

Original Article

ABANDONED BUT NOT FORGOTTEN LEGAL STRUGGLES OF MENTALLY ILL INDIVIDUALS IN WEST JAVA

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ABSTRACT

This study aims to examine the legal protection afforded to people with mental disorders (ODGJ) who are neglected in West Java in relation to the principle of justice. Using a normative juridical approach supported by field data, the research analyzes relevant legal provisions and institutional practices by involving interviews with stakeholders such as the Social Affairs Office, Health Department, and psychiatric institutions. The findings reveal that although the legal framework for the protection of ODGJ is sufficiently established through national laws and regional regulations, its implementation remains fragmented due to lack of formal coordination, limited resources, and inadequate post-rehabilitation support. The conclusion emphasizes the necessity of an integrated and binding inter-agency framework that promotes sustainable care, equitable access, and the realization of human rights for mentally ill individuals. Strengthening legal instruments and reinforcing collaborative mechanisms across sectors are imperative to ensure justice and dignity for ODGJ.

Keywords: Legal Protection, Mental Health, Social Justice

INTRODUCTION

Indonesia, as a sovereign and independent nation, bears the constitutional obligation to protect all its people and the entirety of its territory, as explicitly mandated in the Preamble to the 1945 Constitution, particularly in the fourth paragraph [Muhtar et al. \(2024\)](#). This provision articulates that the purpose of establishing the Indonesian state is to protect all Indonesians and their homeland, promote public welfare, advance intellectual life, and contribute to global peace founded on freedom, eternal peace, and social justice. Therefore, the state's responsibility extends beyond safeguarding its citizens to actively promoting general welfare a concept that aligns with the notion of a welfare state [Muhtar et al. \(2023\)](#). Toshiro Fuke emphasizes this duty by stating that the state must ensure each citizen's right to a life worthy of human dignity.

The concept of state responsibility implies a corresponding obligation. According to Black's Law Dictionary, responsibility encompasses the obligation to answer for one's actions and to offer restitution for any harm caused, reflecting both legal and moral accountability. Thus, responsibility is closely tied to the notion of obligation, often used interchangeably. Obligations may arise from legal mandates, social relationships, or moral expectations. Bentham's assertion that "rights are the offspring of law" reinforces the idea that legal frameworks are instrumental in shaping the scope of state duties and individual entitlements [Nair Cruz \(2021\)](#).

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The Indonesian Constitution formalizes the state's responsibility to protect and fulfill constitutional and human rights. Article 28I(4) affirms that the protection, advancement, enforcement, and fulfillment of human rights is the responsibility of the state, particularly the government. Lawrence O. Gostin underscores the essential role of constitutional design in public health, highlighting that constitutions allocate powers, separate governmental branches, and limit state authority to preserve civil liberties, all of which are pivotal for promoting public health and preventing harm [Bakung et al. \(2021\)](#).

Indonesia identifies itself as a state based on law (*rechtstaat*) rather than one governed merely by power (*machtstaat*). The foundational values of Pancasila serve as the ideological basis of the Indonesian legal system, with each principle aimed at fostering national happiness and justice. The objective of advancing public welfare, as enshrined in the Constitution's preamble, provides a legal basis for the state's role as an instrument for realizing the people's prosperity [Nggilu et al. \(2024\)](#). In this regard, the government holds the responsibility to ensure that the rights of all citizens, including marginalized groups such as the poor and neglected children, are respected and fulfilled.

Article 34 of the 1945 Constitution elaborates this obligation by declaring that the poor and neglected children shall be cared for by the state. This provision implies that the state has a legal and moral duty to care for and support these vulnerable populations. Article 34(2) further mandates the development of a national social security system and the empowerment of disadvantaged communities in a manner consistent with human dignity. The government's role in community empowerment includes fostering conditions that allow individuals and communities to realize their potential. This involves not only building awareness of their capabilities but also providing infrastructure and support systems such as education, health services, and vocational training aimed at enhancing human resources and social inclusion.

Furthermore, Article 34(3) emphasizes the state's responsibility to provide adequate public health services and facilities. Public health development must aim to improve awareness, willingness, and capacity to lead a healthy life, thereby achieving the highest attainable standard of health as a fundamental investment in human development. Programs such as the National Health Insurance (BPJS Kesehatan), the Healthy Indonesia Card, and the Smart Indonesia Card exemplify efforts by the government to ensure access to education and healthcare, particularly for the underprivileged [Bakung et al. \(2022\)](#).

The state's responsibility is further detailed in Article 34(4), which provides that the implementation of these provisions shall be regulated by law. The implication is that all state programs aimed at eradicating poverty, caring for neglected children, and addressing health issues must be institutionally and legally grounded to ensure effectiveness and accountability. Health, as a crucial aspect of national development, is integral to a nation's success. A population that is physically and mentally healthy forms the backbone of a productive society. Mental illness, therefore, presents significant social and national challenges, as it not only affects the individual but can also burden families, communities, and the state.

According to the Pedoman Penggolongan dan Diagnosis Gangguan Jiwa (PPDGJ III), mental disorders are syndromes that impair psychological, behavioral, or biological functions, often leading to distress or dysfunction in interpersonal and social roles. Individuals with untreated mental disorders, especially those abandoned by their families, often become homeless and lack access to healthcare and social services. This group, classified under the West Java Provincial Regulation No. 5 of 2018 as psychotic vagrants, exemplifies the urgent need for a comprehensive state response.

Persons with mental disorders (ODGJ) have the same rights as other citizens. Law No. 39 of 1999 on Human Rights explicitly guarantees the right of elderly persons and those with physical or mental disabilities to receive state-funded care, education, training, and assistance that uphold their dignity and support their societal participation. Despite this legal guarantee, mental illness remains a major global issue. WHO estimates that 450 million people suffer from mental disorders worldwide, with at least one in four experiencing mental health problems. In Indonesia, the Ministry of Health reported in 2017 that approximately 14 million people had mental health issues, with over 1,000 cases of shackling (*pasung*) of the mentally ill reported in West Java alone [Organization \(2019\)](#).

Financial hardship often exacerbates the neglect of mentally ill individuals, as families may be unable or unwilling to provide the necessary care. Research shows that many such individuals are abandoned by their families or denied access to mental health services. Poor mental health care infrastructure, limited availability of trained professionals, and deep-rooted social stigma hinder effective treatment. As noted by John M. Pfiffner and Frank P. Sherwood, cultural factors—including knowledge, beliefs, customs, and moral norms—significantly shape societal responses to mental illness [Tyas et al. \(2024\)](#).

The neglect of individuals with mental disorders is thus not only a health issue but also a social justice concern. These individuals are often subject to abuse, discrimination, or violence, and may also pose risks to public safety when untreated. For instance, a tragic case in Kudus, Central Java, involved a person with a mental illness fatally stabbing his relative. Such incidents highlight the urgent need for a coordinated and humane approach to mental health care.

Ultimately, the treatment and protection of mentally ill persons, especially those abandoned or homeless, fall under the state's responsibilities. They deserve protection, dignity, and access to services like any other citizen. The West Java Provincial Regulation No. 5 of 2018 affirms principles such as justice, humanity, utility, transparency, accountability, integration, comprehensiveness, protection, non-discrimination, partnership, sustainability, and welfare in addressing mental health issues. Yet in practice, many individuals with mental disorders continue to be denied justice, indicating a significant gap between legal ideals and societal realities.

This disjuncture necessitates not only policy reform but also a transformation in public attitudes and institutional commitment to uphold the dignity and rights of every individual, regardless of their mental health status.

PROBLEM FORMULATION

- 1) How is legal protection provided to people with mental disorders who are neglected, in relation to the principle of justice in West Java?
- 2) To what extent is there harmonization of institutional authority in providing legal protection to people with mental disorders who are neglected, in relation to the principle of justice in West Java?

METHODOLOGY

The research approach employed in this study is normative juridical, which involves a legal examination conducted through literature review in order to obtain secondary data related to statutory regulations concerning the legal protection of people with mental disorders (ODGJ) who are neglected. The research specification is descriptive-analytical, aiming to provide a comprehensive overview of the legal protection afforded to neglected individuals with mental disorders in relation to the principle of justice in West Java.

The sources of data in this study include both primary and secondary data. Primary data is collected directly from the field through interviews, while secondary data consists of information derived from official documents, relevant books, previous research in the form of reports, theses, dissertations, and legislative texts. The secondary data is categorized into three types: primary legal materials, such as the 1945 Constitution of the Republic of Indonesia, Law No. 36 of 2009 on Health, Law No. 18 of 2014 on Mental Health, Law No. 23 of 2014 on Regional Government, Minister of Health Decree No. 220/MENKES/SK/III/2002 concerning general guidelines for mental health teams, Minister of Health Decree No. 048/MENKES/SK/I/2006 on guidelines for addressing mental health and psychosocial issues following disasters and conflict, Minister of Health Decree No. 406/MENKES/SK/VI/2009 on community mental health, West Java Regional Regulation No. 5 of 2018 on the Implementation of Mental Health Services, West Java Governor Regulation No. 41 of 2012 on mental health service units, and Governor Regulation No. 45 of 2012 on implementing Regulation No. 11 of 2010 concerning health services; secondary legal materials, which include scholarly writings and literature relevant to the primary legal materials, such as academic books and journals; and tertiary legal materials, such as dictionaries, news articles, and relevant online sources that provide guidance or clarification on the primary and secondary materials.

The data collection methods used in this research consist of both library research and field research. The library research method involves data obtained from legislative texts, books, official documents, publications, and research findings. Meanwhile, the field research method involves collecting supporting data through interviews with relevant respondents. The interviews are conducted using purposive sampling, where subjects are selected based on specific characteristics that are considered closely related to the research objectives. In this study, the purposive sampling includes the West Java Provincial Health Office and other stakeholders within the district-level government, such as village officials and members of the local community (including RT and RW leaders) who have direct contact with people with mental disorders. The interviews are conducted in a structured manner using an open interview technique, allowing respondents the freedom to express their answers based on their own understanding, reasoning, and language. The list of interview questions is attached to the proposal.

The data analysis technique employed in this research is qualitative, applied to both primary and secondary data. The research is grounded in existing regulations as positive legal norms relevant to the issues being addressed. The data is organized and presented systematically, then analyzed descriptively. This descriptive analysis encompasses the content and interpretation of legal rules used as references for resolving the legal problems under study. The research is conducted in the province of West Java.

DISCUSSION

LEGAL PROTECTION FOR PEOPLE WITH MENTAL DISORDERS WHO ARE ABANDONED IN RELATION TO THE PRINCIPLE OF JUSTICE IN WEST JAVA

The fundamental objective of a state is to deliver justice, welfare, security, and happiness to all its citizens. According to Kranenburg, a key proponent of the welfare state theory, the role of the state extends far beyond the maintenance of legal order—it actively seeks to promote the well-being of its people. He argues that the objectives of the state are manifold and must be understood in plural terms, encompassing a wide range of social, economic, and moral obligations [Setiyawan and Muhtar \(2023\)](#). Kranenburg also emphasizes that these goals must be pursued in a manner that ensures distributive justice and equitable development. In contrast, Immanuel Kant, a major figure in classical legal philosophy, is aligned with the theory of the social contract. According to Kant, every individual is inherently free and equal from birth. Thus, the role of the state, in his view, is to uphold and guarantee legal order so that citizens' rights and freedoms are protected and nurtured. This legal order must be embodied in legislation that reflects the collective will (*volonté générale*) and must be obeyed by all, including the governing authorities.

In the context of a constitutional democracy, the state is often likened to a vessel that safeguards and transports the collective aspirations of the people. F.J. Stahl articulates the concept of a formal rule-of-law state (Rechtsstaat) through four essential elements: the protection of human rights, the separation of powers, the principle of legality in state actions, and the existence of an independent administrative judiciary. These elements form the structural backbone of a modern legal system aimed at ensuring accountability, fairness, and transparency in governance. Indonesia's state goals are comprehensively outlined in the fourth paragraph of the Preamble to the 1945 Constitution, which stipulates that the nation is founded to: (1) protect all Indonesians and the entirety of the homeland; (2) advance general welfare; (3) enhance the intellectual life of the nation; and (4) participate in the establishment of a world order based on freedom, lasting peace, and social justice. The implementation of these objectives must be guided by and measured against the values embedded in Pancasila [Laila et al. \(2018\)](#). The goal of protecting the whole Indonesian people encompasses the imperative to foster national unity across a pluralistic society divided by ethnicity, religion, and social class. The aim of promoting public welfare directly corresponds to the conception of a welfare state, not only in terms of economic sufficiency but also concerning physical and mental health, spiritual fulfillment, and moral integrity.

Franz Magnis Suseno, an influential moral philosopher, asserts that the state's primary obligation is to build welfare for society, and this economic welfare must be rooted in social justice. Welfare devoid of justice becomes indistinguishable from the pursuit of individual prosperity characteristic of Western liberal states. The objective of nurturing an enlightened citizenry implies a dual responsibility: while the state must create accessible educational and health systems, citizens must also strive actively toward self-development [Skrypnyk and Bondarenko \(2015\)](#). To achieve this, every citizen must be physically and mentally healthy, underscoring the importance of equal treatment for persons with mental disorders as part of the national body politic.

Padmo Wahjono identifies four theoretical principles underlying the Indonesian Rechtsstaat: the protection and respect for human rights, the existence of democratic state institutions, legal orderliness, and an independent judiciary (Indra et al., 2023). Meanwhile, Ismail Saleh contends that the national legal system must reflect the values of Pancasila. He outlines several characteristics of Pancasila-based law: religious life must be fully guaranteed and protected; legal provisions must uphold human dignity without regard to descent or social status; national law must apply equally to all regardless of ethnicity, gender, religion, or social standing; and law must be people-centered, prioritizing public benefit [Pujayanti et al. \(2024\)](#). Importantly, the concept of justice must be grounded in the collective sense of fairness among the Indonesian people.

The constitutional and statutory framework in Indonesia provides comprehensive legal guarantees for the rights of persons with mental disorders. The 1945 Constitution contains several provisions affirming these rights. Article 28G(2) prohibits torture or degrading treatment and affirms the right to protection. Article 28H guarantees the right to well-being, access to healthcare, equal opportunity, and social security necessary for full human development. Article 28I(1) recognizes non-derogable rights, including the right to life and legal recognition. Article 34 mandates that the state care for the poor and neglected children (34(1)), develop a social security system and empower the vulnerable (34(2)), provide adequate health and public services (34(3)), and implement these obligations through legislative mechanisms (34(4)) [Al-Hadrawi \(2024\)](#).

The human rights framework is reinforced by Law No. 39 of 1999 on Human Rights. Article 9 affirms the right to life, peace, and a healthy environment, while Article 42 provides that individuals with physical or mental disabilities are entitled to state-funded care, education, training, and support to live with dignity and participate in national life. Law No. 36 of 2009 on Health further asserts, in Article 147, that the government, regional authorities, and the public are collectively responsible for treating persons with mental health disorders. Article 148 affirms that such persons have equal rights as citizens, and Article 149 mandates that individuals who are abandoned, homeless, or pose threats must receive treatment at designated facilities. These provisions underscore that neglect and abandonment constitute violations of both human rights and statutory duties.

Law No. 18 of 2014 on Mental Health specifically addresses state obligations for rehabilitating abandoned persons with mental disorders. Article 81 mandates the government to rehabilitate those who are neglected or pose risks to themselves or others. Article 86 criminalizes acts of shackling, neglect, violence, and any violations of the rights of individuals with mental or psychosocial disabilities. Despite these comprehensive legal mandates, implementation gaps remain, particularly for individuals without identification or family support who are left to wander or are institutionalized without due process or sustainable rehabilitation [Aiyub Kadir and Fadillah \(2023\)](#).

Indonesia has also ratified the Convention on the Rights of Persons with Disabilities (CRPD) through Law No. 19 of 2011. The CRPD defines disability to include long-term physical, mental, intellectual, or sensory impairments that hinder full societal participation. It affirms the right of every disabled person to live free from torture, inhuman or degrading treatment, exploitation, violence, and arbitrary detention. They also have the right to health, social services, and respect for bodily and mental integrity. These rights, which derive not from benevolence but from inherent human dignity, place a binding obligation on the state to adopt appropriate legal, institutional, and societal mechanisms for their realization [Abdussamad et al. \(2023\)](#).

The World Health Organization (WHO) affirms that health is a state of complete physical, mental, and social well-being. The right to the highest attainable standard of mental health is a core component of human rights, and this standard must be achieved without discrimination. Article 25 of the Universal Declaration of Human Rights includes health as part of the right to an adequate standard of living. Thus, the Indonesian government bears international and constitutional obligations to ensure mental health care is accessible and non-discriminatory [Abdussamad and Muhtar \(2023\)](#).

Based on field research, the West Java Provincial Government has initiated several efforts in compliance with Law No. 36 of 2009 and Law No. 18 of 2014. The stages of mental health intervention follow a four-tier model: promotive, preventive, curative, and rehabilitative. Promotive and preventive activities include community outreach and public education programs, such as mental health awareness campaigns in Cianjur. Curative measures involve clinical diagnosis and treatment through collaboration between health centers (Puskemas), subdistrict officials, and social workers [Abdussamad et al. \(2022\)](#). Special attention is given to providing medicines through local health departments. Rehabilitative efforts involve psychiatric, psychosocial, and vocational rehabilitation, with goals of social reintegration and self-reliance. These efforts include entrepreneurship support and spiritual counseling, although sustainability remains an issue.

Despite progress, numerous structural obstacles persist. Interviews with stakeholders reveal that the number of social workers is insufficient, budget allocations are limited, coordination across institutions is slow, and public awareness remains low [Abdussamad et al. \(2023\)](#). Families often lack the knowledge or resources to care for relatives with mental disorders, and health services are not equitably distributed. In rural or border areas, facilities are inadequate, and patients are left in precarious conditions.

The reality on the ground indicates that the rights of persons with mental disorders are often unfulfilled. While significant legal instruments exist, they disproportionately focus on "neglected" individuals in institutional settings, with minimal attention to those who are abandoned and unidentified in public spaces. The absence of technical guidelines, implementing regulations, and institutional support mechanisms impedes the practical realization of these rights. To address this gap, the government must enact derivative regulations and cross-sectoral frameworks involving the ministries of health, social affairs, and regional governments. More importantly, community-based mental health programs need to be institutionalized and adequately funded. Rehabilitation must go beyond clinical recovery to ensure long-term social and economic reintegration. Civil society, local communities, and especially families must be mobilized to uphold the rights and dignity of persons with mental disorders.

Ultimately, a just and humane society cannot ignore the plight of its most vulnerable. Persons with mental disorders are equal bearers of rights and must be protected through a legal system grounded in Pancasila, which emphasizes justice, humanity, and the collective good. The law must not only be a shield for the strong but a sanctuary for the weak. In this spirit, the legal and moral responsibility of the Indonesian state is clear: to ensure that no citizen is left abandoned in the streets, deprived of care, or denied dignity because of their mental condition.

HARMONIZATION OF THE AUTHORITY OF INSTITUTIONS PROVIDING LEGAL PROTECTION TO PERSONS WITH MENTAL DISORDERS WHO ARE ABANDONED IN RELATION TO THE PRINCIPLE OF JUSTICE IN WEST JAWA

In alignment with the national policy on social welfare development, the Social Service Agency (Dinas Sosial) of West Java operates within a framework that prioritizes the fulfillment of every citizen's basic needs through coordinated, structured, and sustainable social interventions. These interventions encompass social rehabilitation, social security, social empowerment, and social protection—functions that are carried out jointly by the central government, regional governments, and the wider community through various forms of social services. Consequently, the direction of social welfare policy in West Java Province closely follows the national development strategy for the social sector. The legal foundation for these programs is established through multiple legislative instruments, including Law No. 11 of 2009 on Social Welfare, Law No. 40 of 2004 on the National Social Security System, Law No. 13 of 2011 on the Handling of the Poor, as well as several ministerial regulations governing minimum service standards, performance indicators, organizational structure, planning, and data management in the social sector [Barat \(n.d.\)](#).

The Social Service Agency of West Java prioritizes four core objectives: accelerating the achievement of the province's Human Development Index (HDI) targets in accordance with macro indicators; assisting and empowering individuals and groups categorized as Social Welfare Problems (PMKS) and Social Welfare Potential Resources (PSKS); optimizing the use of the provincial budget through efficient planning and program implementation; and motivating citizens of West Java to actively participate in addressing social welfare challenges. The target beneficiaries of the agency's services include individuals experiencing social welfare problems, defined as persons, families, or communities unable to fulfill their physical, mental, or social needs due to specific barriers or dysfunctions; potential community resources capable of supporting welfare programs; and other populations that do not fall neatly into either category but require welfare interventions.

In the specific context of neglected persons with mental disorders (ODGJ), the Social Service Agency plays a critical role in their management. However, this responsibility necessitates collaboration with other sectors. Based on Law No. 18 of 2014 on Mental Health, the agency does not work independently but in coordination with health authorities. Its role becomes particularly crucial in the post-rehabilitation stage, where its administrative support is essential in facilitating access to long-term care and reintegration. Despite this, there is often a misperception that the Social Service Agency alone bears the burden of managing abandoned individuals with mental illness. In practice, after outreach patrols by the agency, individuals identified as ODGJ cannot be immediately referred to psychiatric hospitals due to budgetary constraints. Instead, the agency initiates administrative steps, such as family tracing and facilitating health insurance (BPJS) enrollment, which is required to cover treatment costs. The process is further complicated when individuals lack identity documentation, delaying or obstructing medical treatment and often necessitating temporary placement in social shelters [Nurhayati et al. \(2019\)](#).

According to field interviews, the agency conducts patrols three times a week to identify and categorize individuals into appropriate social welfare programs. The Health Service Agency (Dinas Kesehatan) of West Java has the principal mandate to assist the Governor in implementing obligatory health functions as delegated under Government Regulation No. 38 of 2007 and other decentralization policies. The agency is responsible for formulating technical health policies, managing health data and research, controlling disease outbreaks, overseeing the safety of pharmaceuticals and food, regulating and accrediting health professionals and institutions, and promoting public health. Among its many domains, mental health services fall under the subdivision of disease prevention and control, which is tasked with managing both communicable and non-communicable diseases, including psychiatric conditions.

The Health Service Agency's role is to establish a functional and tiered mental healthcare system beginning at primary health facilities such as community health centers (puskesmas), and extending to psychiatric hospitals (RSJ) and general hospitals. In Bogor, for instance, this system includes promotive, preventive, curative, and rehabilitative programs that operate not only at the facility level but also through community outreach, involving local neighborhood networks (RT/RW), religious organizations, and social rehabilitation shelters. Referrals for mental healthcare are managed in a coordinated fashion, and services may be delivered by general hospitals with integrated psychiatric departments, primary clinics, or private psychiatrists [Hidayat et al. \(2023\)](#).

The Civil Service Police Unit (Satpol PP) is another important stakeholder in managing public order, including handling cases involving individuals with mental illness who pose safety risks. As per its function, Satpol PP maintains public order, enforces local regulations, and coordinates with police and other state agencies. When encountering a mentally disturbed individual, the procedure typically involves initial referral to the local subdistrict office (kecamatan), followed by a medical evaluation at the nearest puskesmas. If psychiatric illness is diagnosed, the individual is then referred to the Social Service Agency for further processing. Should they not meet the diagnostic criteria for ODGJ, alternative social welfare interventions are provided through community-based programs (PUSKESO).

The West Java Provincial Psychiatric Hospital holds a central role in delivering comprehensive psychiatric services, including preventive care, diagnosis and treatment, rehabilitative therapy, and psychosocial support. It receives patients both from private referrals by families and official referrals through the Social Service Agency. The hospital not only provides inpatient psychiatric care but also serves as a hub for research, education, and professional training in mental health. On a broader policy level, the World Health Assembly's adoption of the Global Mental Health Action Plan 2013–2020 underscores the need for countries to provide responsive, integrated, and comprehensive mental health and social services. Indonesia responded to this mandate by initiating a national memorandum of understanding among the Ministry of Social Affairs, Ministry of Health, Ministry of Home Affairs, the National Police, and the Health Social Security Agency (BPJS Kesehatan). This cross-sectoral agreement provides a framework for outreach, case identification, administrative registration, access to social and health insurance, and rehabilitation services for persons with mental disorders, particularly those subjected to shackling (pemasungan) [Patel et al. \(2016\)](#).

Under this framework, advocacy is a preventive strategy aimed at raising awareness of available services among families and communities, while ensuring coordination at the village level. The administrative process includes verifying civil status and issuing population identification documents, which are prerequisites for accessing BPJS coverage. Healthcare delivery begins with initial assessment at puskesmas, referral to psychiatric hospitals, and continued pharmacological and psychosocial support. Social rehabilitation includes structured support such as group counseling, community reintegration programs, and vocational training.

Based on interviews with local social workers (TKSK) in Bandung Wetan, the procedural flow for handling neglected ODGJ begins with community reports or patrols by Satpol PP, followed by triage at the subdistrict level, medical evaluation at puskesmas, administrative processing by the Social Service Agency, and eventual referral to psychiatric hospitals or reintegration into families when possible. Despite the existence of such inter-agency mechanisms, implementation on the ground often remains fragmented. The Social Service Agency has expressed concerns over limited support from other stakeholders, insufficient psychiatric medications in puskesmas, and the lack of sustained care post-discharge.

Budget constraints are another significant hurdle. Field officers often finance basic needs from their own pockets due to insufficient operational funding. In some cases, even affluent families refuse to take responsibility for affected relatives, reflecting a deeply rooted stigma and misunderstanding of mental illness. Moreover, empirical research by Andini Hening Safitri and colleagues shows that while stakeholder participation is generally active, formal coordination frameworks are lacking. There is no single, comprehensive, and binding inter-agency protocol for managing ODGJ. As a result, responses are often reactive, fragmented, and inconsistent across districts.

In Bandung, despite good citizen engagement via public reporting platforms like Twitter, mental health services are not equally distributed across the province. Coordination tends to rely on personal networks rather than institutional mandates. Furthermore, the absence of a government-run rehabilitation center for former psychiatric patients without families results in a heavy reliance on private or community-run shelters. This not only limits service capacity but also raises concerns about accountability and service quality.

In conclusion, although institutional involvement in managing neglected persons with mental illness is broad—encompassing health, social, security, and psychiatric sectors—effective implementation remains hindered by fragmented coordination, insufficient

resources, and the absence of a formal, integrative framework. There is an urgent need for West Java Province to develop a unified action plan with clearly defined roles, shared objectives, and joint accountability mechanisms. This would not only prevent overlapping functions but also ensure sustainable, humane, and rights-based care for all persons with mental disorders, in alignment with the spirit of Indonesia's constitutional mandate and international human rights commitments.

CONCLUSION

Based on the analysis above, it can be concluded that the legal protection for people with mental disorders (ODGJ) who are neglected in West Java Province has been comprehensively regulated through various national and regional legal instruments, including the 1945 Constitution, Law No. 36 of 2009 on Health, Law No. 18 of 2014 on Mental Health, and West Java Regional Regulation No. 5 of 2018. However, the implementation of these protections still faces numerous structural and technical challenges, such as the lack of rehabilitation facilities, limited budget, shortage of human resources, and weak inter-sectoral coordination. As a result, many individuals with mental disorders do not receive proper medical, social, or administrative treatment, and their rights as citizens guaranteed by law remain unfulfilled in a just and equitable manner.

The efforts made by various institutions—such as the Social Affairs Office, Health Department, Civil Service Police Unit (Satpol PP), and psychiatric hospitals—reflect an emerging synergy, yet the lack of a formal and integrative framework outlining their respective duties and responsibilities continues to hinder effective collaboration. Without a binding coordination mechanism, overlapping authority and blame-shifting among institutions still frequently occur. Therefore, there is an urgent need to strengthen implementing regulations, enhance stakeholder commitment, and mainstream the principle of social justice in all mental health service policies to ensure a humane, inclusive, and effective legal protection system for neglected individuals with mental disorders.

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