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Indonesia Challenges in Natural Disaster Context: Mental Health Protection from Human Rights Perspectives

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I. Introduction

Mental health is left far behind in the development agenda both at the national and international level.[1] The social determinants of mental health, such as socio-economic and environment have been discussed among the policymakers. However, they merely focus on the acknowledgment of the wealth (income and expenditure), and the wellbeing of a citizen as a person is forgotten. There has been increasing research finding that concludes poverty has contributed to mental health problems.[2] Poverty itself should be seen not only as a lack of economic achievement but also as inability to equally participate in and access the economic, social, cultural and political rights.[3]

WHO defines health[4] and mental health[5] as having three aspects. Firstly, health and mental health is an individual right; secondly, it is not only relating to the absence of diseases, instead of the existing support of social, environmental and economical, and thirdly mental health and health relate to the functioning of a state's element through the individual contribution to the communities.[6] Mental health is important because it will improve the ability of a state to function well since society is able to contribute well too. Mental health is important not only for developed countries but also for developing and undeveloped countries in all situation.

One of the perspectives that should be considered when a state designs mental health policies are human rights principles, norms and guidelines. Indonesia has been challenged in a wide

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[1] Crick Lund, "Poverty and Mental Health: Towards a Research Agenda for Low and Middle-income Countries,' *Social Science & Medicine* 111 (2014): 134–136.
[2] Gindo Tampubolon and Wulung Hanandita, "Poverty and Mental Health in Indonesia," *Social Science & Medicine* 106 (2014): 20–27.
[3] Equinet European Network of Equality Bodies, "Addressing Poverty and Discrimination: Two Sides of the One Coin," *Equinet* (December 2010), p7.
[4] World Health Organization (hereafter WHO) defines health as a state of complete physical, mental and social wellbeing and nor merely the absence of disease or infirmity. WHO Constitution was adopted by the International Health Conference held in New York, signed on July 22, 1946, entered into force on April 7, 1948.
[5] WHO defines mental health as a state of wellbeing in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. See WHO, "A State of a Wellbeing," available at http://www.who.int/features/factfiles/mental_health/en/ (accessed October 15, 2018).
[6] See also Laurie A Manwell et al., "What is Mental Health? Evidence towards a New Definition from a Mixed Methods Multidisciplinary International Survey," *BMJ Open* 2015;5:e007079.doi:10.1136/bmjopen-2014-007079. They define mental health as the absence of mental disease or it can be defines as a state of being that also includes the biological, psychological or social factors which contribute to an individual's mental health state and ability to function within the environment.

range of humanitarian crisis situations, especially from the natural disaster implication. As each individual and community has a large role in overcoming national problems, it is important to be acknowledged, supported, and included. Participation without discrimination is a part of human rights values.

No one is left behind is one of the mottoes of the Sustainable Development Goals (SDGs) which are mandatorily under international commitment for each state to upholds the principles and increase the sensitize the policy and law in order to fulfil the commitment. Under the Goal 3 of the SDGs, the State obliges to ensure healthy lives and promote well-being for all ages, with the target to be implemented and reached by 2030—to "reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being." Within this target, the indicator to succeed is the prevention of suicide rate that is written in the Target 3.4.2 by ensuring no more than one third of per 100,000 population for mortality rate.[7] It is clear that when we discuss health and well-being, the mental health is treated as one of the primary indicators that should be taken into account.[8] Particularly when dealing with natural disasters, mental health and its social determinants cannot be avoided and erased since mental health will impact society in many forms in the long run.

II. Mental Health in Natural Disaster Context

The natural disaster[9] can occur in many forms and it happens to all states around the world. Indonesia is known as a ring fire region and has coped with natural disasters for hundreds of years, such as earthquake, tsunami, and volcanic eruption. The recent earthquake and tsunami occurred on September 28, 2018. There was a 7.5-magnitude earthquake and tsunami occurred in the South Sulawesi province of Indonesia. Indonesia government claimed that at least 2,045 people have been confirmed dead and as many as 5,000 others are believed to be missing.[10] The effect of this situation, there are more than 80,000 people displaced and at least 10,000

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[7] For the detail of the rate and numbers of each target under SDGs, see: https://www.who.int/gho/publications/world_health_statistics/2017/EN_WHS2017_AnnexA.pdf?ua=1&ua=1 (accessed December 10, 2018).

[8] Takashi Izutsu, Atsuro Tsutsumi and et al., "Mental Health and Wellbeing in Sustainable Development Goal," *The Lancet Psychiatry* 2, no. 12 (December 2015): 1052–1054. https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(15)00457-5/fulltext.

[9] The International Society for Disaster Reduction defines natural disaster as "the consequences of events triggered by such natural hazards as earthquakes, volcanic eruptions, land-slides, tsunamis, floods and drought that overwhelm local response capacity. Such disaster seriously disrupts the functioning of a community or society causing widespread human, material, economic or environmental losses, which exceed the ability of the affected community or society to cope by using its own resources." See, Glossary of the International Society for Disaster Reduction, available at http://www.unisdr.org/eng/library/lib-terminology-eng%20hime.htm (accessed October 13, 2018).

[10] Feliz Solomon, "Indonesia Winds Down Search for Victims of Devastating Earthquake and Tsunami," *Time*, October10, 2018. http://time.com/5421390/indonesia-sulawesi-palu-search-ends/

injured by the disaster.[11] Currently, Indonesia government is prioritizing to support the ones who live, and among those who are living, there are issues of physical and mental health disturbances. Most of them are traumatized and "asked to be relocated to another place."[12]

The data shows that mental health due to natural disaster prevalence from depression and anxiety disorders was about 40% post-disaster.[13] There is no data yet regarding the exact number of people who have mental illness post the disaster. However, Indonesia has serious issues regarding the access to and the availability of mental health treatment and care. Indonesia has 51 mental hospitals in 27 provinces where 22 of them provide subspecialist services with the total bed capacity 7,700 (rate 3.31 per 100,000 population). However, there are 8 provinces that do not have mental hospitals, and 3 provinces do not have psychiatrists. Regarding the mental health facilities, 61.3% of Public Health Centers (PHC) in Indonesia (around 9,000 PHC) provide basic mental health service.[14] The issue is, most of the primary health care doctors and nurses have not received sufficient social mental health training in the last five years and 252 (33%) general hospitals (government) have mental health services, especially outpatient services. Although Indonesia has the Law on Mental Health[15] to ensure the mental health treatment and prevention, the result is far from success,[16] including the quick response for those who are in the natural disaster sites.

Through the Asia Leadership Fellow Program (ALFP), we learned how Japan and its society have coped with a natural disaster, especially tsunami and earthquake. From September 25 to 29, 2018, ALFP fellows visited the Tohoku area in Akita Prefecture, known as the most affected area by the earthquake, tsunami and nuclear meltdown that hit Japan on March 11, 2011. There were 12,000 lives, with a further 16,000 still missing. This is the worst catastrophe in Japan since the Great Hanshin Earthquake (known as the Kobe Earthquake outside of Japan) claimed over 6,000 lives in 1995.[17] One of the issues that we noted is how the disaster impacted negatively not only the physical of human being and environment but also the victims of the disaster, among whom are children. There is a need to establish children care facilities rapidly after the earthquake and build stronger linkages between children/family—school and social

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[11] Ibid.

[12] Ibid.

[13] Diah Utami, "Indonesia Free from 'Pasung' Physical Restrain," Presentation paper.

[14] Diah Utami et al., Health Facilities Research 2011.

[15] See, Mental Health Law No. 25 Year 2000.

[16] Basic health research in 2007 found that there are 0.5% or less 1 million people have severe mental disorder. However, with this huge number, the treatment gap in Indonesia is more than 90%. The survey in Leuwiliang West Java in 2011 showed psychosis treatment gap was 96.5% and perinatal depression is 20–30%. The common mental health issues in the community are mostly caused by depression disorder (15.5%), generalized anxiety disorders (12.1%) and post-traumatic stress disorders (8.5%). See footnote 10.

[17] Obijiofor Aginam, "Health and Human Security in Emergencies," United Nations University, April 19, 2011. https://unu.edu/publications/articles/health-and-human-security-in-emergencies.html (accessed October 12, 2018).

workers.[18] The effect of tsunami and earthquake in that area has left children with post-disaster mental health issues. The good thing is, this has been acknowledged and the community have tried to find best practices as the solution. The program also encourages children and teenagers to be involved in society in order to prevent isolation among children who are affected by the natural disaster. Moreover, Japan has a proverb that says "turn a misfortune into a blessing." This positive hope guides the combination work between social movement and science through the Moune Project "Living with the Sea" in the oyster farm community which was also impacted by the natural disaster in 2011. Regrettably, in Indonesia, professional social workers are governed by various policies and laws that lead to the ambiguity of the function and profession. The prolong program has been challenged by the fluid policy implementation at the national and local level. The natural disaster solution is breed by the programmatic approaches and it leads to the varied solution and intangible implementation of the policy.

Each individual contribution to society matters. Each effort to overcome a problem should be counted. This is the positive vibe to engage all sectors in the community to build themselves. "The phone of the wind" which we saw in Otsuchi Town, Iwate Prefecture, for example, has contributed effectively to the healing process of wounds of those who have lost hope and pillars in their lives following the March 11 disaster. The media archives the moment of the catastrophe and what society has done for remembering their loved ones and things important to be acknowledged. The remembrance becomes the tool to overcome mental health issues among the people and community that have been affected. There is a need to remember all the joy and sorrow in order to release the pain. In Asian countries, we have seen those initiative in many places.

Through the Disaster Management Law 2007, Indonesian government has required the establishment of Disaster Management Agencies (BNPB) at national, provincial and district levels. This law and policy should be put into implementation in 30 provincial and over 400 district governments. The issue is, how to translate the policy framework that has been established within the concrete and continued program. The other challenge is how to manage the technical knowledge or skill that is needed to support and provide a clear mitigation plan, action and reaction in the event of a natural disaster. The budget that has been allocated from 2010–2012 for the BNPB focuses also on increasing awareness and implementing safety standard aside from risk and insurance scheme. Regarding the tsunami and earthquake in Palu, the BNPB plans to clear the sites and eventually turn them into parks and monuments. There is also a community based for housing rehabilitating and construction, community radio for preparedness and mitigation from disaster. However, the question is: how we can ensure that the community, victims, social workers would be included and participated in those process

[18] Study visit in Otsuchi Town, Iwate Prefecture, Japan, September 28, 2018.

without only focus in infrastructures and physically of a person but also in mental health and people with mental illness involvement.

III. A Rhapsody Hope: Mental Health from a Human Rights Perspective

Why should we focus on human rights in the aftermath of a natural disaster? The government, victims and families in the affected area face massive loss and need to reestablish many things. However, governments and the international community are obliged legally, politically, and morally to undertake recovery efforts in ways that are consistent with the human rights of those most affected by the disaster.[19] This obligation should also be coupled with local needs by transferring technology, mutual treatment and cooperation in order to create a better solution and not the opposite.

There are some key concerns on why human rights are needed for establishing the sustainability and a better policy and law to tackle mental health issues in the natural disaster context. The common understanding that should bear in mind is that all human rights are potentially at risk in post-disaster situations, including people with mental illness.[20] The right to health should also be provided to people with mental illness in the state obligation to ensure the enjoyment of the highest standard of physical and mental health.[21] No one left behind is one of the principles of human rights.

However, on a practical level, these obligations are hard to be fulfilled. Protecting, enforcing and promoting the right to health needs a standard and we ought to set up the participatory work among the communities, as well as the survivor for the government to improve and reduce the suffering and repetition problems. There are many guidelines and principles relating to the natural disaster worldwide. However, the similarities are: putting nondiscrimination principles in the standard,[22] evidence based-policy should be designed, implemented and monitored,[23] and clear understanding on human rights based on voluntary consent of the victims and family.[24] The vulnerable group including the poor and people with disabilities, who are most vulnerable

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[19] American Bar Association, *Human Rights* 33, no. 4 (Fall 2006): 12–16, available at https://www.americanbar.org/publications/human_rights_magazine_home/human_rights_vol33_2006/fall2006/hr_fall06_lewis/

[20] Obijiofor Aginam, "Health and Human Security in Emergencies," United Nations University, April 19, 2011. https://unu.edu/publications/articles/health-and-human-security-in-emergencies.html (accessed October 12, 2018).

[21] See International Covenant on economic, Social and Cultural Rights, article 12 (1).

[22] Principle 4(1) of the Guiding Principles states: "These Principles shall be applied without discrimination of any kind, such as race, color, sex, language, religion, or belief, political or other opinion, national, ethnic or social origin, legal or social status, age, disability, property, birth, or on any other similar criteria."

[23] The National Center for Disaster Preparedness, Guiding principles, East Institute, Colombia University, available at https://ncdp.columbia.edu/policy/guiding-principles/ (accessed October 15, 2018).

[24] ActionAid International, Tsunami Response: A Human Rights Assessment (January 2006).

in terms of the government response to disaster should be protected,[25] especially women and children who are at highest risk during and after disaster as they are forcibly relocated to temporary shelters, with little prospect of regaining their lands, homes or livelihoods.[26]

The cooperation among states is needed when available resources are limited. However, the context of mental health issues and community support services in the affected areas are critical to being viewed if the government wants to rebuild a solid healthy community physically, socially and mentally.[27] This work is the essence of the right to health for every individual and group. Most governments tend to respond in a short time due to the fear of losing foreign and domestic investment. However, the human rights standards require a different focus: we should address the right of marginalized groups in our community as a matter of priority. Participation is one of the principles enshrined in human rights instrument. The participation to decide the policies and laws in response to the natural disaster should also be applied to the local civil society, victims or their families[28] as well as to the international network.[29] As a right, participation should be based on the principles of inclusion for all and equal partnership.

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[25] UN Committee on economic Social and Cultural Rights, General Comment No. 3 (1990).
[26] Ibid. See also Haroon Ashraf, *Tsunami Wreaks Mental Health Havoc,* 83/6 Bull. of the World Health Org. 405 (June 2005), available at www.scielosp.org/scielo.php?pid=S0042-96862005000600005&script=sci_arttext&tlng=en.
[27] Ibid.
[28] The article of 28(2) of the Guiding Principles
[29] Guiding Principles 28(2) states that "[s]pecial efforts . . . to ensure the full participation of internally displaced persons in the planning and management of their return or resettlement and reintegration."