

Indonesian Mental Health Reform: A case study of West Java, Indonesia

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Declaration

I, Emi Patmisari, certify that this dissertation does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge it does not contain any material previously published or written by another person except where due reference has been made in the text.

Signed:

Dated:

31 March 2014

Dedication

This is dedicated to a very special person in my life, my loving Dad, who sadly passed away on Friday, 24 January 2014. You were the best and the wisest man I ever knew who taught me many lessons and showed me many things. You did not tell me how to live, you lived and let me watch you do it. You lost everything just to make me win the battle. I miss you so much.

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Summary

Background: Mental health is a continuing health problem in Indonesia, the latest survey in 2007 stated that the national prevalence for mental disorders being at 116/1000. A strategy for the transformation of the mental health system, from a hospital-based mental health approach to one that is focused on community-based care, was firstly documented in the 2001 National Mental Health Policy. This policy, however, is not automatically translated into adequate delivery of mental health services at local government levels. It is not an easy task for ensuring the implementation of mental health reform within local levels, particularly in West Java province as the most populous province and the highest prevalence of mental health problems.

Aim: The aim of this study was to examine the meanings of mental health reform policy understood by the West Java bureaucrats.

Methods: Grounded by an interpretive paradigm, this case study was conducted by collecting information from primary and secondary sources that include interviews with 20 West Java bureaucrats and relevant policy documents.

Findings: The slow pace of mental health reform in West Java has been underpinned by complex interrelated factors. In West Java, there is much evidence to suggest that the problem is not the mental health reform policy itself, but rather the bureaucratic system and the lack of organisational capacity for supporting policy implementation. Rigid regulatory frameworks make the implementation difficult, and organisational barriers get in the way of good mental health service.

Discussion: Using Laris and MacDougall's trilogy model involving civic philosophy-custodial role-civic organiser role, it is clear that the values of bureaucracy, that is the civic philosophy, appear to be 'out-of-sight' in West Java, and the 'busyness' of the custodial role leaves limited space for manoeuvre as a civic organiser to engage with the West Java organisation's external partners to 'govern' mental health reform. The strategy proposed is to facilitate more on the public organisation's civic organiser role by emphasising four important aspects: leadership, readiness for change, conflict management, and partnerships.