



The Implementation to *Pasung* Among People with Mental Illness in Terms of Health Policy in Indonesia

Syalisa Syabil, Ummi Rahma, Zahra Septina, Adjrina Dawina Putri, Riswandy Wasir

Universitas Pembangunan Nasional Veteran Jakarta

Alamat: Jl. Limo Raya RT07/RW05, Kec. Limo, Depok

Korespondensi penulis: 2010713019@mahasiswaupnvj.ac.id

Abstract. *More than 90% of people with mental illness in Indonesia do not get any treatment and tens of thousands of people with psychosis are illegally detained in pasung by their families at home. Much of the use of pasung with people with a history of mental illness is believed to be due to their failure to continue their medication. This study aims to discuss the law that related to the use of pasung, the perception of pasung, the impact of pasung, as well as the strategies to overcome the use of pasung in Indonesia. The method used in this study is a literature review. PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-analyses) model is used for complete and detailed steps for conducting a literature review. Literature searched by search engine machine Google Scholar as well as journal databases, such as Connected Papers and Elsevier. Based on the six articles, pasung is chosen by the family to avoid harmful actions and follow the stigma in society which actually will delay the patient's recovery. In order to overcome the use of pasung in people with mental disorders, family and the surrounding play a major role in this practice. Besides, awareness of mental health can be the first step in reducing the incidence of using pasung and the role of the government in providing adequate health services.*

Keywords: *Mental disorders, mental illness, pasung*

Abstrak. Lebih dari 90% penderita gangguan jiwa di Indonesia tidak mendapatkan pengobatan apapun dan puluhan ribu penderita psikosis ditahan secara ilegal di pasung oleh keluarganya di rumah. Banyak penggunaan pasung dengan orang dengan riwayat penyakit mental diyakini karena kegagalan mereka untuk melanjutkan pengobatannya. Kajian ini bertujuan untuk membahas hukum yang terkait dengan penggunaan pasung, persepsi tentang pasung, dampak pasung, serta strategi penanggulangan penggunaan pasung di Indonesia. Metode yang digunakan dalam penelitian ini adalah literature review. Model PRISMA (Preferred Reporting Items for Systematic Review and Meta-analyses) digunakan untuk langkah-langkah yang lengkap dan terperinci untuk melakukan tinjauan literatur. Sastra dicari oleh mesin pencari Google Scholar serta database jurnal, seperti Connected Papers dan Elsevier. Berdasarkan keenam pasal tersebut, pasung dipilih keluarga untuk menghindari tindakan yang merugikan dan mengikuti stigma di masyarakat yang justru akan menunda kesembuhan pasien. Untuk mengatasi penggunaan pasung pada penderita gangguan jiwa, keluarga dan sekitarnya berperan besar dalam praktik ini. Selain itu, kesadaran akan kesehatan jiwa dapat menjadi langkah awal untuk mengurangi kejadian penggunaan pasung dan peran pemerintah dalam memberikan pelayanan kesehatan yang memadai.

Kata Kunci: Gangguan jiwa, gangguan jiwa, pasung

Received Maret 9, 2023; Revised April 12, 2023; Accepted Mei 30, 2023

* Syalisa Syabil, 2010713019@mahasiswaupnvj.ac.id

INTRODUCTION

Indonesia has the highest rate of years of life lost to disability or early death from Schizophrenia than any other country in the world. More than 90% of people with mental illness do not get any treatment and tens of thousands of people with psychosis are illegally detained in *pasung* by their families at home. According to the Basic Health Research of Indonesia in 2013, 14.3% of Indonesian households have a patient with a mental disorder and it is a majority in rural areas. Much of the use of *pasung* with people with a history of mental illness is believed to be due to their failure to continue their medication. Non-compliance treatment was suggested to be the cause of disease recurrence in 96.8% of patients and showed aggressive behaviour. Non-compliance with taking medication is also seen to be related to the inability of families to provide routine treatment to their family members due to cost factors and the lack of availability of family members to help seeking treatment at mental health services. Other factors identified as the root cause of discontinuation of treatment were treatment refusal.

The phenomenon of *pasung* among people with mental illness happened because of the stigma in society. This situation occurs because people with mental illness are believed to be dangerous, aggressive, and will not be able to recover. Families often perceived *pasung* as a necessary treatment due to the patient's destructive behaviour. As a result, people with mental illness are not getting any medical treatment appropriately. Not only because of the bad things that may happen among people with mental illness, the use of *pasung* to those people has also been officially banned in Indonesia. There is already a law related to mental health in Indonesia, which is Mental Health Act Number 18 Year 2014. That law consists of mental health's service system, resources, technologies, rights and obligations, inspection, community participation, as well as criminal provisions. It is clearly written in that law, that any person who intentionally does *pasung* and/or allows other people to provide *pasung* to the people with mental illness is punished according to the provisions of the law.

There are already several studies on *pasung* among people with mental illness, but only few studies related those topics with mental health policy. This study will give a clear conclusion based on earlier studies towards the association between people with mental illness' exposure to *pasung* and mental health policy in Indonesia. Therefore, this study aims to discuss the law that related to the use of *pasung*, the perception of *pasung*, the impact of *pasung*, as well as the

strategies to overcome the use of *pasung* by identifying and understanding the negatives and the law of mental health on the use of *pasung* among people with mental illness.

RESEARCH METHODS

The method used in this study is a literature review. Literature review was carried out by reading the literature as well as doing evaluation and critical assessment of previous research on the use of *pasung* among people with mental illness in Indonesia which were published online in the last 10 years. Literature searched by search engine machine Google Scholar as well as journal databases, such as Connected Papers and Elsevier. Literature searched by using four keywords: “mental illness”, “*pasung*”, “mental health policy”, and “health policy in Indonesia”.

The literature that will be analysed is complied with the inclusion criterias, such as the literature was published in the last 10 years from 2013 until 2023, the literature focuses on the use of *pasung* among people with mental illness in Indonesia, and the literature is not paid and full text. While the exclusion criteria includes the literature cannot be accessed.

By using the PRISMA model (Preferred Reporting Items for Systematic Reviews and Meta-analyses) for complete and detailed steps for conducting a literature review.

RESULTS AND DISCUSSION

Table 1. The Result of Literatures Related to The Implementation to *Pasung* Among People with Mental Illness in Terms of Health Policy in Indonesia

Writers	Title	Methods	Result
Baklien, et al (2022)	Pasung: A qualitative study of shackling family members with mental illness in Indonesia	Giorgi's descriptive phenomenological	The result our findings reveal that <i>pasung</i> emerges in the disjunction between sociocultural demands and the family's capacity to meet these demands. Struggling to understand the behaviour of a family member with mental illness, the family tries to cope with neighbourhood reactions to ever more visible behavioural signs alongside managing their everyday life. These struggles, in turn, make their social situation increasingly stressful, which initiates a process of

			<p>depersonalization as a response. Moreover, the prevailing sociocultural values convey a need to act according to expected norms. As such, <i>pasung</i> materializes as a socioculturally accepted practice that allows families to take back control in stressful social situations. In sum, when families feel overwhelming emotional stress and a sense of powerlessness, they try to resolve their situation by using <i>pasung</i> to regain control and thus manage their lives.</p>
Yunanto R. A, et al (2019)	Stigma Against People With Severe Mental Disorder (PSMD) With Confinement "Pemasungan"	Quantitative descriptive	<p>The results showed that 50.7% of the people were pro-stigmatized while 49.3% were counter-stigmatized. It can be concluded that there was still a high stigma about the PSMD who have been confined. This community stigma will cause any harm for PSMD with confinement. The PSMD will hinder his recovery because he can't access treatment from a health care provider freely. Commonly, PSMD is often being victims of criminal acts and discriminated against. Family and community especially around them have an important role in helping recover PSMD.</p>
Laila, et al (2018)	Perception About	Qualitative	The result showed that in

	<p>Pasung (physical restraint and confinement) of Schizophrenia Patients : A Qualitative Study Among Family Members and Other Key Stakeholders in Bogor Regency, West Java Province, Indonesia 2017</p>	<p>exploratory study</p>	<p>general, family members and society perceived that <i>pasung</i> is necessary due to the patient's aggressive behaviour such as physical violence, stealing food, etc. Apart from the financial constraints, family members stated that they were dissatisfied with available health services. According to the healthcare provider, lack of knowledge and misconceptions about schizophrenia in society needs to be resolved.</p>
<p>Buanasari, et al (2018)</p>	<p>The Experience of Adolescents Having Mentally Ill Parents with Pasung</p>	<p>Qualitative research design with a phenomenological approach</p>	<p>Parents with mental illness, specifically with <i>pasung</i> had a psychosocial impact on adolescents. As a result, there is a change of roles where teenagers should be the family's backbone in order to support the household. Psychosocial treatment should be conducted for adolescents living with parents with mental illness who are physically restrained (<i>pasung</i>).</p>
<p>Habita, et al (2020)</p>	<p>Society Perception of Pasung Behavior in People with Mental Disorder</p>	<p>Quantitative by using symbolic interaction approach</p>	<p>The results are divided into two categories, internal perception and external perception. Internal perception resulted in two themes namely 1) opinion about <i>pasung</i> behaviour and 2) the agreement of <i>pasung</i> behaviour. External perception resulted six themes namely 1) the reason why <i>pasung</i> is</p>

			allowed, 2) the reason why <i>pasung</i> is not acceptable, 3) the idea of <i>pasung</i> , 4) the method of <i>pasung</i> , 5) the society's hope about people with mental disorders, and 6) the obstacle of health services.
Patawari, et al (2020)	Experience of Community Leaders in Taking off Pasung (Physical Restraint) for People with Mental Disorders in Southeast Sulawesi Abdul	Qualitative research with a phenomenological interpretative	The results of the study found three themes, namely community and family stigma against ODGJ (people with a mental disorder), reasons for retention actions and challenges of community leaders in the release of <i>pasung</i> .

Based on these 6 articles, we can conclude that families have an important role in the practice of *pasung* among people with mental illness. Families choose the *pasung* method to cope with the behaviour of the family member who is suffering from mental illness, as the reaction for the community, and the increasing pressure of their social situation. Socio-cultural values contribute to the family's decision to control this stressful situation. However, this decision only increases the stigma in the community and delays the patient's recovery.

The Law on *Pasung*

The practice of *pasung* is widely regarded as a violation of human rights and violates mental health principles that promote humane, fair, and dignified treatment of individuals with mental illness. The law of *pasung* is a practice that involves the physical restriction of individuals suffering from mental illness in Indonesia. The Indonesian government has made efforts to address this issue. In 1977, the government issued a Joint Decree of the Minister of Health and Minister of Social Affairs on the Prohibition of Pasung. However, the implementation of this decree still faces challenges, especially in areas that are less developed and lack accessibility to mental health services. Limited resources, lack of awareness, social stigma, and strong traditional beliefs towards mental illness are also factors that play a role in the continuation of the practice of *pasung*.

Several studies have found that thousands of people are still bound or confined in *pasung* in Indonesia (Human Rights Watch, 2016). In addition, Amnesty International conducted a study

where the practice of *pasung* in mental institutions in Indonesia showed human rights violations (Amnesty International, 2018).

Even though in 2014 Indonesia issued a law regulating mental health (Mental Health Law Number 18 of 2014), the implementation of the law has not been able to provide services that protect the rights of patients where there are still acts of coercion that occur in people with mental disorders that are arbitrary and there is no justification for doing this for the purpose of treatment and patient care, which should be fully implemented in Indonesia to protect patients (Ulya, 2019).

The Perception of *Pasung*

Perception can be defined as the observation of objects, events, or relationships obtained by concluding the information and interpreting it. Society's perception about *pasung* can be caused by various factors, such as education and occupation. Research conducted by Syarniah et al (2014) showed that the more education and occupation level a person has, the more negative their perception about *pasung*. This situation occurs because people with higher education levels tend to have more knowledge than those with lower education levels. The same goes for people who are unemployed and people who are employed. People who are unemployed are less likely to receive more information about various issues, including the concept of *pasung* among people with mental illness (Syarniah et al, 2014). Negative perception can be minimised by demonstrations, education, and contacts. Improving the integration of education was associated with more positive and favourable behaviour (Van der Kluit and Gossens, 2011).

Lack of knowledge is one of many factors that can lead to negative perceptions about people with mental illness. This negative perception has become a stigma in society that is attached to people with mental illness and their family. Stigma involves negative attitudes or discrimination against someone based on a distinguishing characteristic such as a mental illness, health condition, or disability. Stigma against people with mental illness can affect the family's perception about how to treat the family member with such condition (Fitriani, 2017). They believed that *pasung* is necessary due to the aggressive behaviour such as physical violence, stealing food, committing suicide, and disturbing the neighbourhood. Family's incapability of handling those behaviours made them decide to use *pasung* (Dewi et al, 2019). Furthermore, financial issues and inadequate health services are also the reason why families choose the *pasung* method for people with mental illness (Laila et al, 2018).

The Impact of *Pasung*

Pasung in Indonesia is one of the problems in the field of mental health in Indonesia which shows that patients with mental disorders are not fully able to get good treatment and fulfill human rights. Many impacts are caused by *pasung* such as feeling depressed, having suicidal intentions, trauma, feeling abandoned or alienated from the family. The family's action by installing shackles is due to a lack of family knowledge in recognizing disease (Harun, 2021). Families feel ashamed of their surroundings because they have family members who experience psychiatric disorders or there is no family cost for treating patients, even though the family has the most important role in the patient's healing process.

The impact of *pasung* continuously causes physical weakness, the patient cannot move the extremities, the patient is not free, the patient can cause injury and the patient can experience atrophy in the extremities (Wulandari et al., 2019). Therefore, several studies show that people with severe mental disorders who are shackled will complain of pain and are unable to move all parts of their extremities. So that they experience muscle fatigue and are unable to move the extremities that are in the stocks (Ulya, 2019). Cases with physical mobility barriers in people with severe mental disorders have an impact on their psychosocial problems such as feeling afraid, worried, and not wanting to socialise with their surroundings.

Pasung has a negative impact on people with mental illness (PWMI) in the form of physical and social changes. Pasung can cause PWMI to experience trauma, feel abandoned, inferior, and hopeless (Lestari, Choiriyyah, & Mathafi, 2014). Twenty-one percent of PWMI experienced injuries and their health conditions worsened when they were shackled (Guan et al., 2015). This condition leads to the need for the exemption of *pasung* in accordance with the Indonesian program for free from *pasung* by the government.

The Strategies to Overcome the Use of *Pasung*

Family and community where the people with mental illness live play a big role in giving influence to use *pasung*. The negative and wrong stigma about mental illness and the low knowledge about mental health caused them to use *pasung* for a “safe” environment, where they can avoid the physical and emotional exhaustion they get from people with mental illness (Eka & Daulima, 2019; Lestari et al., 2020). Being aware about mental health by getting health education is needed so they know and be able to change their mind about the people with mental illness. Family certainly needs to know the right intervention or the medication which are needed by the people with mental illness (Eka & Daulima, 2019). If the family finds difficulties in taking care of the people with mental illness, they can contact a mental health hospital to get ACT (assertive community treatment) or take the people with mental illness to a mental hospital. ACT is suitable for the people with mental illness with special conditions, those who experience difficulties in daily living activities, meeting basic needs, and fulfilling their life security (Schöttle, 2019). There will be a flexible as well as comprehensive multi sectoral team approach to provide, for example 7Cs service, for people with mental illness, their families, and their communities (Agustini et al.,

2021). This method has been studied and has given effective results in people with mental illness located in Australia, China, North America, and South Africa (Aagaard et al., 2017; Vidal, 2020).

The 7Cs service is a community care for people with serious mental disorders outside a mental hospital. The Cs stand for cure, care, crisis intervention, client expertise, community support, control, and check (Agustini et al., 2021). The first C, cure, is consisted of evidence-based treatment which is focused on healing, stabilising, or making the situation tolerable according to multidisciplinary guidelines in home country; treatment by doctors or nurses; psychological care (CBT or metacognitive therapy); addiction treatment; and somatic screening or treatment (metabolic screening). The second C, care, is consisted of providing daily support and guidance; nursing guidance by giving assistance with daily life, prevention of self-neglect, attention to hygiene; rehabilitation; recovery oriented care; and continuity of care. The third C, crisis intervention, is consisted of providing supervision and intensive care at home of clients with shared caseloads and 24/7 accessibility; risk assessment; emergency admissions; and involve family as support systems. The fourth C, client expertise, is consisted of the use of client experience skills, to be mentioned collective decision making; recovery oriented care; empowerment which uses strength model; and peer support worker intervention. The fifth C, community support to prevent interference, is consisted of family and community support systems; support related to housing, employment, and welfare; support individuals in finding and keeping a job; and promote the inclusion of the client. The sixth C, control, is consisted of doing risk assessment and safety management for clients and the environment; prescribing and implementing mandatory mental health care interventions by court order in case of danger; and sometimes forensic care based on court request. The last C, check, is consisted of evaluating the effects of treatment and strategies care or treatment; monitoring the routine outcomes; and giving certification (Veldhuizen & Bahler, 2015).

Besides family and community, the government takes the biggest responsibility for better lives of people with mental illness. After creating a mental health policy, the next task to be done is to provide mental health services as close as possible to the area where the people with mental illness live. This service, such as home visit, can ease the health workers or volunteers to reach or even find new *pasung* sufferers. By reaching or finding *pasung* sufferers, health workers can give the treatment they need in their houses at least once in 2 (two) weeks. This service is also needed to reduce or even prevent the *pasung* sufferers. This service can also build the confidence of the people with mental illness' families to continue their lives without feeling ashamed or afraid of aggressive behaviour or financial problems from the people with mental illness. After getting better, the people with mental illness should be taken to rehabilitation to improve their social role and be independent before returning back to their daily activities (Lestari et al., 2020; Agustini et al., 2021). The occupational and vocational therapy could be used to train the people with mental illness' job skills and then place them in the right role or field (Agustini et al., 2021).

CONCLUSIONS AND RECOMMENDATIONS

Based on the discussion, it can be concluded that the incidence of coercion and physical restriction of people with mental disorders is still often found due to health policies that have not been implemented properly to protect the rights of patients. In addition, education, employment, economy, environment, and health services are the factors to negative perceptions in the community and the cause of using *pasung* to the people with mental disorders. This habit is also accompanied by physical violence which can have a negative impact in the form of physical and social changes or even trauma and injury. In overcoming the use of *pasung* in people with mental disorders, family and the surrounding play a major role in this practice. Besides, awareness of mental health can be the first step in reducing the incidence of using *pasung* and the role of the government in providing adequate health services.

THANK-YOU NOTE

The authors would like to thank all those who contributed to the writing of this article, especially the lecturers of the public health English course who have guided and provided input in the preparation of the writing of this article.

REFERENCE

- Aagaard, J., Tuszewski, B., & Petersen, P. K. (2017). "PT NU," Arch. Psychiatr. Nurs., no. 2016, 2017, doi: 10.1016/j.apnu.2017.07.008
- Agustini, T. D., Karimah, A., & Sajogo, I. (2021). Community Based Pasung Release on Schizophrenia. *Jurnal Psikiatri Surabaya*, 10(1), 27–32. <https://doi.org/10.20473/jps.v10i1.20638>
- Brooks, H., James, K., Irmansyah, I., Keliat, B. A., Utomo, B., Rose, D., Colucci, E., & Lovell, K. (2018). Exploring the potential of civic engagement to strengthen mental health systems in Indonesia (IGNITE): a study protocol. *International Journal of Mental Health Systems*, 1–10. <https://doi.org/10.1186/s13033-018-0227-x>
- Buanasari, A., Daulima, C., Helena, N., Wardani, Y. (2018) The Experience of Adolescents Having Mentally Ill Parents with Pasung. *Enfermeria Clinica*. [https://doi/10.1016/S1130-8621\(18\)30043-3](https://doi/10.1016/S1130-8621(18)30043-3)
- Eka, A. R., & Daulima, N. H. C. (2019). Factors related to pasung on people with mental illness: a literature review. *International Journal of Nursing and Health Services (IJNHS)*, 2(2), 36–41. <https://doi.org/10.35654/ijnhs.v2i2.95>
- Eka, V., Hidayanti, S., Alfianto, A. G., & Kurniyanti, M. A. (2023). Case study: people with severe mental disorders with physical mobility barriers after in pasung. 01(01).

- Fitriani, D. R. (2017). Hubungan Antara Persepsi Dengan Sikap Keluarga Dalam Menangani Anggota Keluarga Yang Mengalami Skizofrenia di RSJD Atma Husada Mahakam Samarinda. *Jurnal Ilmu Kesehatan*, 20-26.
- Government of Indonesia. (2014). Undang-Undang Nomor 18 Tahun 2014 tentang Kesehatan Jiwa. Lembaran Negara RI Tahun 2014 Nomor 185, Tambahan Lembaran RI Nomor 5571. Sekretariat Negara 2014. Jakarta.
- Habita, K.N., Yusuf, A., Tristiana, R.D. (2020). Society Perception of Pasung Behavior in People with Mental Disorders. *Indian Journal of Forensic Medicine and Toxicology*, 14(2). <https://doi.org/10.37506/ijfmt.v14i2.3204>
- Harun, N. J. (2020). Pengambilan Keputusan Dalam Merawat Pasien Gangguan Jiwa Tanpa Menggunakan Pasung. <https://osf.io/preprints/rfb95/>
- Laila, N. H., Mahkota, R., Krianto, T., & Shivalli, S. (2018). Perceptions about pasung (physical restraint and confinement) of schizophrenia patients : a qualitative study among family members and other key stakeholders in Bogor Regency , West Java Province , Indonesia 2017. *International Journal of Mental Health Systems*, 1–7. <https://doi.org/10.1186/s13033-018-0216-0>
- Lestari, N. W., Soeharto, S., & Windarwati, H. D. (2020). Reasons Pasung in People with Mental Disorders. *International Journal of Nursing Education*, 12(4), 195–197. <https://doi.org/10.37506/IJONE.V12I4.11250>
- Patawari, A., Titin Andri Wihastuti, & Nurul Muslihah. (2020). Experience of Community Leaders in Taking off Pasung (Physical Restraint) for People with Mental Disorders in Southeast Sulawesi. *International Journal of Science and Society*, 2(3), 165–176. <https://doi.org/10.54783/ijsoc.v2i3.146>
- Schöttle, D. (2019). “Reduction of Involuntary Admissions in Patients With Severe Psychotic Disorders Treated in the ACCESS Integrated Care Model Including Therapeutic Assertive Community Treatment,” vol. 10, no. October, pp. 1–11, 2019, doi: 10.3389/fpsyt.2019.00736.
- Syarniah, Rizani A., Sirait, E. (2014). Studi Deskriptif Persepsi Masyarakat Tentang Pasung pada Klien Gangguan Jiwa Berdasarkan Karakteristik Demografi di Desa Sungai Arpat Kecamatan Karang Intan Kabupaten Banjar. *Jurnal Skala Kesehatan*, 5(2). Doi : <https://doi.org/10.31964/jsk.v5i2.22>
- Veldhuizen, V. J. R., & Bahler, M. (2015). “Manual Flexible Assertive Community Treatment (FACT),” no. August, 2015, doi: 10.13140/RG.2.1.3925.1683.
- Vidal, S. (2020). Assertive Community Programs for Patients with Severe Mental Disorders: Are Benefits Sustained After Discharge?. *Community Ment Health J* 56, 2020.
- Yulis, R. (2021). Impact of Family Burden : A Case Study Re-pasung of People with Mental Illness. *IO(1)*, 360–370. <https://doi.org/10.30994/sjik.v10i1.639>
- Yunanto, R. A, Titin AWSDR. (2019). Stigma Against People With Severe Mental Disorder (PSMD) With Confinement “Pemasungan.” *NurseLine Journal*. 4(2) : 12–20.

