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ABSTRACT

The purpose of this study was to explore the implementation of Law no. 18 of 2014 concerning the rights of People with Mental Disorders (PMD) in Samarinda, through qualitative research methods. Research participants are nine PMDs and one nurse. Data collected used set of form of interviews regarding the fulfillment of rights as PMD. The result can be concluded that the implementation of Law No. 18 of 2014 which divided into health and non-health services, was considered fulfilled more in terms of health services, while non-health services tend to be neglected. In health services, indicators of complete information explanation have not been fulfilled. Meanwhile, in non-health services with indicators of family neglect, emerge by families who do not support PMD patients to take medication regularly; psychological violence was done by relatives and people in the neighborhood; stocks; economic exploitation such as vehicles and houses; and discrimination against PMD in the neighborhood did occurs. In the sub-aspect of social needs, indicators of managing personal items and objects have not been fully given to PMD patients. This was done by the families, not while PMD being treated at the psychiatric hospital. Socialization regarding the importance of the role of families and health workers as well as the psychological approach that has been carried out so far, it was very comprehensive if the legal approach in terms of protecting the rights of people with mental disorders begins to be collaborated.

Keywords: The Rights of People with Mental Disorders; Law No. 18 Of 2014

INTRODUCTION

the term people with mental disorders in Indonesia was quite widely known, unfortunately not many people understand that as humans, people with mental disorders have proper rights as Indonesian people in general. The stigma of society cannot be separated from the lack of knowledge about mental disorder (Purba 2020). Law on Mental Health Number 18 of 2014 has explained and classified mental health conditions. Mental health defined as a condition in which an individual can develop physically, mentally, spiritually and socially so that the individual can realize his own abilities, can cope with pressure, can work productively and be able to contribute to his/her community. One category of mental health conditions is people with mental disorders, namely people who experience disturbances in thoughts, behavior and feelings that are manifested in the form of a set of symptoms and/or significant behavioral changes, and can cause suffering and obstacles in carrying out their functions as a human being according to Indonesia's National law Number 18, 2014 on Mental Health.

The Data and Information Center of the Ministry of Health of the Republic of Indonesia or InfoDATIN (2018), submits a report on the mental health situation in Indonesia, that mental disorders were the largest contributor to the burden of disease in the disability condition category, which is 14.4%. Furthermore, according to Risesdas data in 2018, East Kalimantan was in the 17th highest ranking in Indonesia with the prevalence of depression in the population over the age of 15 years. Cases of people with mental disorders in East Kalimantan Province also show varying numbers, with the highest increase occurring in 2017, 42,264 people (Lestari 2019). Furthermore, the Deputy Director of Services for the Regional Psychiatric Hospital Atma Husada Mahakam Samarinda, said that until September 2019 the hospital had treated 40,000 patients. In fact, it was stated that the average handling of new patients every month were 110 patients (Lestari 2019). The increase in the number of patients with

mental disorders were accompanied by the rise of negative news like, beatings of residents (Gunawan 2019), ending lives by jumping into river (Desmawangga 2019), including cases of shackles (Yosep 2019).

Samarinda City Government takes seriously the problems of people with mental disorders by holding cross-sectoral meetings. The meeting discussed the evacuation and handling. Bringing in clinical psychologists and training the head of civil service police (Satpol PP) were a solution and proof of cross-sectoral implementation by the government. Clinical psychologists will detect initial suspected cases of mental disorders, prevention of suicide cases, detection of sexually transmitted and infectious diseases, and quarantine at the public health center. The civil service police (Satpol PP) as the front guard in handling the problem of disturbing public also involved in this case (Pro Samarinda 2019). Unfortunately, these efforts are considered less focused on the root cause of the problem which refers to Indonesia's National Law Number 39, 1999 on Human Rights, Law Number 36, 2009 on Health and on Mental Health (Purba 2020).

Research on people with mental disorders has been widely carried out in various regions in Indonesia (Sulistiyorini 2013; Islamiati, Widiati and Suhendar 2018; Dalimunthe 2020). However, there were not many studies on people with mental disorders that attach legal elements to the realm of analysis (Buana, Hadin and Firdaus 2019). This study aims to provide information about the conditions that occur in Samarinda, especially the application of Law Number 18 of 2014 Article 70 concerning the rights of people with mental disorders. The results of the research are intended to provide real information regarding the implementation of the rights of people with mental disorders, especially in Samarinda and give recommendations to government agencies, psychiatric hospitals and families.

MATERIAL AND METHODS

Qualitative research methods were used to collect data regarding the implementation of the rights of people with mental disorders. The intended qualitative research was research to understand the phenomena of what was experienced by participants holistically and expressed in a descriptive way (words and language) in a special natural context by utilizing various methods (Moleong 2007). Qualitative research methods are recommended for complex research themes that need to be explored and studied more deeply (Biggerstaff and Thompson 2008; Creswell 2013). The method of data collection was carried out by interviews, namely conversations and questions and answers directed to achieve certain goals (Poerwandari 2007) and in depth collecting detailed understanding from an individual point of view or subjective meanings related to the topic (Patton 2009). Thus, the interview method was conducted to explore subjective understanding of the rights obtained by PMD in Samarinda. The approach used was a semi-structured interview, where researchers can adjust the flow and setting of the interview by utilizing general interview guidelines (Herdiansyah 2013).

Instrument Validity

The research variable was the rights of people with mental disorders which refers to Law Number 18 of 2014 Article 70 which consists of eight rights, (1) mental health services in easily accessible health facilities; (2) mental health service standards; (3) guarantee of drug availability; (4) approval of the medical action on the patient; (5) honest and complete information about mental health data including actions and treatments that have been and will be received; (6) protection from every form of neglect, violence, exploitation and discrimination; (7) social needs according to the level of mental disorders; and (8) manage their own property and/or those handed over to them. Through these eight rights, the researcher divides into two indicators, the right to health services (first to fourth rights) and non-health rights (fifth to eighth rights). The preparation of interview instruments was carried out by the research team, followed by expert judgment by clinical psychologists who work in psychiatric Hospitals and State Hospitals. The interview instrument consisted of 46 items and after being assessed by 9 experts, a total of 43 items were obtained with a validity of 0.72-0.97 referring to Aiken (Aiken 1985). Thus, the interview instrument was valid to collect the information.

Participants

The research was conducted at the Atma Husada Mahakam Psychiatric Hospital, Samarinda. Data collection was carried out by the research team, involving nine people with mental disorders, both inpatients and outpatients, and a nurse. The selection of research subjects used purposive sampling with criteria according to the recommendations of the psychologist on psychiatric hospital, treatment period 0-5 years, in conducive conditions, calm and able to communicate. Table 1 below show participant's data:

Table 1: Participant's Data

No.	Name (Initial)	Sex	Age	Profession
1.	AAO	M	17	High School Student
2.	MEG	M	31	Unemployed
3.	MF	M	42	Driver
4.	MT	M	16	Student
5.	MIAM	M	12	Student
6.	AK	F	45	Unemployed
7.	AMF	M	33	Unemployed
8.	S	M	38	Scavengers
9.	YG	F	39	Unemployed
10.	ITR	F	33	Nurse

Source: Alamanda, Pratama, Sudarsono and Zamzam

RESULT AND DISCUSSION

The rights of people with mental disorders in the aspect of health services on poin easily accessible have been accepted by patients, both inpatient, outpatient and assessment facilities, referrals, covered by national health insurance (BPJS) and taking medication at other health facilities. The mental health service center of a mental hospital can be easily accessed by patients from and outside the city of Samarinda. The following sample of participant answers were:

"... directly to the RSJD not referred." by AMF.

"... When you enter the RSJD, you are handled and suddenly all my worries are gone, ..." by YG.

"... test preparation IQ test, ..." by MT.

Based on the results of interviews, all PMD patients received health services from the Atma Husada Hospital, both inpatient, outpatient and the use of other health facilities such as assessments. Other health services such as referrals, BPJS facilities, and taking drugs at other health facilities can also be used. In addition, the mental health service center in this case the Atma Husada Hospital can be easily accessed by both patients from inside and outside Samarinda. Thus, it can be concluded that health services were available, can be used and accessed easily by PMD patients.

Article 4 of Law Number 44 of 2009 concerning Hospitals stipulates that hospital are officiate providing complete individual health services. Individual health services are any health service activities provided by health workers to maintain and improve health, prevent and cure disease, and health recovery. Next, the mental health service system that in carrying out the implementation of mental health it was carried out in stages and comprehensively consisting of basic mental health services and referrals. The last, mental health services are integrated in general health services in hospitals, main clinics and the practice of mental health specialists.

Easy access to health services for PMD patients, especially in Samarinda, has been felt by all patients who are research subjects. The services received include referrals, inpatient care, outpatient services, assessments, services for BPJS patients, taking medication at other health facilities close to their domicile, meaning that patients do not need to come to the psychiatric hospital just to take medication. By knowing the existence of health facilities, the risk of delays or delays in treating ODGJ can be minimized. Thus, it is important for health workers at public health services or Puskesmas, mental hospitals and related apparatus to provide information about the existence of mental health service facilities to the community (Adelian, Pujaastawa and Sudiarna 2021).

The other points were services according to standards, that has been proven by standard service procedures and has been disseminated through information boards and throughout the hospital. However, not all patients understand the procedure, as well as what patients convey about their family's understanding of hospital standard procedures. The same thing was also conveyed by the nurses, that not all actions or results of examinations and patient data were given to patients and their families, unless required for further examination. Based on this information, it can be concluded that the health services at hospital were in accordance with standard procedures, but neither the patient nor the patient's family understands this. It would be better if information related to mental health conditions, the form of action that will be and has been carried out as well as the patient's treatment process can be accommodated by the competent authorities (health workers and/or hospital management), both to the patient and the families.

Based on the interviews, most of the PMD patients did not understand the health service procedures at hospital. Only one patient said that he needed to register before getting service. Likewise, only one patient who conveyed the family was notified of the treatment given. 4 out of 9 people said they had never had a consultation with a doctor and not given an explanation of their medical record data. Therefore, most of the PMD patients did not

know their mental health condition. However, before giving the injection to the patient, 4 out of 9 subjects were notified. On the other hand, the nurse said that when picking up the patient an oral explanation regarding the patient's condition had been informed to the family as well as the rules for taking medication. Thus, the patient did not understand the flow of registration, treatment or medical action until the patient's discharge procedure. Therefore, some patients think that their binding by health workers was a form of torture. In fact, this is one of the handling procedures so that patients avoid hurting themselves or hurting the health workers.

In a pandemic situation, of course, direct interaction was very limited, such as training facilities and expression rooms for patients. Unfortunately, this was not understood by patients and health workers pay less attention to patient expectations. As has been stated, the establishment of a good relationship between mental health workers and PMD can actually facilitate healing (Adelian, Pujaastawa and Sudiarna 2021). It was hoped that nurses, doctors, psychologists, and related health workers can provide time and flexibility in the service system regarding the patient's needs for consultation. Given the patient expressed a desire to consult a doctor. In Law of Medical Practices, Number 29, 2004 and Hospital Law, related to patient consent and a complete explanation of the diagnosis, purpose of action, alternative actions, risks and prognosis.

Talking about health service standards, there were Law Number 36 of 2009 concerning Health, Number 44 of 2009 concerning Hospitals and Number 18 of 2014 concerning Mental Health. It written that health workers are required to meet the demands of a code of ethics, professional standards, rights of service users, service standards and standard operating procedures. Treatment and recovery services, professional standards for health workers, pharmacy availability refers to hospital service standards. Even in Mental Health Law, administrative sanctions have been written when mental health service standards are not met.

Not all actions or examination results and patient data were provided to the patient and family, unless it is necessary for further examination. It would be better if information related to mental health conditions, the form of action that will be and has been taken as well as the patient's treatment process can be accommodated by the competent authorities (health workers and/or hospital management). The establishment of good relations between mental health workers and PMD can actually facilitate healing (Adelian, Pujaastawa and Sudiarna 2021). In addition, in a similar study in the Special Region of Yogyakarta in 2018, it was known that juridical factors, social factors and technical factors also support the implementation of the protection of the rights of mental health services for PMD, namely the existence of regulations regarding the handling of PMD and more operational regulations are needed, reports of complaints from families patients, social stigma, even neglect, as well as technical training for mental health workers (Esem 2018). Utilizing mass media in providing explanations for patients' mental health, as well as mental health promotion media for patients, patient families and the community was very good to start to develop (Maya 2018).

Another right was the availability of drugs, conveyed by PMD patients that drugs always available and given according to the patient's needs, so that there were no cases of running out of drugs before consulting time, or running out of stock of certain drugs. Besides taking medicine at hospital, it can also be done at health facilities in Balikpapan so that patients who live around Balikpapan get convenience. Here are the answers from the participants:

"... facile medicine." by AK.

"... the medicine has run out and was immediately given by the hospital." by S.

"Never got a different drug even though I took it in Balikpapan, it's always the same." by AMF.

The Health Law, states that the government guarantees the availability, equity and affordability of essential medicines. Furthermore, the Mental Health Law, stated that the government guarantees the availability of drugs, drug administration and access to drugs was the authority health workers, even administrative sanctions have been clearly written down.

The rights of people with mental disorders other than health services were non-health rights. Regarding the protection against neglect, there were information that two patients did not receive support in taking drugs, thus cases of drug withdrawal often occur. This because the effects of the drug make the patient sleep more and feel weak, thus triggering a negative response from the family (husband's emotions). Another case experienced by the patient was that he did not get support from the child because he was worried about the long-term effects of taking the drug, so that if the child was at home, the patient did not take the drug. It can be concluded that the patient received treatment by the family, however, the family did not understand the importance of taking medication regularly for the patient's chances of recovery. Those condition should be a concern for health workers and related parties to be able to disseminate information to families and society in general. Here the following the answers of the participants:

"When I go home, when my son goes to college, he is forbidden, 'Mom, don't take medicine anymore, I have been told repeatedly'" by AK.

"He (husband) even gets angry sometimes. So, I pretended 'I'm healthy' hehehe. With angry, he told 'go get the medicine!' I said no, I'm already healthy hehehe." by AMF.

In positive law, neglect in the household can be classified as an act of domestic violence and an act that was prohibited by criminal law regulations and of course there are sanctions. Abandonment in the household was

usually carried out by husbands who leave their children and wives without providing a living for the entire family who are dependents (Khairullah, Elidar and Sahara 2017). Families who care for PMD patients need to understand that treatment needs to be carried out according to the results of consultations and directions from a psychiatric doctor. If the family takes the initiative to stop taking the drug, it must also be based on the results of consultation with the doctor concerned. If the family did not provide proper care because of an intentional element, even though he was able to do so, then it could be suspected that the form of neglect has occurred.

Family support and understanding of treatment are important not only for healing (Sulastri and Kartika 2016; Suci 2020; Shoolihah 2021) but also rights for PMD patients according to law Number 18, 2004 on Mental Health. Socialization of health workers related to assistance in taking medication could be carried out to families and carried out regularly so that families always take care of patients optimally (Sulastri and Kartika 2016). Family difficulties in caring for PMD were also influenced by economic factors and knowledge about PMD care, so it is hoped that health workers could play an active role in implementing mental health programs by conducting regular visits to monitor patient progress, provide education and motivation for the patient's family (Mislianti, Yanti and Sari 2021).

Another non-health right was physical violence. The physical violence experienced by patients in the hospital was in the form of beatings when they are rebellious at the beginning of treatment and tying up when they were restless. This form of violence was carried out as an effort to save the patient, but it not yet fully understood, thus the patient was perceived as a form of violence. One participant said that when he was at home he was chased by his family. It can be concluded that the physical violence that occurred was a lack of understanding from both the patient and the patient's family regarding the way of handling and how to interact with the patient. Here's the participants answer:

"The security guard hit me on the head when I came because I was angry, three security guards held, and one hit." by AAO.

"Not being hit, being chased by a cousin, screaming." by MIAM.

Violent behavior was identified by the symptoms of red face and tense, bulging eyes / sharp gaze, clenching the hands, clenching the jaw tightly, speaking loudly in a high voice, screaming or shouting, threatening verbally and physically, throwing or hitting objects / other people, damaging goods or other goods, do not have the ability to prevent/control violent behavior (Malfasari, Febtrina, Maulinda and Amimi 2020).

Psychological violence was the most common thing. 5 out of 9 participants experienced gossip, verbal ridicule, yelling and personal belongings being dumped in the ditch. This was obtained by the patient precisely in his home environment. While in hospital it did not happen. Here's the participants said:

"At the (previous) public elementary school, friends made fun of them, throwing hats into the ditch. The kids at home are ridiculed stupid because of his schooling in special schools, but I ignore that as nothing happen." by MT.

"I changed schools, I was bullied, made fun of at school, locked myself up, didn't want to go to school." by AAO.

"Try to say it's okay. Headache. I if he (husband) nags and keeps avoiding anyway. (scolded by husband)" by AK.

Lack of understanding of the surrounding environmental conditions made a negative stigma to-wards PMD. Research conducted in Taiwan on PMD families shows that environmental attribution was closely related to informational support (Wu and Chen 2016). This stigma makes patients increasingly excluded by discrimination in the environment around their home and community. As a result of stigma can cause depression and high stigma felt by the family will cause discrimination, causing isolation and aloofness from PMD (Ching and Chen 2016). Not only that, the stigma against PMD and their families can cause PMD who have recovered to relapse (Adelian, Pujaastawa and Sudiarna 2021). Strict action can also be taken by referring to the Mental Health Law which states that anyone who intentionally commits violence or acts that violate the human rights of PMD can be punished according to the provisions of the applicable laws.

Regarding shackles, there was 1 participant, this proves that the socialization and attention given by the government can be said to be successful. However, because there are still cases of stocks, it was necessary to continue to provide understanding to the community. Following are the answers to the subject:

"Once I was stocks, my hands and feet were bleeding. What, separated from the stock, I cut the stock. He (husband) was angry." by AK.

Feelings of shame felt by the family will cause the family to experience low self-esteem so that the family isolates and alienates people with mental disorders (Magana, Garcia, Hernandez and Cortez 2007). In accordance with Law of Human Rights, it was stated explicitly that everyone has the right to be free from torture, punishment or cruel treatment, degrading dignity and may not be arrested, detained, tortured, isolated, exiled arbitrarily. In fact, the Mental Health Law explains the crime. In addition to physical impacts (shrink muscles, unable to walk, injury) and psychological (trauma, family grudges, feelings of abandonment, low self-esteem, hopelessness, depression and symptoms of suicidal ideation), shackles cause limited fulfillment of basic

needs such as health, education and work (Lestari and Wardhani 2014; Malfasari, Febtrina, Maulinda and Amimi 2020; Halida 2015).

Regarding economic exploitation, there were 2 participants who lost their property such as motorbikes and houses. While the other patients did not experience economic exploitation. This shows that there are still forms of economic exploitation in patients. Meanwhile, it is expressly stated that patients have the right to manage their property. Here's the subject's answer:

"There are motorbikes. Yes used. But now there is no motor. For sale hehe. (motorcycle sold by family)" by AMF.

"The house was burnt down so and so, nephew. It's 6 years ago. I don't know what the reason was. What was the problem." by AK.

The public may not understand that this action was a violation of the law. The Mental Health Law stipulates that PMD was entitled to protection from any form of exploitation activity, one of which was economic exploitation. In Indonesian law, the status of PMD does not eliminate what is their right in the field of property law unless the court stipulates so. PMD still has the right to manage their property according to the degree of mental disorder. The act of taking over the assets of PMD against the law can be subject to criminal theft according to Article 362 of the Criminal Code or embezzlement according Article 372 of the Criminal Code.

Regarding social needs according to the level of mental disorders, namely education, most (7 participants) have the opportunity to improve skills and self-expression, so that formal and non-formal education have been obtained by people with mental disorders. Other social needs, which was working, 5 participants according to their age got a job and the opportunity to keep working before and after returning from a psychiatric hospital. Likewise with recreational rights, 6 participants received recreational facilities from both their families and hospitals, in terms of routine activities at the hospital. Worship activities were given freedom both from the hospital (in the room) and family, both in the mosque and prayer room. Likewise with Eid opportunities and managing their possessions. 3 participants have the opportunity to receive the items given to them. Meanwhile, other patients did not receive shipments or goods deposited, so they did not have the opportunity to receive property. Regarding exploitation and sexual violence, this did not happen to the participants either in the hospital or at home.

CONCLUSION

Based on the results of collecting data on nine PMDs and an explanation from a nurse, it can be concluded that the implementation of Law No. 18 of 2014 concerning the rights of PMDs in Samarinda, which was divided into health and non-health services, were considered to be fulfilled more in terms of health services, while services non-health tend to be less attention. In health services with indicators that are easily accessible, according to standards, drug availability can be achieved. Only one indicator, namely a complete explanation of the information that has not been fulfilled. This means that the provision of information on mental health conditions, both actions and treatments has not been given completely and honestly to patients and their families.

Meanwhile, non-health services which consist of protection from violence and social needs, there are some indicators that have not been met. In the sub-aspect of violence protection, indicators of government neglect, physical violence, sexual violence and sexual exploitation were indicators that achieved, meaning that there was no deviation of rights in the five indicators. Meanwhile, in the indicator of family neglect, there were some families who do not support the patient to take medication regularly; psychological violence was still carried out by relatives and people in the neighborhood; stocks; economic exploitation in the form of motorbikes and houses; and discrimination in the neighborhood. In the sub-aspect of social needs, the indicators achieved are formal and non-formal education, employment, opportunities for worship and opportunities to carry out activities with cultural values. Meanwhile, the management of personal belongings and objects has not been fully given to ODGJ patients. This was done by the patient's family, not during hospitalization.

Family support as the main thing in fulfilling the rights of people with mental disorders. However, the role of health service agencies and legal support in maintaining, guarding and ensuring health services for people with mental disorders can be equal and their dignity maintained. Socialization regarding the importance of the role of families and health workers as well as the psychological approach that has been carried out so far, is very comprehensive if the legal approach in terms of protecting the rights of people with mental disorders begins to be collaborated.

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REFERENCES

1. Adelian, Isabela Dibyacitta, Ida Bagus Gde Pujaastawa, and I Gusti Putu Sudiarna. 2021. "Penanganan Rehabilitasi Orang Dengan Gangguan Jiwa di Panti Renceng Mose, Manggarai, Nusa Tenggara Timur" [Handling the Rehabilitation of People with Mental Disorders at the Renceng Mose Panti, Manggarai, East Nusa Tenggara]. *Syntax Idea* 3, no. 7: 1635-1655. <https://jurnal.syntax-idea.co.id/index.php/syntax-idea/article/view/1373/820>.
2. Aiken, Lewis R. 1985. "Three Coefficients for Analyzing the Reliability and Validity of Ratings." *Educational and Psychological Measurement* 45, no. 1: 131-142. <https://doi.org/10.1177/0013164485451012>.
3. Biggerstaff, D., and A. R. Thompson. 2008. "Interpretative Phenomenological Analysis (IPA): A Qualitative Methodology of Choice in Healthcare Research." *Qualitative Research in Psychology* 5, no. 3: 214-224. <https://doi.org/10.1080/14780880802314304>.
4. Buana, Mirza Satria, Akhmad Fikri Hadin, and Ananta Firdaus. 2019. *Analisa dan Evaluasi UU No 18 Tahun 2014 Tentang Kesehatan Jiwa Berdasarkan Pancasila* [Analysis and Evaluation of Law No. 18 of 2014 concerning Mental Health Based on Pancasila]. Banjarmasin: Universitas Lambung Mangkurat.
5. Ching, Wu H., and F. Chen. 2016. "Sociocultural Factors Associated with Caregiver-Psychiatrist Relationship in Taiwan." *Psychiatri Investigation* 13, no. 3: 288-296. <https://doi.org/10.4306/pi.2016.13.3.288>.
6. Creswell, J. W. 2013. *Qualitative Inquiry and Research Design* (3rd edition ed.). Los Angeles: Sage Publication, Inc.
7. Dalimunthe, Naully Annisa. 2020. "Kualitas Hidup Orang Dengan Gangguan Jiwa Di Kelurahan Medan Sunggal" [Quality of Life for People with Mental Disorders in Medan Sunggal Village]. Undergraduate dissertation. Universitas Sumatera Utara.
8. Desmawangga, C. 2019. "ODGJ Menceburkan Diri ke Sungai Karang Mumus, RSJ Sebut Pasien Tergolong Alami Gangguan Jiwa Berat" [ODGJ Throws Himself into the Karang Mumus River, RSJ Calls Patients Classified as Having Severe Mental Disorders]. *Tribunkaltim.co*, October 30, 2019. <https://kaltim.tribunnews.com/2019/10/30/odgj-menceburkan-diri-ke-sungai-karang-mumus-rsj-sebut-pasien-tergolong-alami-gangguan-jiwa-berat>.
9. Esem, Odilia. 2018. *Perlindungan Hak Atas Pelayanan Kesehatan Bagi Orang Dengan Gangguan Jiwa Di Daerah Istimewa Yogyakarta Berdasarkan Undang-Undang Nomor 18 Tahun 2014 Tentang Kesehatan Jiwa* [Protection of the Right to Health Services for People with Mental Disorders in the Special Region of Yogyakarta Based on Law Number 18 of 2014 concerning Mental Health]. Semarang: Unika Soegijapranata.
10. Gunawan, H. 2019. "Orang Gangguan Jiwa Pukuli Warga dengan Balok di Samarinda" [People with Mental Disorders Beat Residents with Blocks in Samarinda]. *Tribunnews.com*, April 16, 2019. <https://www.tribunnews.com/regional/2019/04/16/orang-gangguan-jiwa-pukuli-warga-dengan-balok-di-samarinda>.
11. Halida, N. 2015. "Pengalaman Keluarga dalam Pemenuhan Kebutuhan Perawatan pada Orang Dengan Gangguan Jiwa (ODGJ) dengan Pasung di Kecamatan Ambulu kabupaten Jember" [Family Experience in Fulfilling Care Needs for People With Mental Disorders (ODGJ) with Pasung in Ambulu District, Jember]. Undergraduate dissertation. Universitas Jember.
12. Herdiansyah, H. 2013. *Wawancara, Observasi, dan Focus Group* [Interview, Observation and Focus Group]. Jakarta: PT. Raja Grafindo Persada.
13. InfoDATIN. 2018. "Situasi Kesehatan Jiwa di Indonesia" [Mental Health Situation in Indonesia]. <https://pusdatin.kemkes.go.id/download.php?file=download/pusdatin/infodatin/InfoDatin-Kesehatan-Jiwa.pdf>.
14. Islamiati, Restu, Efri Widianti, and Iwan Suhendar. 2018. "Sikap Masyarakat Terhadap Orang Dengan Gangguan Jiwa di Desa Kersamanah Kabupaten Garut" [Community Attitudes towards People with Mental Disorders in Kersamanah Village, Garut Regency]. *Jurnal Keperawatan BSI* 6, no. 2: 195-205. <https://doi.org/10.31311/jk.v6i2.4107>.
15. Khairullah, K., C. Elidar, and S Sahara. 2017. "Tindak Pidanan penelantaran Dalam Rumah Tangga Di Wilayah Hukum Pengadilan Negeri Kualasimpang" [The Crime of Abandoning Household in the Jurisdiction of the Kualasimpang District Court]. *Jurnal Hukum Samudra Keadilan* 12, no. 1: 146-157.

16. Lestari, G. I. 2019. "Setiap Bulan, Rata-Rata 110 Pasien Baru Dirujuk ke Rumah Sakit Jiwa" [Every month, about 110 new patients go to psychiatry hospital]. Kaltimkece.id, September 12, 2019. <https://kaltimkece.id/warta/terkini/setiap-bulan-rata-rata-110-pasien-barudirujuk-ke-rumah-sakit-jiwa>.
17. Lestari, P., and Y. F. Wardhani. 2014. "Stigma dan Penanganan Penderita Gangguan Jiwa Berat yang Dipasung" [Stigma and Handling of Patients with Severe Mental Disorders who are Stimulated]. Buletin Penelitian Sistem Kesehatan 17, no. 2: 157-166.
18. Magana, S. M., J. I. R Garcia, M. G. Hernandez, and R. Cortez. 2007. "Psychological Distress Among Latino Family Caregivers of Adult with Schizophrenia: The Roles of Burden and Stigma." *Psychiatric Services* 58, no. 3: 378-384. <https://doi.org/10.1176/ps.2007.58.3.378>.
19. Malfasari, E., Rizka Febrina, Dini Maulinda, and Riska Amimi. 2020. "Analisis Tanda dan Gejala Resiko Perilaku Kekerasan pada Pasien Skizofrenia" [Analysis of Signs and Symptoms of Risk for Violent Behavior in Schizophrenic Patients]. *Jurnal Ilmu Keperawatan Jiwa* 3, no. 1: 65-74. <https://doi.org/10.32584/jikj.v3i1.478>.
20. Maya, A. Indriany. 2018. Peran Petugas Kesehatan Dalam Penanganan Orang Dengan Gangguan Jiwa (ODGJ) Pasung Di Puskesmas Kabupaten Jember [The Role of Health Officers in Handling People With Mental Disorders (ODGJ) in Pasung at the Jember District Health Center]. Master dissertation, Universitas Jember.
21. Mislianti, M., D. E. Yanti, and N. Sari. 2021. "Kesulitan Warga Dalam Merawat Orang Dengan Gangguan Jiwa Di Layanan Puskesmas Kesumadadi Kecamatan Bekri Kabupaten Lampung Tengah Tahun 2020" [Residents' Difficulties in Caring for People with Mental Disorders at the Kesumadadi Health Center Service, Bekri District, Central Lampung Regency in 2020]. *Jurnal Kesehatan Masyarakat* 9, no. 4: 555-565.
22. Moleong, L. J. 2007. *Metodologi Penelitian Kualitatif* [Qualitative Research Methodology]. Bandung: PT. Remaja Rosdakarya.
23. Patton, Michael Quinn. 2009. *Metode Evaluasi Kualitatif* [Qualitative Evaluation Method]. Yogyakarta: Pustaka Pelajar.
24. Poerwandari, E. K. 2007. *Pendekatan Kualitatif Untuk Penelitian Perilaku Manusia* [Qualitative Approach in Human Behaviour Research]. Depok: Perfecta Lembaga Pengembangan Sarana Pengukuran dan Pendidikan Psikologi (LPSP3).
25. Pro Samarinda. 2019. "Pemkot Seriusi Penanganan ODGJ Bakal Datangkan Tenaga Psikologis Klinis" [City Government Seriously Handling ODGJ Will Invite Clinical Psychological Personnel]. November 26, 2019. <https://samarinda.prokal.co/read/news/18808-pemkot-seriusi-penangananodgj.html>.
26. Purba, Y. 2020. Hubungan Pengetahuan Dengan Stigma Masyarakat Terhadap Orang Dengan Gangguan Jiwa di Lingkungan I, Kelurahan Helvetia Tengah, Medan Helvetia [Relationship between Knowledge and Community Stigma towards People with Mental Disorders in Environment I, Central Helvetia, Medan Helvetia]. Undergraduate dissertation, Universitas Sumatera Utara.
27. Shoolihah, Mar'atu. 2021. Hubungan Dukungan Keluarga Dengan Kepatuhan Minum Obat Pada Pasien Gangguan Jiwa: Studi Kasus di Komunitas Peduli Skizofrenia Indonesia [Relationship between Family Support and Medication Adherence in Patients with Mental Disorders: A Case Study in the Indonesian Schizophrenia Care Community]. Undergraduate dissertation, Universitas Muhammadiyah Ponorogo.
28. Suci, Y. E. 2020. Dukungan Keluarga Dengan Kepatuhan Minum Obat Pada Orang Dengan Gangguan Jiwa (ODGJ) [Family Support With Medication Compliance In People With Mental Disorders]. Undergraduate dissertation, Sekolah Tinggi Ilmu Kesehatan Insan Cendekia Medika.
29. Sulastris, S., and Yeyen Kartika. 2016. "Psikoedukasi Keluarga Meningkatkan Kepatuhan Minum Obat ODGJ Di Puskesmas Kedaton Bandar Lampung" [Family Psychoeducation Increases Compliance with Taking ODGJ Medications at the Kedaton Public Health Center Bandar Lampung]. *Jurnal Kesehatan* 7, no. 2: 323-328. <http://dx.doi.org/10.26630/jk.v7i2.207>.
30. Sulistyorini, Nopyawati. 2013. Hubungan Pengetahuan Tentang Gangguan Jiwa Terhadap Sikap Masyarakat Kepada Penderita Gangguan Jiwa Di Wilayah Kerja Puskesmas Colomadu 1 [The Relationship of Knowledge About Mental Disorders towards Community Attitudes to People with Mental Disorders in the Colomadu Health Center Work Area 1]. Undergraduate dissertation, Universitas Muhammadiyah Surakarta.

31. Wu, Hui Ching, and Fang Pei Chen. 2016. "Sociocultural factors Associated with Caregiver-Psychiatrist Relationship in Taiwan." *Psychiatry Investigation* 13, no. 3: 288-296. <https://doi.org/10.4306/pi.2016.13.3.288>.
32. Yosep, Y. 2019. "Masih Ada Penderita Gangguan Jiwa Dipasung" [There are still people with mental disorders in Pasung]. *Pro Kaltim*, November 5, 2018. [kaltim.prokal.co. Desember. https://kaltim.prokal.co/read/news/344460-masih-ada-penderitagangguan-jiwa-dipasung](https://kaltim.prokal.co/read/news/344460-masih-ada-penderitagangguan-jiwa-dipasung).