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COMMUNITY-BASED SUPPORTS FOR INDIVIDUALS WITH MENTAL DISORDERS IN INDONESIA: AN EXPLORATORY STUDY

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ABSTRACT

This study explores the efforts of companions in assessing and fulfilling the basic needs of People with Mental Disorders (PWMDs), as well as understanding the challenges encountered in this process. The primary focus was on the strategies employed by companions to address the basic needs of PWMDs and the obstacles that hindered their fulfillment. A qualitative approach was used for this study, conducted in Sleman and Bantul Regencies in the Special Region of Yogyakarta, Indonesia. The research involved 120 community-based assistants working with PWMDs, with 60 participants from each regency. Data were collected through field notes, interviews, questionnaires, and documentation, and analyzed using descriptive qualitative methods. The findings revealed that while the assistance provided to PWMDs in both regencies was of commendable quality, companions faced significant challenges. These included the high dependency of PWMDs on assistance for activities such as eating, managing medication, rest, and personal hygiene. Additionally, communication barriers with PWMDs, along with societal stigmatization and lack of support for their inclusion, further complicated the efforts. This study offers valuable insights into the effectiveness of community-based support systems for PWMDs in Indonesia and provides a basis for the development of more focused interventions to improve their overall well-being. The findings highlight the need for enhanced training for companions, focusing on improving communication strategies and understanding the specific challenges faced by PWMDs. To address the systemic issues, policymakers should consider strengthening community-based support networks, including raising public awareness and fostering greater societal acceptance of PWMDs. Additionally, local government initiatives could explore creating more inclusive environments that facilitate

PWMDs' participation in social and economic activities, reducing their dependence on companions and improving their quality of life. Future research could investigate the long-term impact of these interventions and explore the role of technology in supporting companions and PWMDs in their daily activities.

KEYWORDS: Mental disorder, People with mental disorders, Community-based supports, Challenges and Barriers, PWMDs' Well-being.

1. INTRODUCTION

According to the World Health Organization, there are currently 450 million people suffering from mental disorders (WHO, 2017). People with mental disorders (PWMDs) often experience mental-emotional conditions such as anxiety and depression. Based on WHO data, 11.6%, or around 19 million people, are affected by mental disorders, impacting not only individuals but also families and countries (Suryani, 2015). Mental health disorders are reported to potentially drain the global economy by up to US $16 trillion between 2010 and 2030. Globally, around 35 million people are affected by depression, 60 million by bipolar disorder, 21 million are PWMDs, and 47.5 million are affected by dementia (WHO, 2017). The Ministry of Social Affairs of Indonesia noted that in 26 provinces, there were 4,786 individuals with mental disabilities. Of these, 3,441 have been freed from shackles, while 1,345 (28.1%) are still restrained and undergoing treatment (Suharto, 2014). Data on people with mental illness in Indonesia from the 2013 Basic Health Research indicates that five provinces have the highest prevalence of severe mental disorders (psychosis) compared to other regions. Both provinces have a prevalence rate of 2.7 per 1,000 residents, which is notably higher than the national prevalence rate of 1.7 per 1,000 residents for severe mental disorders. The term "severe mental disorders" in this study refers to conditions characterized by significant impairment in the ability to judge reality or poor perception. Symptoms include hallucinations, illusions, delusions, impaired thought processes, cognitive deficits, and abnormal behaviors such as aggressiveness or catatonic states (Admin, 2014). Indonesia has the highest number of people with mental disorders in Southeast Asia. The most prevalent psychiatric disorder is anxiety, affecting more than 8.4 million individuals, followed by depression, which affects approximately 6.6 million people (Nailufar, 2019). The Special Region of Yogyakarta (DIY) has the highest prevalence of severe mental disorders in Indonesia, with a rate of 2.7 per 1,000 residents (Ramadhan, 2018). The national prevalence rate for severe mental disorders is 1.7 per 1,000 residents. A report by Human Rights Watch titled "Life in Hell: Violence against Persons with Psychosocial Disabilities in Indonesia" highlights the significant stigma and forced treatment, including physical and sexual violence, that individuals with mental disorders endure in communities, mental hospitals, and other institutions (Huremović, 2019).

The number of persons with mental disorders (PWMDs) is notably high in the Special Region of Yogyakarta (DIY) region. According to data from the DIY Health Office in 2016, the total population of the Special Region of Yogyakarta is approximately 3.594 million, with 12,322 of these being PWMDs. Bantul has the highest number of PWMDs, totaling 3,875 people. Other regions with significant numbers of PWMDs include Gunungkidul (2,730), Kulonprogo (1,995), Yogyakarta City (1,954), and Sleman (1,768). The majority of PWMDs are aged between 55 and 64 years (Ramadhan, 2018). For example, the year 2020 marked an alarming period for all countries, including Indonesia, due to the emergence of the COVID-19 pandemic. The pandemic has posed significant mental health challenges in response to the massive outbreak of infectious diseases, highlighting new challenges presented by climate change and bioterrorism. It has necessitated a systematic approach to prepare for these problems from both infectious disease and social perspectives. Society has explored the mental health aspects of this crisis, including community and cultural responses, emotional epidemiology, and mental health issues following disasters (Chen et al., 2019). The World Health Organization (WHO) has issued guidelines for countries, which are regularly updated to reflect the evolving situation. These guidelines include measures such as quarantine, repatriation of citizens, and preparedness in workplaces. WHO also collaborates with a network of experts to coordinate regional surveillance, epidemiology, modelling, diagnostics, treatment, and prevention efforts. The central government has promoted preventive measures by encouraging healthy lifestyle practices such as maintaining cleanliness, washing hands frequently, practicing social distancing, and avoiding crowded places. The risk of death for persons with mental disorders (PWMDs) has also doubled compared to other community groups during the pandemic (Widyawati, 2020). This study aims to: (1) investigate the efforts of companions in exploring the potential to meet the basic needs of PWMDs; (2) identify the obstacles faced by PWMDs in meeting these basic needs; and (3) develop a community-based mentoring model for PWMDs. The research findings are intended to inform the technical unit in developing further policies related to the management and support of PWMDs. Additionally, the results will serve as a valuable reference for researchers interested in the issues surrounding PWMDs.

2. LITERATURE REVIEW

Assistance for PWMDS (people with mental disorders)

Community-based assistance is essential because families who care for people with mental disorders (PWMDs) face significant burdens, including mental, financial, and social challenges. Consequently, these families are often unable to provide optimal care and treatment for PWMDs. Therefore, support from the surrounding community and health workers is crucial for these families. This community service activity aims to help families who have PWMDs (Bahari et al., 2022). Family and community social assistance for PWMDs is facilitated through a program of the Directorate General of Social Rehabilitation, known as the Attention Program. The legal framework supporting family and community social support for PWMDs includes Law Number 8 of 2016, Article 5, which mandates such support, and Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 12 of 2018, which provides guidelines for the prevention and handling of the detention of people with mental disabilities (Kemensos, 2018).

In some communities, families resort to shackling PWMDs because they often cause disturbances, posing a danger to both families and society. However, shackling is a harmful practice and violates human rights. PWMDs who frequently exhibit disruptive behavior should receive family social support and access to mental health services, which can help calm their condition without resorting to shackling. The characteristics of shackling include: (1) chaining legs or other limbs; (2) tying feet or other limbs with blocks of wood; and (3) restricting movement or isolation by confining the individual to a particular room, house, or place. The Indonesian government launched the Indonesia Bebas Pasung Program in 2014 to address the issue of shackling. ‘Pasung" refers to the practice of shackling or restraining individuals with mental health conditions, often in their homes. The movement aims to eliminate this practice and improve mental healthcare in Indonesia. However, this initiative did not achieve significant progress, leading to its revision of the Indonesia Bebas Pasung program in 2019 (Setiyoargo, 2020). This revised program aims to eradicate the practice of shackling and promote humane treatment for PWMDs (Fahrudin et al, 2025a)

The importance of support and assistance starting from the family is paramount in minimizing the impact of mental disorders and restoring social functioning (Hidayat Syaifurahman, 2018). The family has a strategic role in reducing the recurrence rate of mental disorders, increasing the independence of individuals, improving their living standards, and enhancing their adaptability to reintegrate into society (Yusuf et al., 2022). Families and communities can provide essential support, both morally and materially, through emotional backing, material assistance, advice, information, and positive reinforcement for people with mental disorders within the home environment. Family and community assistance are crucial in the treatment and recovery process for individuals with mental disorders, significantly affecting both their physiological and psychological well-being. According to the research conducted by Nasriati and Ririn in 2017, titled "Stigma and Family Support in Caring for PWMDs," there is a positive correlation between family and community support in caring for individuals with mental disorders and their recovery (Nasriati, 2017). This finding is supported by Law Number 8 of 2016 on Persons with Disabilities, which includes mental disabilities, specifically Article 5, paragraph (3), subsection b, stating that individuals with disabilities have the right to receive care and support from a substitute family or family for optimal growth and development. Recognizing the importance of family support for people with mental disorders (PWMDs), the Ministry of Social Affairs has established the "Atensi" program. This program aims to fulfill the rights of individuals with disabilities, ensuring they receive the necessary care and support to improve their quality of life (Kuntjorowati, 2016).

Social support, as outlined in Law Number 8 of 2016 concerning Persons with Disabilities, specifically addresses the rights of individuals with disabilities, including mental health conditions, to receive care from families, substitute families, or communities to ensure optimal growth and development (Health, 2016). This law emphasizes the critical role of social support in the rehabilitation and recovery of individuals with mental disorders (PWMDs), encompassing emotional, informational, instrumental, and evaluative support. Such support helps individuals navigate recovery programs and mitigate the stigma associated with mental health issues within society (Rinawati & Alimansur, 2016). According to Khrisna Wisnusakti, social support from the immediate environment, including both family and community, significantly influences an individual’s ability to manage stress and anxiety (Wisnusakti, 2022). Individuals who receive substantial social support tend to feel loved, valued, and integrated into their social context. This sense of belonging and support is crucial in promoting mental well-being and enhancing resilience against life stressors (Fahrudin, et al, 2025b).

The Regulation of the Minister of Health further details the community's role in supporting PWMDs. It includes several critical activities: involvement in planning, implementing, and supervising care processes; providing information, education, and guidance; offering financial, material, and social support; establishing and developing self-help groups and organizations for consumers and families; and contributing ideas and considerations for technical policies and implementation related to the prevention and management of deprivation in PWMDs (Permenkes, 2017). These provisions underline the importance of a collective effort in fostering a supportive environment that facilitates the well-being and recovery of individuals with mental disorders.

2.1. Community Based Care

A community is a social group of organisms sharing an environment, typically having similar interests and habitats. In the context of human communities, individuals often share common intentions, beliefs, resources, preferences, needs, risks, and various other conditions (Kusumastuti, 2014).

The concept of community is intrinsically linked to action research, highlighting the role of companions in supporting people with mental disorders (PWMDs) (Jakubec et al., 2021). Community-based mentoring has been shown to alleviate the burden on families and reduce health disparities. It fosters a sense of community, provides resources to integrate newcomers, and offers a space to preserve existing cultural identities (Mejia et al., 2020). Communities naturally form without coercion, driven by the collective aim of fulfilling the needs of each individual within the group.

These communities typically arise when individuals share common hobbies, reside in the same location, or have aligned interests. Community members often seek shared information and knowledge, addressing deficiencies and enriching their experiences (Fauziyah et al., 2014). For PWMDs, companion communities engage in a range of supportive activities.

These include conducting home visits, providing activity therapy, assisting families, facilitating access to health services, and enhancing skills and productive activities. Additionally, they educate families and companions on mental health issues, raise community awareness, increase the capacity of mental health cadres and health workers at local health centers (Puskesmas), and establish service provision systems involving various stakeholders (Yakkum, 2017).

People with mental disorders (PWMDs)

Individuals with severe mental disorders, such as schizophrenia, face significant challenges globally. Schizophrenia, characterized by distortions in thinking, perception, emotion, language, sense of self, and behavior, affects approximately 20 million people worldwide. Symptoms include hallucinations (perceiving things not present) and delusions (fixed false beliefs), contributing to profound psychosocial disturbances (WHO, 2019). Those with schizophrenia experience a heightened risk of premature death, being 2-3 times more likely than the general population (WHO, 2019). The disorder's complexity arises from a combination of genetic predisposition and environmental factors, leading to lifelong impairment and disability (Volk et al., 2020). In Indonesia, severe mental disorders affect 1.7 per 1000 individuals, with higher prevalence rates observed in regions like the Special Region of Yogyakarta (DIY) and Aceh (Dinkes, 2018). Alongside economic assistance, individuals with mental disorders require robust social support—emotional, informational, instrumental, and evaluative—to facilitate recovery and combat societal stigma (Rinawati & Alimansur, 2016).

3. METHODOLOGY

3.1. Location of the Study

The research was strategically conducted across two districts, Sleman Regency and Bantul Regency. These districts were selected based on their significant population of People with Mental Disorders (PWMDs), making them ideal locations to explore the challenges and potentials of community-based assistance.

3.2. Research Approach

The research method employed in this study is qualitative, a deliberate choice rooted in its alignment with the research objective. By focusing on understanding the intricate dynamics of community-based support for PWMDs, the qualitative approach enables an in-depth exploration of personal perspectives, challenges, and strategies. The decision to use qualitative methods is justified by the need to capture nuanced experiences and perceptions inherent in such a complex context.

Additionally, the research approach of action research was selected due to its dual nature of generating scientific knowledge while simultaneously addressing real-world challenges. This aligns well with the study's intention to contribute to both academic understanding and practical improvements in community-based support systems for PWMDs.

3.3. Research Method

The combination of survey and case study methods was employed to attain a comprehensive understanding of the dynamics within the community-based support system. The survey approach allowed for the collection of structured data, while the case study method facilitated an in-depth examination of specific instances, fostering a holistic analysis.

3.4. Sampling Procedure and Respondents

The study centered around community-based PWMDs assistants, encompassing PWMDs observers/caregivers, community leaders, and PWMDs families. The selection of 120 (60 respondents for each location) was based on a deliberate consideration of practical feasibility. This sample size allowed for a sufficiently robust analysis without overwhelming the research team with an unmanageable number of participants. This was also rooted in a balance between statistical rigor and practical constraints. A sample size of this magnitude allowed for meaningful insights to emerge while ensuring that the research process remained manageable and feasible.

3.5. Data Collection tools and Instruments

The choice of data collection tools, including in-depth interviews, observation, and documentation, was aimed at capturing a comprehensive range of perspectives and experiences. In-depth interviews enabled exploratory conversations, observations facilitated a contextual understanding of real-life scenarios, and documentation served to corroborate findings. The research employed a range of robust data collection instruments to comprehensively explore the dynamics of community-based support for PWMDs.

A semi-structured interview schedule was employed to gather data directly from PWMDs with open-ended flexibility. This allowed for a thorough exploration of the participants' experiences. Additionally, questionnaires were selectively incorporated to capture specific data points, enhancing the overall understanding of support dynamics. Guidelines for observation provided a structured framework for recording interactions between PWMDs and their companions, while a semi-structured interview schedule tailored for PWMDs assistants facilitated a comprehensive exploration of their experiences.

A checklist for documentation ensured systematic recording of relevant information, and field notes were diligently maintained to capture immediate impressions, reflections, and contextual details during observations and interactions. These well-considered instruments collectively ensured a holistic perspective while maintaining the depth required for a comprehensive analysis.

3.6. Data Analysis Techniques

The data collected from the various sources underwent a descriptive qualitative analysis. This approach facilitated the identification of emerging themes, patterns, and trends within the collected information. By employing descriptive analysis, the research aimed to provide a detailed and insightful exploration of the various dimensions of community-based support for PWMDs. Data analysis was based on some themes.

3.7. Research Ethics

This study was conducted with strict adherence to ethical standards. Written permission and informed consent were obtained from the Sleman and Bantul Regency authorities and all participants. The research was funded by the Center for Research and Development of Social Welfare Services (B2P3KS), which also granted ethical approval, ensuring the study's compliance with ethical guidelines. Participants were fully informed about the study’s purpose and their rights, with data anonymized to protect confidentiality. The study was designed to minimize harm, ensuring sensitive and respectful treatment of individuals with mental disorders, thereby upholding their dignity and rights throughout the research process.

4. RESULTS

4.1. Demographic and Socioeconomic Profile of the Respondents

The demographic and economic profile table offers detailed insights into the characteristics of respondents from Sleman and Bantul across various categories. In terms of gender distribution, Bantul has a higher percentage of men (60%) compared to Sleman (43%), while Sleman has a larger proportion of women (57%) than Bantul (40%). Age distribution reveals that in Sleman, the highest percentage of respondents falls into the 51 and above age group (33%), followed by the 13-30 age group (27%). In Bantul, the 51 and above age group is also predominant (25%), with the 13-30 age group closely following (29%).

Marital status shows a significant difference between the two regions. Bantul has a higher percentage of married respondents (77%) compared to Sleman (57%), while Sleman has a higher percentage of single individuals (43%) compared to Bantul (23%).

Education levels of PWMDs' parents exhibit variations. In Sleman, a larger percentage of parents have attained senior high school (47%) and college education (7%) compared to Bantul, where a higher percentage falls into the no schooling (20%) and junior high school (37%) categories. The main occupation of parents, guardians, or caregivers also differs between Sleman and Bantul. Notably, Sleman has a substantial presence of traders (87%), while Bantul shows a more diverse distribution, with significant representation in agriculture (23%) and service sectors (20%).

In summary, this detailed analysis provides a nuanced understanding of the demographic and economic disparities between Sleman and Bantul, shedding light on factors such as gender distribution, age demographics, marital status, education levels, and main occupations of the respondents' parents.

Table 1: Demographic and Economic Profile and Background of the Respondents.

Demographic and economic profile	Sleman (%)	Bantul (%)
Gender		
Men	43	60
Women	57	40
Age		
13-30	27	29
31-40	17	25
41-50	23	21
51 and above	33	25
Marital status		
Married	57	77
Single	43	23
Education of PWMDs’ parents		
No schooling	3	20
Primary	17	7
Junior high school	27	37
Senior high school	47	43
College	7	3
Main occupation of parents/ guardians/careers		
Agriculture	3	23
Industry	3	4
Service	7	20
Trader	87	53

4.2. Causes of being PWMDs.

Figure 1 delineates the factors contributing to individuals becoming Persons with Mental Disorders (PWMDs) in the Sleman and Bantul regions. The primary cause in both areas is identified as "Depression and Stress," accounting for 80% in Sleman and 70% in Bantul.

This underscores a strong association between mental health challenges and the manifestation of multiple disabilities. The factor of "Descendants" contributes to 3% in Sleman and a slightly higher 7% in Bantul, indicating a noteworthy albeit relatively smaller impact on the prevalence of multiple disabilities. Interestingly, the data shows a negligible percentage for the cause of "Accident" in Sleman (0%) and a minimal but present 3% in Bantul. Additionally, "Congenital from Birth" is identified as a cause in both regions, with Sleman at 17% and Bantul at 20%.

This analysis provides valuable insights into the diverse causes of multiple disabilities, emphasizing the importance of addressing mental health issues as a significant factor in both regions.

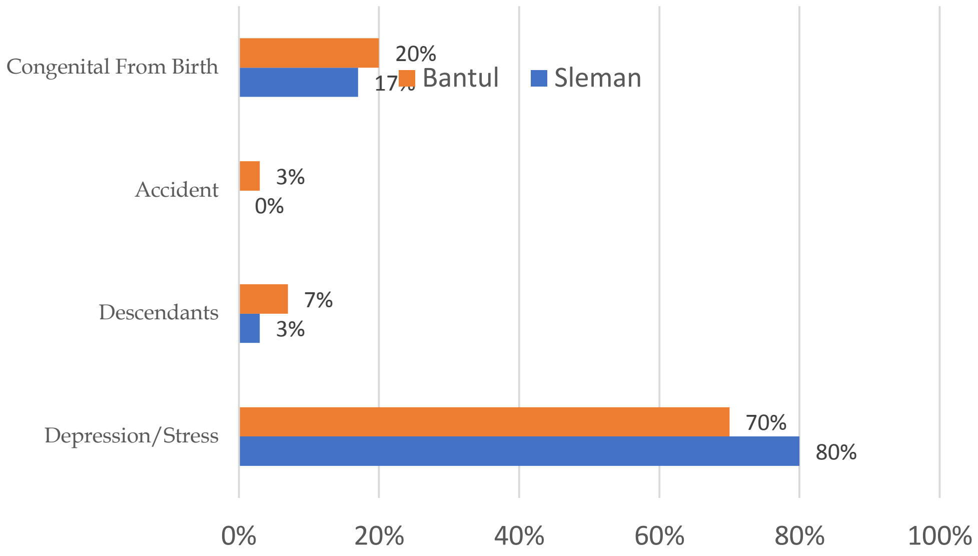

Figure. 1: Causes of Being PWMDs.

4.3. History of PWMDs Treatment according to Parent/Guardian/Caregiver.

According to Figure 2 comprehensive overview of the treatment modalities adopted for Persons with Mental Disorders (PWMDs) in Sleman and Bantul. The data underscores a predominant reliance on medical treatment in Sleman, where all respondents (100%) have pursued conventional healthcare approaches to address the needs of PWMDs. Similarly, in Bantul, a substantial majority (80%) have chosen medical interventions, indicating a significant preference for mainstream medical treatments in this region as well. It is noteworthy that in both areas, no respondents reported utilizing traditional methods exclusively. However, a minority in both Sleman and Bantul (10%) have explored alternative treatment approaches categorized under "Other," reflecting a certain degree of diversity in the strategies employed by a small segment of caregivers. This analysis sheds light on the prevailing treatment preferences for PWMDs in these regions, emphasizing the widespread reliance on medical interventions with a notable but limited exploration of alternative approaches.

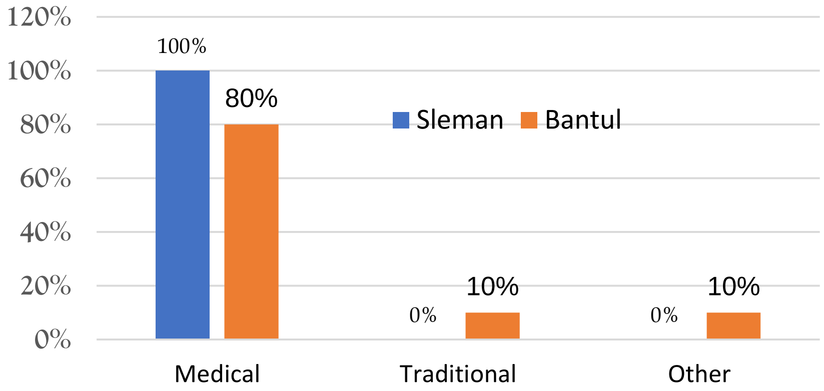

Figure. 2: History of PWMDs Treatment According to Parent/Guardian/Caregiver.

4.4. Parental/Caregiver Capacity in Dealing with PWMDs

Figure 3 offers a nuanced perspective on the perceived capabilities of parents or caregivers in managing the challenges associated with Persons with Mental Disorders (PWMDs) in Sleman and Bantul. In Sleman, a substantial 77% of respondents express confidence in the well-equipped capacities of parents or caregivers to handle the needs of PWMDs, reflecting a positive perception of their capabilities. Conversely, in Bantul, a comparatively lower percentage (30%) considers parental or caregiver capacity to be well.

This suggests a notable disparity between the regions, with a higher degree of confidence in Sleman and a lower one in Bantul regarding the ability of parents or caregivers to effectively deal with the complexities of PWMDs. Furthermore, the figure reveals that in Bantul, a significant portion (57%) perceives parental or caregiver capacity as average, indicating a more mixed assessment in this region.

A minority in both Sleman and Bantul (23% and 13%, respectively) views the capacity as "Not enough," emphasizing the challenges that some caregivers may face in meeting the needs of PWMDs. This analysis underscores the importance of understanding and supporting the capacities of parents or caregivers in providing care for individuals with multiple disabilities, with variations observed between the two regions.

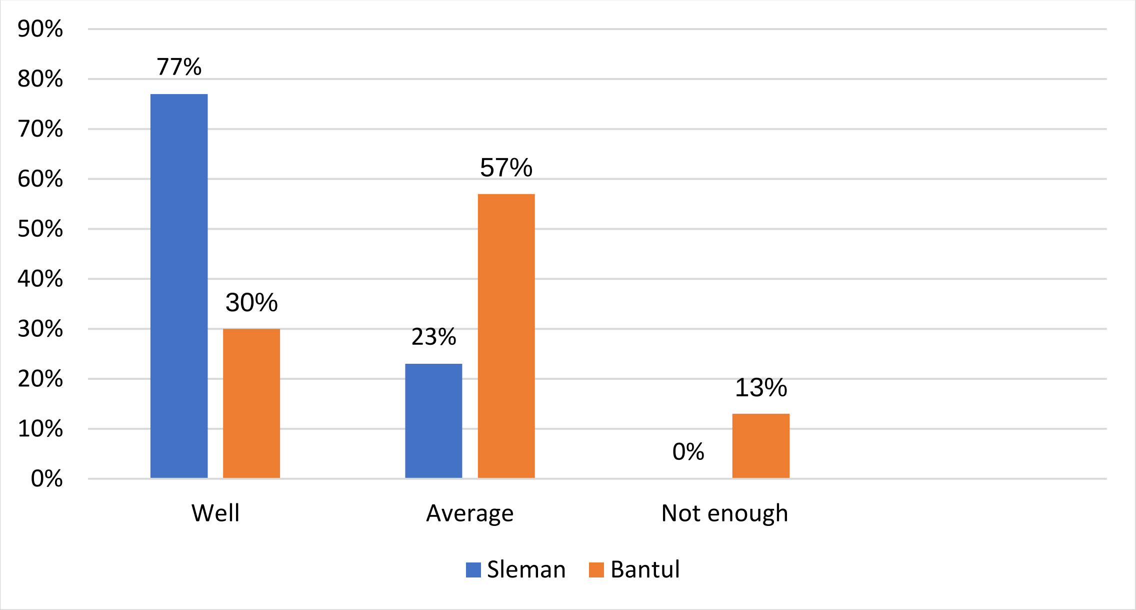

Fig. 3. Parental/Caregiver Capacity in Dealing with PWMDs.

4.5. Efforts to assist PWMDs

Figure 4 illuminates the endeavors aimed at supporting Persons with Mental Disorders (PWMDs) in both regions. The data reveals a commendable commitment in both Sleman and Bantul towards meeting the basic needs of PWMDs, with percentages of 80.09% and 86.02%, respectively. Additionally, efforts to address obstacles encountered by PWMDs, symbolized by "Digging obstacles," exhibit high percentages of 79.65% in Sleman and 86.74% in Bantul. The overall effort, encompassing various forms of assistance, is reflected in percentages of 79.73% for Sleman and 86.57% for Bantul. These findings emphasize a strong dedication to supporting individuals with multiple disabilities, with Bantul exhibiting slightly higher percentages across the board. The proactive measures reported in the figure underscore the ongoing commitment in both regions to enhance the well-being and inclusivity of PWMDs by addressing their fundamental needs and overcoming obstacles they may encounter.

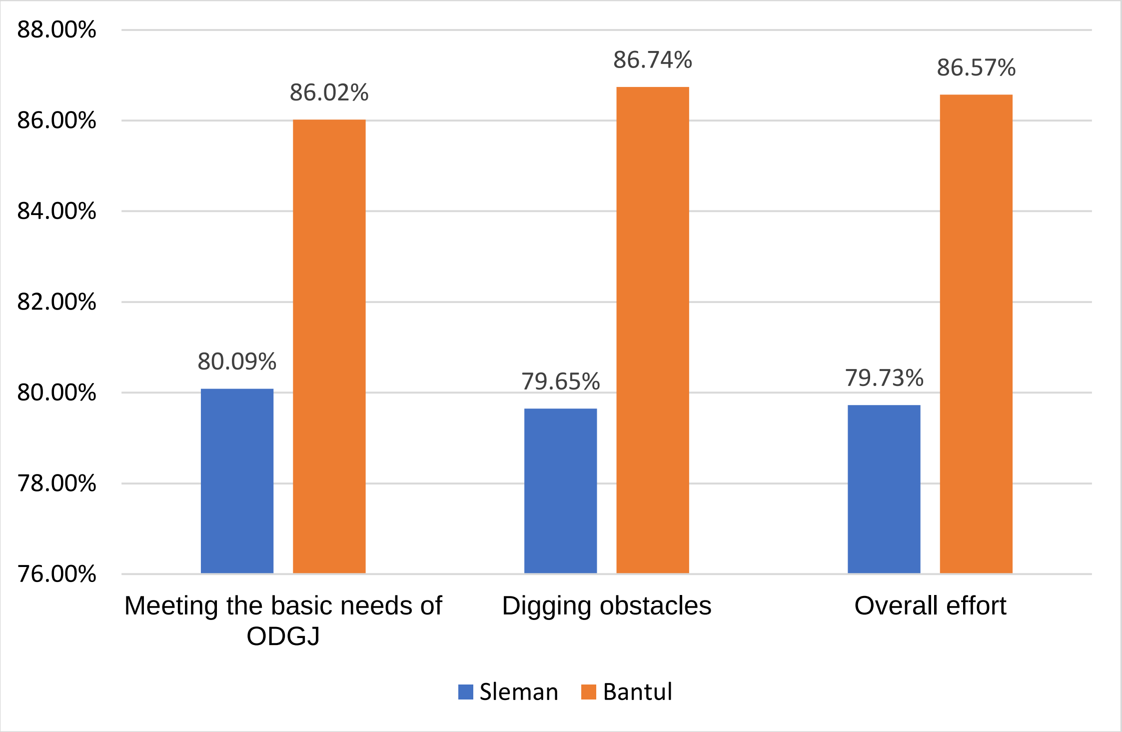

Fig. 4 Efforts to Assist PWMDs in Sleman and Bantul Regencies.

4.6. Inhibiting Factors in Mentoring PWMDs

The provided information on inhibiting factors in mentoring Persons with Mental Disorders (PWMDs) in Sleman and Bantul Districts underscores the multifaceted challenges faced by individuals with multiple disabilities and their families (Table 2). Evidently, the obstacles are diverse and interlinked, requiring a comprehensive approach to address the needs of PWMDs effectively.

The data indicate a notable reliance on familial support in addressing the physical needs of PWMDs. Families play a crucial role in providing services related to clothing, bathing, and nutrition. However, the challenges associated with sleep disorders and continuous eating habits present complex issues that may require specialized attention and support beyond the family's scope.

Moving to psychological needs, the communication difficulties experienced by PWMDs pose a significant obstacle. Additionally, the lack of confidence in social interactions and the reluctance of some parents to acknowledge the presence of a companion further complicate efforts to fulfill psychological needs.

The financial burden associated with referring PWMDs to external psychologists or psychiatrists adds an economic dimension to these challenges, emphasizing the need for accessible mental health services. Socially, the stigma surrounding mental disorders stands out as a pervasive obstacle. The community's negative perceptions and reluctance to support the existence of PWMDs contribute to their social isolation. Families, too, may inadvertently perpetuate stigma due to societal expectations, complicating the efforts of mentors and caregivers to create an inclusive environment.

Economically, the information highlights the intricate relationship between poverty and mental health. PWMDs often come from economically disadvantaged backgrounds, impacting their access to healthcare, transportation for health checks, and economic opportunities post-recovery. The role of families is emphasized in economic support, but the challenge remains in guiding PWMDs toward economic productivity, given the lack of economic business skills and lingering social stigma.

In conclusion, the critical analysis reveals a complex web of challenges in mentoring PWMDs in Sleman and Bantul. Addressing these obstacles requires a holistic and collaborative effort involving families, communities, mental health professionals, and policymakers.

Recognizing the interplay between physical, psychological, social, and economic factors is crucial for developing targeted interventions and support systems that can enhance the overall well-being and integration of Persons with Mental Disorders in society.

Table 2. Inhibiting Factors in Mentoring PWMDs in Sleman and Bantul Districts.

Sleman	**Bantul**
a. Obstacles in Fulfilling PWMD's Physical Needs	
1) PWMDs always want to eat continuously. PWMDs eats large portions of food and cannot control when to stop eating. 2) PWMDs have to be reminded to wear clothes so they can change after every shower, sometimes PWMDs don't want to change clothes. 3) PWMDs experiences sleep-related breathing disorders, namely stopping breathing for a moment during sleep. PWMDs often experiences complaints of sleep disturbances, often complain of headaches for no reason, mild stress, and even severe mental disorders.	Fulfillment of physical needs such as clothing and food has actually been fulfilled by the family so that the companion does not experience obstacles in providing services in the form of meeting the physical needs of PWMDs. If the PWMDs cannot dress, bathe and eat, then the family will provide the service.
b. Obstacles in Fulfilling PWMD's Psychological Needs	
1) PWMDs has difficulty communicating so when spoken to, they are silent. Families as companions for PWMDS patients experience communication problems due to weak language mastery. (Wahyuningsih, S., Dida, S., Suminar, J. R., & Setianti, 2019) 2) PWMDs experience a lack of confidence in getting along with their friends and neighbors, so they prefer to stay at home and are often not noticed by their families. 3) Some parents do not want to respond to the presence of a companion to accompany their child who has mental disorders. Another obstacle is that most Puskesmas in Bantul Regency have psychologists to provide psychological services for PWMDS. As a result, the facilitator has to refer the patient to a psychiatrist/psychologist at their own expense, which is certainly burdensome for families who cannot afford mental health consultations (Sutinah, 2019).	Some parents are not willing to respond to the presence of a companion in the context of assisting their child with mental disorders. Another obstacle is that all and most of the Puskesmas in Bantul Regency have psychologists to provide psychological services for PWMDs. As a result, the facilitator must refer the patient to a psychiatrist/psychologist at an independent cost, which is certainly burdensome for families who cannot afford mental health consultations.
c. Obstacles in Fulfilling PWMD's Social Needs	
1) Around 40%-90% of people with schizophrenia or people with severe mental disorders live with their families, so the family is the most responsible for their condition or care. Family burden in caring for patients with schizophrenia has a positive correlation with family skills when interacting with sufferers(Rohmi, 2017). 2) PWMDs feel awkward socializing with the community in their environment because they are often ridiculed and labeled with negative words (Rahmawati et al., 2017). 3) The community does not support the existence of PWMDs 4) Some families also have not fully paid attention to the existence of PWMDs.	Many families feel ashamed to have members who have mental disorders so they behave in a wrong social manner towards PWMDs. Holding back is an example of a wrong attitude. Another obstacle that is felt to hinder the assistance efforts is the stigma of society which labels people as crazy or the family of a madmen. People pay less attention to PWMDs. Some residents still have a sense of fear when they meet PWMDs. They consider PWMDs members of the community who are causing problems.
d. Obstacles in Fulfilling PWMD's Economic Needs	
1) Most of the PWMDs have limitations in the economy because they belong to poor families so their healthcare financing cannot be fulfilled. 2) The family of PWMDs has not been able to fully support the need for treatment which cannot be routinely met. (Fitrikasari et al., 2013). 3) PWMDs experiences problems in providing transportation to carry out health checks. 4) Families have a major role in recovering the condition of PWMDs, who have obstacles in carrying out social roles. (Fauziah & Latipun, 2016).	People with mental disorders mostly come from poor families, on average they also do not have economic business skills. As a result, even though PWMDs has recovered from mental disorders, mentors still have difficulty in directing them to develop economically productive businesses. The fulfillment of economic needs is partly met by the family. In the family, there is still a different treatment for PWMDs.

4.7. Supporting Factors for PWMDs Assistance

The supporting factors for assisting Persons with Mental Disorders (PWMDs) in Sleman and Bantul Regencies encompass key elements that contribute to a conducive environment for individuals facing multiple disabilities. First and foremost, families play a pivotal role in this support network, demonstrating a commendable dedication to meeting the basic needs of PWMDs and facilitating access to necessary treatments. Their commitment serves as a foundational pillar for the well-being of individuals with multiple disabilities. Additionally, families contribute to fostering an inclusive atmosphere by creating a community that is accepting of the existence of PWMDs. This step is crucial in breaking down societal barriers and promoting understanding and empathy towards individuals facing multiple disabilities.

Furthermore, the involvement of the community is evident in the third supporting factor, which emphasizes the strengthening of potential through various means such as funding, infrastructure development, social initiatives, and support from institutions. Lastly, the active participation of Non-Governmental Organizations (NGOs) in protecting PWMDs is highlighted, preventing the vulnerable from further marginalization. These supporting factors collectively form a holistic framework that recognizes the importance of familial, communal, and organizational efforts in ensuring a supportive and inclusive environment for PWMDs in Sleman and Bantul Regencies.

5. DISCUSSION

This study investigates community-based supports for individuals with mental disorders (PWMDs) in Sleman and Bantul, Indonesia, offering insights that enrich our understanding in this critical area. Consistent with prior research in Indonesia, our findings underscore the significant role of mental health issues such as depression and stress in contributing to the prevalence of multiple disabilities (MDs).

Specifically, our study reveals that 80% of cases in Sleman and 70% in Bantul are linked to depression/stress (Ratanasiripong et al., 2016; Hudiyawati et al., 2019; Romadhona et al., 2021; Ifdil et al., 2022), aligning closely with established literature that identifies these factors as primary contributors to MDs nationwide. This underscores the persistent and widespread impact of mental health challenges on the health outcomes of individuals across various regions in Indonesia.

Mental disorders are often multifactorial, influenced by genetic, environmental factors, and characterized by positive and negative symptoms and cognitive deficits. Schizophrenia, for instance, manifests with symptoms like hallucinations, delusions, disorganized speech, disorganized or catatonic behavior, and negative symptoms (flat emotions, apathy, lack of speech), imposing substantial social and economic burdens on patients and families (Cha & Yang, 2020).

The etiology of schizophrenia remains uncertain, but dopamine dysregulation is traditionally considered a major factor, exacerbated by stress events that activate the dopamine and norepinephrine axis (Cha & Yang, 2020).

In terms of treatment modalities, our study reflects prevailing national trends observed in Indonesia. Similar to findings by Authors Boothby et al. (2011) and Praharso et al. (2020), we observe a predominant reliance on medical interventions among caregivers in both Sleman (100%) and Bantul (80%). This reflects the consistent preference for mainstream healthcare approaches over traditional or alternative methods in addressing the complex healthcare needs of PWMDs (Liem, 2020; Subu et al., 2021). Such healthcare-seeking behaviors emphasize a standardized approach to managing PWMDs that prioritizes medical expertise and infrastructure, ensuring uniformity in treatment practices across different geographical areas.

The study also highlights significant regional disparities in caregiver perceptions and capacities between Sleman and Bantul. In Sleman, 77% of respondents express confidence in caregiver abilities, whereas in Bantul, only 30% share this sentiment (Laksono et al., 2019; Munira et al., 2023). This disparity echoes findings from earlier studies that have documented variations in caregiver efficacy and access to resources, influencing the quality of care provided to PWMDs in different locales (Maramis et al., 2011; Munira et al., 2023).

Addressing these regional differences is essential for developing targeted interventions and support systems that are responsive to local contexts, thereby promoting equitable care and support for PWMDs across Indonesia. Efforts to support PWMDs in Sleman and Bantul demonstrate a shared commitment to addressing basic needs and overcoming community-level obstacles. Initiatives aimed at improving accessibility and fostering inclusivity for PWMDs are evident, reflecting broader strategies observed in similar studies conducted in various Indonesian regions (Hall et al., 2019; Willenberg et al., 2020; Drury & Lazuardi, 2021).

While our study identifies slight variations in the implementation and impact of these efforts between Sleman and Bantul, the overarching dedication to community-driven support mechanisms remains foundational. These efforts underscore a collective endeavor to enhance the well-being and integration of PWMDs nationwide, highlighting the critical role of community engagement and tailored strategies in achieving positive outcomes.

Moreover, our study sheds light on the perceptions and challenges faced by caregivers of

PWMDs in Sleman and Bantul. Beyond regional disparities in confidence levels, our findings reveal nuanced insights into the multifaceted responsibilities and expectations placed on caregivers.

The variation in caregiver perceptions underscores the need for targeted interventions that not only support PWMDs directly but also strengthen caregiver capacity and resilience in managing the diverse needs of PWMDs (Yusuf et al., 2020; Kusumawaty & Yunike, 2023). In addition to caregiver perceptions, our study examines the practical efforts and initiatives aimed at assisting PWMDs in navigating daily challenges (Epping-Jordan et al., 2015; Trinidad & Protacio-De Castro, 2020).

The high prevalence of efforts focused on addressing basic needs and overcoming physical and environmental obstacles reflects a proactive approach to enhancing the quality of life for PWMDs in both Sleman and Bantul. These findings align with broader efforts observed in global literature, emphasizing the importance of comprehensive support systems that address both immediate needs and long-term integration strategies for PWMDs (Ito et al., 2012; World Health Organization, 2013; (Fahrudin & Yusuf, 2020).

In summary, this study advances our understanding of community-based supports for PWMDs in Sleman and Bantul, Indonesia, by providing empirical insights into the prevalence of mental health factors, treatment modalities, regional disparities in caregiver perceptions, and the multifaceted efforts aimed at supporting PWMDs. By contextualizing our findings within existing literature and highlighting key areas of convergence and divergence, this study underscores the importance of tailored interventions and holistic approaches to enhance the well-being and integration of PWMDs across diverse regional contexts in Indonesia. Future research should continue to explore these dynamics to inform targeted policies and practices that promote equitable care and support for PWMDs nationwide.

6. CONCLUSIONS AND RECOMMENDATIONS

6.1. Conclusion

This study offers a critical examination of community-based supports for PWMDs in Sleman and Bantul, Indonesia, revealing both commendable efforts and significant challenges in the provision of care and support. Our findings highlight the robust commitment in Sleman Regency, where efforts to assist PWMDs are rated highly at 86.57%, indicating proactive measures to meet basic needs and address obstacles.

Conversely, Bantul Regency, while showing good efforts at 79.73%, faces notable disparities, particularly in access to psychological services and economic support for PWMDs. The study underscores persistent challenges faced by PWMDs and their caregivers, including the high dependency on caregivers for daily activities such as eating, dressing, and sleeping, which complicates the provision of consistent and dignified care. Communication barriers further hinder effective caregiving, necessitating tailored support strategies that acknowledge and address these complex needs.

Economically disadvantaged families disproportionately bear the burden of caring for PWMDs, often lacking adequate resources to access essential medical and psychological services. The uneven distribution of mental health professionals, particularly psychologists in community health centers (Puskesmas), highlights systemic gaps in healthcare infrastructure that limit equitable access to critical services.

These structural deficiencies perpetuate inequalities and underscore the urgent need for targeted policy interventions to enhance healthcare access and support for vulnerable populations. Stigma surrounding mental disorders remains a pervasive barrier, influencing public attitudes and contributing to social exclusion for PWMDs and their families. Misconceptions about mental health conditions often lead to reluctance in seeking or accepting assistance, exacerbating the isolation and marginalization experienced by PWMDs within their communities (Ahad, Sanchez-Gonzalez, & Junquera, 2023).

6.2. Pragmatic Recommendation

Efforts to combat stigma must be multifaceted, encompassing education, advocacy, and community engagement initiatives to foster a more supportive and inclusive societal environment.

Table 3 presents a summary of key policy implications derived from the findings of this study on community-based supports for individuals with mental disorders (PWMDs) in Sleman and Bantul, Indonesia. Each policy recommendation outlines the responsible parties, rationale, and proposed implementation strategies aimed at enhancing care and support for PWMDs in the Indonesian context

Table 3: Pragmatic Policy Recommendation for Community-based Supports for Individuals with Mental Disorders (PWMDs).

Policy Implication	Responsible Parties	Rationale	Implementation Strategies
Integrated Healthcare Systems	Ministry of Health	Ensure comprehensive care by integrating mental health into primary care.	-Strengthen partnerships between medical and mental health providers. -Train primary care providers in mental health screening and treatment. - Establish referral pathways to specialist care for PWMDs.
Investment in Mental Health Resources	Ministry of Health	Expand access to psychological services, particularly in underserved areas.	-Increase funding for recruitment and training of psychologists. - Equip community health centers (Puskesmas) with mental health services. - Implement telemedicine solutions for remote mental health support.
Empowerment of Caregivers	Ministry of Social Affairs	Enhance caregiver skills and support networks to improve care quality.	-Develop caregiver training programs on PWMDs' specific needs. -Provide respite care services to alleviate caregiver burden. -Facilitate peer support groups for caregivers
Economic Support Mechanisms	Ministry of Finance	Alleviate financial burdens on families of PWMDs to ensure economic stability.	Implement subsidies and insurance schemes for medical expenses. Promote employment opportunities for PWMDs and their families. Establish microfinance initiatives for economic empowerment
Promotion of Social Inclusion	Ministry of Education	Combat stigma and promote understanding of mental health in schools.	Integrate mental health education into school curricula. Conduct public awareness campaigns on mental health and PWMDs. Engage community leaders and influencers in stigma reduction efforts.

Source: Authors

Critically assessing the findings calls for nuanced policy responses that address the multifaceted needs of PWMDs and promote holistic support systems. Policy implications include:

- Integrated Healthcare Systems: Policymakers must prioritize the integration of mental health services within primary healthcare systems, ensuring comprehensive and accessible care for PWMDs. This requires strengthening partnerships between medical and mental health professionals to provide coordinated, interdisciplinary care.
- Investment in Mental Health Resources: Significant investment is needed to expand the availability of psychological services, particularly in underserved areas like Bantul Regency. This includes training and deploying more psychologists and mental health counsellors to meet the diverse needs of PWMDs and their families.
- Empowerment of Caregivers: Policies should focus on empowering caregivers through training programs and support networks that enhance their skills in managing PWMDs' specific needs. This includes promoting caregiver resilience and providing practical tools for effective caregiving.
- Economic Support Mechanisms: Initiatives should be developed to alleviate financial burdens on families of PWMDs, ensuring they have access to subsidies, insurance schemes, and employment support programs that facilitate economic stability and independence.
- Promotion of Social Inclusion: Comprehensive public awareness campaigns are essential to challenge stigma and promote understanding of mental health conditions. These campaigns should be tailored to address cultural beliefs and societal misconceptions, fostering a more supportive and inclusive environment for PWMDs.

In conclusion, while strides have been made in supporting PWMDs in Sleman and Bantul, critical gaps persist that require concerted efforts from policymakers, healthcare providers, and community stakeholders. By prioritizing evidence-based interventions and addressing systemic barriers, Indonesia can move towards a more equitable healthcare system that upholds the rights and dignity of all individuals, regardless of their mental health status.

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