



## Coercion (pasung) and people with a mental disorder in Indonesia: Bioethics and health law



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### ABSTRACT

Arbitrary coercion (pasung) in people with a mental disorder not only violates human rights but also basic requirements of bioethics and health law. Within Indonesia coercion is a national issue in many regions. It hinders Indonesia's national programs, such as the "Indonesia Bebas Pasung" (Indonesia free from coercion). Mental disorder is not an issue just for the family. It is also a national problem. Indonesia's government has been working to regulate mental health and coercion, but yet there is no proper implementation which frustrates achieving a society living with good mental health. Action is possible to restore a person with a mental disorder to the community enabling them to undertake an active role; restore and shape their core basic skills to achieve greater independence; and to involve families and communities. Mental disorder treatment and care require the participation of family and society to achieve a system that respect mental health law and bioethical standards.

### 1. Introduction

Coercion or physical restraint of people with a mental disorder in Indonesia is referred to as pasung; it remains prevalent. Mental disorders disrupt quality of life, reduce long-term human productivity and social relationships, and become a challenge for the nation if not treated appropriately (Kementerian Kesehatan Republik Indonesia, 2016). Estimates of the global cumulative impact of mental health in terms of lost economic output will reach \$16 trillion by 2030 (). Cases of severe mental disorders reached 1.7/1000 households in Indonesia. Most cases are from Yogyakarta, Aceh, South Sulawesi and Central Java (Idaiani, Yunita, Prihatini, & Indrawati, 2013). People with a mental disorder often experience violation, isolation and other abusive behaviour from their family, the wider environment and social institutions. Based on Riset Kesehatan Dasar's 2013 Indonesian study, one in seven mentally disordered patient experience coercion (pasung), often in rural areas and in families from lower socio-economic groupings.

Coercion practices are reported in Indonesia since 1977. In 2014,

1274 cases were reported from 21 provinces in Indonesia. Ninety-three percent were eventually released from the coercion. However, no follow up data is available on the successful rehabilitation or re-coercion by the family. In 2016, 18,800 coercion cases were reported. Against this background, Indonesia is facing difficulty in implementing its national programme, "Indonesia Bebas Pasung" or "Indonesia free from coercion".

Coercion and mental disorder are linked in a way that is difficult to break, particularly when the perpetrators are family members who are exhausted by caring responsibilities. The coercion of people with a mental disorder is exacerbated by the stigma and discrimination towards mental health, lack of access to mental health services, family burden and inability to care, poor response to pharmacotherapy, financial issues, and lack of knowledge and understanding of mental health (Idaiani & Rafizlar, 2015; Kementerian Kesehatan Republik Indonesia, 2013).

People with a mental disorder who experience abusive behaviour are often disadvantaged because of their perceived limited mental functioning skills that impair their ability to tell their story. Perpetrator

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**Table 1**

The rights of people with a mental disorder in Indonesian legislation include:

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(1) The rights to:

- a. mental health services at health care facilities which are easily accessible
- b. mental health services in accordance with acceptable standards of mental health care and treatment
- c. guarantees of the availability of psycho-pharmaceutical drugs to meet their needs
- d. consent to medical treatment
- e. access reliable information about mental health and treatment by health workers competent in the field of mental health
- f. protection from neglect, violence, exploitation and discrimination
- g. obtain social needs support in accordance to the level of mental disorders
- h. manage his or her own property

(2) The rights of mental health disorder patient to manage their property can only be revoked by court decisions

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often use this perception to deny responsibility, consequently incidents of coercion are not pursued. Coercion in Indonesia is no longer solely an issue within the confines of the family; it is a national issue requiring state intervention. This raises ethical, legal, and other issues. This paper discusses coercion from a bioethics and health law perspective within Indonesia.

**2. Rights of mentally disordered patients in Indonesian Law**

In 2014, Indonesia issued a regulation on mental health (Undang-undang Kesehatan Jiwa Nomer 18 Tahun 2014). However, the existence and implementation of this legislation has failed to provide a service that protects the rights of patient. Mental health disorders vary on grounds of severity, timing of symptoms, chronicity, sources of stress, family support, and many other factors (Ulya, 2018). The World Health Organization and the World Federation for Mental Health emphasize the importance of family and environment in mental health - the importance of a healthy family life in promoting well-being. World Mental Health Day 2016 confirmed that everyone has the right to respect and to access appropriate treatment in accordance with their dignity as human beings. Psychological support is needed, as is the elimination of stigma and discrimination, the promotion of the right to dignity, and the maximisation of quality of life (Tables 1 and 2).

**3. Coercion of people with a mental disorder – ethical perspective**

When adopting an ethical standpoint, coercion cannot be a substitute for treatment as it violates human dignity and human rights. The basic moral principles in bioethics shows that ill treatment and coercion fail to adhere to four basic rules. This creates a dilemma for stakeholders and society.

**Table 2**

Basic moral principle violation due to coercion.

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Basic moral principle	Violation due to coercion	Ethical dilemmas for society
Respect for autonomy	Coercion violates autonomy and fails to respect the dignity of the patient as a person who has value.	Family and society can feel threatened by aggressive or violent behaviour on the part of patients.
Beneficence	Coercion does not provide the attitude and positive contributions to patient well-being. It is a form of harm rather than benefit.	Families and society feel no duty to care for the patient nor to support, treat and promote patient well-being.
Non maleficence	Coercion violates the patient's rights to be protected by the law and exposes him or her to the risk of harm.	If the patient is free from coercion, there remains the stigma of mental health within society that may harm him or her.
Justice	Patients cannot access justice because of restrictions that limit their ability to move freely and seek legal help.	Coercion may be seen as the only way of protecting the family and others from harm.

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**4. Coercion of mentally disordered patient - health law**

Health law relates directly to the provision of health services, and the rights and obligations of the public as users of those services. Health law recognises that unregulated coercion violates the provision of good health care and treatment. There is no justification for the view that unregulated coercion is a form of treatment for mental disorders. Any attempt to justify such coercion violates principles of international and national health law. Implementation of the regulation banning coercion is challenging. How effective will it be? Arbitrary coercion violates legislation, moral values, religion, and a sense of community justice. It is a form of persecution of a particular group in society.

Mental health specialists do not regard coercion as therapeutic. Restraint may be used temporarily and be linked to recognised procedures designed to calm down the patient in an emergency. For example, where the patient is in an agitated state, suicidal, or attempting substance misuse, clinical and nursing teams may restrain but not use disproportionate coercion. Psychiatrists and other practitioners seek to use the patient's existing skills and attributes to resolve such incidents.

In many cases, a patient may be positive about their mental health, but the families still have difficulties dealing with the stigma and the possibility of the disruption of family and community life. Social stigma is still prevalent in society. A diagnosis of a mental disorder is not only experienced by the patient but also by the family and wider community. Mental health treatment and care should involve the family and community; they need help from other experts, public health care, community leaders, patient and families.

**5. Future direction**

Indonesian government programs need to be integrated particularly the process of deinstitutionalizing mental health services. Integrating community and policy changes should help make mental health services move towards de-formalization. This process increases the chance of the patient being returned to the community and living in an environment free from coercion. A supportive rather than coercive community is needed. Deinstitutionalization, a feature of recent developments, can be successful with appropriate support to ensure patients live in their families and communities free from coercion.

**6. Conclusion**

Coercion is a significant problem in Indonesia for people living with a mental disorder as it violates bioethics and health law. There is no justification for arbitrary coercion in the community in treating and caring for patients. Indonesian legislation must be fully implemented to protect the patient and fulfil the vision of the Indonesian Bebas Pasung.

## References

- Kementerian Kesehatan Republik Indonesia. Peran Keluarga Dukung Kesehatan Jiwa Masyarakat. (2016). <http://www.kemkes.go.id/development/site/hukor/index.php?cid=16100700005&id=.html>. Accessed 9 March 2018.
- Kementerian Kesehatan Republik Indonesia (2013). Indonesia Free from Pasung (Physical Restraint). [http://www.globalmentalhealth.or.sites/.../Session%203\\_Utami.pdf](http://www.globalmentalhealth.or.sites/.../Session%203_Utami.pdf), Accessed date: 9 May 2018.
- Idaiani, S., & Raflizar (2015). Faktor yang paling dominion terhadap pemasangan orang dengan gangguan jiwa di Indonesia. *Buletin Penelitian Sistem Kesehatan*, 18, 11–17.
- Idaiani, S., Yunita, I., Prihatini, S., & Indrawati, L. (2013). *Riset Kesehatan Dasar*. Jakarta: Kementerian Kesehatan Republik Indonesia126.
- Ulya, Z. (2018, February). Faktor Psikis dan Memori Usia Lanjut. *Seminar Lansia Forum Kajian Bina Muslim Kaffah Malang*.