

# Implementation of Saliling Policy as Fulfillment of The Right to Health Services for People with Mental Disorders in Preventing Shackling in South Kalimantan Province

*Implementasi Kebijakan Saliling Sebagai Pemenuhan Hak Pelayanan Kesehatan Bagi Penderita Gangguan Jiwa Dalam Pencegahan Pasung di Provinsi Kalimantan Selatan*

<sup>1</sup> Dina Aulia Insani, <sup>2</sup> Marcella E. Simanjuntak, and <sup>3</sup> Tuntas Dhanardhono

email: dr.dina.aulia.insani@gmail.com

<sup>1,2,3</sup> Master of Health Law, Soegijapranata Catholic University Semarang

**Abstract:** Mental health is a basic human right for every citizen without exception. In Indonesia, psychiatric hospitals are still uneven, as are the psychiatrists and health workers specialized in mental health. Mental health services and the rights of patients with mental illnesses are still not optimal, as a result, many patients with mental illnesses experience shackles. Sambang Lihum Psychiatric Hospital initiated the public service innovation program, namely Saliling (Sambang Lihum Keliling).

The purpose of this study is to determine the regulation and implementation of the Saliling policy as the fulfillment of mental health service rights in South Kalimantan Province, explore the implementation in preventing and reducing shackling, as well as inhibiting policy. The research method used is descriptive-analytic with a sociological juridical approach that examines Saliling policies.

The study concludes that legal protection of patients mental illness right to health services and prevention of shackling through Saliling policies can be fulfilled. The legal basis for the right to mental health services and shackling prevention is the health law and the Minister of Health Regulation. The main inhibiting factor is the amount of budget, human resources, and program schedule.

**Keywords:** mental health service, preventing shackling, protection of human rights

**Abstrak:** Kesehatan merupakan hak dasar bagi setiap warga negara tanpa terkecuali termasuk kesehatan jiwa. Jumlah fasilitas kesehatan tingkat lanjut terutama rumah sakit jiwa (RSJ) masih tidak merata di Indonesia, begitu pula dengan jumlah dokter spesialis kedokteran jiwa. Belum optimalnya pelayanan kesehatan jiwa dan belum terjaminnya hak ODGJ dapat mengakibatkan kasus Pasung. RSJ Sambang Lihum menggagas Program inovasi pelayanan publik yaitu Saliling. Program inovasi Saliling RSJ Sambang Lihum ditetapkan sebagai program untuk memberikan pelayanan kesehatan jiwa langsung pada masyarakat yang membutuhkan dan dilaksanakan untuk mencegah pasung.

Tujuan penelitian ini untuk mengetahui pengaturan dan implementasi kebijakan Saliling sebagai pemenuhan hak pelayanan kesehatan bagi ODGJ di Provinsi Kalimantan Selatan, mengetahui dan mengeksplorasi implementasi kebijakan dalam mencegah dan mengurangi Pasung, serta mengetahui faktor-faktor penghambat maupun pendukung. Metode pendekatan yuridis sosiologis yang mengkaji implementasi Kebijakan Saliling.

Hasil penelitian menunjukkan secara nasional pengaturan dan kebijakan pemenuhan hak pelayanan kesehatan bagi ODGJ telah ada. Perlindungan hukum terhadap pasien terutama ODGJ untuk mencegah pasung, RSJ Sambang Lihum secara khusus telah mengeluarkan Kebijakan Saliling. Kebijakan ini melibatkan lintas sektor sehingga dapat memenuhi jangkauan pelayanan kesehatan jiwa dalam rangka mencegah pasung. Kendala yang masih menjadi faktor penghambat utama adalah pada faktor teknis yaitu jumlah anggaran, SDM dan waktu pelaksanaan.

**Kata kunci :** pelayanan kesehatan jiwa, pencegahan pasung, perlindungan hak asasi

## INTRODUCTION

Health according to the World Health Organization (WHO) is a state of physical, mental and social well-being. Mental health is an integral part of an individual's health. Mental health supports physical health, and vice versa. Mental health disorders or currently referred to as people with mental disorders (ODGJ) are one of the types of disabilities as stated in Law Number 8 of 2016 which states that Patients with Disabilities are those who experience limitations in interacting and difficulties in participating fully and effectively<sup>1,2</sup>.

Given their limitations, ODGJ often experience discrimination in the family, community, and even health services. Discrimination against ODGJ is a serious problem. The fundamental problem of discrimination against ODGJ is related to the misunderstanding of mental disorders in the community, the bad stigma of the community, and the unequal distribution of mental health services. Discrimination against ODGJ even starts when a person is just showing symptoms, making it more difficult for a person to get health assistance. Community stigma related to ODGJ often causes difficulties in the fulfillment of health services. Some individuals who feel they have a mental disorder are often embarrassed to talk to their family or even visit a mental health specialist. In addition to stigma, community isolation and discrimination cause the treatment of ODGJ to not be handled properly. Shackling and confinement of ODGJ still occur in Indonesia. Primary care often has difficulty in treating patients with mental disorders. Another problem is when ODGJ goes to health services, the family is not cooperative and does not care, often it is the community leaders who drive to health services so that health workers do not meet the closest family and make it difficult when they are allowed to go home<sup>3</sup>.

Worldwide, the incidence of mental disorders reaches 4-26%. Based on Riskesdas data in 2018, the prevalence of psychosis / schizophrenia reached 6.7% and as many as 31.5% had been shackled in the last 3 months. The prevalence of depression is highest at the age of more than 75 years, especially in women, reaching 6.1% and only 9% of people with depression are undergoing treatment. Depression is the second leading cause of disability, suicide and death among 15-29 years old. Mental disorders can stem from previous illnesses such as chronic or severe illnesses. People with infectious or non-infectious diseases are vulnerable to mental disorders such as those with HIV or cancer. Health services that tend to provide curative services cause prevention and early detection of mental disorders to be untreated. Patients with schizophrenia/psychosis who do not seek treatment account for 15.1% and more than half of the patients who have sought treatment (51.1%), do not have regular control so that they do not continue taking medication. The state of mental disorders affects poor health outcomes, premature death, human rights violations and affects the economy. Premature mortality in ODGJ reaches 10-20 years earlier and annually reaches 800,000 deaths. Health services related to ODGJ need the support of the community and government. Family vigilance, mental health education, and the active role of mental health services and the government are needed. This is important because ODGJ have the same rights in obtaining health services.

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<sup>1</sup> Sugai T, Suzuki Y, Yamazaki M, Shimoda K, Mori T, Ozeki Y et al. "High Prevalence of Underweight and Undernutrition in Japanese Inpatients with Schizophrenia: a Nationwide Survey". *BMJ open* 2015; 5(12): e008720.

<sup>2</sup> Faiz I. "Implementasi Undang-undang No. 8 Tahun 2016 tentang Penyandang Disabilitas". *Sakina: Journal of Family Studies* 2021; 5(2).

<sup>3</sup> Rahmiyati, R., Dewi, Y. T. N., Kuntjoro, C. T., & Soepratignja, P. (2020). The Rights to Informed Consent to Mental Disorder Patient in The Action of Premedication Electro Convulsif Therapy (ECT) at Regional Mental Hospital of Dr. Amino Gondohutomo of Central Java Province. *SOEPRA*, 6(1), 121-142.

According to Article 74 paragraph (1) of Law Number 17 of 2023 concerning Health, the definition of mental health is a condition in which an individual can develop physically, mentally, spiritually, and socially so that the individual realizes their own abilities, can cope with pressure, can work productively, and is able to contribute to their community. Article 28H paragraph (1) of the 1945 Constitution, which is taken into consideration in Law Number 17 of 2023 concerning Mental Health, states that everyone has the right to live in physical and mental prosperity, to have a place to live, and to obtain a good and healthy living environment and the right to obtain health services. Thus, ODGJ have the same right to live a good and healthy life and to obtain health services as people who are mentally healthy.

In the preamble of Law Number 17 of 2023 concerning Health, it is also stated that the lack of optimal mental health services for everyone and the rights of people with mental disorders have not been guaranteed, resulting in low productivity of human resources. Health services are a collection of facilities and infrastructure to protect, support and improve human health, including ODGJ who have the right to life. The right to life of ODGJ has consequences for other rights, one of which is health services<sup>4</sup>. In Indonesia, advanced health facilities, especially mental hospitals, are still unevenly distributed, as well as the number of specialists in psychiatry. Although ODGJ's treatment in a mental hospital can be shortened, treatment must still be routinely carried out after returning home or shelter. This becomes a problem in achieving the availability of health services, especially for those who are far away or ODGJ who are homeless. To achieve ideal mental health services and reach ODGJ who need treatment, policies are needed that encourage the active role of mental hospitals, medical personnel and health workers.

The lack of optimal mental health services for everyone and the lack of guaranteed rights for people with mental disorders have also resulted in many ODGJ undergoing Shackling. Based on data from the Ministry of Health, the number of ODGJ who experienced shackling in 2019 reached 4.989 people, in 2020 6.452 people, in 2021 as many as 2.332 people, and in the second quarter of 2022 reached 4.304 people.<sup>5</sup> In addition to requiring mental health care, the government needs to educate families or the surrounding community so that ODGJ do not become victims of shackling.

The prevalence of severe mental disorders in South Kalimantan Province based on Riskesdas 2013 reached 1.4 percent, meaning that for every 1000 people in the population, 1 person suffers from severe mental disorders. The prevalence of mental emotional disorders in South Kalimantan Province is 5.1%, the highest compared to other provinces in Kalimantan.<sup>6</sup>

There were 49 cases of shackling in the South and Central Kalimantan region<sup>7</sup>. In 2018, cases of shackling in South Kalimantan Province reached 77 cases. The percentage of the population aged > 15 years with a risk of mental health problems who received screening in South Kalimantan Province was 16.97% and has not reached the target set by the Directorate of Mental Health which is 30%. Sambang Lihum Mental Hospital in South

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<sup>4</sup> Esem, O., Wahyati, E., & Kuntjoro, T. (2018). The Protection of The Right to Health Services for The People With mental Disorders Especially in Yogyakarta Based on Law Number 18 of 2014 Mental Health. *SOEPRA*, 4(2), 230-243.

<sup>5</sup> Internet, diakses pada 13 Juni 2023 <https://www.antaraneews.com/berita/3160105/kemenkes-4304-orang-dengan-gangguan-jiwa-terdeteksi-dipasung>

<sup>6</sup> Kemenkes. (2013). Hasil riset kesehatan dasar tahun 2013. *Kementerian Kesehatan RI*, 11, 163-166.

<sup>7</sup> Syarniah, S., Rizani, A., & Sirait, E. (2014). Studi deskriptif persepsi masyarakat tentang pasung pada klien gangguan jiwa berdasarkan karakteristik demografi di desa Sungai Arpat Kecamatan Karang Intan Kabupaten Banjar. *Jurnal Skala Kesehatan*, 5(2).

Kalimantan Province is a mental hospital that serves as a reference center for ODGJ in South Kalimantan Province and Central Kalimantan Province. Regulation of the Minister of Administrative Reform and Bureaucratic Reform (Menpan RB) Number 19 of 2016 concerning the Competition for Public Service Innovations within ministries / agencies, local governments, state-owned enterprises and regional-owned enterprises in 2016 encourages the creation of public service innovations, Sambang Lihum Mental Hospital initiated a public service innovation program, namely Saliling. The Saliling innovation program includes home visits, pick-ups, deliveries and social rehabilitation of patients.

Can this program fulfill the right to health services for ODGJ? How is the implementation of this program in practice and can this program prevent or reduce the level of shackling that occurs in South Kalimantan Province? Some of these questions are very interesting to study, so on this occasion, the author is interested in examining this public service innovation program specifically by taking a research topic entitled: "Implementation of Saliling (Sambang Lihum Keliling) Policy as Fulfillment of The Right to Health Services for People with Mental Disorders (ODGJ) in Preventing Shackling in South Kalimantan Province".

## **PROBLEM FORMULATION**

Based on the background, the researcher formulated the following problems:

1. How is the regulation and implementation of the Saliling policy as a fulfillment of the right to health services for ODGJ in South Kalimantan Province?
2. Can the implementation of the Saliling policy as the fulfillment of the right to health services for ODGJ in South Kalimantan Province prevent and reduce shackling?
3. What are the inhibiting and supporting factors in the implementation of the Saliling policy as the fulfillment of the right to health services for ODGJ in South Kalimantan Province?

## **RESEARCH METHOD**

The research method used is sociological juridical. Sociological juridical research uses a social science approach in understanding and analyzing the law, namely the extent to which symptoms in society affect the law and vice versa and factors that can be obstacles and supporters in policy implementation.

## **RESULTS AND DISCUSSION**

### **A. THE REGULATION AND IMPLEMENTATION OF THE SALILING POLICY AS A FULFILLMENT OF THE RIGHT TO HEALTH SERVICES FOR ODGJ IN SOUTH KALIMANTAN PROVINCE.**

The Sambang Lihum Keliling (Saliling) policy is based on the demands of public service innovation from Menpan RB in 2016. In the framework of the one agency one innovation movement to accelerate the improvement of the quality of public services, ministries/agencies, local governments, state-owned enterprises, and regional-owned enterprises are required to create at least one public service innovation every year. Therefore, Menpan RB organized a public service innovation competition. RSJ. Sambang Lihum as a supporting element of Regional government duties is required to follow public service innovation based on regional regulations on the organization and work procedures

of the Sambang Lihum Mental Hospital. Research at RSJ. Sambang Lihum shows that in 2016 the hospital participated in a public service innovation competition in the form of the Saliling Policy.

Policy is a series of actions that have a purpose, therefore the policies in the hospital are guided by the vision and mission that have been planned. The vision is to be one step ahead by acting, adapting and transforming quickly including making creations and innovations through Saliling services. The mission of the RSJ as a center for service, education and research in the field of mental health can be achieved through the Saliling policy. Policies are juridical instruments that can take the form of regulations, decrees, permits, concessions, plans, policy actions, or others. Based on Law No.12 of 2011 Article 7, hospital policies are based on the sequence of applicable laws and regulations and hospital policies vary depending on the hospital and its context.

Regulations on the right to mental health services were formed with the aim of providing guaranteed protection of mental health for the community. Based on the research results, the innovation policy of RSJ. Sambang Lihum, namely Sambang Lihum Keliling, the provisions that form the legal basis for its implementation can be described as follows:

1. The 1945 Constitution of the Republic of Indonesia

Article 28H point 1 reads “everyone has the right to live in physical and mental prosperity, to live, and to get a good and healthy environment and the right to obtain health services”. Welfare is a condition in which all physical and spiritual needs in accordance with the level of life can be fulfilled properly. Living in prosperity is not only fulfilled materially but to be able to carry out social functions. Welfare is the right of everyone without exception, including ODGJ, both children, adults and the elderly. According to the 1945 Constitution of the State of Indonesia, every person is an Indonesian citizen. Health is not only the concern of each individual but is the responsibility of the state and the legal right of citizens.

The article mandates the guarantee of protection to obtain their rights. The right to obtain health services for people with sick conditions, including mental disorders, is not only treatment for the disorders experienced but until they are able to productively perform social functions in society. Measuring the welfare of life should not only emphasize economic aspects but also aspects of social quality. Therefore, the health aspect, which is one of the indicators of welfare measurement, cannot be separated from mental health.

2. Law No.39 of 1999 on Human Rights

The right to health care is a form of human right that needs to be protected. Based on Article 1 point 1 which explains the definition of human rights, namely a set of rights inherent in the nature and existence of humans as creatures of God Almighty and is His gift that must be respected, upheld, and protected by the state, law, government and everyone for the sake of honor and protection of human dignity. Every human being, since birth, has rights that must be respected, including getting mental health services. Mental hospitals are specialty-type health facilities that are obliged to provide optimal mental health services. The saliling policy that has been made is expected to be able to provide direct services to the community. Based on data obtained from the research, the coverage of Saliling services can be reached to all districts in South Kalimantan Province.

Saliling services are carried out by medical and health personnel who have the competence and expertise to provide protection in accordance with the patient's dignity as a human being. Protection of the honor of ODGJ who receive Saliling services is

manifested through the Saliling work program in the form of pick-up and drop-off. Article 9 point 1 of the Human Rights Law explains that “every person has the right to live, maintain life, and improve their standard of living”. ODGJ will not always be hospitalized in a mental hospital, but are expected to be able to carry out their functions in the community. The Saliling policy coordinates with the first health facility, local neighborhood leaders, and local agencies/departments related to the patient so that treatment and social rehabilitation of ODGJ can be sustainable. This is in line with the development of mental health services from the Ministry of Health, namely the community-based mental health service model. The support of the family and the surrounding community, including the first health facility, as well as agencies/offices such as the social service office, is needed. Relevant agencies in several districts conveyed that the Saliling policy is very helpful regarding mental health services in the community.

3. Law No. 8/2016 on Persons with Disabilities

Article 2 states that one of the implementation and fulfillment of the rights of persons with disabilities is based on respect for dignity, without discrimination, equality and accessibility. One of the persons with disabilities is ODGJ, which is someone who has impaired functions of thought, emotion and behavior so that they have limitations. Article 5 states that one of the rights of persons with disabilities is freedom from stigma, accessibility, justice and legal protection. Stigma that can negatively characterize or reject a person or group can inhibit ODGJ from the right to health services. The exclusion of ODGJ in the community triggers confinement in the form of confinement or binding. Efforts to access ODGJ with pick-up or delivery services can prevent stigma against ODGJ, in addition to coordination with regional leaders such as the village head or RT head and the involvement of FKTP in the region are expected to help accept ODGJ in their area. This is explained in article 7, which mentions freedom from negative labeling related to the condition of disability.

Article 6 states that the right to life of persons with disabilities is to be free from torture, other cruel, inhuman and degrading treatment and punishment. The act of shackling is inhumane and degrading to human dignity. Therefore, the Mental Hospital has the responsibility to prevent shackling of ODGJ.

4. Law No.17 of 2023 on Health

Article 1 point 1 states that “Health is a state of health of a person, both physically, mentally, and socially and not just free from disease to enable him to live productively”. Productive life allows a person to carry out daily life and contribute both socially and economically. This means that health efforts for ODGJ are not only limited to treatment in a mental hospital but also until the patient can function in the community socially and economically. Point 3 states “Health services are all forms of activities and or a series of service activities provided directly to individuals or the community to maintain and improve public health status in the form of promotive, preventive, curative, rehabilitative and or palliative”. Based on this, the government's obligation through health facilities is not only individual services but also community health services by involving the community.

Article 4 states the rights of every person related to health, including a mentally healthy life, affordable services, and access to health resources. Saliling's innovation policy through its work program is one of the efforts to fulfill affordable services and access to health resources. The inability of ODGJ to determine the health care actions given to

them adds to the vulnerable conditions for ODGJ not being served by health services. So it is explained in point 3 that the right does not apply to someone who has severe mental disorders, this requires the role of the government in providing protection of the rights of citizens. Article 38 states that "Deployment of Persons with Mental Disabilities must be placed in the services of a mental hospital or rehabilitation center". Saliling's policy involves and coordinates with other agencies such as health and social services in carrying out health service efforts in accordance with their respective authorities.

Mental health previously had a separate law, namely Law number 18 of 2014 concerning Mental Health, now summarized in the new Health Law, namely Law number 17 of 2023 concerning Health. The new law compared to the old law does not explain in detail because it is stated in Article 86 that further provisions regarding Mental Health Efforts are regulated by Government Regulation. Some of the details that are not described are activities, goals and objectives of mental health efforts and service facilities outside the health sector or community-based. The technical form of implementation in question is not explained as found in Law number 18/2014 Article 8. Although in some sentences it has represented or summarized the detailed explanation in the old law. In addition, other explanations are combined in other sections such as human resources in the field of mental health and mental hospitals. In Law number 17 of 2023 related to human resources in general, namely in Chapter VII on health human resources as well as hospitals in Article 184.

The policies related to Saliling are as follows:

1. Decree of the Director of RSJ. Sambang Lihum Number 188.4/122-TU/RSJ/2016 concerning the Establishment of the Sambang Lihum Innovation Team (Saliling);
2. Decree of the Director of RSJ. Sambang Lihum Number 188.4/176-TU/RSJ/2017 concerning the Sambang Lihum Mobile Service Policy (Saliling);
3. Decree of the Director of RSJ. Sambang Lihum Number 188.4/248-TU/RSJ/2021 concerning Amendments to Director's Decree Number 188.4/176-TU/RSJ/2017 concerning Sambang Lihum Mobile Service Policy;
4. Decree of the Director of RSJ. Sambang Lihum Number 188.4/071-HI/RSJ/2023 concerning Sambang Lihum (Saliling) Service Policy at Sambang Lihum Mental Hospital.

Based on the research, the description of the implementation of Saliling services has been running well, this can be seen based on the results of questionnaires and interviews with the service or families of patients who use Saliling services. Saliling services have fulfilled the function of hospital quality policy, namely the organization of mental health treatment and recovery services according to service standards and the organization and improvement of individual mental health through comprehensive health services including promotive, preventive, curative and rehabilitative. The patient's right to mental health services that are in accordance with standards and affordability of services is indicated by the making of policies and SPO saliling that has been determined. Based on Article 184 Paragraph 4 of Law No.17 of 2023 concerning health, it is explained that every hospital must organize good hospital governance and good clinical governance. In accordance with the duties and authority of the hospital directors in the internal regulations of the RSJ to oversee the accounting and administration of the hospital. The results showed that recording and reporting of each Saliling activity was outlined in the form of official travel reports for the implementation team and for activity reports in the form of monthly activity reports. This reporting is used for

evidence and reporting at the management level as a basis for preparing periodic and annual reports.

## **B. THE IMPLEMENTATION OF THE SALILING POLICY AS A FULFILLMENT OF THE RIGHT TO HEALTH SERVICES FOR PEOPLE WITH SEVERE MENTAL ILLNESS IN SOUTH KALIMANTAN PROVINCE CAN PREVENT AND REDUCE SHACKLING.**

The results of the mental health program measurement based on the RPJMN in South Kalimantan Province in 2023, namely the percentage of people with severe mental disorders who received services was 154.17% (3rd in Indonesia). Mental health services require a cross-sectoral role such as the health department, social service, bureau of welfare, health facilities both first and advanced. The South Kalimantan Provincial Health Office formed a community mental health implementation team (TP-KJM) in an effort to prevent and overcome mental health problems. The team was formed with the aim of synergizing the implementation of mental health treatment. The provincial team formed is tasked with coordinating with the district / city team as the implementer of mental health management. Agencies/offices involved in Saliling services are the Health Office, Social Service and District and City Primary Health Facilities. Primary Health Facilities will be contacted by the family or RSJ regarding patients who are picked up or delivered. This is done for supervision and the referral process when the patient is sent home. Coordination with the social service is carried out when there are abandoned patients reported by the community or patients who have no family or home when they have finished treatment at the RSJ.

Prevention of shackling can be prevented through affordability and ease of service down to the district/city level. Cross-sector coordination also facilitates the prevention of repeated shackling and the provision of mental health services to poor and neglected patients. Prevention of shackling is not only when ODGJ shows symptoms for the first time but must continue until the patient returns to the community. This is to ensure that ODGJ continues to take routine medication and rehabilitation. Rehabilitation based on Article 7 Paragraph 1 is aimed at preventing the re-occurrence of the practice of shackling and empowering ODGJ in the community. Some of the rehabilitation activities that have become programs in the Saliling Policy are the provision of access including guarantees of continuity of therapy and home visits.

The regulation of mental health services and prevention of shackling is made by the Government in an effort to fulfill the highest standard of health for all people without exception. The government has the responsibility to fulfill health not only physically but also mentally and to enable productive life. The provisions set by the government become the legal basis and the formation of special regulations on mental health services and the prevention of shackling, with the aim of:

1. The regulation on the protection of the right to mental health services as outlined in Law Number 17 Year 2023 on Health aims to implement the mandate of the 1945 Constitution Article 28 H item 1 which guarantees every citizen including ODGJ to receive protection in obtaining the right to mental health services.
2. The regulation on the protection of the rights of persons with disabilities, including mental disabilities, as stipulated in Law Number 8 Year 2016 on Persons with Disabilities aims to implement the mandate of the 1945 Constitution Article 28 H paragraph 2 which guarantees that every person has the right to receive facilities and special treatment to



obtain equal opportunities and benefits for mental health services in order to achieve equality and justice.

3. The regulation on the prevention of shackling as outlined in Minister of Health Regulation No. 54/2017 on the prevention of shackling in people with mental disorders has the aim of implementing the provisions of Article 42 of Law No. 39/1999 on Human Rights which guarantees every citizen with a mental disability to receive special care and assistance to ensure a decent life in accordance with their human dignity, increase self-confidence and the ability to participate in social life.

The purpose of regulating the protection of the right to mental health services and the prevention of shackling is expected to provide ODGJ with a guarantee that their rights are fulfilled and free from the pressure of shackling. The health services provided are expected to fulfill the coverage of services to districts in all provinces. This is in accordance with the Article of the Minister of Health Regulation No. 17 of 2023 concerning Health which applies the principles of equity, nondiscrimination and sustainability to increase productive human resources. Mental health services through the Saliling policy program can seek routine treatment to rehabilitative programs. This program supports ODGJ so that they can be optimally productive in the community and prevent re-shackling.

Based on 2018 data, the number of shackling cases in South Kalimantan Province was 77 cases. The rate of shackling decreased in 2023 to 55 cases. In 2019, Banjarmasin City has declared itself free from shackling. This is in line with the fact that Banjarmasin City has the highest number of users of the saliling policy. The Mayor of Banjarmasin made a commitment by signing the declaration to make the city free from shackling in 2019. Based on data from the South Kalimantan Provincial Health Office, since July 2019 there have been no more cases of shackling in Banjarmasin City. The short distance from the Mental Hospital. Sambang Lihum, makes it easier to provide services to Banjarmasin City compared to other cities/regencies in South Kalimantan Province.

### **C. INHIBITING AND SUPPORTING FACTORS FOR THE IMPLEMENTATION OF THE SALILING POLICY AS A FULFILLMENT OF THE RIGHT TO HEALTH SERVICES FOR PEOPLE WITH MENTAL ILLNESS IN SOUTH KALIMANTAN PROVINCE.**

The Saliling Policy implemented in South Kalimantan Province can be an effort to protect the right to mental health services and prevent shackling. However, in its implementation there are still several obstacles that hinder the implementation of the policy, thus affecting the fulfillment of mental health services and the prevention of shackling. Factors considered in the implementation of the Saliling Policy are family readiness, community readiness, human resources during implementation (the availability of equipment and officer safety), travel distance and budget availability. The obstacles faced during implementation are coordination between agencies/offices, primary health facilities and the community. Socialization is needed, especially related to the flow and coordination across agencies because the services provided for South Kalimantan Province.

Legally, the Saliling Policy, which is an innovation policy, is in accordance with regulations both in policy making and implementation. In addition to the director's decree, the implementation team has also made regulations through the decree of the implementation team by the director of the RSJ. The regulations made are in line with the vision and mission of the region and the RSJ. The Decree is also continuously updated in accordance with changes in the team and the addition of the saliling program.

Juridical factors have an important role in hospital services. Written regulations provide guarantees for both officers and patients. The implementation team is provided with

security and technical operations through SPO, while patients will get a guarantee of legal protection of services from the Saliling policy being fulfilled properly. The Saliling policy service program in 2023 has been equipped in accordance with Law Number 17 of 2023 related to health services including promotive, curative, and rehabilitative. Promotive programs through home visits and drop-off services, curative programs through pick-up services and rehabilitative through social rehabilitative day care services and home visits. The basis for the saliling policy is the Permenan RB regulation, but when an innovation policy is carried out by public services such as RSJ making a saliling policy, it does not get the support of regional regulations so that in technical implementation there are obstacles. Regional regulations need to be made so that the implementation of coordination at the provincial level runs well. In addition, related to financing, it is also necessary to get support from national health insurance because the saliling policy is a mental health service.

Policy implementation can run well if technical factors are in accordance with standards. Technical factors are in the form of the number of human resources, existing facilities and infrastructure. It will be difficult to implement policies if technical factors are not maximally fulfilled. Especially in mental health service policies that have standard regulations or guidelines according to the Director General of Mental Health of the Ministry of Health. The Community Mental Health Implementation Team (TP-KJM) which was formed as a coordinating forum for the implementation of community mental health programs, but in its implementation it is still limited to regular meetings. It is acknowledged that in the technical implementation in the field, coordination is still lacking. This is due to the lack of effective communication between agencies, as well as changes in staff or officers in charge.

Social factors have a major influence on the Saliling Policy service at RSJ. Sambang Lihum. This is related to the advantages of policies that prioritize cross-sector coordination, namely families, community leaders (village heads / RT heads), first-level facilities, health services and social services. The role of community mental health services, especially in the field of education for both families and communities. Stigma against patients, families and officers in serving ODGJ can be eliminated. The behavior of the implementing team officers in providing mental health services has a great influence. In addition, education at the time of delivery or pick-up of the patient to the family and community can help prevent repeated shackling of ODGJ.

A community that is educated with the Saliling policy has the option to seek help if there is ODGJ in their neighborhood, even if the ODGJ is neglected. The competent and professional behavior of the implementation team can benefit both the RSJ and the patient's family/caregiver. The benefits obtained by the family/caregiver of the patient include ease of service and treatment of ODGJ. The coordination of the TP-KJM between the province and the city/regency needs to be improved. The TP-KJM can assist in the implementation of the mobile policy, especially in community issues such as education, budgeting and prevention of shackling.

Social factor obstacles that are experienced in the implementation of the saliling policy are families wanting to be served directly related to pick-up without cross-sector coordination and family or community rejection when delivering patients. Cross-sector coordination is carried out especially for district patients. This is important for the tiered referral system as an administrative requirement. In addition, cross-sector coordination is important for the continuity of patient treatment. Patients who are picked up do not stay at the RSJ forever, so cross-sector coordination is needed for continued health services when the patient is discharged. Cross-sector coordination can also reduce rejection reactions from

families/communities when the patient has finished treatment. The implementation team will provide education related to the patient's condition, treatment and the process of continuing the patient's social therapy so that it can provide understanding to the family/community.

Another social factor that hinders services is the lack of communication between related agencies such as the health office or social service office. Communication problems also sometimes occur even between provincial and district level offices. This can be caused by changes in employees or those responsible for the mental health sector. Employees who change or new employees often do not know about the Saliling Policy program or the Mental Health indicators that must be carried out according to their duties and functions. It is necessary to evaluate the socialization of the Saliling Policy so that it is carried out regularly. In addition, related parties should always establish good communication with employees who hold mental health in the health/social services so that if there is a transfer of employees, it can be informed to new employees or new implementers.

## CONCLUSIONS

1. Regarding the regulation and implementation of the Saliling Policy as a fulfillment of the right to health services for ODGJ in South Kalimantan Province are as follows:
  - a. The legal basis for the regulation of protection of the right to mental health services and prevention of shackling has been stated in the 1945 Constitution of the Republic of Indonesia, Law Number 39 of 1999 on Human Rights, Law Number 17 of 2023 on Health, and Law Number 8 of 2016 on Persons with Disabilities. In the above regulation, it is stated that health services are a basic right that must be fulfilled by the government. Health services are represented by health facilities, especially hospitals, while mental health services are provided by mental hospitals
  - b. The Saliling policy is an innovative policy implemented by referring to the vision, mission, and implementation of internal hospital regulations and has implemented legal protection for both the team and patients in mental health services in order to prevent shackling for ODGJ. The success of eliminating negative stigma and shackling is through education by competent health workers.
2. The implementation of the Saliling Policy as a fulfillment of the right to health services for ODGJ in South Kalimantan Province to prevent and reduce shackling is to protect the right to mental health services and prevent shackling for ODGJ. Although this policy has been implemented, the reduction in the number of shackling cases in South Kalimantan Province has been less successful. This is based on data on cases of shackling from 2018 to 2023, which only reduced the number of cases of shackling by 28.5%, i.e. 22 cases. The reduction in cases of shackling is still very low, especially in districts that are far from mental hospitals.
3. The inhibiting and supporting factors for the implementation of the Saliling Policy as a fulfillment of the right to health services for ODGJ in South Kalimantan Province are juridical factors, social factors, and technical factors

## SUGGESTIONS

The implementation of health by the state is carried out through special mental hospitals, but it is still very limited both in facilities and human resources. Sambang Lihum Mental Hospital still needs to complete the newly created Saliling Guidelines and new work

program SPO that have not been completed so that they are in accordance with applicable statutory provisions. Increasing the role and coordination of the community mental health implementation team (TP-KJM) in each district / city, conducting socialization with cross-sectors on a regular basis, and increasing communication with all stakeholders in handling mental health in districts / cities in particular and in South Kalimantan Province in general. Concern with increase education to the community related to mental health, and increase the amount of budget and human resources in order to increase the affordability of the Saliling Policy service which is an innovative policy of Sambang Lihum Mental Hospital. Placement of special human resources for saliling services so that they can provide services to distant districts outside working hours.

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