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Legal Protection and Social Reintegration of Persons with Mental Disabilities in Indonesia

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Abstract

Persons with mental disorders, legally recognized as persons with psychosocial disabilities, are entitled to fundamental constitutional rights, including equal treatment, freedom from discrimination, and a dignified life. However, despite guarantees under Indonesian law and the Convention on the Rights of Persons with Disabilities, the protection mechanism for individuals leaving psychiatric institutional care remains structurally inadequate, resulting in persistent social rejection and family abandonment. This study aims to evaluate the effectiveness of existing legal protections and identify the structural barriers that hinder full social reintegration. Using normative legal research with statutory, conceptual, and case-based approaches, the analysis focuses on Law Number 18 of 2014, Law Number 8 of 2016, and the Convention on the Rights of Persons with Disabilities. Findings indicate that the absence of firm penal sanctions for discriminatory acts, combined with deep-rooted social stigma and insufficient community-based reintegration support, renders current legal safeguards ineffective. The study concludes that comprehensive regulatory reform is needed, emphasizing the inclusion of strict sanctions and mandatory community support systems to ensure the realization of the right to full and dignified reintegration for persons with psychosocial disabilities.

Keywords

Discrimination, Legal Protection, Mental Health Law, ODGJ, Social Reintegration.

1. Introduction

The Indonesian Constitution explicitly guarantees the equality of all citizens before the law, enshrined in Article 28D paragraph (1) of the 1945 Constitution, asserting the right to fair legal recognition, assurance, protection, and certainty. This constitutional mandate is universal, extending without reservation to Persons with Mental Disorders (*Orang dengan Gangguan Jiwa/ODGJ*). However, the constitutional aspiration of legal equality often dissolves upon confrontation with social reality, where individuals who have undergone treatment for mental health conditions are frequently relegated to a position of profound vulnerability, facing systematic denial of their most basic rights (Aprita & Hasyim, 2020; Mulia et al., 2024).

The core problematic explored in this article centers on the phenomenon of family and community rejection faced by persons with mental disorders immediately following their discharge from psychiatric institutional care (Riadi et al., 2024). While medical recovery signifies a critical step toward rehabilitation, the subsequent social environment often becomes the primary obstacle to full reintegration. This rejection, extending beyond familial neglect to include systemic discrimination in public services, employment access, and administrative processes constitutes a direct and egregious violation of human rights (Pramashela & Rachim, 2021; Komnas HAM RI, 2022). This phenomenon is not merely confined to socio-economic disparity; it is deeply rooted in pervasive societal stigma, reflecting a fundamental failure to adhere to the principle of non-discrimination mandated by national and international law.

Indonesia has erected a substantial, multi-layered legal framework designed to protect the rights of persons with mental disorders. Key domestic instruments include Law Number 18 of 2014 on Mental Health, Law Number 8 of 2016 on Persons with Disabilities, and Law Number 39 of 1999 on Human Rights. Crucially, the nation's commitment was further cemented by the ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) through Law Number 19 of 2011. CRPD, particularly Article 19 regarding living independently and being included in the community, places a positive obligation on the state to ensure that individuals with psychosocial disabilities have the support necessary to participate fully and equally in society (United Nations, 2007; Bannister & Venkatapuram, 2020; Kienzler et al., 2022; Gupta et al., 2022). Yet, the chasm between *lex scripta* (law as written) and *lex ferenda* (law in practice) remains distressingly wide. The documented cases of patients, medically certified as recovered, being refused repatriation by their own families citing fear of relapse, economic burden, or intense shame highlight a critical gap in the implementation structure (Kumparan News, 2022). Such instances lead to prolonged institutionalization, patient overcrowding, and a failure to fulfill the right to family life and social existence, thereby transforming psychiatric facilities from places of healing into holding cells due to social exclusion.

The existing literature confirms the dichotomy: strong legal text exists, yet the enforcement mechanisms are weak, sanctions for discrimination are virtually non-existent, and public awareness remains low (Salama et al., 2023). The failure to implement effective preventative and repressive protection suggests a structural weakness in the state's fulfilment of its human rights obligations (Hadjon, 1987). This study aims to evaluate the effectiveness of existing legal protections and identify the structural barriers that hinder full social reintegration. This research, therefore, seeks to provide a descriptive-normative analysis to address three interconnected issues: (1) the specific forms of legal protection explicitly provided for persons with mental disorders post-psychiatric care under Indonesian positive law, encompassing both preventative and repressive measures; (2) the primary legal,

sociological, and institutional barriers that impede the effective implementation of these legal protections, resulting in post-treatment rejection; and (3) the strategic policy recommendations, focused on regulatory reform and community-based intervention, that can be proposed to strengthen legal protection and ensure the full social reintegration rights of persons with mental disorders.

By employing a rigorous normative legal methodology grounded in the CRPD's non-discrimination mandate and analyzed through the lens of legal protection theory by Hadjon (1987) and social stigma theory by Goffman (1963), this article aims to contribute substantially to the jurisprudence on mental health law in Indonesia. It argues that meaningful protection necessitates a shift from purely medical and institutional models to integrated, punitive, and community-centric models that actively dismantle the legal and social structures perpetuating discrimination. The ultimate goal is to bridge the normative-empirical gap, ensuring that the constitutional promise of equality is tangibly realized for every person with mental disorders upon their return to the community.

2. Methods

This research employs a normative legal research methodology, focusing on the study of law as a system of norms, rules, and principles, both written and unwritten. The primary objective is to evaluate the adequacy and effectiveness of the legal framework governing the protection and social reintegration of persons with mental disorders in Indonesia. The study utilizes three main approaches. Statute approach involves systematic analysis of core legislation, including the 1945 Constitution, Law Number 18 of 2014 on Mental Health, Law Number 8 of 2016 on Persons with Disabilities, Law Number 39 of 1999 on Human Rights, and Law Number 19 of 2011 ratifying the Convention on the Rights of Persons with Disabilities. The focus is on identifying the specific duties and obligations placed upon the state regarding post-treatment care and anti-discrimination.

Conceptual approach involves exploring the theoretical underpinnings of key concepts, such as Hadjon's model of legal protection, the principle of non-discrimination as understood in Convention on the Rights of Persons with Disabilities, the social model of disability, and Goffman's (1963), sociological theory of stigma. This approach helps to establish the ideal legal standard against which the Indonesian law is measured. The case approach incorporates documented, publicly reported cases of post-treatment rejection, such as the example from the Aceh Psychiatric Hospital and reports from state bodies. These cases serve as empirical evidence demonstrating the failure of the normative framework in practice.

The sources of legal material comprise primary legal materials (statutes, constitutions), secondary legal materials (academic law journals, legal commentaries, research reports from organizations like the National Commission on Human Rights), and tertiary legal materials (legal dictionaries and encyclopedias). All data were analyzed through qualitative, interpretative techniques to draw conclusions regarding the enforcement gaps and policy needs.

3. Results and Discussion

3.1. Forms of Post-Psychiatric Legal Protection

Human rights theory proposed by Donnelly (2013) asserts that human rights are inherent and universal, placing binding legal obligations on the state (duty bearer) to respect, protect, and fulfill the rights of every individual (right holder). The status of persons with mental disorders as persons with psychosocial disabilities under the Convention on the Rights of Persons with Disabilities mandates a paradigm shift from a medical model to a social model of disability, recognizing that the disability lies not in the individual's condition but in the environment's failure to

accommodate and include them. This framework is essential to argue that post-treatment rejection is not merely a social problem but a state failure to protect the inherent dignity and fundamental rights, notably the right to non-discrimination and the right to live independently (Article 5 and Article 19 CRPD).

The legal foundation for the protection of person with mental disorders in Indonesia is robust in its normative articulation, reflecting an intent to comply with international human rights standards. The framework can be dissected into constitutional, specific health, and disability rights layers, all converging on the person with mental disorders' right to a dignified existence and full reintegration into the community. The constitutional mandate is the starting point. Article 28H paragraph (1) of the 1945 Constitution guarantees the right to live in physical and spiritual prosperity, the right to a place to live, and the right to a good and healthy environment. Furthermore, Article 28I paragraph (2) provides an explicit and self-executing prohibition against discrimination, mandating protection from all forms of discriminatory treatment. This constitutional layer places a direct, non-derogable obligation on the state to ensure person with mental disorders, irrespective of their medical history, are treated with equality and dignity (Asshiddiqie, 2006; Aprilia & Fartini, 2023).

The specific health layer is defined by Law Number 18 of 2014 on Mental Health. This law represents a crucial shift from a purely curative model to a holistic approach. Article 71 of this Law is particularly central to the post-treatment phase, mandating that the central government, local government, and the community are all obligated to organize rehabilitation and social reintegration efforts for individuals with mental health problems and disorders. Reintegration is defined as the process of returning a person with mental disorders to the community in a dignified manner, free from stigma and discrimination. This legislative provision transforms social acceptance from a mere moral preference into a specific, legally defined state obligation. The law's emphasis on community involvement acknowledges that psychiatric care is incomplete without societal acceptance and structural support (Keynejad et al., 2022; Salama et al., 2023; Mulia et al., 2024).

The disability rights layer is established by Law Number 8 of 2016 on Persons with Disabilities. This law formally recognizes person with mental disorders as individuals with psychosocial disabilities (Article 1 point 1) and provides a comprehensive catalogue of their rights. Article 5, paragraph (1) grants extensive rights, including the right to life, freedom from stigma, education, employment, health services, and political access. Critically, this law aligns Indonesia with the social model of disability as championed by the CRPD, defining discrimination as "any distinction, exclusion, restriction, or differentiation... based on disability... that has the effect or purpose of nullifying or impairing the recognition, enjoyment, or exercise on an equal basis of human rights and fundamental freedoms" (Article 1 point 28). Family rejection and exclusion from public services are thus unequivocally defined as acts of discrimination prohibited by law.

The International Human Rights Layer is cemented by the Convention on the Rights of Persons with Disabilities, ratified by Law Number 19 of 2011. Article 19 of the Convention on the Rights of Persons with Disabilities is the international cornerstone of the right to reintegration, emphasizing the right of persons with disabilities to choose their place of residence and to live independently and be included in the community. This article places a positive obligation on Indonesia to ensure that community support services, including personal assistance and housing, are available to prevent isolation and segregation. The Convention on the Rights of Persons with Disabilities moves beyond mere non-discrimination to demand the proactive provision of support mechanisms (Flynn, 2011; Eaton et al., 2021; Nilsson, 2024).

In synthesis, Indonesian positive law, particularly Laws Number 18 of 2014 and Law Number 8 of 2016, provides a clear legal foundation for preventative protection mandating rehabilitation, social reintegration, and anti-discrimination measures. However, the subsequent discussion will demonstrate that the success of this robust normative structure is fundamentally undermined by critical omissions regarding repressive protection and the failure to counter the sociological reality of stigma. The legal text promises equality; the implementation mechanism fails to deliver it when faced with social resistance (Hadjon, 1987; Dewi et al., 2025).

3.2. Barriers to Effective Legal Implementation

The theory of social stigma by Goffman (1963) provides the sociological context for understanding why these protections often fail in practice. Stigma reduces a person from a whole and usual individual to a “spoiled identity,” leading to social rejection and exclusion even after medical recovery. For persons with mental disorders, this rejection is both internalized by families and externalized by institutions and society, creating a barrier that legal guarantees alone cannot overcome. This explains the gap between the strong normative framework and the weak reality of reintegration, highlighting the limitations of legislation without cultural and educational interventions to reduce stigma.

Despite the clear and overlapping layers of legal protection, the empirical reality of person with mental disorders post-discharge is marked by systemic rejection, which renders their legal rights largely performative. This phenomenon of rejection from family, community, and public institutions is directly attributable to the persistent and powerful force of social stigma, as theorized by Goffman (1963). Field findings from National Human Rights Commission (*Komisi Nasional Hak Asasi Manusia*/Komnas HAM) and the Ministry of Health consistently demonstrate that persons with mental disorders face a spectrum of rejection that directly violates their fundamental human rights. The most immediate form is family refusal, in which relatives decline to collect or re-admit individuals who have been clinically declared recovered, typically due to fear of relapse or the perceived financial and emotional burden of care. This rejection is compounded by administrative denial, where individuals are prevented from accessing essential public services, such as national identity cards, national health insurance, or other civic administrative procedures, thereby obstructing their ability to participate fully in social and economic life. Additionally, employment and educational discrimination persist, with recovered individuals systematically excluded from job opportunities and educational institutions despite their demonstrated competence. In the most severe cases, these forms of exclusion culminate in inhumane treatment, exemplified by the continued practice of *pasung* (shackling or confinement) when families or communities, lacking support and driven by fear or stigma, resort to unlawful and abusive methods of restraint after hospitals decline re-admission (Human Rights Watch, 2016).

The documented case in the Aceh Psychiatric Hospital in 2021 provides a poignant illustration of this normative-empirical gap (Kumparan News, 2022). Patients, declared medically fit for discharge by clinical staff, were stranded in the hospital because their families explicitly declined to take them home. This situation, often replicated across Indonesia, demonstrates that the legal obligation on the family implicit in the right to family life and explicit in the state’s duty to ensure community inclusion is functionally unenforceable against the prevailing social attitudes.

The sociological mechanism driving this failure is stigma. As Goffman (1963) defines it, the history of mental illness acts as a “spoiled identity.” Even after recovery, the person with mental disorders is viewed as tainted and unpredictable, leading to automatic social discounting. The stigma manifests as a powerful tool of exclusion, forcing individuals into an outsider status (the other). This process is reinforced by low public mental health literacy, deeply entrenched cultural beliefs,

and sensationalized media portrayals that link mental illness to violence or spiritual affliction (Jones et al., 1984; Wahyudi, 2021; Pama et al., 2023).

Furthermore, the legal framework inadvertently contributes to this stigma by failing to adequately address the social determinants of mental health and post-treatment recovery. While Law Number 18 of 2014 mandates reintegration, it lacks provisions for mandatory, state-funded, community-based psycho-social support centers or transitional housing, which are vital components of a Convention on the Rights of Persons with Disabilities-compliant deinstitutionalization strategy (Sartorius, 2007). In the absence of structured community support, the burden of care, financial responsibility, and social risk falls entirely on the family. When a family rejects this overwhelming, unsupported responsibility, the legal guarantee of reintegration collapses, exposing the fragility of the person with mental disorders' protected status. The rejection faced by a person with mental disorders is a direct manifestation of social stigma that acts as an extra-legal barrier, effectively overriding constitutional and legislative mandates. The state's failure to provide effective repressive sanctions for discrimination and proactive, non-institutional community support means the preventative protection guaranteed by law remains purely theoretical in the face of deep-seated societal prejudice (Goffman, 1963; Donnelly, 2013; Ayuningtyas et al., 2022; Pratiwi et al., 2023).

When contrasted with international best practices, such as the community-based support system mandated in the CRPD General Comment Number 5, the WHO mhGAP guidelines on post-discharge continuity of care, and supported housing models implemented in Italy, the UK, and Australia (WHO, 2023). It becomes clear that Indonesia lacks essential reintegration infrastructure. Unlike jurisdictions that provide individualized care plans, personal assistance, and state-funded supported accommodation, Indonesia's reintegration mandate in Law Number 18 of 2014 is not accompanied by operational mechanisms or budgetary guarantees. This gap reveals that the normative strength of Indonesian law is not matched by the structural capacities required under international standards.

3.3. Policy Strategies for Reintegration Strengthening

The widespread implementation failure of legal protection for persons with mental disorders is rooted in a confluence of systemic, institutional, and political challenges that prevent the realization of state obligations outlined in the Convention on the Rights of Persons with Disabilities and domestic law. The most critical legal deficiency is the weakness of repressive protection. While Law Number 8 of 2016 prohibits discrimination, it and Law Number 18 of 2014 fail to specify clear, significant penal or administrative sanctions for individuals, families, or institutions that violate the right to reintegration or engage in discriminatory practices (Nurhidayati, 2018). The absence of tangible legal consequences for family rejection or administrative denial effectively renders the legal rights non-justiciable and unenforceable. In the absence of punitive measures, the cost of discrimination remains negligible, reinforcing the societal belief that the rights of persons with mental disorders are secondary. Hadjon's (1987) concept of repressive protection demands a robust mechanism for remedy; the current Indonesian framework provides a right without a clear legal punch.

Institutionally, there is a severe lack of integrated, cross-sectoral coordination. Mental health protection requires collaboration between the Ministry of Health (treatment), the Ministry of Social Affairs (rehabilitation and social support), the Ministry of Manpower (employment), and law enforcement (repression of abuse and discrimination). Currently, efforts remain fragmented, often resulting in a referral gap where discharged persons with mental disorders fall between the cracks of the health and social welfare systems. Social reintegration, mandated by Article 71 of Law Number 18 of 2014, cannot be achieved when local governments (social

services) lack the budget, expertise, and infrastructure, such as halfway houses, skills training centres, and community support groups, to receive and integrate patients upon hospital discharge (WHO, 2017).

Furthermore, budgetary constraints and political prioritization are significant hurdles. Programs for the protection and reintegration of persons with mental disorders are frequently marginalized in regional government allocations. Without dedicated and protected budgets for community-based psychosocial support, the mandate for deinstitutionalization and reintegration remains an unfunded liability, ensuring that the status quo of institutional neglect or family rejection persists (Mubyarto, 2019).

To address these systemic failures, a multi-pronged strategy is required to strengthen both the legal text and its enforcement: Firstly, regulatory reform is paramount. Law Number 18 of 2014 must be revised to incorporate explicit, deterrent penal sanctions for discriminatory actions, including specific penalties for family abandonment or administrative denial of services based on mental health status. Simultaneously, government regulations must be issued to clearly define the mandatory, standardized mechanisms for social reintegration, specifying the roles and financial obligations of provincial and local governments in providing post-discharge support services.

Secondly, enhancing law enforcement capacity is essential. The police, prosecutors, and judiciary must undergo specialized training on the Convention on the Rights of Persons with Disabilities, the social model of disability, and the rights of persons with mental disorders (Gulati et al., 2024). Proactive enforcement, rather than reliance on victim reporting (which is often constrained by the person with mental disorders' limited capacity or lack of social capital), is necessary to address violations such as *pasung* and systemic administrative denial. Thirdly, anti-stigma public education and community engagement must be launched nationally. Utilizing mass media and social platforms, the government and civil society organizations must run sustained campaigns to normalize mental health conditions and challenge the stereotypes that fuel rejection (Goffman, 1963). Simultaneously, a community-based participatory approach should empower local community forums to act as the primary facilitators of reintegration, linking recovered persons with mental disorders with productive activities and social networks, thereby transforming social acceptance into an inclusive community obligation. This shift moves the legal obligation from abstract text to tangible, localized action.

This research draws upon three core theoretical frameworks to analyze the legal status and socio-legal challenges faced by persons with mental disorders post-treatment. The theory of legal protection by Hadjon (1987) provides the foundational lens for evaluating the state's responsibility and classifies legal protection into two modalities: preventative protection, which aims to preclude rights violations before they occur (e.g., legislation guaranteeing rights, policies on social reintegration), and repressive protection, which operates after a violation has occurred (e.g., judicial recourse, sanctions, and rehabilitation for victims). In the context of a person with mental disorders, this theory allows for a critical assessment of whether Indonesian law adequately provides both mechanisms, specifically, whether Law Number 18 of 2014 offers robust preventative measures and effective repressive remedies against discrimination and rejection. The observed failure of person with mental disorders to reintegrate despite existing laws indicates a significant deficit in the effectiveness of the preventative measures and the enforceability of the repressive ones.

4. Conclusion

The study confirms that Indonesia has a strong legal framework to protect the rights of persons with mental disorders after psychiatric care, grounded in the

Constitution, the Mental Health Law, the Disability Law, and the ratified Convention on the Rights of Persons with Disabilities. This framework guarantees preventative protection, non-discrimination, and the right to social reintegration. Despite this robust normative foundation, a significant gap exists between legal provisions and their implementation. Persistent family and community rejection highlights the influence of entrenched social stigma and the lack of effective state support, undermining the law's protective intent.

The core weakness lies in the absence of enforceable sanctions for discrimination and the lack of adequately funded, integrated community-based reintegration programs, leaving legal mandates largely theoretical. To address this, the state must enhance regulations by incorporating strict anti-discrimination measures, establish and finance localized social reintegration centers and support groups, and implement sustained public education campaigns to reduce stigma. A combination of legal enforcement and proactive community support is necessary to ensure meaningful social inclusion.

The study carries several implications: first, policymakers must recognize that normative law alone is insufficient without practical enforcement and societal transformation; second, community-based programs are critical for bridging the gap between legal rights and lived experiences. Limitations include reliance on normative and case-based analysis without large-scale empirical data on reintegration outcomes, which may affect generalizability. Future research should focus on longitudinal studies evaluating the effectiveness of community-based reintegration programs, the impact of educational interventions on stigma reduction, and the role of local governance in enforcing anti-discrimination measures. Such studies would provide empirical evidence to guide policy refinements and strengthen the alignment between legal obligations and social realities.

References

- Aprilia, H. N., & Fartini, A. (2023). Human rights guarantees for people with mental disorders in the Indonesian constitution. *Jurnal Mahasiswa Hukum Islam*, 1(2), 121-135.
- Aprita, S., & Hasyim, Y. (2020). *Hukum dan hak asasi manusia*. Bogor: Mitra Wacana Media.
- Ashiddiqie, J. (2006). *Hukum tata negara dan pilar-pilar demokrasi: Serpihan pemikiran hukum*. Jakarta: Konstitusi Press.
- Ayuningtyas, D., Rachmawati, R., Larasanti, A., Margaretha, C., Hasibuan, S. U., & Ayuni, Q. (2022). The law on persons with disabilities: how far have we gone?(Case study in Indonesia). *J. Legal Ethical & Regul. Issues*, 25(1), 65-68.
- Bannister, E. W., & Venkatapuram, S. (2020). Grounding the right to live in the community (CRPD Article 19) in the capabilities approach to social justice. *International Journal of Law and Psychiatry*, 69(3), 101-102.
- Dewi, S. M., Qodarsasi, U., Sally, N. U., Syamsudin, M. H., & Maskur, M. A. (2025). Disability law reform in Indonesia: Analyzing policy gap implementation in Kudus Regency. *Journal of Law and Legal Reform*, 6(3), 1411-1442.
- Donnelly, J. (2013). *Universal human rights in theory and practice* (3rd ed.). New York: Cornell University Press.
- Eaton, J., Carroll, A., Scherer, N., Daniel, L., Njenga, M., Sunkel, C., ... & Dryer, S. (2021). Accountability for the rights of people with psychosocial disabilities: an assessment of country reports for the convention on the rights of persons with disabilities. *Health and Human Rights*, 23(1), 175-178.
- Flynn, E. (2011). *Disabled people's right to live in the community: A critique of the law*. London: Routledge.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. New York: Simon & Schuster.
- Gulati, G., Murphy, V., Brar, G., Kilcommins, S., Cusack, A., Dunne, C. P., ... & Kelly, B. D. (2024). The evaluation of a training course to enhance intellectual disabilities and mental

- health awareness amongst General Practitioners attending police stations. *Irish Journal of Psychological Medicine*, 41(1), 155-156.
- Gupta, S., Meershoek, A., & Witte, L. P. D. (2022). Using the capability approach to review the national legislative frameworks for support services for persons with disabilities in four countries in Asia. *Societies*, 12(6), 185-189.
- Hadjon, P. M. (1987). *Perlindungan hukum bagi rakyat di Indonesia*. Surabaya: Bina Ilmu.
- Human Rights Watch. (2016). *Living in hell: Abuses against people with psychosocial disabilities in Indonesia*. New York: Human Rights Watch.
- Jones, E. E., Farina, A., Hastorf, A. H., Markus, H., Miller, D. T., & Scott, R. A. (1984). *Social Stigma: The psychology of marked relationships*. California: W. H. Freeman and Company.
- Kementerian Kesehatan RI. (2020). *Pedoman pelayanan kesehatan jiwa di fasilitas kesehatan*. Jakarta: Kemenkes RI.
- Keynejad, R. C., Spagnolo, J., & Thornicroft, G. (2022). Mental healthcare in primary and community-based settings: evidence beyond the WHO Mental Health Gap Action Programme (mhGAP) Intervention Guide. *BMJ Ment Health*, 25(1), 1-7.
- Kienzler, H., Mitwalli, S., & Cicek, M. (2022). The experience of people with psychosocial disabilities of living independently and being included in the community in war-affected settings: A review of the literature. *International journal of law and psychiatry*, 81(1), 101-104.
- Komnas HAM RI. (2022). *Laporan Tahunan HAM 2021*. Jakarta: Komnas HAM.
- Kumparan News. (2022). *Dilema Pasien ODGJ di Aceh, Sudah Sembuh tapi Ditolak Keluarga*. Retrieved on April 8, 2025, from <https://kumparan.com/kumparannews/dilema-pasien-odgj-di-aceh-sudah-semuh-tapi-ditolak-keluarga-1xSdEGbI3o>.
- Mubyarto, M. (2019). The legal obligation of local governments in providing social rehabilitation for persons with psychosocial disabilities. *Jurnal Hukum dan Pembangunan*, 49(1), 1-20.
- Mulia, H. I., Wirya, A., Octavian, Y., Gunawan, R., Gooding, P., & Walvisch, J. (2024). Assessment of the guardianship system for persons with psychosocial disability in Indonesia. *Scandinavian Journal of Disability Research*, 2(2), 54-56.
- Nilsson, A. (2024). Unlocking the impact of the CRPD on Swedish mental health law. *International Journal of Law and Psychiatry*, 93(1), 101-106.
- Nurhidayati, N. (2018). The enforcement of non-discrimination rights for persons with mental disabilities in Indonesia. *Journal of Southeast Asian Human Rights*, 2(1), 114-135.
- Pama, S. A., Purnama, D. S., Nurjanah, A. S., Adilah, N. A., Zatrachadi, M. F., & Roza, E. (2023). Community counseling strategies to improve mental health literacy. *Jurnal Konseling dan Pendidikan*, 11(1), 12-20.
- Pramashela, F. S., & Rachim, H. A. (2021). Aksesibilitas pelayanan publik bagi penyandang disabilitas di Indonesia. *Focus: Jurnal Pekerjaan Sosial*, 4(2), 225-232.
- Riadi, S., Anwar, A., Supriyanto, D., Pratama, N. A., & Novianti, W. (2024). Pola komunikasi kelompok eks ODGJ dalam panti rehabilitasi sosial. *JSSH (Jurnal Sains Sosial dan Humaniora)*, 8(2), 89-102.
- Salama, N., Lesmana, S. M., & Teddy, C. (2023). Legal protection for people with mental disorders according to the welfare concept of the Indonesian State. *West Science Law and Human Rights*, 1(1), 15-24.
- Sartorius, N. (2007). Stigma and mental health. *The Lancet*, 37(9), 808-809.
- United Nations. General Assembly. (2007). *Convention on the rights of persons with disabilities and optional protocol*. New York: United Nations.
- Wahyudi, D. A. (2021). The effectiveness of mental health literacy improvement in reducing stigma on mental health service users in Indonesia. *Psycho Holistic*, 3(1), 40-44.
- WHO. (2017). *Mental health action plan 2013-2020*. New York: World Health Organization.
- WHO. (2023). *Mental health gap action programme (mhGAP) guideline for mental, neurological, and substance use disorders*. New York: World Health Organization.

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Data Disclosure Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.



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