



## Literature Review

# Community Based *Pasung* Release on Schizophrenia

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### Abstract

Schizophrenia is a severe mental disorder, persistent, chronic, easy to relapse. Schizophrenics at risk of becoming victims of *pasung*. Confinement is any form of limitation of movement of people with mental illness by families and/or communities. The government has launched the program to end *pasung*, but the incidence of *pasung* in the community is still quite high. Liberation of community-based *pasung* includes prevention of *pasung*, handling of *pasung* and rehabilitation of post-*pasung*. The method of community-based *pasung* release at the rehabilitation stage that is widely used is Assertive Community Treatment (ACT) and has been proven to reduce recurrence and hospitalization rates in schizophrenics so as to reduce the incidence of *pasung* and prevent re-*pasung*.

## INTRODUCTION

World Health Organization (WHO) survey shows that one in 1,000 world population has mental disorders [1]. Based on the 2018 Ministry of Health's Riskesdas data, when compared to the 2013 Riskesdas, the ratio of households with family members suffering from schizophrenia increased from 1.7% to 7%, and the proportion of households with schizophrenic family members who were pasung was relatively the same from 14.3 percent to 14 percent [2]. In the laws and regulations of the Republic of Indonesia No. 19 of 2011, it is a ratification of the convention on the rights of persons with disabilities, which states that holding people with disabilities violates human rights (HAM) [3][4][5]. The government has launched various mental health promotion programs and stopped pasung, including the "Indonesia Bebas Pasung" program in 2014 and the program was continued in 2019. Lack of understanding and concern for families or communities about mental health and the lack of social services that involve the community causes the practice of pasung to continue takes place [6][7].

Pasung release is carried out by releasing, treating and empowering people with mental illness from pasung. Comprehensive handling is needed for people with mental illness and requires optimal effort, high discipline, including the provision of pharmacotherapy treatment, and psychosocial care, in the form of the ability to carry out daily living activities, socialize, rehabilitate and treat families [1][8][9]. Currently, if there is someone with mental disorders, the family and the surrounding community try to take him to a mental hospital. And conversely, when the family finds it difficult and feels it is a disgrace for the family, the people with mental illness will be separated from the family or even in pasung. Increased accessibility, affordability, and rights-based mental health care may reduce the use of restraint in the community and prevent reintegration of people with serious mental disorders, especially schizophrenia [10].

### Community-based pasung release on schizophrenia

Pasung is any form of restriction of people with mental illness movement by family or community so that people with mental illness freedom is limited. These restrictions include the right to health services in recovery efforts [11]. An act by

binding or isolating is a form of pasung [12]. The reason for the action of pasung include 1). Family and community ignorance about mental disorders that can lead to wrong approaches, including considering pasung as a form of therapy (binding "evil spirits" within people with mental illness, etc.); 2). Negative and wrong perceptions about mental disorders, both by family and society; 3). Inability to access or reach health services; 4). Feeling that health services are not helping to solve the problems experienced by people with mental illness; 5). Families are not able to care for and help people with mental illness continuously because the family has to work, is elderly, feels tired and bored with people with mental illness conditions, especially if people with mental illness is totally dependent on other people and lasts for years [11]. Mitigation of pasung carried out in phases:

#### 1. Prevention of pasung

Pasung prevention efforts can be performed optimally by protecting people with mental illness of pasung action, but also efforts to prevent the re-pasung or pasung returned and efforts to improve the quality of health services through:

##### 1.1 Socialization and educational

Socialization and education includes the importance of mental health awareness, the benefits of treatment for mental disorders and information about pasung and the impact of pasung on people with mental illness. The existence of stigma against people with mental illness, family and professional stigma as well as low knowledge of mental health in families and communities will hinder the education process [13]. Education can be carried out by all parties, including health cadres for prevention of pasung and post-pasung relapse [14].

##### 1.2 Conducting advocacy regarding pasung

Advocacy can be addressed to anyone with an interest in pasung, namely:

1. Health or mental health personnel, to remain committed to serving and empowering sufferers and families.
2. Government, to involve sufferers and their families in a political environment.
3. Sufferers and their families, to increase understanding of mental health, communication and family support in the recovery process for people with mental illness [11][15]

4. Community, to increase knowledge about mental health, support people with mental illness and support people with mental illness in social, religious and social activities. culture inclusively.

5. Media, for the development of public education media.

6. Commission for the protection of human rights or similar organizations, to facilitate people with mental illness and their families who wish to submit complaints or complaints

regarding services and human rights violations to people with mental illness related to their illness [11].

2. Handling pasung

Government is obliged to provide health services as close as possible to the homes of people with mental illness who are put in shackles and these services are prioritized in the community by local health service providers including:

2.1 Outreach

Reaching people with mental illness who are confined and have difficulty accessing the services needed, by:

2.1.1 Identification of pasung

Identification efforts are made after obtaining information regarding where abouts of people with mental illness in pasung. In this identification, field checks are carried out to ensure the suitability of the reports by social workers, social volunteers or social welfare workers [16]. Mental health cadres regularly reach out to pasung sufferers or find new pasung sufferers and connect families with pasung sufferers with local health workers [11].

2.1.2 Team formation

Team formation is carried out after confirming the information during the identification process. The team was formed from various elements, namely the Health Office and the units under it; Social service and units under it; social worker; social volunteer; TNI / Police; Health BPJS; and / or other community leaders. The multisectoral team is called Tim Pelaksana Kesehatan Jiwa Masyarakat (TPKJM) which will carry out a comprehensive management of various sectors of people with mental illness pasung [11][17].

2.1.3 Home visits

Visit the family home on people with mental illness done to build the confidence of the family. To gain family trust, it can be done with good or pleasant communication, avoiding blaming and non-oppressive attitudes or behaviors, and avoiding prejudice [16].

2.2 Initial examination and management in the community

Initial examination and management is very important to reduce harm, dysfunction and give hope to people with mental illness, family and community that mental disorders can be managed. Initial examination and management is carried out by physical examination, mental status examination, establishing a diagnosis and understanding the background of people with mental illness in pasung. If there is an emergency in people with mental illness, it must be addressed immediately, provide treatment management and provide nursing care to people with mental illness [11].

The implementation of pasung exemption is carried out in the following stages:

Table 1. Implementation of *Pasung* Release Technical

(Source: Pedoman Teknis Pembebasan Pasung dari Dinkesprov Jatim, 2014)

No	Doctor	Nurse
1	Doctors and nurses approach village officials and local community leaders to participate in convincing families in releasing <i>pasung</i> to people with mental illness	
2	Doctors and nurses explain the process of releasing shackles to families and the environment	
3	Doctors and nurses identify the type of <i>pasung</i>	
4	Doctors conduct clinical examinations for people with mental illness <i>pasung</i>	The nurse examines the mental and physical condition of people with mental illness <i>pasung</i>
5	Doctors diagnose mental and comorbid disorders and complications based on ICD X or PPDGJ III.	The nurse diagnoses mental and physical conditions based on the Nursing diagnosis guidelines.
6	The doctor informs the family about priority action plans from aspects mental and physical.	The nurse creates a nursing intervention plan.

7	Doctors and nurses ask for written consent (information for consent) to perform medical and nursing actions on families. If the family agrees continue to step 8.	
8	Doctors and nurses carry out the process of releasing <i>pasung</i> . In people with mental illness <i>pasung</i> who are cooperative (able to communicate and not aggressive) then continue with step 8.a. For people with mental illness <i>pasung</i> who are still aggressive and uncooperative, proceed to steps 8.b.1 to 8.b.5	
8.a	Doctors and nurses free people with mental illness from <i>pasung</i> equipment. This process is assisted and witnessed by families, community leaders, and village officials and related agencies.	
8.a.1	If the patient's physical condition is weak, then the physical condition is corrected first. The doctor gave a psychopharmaca.	The nurse performs mental and physical nursing care (including eating, bathing, and basic necessities).
8.a.2	Doctors and nurses coordinate with families regarding plans for treatment and treatment further at home.	
8.b.1	Doctors delegate to nurses to administer injection drugs to people with mental illness. The drug that can be given is intramuscular haloperidol 5 mg / ml, 1 - 2x / day for 3-5 consecutive days. If not available Haloperidol is, other drugs can be given according to medical indications.	The nurse evaluate the vital signs, drug side effects and treatment progress to be reported to the Doctor.
8.b.2	If people with mental illness still uncooperative and aggressive, continuing haloperidol intramuscular injections of 5 mg / ml 1-2x / day plus diazepam intramuscular injections of 5 mg / ml 1-2x / day for 3 consecutive days.  (If not available, other drugs can be given available and according to medical indications).	Train families in meeting the patient's personal needs (nutritional needs, personal care and environmental hygiene) and train families to take medicines prescribed by doctors.
8.b.3	Doctors and nurses make referrals to referral health service facilities if people with mental illness is still aggressive and not cooperative, there are signs of psychiatric emergency and / or comorbid diseases.	
8.b.4	Doctors and nurses can release <i>pasung</i> if people with mental illness conditions allow it, that is, people with mental illness can communicate and are no longer aggressive.	
8.b.5	Doctors and nurses release people with mental illness from <i>pasung</i> equipment. This process is assisted and witnessed by families, community leaders, and village officials and related agencies.	
8.b.6	The doctor continues the psychopharmaceutical treatment	The nurse continues the nursing care mental and physical.
8.b.7	Doctors and nurses coordinate with families regarding plans for treatment and treatment further at home.	

### 1.1 Home visits or home care

Home visits carried out by health centers health workers (doctors, nurses and mental health workers) for health services at people with mental illness's home. Doctors and nurses focus home visits on people with mental illness with total care conditions, every two weeks. Student cadres conduct home visits to evaluate people with mental illness abilities, especially those in *pasung* with partial care abilities and self-care, once a week [11].

### 1.2 Rehabilitation after *pasung*

*Pasung* release for people with mental illness cannot guarantee that there will not be replenishment if the

conditions underlying the *pasung* are not managed. Activities to rehabilitate people with mental illness's physical, social and psychosocial functions are an effort to prevent re-*pasung* by:

#### 1.2.1 Occupational and vocational rehabilitation

This rehabilitation is aimed at developing job skills for people with mental illness, so that it can improve their social role in the community. Rehabilitation that can be done is occupational and vocational therapy which is a continuation of therapy from the scope of the institution to the community [8][11]. The method used in training job skills is to train people with mental illness and then place them (train and

place) and place newly trained people with mental illness (place and train) [11].

1.2.2 Assertive community treatment (ACT)

ACT is an evidence-based psychiatric rehabilitation practice, with a comprehensive approach to providing services to consumers with severe mental illness [18]. ACT is a program for people with mental illness who experience difficulties in daily living activities, difficulty meeting basic needs, and difficulty fulfilling their life security with a flexible and comprehensive multisectoral team approach in providing services and providing support to the community [19].

The multidisciplinary team consists of 10 - 12 staff with experience in the field of psychiatry including case managers, psychiatrists, nurses, social workers, employment

counselors, and addiction counselors. Team members will spend more than 80% of their time in the community and team members will provide on call services at any time, 24 hours for 7 days [20].

ACT is characterized by (a) a low client-to-staff ratio; (b) provide services in the community rather than in the office; (c) shared caseloads among team members; (d) 24-hour staff availability, (e) direct provision of all services by the team (rather than referring customers to other agencies); and (f) unlimited service time [18]. Services are carried out to a special people with mental illness group. The care requirements for people with serious mental disorders outside the hospital (community care) are known as "The Seven C's" [21].

Table 2. "The Seven C's"

Source: Veldhuizen, 2013

"The Seven C's"	Care requirements for people with serious mental disorders outside a mental hospital (community care)
Cure	Evidence-based treatment, focusing on healing, stabilizing or making the situation tolerable, according to multidisciplinary guidelines in various countries Treatment by doctors or nurses Psychological care (CBT, metacognitive therapy, etc.) Addiction treatment Somatic screening / treatment ( metabolic screening)
Care	Daily support, guidance Nursing guidance, assistance with daily life, prevention of self-neglect, attention to hygiene Rehabilitation Recovery oriented care Continuity of care; prevent dropping out of school
Crisis Intervention	Supervision and intensive care at home of clients with shared caseloads - 24/7 accessibility Crisis intervention, risk assessment Emergency admissions, short term Involve family / support systems

Client Expertise	Use client experience skills Collective decision making Recovery oriented care Empowerment (Strength Model) Peer support worker intervention
Community Support	Contact family Community support systems Support related to housing, employment and welfare Support individuals in finding and keeping a job Promote the inclusion of the client To prevent interference
Control	Risk assessment and safety management for clients and the environment Prescribe and implement mandatory mental health care interventions by court order in case of danger Sometimes forensic care (at court request)
Check	Evaluation of effects of treatment Routine Outcome Monitoring Evaluation of strategies care and treatment Certification

ACT has been well studied and is considered the gold standard in the management of serious mental disorders. The results of randomized controlled trials (RCTs) in North America and Australia showed that ACT was effective in reducing hospitalization rates and improving patient function [22]. In China and South Africa, it was shown that ACT significantly decreased the incidence and duration of rehospitalization and recurrence [23][24], increased chance and duration of work, and improved clinical symptoms, daily functioning, relationship with family, family function, and quality. sufferer life [25][26][27]. Although there is debate about ACT as a universally effective therapy, studies in Europe, particularly in the UK have not shown the same results [28].

Multisectoral cooperation is very important and needed in the success of the community mental health program that has been launched by the government, namely the “*program pembebasan pasung*”, because of the multidimensional nature of *pasung*. In overseeing the community mental health program, the ideal team is faced with challenges of leadership and activeness from team members, so that in each region an effective functioning *TPKJM* is needed. The goal of the “*program pembebasan pasung*” is to reduce the number of *pasung* in the community and prevent the possibility of refinancing and to provide opportunities for post-*pasung*

people with mental illness to return to their daily activities in the community without any stigma [29][30]

**SUMMARY**

Serious mental disorders, one of which is schizophrenia, can cause many complications in the life of the sufferer. Based on WHO and Riskesdas 2018 data, it shows that the number of schizophrenic sufferers is increasing from year to year. Schizophrenia is chronic and will last for life, the possibility of relapse is very high, even though it has been treated in a mental hospital, it is possible to become a victim of *pasung* again.

Various family and community reasons for *pasung* schizophrenia sufferers, namely for the protection of patients, family members and neighbors, financial problems (cost of care and transport to health care), dissatisfaction with mental health services, lack of family knowledge of schizophrenia, and stigma in society towards schizophrenics.

*Pasung* release is an effort that consists of preventing *pasung* including socialization, education, and advocacy for *pasung*. *Pasung* care includes outreach, inspections and initial management in the community, home visits and home services. Post-*pasung* rehabilitation includes vocational and occupational rehabilitation and Assertive Community Treatment (ACT). ACT is considered to be effective in

overcoming severe mental disorders who live in *pasung* so that they can return to the community.

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