

Indonesian Stakeholders Psychosocial Support in Mental Health Issues: Exploring The Legislations and The Prevalence

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To Link this Article: <http://dx.doi.org/10.6007/IJARBSS/v13-i12/20075> DOI:10.6007/IJARBSS/v13-i12/20075

Published Date: 14 December 2023

Abstract

This review aims to analyze Indonesian stakeholders' psychosocial support in mental health issues by exploring the legislation and the prevalence. Despite legislative and policy efforts to address mental health issues, access to mental health services in Indonesia remains limited, with only a small percentage of individuals with mental health issues receiving treatment. The article identifies various challenges facing Indonesia's mental health system, including a lack of resources, stigma surrounding mental health, insufficient training among healthcare providers, high costs of treatment, cultural factors, and a lack of political will to prioritize mental health. A comprehensive legal framework for mental health services is required to address issues such as access to mental health services, the use of evidence-based treatments, the protection of the rights of people with mental health conditions, and the provision of adequate resources for mental health services. The article emphasizes the need for a comprehensive legal framework for mental health services in Indonesia. Addressing these challenges will require a multi-faceted approach, including increasing investment in mental health infrastructure and resources, raising awareness and reducing stigma, improving healthcare provider training, and improving access to affordable mental health services for all Indonesians. This information is valuable for policymakers, healthcare professionals, and individuals interested in mental health advocacy and reform in Indonesia.

Keyword: Psychosocial Support, Stakeholders, Mental Health

Introduction

The public is increasingly concerned with enhancing care for individuals with mental health issues and closing the treatment gap. The treatment disparity in Low- and Middle-Income Countries (LMIC) is estimated to exceed 90%, with rural areas of Indonesia reaching up to 95% (Putri et al., 2021; WHO, 2014). This is due to limited mental health services (Idaiani & Riyadi, 2018), a shortage of mental healthcare professionals (WHO, 2017), and mental health stigma

(Hartini et al., 2018). Despite the prevalence of mental health issues, only a small percentage of individuals receive treatment. Depression was prevalent among individuals aged 15 years in Indonesia at a rate of 6.1% (706,689), while mental-emotional disorders were prevalent at a rate of 9.8%. However, treatment is only received by 9.0% of patients who have depression (Ministry of Health, 2019).

In 2014, the House of Representatives passed a law on mental health, which requires every province to establish at least one mental health hospital to increase access to mental health services and decrease reliance on traditional treatments for mental disorders (Mahendradhata et al., 2021). However, according to Idaiani and Riyadi (2018), seven provinces in Indonesia, including Riau Islands, Banten, North Kalimantan, Gorontalo, West Sulawesi, North Maluku, lack a mental hospital, and three provinces, including West Papua, West Sulawesi, and North Maluku, do not yet have psychiatrists (Idaiani & Riyadi, 2018). This highlights that the distribution of mental health services is still unequal in Indonesia.

A significant problem in Indonesia is the lack of knowledge about mental health (Brooks et al., 2018). In the past, the lack of help-seeking behavior was thought to be the primary cause of the high treatment gap (Goodwin et al., 2016). However, two main factors that hindered people from seeking help were stigma (Fox et al., 2018) and insufficient mental health knowledge (Tay et al., 2018). Despite the available treatments, in Indonesia, individuals with mental health disorders continue to face discrimination, which can result in them being isolated and confined by their relatives or seeking help from spiritual or religious leaders instead of medical professionals (Hartini et al., 2018). Some people also reported that their reluctance to seek treatment is due to dissatisfaction with existing health services (Lyu et al., 2018). Additionally, due to a shortage of mental health resources, restricted access to information, and professional boundaries, it is difficult for healthcare professionals, especially faculty members, to assist students in distress (Putri et al., 2019). Therefore, strategies to improve mental health services should address the challenges faced by both service recipients and health professionals.

Indonesia's mental health legislation is governed by the Law No. 18/2014 on Mental Health, which recognizes the significance of promoting mental health, preventing mental disorders, providing care, treatment, rehabilitation, and safeguarding the rights of people with mental disorders. The law mandates the development of a comprehensive national mental health program that includes primary mental health services, as well as secondary and tertiary mental health services, and emphasizes the importance of community-based mental health services and family and community involvement. In addition to the mental health law, Indonesia has other laws that have implications for mental health, such as the Disability Act and the Child Protection Act. While the mental health legislation provides a comprehensive framework, there are still challenges in its implementation. So, this study aims to analyse Indonesian stakeholders psychosocial support in mental health issues by exploring the legislations and the prevalence.

Research Methodology

The methodology used in this article is literature review. The online databases PubMed, Google Scholar, and Scopus were used to perform a search using the keywords "Indonesia Mental Health System," "Indonesian Stakeholders Psychosocial Support," "Mental Health Issues," and "Legal frameworks in Mental Health." The results of the search were compiled and presented. The criteria for inclusion and exclusion were applied to studies that were chosen based on whether or not they fulfilled the study goals, were published during the last

10 years (2013-2023), and could be fully accessed. The next step was to extract the data and conduct the analysis so that we could find common themes and trends across the research. The data were then synthesized, which allowed for a full assessment of the present condition of mental health in Indonesia and the role of the stakeholders psychosocial support, as well as the identification of gaps in the available literature and the suggestion of future study areas.

Result and Discussion

Prevalence of Mental Health in Indonesia

Mental Health among Adolescents Aged 10-17 Years

Indonesia is facing a significant mental health challenge among adolescents, with one in three experiencing mental health problems, mainly anxiety disorders. However, only a small percentage of youth access mental health services, with school staff being the primary provider. Additionally, many primary caregivers may not be aware of their children's mental health problems. The COVID-19 pandemic has exacerbated the issue, with 4.6% of youth reporting increased mental health difficulties. Anxiety disorders have the highest prevalence among mental disorders, indicating a need for more support and intervention in this area (I-NAMHS, 2022) (See Figure 1).

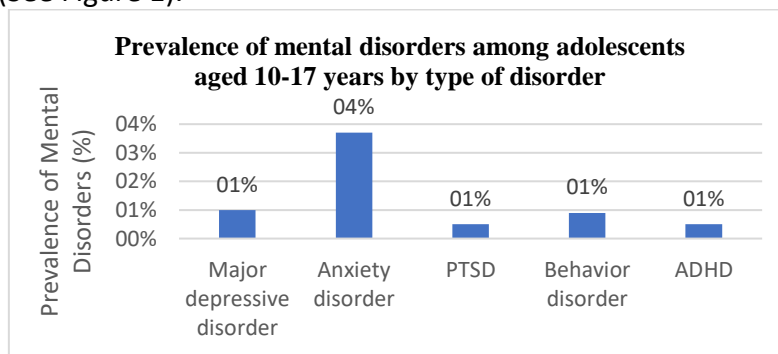


Figure 1 Prevalence of mental disorders among adolescents aged 10-17 years by type of disorder

Source: I-NAMHS, 2022

Prevalence of Depression based on Provinces in Indonesia

Depression affects a significant proportion of the Indonesian population, with an average prevalence of 6.1% among individuals aged 15 and older. The prevalence of depression varies among different provinces, with Central Sulawesi having the highest percentage of depression at 12.3%. Other provinces with high rates of depression include East Nusa Tenggara, Gorontalo, North Maluku, West Nusa Tenggara, Banten, West Sumatra, and North Sumatra (Ministry of Health, 2019). These regional variations in the prevalence of depression may be due to disparities in socioeconomic status, cultural factors, and access to mental health services.

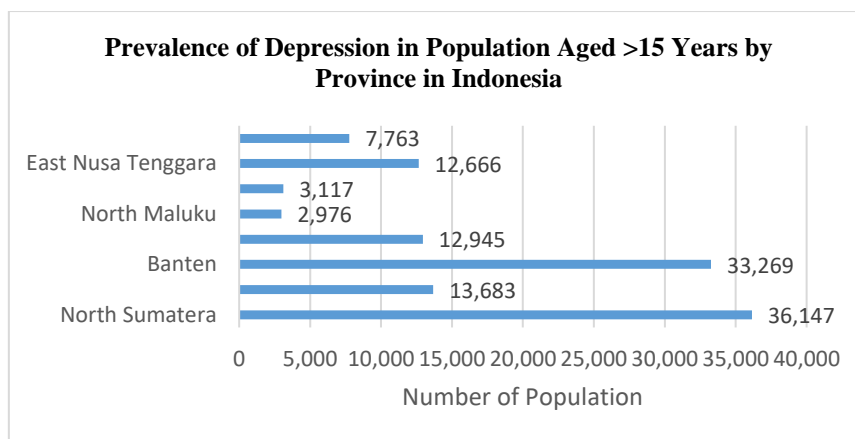


Figure 2 Prevalence of Depression in Population Aged >15 Years by Province in Indonesia
Source: Ministry of Health, 2019

Mental Health Treatment in Indonesia

Treatment of Depression based on Provinces in Indonesia

Figure 2, Figure 3, and Table 1 showed that Gorontalo has the lowest proportion of depression treatment, followed by West Sumatra, North Sumatra, and Banten. West Nusa Tenggara, North Maluku, Central Sulawesi, and East Nusa Tenggara also have relatively low proportions of depression treatment (Ministry of Health, 2019). These statistics suggest that there may be barriers preventing people from accessing treatment for depression in certain areas of Indonesia. Factors such as geographical location, lack of healthcare facilities, and limited awareness of mental health issues may contribute to the low rates of depression treatment in some provinces. Addressing these barriers and increasing access to depression treatment is crucial in improving mental health outcomes for people in Indonesia.

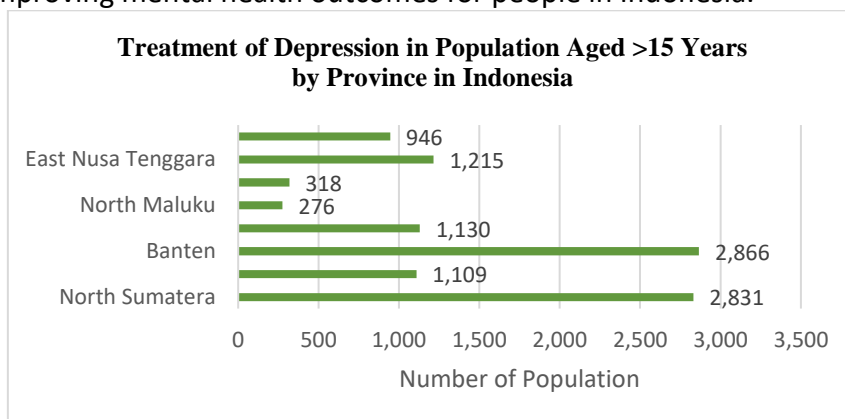


Figure 3 Treatment of Depression in Population Aged >15 Years by Province in Indonesia
Source: Ministry of Health, 2019

Table 1

Comparison between prevalence percentage and treatment proportions by provinces

No	Provinces	Prevalence Percentage (%)	Number (N) of Prevalence	Treatment Proportions (%)	Number (N) Treatment Proportions (%)
1	Gorontalo	10.3%	3,117	18.2%	318
2	West Sumatera	8.2%	13,683	8.6%	1,109
3	North Sumatera	7.9%	36,147	8.5%	2,831
4	Banten	8.7%	33,269	8.3%	2,866
5	West Nusa Tenggara	8.8%	12,945	8.0%	1,130
6	North Maluku	9.3%	2,976	7.4%	276
7	Central Sulawesi	12.3%	7,763	7.3%	946
8	East Nusa Tenggara	9.7%	12,666	5.9%	1,215

Treatment of Depression in Population Aged >15 Years by Characteristics

Depression treatment in Indonesia varies based on age group, gender, education, occupation, and domicile. Understanding these factors can help tailor mental health services to specific populations (See Table 2) (Ministry of Health, 2019).

Table 2

Comparison between prevalence percentage and treatment proportions by characteristics

No	Characteristics	Prevalence Percentage (%)	Number (N) of Prevalence	Treatment Proportions (%)	Number (N) Treatment Proportions
Age Group					
1	15-24 years	6.2%	157,695	5.25%	9,316
2	25-34 years	5.4%	152,522	5.4%	7,873
3	35-44 years	5.6%	144,800	5.6%	7,736
4	45-54 years	6.1%	119,070	6.1%	7,004
5	55-64 years	6.5%	79,170	6.5%	4,894
6	65-74 years	8.0%	37,491	8.0%	2,816
7	75+ years	8.9%	15,941	8.9%	1,303
Gender					
1	Male	4.7%	352,269	4.7%	16,532
2	Female	7.4%	354,420	7.4%	26,074
Education					
1	No/never attended school	8.2%	38,204	8.2%	2,947
2	Did not finish elementary school	8.1%	81,510	8.1%	6,269
3	Graduated from elementary school	7.0%	172,323	7.0%	11,519

N o	Characteristics	Prevalence Percentage (%)	Number (N) of Prevalence	Treatment Proportions (%)	Number (N) Treatment Proportions
4	Graduated from junior high school	6.0%	150,634	6.0%	8,705
5	Graduated from senior high school	5.0%	202,438	5.0%	9,778
6	Graduated from university	3.1%	61,579	3.1%	1,786
Occupation					
1	Does not work	8.1%	204,063	8.1%	16,013
2	School	6.0%	56,924	6.0%	3,216
3	Government organizations	2.4%	21,374	2.4%	449
4	Private employees	4.3%	73,840	4.3%	2,905
5	Self-employed	5.1%	102,763	5.1%	4,926
6	Farmer/farm labourer	5.5%	129,477	5.5%	6,774
7	Fisherman	6.9%	5,386	6.9%	312
8	Worker/driver/household helper	5.8%	73,472	5.8%	4,020
9	Other	5.9%	39,389	5.9%	2,154
Residence					
1	Urban	6.3%	391,028	6.3%	23,777
2	Countryside	5.8%	315,661	5.8%	17,787

Human Rights and Mental Health Legislations in Indonesia CRPD

In 2011, Indonesia has ratified the Convention on the Rights of Persons with Disabilities (CRPD). The CRPD recognizes the rights of people with disabilities and seeks to promote their full inclusion and participation in society, including their right to health, habilitation, and rehabilitation. The CRPD also stimulated the amendment of outdated disability laws, leading to the 2016 enactment of Law No.8/2016, which incorporates measures in accordance with CRPD obligations. Despite these efforts, obstacles such as inadequate access to education, employment, and health services, as well as discrimination and stigma against people with disabilities, remain. However, the ratification of the CRPD and subsequent legal and policy developments provide Indonesia with a solid foundation for continuing to promote and safeguard the rights of persons with disabilities and ensuring their full integration into society (Sharma, 2014; United Nations, 2019; Wahyu & Elven, 2020).

The 1945 Constitution of the Republic of Indonesia

The 1945 Constitution of the Republic of Indonesia guarantees fundamental rights to all citizens, including freedom from discrimination, which provides essential protection for individuals with disabilities and a framework for the development of disability rights legislation in Indonesia. The government has taken significant measures to promote and protect the human rights of all citizens, including those with disabilities, by prioritizing the

fortification of legal and institutional frameworks to guarantee their protection. The government has incorporated a rights-based perspective into development planning, budgeting, and policy implementation, which has removed obstacles and discrimination and empowered and accommodated the rights of people with disabilities, a major step forward in promoting and protecting their rights in Indonesia.

Indonesia Law No.8 of 2016

The Indonesian Law No. 8 of 2016 replaced an outdated law and demonstrates the government's commitment to align its legal framework with the CRPD to safeguard the rights of individuals with disabilities. The new law emphasizes the right to live independently, participate in society, and have equal access to public services, education, and employment. It establishes the National Commission on Disability Rights as an independent body to monitor implementation and advocate for disability rights. However, the implementation of Law No.18/2014 in Indonesia has been lacking. One of the key reasons for this is the delay in the development of implementing regulations, which were supposed to be created within one year of the law being enacted in 2014. As a result, the program targets have not been fully achieved, and cases of restraint are still being reported. The study suggests that the law should be better implemented to protect the rights of people with mental disorders and prevent discrimination against them (Ayuningtyas et al., 2018).

Indonesia Law no. 36 of 2009

The "Law No. 36 of 2009 on Health in Indonesia" emphasizes the right to access mental health care for mentally disabled, abandoned, and homeless individuals. The law mandates the government to establish policies and programs to promote mental health, prevent mental disorders, and make mental health services accessible and affordable. It also requires the government to provide mental health services to individuals with mental illnesses who are displaced, homeless, or endangering public order and public security, as well as mentally handicapped persons who are abandoned or homeless. Legislation is essential in protecting the rights of mentally-ill individuals, preventing discrimination against them, promoting their autonomy and liberty, and facilitating access to community-based mental health care (WHO, 2005).

The Connection between Indonesia Mental Health Legislations and the Prevalence

Despite the passing of a mental health law in Indonesia in 2014 mandating community mental health services and the incorporation of mental health into primary healthcare, many people with depression are still not receiving treatment. One reason for this is the lack of resources, with many mental health clinics and hospitals being understaffed and under-resourced. Stigma surrounding mental health is also a significant factor, with many Indonesians still viewing mental illness as a personal shortcoming or vulnerability, making it difficult for depressed individuals to seek aid. Healthcare providers may also lack knowledge and awareness about depression, leading to misdiagnosis or under-diagnosis. Finally, a lack of political will to address mental health issues in Indonesia is hindering progress.

Indonesian Government Plan through the Mental Health Act (MHA)

Indonesia's Mental Health Act (MHA) was passed in 2014 to improve the country's mental healthcare system by integrating mental healthcare into general healthcare, developing human resource capacity, and providing affordable medications. The act emphasizes the need

for accessible community-based services and mandates the promotion of mental health awareness to reduce the stigma associated with mental illness. The treatment of individuals with mental illness must also protect and guarantee their human rights, and any violations of human rights during the treatment process are considered a criminal offense (Bikker et al., 2021).

The government's Universal Health Coverage (UHC) scheme aims to provide a range of treatments for physical and mental health conditions, increasing access to healthcare for all individuals, regardless of their financial status or other factors. The scheme includes a referral system that involves primary care personnel in screening and treating mental health conditions and referring severe cases to hospitals. By treating mental health conditions alongside physical health conditions, the government aims to reduce the stigma associated with mental illness and provide assistance to marginalized individuals with mental disorders (Agustina et al., 2019; Bikker et al., 2021; Praherso et al., 2020).

However, the implementation of the MHA faces several challenges, including the absence of detailed regulations and sufficient funding. The lack of specific guidelines on the duties and responsibilities of stakeholders involved in mental healthcare provision and inadequate funding has resulted in insufficient resources and infrastructure for the delivery of mental healthcare services. Low- and middle-income countries (LMICs) encounter obstacles such as inadequate financing, a dearth of human resources, and inadequate administration that impede the implementation of national mental health plans. The incorporation of mental health professionals' knowledge and interaction with patients is crucial in facilitating the implementation process (Bikker et al., 2021; Means et al., 2020; Zhou et al., 2018)

Conclusion

The prevalence of mental health issues, especially anxiety disorders and depression, is a growing challenge in Indonesia, particularly among adolescents. Unfortunately, access to mental health services is limited, and many cases of mental health concerns may be going unnoticed and untreated. While there have been efforts to address these issues through legislation and policy, there are still significant challenges that need to be addressed. These challenges include a lack of resources, stigma surrounding mental health, insufficient training among healthcare providers, high costs of treatment, cultural factors, and a lack of political will to prioritize mental health. Addressing these challenges will require a multi-faceted approach that involves increasing investment in mental health infrastructure and resources, raising awareness and reducing stigma, improving healthcare provider training, and improving access to affordable mental health services for all Indonesians. The development of a comprehensive legal framework for mental health services is also critical in ensuring that the rights of people with mental health conditions are protected, and they receive appropriate and evidence-based treatments.

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