

THE PRACTICE OF SHACKLES STILL EXISTS: HOW IS CAREGIVER SUPPORT FOR MENTAL HEALTH RECOVERY FOR PATIENTS WITH MENTAL DISORDERS?

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ARTICLE INFO

Keywords:

Shackles Phenomenon,
Care Giver,
Mental Disorder.

ABSTRACT

The phenomenon of the shackles of people with mental disorders is still common in society. The rights of people with mental disorders are still often ignored. People with mental disorders need the support of a caregiver to live a normal life as usual. This study aims to analyze the factors that cause shackles for people with mental disorders and forms of caregiver support to restore the health of people with mental disorders. The research location is in the Bima district. The type of research used is qualitative with a phenomenological approach. Collecting data using in-depth interviews and participatory observation. Informants in this study are caregivers who treat people with mental disorders. The results showed that the cause of being shackled was because people with mental disorders often roamed around, often resorted to violence, often did the damage, and often carried sharp weapons. The purpose of the shackles is to keep the person with the disorder safe and others around him. Caregiver support in restoring the health of people with mental disorders has not been maximized. Caregiver only feeds and drinks. No medical action is taken to restore the mental health of people with mental disorders. Most of the actions still use the traditional approach, which is taken to a shaman or psychic.

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1. Introduction

A person can be said to have a mental disorder if there are disturbances in his thoughts behavior and feelings that are manifested in changes in behavior that have an impact on the emergence of suffering and obstacles in carrying out their functions as humans (Ministry of Health, 2017). There are various types of mental disorders experienced by humans, one of which includes severe mental disorders is Schizophrenia. A person who has a mental disorder type Schizophrenia can at any time experienced a relapse. According to Puspitasari, (2017) several factors that cause recurrence include errors in parenting, lack of adherence to taking medication, and instability of socio-economic factors owned by the patient. The problems of people with mental disorders not only interfere with the patient's function but also become a psychological burden for the family. Some of the psychological burdens for caring families include feelings of worry and anxiety (Sulastri & Fitriani, 2021). What's more, the negative stigma from society associated with people with mental disorders adds to the mental burden for the families who care for them. Stigmatization of people with mental disorders can lead to violent behavior towards themselves and their families and surrounding communities (Subu', Holmes, & Elliot, 2016).

One of the efforts made by families to avoid violence from people with mental disorders is to use shackles. According to a study, the number of deprived people with mental disorders is still quite high (Ulya, 2018). Shackles are a form of physical restraint for people with mental disorders

(Wijayanti & Masykur, 2017). In general, the tools used to limit the physical movement of patients with mental disorders are chains, wooden blocks, cages, or being isolated in a separate place from their family. Based on a study, the number of cases of shackles in Indonesia is starting to decrease, due to increasing public awareness to report cases of shackles (Rahvy, 2021). However, this does not mean that the act of deprivation has ceased to exist. There are still many cases of deprivation in some areas that have not been disclosed to the public. The shackles culture has been known since ancient times. One of the goals is to prevent people with mental disorders from roaming around, if they are allowed to roam, it is feared that they may disturb the surrounding environment. The culture of shackles is legally a violation of human rights (Suharto, 2014). The problem is that there are still many cases of shackles found in the community. This is inseparable from the low knowledge of the family in caring for people with mental disorders.

The act of shackles has a bad impact on the physical and psychological well-being of people with mental disorders. Physically shackles can damage the organs of the body that are shackled, while psychologically it can cause trauma, feelings of revenge, the emergence of low self-esteem, and feelings of frustration (Lestari, Choiriyah, & Mathafi, 2014). The organs of the body that are often seriously affected by shackles are the feet and hands. Usually, the legs and arms of people who are shackled with chains or blocks will shrink because they are not used for activities for a long time. Confinement by confining people with mental disorders in narrow cages can also cause physical disabilities to appear because of the limited space for people with mental disorders. Psychologically, the action of shackling if not stopped immediately can lead to depression and the emergence of symptoms to commit suicide. People with mental disorders are increasingly depressed because they feel abandoned, have no self-esteem, and feel that no one loves them anymore. This is following research (Rasmawati, 2018) which states that after shackles people with mental disorders experience trauma and feel ostracized by their family members. Yusuf & Tristiana, (2018) revealed that the act of depriving people with mental disorders in addition to having a bad impact on people with mental disorders also violates the right to fulfill basic life needs for people with mental disorders, one of which is proper health services. The implication is that the longer a person is in shackles, the longer the healing process will take because, during the shackling process, there tends to be no medical therapy.

In the process of recovering the health of people with mental disorders, they do not only need medical therapy, but also family support (caregivers). The role of caregivers is very important in accelerating the process of recovering the health of people with mental disorders (Nasriati, 2017). Therefore, the role of caregivers cannot be ignored in the care of people with mental disorders. In simple terms, the support that families can provide is to accept the presence of people with mental disorders in the family. Isolation of people with mental disorders can not cure it will make people with mental disorders more depressed. Acceptance of family members to the presence of people with mental disorders is the most important stage before carrying out a health recovery program (Khamida, Muhith, & Safitri, 2018). The perspective that must be built by family members is that people with mental disorders are sick people who need the help of others to recover. The family approach in dealing with mental health has an important role (Suhermi & Jama, 2019). Family understanding in the care of people with mental disorders is one of the main aspects in supporting the healing of patients with mental disorders. One of the roles of the family in the care of people with mental disorders is to carry out supervision, give medication regularly, and regularly invite control to the health service. Families are also sought to empower people with mental disorders to remain productive and meaningful in the family and society (Ulum, 2018).

One of the areas that have a fairly high population with mental disorders is the Bima district. Bima district has the second-highest number of people with mental disorders in the province of NTB after East Lombok district. The number of people with mental disorders who are in shackles is also quite a lot. Deprivation of people with mental disorders still occurs in 13 working areas of the

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Puskesmas in Bima Regency, as many as 28 people with mental disorders are shackled (Ananda, 2021). The goal of a shackle-free Indonesia that has been programmed by the government is still far from expectations. Based on the background that has been described, it is necessary to research why the shackled phenomenon still occurs in various regions in Indonesia, especially the shackling phenomenon in the Bima district. This study aims to obtain an overview of the factors that cause shackles and forms of caregiver support for people with mental disorders. This research is important to do as a reference in overcoming cases of shackles for people with mental disorders.

2. Method

This research method uses a phenomenological approach. Phenomenology as an approach in qualitative research focuses its study on revealing human experience and interpretation of a phenomenon. In phenomenological research, researchers will explore in-depth subjective (phenomenological) experiences to understand how a person views the existing reality (Moleong, 2009). The phenomenon that will be explored in this study is the phenomenon of shackles and caregiver support for people with mental disorders. Data collection was carried out in eight sub-districts in the Bima district, namely, Monta, Langgudu, Palibelo, Ambalawi, Wera, Parado, Belo, and Lambu sub-districts. Data collection techniques using observation, interviews, and documentation. Informants in this study are caregivers or people who serve people with mental disorders, both those who live at home or who do not live with people with mental disorders. The informant is someone who is used to getting information, therefore the informant must have a lot of experience with the phenomenon to be studied. The type of interview used is a semi-structured interview. The tools used include interview guides, field notes, android/smartphone functions to record audio, take pictures and take videos, and stationery.

Before conducting the interview, the researcher first asked the caregiver's willingness to be an informant in this study. The researcher explained the purpose, benefits, and risks of this research. Informants are given the freedom to determine whether or not they are willing to become informants voluntarily. The researcher maintains the confidentiality of the informant's identity so that the informant feels comfortable and does not feel pressured. The data analysis technique in this study uses the thematic analysis method, which is the method used to analyze qualitative data, for example, data obtained from in-depth interviews or semi-structured interviews. The data analysis process is carried out by; 1) Listening repeatedly to the information obtained from the informant. 2) Make a transcript of the information obtained, summarize or reduce overlapping information and read it over and over again. 3) Make descriptive codes on data that have similarities. 4) Analyzing the relationship between one code and another. 5) Codes are arranged hierarchically based on similarities/similarities to form categories. 6) Analyze the relationship between each category so that the data has meaning, look for relationships, find patterns and make general findings. The technique of checking the validity of the data is using technical triangulation. Data from interviews were compared with data from observations and documentation. In addition to using triangulation, the researchers also extended the observation participation. The aim is to minimize the researcher's error in understanding the information received from the informant.

3. Results and Discussion

3.1 Description of Research Findings

a. Description of research respondents

Based on the results of data collection in the field, from ten sub-districts in the Bima district, fourteen people with mental disorders were found in shackles. Fourteen people with mental disorders are spread over ten villages in the sub-district. On average, each sub-district has one person with a mental disorder who is in shackles. people with mental disorders in Monta sub-district are in Sie village and Tangga village, Langgudu sub-district in Karumbu village, Palibelo sub-district in Nata village, Ambalawi sub-district in Sori Kalai village, Wera sub-district in Wora village and Pai village, Parado sub-district in Wane village, District Lambu in West Lanta village, and Belo sub-district in Renda village. Each person with mental disorders

is cared for by caregivers who come from their own families or other people who do not have family relationships (neighbors). In the following, data on caregivers who become research informants in the Bima district can be presented.

TABLE 1
DATA CARE GIVER

No	Code	Age	Gender	Educational	Religion	Profession	Relationship
1	P1	70	Woman	Senior high school	Islam	Government employees	Step son
2	P2	68	Woman	Primary school	Islam	Housewife	Biological son
3	P3	70	Woman	Dropout	Islam	Housewife	Biological son
4	P4	65	Woman	Dropout	Islam	Housewife	Biological son
5	P5	45	Man	Junior high school	Islam	Farmer	Biological son
6	P6	45	Woman	Primary school	Islam	Farmer	Biological son
7	P7	73	Woman	Primary school	Islam	Farmer	Biological son
8	P8	12	Man	Primary school	Islam	Student	Mother
9	P9	40	Woman	Senior high school	Islam	Housewife	Neighbor
10	P10	40	Woman	Senior high school	Islam	Housewife	Younger brother
11	P11	35	Man	Junior high school	Islam	Farmer	Older brother
12	P12	58	Woman	Bachelor degree	Islam	Government employees	Husband
13	P13	60	Woman	Dropout	Islam	Housewife	Biological son
14	P14	60	Woman	Primary school	Islam	Housewife	Biological son

Based on the data in table 1, it can be seen that on average the caregivers for people with mental disorders are the closest people in the family consisting of husbands, siblings, biological fathers, biological mothers, biological children, and stepchildren. There is only one person with a mental disorder who is being cared for by neighbors because they don't have close relatives who want to take care of them. The age range of caregivers is quite varied, some are very old and some caregivers are 12 years old and still a student. Each person with a mental disorder is shackled using a different method. In the following, data on the method of depriving people with mental disorders can be presented by each caregiver in the Bima district.

TABLE 2
SHACKLE METHOD

Care Giver	Gender	Shack duration	Location	Shackle method
P1	Man	6 years	Desa Tangga	Locked up in a room at home with a care giver
P2	Woman	6 years	Desa Sie	Locked up in a shack next to the care giver's house
P3	Man	7 years	Desa Tangga	Locked up in a room at home with a care giver
P4	Man	6 years	Desa Wane	Locked up in a room at home with a care giver
P5	Man	2 years	Desa Lanta Barat	Beamed on the legs at the back of the house, in the same house as the care giver
P6	Woman	1 year	Desa Sori Kalai	Locked up in a room at home with a care giver
P7	Man	9 years	Desa Wora	Beamed on the legs living in a separate house with a care giver
P8	Woman	6 months	Desa Pai	Locked up in a room at home with a care giver
P9	Man	10 years	Desa Nata	Blocked at the feet in the hut next to the care giver's house
P10	Man	2 years	Desa Renda	Chained at the back of the house, at home with the care giver
P11	Man	6 months	Desa Karumbu	Blocked at the feet in a room living in the same house with a care giver
P12	Man	15 years	Desa Karumbu	Locked up in a room at home with a care giver
P13	Man	5 months	Desa Karumbu	Locked up in a room at home with a care giver
P14	Man	1 year	Desa Karumbu	Chained in the room, at home with the care giver

Based on the data presented in table 2, it can be seen that the duration of deprivation for each person with mental disorders is quite varied. There are people with mental disorders who have only been in shackles for six months and there are also those who have been in shackles for fifteen years. The method of deprivation of each person with mental disorders is also different. There are people with mental disorders who are kept in shackles by being locked in their rooms, some are chained and some are even blocked by their legs. Most people with mental disorders still live at home with the caregiver, but there are also people with mental disorders who live separately by making a hut outside the caregiver's house.

b. Causes of shackles of People with Mental Disorders in Bima District

Based on interviews with informants as caregivers, they got some information related to the phenomenon of deprivation of people with mental disorders. The perpetrators of shackles are generally close relatives or people who are close to people with mental disorders. The act of

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depriving people with mental disorders is due to various reasons stated by the family. After analyzing and categorizing the data obtained at the research location, the reasons for depriving people with mental disorders can be classified as follows: (1) Hanging out. The reason for the imprisonment that was put forward by the families of people with mental disorders was the wandering of 8 informants. Informants (P3 and P12) decided that deprivation was carried out with the aim that people with mental disorders would not wander off. The family expressed that they were afraid of something mental disorder while wandering around such as being hit, falling into a river, enjoying the road, being afraid of being disturbed by other people, and so on. Meanwhile, the informants (P1, P4, P5, P6, P8, and P13) said that people with mental disorders wandered for days on foot and some went to the mountains, after that they did not know the direction to go home, so the family had to find and pick them up home. . (2) Violent behavior. The reason for deprivation that was put forward by the families of people with mental disorders was due to the violent behavior of 10 informants, namely P2, P3, P4, P5, P7, P9, P10, P11, P13, and P14. Violent behavior obtained in this study is violent behavior towards oneself by slamming his head and body against the wall and on the floor. Violent behavior towards others is an aggressive act carried out by threatening to kill and injure by slashing, hitting, and throwing other people. Apart from that, there are also people with mental disorders who commit violence against their parents, so the family decides to use shackles. (3) do damage and carry sharp weapons. The family said that the reason for the shackles was that people often did damage such as throwing houses of residents, vandalizing, and throwing tantrums. This was stated by informants P2, P3, P4, P5, P6, P7, P8, and P11. (4) Considered a family disgrace. People with mental disorders with all their behavior are considered a disgrace by some people. This is as stated by informant P12. People with mental disorders who are being cared for often do negative things, to avoid the embarrassment of meeting their family members, and finally to do shackles by locking them in their rooms.

c. Caregiver support for people with mental disorders

The form of support provided by caregivers to people with mental disorders has not been maximized. Informant P1 revealed that the forms of support provided were only for earning a living, meeting the needs of eating and drinking, bathing once a week, and creating an atmosphere for people with mental disorders to feel at home. The forms of family support conveyed by P2 informants include: supervising and accompanying people with mental disorders, preparing food and drink, bathing every 3 days, giving encouragement to healing, training to socialize, giving love, and making people with mental disorders feel at home. The forms of family support conveyed by Iforman P3 include supervising and accompanying people with mental disorders, eating regularly, bathing every 7 days, training to socialize, giving love, and making people with mental disorders feel at home. For healing, the family has given up, because the various drugs that have been tried cannot cure it. Informant P4 revealed that in addition to providing regular food and water, the support provided was providing supervision, bathing every day, and bringing treatment to the public health center if he had a relapse. Informant P5 said that the forms of support provided included monitoring, feeding and drinking, and giving medication during relapses. The forms of support conveyed by informant P6 included: monitoring, accompanying people with mental disorders, eating and drinking regularly, and giving affection. Bathing and treatment have not been done regularly. The family support conveyed by informant P7 was only limited to eating and drinking, bathing only once a month. In terms of healing, the family has given up so not much effort has been made. The form of family support conveyed by P8 informants included monitoring, feeding drinking, and bathing regularly. The form of family support conveyed by informants P9, P10, and P11 was only limited to eating and drinking. Families do not make treatment efforts that support the healing of people with mental disorders. Not much different from informants P9, P10 and P11, informants P12, P13, and P14 also said that the support provided was only eating and drinking. For supervision, it is only done, there is also no treatment, even people with mental disorders are rarely bathed.

3.2 Discussion

Based on the description in the results section, it can be understood that the phenomenon of shackled people with mental disorders is essentially aimed at protecting the safety of the souls of people with mental disorders and other people around them. In general, the act of deprivation is carried out with the agreement of the extended family of a person with a mental disorder. People with mental disorders are forced to be shackled because they often leave the house without a clear purpose, often do physical violence, often do damage, and carry sharp objects that can threaten the safety of themselves and others. This is following the statement (Praptono, 2018) that under the pretext of preventing acts of violence that endanger others, deprivation of people with mental disorders must be carried out. In addition, the existence of negative stigma against people with mental disorders encourages families of people with mental disorders to carry out implantation because they are considered a disgrace to the family (Setiawan, 2019). According to (Sitohang, 2020) the act of deprivation is a violation and neglect of human rights. In the opinion (Fitriani, 2015) shackling is a violation of the law set by the government. The act of deprivation is the failure of the family to provide support to people with mental disorders, namely bringing them to health services. The act of deprivation cannot cure, it will worsen the conditions experienced by people with mental disorders. Based on a study that examined the family's experience in caring for patients with mental disorders, it was found that after leaving shackles, clients with mental disorders made progress compared to when they were in shackles. The family always monitors their physical and psychological development by bringing them to the health service and giving jobs or activities so that people with mental disorders have physical activity.

Caregiver support for people with mental disorders found during the study has not been maximized. The form of support provided is only limited to basic care by feeding and drinking. People with mental disorders not only need to eat and drink but also need emotional support and medical care to restore mental health. According to Usraeli, Fitriana, Magdalena, Melly, & Idayanti, (2020) People with mental disorders not only need economic support but also need social, emotional, and appreciation support to speed up their health recovery. Based on the research in the Bima district, only a few caregivers have provided support for healing people with mental disorders. There is no special attention given by the caregiver as a healing effort. Even if there is therapy, it is usually only taken to a traditional healer or paranormal. The average caregiver is desperate to heal patients with mental disorders. The emergence of an attitude of resignation and despair experienced by families of people with mental disorders is due to the absence of signs of healing for people with mental disorders after being treated for so long. Previous research has shown that family support with adherence to medical therapy can accelerate the healing process (Karmila, Lestari, & Herawati, 2017). Support that is no less important for people with mental disorders is the third to get a bad stigma in society. According to (Herdiyanto, Tobing, & Vembriati, 2017) the stigma received by patients with mental disorders and family members who care for them affects the health recovery of people with mental disorders. The less negative stigma a patient receives through family support, the patient's self-confidence will increase, thus accelerating the healing process. This is following research (Sanchaya, Sulistiowati, & Yanti, 2018) which states that the higher the family support, the higher the social function of post-hospital care patients.

4. Conclusion

Based on the results and discussions that have been presented, it can be concluded that basically, the purpose of shackles for people with mental disorders is to protect the safety of people with mental disorders in question and other people around them. Deprivation has to be carried out because people with mental disorders often wander around, commit violence against themselves and others, do damage, carry sharp objects, and cover the shame received by the families of people with mental disorders. The form of support provided by caregivers to people with mental disorders is still not optimal, on average they only carry out standard care by providing food and drink, while medical treatment to accelerate recovery has not been widely carried out. Only a few caregivers give special attention and emotional support in an effort to heal people with mental disorders.

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