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Addressing *Pasung* Practices in Indonesia: Strategies for Humane Rehabilitation of Individuals with Mental Illness

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Abstract. In Indonesia, the practice of *pasung*, which involves the physical restraint of individuals with mental illness, remains prevalent despite international condemnation. This article explores the factors perpetuating *pasung*, including societal stigma and systemic barriers, while proposing comprehensive strategies to address this issue. By fostering mental health literacy, expanding community-based care, and enacting effective policy reforms, Indonesia can advance toward a more humane approach to mental health rehabilitation. This article explores effective strategies for preventing and humanely rehabilitating individuals with mental illness in Indonesia, focusing on the implications of *pasung* practices. We review the current landscape of mental health care in Indonesia, the stigma surrounding mental illness, and the need for community-based rehabilitation. We propose a multi-faceted approach that includes policy reform, community engagement, and integrating mental health services into primary health care.

Keywords: Mental health, *Pasung*, stigma, Policy reform, Rehabilitation.

1. INTRODUCTION

Mental illness remains a critical public health concern in Indonesia (see Table 1), often marginalized due to pervasive stigma and cultural misconceptions. The following is data drawn about mental health problems in Indonesia.

Table 1: Number of people with mental disorders in Indonesia in 2023:

Type of Mental Disorder	Number of Cases Prevalence (%)	Prevalence
Depression	9,162,886	3.7 %
Mental Emotional Disorder (Age 15 and above)	6.1% of the population	In addition, in the January-June 2023 period, 663 suicides were recorded in Indonesia, an increase of 36.4% compared to the same period in 2021.

Source: National Commission on Women, 2023.

This data shows the importance of attention to mental health in Indonesia, including the provision of adequate and accessible mental health services for all levels of society. Among the most troubling manifestations of this marginalization is *pasung*, a practice involving the physical restraint or confinement of individuals with mental illness. Despite its adverse effects, *pasung* persists, underscoring the inadequacy of Indonesia's mental health care infrastructure and the influence of cultural beliefs (Puteh et al., 2011; Susanti et al., 2019). Mental illness remains a significant public health concern, where cultural beliefs and stigma often marginalize individuals with mental health challenges. One of the most alarming manifestations of this marginalization is the practice of *pasung*—the physical restraint or confinement of individuals with mental illness. Despite its detrimental effects on physical and mental health, *pasung* persists due to a combination of cultural beliefs, stigma, and the inadequacy of mental health services (Puteh et al., 2011; Nursyakinah, 2023). This article explores the artistic and systemic factors perpetuating *pasung* and proposes humane prevention and rehabilitation strategies.

The practice of *pasung* is deeply rooted in cultural beliefs and misconceptions about mental illness. In many communities, mental illness is viewed as a source of shame or even a curse, leading families to resort to *pasung* as a means of control and concealment (Puteh et al., 2011). Individuals with mental illness are often seen as dangerous or incompetent, further isolating them from society. This stigma significantly hinders recovery, as it discourages affected individuals and their families from seeking professional help (Lempp et al., 2017). A major contributing factor to this stigma is the lack of mental health literacy among the general population. Misunderstandings about the nature and causes of mental illness perpetuate negative attitudes, fostering fear and discrimination (Hartini et al., 2018). Additionally, these beliefs are compounded by the absence of accessible community-based mental health services, particularly in rural areas, leaving families with few alternatives but to resort to harmful practices like *pasung* (Chakraborty et al., 2017; Fahrudin et al, 2022).

The physical restraint of individuals with mental illness not only exacerbates their psychological conditions

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but also leads to severe physical injuries and long-term trauma. Prolonged confinement can deteriorate mental health, creating a cycle of worsening symptoms and further isolation (Puteh et al., 2011). This practice not only harms the affected individuals but also has broader implications for their families and communities, reinforcing cycles of stigma and ignorance.

2. PASUNG PRACTICE IN INDONESIA

The practice of physical restraint, known as "pasung" in Indonesia, represents a significant and troubling aspect of mental health care in the country. This practice involves confining individuals with mental illnesses, often in inhumane conditions and is rooted in a complex interplay of cultural beliefs, stigma, and systemic failures in mental health services.

The practice of pasung is deeply ingrained in cultural and religious beliefs, with mental illness often attributed to supernatural causes or moral failings. Families frequently resort to *pasung* as a means of managing perceived dangers posed by affected individuals, particularly in rural areas where mental health literacy is low (Hartini et al., 2018; Brooks et al., 2018). Stigmatization discourages families from seeking professional care, further isolating individuals with mental illnesses. The prevalence of *pasung* highlights systemic shortcomings in Indonesia's mental health care infrastructure. Limited resources, a lack of trained professionals, and uneven distribution of services hinder effective care. Initiatives like the *Gerakan Bebas Pasung* (Freedom from *Pasung* Movement) have made progress but face challenges due to cultural resistance and inconsistent implementation in rural areas (Susanti et al., 2020; Hunt et al., 2021). The consequences of *pasung* are severe, extending beyond physical injuries to include long-term psychological trauma. Prolonged restraint exacerbates mental health conditions and fosters cycles of stigma and discrimination, impeding recovery and reintegration into society (Cusack et al., 2018; Hidayat et al., 2020).

Understanding the reality of *pasung* requires a multifaceted approach that considers the socio-cultural context, the perceptions of mental illness, and the implications for human rights. Families and communities often justify *Pasung* as a necessary measure to protect both the individual and society from perceived dangers associated with mental illness. Many families believe that mental health issues are untreatable and can only be managed through physical restraint, a view supported by a lack of mental health literacy within the community (Brooks et al., 2018; Eka et al., 2022). This lack of understanding is compounded by cultural beliefs that attribute mental illness to supernatural influences, which further stigmatizes those affected and leads to isolation rather than treatment (Brooks et al., 2018; Laila et al., 2018). Consequently, *pasung* is frequently seen as an acceptable solution, despite its classification as a human rights violation (Laila et al., 2018; Baklien et al., 2022). The prevalence of *pasung* in Indonesia is alarming, with estimates suggesting that tens of thousands of individuals are subjected to this practice (Susanti et al., 2019; Hunt et al., 2021). The Indonesian government's efforts to eradicate *pasung* through initiatives like the Gerakan *Bebas Pasung* (Freedom from Pasung Movement) have faced significant challenges. These include deeply entrenched cultural practices, inadequate mental health services, and a lack of public awareness regarding mental health issues (Hunt et al., 2021; Susanti et al., 2020). Despite legislative efforts aimed at improving mental health care, the implementation of these policies remains inconsistent, particularly in rural areas where access to mental health resources is severely limited (Susanti et al., 2020; Susanti et al., 2019). Research indicates that the physical and psychological harms associated with *pasung* are profound. Individuals subjected to restraint often experience exacerbated mental health issues, trauma, and a deterioration of their overall well-being (Cusack et al., 2018; Hidayat et al., 2020). The psychological impact of being confined can lead to feelings of worthlessness, anxiety, and depression, further complicating the recovery process (Cusack et al., 2018; Baklien et al., 2022). Additionally, the practice of *pasung* can perpetuate a cycle of stigma and discrimination, making it even more challenging for individuals to seek help and reintegrate into society (Putri et al., 2021; Hartini et al., 2018). Efforts to address the issue of *pasung* must involve a comprehensive strategy that includes education, community engagement, and the promotion of mental health literacy. Public engagement initiatives, such as mental health festivals, have shown promise in increasing awareness and reducing stigma surrounding mental health issues (Brooks et al., 2018; Susanti et al., 2020). These initiatives can help shift public perception from viewing mental illness as a source of shame to recognizing it as a health condition that requires compassion and appropriate care. Moreover, the role of informal leaders within communities is crucial in shaping attitudes towards mental health and the use of restraint. Research has shown that community leaders can influence family decisions regarding the treatment of mentally ill individuals, often advocating for more humane approaches to care (Eka et al., 2022; Puteh et al., 2011). By empowering these leaders with knowledge and resources, it may be possible to foster a more supportive environment for individuals with mental health issues and reduce reliance on practices like *pasung*. In addition to community-based interventions, there is a pressing need for systemic changes within Indonesia's mental health care framework. The current mental health system is characterized by significant gaps in service provision, with many individuals lacking access to appropriate treatment options (Susanti et al., 2020; Susanti et al., 2019). Strengthening mental health services, particularly in rural areas, is essential to provide alternatives to physical restraint and ensure that individuals receive the care they need in a supportive environment (Kadar et al., 2019; Tristiana et al., 2018). Furthermore, training for healthcare professionals on the ethical implications of restraint and the importance of

patient-centered care is critical. Mental health professionals must be equipped with the skills to manage crises without resorting to coercive measures, thereby fostering a therapeutic environment that prioritizes the dignity and rights of individuals (Muir-Cochrane et al., 2018; Meehan et al., 2022). This training should also include strategies for engaging families and communities in the care process, emphasizing the importance of collaboration and understanding in addressing mental health challenges. The stigma associated with mental illness in Indonesia remains a significant barrier to seeking help and accessing care. Efforts to combat stigma must be multifaceted, involving public education campaigns, advocacy, and the promotion of positive narratives around mental health (Hartini et al., 2018; Setijaningrum, 2023). By changing the conversation around mental illness, it may be possible to reduce the prevalence of practices like *pasung* and encourage individuals to seek help without fear of discrimination. In summary, the practice of *pasung* in Indonesia is a complex issue that requires a comprehensive and culturally sensitive approach. Addressing the underlying factors that contribute to the use of physical restraint, including stigma, lack of mental health literacy, and inadequate services, is essential for promoting the rights and well-being of individuals with mental illnesses. By fostering community engagement, strengthening mental health services, and advocating for systemic change, it is possible to create a more compassionate and effective mental health care system in Indonesia.

3. THE IMPORTANCE OF USER INVOLVEMENT IN REHABILITATION

Involving individuals with mental health issues in their rehabilitation process is essential for promoting recovery and empowerment. Research has shown that service user involvement can lead to better outcomes and increased satisfaction with care (Oyelade & Nkosi, 2019). By allowing individuals to participate in their treatment planning and decision-making, mental health services can foster a sense of agency and ownership over their recovery journey (Lempp et al., 2017). This approach not only benefits individuals but also contributes to the overall effectiveness of mental health services. Community-based rehabilitation (CBR) is a promising approach for addressing the needs of individuals with mental illness in Indonesia. CBR emphasizes the importance of integrating mental health services into primary health care, ensuring that individuals receive comprehensive support within their communities (Cheng et al., 2018). Studies have shown that CBR can improve daily functioning and quality of life for individuals with severe mental illness, making it a viable alternative to institutionalization (Cheng et al., 2018). Implementing CBR requires collaboration among healthcare providers, community organizations, and policymakers to create a supportive infrastructure for mental health care.

Effective policy reform is essential for addressing the systemic issues that contribute to *pasung* practices. Advocacy efforts should focus on developing and implementing national mental health policies that prioritize the rights and dignity of individuals with mental illness (Nursyakinah, 2023). Policymakers must engage with mental health service users and caregivers to ensure that their voices are heard in the decision-making process (Lempp et al., 2017). By fostering a collaborative approach to policy development, Indonesia can create a more inclusive mental health care system that respects the rights of individuals with mental illness.

Integrating mental health services into primary health care is a critical step toward improving access to care for individuals with mental illness in Indonesia. This approach allows for early identification and intervention, reducing the likelihood of severe mental health crises that may lead to *pasung* practices (Cheng et al., 2018). Training primary health care providers in mental health care can enhance their ability to recognize and address mental health issues, ultimately improving outcomes for patients (Oyelade & Nkosi, 2019). Additionally, incorporating mental health education into medical training can help reduce stigma and promote a more compassionate approach to care. To effectively address *pasung* practices, comprehensive policy reform is essential. The Indonesian government must prioritize mental health in national health policies and allocate resources to develop community-based mental health services. Evidence suggests that integrating mental health into primary health care can improve access and reduce stigma (Javadi et al., 2017). Additionally, the involvement of service users and caregivers in policy development can enhance the relevance and effectiveness of mental health programs (Lempp et al., 2017).

Community-based rehabilitation (CBR) is a promising approach to addressing the needs of individuals with mental illness in Indonesia. CBR emphasizes the importance of integrating mental health services into existing community structures, thereby reducing the need for institutionalization and *pasung* practices. Studies have shown that CBR can lead to improved mental health outcomes and greater community acceptance of individuals with mental illness (Chakraborty et al., 2017). Implementing CBR requires collaboration among healthcare providers, community organizations, and local governments to create supportive environments for recovery. Involving service users and caregivers in the rehabilitation process is crucial for developing effective mental health interventions. Research indicates that when individuals with lived experience of mental illness participate in rehabilitation programs, they can provide valuable insights and support to others facing similar challenges (Oyelade & Nkosi, 2019). This peer support model not only fosters a sense of community but also helps to reduce stigma associated with mental illness (Rai et al., 2018). Training caregivers and service users to facilitate rehabilitation programs can enhance the effectiveness of mental health services in Indonesia.

4. STRATEGIES FOR PREVENTION AND REHABILITATION

4.1. Combating Stigma Through Education and Awareness

Reducing stigma is a critical first step in addressing *pasung*. Public awareness campaigns can educate communities about the realities of mental illness and the importance of seeking professional care. Studies suggest that social contact with individuals who have experienced mental illness is an effective strategy to reduce stigma, both among healthcare workers and the general public (Rai et al., 2018). Implementing educational programs in schools and community centers can further foster understanding and support for those with mental health challenges. Efforts to address *pasung* must begin with widespread education and awareness campaigns. These initiatives should challenge misconceptions, promote empathy, and encourage professional care. School programs, public workshops, and media campaigns can normalize discussions about mental health, reducing stigma and fostering acceptance (Rai et al., 2018).

4.2. Enhancing Mental Health Literacy

Improving mental health literacy is essential to dismantling misconceptions about mental illness. Educational initiatives should focus on promoting positive attitudes toward mental health care and providing accurate information about the causes, symptoms, and treatments of mental disorders (Hartini et al., 2018). Community engagement programs involving individuals with lived experiences can also play a vital role in normalizing conversations about mental health and breaking down barriers to care (Lempp et al., 2017). Mental health literacy is essential to breaking the cycle of stigma and misinformation. Community-based programs should focus on educating families about the nature, causes, and treatments of mental illness. Involving individuals with lived experiences in these programs can provide powerful narratives to reshape societal attitudes (Hartini et al., 2018; Lempp et al., 2017).

4.3. Expanding Community-Based Mental Health Services

The lack of accessible mental health services is a key driver of *pasung* practices. Strengthening community-based mental health infrastructure is crucial to providing families with humane alternatives to confinement. Mobile mental health units, decentralized mental health clinics, and training for community health workers can bridge the gap in service delivery, particularly in underserved areas (Chakraborty et al., 2017). Strengthening community-based mental health services is critical to providing humane alternatives to *pasung*. Initiatives such as mobile mental health units, decentralized clinics, and trained community health workers can bridge gaps in service delivery, particularly in remote areas (Chakraborty et al., 2017).

4.4. Leveraging Technology for Mental Health Care

Technology can play a transformative role in expanding access to mental health services in Indonesia. Telehealth platforms, online support groups, and mobile applications can connect individuals with mental health professionals, even in remote areas (Javadi et al., 2017). By integrating these tools into the healthcare system, Indonesia can reduce reliance on *pasung* and provide more accessible, effective support for individuals with mental illness. Technological advancements can play a transformative role in expanding access to care. Telemedicine platforms, mental health apps, and online support networks can connect individuals in underserved areas with mental health professionals, ensuring timely and effective interventions (Javadi et al., 2017).

4.5. Addressing the Needs of Vulnerable Populations

Special attention must be given to vulnerable groups, including women, children, and individuals from marginalized communities. Tailoring interventions to meet the unique needs of these populations can enhance the effectiveness of rehabilitation efforts. For example, integrating mental health support into maternal and child health programs can address the specific challenges faced by mothers and their children, improving outcomes for entire families (McNab et al., 2022).

4.6. Implementing Comprehensive Policy Reforms

To eradicate *pasung*, the government must prioritize mental health care in national policies. This includes integrating mental health services into primary care, allocating resources for community-based programs, and enforcing regulations to protect individuals' rights. Involving caregivers and service users in policy development can enhance the relevance and effectiveness of these reforms (Lempp et al., 2017; Susanti et al., 2020).

5. CONCLUSION

The practice of *pasung* is a profound human rights issue that demands urgent attention. By addressing stigma, enhancing mental health literacy (Singh, 2025), expanding community-based services, and reforming policies, Indonesia can create a compassionate and effective mental health care system to eradicate *pasung* practice. Collaborative efforts among government agencies, healthcare providers, community leaders, and individuals with lived experiences are essential to fostering inclusion and dignity for individuals with mental

illness. The challenges posed by *pasung* practices in Indonesia require a comprehensive and multi-faceted approach to mental health care. By addressing stigma, promoting community-based rehabilitation, advocating for policy reform, and integrating mental health services into primary health care, Indonesia can develop effective strategies for preventing and humanely rehabilitating individuals with mental illness. The involvement of service users and caregivers in the rehabilitation process is crucial for fostering recovery and empowerment. Ultimately, a collaborative effort among stakeholders is essential for creating a more inclusive and compassionate mental health care system in Indonesia. Mental illness is a significant public health concern in Indonesia, where cultural stigma and inadequate mental health resources contribute to the marginalization of affected individuals. The practice of *pasung*, which involves confining individuals with mental illness to prevent them from harming themselves or others, reflects a broader systemic failure to provide humane and effective mental health care. Addressing the practice of *pasung* requires a multifaceted approach that combines education, community engagement, service expansion, and technological innovation. By combating stigma, improving mental health literacy, and strengthening community-based care, Indonesia can move toward a more humane and effective system for rehabilitating individuals with mental illness. These efforts will not only improve the lives of those directly affected but also foster a more inclusive and compassionate society.

REFERENCES

Alla, K., Oprescu, F., Hall, W., Whiteford, H., & Head, B. (2018). Can automated content analysis be used to assess and improve the use of evidence in mental health policy? a systematic review. Systematic Reviews, 7(1). https://doi.org/10.1186/s13643-018-0853-z

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*, *12*, Article 49. https://doi.org/10.1186/s13033-018-0227-x

Bunyan, M., Ganeshalingam, Y., Morgan, E., Thompson-Boy, D., Wigton, R., Holloway, F., … & Tracy, D. (2016). In-patient rehabilitation: clinical outcomes and cost implications. Bjpsych Bulletin, 40(1), 24-28. https://doi.org/10.1192/pb.bp.114.049858

Chakraborty, N., Erinfolami, A., & Lucas, A. (2017). Community-based mental health care. BJPsych International, 14(3), 66-69.

Chakraborty, N., Erinfolami, A., & Lucas, A. (2017). Edawu: a journey from in-patient rehabilitation to community-based treatment and rehabilitation in Nigeria. BJPSYCH International, 14(3), 66-69. https://doi.org/10.1192/s205647400000194x

Cheng, J., Chen, C., Lin, M., & Huang, X. (2018). To explore the efficacy of community rehabilitation for facilitating daily function among patients with mental illness. Perspectives in Psychiatric Care, 54(4), 580-585. https://doi.org/10.1111/ppc.12283

Cusack, P., Cusack, F. P., McAndrew, S., McKeown, M., & Duxbury, J. (2018). An integrative review exploring the physical and psychological harm inherent in using restraint in mental health inpatient settings. International journal of mental health nursing, 27(3), 1162–1176. https://doi.org/10.1111/inm.12432

Daley, S., Newton, D., Slade, M., Murray, J., & Banerjee, S. (2012). Development of a framework for recovery in older people with mental disorder. International Journal of Geriatric Psychiatry, 28(5), 522-529. https://doi.org/10.1002/gps.3855

Dalton-Locke, C., Marston, L., McPherson, P., & Killaspy, H. (2021). The effectiveness of mental health rehabilitation services: a systematic review and narrative synthesis. Frontiers in Psychiatry, 11. https://doi.org/10.3389/fpsyt.2020.607933

Dewa, C., Loong, D., Trujillo, A., & Bonato, S. (2018). Evidence for the effectiveness of police-based pre-booking diversion programs in decriminalizing mental illness: a systematic literature review. Plos One, 13(6), e0199368. https://doi.org/10.1371/journal.pone.0199368

Díaz-Castro, L., Arredondo, A., Pelcastre-Villafuerte, B., & Hufty, M. (2017). Governance and mental health: contributions for public policy approach. Revista De Saúde Pública, 51(0). https://doi.org/10.1590/s1518-8787.2017051006991

Edge, C. and Tilston-Roberts, N. (2020). Considering the use of the term 'rehab potential' within in-patient mental health services: its usefulness and the risks associated with getting it wrong—a theoretical perspective. Journal of Psychosocial Rehabilitation and Mental Health, 7(3), 309-313. https://doi.org/10.1007/s40737-020-00181-w

Elkwatehy, W. (2020). The effect of dental rehabilitation under general anaesthesia on vital health parameters of children with mental retardation. International Journal of Dentistry and Oral Science, 828-831. https://doi.org/10.19070/2377-8075-20000163

Fahrudin, A., Yusuf, H., Patrianti, T. (2022). Suicide Among Diverse Ethnic Groups in Indonesia. In: Baikady, R., Sajid, S., Przeperski, J., Nadesan, V., Rezaul, I., Gao, J. (eds) The Palgrave Handbook of Global Social Problems. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-030-68127-2_157-1

Fan, Y., Ma, N., Ma, L., Xu, W., Lamberti, J., & Caine, E. (2018). A community-based peer support service for persons with severe mental illness in china. BMC Psychiatry, 18(1). https://doi.org/10.1186/s12888-018-1763-2

Farkhad, B. (2021). Insights on the implications of covid-19 mitigation measures for mental health. Economics & Human Biology, 40, 100963. https://doi.org/10.1016/j.ehb.2020.100963

Gehring, N., McGrath, P., Wozney, L., Soleimani, A., Bennett, K., Hartling, L., … & Newton, A. (2017). Pediatric emental healthcare technologies: a systematic review of implementation foci in research studies, and government and organizational documents. Implementation Science, 12(1). https://doi.org/10.1186/s13012-017-0608-6

Gilmore, B., MacLachlan, M., McVeigh, J., McClean, C., Carr, S., Duttine, A., … & Gupta, N. (2017). A study of human resource competencies required to implement community rehabilitation in less-resourced settings. Human Resources for Health, 15(1). https://doi.org/10.1186/s12960-017-0240-1

Grace, F., Head, B., Hall, W., Harris, M., & Whiteford, H. (2017). An analysis of policy success and failure in formal evaluations of australia's national mental health strategy (1992–2012). BMC Health Services Research, 17(1). https://doi.org/10.1186/s12913-017-2309-x

Hartini, N., Fardana, N., Ariana, A., & Wardana, N. (2018). Stigma toward people with mental health problems in indonesia. Psychology Research and Behavior Management, Volume 11, 535-541. https://doi.org/10.2147/prbm.s175251

Hidayat, M.T., Oster, C., Muir-Cochrane, E. et al. Indonesia free from pasung: a policy analysis. Int J Ment Health Syst 17, 12 (2023). https://doi.org/10.1186/s13033-023-00579-6

Hillier-Brown, F., Thomson, K., McGowan, V., Cairns, J., Eikemo, T., Gil-Gonzále, D., … & Bambra, C. (2019). The effects of social protection policies on health inequalities: evidence from systematic reviews. Scandinavian Journal of Public Health, 47(6), 655-665. https://doi.org/10.1177/1403494819848276

Javadi, D., Feldhaus, I., Mancuso, A., & Ghaffar, A. (2017). Applying systems thinking to task shifting for mental health using lay providers: a review of the evidence. Cambridge Prisms Global Mental Health, 4. https://doi.org/10.1017/gmh.2017.15

Ju, Q., Gan, Y., Rinn, R., Duan, Y., & Lippke, S. (2021). Health status stability of patients in a medical rehabilitation program: what are the roles of time, physical fitness level, and self-efficacy?. International Journal of Behavioral Medicine, 29(5), 624-637. https://doi.org/10.1007/s12529-021-10046-6

Juengst, S., Nordvik, J., Junttila, I., Smith, J., Kew, C., & Laukkala, T. (2018). Mental health assessment in rehabilitation: a descriptive study through an international internet survey. International Journal of Rehabilitation Research, 41(4), 368-372. https://doi.org/10.1097/mrr.0000000000000300

Kaligis, F., Ismail, R., Wiguna, T., Prasetyo, S., Indriatmi, W., Gunardi, H., … & Magdalena, C. (2021). Mental health problems and needs among transitional-age youth in indonesia. International Journal of Environmental Research and Public Health, 18(8), 4046. https://doi.org/10.3390/ijerph18084046

Kallivayalil, R. and Sudhakar, S. (2018). Effectiveness of a new low-cost psychosocial rehabilitative model to reduce burden of disease among persons with severe mental illness: an interventional follow-up study. Indian Journal of Psychiatry, 60(1), 65. https://doi.org/10.4103/psychiatry.indianjpsychiatry_85_17

Killaspy, H. (2018). Contemporary mental health rehabilitation. Epidemiology and Psychiatric Sciences, 28(1), 1-3. https://doi.org/10.1017/s2045796018000318

Killaspy, H., Priebe, S., McPherson, P., Zenasni, Z., Greenberg, L., McCrone, P., … & King, M. (2019). Predictors of moving on from mental health supported accommodation in england: national cohort study. The British Journal of Psychiatry, 216(6), 331-337. https://doi.org/10.1192/bjp.2019.101

Lal, S., Siafa, L., Lee, H., & Adair, C. (2021). Priority given to technology in government-based mental health and addictions vision and strategy documents: systematic policy review. Journal of Medical Internet Research, 23(5), e25547. https://doi.org/10.2196/25547

Larkings, J. and Brown, P. (2017). Do biogenetic causal beliefs reduce mental illness stigma in people with mental illness and in mental health professionals? a systematic review. International Journal of Mental Health Nursing, 27(3), 928-941. https://doi.org/10.1111/inm.12390

Lempp, H., Abayneh, S., Gurung, D., Kola, L., Abdulmalik, J., Evans-Lacko, S., … & Hanlon, C. (2017). Service user and caregiver involvement in mental health system strengthening in low- and middle-income countries: a cross-country qualitative study. Epidemiology and Psychiatric Sciences, 27(1), 29-39. https://doi.org/10.1017/s2045796017000634

Leung, J., Hall, W., Head, B., & Whiteford, H. (2016). Establishing and governing e-mental health care in australia: a systematic review of challenges and a call for policy-focussed research. Journal of Medical Internet Research, 18(1), e10. https://doi.org/10.2196/jmir.4827

Luo, H., McNeil, E., Feng, Q., Li, H., Chen, Q., Qin, X., … & Assanangkornchai, S. (2018). Utilization of psychiatric rehabilitation services and influencing factors among people with psychotic disorders in rural communities of guangxi, china. International Journal of Mental Health Systems, 12(1). https://doi.org/10.1186/s13033-018-0197-z

McAllister, A., Fritzell, S., Almroth, M., Harber-Aschan, L., Larsson, S., & Burström, B. (2018). How do macro-level structural determinants affect inequalities in mental health? – a systematic review of the literature. International Journal for Equity in Health, 17(1). https://doi.org/10.1186/s12939-018-0879-9

McNab, S., Dryer, S., Fitzgerald, L., Gómez, P., Bhatti, A., Kenyi, E., … & Stalls, S. (2022). The silent burden: a landscape analysis of common perinatal mental disorders in low- and middle-income countries. BMC Pregnancy and Childbirth, 22(1). https://doi.org/10.1186/s12884-022-04589-z

Mehta, S., Hadjistavropoulos, H., Earis, D., Titov, N., & Dear, B. (2019). Patient perspectives of internet-delivered cognitive behavior therapy for psychosocial issues post spinal cord injury.. Rehabilitation Psychology, 64(3), 351-359. https://doi.org/10.1037/rep0000276

Ned, L., Tiwari, R., Buchanan, H., Niekerk, L., Sherry, K., & Chikte, U. (2020). Changing demographic trends among south african occupational therapists: 2002 to 2018. Human Resources for Health, 18(1). https://doi.org/10.1186/s12960-020-0464-3

Nursyakinah, K. (2023). The intersection of mental health, law, and rehabilitation. JMHSR, 1(2), 41-47. https://doi.org/10.52472/jmhsr.v1i2.363

Oyelade & Nkosi, 2019). Oyelade and Nkosi "Let us say what we need ourselves: report of the interview of mental health service users with schizophrenia in South-West Nigeria." (2019), https://doi.org/10.21203/rs.2.17697/v1

Parcesepe, A. and Cabassa, L. (2012). Public stigma of mental illness in the united states: a systematic literature review. Administration and Policy in Mental Health and Mental Health Services Research, 40(5), 384-399. https://doi.org/10.1007/s10488-012-0430-z

Pavani, F., Silva, A., Olschowsky, A., Wetzel, C., Nunes, C., & Souza, L. (2021). Covid-19 and repercussions in mental health: a narrative review of literature. Revista Gaúcha De Enfermagem, 42(spe). https://doi.org/10.1590/1983-1447.2021.20200188

Puteh, I., Marthoenis, M., & Minas, H. (2011). Aceh free *pasung*: releasing the mentally ill from physical restraint. International Journal of Mental Health Systems, 5(1). https://doi.org/10.1186/1752-4458-5-10

Qiu, D., Li, Y., Li, L., He, J., Ouyang, F., & Xiao, S. (2020). Policies to improve the mental health of people influenced by covid-19 in China: a scoping review. Frontiers in Psychiatry, 11. https://doi.org/10.3389/fpsyt.2020.588137

Rai, S., Gurung, D., Kaiser, B., Sikkema, K., Dhakal, M., Bhardwaj, A., … & Kohrt, B. (2018). A service user co-facilitated intervention to reduce mental illness stigma among primary healthcare workers: utilizing perspectives of family members and caregivers. Families Systems & Health, 36(2), 198-209. https://doi.org/10.1037/fsh0000338

Rao, A., Zecchin, R., Newton, P., Phillips, J., DiGiacomo, M., Denniss, A., … & Hickman, L. (2019). The prevalence and impact of depression and anxiety in cardiac rehabilitation: a longitudinal cohort study. European Journal of Preventive Cardiology, 27(5), 478-489. https://doi.org/10.1177/2047487319871716

Singh, M., Kardam, N., Rahmatulla, S., Laskar, N. H., & Bhattacharjee, A. (2025). Insights from Adult Learning Theory: Enhancing Academicians' Mental Health and Well-being in a Research-Driven World. Journal of Management World, 2025(1), 609-617. https://doi.org/10.53935/jomw.v2024i4.748

Scholz, B., Gordon, S., & Happell, B. (2016). Consumers in mental health service leadership: a systematic review. International Journal of Mental Health Nursing, 26(1), 20-31. https://doi.org/10.1111/inm.12266

Schultz, K., Mona, L., & Cameron, R. (2022). Mental health and spinal cord injury: clinical considerations for rehabilitation providers. Current Physical Medicine and Rehabilitation Reports, 10(3), 131-139. https://doi.org/10.1007/s40141-022-00349-4

Schwindt, R., Hudmon, K., Knisely, M., Davis, L., & Pike, C. (2017). Impact of tobacco quitlines on smoking cessation in persons with mental illness: a systematic review. Journal of Drug Education, 47(1-2), 68-81. https://doi.org/10.1177/0047237918762104

Semrau, M., Lempp, H., Keynejad, R., Evans-Lacko, S., Mugisha, J., Raja, S., … & Hanlon, C. (2016). Service user and caregiver involvement in mental health system strengthening in low- and middle-income countries: systematic review. BMC Health Services Research, 16(1). https://doi.org/10.1186/s12913-016-1323-8

Sipe, T., Finnie, R., Knopf, J., Qu, S., Reynolds, J., Thota, A., … & Nease, D. (2015). Effects of mental health benefits legislation. American Journal of Preventive Medicine, 48(6), 755-766. https://doi.org/10.1016/j.amepre.2015.01.022

So, M., McCord, R., & Kaminski, J. (2019). Policy levers to promote access to and utilization of children's mental health services: a systematic review. Administration and Policy in Mental Health and Mental Health Services Research, 46(3), 334-351. https://doi.org/10.1007/s10488-018-00916-9

Stockings, E., Bowman, J., Prochaska, J., Baker, A., Clancy, R., Knight, J., … & Wiggers, J. (2014). The impact of a smoke-free psychiatric hospitalization on patient smoking outcomes: a systematic review. Australian & New Zealand Journal of Psychiatry, 48(7), 617-633. https://doi.org/10.1177/0004867414533835

Susanti, H., James, K., Utomo, B., Keliat, B. A., Lovell, K., Irmansyah, I., Rose, D., Colucci, E., & Brooks, H. (2020). Exploring the potential use of patient and public involvement to strengthen Indonesian mental health care for people with psychosis: A qualitative exploration of the views of service users and carers. Health expectations: an international journal of public participation in health care and health policy, 23(2), 377–387. https://doi.org/10.1111/hex.13007

Uribe-Restrepo, J., Escobar, M., & Cubillos, L. (2016). Psychiatric rehabilitation in Latin America: challenges and opportunities. Epidemiology and Psychiatric Sciences, 26(3), 211-215. https://doi.org/10.1017/s2045796016000846

Vancampfort, D., Stubbs, B., Hert, M., C, d., Cao, G., Kibet, J., … & Mugisha, J. (2017). A systematic review of physical activity policy recommendations and interventions for people with mental health problems in sub-Saharan African countries. Pan African Medical Journal, 26. https://doi.org/10.11604/pamj.2017.26.104.10051

Vigo, D., Thornicroft, G., & Atun, R. (2016). Estimating the true global burden of mental illness. The Lancet Psychiatry, 3(2), 171-178. https://doi.org/10.1016/s2215-0366(15)00505-2

Vojt, G., Skivington, K., Sweeting, H., Campbell, M., Fenton, C., & Thomson, H. (2018). Lack of evidence on mental health and well-being impacts of individual-level interventions for vulnerable adolescents: systematic mapping review. Public Health, 161, 29-32. https://doi.org/10.1016/j.puhe.2018.04.003

Wakida, E., Talib, Z., Akena, D., Okello, E., Kinengyere, A., Mindra, A., … & Obua, C. (2018). Barriers and facilitators to the integration of mental health services into primary health care: a systematic review. Systematic Reviews, 7(1). https://doi.org/10.1186/s13643-018-0882-7

Williamson, A., Makkar, S., McGrath, C., & Redman, S. (2015). How can the use of evidence in mental health policy be increased? a systematic review. Psychiatric Services, 66(8), 783-797. https://doi.org/10.1176/appi.ps.201400329

Zhou, W., Ouyang, F., Nergui, O., Bangura, J., Acheampong, K., Massey, I., … & Xiao, S. (2020). Child and adolescent mental health policy in low- and middle-income countries: challenges and lessons for policy development and implementation. Frontiers in Psychiatry, 11. https://doi.org/10.3389/fpsyt.2020.00150

Zhou, W., Yu, Y., Yang, M., Chen, L., & Xiao, S. (2018). Policy development and challenges of global mental health: a systematic review of published studies of national-level mental health policies. BMC Psychiatry, 18(1). https://doi.org/10.1186/s12888-018-1711-1/

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