

**ORIGINAL RESEARCH**

# THE EXPERIENCES OF STAKEHOLDERS IN SUPPORTING THE IMPLEMENTATION OF THE MENTAL HEALTH COMMUNITY RECOVERY PROGRAM IN WEST JAVA PROVINCE INDONESIA

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**Abstract**

**Background:** In general, mental illness poses the burden to the government, family, and community because of the patient's low productivity and high-cost treatment. Recovery Based Program is a method to treat people with a mental health issue, which focus on the patient's personal journey to have meaningful life despite the limitation of the illness. Several stakeholders of mental health have been trying to adopt it. Nevertheless, various problems arise at the time of the program execution.

**Objective:** Purpose of this study is to obtain information regarding the experiences of stakeholder in recovery-based program implementation.

**Methods:** Qualitative research with a phenomenological approach has been conducting. Five program holders from various institutions/organizations which running mental health program in West Java interviewed. Data were analyzed using Colaizzi's method.

**Results:** The result of this study revealed three themes: mental health services from stakeholder's perspective, awareness of recovery, and efforts to overcome mental health challenges.

**Discussion:** There is an urgency for enacting mental health regulation in a local scope, incorporating evidence-based practices into mental health programs and creating nursing homes for people with mental illness after being hospitalized at a psychiatric hospital.

**Conclusion:** Mental health stakeholders encountered varied experience. However, they maintained an optimistic perception about Recovery Based Program for Mental Health in future.

**KEYWORDS**

awareness; evidence-based practice; Indonesia; mental health; recovery; qualitative

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## INTRODUCTION

Generally, mental disorders cause a burden for governments, families, and communities because of the declining and less productivity of patients. The WHO (World Health Organization) report in 2001 mentions that the economic burden of mental disorders was 13% greater than the incidence rate due to accidents and cardiovascular disease ([Department of Health, 2013](#)). According to the 2013 Riskesdas (Indonesian National Health Survey), the number of people with severe mental illness was 1.7 per mile or an estimated 425 thousand people ([Department of Health, 2013](#)). In West Java Province, Indonesia, the number of people with schizophrenia was 1.6 per one

thousand or 70.000 people ([Patmisari, 2014](#)), while the recurrence rate of schizophrenic patients is also high.

Majority of the patients with a mental disorder who come to the hospital were in a chronic state. Moreover, most of them neglected and encountered a high stigma in the community ([Townsend, 2014](#)). Therefore, mental health programs had shifted from a hospital-based approach to community-based approach. A recovery-based program is one of the efforts to heal the patient in the community based on their journey to have meaningful life despite the limitation of the illness ([Compton et al., 2014](#)).

The Community Recovery Based Program has been implemented in numerous ways with various successful result ([Forrest, 2014](#); [Simpson & Penney, 2011](#); [Slade et al., 2011](#)). However, the lack of studies conducted in regard to the recovery-based program, especially in West Java province Indonesia, provide little understanding of how the program implemented and how successful the program can be.

In West Java, the community recovery-based program manages and operates by stakeholders. They are West Java Health Agency/West Java Psychiatric Hospital (WJA/WJPH), West Java Social Agency (WJSA), Indonesian Schizophrenia Care Committee/Komite Peduli Skizofrenia Indonesia (KPSI) and Padjadjaran University. Each of these organizations has specific roles and functions. WJA/WJPH is the leading sector for program implementation. This unit has various facilities for people with a mental health problem, placed at inpatient clinics, outpatient clinics or community/primary health center (PHC). WJHA has a special section in it which regulates various mental health programs in West Java ([Patmisari, 2014](#)). They obtained health budget from the central government distributed in the form of a program. WJHA also has authority to manage health care providers on sub district/village level (PHC).

Furthermore, various organizations also play an essential role in implementing mental health programs at West Java Province. WJSA is responsible for homeless people who have mental disorders, as well as recovery programs for patients after hospitalization in psychiatric hospitals. It provides shelter for patients during the recovery period. KPSI provides support for people with schizophrenia. Their activities have included treatment, rehabilitation, community care, research, training and capacity building, awareness and lobbying ([Brooks et al., 2018](#); [Prasetyo & Gunawijaya, 2018](#)). Padjadjaran university represents the education sector, a place where health workers (e.g., doctor/psychiatrist, nurse, social worker, and psychologist) learns how to deal with mental health problems, including recovery-based program. The university also helped in formulating mental health regulations in West Java. The purpose of this study was to explore the experiences of stakeholders in the implementation of the community recovery-based program for people with severe mental illness in West Java, Indonesia.

## **METHODS**

### **Study Design**

This study was a qualitative phenomenological study. The primary objective of the phenomenology study is to explicate the meaning, structure, and essence of the lived experiences of a person, or a group of people, around a specific phenomenon ([Christensen et al., 2010](#)).

### **Setting**

The venue of the contact was stakeholders' institutions. Those are WJHA, WJSA, IPKJI (Indonesian Mental Health Nursing Association), KPSI Bandung Branch office in Grha Atma (Community Mental Health Centre) and Faculty of Nursing, Padjadjaran University. Researchers came to the office of each

participant to interview them. The data were collected from August-October 2017.

### **Participants**

Five participants were involved in this study. The age of the participants ranged from 34 to 56 years. All participants were Muslim. Three participants were men, and two were women. Most of participants had experienced as program holders in mental health at their institutions. The inclusion criteria for the participant were the participant must be a key person who handle a mental health program, have profound knowledge about mental health program, able to provide informed consent, and willing to be a participant in this study. Five program holders interviewed that is Subdivision Head of Infection Disease Control and Prevention, WJHA; Division Head of Social Rehabilitation, WJSA; Psychiatric Nursing Professor/Head of Post Graduate Program, Faculty of Nursing, Padjadjaran University; Head of IPKJI, West Java Branch; and Head of KPSI, Bandung Branch.

### **Data Collection**

Data collection was conducted by the lead researcher and the third researcher. The lead researcher interviewed participants from WJHA, Padjadjaran University and IPKJI, the third researcher interviewed participants from WJSA and KPSI. Information gathered through in-depth, focused interviews. Each participant interviewed twice. Purpose of the first interview was to explore participants' experiences as the stakeholder in the implementation of the recovery-based program in West Java Province, Indonesia. The second aim was to provide an opportunity for the participant to review their transcript of the interview. The length of the first interview ranged from 45 to 60 minutes, while the second ranged from 30 - 40 minutes. Moreover, researchers also made field notes and requested supporting documents from participants.

### **Data Analysis**

Data were analyzed using seven steps of Colaizzi's (1973) ([Morrow et al., 2015](#); [Polit & Beck, 2008](#)). The first step is to transcribe the recording interview. After the transcription process, the transcript returned to the participant for validation. At this point, the participant was invited to add further information or delete any statement that they believed did not reflect their experience. The majority of participants agreed with the content. However, some participants wished to provide additional information. The researcher then read and reread all the participant's narrative description. This process gave the researcher a general sense of the participant's experience. Then the researcher commenced the process of identifying significant statements which the researcher believed captured the core element of the participant's experience. This process involved the researcher extracting phrases and statements from each participant's narrative description that directly related to the phenomenon. After this activity, the researcher formulated more general statement or meaning for each significant statement. The next step involved organizing the aggregate of formulated meanings into theme clusters. In undertaking this process, the researcher repeatedly returns to the participant's statement to ensure that the explicated themes were congruent with the formulated meanings and reflected the participant's experience.

### Trustworthiness

Trustworthiness was conducted to ensure validity and reliability in qualitative research (Polit & Beck, 2008). Trustworthiness maintained by performing members check. In achieving this, the narrative description returned to the participant for validation. Moreover, trustworthiness determined by the length of time the researcher remains at the site of the inquiry and the ability to conduct research appropriately (Patton, 2002). Meanwhile, as the researcher did not work at the facility in which this project conducted and therefore, had no relationship with participants, a period was set aside between obtaining participant consent and undertaking the formal interview process. Besides, the researcher met informally with participants for developing trust and rapport before the interview. Furthermore, all researchers evaluate and analyze each stage of the research process to ensure transparency of the research process. In keeping with this requirement, findings of this study were made available to the participant for their reflection. Moreover, the research process was recorded for the audit trail. Another method to enhance the research trustworthiness is using triangulation. Two techniques used are investigator and method. In investigator technique, interview data were analyzed simultaneously and separately by all researchers. Overall analyses were compared and contrasted. Method triangulation involves the use of multiple methods of data collection for the same phenomenon. Researchers use a vibrant blend of unstructured data collection methods (e.g., interviews, field notes, documents) to develop a comprehensive understanding of the phenomenon.

### Ethical Consideration

In undertaking this project, several ethical issues addressed including ethics approval, informed consent, anonymity, confidentiality, storage of data, level of risk, and right to withdraw from the research as the participant without prejudice. According to local regulation, no formal ethical scrutiny required. For this study, researchers obtained permission from the Government of West Java through West Java National and Political Unity Agency. Later, the researcher obtained permission for undergoing research from every stakeholder office. Before conducting the interview, participants were asked to give written informed consent. Earlier, participants provided with information about the research such as the objective of the study, methods of information gathering, level of involvement, assurances of confidentiality and anonymity, level of risk, and the right to withdraw from the study without prejudice.

## RESULTS

Three themes emerged from data, (1) Mental health services from stakeholder's perspective, (2) Awareness of recovery, and (3) Efforts to overcome mental health challenges.

### Mental health services from stakeholder's perspective

#### *Hospital-based services and community*

Hospital-based services are still a primary approach to handle patients with a mental health issue, as stated by the following opinions.

*"Treatment of patients with mental disorder still focus on hospital services, not yet popular in the community."*

*"Just give medicine to our patients."*

In Indonesia, community-based mental health services are not popular. Several respondents said that the approach is still medical based. The stakeholders are aware, to overcome the existing problems, they encounter various obstacles, which expressed by the following participants.

*"This problem is about ODGJ/people with a severe mental illness. We are still throwing each other as if all the responsibilities for taking care of them to the social agency. The focus on our treatment is in social rehabilitation sector, not medication. However, in reality, the focus for treatment still depends on the medication."*

Actually, with the concept of the public health center as the spearhead of health services, mental health services can be applied at the community level. In this case, some stakeholders stated that they already have collaboration with the public health center. This was stated in the following statement.

*"The role of social agency, we work with TPKJM (mental health professional team), and other professionals."*

*"Public health center workers should be trained on mental health subject because not all public health center has psychiatric nurses or workers. What I found, not all workers trained about mental health, both doctors and other health workers."*

### *Lack of EBP (Evidence-Based Practice) in service*

Some respondents said there is no comprehensive study of the mental health concept in Indonesia. Sometimes, the same program is conducted with a similar pattern from time to time.

*"We must be aware. The trend is changing. The future trend will discuss chronic illness and mental disorders, not an infectious disease anymore. Therefore, if we do not implement the program based on our research, we will be left behind. In fact, the article in journals is published every 5 minutes in the world."*

### *Funding for mental health programs is not a priority*

The mental health program is considered to be less attractive and has a limited place in the hearts of the stakeholders. That makes policymakers did not give priority to the funding. A respondent stated in the following opinion.

*"Perhaps because the budget did not exist in 2014-2015, 2016 also did not exist. But there is a plan in 2018. Our governor will give us more funding for mental health programs. We will make a special unit for people with mental disability. We call it with the name 'rehabilitation center' for people with mental illness."*

### *Policy in mental health*

Unclear regulations make it difficult. This is stated in the following statement.

*"Actually, the Government less commit with their vision, West Java proclaimed free pasung (confinement) in 2018, but that is very difficult. I think the Government will continue this vision in 2019 and subsequent years. Yes, we just follow it. But there is still no regulation in West Java."*

*"We still have to follow the RPJMD (government plan) that proclaimed the area, so our program is aligned."*

### Stigma and the client's participation

The concept of stigma touched upon by various respondent statements. Stigma is a big thing that can hinder the success of mental health programs. Some respondents indicate this in multiple statements.

*"The stigma must be eradicated, damaging ...."*

*"One of the problems we encountered is yes stigma as well. The stigma is very disturbing. And worse yet, the stigma is not just in society. Sometimes health workers also still have a strong stigma with ODGJ."*

### Unending confinement (pasung) for people with severe mental illness

One of the mental health visions set by Government is how to make West Java free *pasung*/confinement in 2018. Some respondents recounted this inhumane practice still conducted in West Java.

*"Speaking of the confinement for people with severe mental illness, we also have the program, we have been collaborating with the mental hospital, but the scale is not big, just reduce it. Well that again, sometimes that condition is an option that cannot be avoided by the family."*

*"Provincial Government of West Java has launched free pasung/confinement in West Java, Ministry of Social Affairs also proclaim Indonesia free pasung of 2017 and extended until 2025."*

*"The role of social agency, we work with TPKJM (Mental Health Care Team), and other professionals."*

### Awareness of recovery

Recovery programs initially arise because of the awareness of a country to improve the quality of lives of its people. The main objective is to increase productivity. All stakeholders already know that recovery is essential to be the primary goal of them. Recovery is one indicator of successful treatment for patients with mental disorders. The following opinion states this

*"If in my opinion recovered was developed by patients desire."*

*"Yes, recovered could happen if patients can perform daily activities well, although they have limitations due to illness."*

### Efforts to overcome mental health challenges

Community Mental Health Centre (CMHC) service is one way to accomplish recovery, as stated by the following opinions.

*"Handling mental disorders cannot be alone. There must be multi-sector cooperation, both medicine, social, security, everything must remain involved. For instance, the patients must keep preparing their BPJS/insurance or their identity card. And also, the medicine must be available at the public health center."*

*"Actually, we initially focus on education and promotion, but it turns out that in different fields, for example, what should be done by the Government has not run properly, so we end up doing various social rehabilitation and recovery activities. We do everything, except curative."*

### Continuity care/follow up/home visit and early Intervention

Home visits are one way to meet a patient. However, the activity is done by asking "Kader"/helper in society to assist. One of the respondents said this in his expression.

*"If the rehabilitation unit is more about how the patient adapts to life later after he comes home. Yes, one of the obstacles faced maybe we*

*have not maximized in the application of rehabilitation. The home visit is essential."*

The team involved is based on multidisciplinary/Community Mental Health Teams (CMHT). Early Intervention is one way of dealing with mental disorders before it gets so severe. Some respondents stated the importance of early detection.

*"Handling mental disorders cannot be alone, and there must be multi-sector cooperation, both medicine, social, security, everything must remain involved. The patients must keep preparing their insurance or their identity card. And also, for the health problem, the medicine must be available in the public health center."*

### Pasung (confinement for people with a mental disorder)

Some respondents expressed their approval that the confinement must eradicate, and fortunately, this problem already entered into a government program.

*"Setda (Governor assistant) as coordinator, but only limited to the free confinement project because of those projects categorized as the most priority project."*

*"We have people in every sub-district to control and report case findings."*

### The existence of local regulation

In running a mental health program, proper local regulations are indispensable as a basis. The support of the Government and local government is particularly needed in issuing regulations that protect people with mental disorders, seek medical treatment of mental disorders, and make rehabilitation efforts back into the community. The stakeholders need this as the foundation for the implementation of the program. Some respondents stated in the following statement.

*"The policy is essential, make the funds available."*

*"We are again developing the current one."*

## DISCUSSION

### Condition in the mental health program

From the literature, there is no single source that mentions hospital-based services to be the best services for the patient with a mental health problem. Scientific evidence suggests that the approach of community-based service alone is not able to produce maximum results (Flannery et al., 2011). However, the psychological method of the community and its integration with the hospital/inpatient service currently been recognized and has strong evidence of its effectiveness (Alberta et al., 2012; Eaton & Agomoh, 2008; Magnusson & Lützén, 2009). According to Hawkins and Tilman (2011), the biggest challenge of implementing the community's mental health program in developing countries lies in three things, namely lack financing, human resources, and infrastructure. For instance, in developing countries such as Vietnam, community mental health projects for people with schizophrenia and epilepsy have been conducted since 2000, with coverage of 63 provinces and service levels of 64% (Ng et al., 2011).

Some countries in the world, such as Finland and Norway, started the concept of community mental health without the central government's intervention. The implementation of mental health

services differs significantly from one municipality to another (Ruud & Hauff, 2002; Salokangas et al., 1985). Thus, there are also countries such as Britain, Australia and East Timor which started this program due to political interests and the implementation of their state health laws (Elstad & Eide, 2009; Hawkins & Tilman, 2011; Malone et al., 2008; Mcinerney et al., 2010; Tirupati et al., 2010). However, not all countries can apply the concept of mental health in society. When we look at the developed countries, the ratio of beds and patients varies. It starts from 5/100.000 population in Italy, up to 135/100.000 population in the Netherlands (World Health Organization, 2017). This condition is different from developing countries, where a smaller number of hospital available.

The Indonesian government already make a step toward improvement of mental health service. Currently, several reports indicate that health facilities in Indonesia at district level start providing mental health services. The facilities expected to facilitate people with mental disorders get treatment close to their living place. The number of a public health center that offers mental health services is 4,182 from 9,005 public health center or 46, 44 per cent (Ministry of Health, 2017). The number of general hospitals that provide mental health services, both outpatient and inpatient is 249 out of district hospital/city hospital or 55.95 per cent (Ministry of Health, 2017). Although it was noted that 46.44% of public health center had provided services for mental disorders, the treatment gap still not reduce (Ministry of Health, 2017).

The greatest challenge of implementing a community mental health program in small and developing countries lies in three things: lack of financing, human resources, and infrastructure. Learning from the Eastern Timor, Hawkins and Tilman (2011) mentions

"There are things that we can do to overcome the problem above on redefining the concept of mental health and make it different from common illness. We can give inputs to financing and maximizing existing financing to do training, staff development, and the addition of facilities and infrastructure".

The word "community" gives meaning contrary to the term "hospitalization". "Community" in health subject is often associated with demographic or geographic concepts (Ritter & Lampkin, 2011). In mental health, the word "community" not only means about the service of mental health in the community but also serves as a symbol that distinguishes the mental health service in society with mental health service in the hospital (Ritter & Lampkin, 2011). To make things easier, sometimes the mental health expert calls the community "a concept opposite to the hospital, if you think of the hospital and its inpatient services, then community care is the opposite" (Barrett & Parker, 2006). This trend focuses on decreasing the number of beds in mental hospitals gradually and moving them toward community services.

Furthermore, it is aimed to make clients more independent in their activities at home or "health care such as home". They have

some expectation that more patients can reach their best potential after they have been ill (Malone et al., 2008). In conclusion, the concept of community care has a basis of freedom, responsibility, future-oriented, filled with elements of novelty, progressiveness, and autonomy, in contrast to the idea of hospitalization that is more inclined towards the old, traditional, confined, full of rules. However, on the one hand, the concept of hospitals also has a positive outlook, which is associated with a sense of security, protection, full service, and acceptance (Barrett & Parker, 2006). Community mental health services, at the forefront, generally consist of two concepts. The first service integrated with Primary Health Centre (PHC) and the second is by establishing a Community Mental Health Centre (CMHC) either in coordination with PHC or directly to the hospital/mental hospital (Barrett & Parker, 2006). The work patterns implemented by PHC and CMHC are generally the same. One that distinguishes is the process of case finding. PHC begins with the discovery of cases within the building/in the form of a person when they seek health services at PHC. Subsequently, the health worker visits home, while CMHC receives reports by telephone calls from patients in the community, and follow-up patients who discharge from the mental hospital. CMHC officers working in-hospital services are generally in two parts. The first is in the mental health section of the community which is usually integrated with outpatient care. Second the ER Mental health officers, where they also "screen" incoming patients. If the patient does not meet the criteria for hospitalization, it is more suitable for outpatient treatment (Barrett & Parker, 2006).

However, when the Government tried to implement this program, several problems arose namely lack of EBP (evidence-based practice), inadequate policy in mental Health, low client participation and *pasung* (confinement) for patients with severe mental illness (Minas & Diatri, 2008). The least "evidence base" for the concept of mental health makes it difficult for policymakers to make decisions, implement the programs and conduct comprehensive research (Alberta et al., 2012). Moreover, a study can be used as evidence or tool for negotiations with stakeholders, especially regarding financing as it contains data (Gillis, 2011). Also, there is a limited publication of research which discusses the effects of psychopharmacology on patients. Various research has been done only to support circulation, rather than the benefit of patients. Drug companies usually conduct this research in promoting their products (Gisev et al., 2010). A study in Finland mentioned that the problem of medicine for people with severe mental illness occurs in antipsychotic drugs (34.4%), antiepileptic (9.6%) and antidepressants (9.6%) (Gisev et al., 2010).

The implementation in Indonesia of the mental health act is not adequate. Article 28 of the Indonesian Constitution (UUD 1945) states that every person including the mentally ill person shall have the right to live a prosperous and spiritual life, to live and to have a healthy and healthy life and to be entitled to health services, including mental health (Republic of Indonesia, 2002). Furthermore, 2014 Mental Health act article 34 states that the state is obliged to provide health care facilities (President of the Republic of Indonesia, 2014), as well as article 77, stated the central government and the regional Government responsible and

responsible for providing facilities and infrastructures in the implementation of self-effort ([President of the Republic of Indonesia, 2014](#)). It is also mentioned in the 2009 Health act, the provisions of Article 14 confirm that the Government is responsible for planning, organizing, organizing, fostering, and supervising the implementation of equitable and affordable public health efforts ([President of the Republic of Indonesia, 2009](#)). The Government's responsibilities shall be devoted to public services performed in the health sector.

In term of client participation, the condition in implementing the program is deficient and tends to be passive, constrained by the time, cost, and stigma ([Tait & Lester, 2005](#)). Sometimes treatment is homogeneous based on the package system. Treatment is limited to drugs. Therapy that makes patients "tell stories/counselling" is not present. CMHC is trying to shorten this distance. Because it focuses on healthy people's lifestyle, CMHC seeks to provide an alternative therapy that is not just drug focused. Social skill therapy, group therapy and other psychological therapies such as Cognitive Behavioral Therapy (CBT) are encouraged ([Kukla et al., 2016](#)). With these various therapeutic options, patients are empowered to overcome their problems. Patients are asked and given knowledge about their rights and share their experience and giving the direction of what they should do ([Tait & Lester, 2005](#)).

Furthermore, Abuse of ODGJ often occurs, not only using tools such as wood that is given a hole for the feet to keep it from moving, but also isolation. Isolation is the act of confining the patient alone without consent or by force, in a room that is physically restricted to exit or leave the room or area ([Puteh et al., 2011](#)). According to Indonesian law, people who conduct this shackle act shall be punished with imprisonment for a maximum of 8 years ([Khadafi, 2017](#)).

From the opinion above, it could be implied that recovery is a concept that possible to occur in patients with mental disorders. Recovery is a particular process, different from one person to another. Recovery is the journey of a person who has a mental disorder by exploiting all the potential and resources they have. Recovery, therefore, varies from person to person. Another opinion said that recovery is a person's ability to work with the maximum, although the patients still have limitations due to the mental illness ([Anthony, 1993](#); [Leamy et al., 2011](#)). For instance, a person who has schizophrenia has a distraction in thinking, so they work rather slowly. As long as they are still able to do activities and beneficial to others, this categorizes as recover ([Nelson et al., 2001](#)).

#### *Overcome the challenge*

According to [World Health Organization \(2003\)](#), four things can be developed to overcome the problems above, that is improving (1) staff and infrastructure: In the form of numbers, training, evaluation of government policies and the establishment of mental health organizations in the community, (2) Financing and resources: Integrating mental health into PHC services, increasing drug financing and other therapeutic activities, and (3) Education and training: increasing activities and procuring books, brochures and mental health education tools. A study in

the United States mentions that a mental health worker who attended regular education and training has a good attitude and hope for their patients ([Tsai et al., 2011](#)). They work in the community, sending mental health specialists to the community to organize activities, get feedback from family and community and organize regular meetings and community activities ([Wilder et al., 2013](#)).

One of the benefits of home care with the concept of community life is the reduction of persecution rates such as assault, rape, or non-persecution crimes such as theft, robbery and fraud to psychiatric patients in the last four months ([Segal & Burgess, 2008](#)) at home reduces maintenance costs and length of patient day-care ([Segal & Burgess, 2009](#)). Patients and families have self-sufficient in managing the disease with "Community Mental Health Centre" assistance ([Fukui et al., 2011](#)).

The early Intervention aims to find and solve mental problems at the onset of symptoms. Including in this case prevention program, mental disorders in children due to mental illness generally begin to show signs and symptoms in adolescence ([Miech et al., 2008](#)). It is estimated that the onset of psychiatric illness starts when a person is 15-24 years old ([Zwaanswijk et al., 2011](#)). Thus 14-22% of adolescents have mental problems that can develop into mental disorders ([Simmonds et al., 2001](#)). Young people tend to have emotional issues that can develop into mental illness and could potentially get more significant if not handled directly ([Goldstrom et al., 2006](#)).

Moreover, the focus of detection and Intervention should look at other factors such as demographics and income. Concerning demographics and population, villagers have more complex mental problems and lower family support than people who are working in the city. Access to entertainment and service affects their mental state. Usually in the village, people who are mentally ill tend to be ostracized ([Minas & Diatri, 2008](#); [Sartore et al., 2008](#); [Tirupati et al., 2010](#)). low-income people tend to have a higher potential for mental disorders. Furthermore, people with mental illness can lead to poverty, helplessness, and isolation ([Lund et al., 2010](#); [Tello et al., 2005](#); [Tirupati et al., 2010](#)).

The eradication program for confinement started since the instruction of Minister of Home Affairs Number PEM.29/6/15 dated 11<sup>th</sup> November 1977 addressed to All Governor in Indonesia, which contains prohibition do confinement (*pasung*) to people with a mental disorder ([Patmisari, 2014](#)). Based on Ministry of Health in 2010 which organizes free Indonesia *pasung*/confinement program, the Indonesian Ministry of Health has developed guidelines for the handling of siege, advocacy to stakeholders in provincial and district and municipal, to improve the capacity of health workers in the public health center and general hospital handling mental health problems ([Ministry of Health, 2017](#)). Despite the existing Guidelines for *pasung* Prevention, in fact, most health workers doctors, nurses and midwives do not know the existence of free *pasung*/confinement program and many health workers still have not received a proper mental health training.

## CONCLUSION

The stakeholders have realized that recovery is essential for patients who are suffering from mental disorders. Recovery can replace the term "cured" in psychiatric patients. This condition is possible because recovery means the state of patients who can function optimally, even though they still have the disease. However, this condition is difficult to achieve because the focus of mental health service still does not have full collaboration with the community. The CMHN concept cannot be applied fully because of several reasons, uncomprehensive mental health policy and lack of research or less using of EBP in the application of mental health services. One example is a program conducted by IPKJI and KPSI. The suggestion, more research for policies and regulations, policy applications and research-based programs, and needs a pilot project and socialization for recovery concept.

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### Authors Contribution

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