Releasing the mentally Ill from physical restraint: An experience from a developing country*†

Paper

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Introduction

Applying physical restraint to people with a mental problem is a common practice in Indonesia. A locally well-known term; "pasung" refers to an action to restrain and to confine the mentally ill in such a place to minimize or restrict their movement, which mostly happen in the community. This *pasung* can be done either by chaining the legs or arm, locking the patient in a room and even in the pigpen or goat shed. It is estimated that there are more than 30.000 of people with mental problems are being restrained in the country, where about 200 of them were found in Aceh.

Realizing the burden of this inhumane treatment; the government of Aceh initiated a program called "Aceh Free Pasung" in early 2010, aiming to release all patients from the confinement. This program includes building a new ward in Aceh Mental Hospital and forming special teams from the hospital staffs. Their tasks were to release the patients from *pasung* and to bring them to the mental hospital for the proper treatments.
To the date, the program has not only met it goal to provide freedom to this vulnerable group but also has proven that minimizing the violence in mental health care can be implemented even in low resource settings. This paper is a supplement to the previous report (1), with new updated information to the issue and further discussion of the factors that constitute the successful of the program.

Aceh and Mental Health Burden

Aceh is a special region in Indonesia with 4,5 million population. The province was heavily hit by the earthquake and devastating Tsunami on Boxing Day 2004, causing more than 236.000 deaths, about 514.000 homeless and more than 1.000 of children lost their parent. Before the tsunami, the Acehnese had suffered with 29 years of military conflict between the Indonesian army and GAM (Aceh Freedom Movement) causing thousands of civilians death and missing, homelessness and the demolition of economic condition of the society.

Mental health in Aceh once considered as the worst in the country. The military conflict provokes the insecurity of daily life condition, causing the proper mental health care could not delivered properly. Scarcity of skilled human resource, poor health care facility and equipment,

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poor of drug supply, as well as poor literacy of the community towards mental illness, all together, causing the high prevalence of mental case in the region. The report from basic health survey conducted in 2007 suggests that about 14.1% of Acehnese population has experienced with a mental problem, higher than that mean of national prevalence (11.4%). In some districts, the prevalence account to 30% of the population (2). This suggests that mental health was an emerging situation in the province.

Before the tsunami, there were only three physiatrists worked in the province, one mental hospital with 280 beds, were hardly any nurse trained in mental health care and the psychiatric drugs mostly available in the psychiatric hospital. The condition is much better recently; there are about eleven psychiatrists working in the province, more than 600 community nurses have been trained in mental health care, and had the old psychiatric hospital renovated. Although this new hospital increases the service capacity, the occupation rate is always more than 200%. Table 1 shows the comparison of mental health care in the province.

Table 1 Comparison of mental health service in Aceh; before and after the tsunami

Mental health services	**Before Tsunami (2004)**	**Recently (2012)**
Number of Psychiatrists	3	11
Number of Mental health nurses	Hardly any	More than 600
Availability of essential psychiatric medicine in Health post	Very rare	Almost available in every health post
(Local) government concern on Mental health	Hardly any	Much better
Payment system	Mostly out of pocket	Universal Health Coverage

Devastating earthquake and tsunami in 2004 play significant role to enhance the improvement of community health status in the province. The disaster acts as the catalyst towards the betterment of health care, including mental health services. It was able to attract international community's attention to assist and provide required aids after the calamities. It was also able to convince the government upon the significant of the problem which consequently change the health care service to meet the demand and needs of the community. Among the most feasible government program was to deal with the chronic, misbehave, and inhumane treatment of the community towards people with mental illness; *pasung*.

Aceh Free Pasung Program

The Aceh Free Pasung program was obviously not such an advanced or sophisticated program; it was simply releasing the mentally ills from *pasung*, brings them to the hospital, treat them properly and sends them back to the community when they are clinically well. However, there are factors behind and consequents from this program that makes it special. This was the first program in Indonesia that release people from *pasung* in a quite large number. Success of this programme also inspires the Indonesian central government and other provinces in the country to initiate the similar programme. The Indonesian government later launched a program called Indonesia free Pasung by 2014. Other provinces and districts have also initiated to release the mentally ills from *pasung*.

Results from the previous study (1) suggest some reasons for applying *pasung* such as amok or aggressive behavior, concern of the family about the patient's safety, wandering and financial problem that the family could not afford to pay for the hospitalization. Poor literacy of the family and the community towards the diseases are another reason that significantly influences *pasung* decision. There are beliefs that supernatural factors cause mental illness and therefore, only can be treated by religious or traditional healers. Consequently the help seeking behavior of psychiatric problem of the community to the health professional were low (3), and *pasung* becomes the last choice when other options cannot be carried out.

Table 2: common reasons for applying *pasung*

Nr	Reasons for Applying *Pasung*
1	Financial problem
2	Wrong belief about the cause of mental illness
3	To prevent patient from aggressive behavior
4	To prevent wandering, violence and abused
5	"No one look after the patient while the family are working"
6	"Expression of love" and to prevent bullying
7	Last option when other treatment was not possible

The study also confirms that the mean duration of patient in *pasung* were four years, with the longest case found was 20 years. About one-thirds of them found to have atrophy in their leg or arm, mostly due to the longtime fixation. Furthermore, most of the previously *pasung* patients were diagnosed with schizophrenia. After releasing from *pasung* and bringing them to the psychiatric hospital, the majority of the patients were covered with social health insurance, either by the local (JKA) or national based health insurance (Jamkesmas). Discussion from this study also suggests that elimination of *pasung* practice requires the development of adequate and accessible social support and community based mental health services as well as community education on mental health (1).

Factors to the improvement of mental health care in Aceh

The lancet series on mental health 2007 exclusively discusses the barriers to the improvement of mental health care in low and middle income countries. The barriers include insufficient funding for mental health service, low political will, centralization of mental health resources, difficulties in integrating mental health care in PHC, poor human resource capacity, and mental health leadership often lack public health skills (4). The situation was much likely found in Aceh, thus various programs were proposed to overcome the barriers.
Mental health improvement program in Aceh obviously was not designed based on the highly scientific assessment and with comprehensive planning, but rather an accumulation of various programs that initially not related. However later they able to support each other.

After the tsunami in 2004, the demand and need for emergency aids from the survivors was extremely high. The national and international communities responded it with tremendous helps to reduce the suffering of the victims. Thousand tons of medicines and equipment were shipped to the affected region, destroyed health facilities were rebuilt, the health care providers were trained, and awareness raising campaign on health issues to the community were conducted, all of the which contributes to the betterment of health status of the Acehnese.

The availability of external aids was a fundamental factor to the development of mental health care in the region. The aids were not merely on financial support but also skill and knowledge sharing between the local staffs and the national and foreign volunteers. Many NGOs introduced new concepts of mental health care, provide the health care workers with trainings as well building new health care facilities. These aids were essential to the betterment of health service in Aceh.

With a large wave of trainings conducted, the human resource was improved. These new skilled health staffs were not only able to replace their colleagues who passed away in the disaster, but also able perform better and provide better quality of health care. Among the most well-known program was the training of more than 500 community mental health nurses or CMHN. This brought Aceh to have the largest mental health nurse ratio in Indonesia. Most of these nurses work in community health center (puskesmas), which works directly with the mentally ills in the community. They do the regular visit to the patient's home, educate the patient and provide the medicine. They also work as the *pasung* case finder in the community and will be the person in charge after the patient treated in the hospital and sends back to the family. This continuos chain enables the person with mental illness to obtain proper treatment and medication.

Another historic moment following the tsunami was the achievement of the peace agreement between the Indonesian government and GAM. The memorandum of understanding (MoU) was signed in Helsinki on August 15, 2005 facilitated and witnessed by former Finland president and later Nobel peace prize laureate Mr Marti Ahtisaari. For both parties, this agreement was a turning point to cease conflict and violence and start building the province from the ruins.

Following the agreement, the government of Aceh introduced a new health care payment system called JKA or Aceh Health Insurance. This social health insurance aims to cover the poor in the province that were not covered in the existing national based insurance, *jamkesmas*. In this system, all of Acehnese who do not have health insurance have right apply and be the member. The premium, which is about Rp. 17.000 (about 1.5 euro) per each insured, is paid by the government. The JKA was launched on first of June 2010 has now covered more than one million population.

Table 3: Factors to the improvement of mental health service in Aceh

	Enabling factors to the improvement of mental health service in Aceh
	✓ External aids ✓ Good human resource (Availability of CMH in almost each health post) ✓ Availability of essential medicine ✓ Mental health care is integrated in PHC ✓ Strong local government commitment ✓ Universal health coverage through JKA ✓ Demand and acceptance in the community

Another fundamental issue that ensures the success of this program is the acceptance in the community. The community mental health nurses argue that sometimes it was terribly difficult at the beginning to convince the family and the community on treatment with western medication system. The poor literacy and wrong perception on mental illness causation, as well as stigma in the community enforce the health worker to double the effort in educating and explaining them to the right path. After several meetings, the community gave their agreement to the health staff and even supports this program.

Lesson learned

Just like other top - down government programs, Aceh Free Pasung also started with the feeling of pessimism among the health worker and community. But as time passed, the program was able to reach the goal and obtain the appreciation.
Many lessons can be learn from this program; that peace is the most fundamental prerequisite to start implement any health program, that releasing the people with mental illness can be implemented when there is strong concern from the government, the health care staff and that essential medicine is available in the nearest place to the patient and affordable for them. Finally, in order to enhance the mental health care in the low and middle income country, a global solidarity is needed.

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