health Act (*Undang-Undang Kesehatan Jiwa*) is intended to provide better protection for People with Mental Disorders (ODGJ), protect the human resources involved in handling ODGJ, and provide clarity regarding the authority and duties of each party that organizes health efforts (Hutomo & Sembiring, 2023). As stated in Article 3 of Act No. 18, 2014, the objectives of mental health efforts include the following:

- Ensure that everyone can achieve a good quality of life; enjoy a healthy mental life; and be free from fear, pressure, and other disturbances that can interfere with mental health.
- Ensure that everyone can develop various intelligence potential.
- Provide protection and guaranteed mental health services for ODMK and ODGJ based on human rights (Dwisartika *et al.*, 2023).
- Ensure the availability and availability of resources and power in Mental Health Efforts
- Improve the quality of Mental Health Efforts in accordance with scientific and technological advances
- Provide possibilities for ODMK and ODGJ to achieve rights as Indonesian citizens (Yunis & Afrita, 2023).

However, this law cannot be properly implemented owing to several factors. First, psychiatrists and patients have different perspectives on mental illness and disorders (Bikker, Lesmana & Tiliopoulos, 2021). Indonesian people with mental illnesses (ODMK) are those who have physical, mental, social, growth, and developmental problems, and/or reduced quality of life, so they are at risk of experiencing mental disorders. Meanwhile, people with mental disorders (ODGJ) experience disturbances in thoughts, behavior, and feelings that manifest in the form of a set of symptoms and/or significant behavioral changes and can cause suffering and obstacles in carrying out people's functions as human beings. What distinguishes the two disorders above is that mental illness is included in mental disorders; in other words, people who suffer from mental illness do not automatically suffer from mental disorders, whereas people who suffer from mental disorders definitely suffer from mental illness.

Results

Indonesians are still not concerned about the handling and treatment of people with mental illness or mental retardation. According to a 2022 Human Rights Watch (HRW) report in Indonesia, 57,000 people with certain mental health conditions have been in *pasung* at least once in their lifetime, and about 15,000 of them are still living in *pasung*. This difference in the perception of mental illness between Indonesians and World Health Organisation is shown in Table 1.

Table 1. Indonesian and World Health Organization perception on mental illness and treatment.

Difference	World Health Organization	Indonesia
Mental illness	A clinically significant disturbance in an individual's cognition, emotional regulation, or behavior (WHO, 2022).	People with Mental Problems (ODMK). People with Mental Disorders (ODGJ). Law of the Republic of Indonesia No. 8, Year 2004.
Social perception	Normal stress of life (Pan American Health Organization "PAHO", 2022).	<ul style="list-style-type: none"> - Embarrassing (Brognia <i>et al.</i>, 2022). - Shameful (Rüsch and Kösters, 2021). - Taboo (The Jakarta Post, 2021). - Negative Perception (Puspitasari <i>et al.</i>, 2020).
Causes	Biological (Lebowitz and Ahn, 2014), Neural Pathology (Rutter and Nikapota, 2002).	Mostly by being exposed to magic, possessed by evil spirits, lack of faith, and violating customary prohibitions (Subandi, 2015).
Treatment model	<ol style="list-style-type: none"> 1. Psychological and Medication (WHO, 2022). 2. Limit the number of mental hospitals, build community mental health services, develop mental health services in general hospitals, integrate mental health services into primary health care, build informal community mental health services and promote self-care (WHO, 2023). 	<ol style="list-style-type: none"> 1. Medical Treatment (Law No. 18 Year 2004). 2. Shaman (Paranormal), Blackmagic. 3. Spiritual healing (Anjara Brayne and Bortel, 2021; Subu <i>et al.</i>, 2021). 4. Shackling (Pasung), (World Health Organization SouthEast-Asia, Indonesia, 2021).

Ineffective law and projection of people with mental illness in Indonesia

Indonesia's death rate due to ineffective mental health treatment is among the highest worldwide. According to the Village Potential Data (Podes) of the Central Statistics Agency (BPS) as cited by Firdaus (2022), there were 5,787 suicide victims and suicide attempts in 2021. A reason for this, according to Blignault *et al.* (2009) is that people with mental problems' needs, such as receiving help from psychologists, are neglected. The government pays little attention to health facilities and psychiatric staff for people with mental illness; thus, the system struggles to cope with the increasing number of suicide victims among people with mental illness. Until 2021, the only available health facilities for people with mental illness are psychiatrists and, at most, 33 mental hospitals in Indonesia (Hidayat *et al.*, 2023). This means that the state does not implement policies that can provide protection for people with mental illnesses and their struggles continue.

From Table 2, it can be seen that fundamental freedoms and basic rights, protection of minors' lives in society, health examinations, and confidentiality are partially implemented. The role of culture and community is taboo and discriminatory among the citizens of Indonesia. Care standard is adequate of care and there is a lack of treatment among the people who suffer from mental issues. Also, medication, treatment, notice rights, and treatment consent are partially implemented. There is an adequate of facilities regarding the conditions and rights within the mental health facilities. The admission principles, body review, and involuntary admission are all discriminatory in Indonesia. On the other hand, complaints, and opportunities of principles regarding facilities of mental health access are partially implemented. The basic rights and fundamental freedoms are partially implemented, whereas preserving the existing rights is discriminatory.

Table 2. Comparison between international principles of treatment of people with mental illness and application in Indonesia.

Universal instrument for the treatment of people with mental illness and the improvement of health care	Indonesian treatment based on Law No. 18 Year 2014 on mental illness (<i>Undang-Undang Kesehatan Jiwa</i>)
Fundamental freedoms and basic rights	Partially implemented
Protection of minors	Partially implemented
Life in the community	Partially implemented
Determination of mental illness	Partially implemented
Medical examination	Partially implemented
Confidentiality	Partially implemented

Table 2. Continued

Universal instrument for the treatment of people with mental illness and the improvement of health care	Indonesian treatment based on Law No. 18 Year 2014 on mental illness (<i>Undang-Undang Kesehatan Jiwa</i>)
Role of community and culture	Discriminatory, Taboo
Standard of care	Lack of standard of care
Treatment	Lack of treatment
Medication	Partially implemented
Consent to treatment	Partially implemented
Notice of rights	Partially implemented
Rights and conditions in mental health facilities	Lack of facilities
Resources for mental health facilities	Partially implemented
Admission principles	Discriminatory
Involuntary admission	Discriminatory
Body review	Discriminatory
Procedural safeguards	Lack of safeguards
Access to information	Partially implemented
Criminal Offenders	Discriminatory
Complaints	Partially implemented
Monitoring and Remedies	Partially implemented
Scope of principles relating to mental health facilities	Partially implemented
Saving of existing rights	Discriminatory
Fundamental freedoms and basic rights	Partially implemented

Discussion

It is undeniable that the Mental Health Law does not provide protection for people with mental disorders. This is due to the high number of ODGJ who are homeless or neglected because they do not have a place to live. *Kementerian Kesehatan Republik Indonesia* (Indonesian Ministry of Health, 2021) noted that in big cities in Indonesia, the number of homeless people with psychosis has increased by approximately 70%. In addition, the condition of individuals who have nothing, no one, or no support ultimately results in them living neglected or abandoned on the streets.

Second, mental illness is still socially stigmatized, leading families to hide the existence of family members who suffer from mental disorders. Furthermore, mental disorders and mental health in Indonesia are considered cursed diseases, so it is not unusual for family members who experience these problems to be hidden and placed in shackles. As such, some families choose to remain silent or hide, isolate, or shackle people with mental disorders (ODGJ). Many ODGJs wander the streets because they were abandoned by their families. This phenomenon occurs because of the stigma and discrimination that exists in society (Yu *et al.*, 2023). Not only are ODGJs abandoned, but their families are ostracized by the surrounding social environment. This kind of behavior occurs because of a lack of access and information provided to the public; therefore, mental disorders are considered terrible.

A lack of public awareness and knowledge about people with mental illness and mental retardation leads to the poor treatment of and attitudes towards them. This is due to culturally different perceptions of mental health (Choudhry *et al.*, 2016). In most developed countries, people voluntarily seek help from professionals to treat mental health disorders. On the other hand, in other places such as Indonesia, mental disorders tend to be ignored; so, people are less enthusiastic about treating mental disorders.

Third, mental illness is seen as a shameful family disgrace. Indonesian people think that mental disorders cannot be cured; so, suffering people deserve to be ostracized. The lack of knowledge about mental health disorders means that Indonesians believe that people with mental health disorders are different from those with physical illnesses that are also difficult to cure. Thus, labeling people with mental illness or mental health disorders as "strange creatures" can threaten their safety (Aulia, 2019).

The Western health model views mental disorders as problems that need to be cured. Thus, mental health services tend to be oriented only toward mental disorders that afflict the person and often ignore aspects related to the lives and welfare of the mentally ill (Choudhry *et al.*, 2016). Therefore, in the Western world, those who suffer from mental illness receive special treatment without isolating them or putting them in shackles, as is the case in many areas of Indonesia.

Fourth, sanctuaries and shamans are considered treatments for mental illnesses. Indonesian society has several types of traditional and alternative medical practices, such as 'smart people', including shamans, Islamic religious leaders, religious teachers (*kiyai* or clerics), psychics, priests, and traditional Chinese medicine. In practice, 'smart people' use herbs, incantations, spells, inanimate objects, communication or spiritual guidance, and prayers as forms of healing. In contrast, the Western health model often ignores aspects related to religion while overcoming the impact of mental health illnesses on one's life (Lucchetti, Koenig & Lucchetti, 2021; Harris, Edlund, & Larson, 2006).

The Indonesian government's minimal efforts to save the lives of people with mental illness have catastrophic consequences for young people. These consequences are heightened in rural areas because they do not have access to healthcare. People are also reluctant to take those with mental illnesses to hospital because of the shame, exacerbating the situation. Statista (2022) notes that 19 million children under the age of 15 years suffer from mental illnesses and most live in rural areas far from medical facilities. Consequently, many people with mental illnesses die by suicide because they do not receive adequate treatment. Therefore, villagers are those most affected by government inattention. Apart from having minimal mental health facilities, they cannot afford the high cost of medical treatment.

The counter-shackle policy, the Issuance of Regulation of the Minister of Health Number 54 of 2017 Concerning Handling Detachment for People with Mental Disorders, instead of saving the lives of people with mental illness, wreaks havoc on them because it is not supported by health facilities. A recent independent survey by Statista (2022) predicts the number of people suffering from mental illness and related deaths will increase from 2,99 million in 2020 to 3, 24 million in 2024.

Additionally, the public's reaction to mental illness impacts those struggling with mental health issues because it brings attention to their rights as human beings, including their rights to access treatment, obtain information, live, and be free from shackles. After the enactment of the Mental Health Law, the Indonesian government was deemed unable to protect the rights of people with mental illnesses. Further, the rights of people with mental disabilities are regulated under Article 42 of the Human Rights Law, which states:

"Every citizen who is elderly, physically disabled and or mentally disabled has the right to receive special care, education, training and assistance at the expense of the state, to ensure a decent life in accordance with his human dignity, increase self-confidence, and the ability to participate in social life, nation and state."

Thus, the confinement of people with mental illness, even if carried out by their families with the aim of keeping themselves and those around them safe, clearly violates human rights and can be categorized as the deprivation of the right to live properly.

Although they may not be locked or shackled, the family cannot let someone suffering from mental illness roam freely. They might be charged under Article 491, point 1 of the Indonesian Criminal Code:

"Threatened by a maximum fine of seven hundred and fifty rupiahs whoever is obliged to guard a mentally ill person who is dangerous to himself or to others, let that person roam unattended."

Finally, Article 10 of the Regulation concerning the insane in the State Gazette 97/54, February 4, 1897, stipulates that the immediate family of a mentally ill person has the authority to request the head of the district court to treat them in a mental care institution for the sake of peace and public order or for the sake of healing of the mentally ill person themselves. However, in practice, it is difficult to trust the government's ability to treat mentally ill persons.

Implementing principles of treatment of people with mental illness and the improvement of health mental care in Indonesia

To guarantee and fulfill the rights of people with mental illness, it is necessary to follow the principles of the treatment of people with mental illness and the improvement of health care, as stipulated by the United Nations Human Rights Office of the High Commissioner 1991. The question here is whether the system of treating people with mental illness and the improvement of mental healthcare in Indonesia meets these principles.

Mental illness tends to be avoided, in some countries namely Indonesia, due to this people here are not concerned about treating mental issues. The government of Indonesia puts minimum efforts into saving or curing people with mental

disorders, which causes catastrophic results among young people. This study conceptually strategies human rights with legal perspectives to overcome these problems and contemplate the fulfilment of human rights regarding mental illness in Indonesia.

Some individuals with mental disorders are restrained and confined within the community in a barbaric way. The mental health service quality in the majority of the hospitals is poor and protection regarding human rights for these patients is absent or weak. Custodial treatments govern within psychiatric hospitals, whereas involuntary treatment is basic although there are no such legal grounds for any involuntary admission. There is no guardianship arrangement or laws and no need for legal analysis for involuntary treatment as well as hospitalization. *Irmansyah et al. (2009)*, opined that Article 27, of the health Law, 1992 states that the government of the country will offer a significant decree for the management of issues regarding people who have mental disorders. Article 29, 2004 based on Medical Practices retains the objectives of safeguarding patients and helathcare offerors, along with increasing the health service quality. Article 14, regarding the principles of government elections, eliminated the voting rights of the people who have mental issues. However, this law has been announced void from the newly developed legislation of the election by Law 10, 2008. Article 41, 2003, the provincial of Jakarta stated that individuals with mental disorders are sustained from being in different public areas. There is certainly no definite legislation regarding mental health provisions in Indonesia, that could serve to safeguard the rights of people who have mental disorders.

However, Indonesia has reviewed related international domestic and covenants laws and offers a significant legal framework regarding the protection of human rights. There are some spaces that are unchallenged and unremarked regarding disabled people, those need to be highlighted to offer human rights to those people. The “*National Human Rights Commission*” recently engaged with the problem of protecting the definite rights of people who have mental illness. Eliminating abuses of human rights and positively safeguarding people’s rights with mental problems will need different strategies to be implemented. “Civil society organizations”, health professionals, and “The National Human Rights Commission”, have significant roles to comprehend. The crucial responsibilities underlie with district, national, and provincial governments of Indonesia. There is a need for basic need for protection of the people’s rights who have mental issues, this lies in the community and hospital health services that should meet nominal standards of quality, accessibility, and affordability. Definite legislation regarding mental health will clarify the people’s eights with mental disorders and will also offer substantial safeguarding of their basic rights. There is a lack of such legislation, although adequate basis regarding Indonesian principles and laws for safeguarding the people’s rights are there. Regardless of the safeguarding that is obtainable by law, and a human rights framework, violations of people’s rights with the mental disorder remain unnoticed and widespread. Non-governmental sectors do not authorize sufficiently on behalf of individuals who have mental issues. Also, health authorities and mental health experts do not properly safeguard the rights of those people or support them in asserting their definite rights. The governments should acknowledge that abuse of human rights is widespread, and they should initiate proper action to reduce systematic abuse.

The limitations of this research lie in two areas. The first area is that this study focuses specifically on whether the principles for the protection of persons with mental illness and the improvement of mental health care are appropriate in Indonesia. The second limitation is that the researcher chose a qualitative research method to review the principles for the protection of persons with mental illness and the improvement of mental health care, which is appropriate in Indonesia. This means that a more comprehensive view of the research topic based on primary quantitative analysis cannot be carried out.

Conclusions

Discrimination against people with mental illness occurs in Indonesia and the treatment offered does not align with the principles for the protection of people with mental illness and the improvement of mental health care. This policy discriminates against people with mental illnesses; not only are they shackled but they do not have adequate treatment facilities, resulting in high mortality rates. This is because treatment methods contradict these principles. In Indonesia, the recovery model for people with mental illnesses is a discriminatory policy that does not meet their needs and, further, violates human rights, especially the rights to life and health.

Therefore, the government must provide adequate facilities for people with mental illnesses by referring to the principles of protecting them and improving their mental health services. To realize the effective and conducive recovery of people with mental disorders and the fulfillment of the rights of people with mental disorders, Law No. 18 of 2014 on Mental Health (Mental Health Law) must fulfill the principles and elements stipulated in the instrument for treatment of people with mental disorders and improvement of health services.

Data availability

The data for this article consists of bibliographic references, which are included in the References section.

References

- Anjara SG, Brayne C, Van Bortel T: **Perceived Causes of Mental Illness and Views on Appropriate Care Pathways among Indonesians.** *Int. J. Ment. Heal. Syst.* 2021; **15**(74): 74.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
[Reference Source](#)
- Aulia AC: **Paradigma Kesehatan Mental.** *UNAIR News.* 2019 October 10.
[Reference Source](#)
- Banerjee D, Rai M: **Social Isolation in Covid-19: The Impact of Loneliness.** *Int. J. Soc. Psychiatry.* 2020; **66**(6): 525–527.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Bikker AP, Lesmana CBJ, Tiliopoulos N: **The Indonesian Mental Health Act: Psychiatrists' Views on the Act and its Implementation.** *Health Policy Plan.* 2021; **36**(2): 196–204.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Blignaut I, Bunde-Birouste A, Ritchie J, et al.: **Community perceptions of mental health needs: a qualitative study in the Solomon Islands.** *Int. J. Ment. Heal. Syst.* 2009; **3**(1): 6.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Brogna P, Brogna C, Santomassimo C, et al.: **Shades of shame: Embarrassment as a covert marker of self-stigma in a sample case study of patients with schizophrenia.** *Schizophr. Res.* 2022 Mar; **241**: 10–11.
[PubMed Abstract](#) | [Publisher Full Text](#)
- CEO Magazine: **The Best Countries for Mental Wellbeing.** 2022.
[Reference Source](#)
- Choudhry FR, Mani V, Ming LC, et al.: **Beliefs and perception about mental health issues: a meta-synthesis.** *Neuropsychiatr. Dis. Treat.* 2016; **12**: 2807–2818.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Clarkson S: **Which Countries have the Worst healthcare in the World in 2022?** 2022.
[Reference Source](#)
- Dahnir D, Asnurianti R, Amna N, et al.: **Restraint and Confinement of Psychiatric Patients in Community: A Scoping Review of Pasung in Indonesia.** *Ment. Health Soc. Incl.* 2022; **26**(2): 134–143.
[Publisher Full Text](#)
- Dwisartika HA, Sidi R, Satria B: **ANALYSIS ENHANCE OF SERVICE PEOPLES CONCERNING MENTAL HEALTH.** *Jurnal Ekonomi.* 2023; **12**(3): 780–783.
[Reference Source](#)
- Edwards N: **Disability Rights in Indonesia? Problems with Ratification of the United Nations Convention on the Rights of Persons with Disabilities.** *Aust. J. Asian Law.* 2014; **15**(1): 1–15.
[Reference Source](#)
- Eka AR, Daulima NH: **Factors related to pasung on people with mental illnesses: A literature review.** *International Journal of Nursing and Health Services.* 2019; **2**(2): 36–41.
[Publisher Full Text](#)
- Firdaus A: **Kesehatan Mental dan Fenomena Tragedi Bunuh Diri, Antara, Desember 8.** 2022.
[Reference Source](#)
- Harris KM, Edlund MJ, Larson SL: **Religious Involvement and the Use of Mental Health Care.** *Health Serv. Res.* 2006; **41**(2): 395–410.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Hartini N, Fardana NA, Ariana AD, et al.: **Stigma Toward People with Mental Health Problems in Indonesia.** *Psychol. Res. Behav. Manag.* 2018; **11**: 535–541.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Hidayat MT, Lawn S, Muir-Cochrane E, et al.: **The Use of Pasung for People with Mental Illness: A Systematic Review and Narrative Synthesis.** *Int. J. Ment. Heal. Syst.* 2020; **14**(90): 90.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Hidayat MT, Oster C, Muir-Cochrane E, et al.: **Indonesia free from pasung: a policy analysis.** *Int. J. Ment. Heal. Syst.* 2023; **17**: 12.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Hutomo HM, Sembiring MSA: **Legal Protection for People with Mental Illness as Victims and Perpetrators of Criminal Acts.** *ARRUS J. Soc. Sci. Hum.* 2023; **3**(4): 499–505.
[Publisher Full Text](#) | [Reference Source](#)
- Irmansyah I, Prasetyo YA, Minas H: **Human rights of persons with mental illness in Indonesia: More than legislation is needed.** *Int. J. Ment. Health Syst.* 2009; **3**(1): 14.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Kate N, Grover S, Kulhara P, et al.: **Supernatural Beliefs, Aetiological Models and Help Seeking Behaviour in Patients with Schizophrenia.** *Ind. Psychiatry J.* 2012; **21**(1): 49–54.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Kokom: **Kemenkes Beberkan Masalah Permasalahan Kesehatan Jiwa di Indonesia.** 2021.
[Reference Source](#)
- Kovacevic R: **Mental health: Lessons Learned in 2020 for 2021 and Forward.** World Bank; February 11, 2021.
[Reference Source](#)
- Lebowitz MS, Ahn WK: **Effects of biological explanations for mental disorders on clinicians' empathy.** *Proc. Natl. Acad. Sci. USA.* 2014; **111**(50): 17786–17790.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Lucchetti G, Koenig HG, Lucchetti A: **Spirituality, Religiousness, and Mental Health: A Review of the Current Scientific Evidence.** *World J. Clin. Cases.* 2021; **9**(26): 7620–7631.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Mahendra W: **Pembangunan Berkelanjutan Sebagai Upaya Dalam Menjaga Keutuhan Bangsa.** Jakarta: Asosiasi Profesi Widyaiswara Indonesia; 2023.
- Majmudar IK, Mihalopoulos C, Brijnath B, et al.: **The Impact of Loneliness and Social Isolation on Health State Utility Values: A Systematic Literature Review.** *Qual. Life Res.* 2022; **31**: 1977–1997.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- McKenzie SK, Oliffe JL, Black A, et al.: **Men's Experiences of Mental Illness Stigma Across the Lifespan: A Scoping Review.** *Am. J. Mens Health.* 2022; **16**: 155798832210747.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Ministry of Health of the Republic of Indonesia: **Laporan Hasil Riset Kesehatan Dasar (Riskesdas).** 2018.
[Reference Source](#)
- Pan American Health Organization "PAHO": **Mental Health.** 2022.
[Reference Source](#)
- Praharso NF, Pols H, Tiliopoulos N: **Mental Health Literacy of Indonesian Health Practitioners and Implications For Mental Health System Development.** *Asian J. Psychiatr.* 2020; **54**: 102168.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Puspitasari IM, Garnisa IT, Sinuraya RK, et al.: **Perceptions, Knowledge, and Attitude Toward Mental Health Disorders and Their Treatment Among Students in an Indonesian University.** *Psychol. Res. Behav. Manag.* 2020; **13**: 845–854.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Roberts S: **Mental Illness is a Global Problem: We Need a Global Response.** *Health Property Action.* 10th July 2018.
[Reference Source](#)
- Rüsch N, Kösters M: **Honest, Open, Proud to support disclosure decisions and to decrease stigma's impact among people with mental illness: conceptual review and meta-analysis of program efficacy.** *Soc. Psychiatry Psychiatr. Epidemiol.* 2021; **56**: 1513–1526.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Rutter M, Nikapota A: **Culture, ethnicity, society and psychopathology.** Rutter M, Taylor E, editors. *Child and adolescent psychiatry.* Oxford: Blackwell Publications; 2002; Vol. 16: 4.
- Saputri WD: **ODGj dan Bayangan Praktik Pasung di Indonesia.** 2021.
[Reference Source](#)
- Statista: **Projected Number of People Suffering from Mental Disorder in Indonesia from 2017 to 2024.** 2022.
[Reference Source](#)
- Subandi: **Budaya dan Agama Pengaruhi Kesehatan Jiwa.** Universitas Gadjah Mada; 2015.
[Reference Source](#)
- Subu MA, Wati DF, Al-Yateem N, et al.: **'Family stigma' among family members of people with mental illness in Indonesia: A grounded theory approach.** *Int. J. Ment. Health.* 2023; **52**(2): 102–123.
[Publisher Full Text](#)
- Subu MA, Wati DF, Netrida N, et al.: **Types of Stigma Experienced by Patients with Mental Illness and Mental Health Nurses In Indonesia: A Qualitative Content Analysis.** *Int. J. Ment. Health Syst.* 2021; **15**(1): 77.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Tampubolon M, Silalahi F, Siagian R: **Covid-19 and Mental Health Policy in Indonesia.** *ASEAN Journal of Psychiatry.* 2021; **22**(51): 1–12.
[Reference Source](#)
- Tanaka C, Tuliao MTR, Tanaka E, et al.: **A qualitative study on the stigma experienced by people with mental health problems and epilepsy in the Philippines.** *BMC Psychiatry.* 2018; **18**: 313–325.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Tang S, Reilly NM, Arena AF, et al.: **People Who Die by Suicide Without Receiving Mental Health Services: A Systematic Review.** *Front. Public Health.* 2022; **9**: 736948.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- The Jakarta Post: **Menjadi Manusia' breaks the mental health taboo.** 2021.
[Reference Source](#)

United Nations Office of Human Rights Office of High Commissioner: **Convention on the Rights of Persons with Disabilities**. 2006.
[Reference Source](#)

United Nations Office of Human Rights Office of High Commissioner: **Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care**. 1991.
[Reference Source](#)

Wang J, Lloyd-Evans B, Giacco D, *et al.*: **Social isolation in mental health: a conceptual and methodological review**. *Soc. Psychiatry Psychiatr. Epidemiol.* 2017; **52**: 1451–1461.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)

Widodo B: **Upaya Memenuhi Hak Penyandang Disabilitas. Kementerian Hukum dan Hak Asasi Manusia Republik Indonesia [Efforts to fulfill the right of persons with disabilities. Ministry of Law and Human Rights of the Republic of Indonesia]**. 2019.
[Reference Source](#)

Wolf HN: **Projected Number of People Suffering from Mental Disorder in Indonesia from 2017 to 2024**. Statista; 2022.
[Reference Source](#)

World Health Organization Southeast Asia: **UNSDG What If series: "What if ... pasung were ended in Indonesia?"**. 2021.
[Reference Source](#)

World Health Organization SouthEast-Asia, Indonesia: **UNSDG What If series: "What if ... pasung were ended in Indonesia?"**. 2021.
[Reference Source](#)

World Health Organization: **Mental Disorders**. 2022.
[Reference Source](#)

World Health Organization: **Integrating mental health in primary health care: part 1. The context for integration of mental health services in primary health care**. 2023.
[Reference Source](#)

World Population Review: **Depression Rates by Country 2022**. 2022.
[Reference Source](#)

Yu CC, Tang B, Low JA, *et al.*: **A qualitative study on health stigma and discrimination in the first year of the COVID-19 pandemic: Lessons learnt from a public health perspective**. *Front. Public Health.* 2023; **11**: 1143640.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)

Yunis H, Afrita I: **Legal Protection of People with Mental Disorders in Pekanbaru City Based on Laws Number 18 of 2014 Concerning Mental Health**. *Law and Humanities Quarterly Reviews.* 2023; **2**(1).
[Publisher Full Text](#) | [Reference Source](#)

The benefits of publishing with F1000Research:

- Your article is published within days, with no editorial bias
- You can publish traditional articles, null/negative results, case reports, data notes and more
- The peer review process is transparent and collaborative
- Your article is indexed in PubMed after passing peer review
- Dedicated customer support at every stage

For pre-submission enquiries, contact research@f1000.com

F1000Research

Manotar Tampubolon (Discrimination of persons with mental illness: testing the principles for the protection of persons with mental illness and the improvement of mental health care in Indonesia)

ORIGINALITY REPORT

17%

SIMILARITY INDEX

16%

INTERNET SOURCES

10%

PUBLICATIONS

11%

STUDENT PAPERS

PRIMARY SOURCES

1	parlinfo.aph.gov.au Internet Source	3%
2	ejournal.uin-suka.ac.id Internet Source	2%
3	www.asianinstituteofresearch.org Internet Source	2%
4	Submitted to University of California, Los Angeles Student Paper	1%
5	link.springer.com Internet Source	1%
6	f1000researchdata.s3.amazonaws.com Internet Source	1%
7	docshare.tips Internet Source	1%
8	digilib.uinsgd.ac.id Internet Source	1%

9	epdf.tips Internet Source	1 %
10	caritulisan.com Internet Source	1 %
11	notalone.nami.org Internet Source	1 %
12	www.saudijournals.com Internet Source	1 %
13	Submitted to Universitas Muhammadiyah Yogyakarta Student Paper	1 %
14	Dewa Gede Sudika Mangku, Ni Putu Rai Yuliartini. "Legal Protection Towards Workers With Disabilities In Bali Province", Administrative and Environmental Law Review, 2021 Publication	1 %
15	Submitted to Universidad de Sevilla Student Paper	1 %
16	vnverdragwaarmaken.nl Internet Source	1 %

Exclude quotes On

Exclude matches < 1%

Exclude bibliography On

