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Regulatory Reform of Mental Health Services in Indonesia: Legal and Human Rights Perspectives

Gevan Naufal Wala¹

¹Tarumanagara University, Jakarta, Indonesia, gevannaufall@gmail.com

Corresponding Author: gevannaufall@gmail.com¹

Abstract: Mental health is an integral component of health that is often overlooked in Indonesia's healthcare system. This research analyzes the regulatory framework of mental health services in Indonesia from legal and human rights perspectives. Using normative juridical research methods with statutory and conceptual approaches, this study examines various legal instruments related to mental health services, identifies regulatory gaps, and formulates necessary reform directions. The results indicate that existing regulations have not fully accommodated human rights principles in mental health services, particularly regarding accessibility, service quality, and patient rights protection. There is an urgent need for comprehensive regulatory reform to strengthen legal protection, improve service access, and ensure respect for the human rights of people with mental health conditions. Such reform must include regulatory harmonization, strengthening oversight mechanisms, and developing rights-based service standards.

Keyword: Mental Health, Health Regulation, Human Rights, Healthcare Services, Legal Reform

INTRODUCTION

Mental health is a fundamental dimension of human well-being that affects the quality of life of individuals and the productivity of society as a whole. The World Health Organization (WHO) estimates that one in four people in the world experience mental health disorders during their lifetime, with significant social and economic impacts (WHO, 2021). In Indonesia, the prevalence of mental emotional disorders in the population aged 15 years and above has increased from 9.8% in 2018 to 14.2% in 2021, indicating the urgency of addressing mental health issues at the national level (Indonesian Ministry of Health, 2022).

Although Indonesia has Law No. 18/2014 on Mental Health as the main legal basis for mental health services, the implementation of this regulation still faces various challenges. Problems include limited access to mental health services, social stigma, lack of integration of mental health services in the primary health system, and not optimal protection of the human rights of people with mental health problems (Marchira, 2020). This is exacerbated by the uneven distribution of mental health workers, where the ratio of psychiatrists to the population is still far below the WHO standard of 1:30,000 (Indonesian Psychiatric Association, 2023).

From a human rights perspective, mental health services do not only involve medical aspects but are also closely related to the fulfillment of the fundamental rights of citizens as guaranteed in the constitution and international legal instruments. The Convention on the Rights of Persons with Disabilities (CRPD), which Indonesia has ratified through Law No. 19 of 2011, emphasizes the importance of protecting and promoting the rights of persons with mental disabilities, including the right to quality health services free from discrimination (UN Human Rights Council, 2020). The urgency of regulatory reform of mental health services is even more pressing given the complexity of contemporary challenges facing society, from the impact of the COVID-19 pandemic to socio-economic pressures that increase the risk of mental health disorders. The existing regulatory framework needs to be reviewed to ensure it is in line with scientific developments, international standards, and the dynamic needs of society (Maramis et al., 2021).

This study aims to: (1) analyze the current regulatory framework for mental health services in Indonesia, (2) identify gaps between existing regulations and international human rights standards, and (3) formulate recommendations for comprehensive regulatory reform to strengthen legal and human rights protection in mental health services. Through in-depth normative juridical analysis, this research is expected to make a significant contribution to the development of mental health policies that are more responsive to the needs of society and in line with human rights principles.

METHOD

This research employs a normative juridical research method with qualitative analysis to examine the regulatory framework of mental health services in Indonesia. The study combines statutory, conceptual, and comparative approaches to provide a comprehensive analysis of the legal and human rights aspects of mental health services regulation. The statutory approach involves analyzing various legal instruments relevant to mental health services in Indonesia, including:

1. Law Number 18 of 2014 concerning Mental Health
2. Law Number 36 of 2009 concerning Health
3. Law Number 19 of 2011 concerning Ratification of the Convention on the Rights of Persons with Disabilities
4. Government Regulation Number 2 of 2018 concerning Minimum Service Standards
5. Related ministerial regulations and implementing regulations

The research data was collected through document analysis of primary legal sources (legislation, regulations, and court decisions), secondary legal sources (academic journals, legal textbooks, and research reports), and tertiary legal sources (legal dictionaries and encyclopedias). Additional data was gathered from official reports and statistics from the Ministry of Health, World Health Organization, and other relevant institutions.

The comparative approach was utilized to analyze Indonesia's mental health regulations against international human rights standards and best practices, particularly focusing on the CRPD framework and WHO guidelines. This comparison helped identify gaps and areas for improvement in the current regulatory framework. The analysis was conducted in several stages:

1. Systematic review of existing regulations and their hierarchical relationships
2. Assessment of regulatory implementation challenges through analysis of government reports and academic studies
3. Evaluation of compliance with international human rights standards
4. Identification of regulatory gaps and inconsistencies

5. Development of reform recommendations based on identified issues

The research validity was ensured through triangulation of legal sources and cross-referencing with empirical data from government statistics and institutional reports. The findings were analyzed within the framework of human rights principles and healthcare service standards to formulate comprehensive reform recommendations. The research period covered regulations and data from 2014 (following the enactment of the Mental Health Law) to 2023, providing a contemporary perspective on the regulatory framework's development and implementation challenges.

RESULT AND DISCUSSION

Analysis of mental health service regulations in Indonesia reveals several significant findings regarding the existing legal framework, its implementation, and gaps that need to be addressed through regulatory reform. While Law Number 18 of 2014 concerning Mental Health has provided an important legal foundation, various aspects still require strengthening and refinement to ensure more comprehensive human rights protection.

First, from the perspective of regulatory hierarchy and harmonization, there are several fundamental issues. The Mental Health Law has established basic principles for mental health services; however, the necessary implementing regulations remain incomplete and not comprehensive. Government Regulation Number 2 of 2018 concerning Minimum Service Standards (MSS) has not specifically regulated mental health service standards at the primary level. This results in variations in implementation and service standards across regions (Wijayanti & Rahmani, 2021). Additionally, there are inconsistencies among various related regulations, such as the Health Law, Hospital Law, and Medical Practice Law in the context of mental health services.

The human rights perspective in Indonesian mental health service regulations can be analyzed through several key aspects. First, the accessibility of mental health services remains a major challenge. Data shows that only 48% of districts/cities in Indonesia have primary healthcare centers with mental health services, while the ratio of mental health workers remains far below WHO standards (Ministry of Health RI, 2023). Existing regulations have not provided effective mechanisms to ensure equitable access to services, especially in remote areas and vulnerable community groups. Analysis of the distribution of mental health facilities and personnel in Indonesia shows significant regional disparities, as shown in Table 1.

Table 1. Distribution of Mental Health Facilities and Personnel in Indonesia in 2023

Region	Psychiatric Hospitals (RSJ)	Mental Health Services	Psychiatrists	Psychologists	Nurses
Java	28	2,450	583	892	1,234
Sumatra	12	1,230	234	456	678
Kalimantan	6	645	123	234	345
Sulawesi	5	534	98	187	289
Bali-Nusra	3	423	76	145	234
Maluku-Papua	2	234	45	89	156

Source: Ministry of Health RI (2023)

Regarding financing, analysis of mental health budget allocations in the State Budget shows fluctuating trends, as displayed in Table 2.

Table 2. Mental Health Budget Allocation in State Budget 2019-2023

Year	Allocation (Billion IDR)	Health Budget (%)	Realization (%)
2019	850	1.2%	85.4%
2020	920	1.3%	88.2%
2021	1,250	1.5%	90.1%
2022	1,450	1.6%	91.5%
2023	1,650	1.7%	92.3%

Source: Ministry of Finance RI (2023)

A survey conducted across 500 healthcare facilities in 34 provinces revealed various challenges in providing mental health services (Table 3).

Table 3. Key Challenges in Mental Health Regulation Implementation

Challenge Aspect	Percentage (%)
Limited trained human resources	78.5
Inadequate infrastructure and facilities	65.3
Suboptimal referral system	62.8
BPJS administrative barriers	58.4
Weak cross-sector coordination	52.7
Social stigma	48.9
Limited operational budget	45.6
Monitoring and evaluation difficulties	42.3

Source: National Mental Health Services Survey (2023)

From a human rights perspective, evaluation of 250 mental health facilities shows varying levels of compliance with human rights standards in service delivery (Table 4).

Table 4. Mental Health Facilities' Compliance with Human Rights Standards

Human Rights Standard Indicator	Compliance Level (%)
Informed consent in treatment	82.4
Privacy and confidentiality	78.6
Humane facility conditions	65.8
Freedom from physical restraint	58.9
Access to complaint mechanisms	52.3
Participation in treatment planning	48.7
Comprehensive rehabilitation programs	45.2
Social reintegration support	42.8

Source: National Human Rights Commission (2023)

Based on the analysis of gaps and international benchmarking, several directions for regulatory reform are needed:

First, strengthening the legal framework for patient rights protection. More detailed implementing regulations are needed regarding oversight mechanisms, reporting, and handling of patient rights violations. Regulations also need to establish adequate standards for facilities and human resources to ensure service quality. Rahman et al. (2023) emphasize the importance of adopting a recovery-oriented care approach that prioritizes patient dignity and autonomy within the regulatory framework. Second, reform of financing and social security systems. Regulations need to be strengthened to ensure more comprehensive coverage and simplified procedures in accessing mental health services through BPJS. The financing system also needs to support the development of more cost-effective and accessible community-based mental health services (Maramis & Sumarmo, 2022). Third, development of service coordination and integration mechanisms. Regulations need to establish clear governance among various stakeholders, including central government, regional governments, health facilities, and civil society organizations. The referral system and continuity of care need to be strengthened through regulations that support the integration of mental health services in the primary healthcare system (Prasetyo & Kusuma, 2023). Fourth, strengthening preventive and promotive aspects. Regulations need to provide a strong foundation for mental health prevention and promotion programs, including public education and efforts to reduce stigma. Research shows that investment in preventive aspects can significantly reduce the economic and social burden of mental health problems (Widodo & Santoso, 2022). Fifth, development of data-based monitoring and evaluation systems. Regulations need to mandate systematic collection and analysis of data on mental health services, including service quality indicators and patient outcomes. An integrated information system will enable more evidence-based policy making (Nugroho & Pratiwi, 2023).

In the implementation context, regulatory reform also needs to consider the characteristics of Indonesia's decentralized health system. Local governments need clear but flexible guidance to develop mental health services appropriate to the local context. Case studies from several regions that have successfully developed innovative mental health programs, such as the Mental Health Alert Village Program in Yogyakarta and the Community

Mental Health Service System in Bali, can provide valuable lessons in regulatory development (Hidayat et al., 2023).

CONCLUSION

The comprehensive analysis of Indonesia's mental health service regulatory framework reveals significant gaps between existing regulations and their implementation from both legal and human rights perspectives. While Law Number 18 of 2014 on Mental Health provides a foundational framework, several critical issues require immediate attention for effective reform. The research demonstrates that current regulatory structures inadequately address three key areas: service accessibility, quality standardization, and human rights protection for mental health patients.

The findings highlight substantial regional disparities in mental health service delivery, with only 48% of districts/cities having adequate primary healthcare centers for mental health services. This inequality is compounded by insufficient budget allocations, inadequate human resources, and inconsistent implementation of service standards across regions. Furthermore, the regulatory framework has not fully integrated international human rights standards, particularly those outlined in the Convention on the Rights of Persons with Disabilities (CRPD).

To address these challenges, a comprehensive regulatory reform is imperative. Such reform should prioritize three key elements: first, strengthening the implementing regulations to ensure consistent service standards nationwide; second, developing clear mechanisms for budget allocation and resource distribution to improve service accessibility; and third, establishing robust oversight systems to monitor compliance with human rights standards in mental health service delivery. These reforms must be accompanied by sustained commitment from stakeholders at all levels of government and healthcare delivery to ensure effective implementation. These findings contribute significantly to the broader discourse on mental health policy reform in Indonesia and provide a foundation for future regulatory improvements that better serve the needs of individuals with mental health conditions while upholding their fundamental human rights.

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