

# Juridical Review of Government Legal Measures for Ensuring Rights of Patients with Mental Disorders in Social Security Administration

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**ABSTRACT** – Mental health is still a significant health issue throughout the world, including in Indonesia. Most families in Indonesia still consider that having a family member with mental health problems is something to be ashamed of. In health law, special protection is provided by health service providers. For this reason, this study will explore the Juridical Review regarding the Government's Legal Policy in Providing Protection of the Rights of Social Security Administering Bodies for Health to Patients Suffering from Mental Disorders. The study method used is a normative juridical study with a conceptual approach and statutory analysis. The study results show the implementation of this policy still has shortcomings, which causes patient dissatisfaction with hospital services. One of the problems detected was the lack of information conveyed by health facilities to participants of the Health Social Security Administering Agency. Provisions for legal protection for individuals experiencing mental disorders are explained in Article 4 paragraph 1 letters c and d of Law Number 18 of 2018 concerning Mental Health, which discusses healing and rehabilitation health care initiatives.

Keywords: mental disorders, social security administering bodies, legal protection.

## A. INTRODUCTION

Health is recognized as a fundamental right of every resident, in line with Article 28 H paragraph 1 of the 1945 Constitution of the Republic of Indonesia, which is strengthened by Law Number 36 of 2009 concerning Health. These regulations ensure everyone's right to have access to safe, quality and affordable health resources and services. According to Khayru and Issalillah (2022), this perspective marks health as not only a basic individual need, but also as the main foundation for the welfare of society as a whole, requiring investment in

improving health services to advance human resources and achieve a prosperous society.

In Indonesia, efforts to improve community welfare lie in the role of government through public services, including health and education. According to Peters et al. (2008); Kiguli et al. (2009), the level of community welfare is related to the level of poverty, which can affect health and access to care. Even though the National Health Insurance Program is implemented by the Social Security Administering Agency as a state measure, mandatory obligations for everyone, including foreigners working in Indonesia, can create tension with the principle of state responsibility in providing health service facilities, in accordance with Article 34 paragraph (3) 1945 Constitution.

Health problems in Indonesia are not limited to physical diseases such as dengue fever or cancer, but also involve mental disorders that arise due to increasing levels of stress related to poverty and economic pressure. Mental health is a significant issue in Indonesia, with increasing cases of mental disorders caused by biological, psychological and social factors, as well as population diversity. Law Number 18 of 2014 concerning Mental Health states that mental illness is considered a situation that has the potential to cause disturbances in physical, mental, social, growth and development aspects.

The use of the term "crazy person" is considered to create a negative and discriminatory stigma, not in line with human rights values. Every individual's right to be respected and receive proper treatment is reflected from childhood, especially in the form of psychological support from the family. The majority of families in Indonesia still consider people with mental problems to be a disgrace, causing concealment, isolation, and even neglect of family members who experience mental disorders. As a result, people with mental disorders can wander around without identification, presenting the

risk of unclear liability when adverse actions occur due to unrecognized mental disorders.

The importance of treating people with mental disorders who are still at large is an urgent need, not only to protect their own safety, but also to protect the safety of others around them. Displaced and homeless sufferers require a firm approach that involves control and rehabilitation (Doka, 2013). Through this action, it is hoped that they can receive appropriate treatment, recover, and return to being productive members of society. Handling people with mental disorders is the responsibility of the Regional Government which plays an important role in organizing rehabilitation programs, involving family support, adequate mental health service facilities, and reintegration into society. In this way, people with mental disorders can overcome their mental health challenges, return to a productive life, and reintegrate with their families and society.

Patients have an equal status with doctors, their right to participate in decisions regarding treatment methods, including consideration of surgery, is recognized. Technological developments and public awareness of medical services are increasingly narrowing the knowledge gap between patients and doctors, strengthening the role of patients in assessing and providing criticism of the services they receive.

Health services, as an issue that often becomes a complaint from both participants and service providers of the Health Social Security Administering Agency, creates differences in treatment between participants of the Health Social Security Administering Agency and non-Health Social Security Administering Bodies. Participants in the Social Security Administering Agency for Health often express dissatisfaction regarding services that seem rushed and unpleasant, a complaint that is rarely expressed by participants who are not members of the Social Security Administering Agency for Health. All people, regardless of social group, should have the right to receive good and appropriate health services. Every participant in the Social Security Administering Agency for Health, regardless of intensive care or expensive medicines, has the right to receive health services that comply with the provisions (Raharjo, 2022). To achieve success in the health insurance program, the Health Social Security Administering Agency needs to ensure the availability of health personnel, facilities and infrastructure of adequate quality.

Hospitals, as a health facility, must be operated by both the government and the community to support this health effort.

The Indonesian government has launched the National Health Insurance program through the Health Social Security Administering Agency as a concrete step to provide equal access to health services to all levels of society. In this context, patients with mental disorders have rights that should be guaranteed and protected by government legal policies. For this reason, this study conducted a juridical review of the government's legal policy in providing protection for the rights of patients of the Social Security Administering Agency for Health who have mental disorders, because this not only covers aspects of providing health services, but also involves the fundamental rights of patients which must be respected and guarded.

## B. METHOD

This study uses a conceptual and statutory approach, with a focus on analysing legal materials to understand the meaning of related legal terms. The type of study applied is normative juridical, with secondary data as a source of information. Secondary data was obtained through searching legal sources, including primary, secondary and tertiary legal materials. Secondary legal materials are in the form of books and books related to the problem being researched, while tertiary legal materials provide information about primary and secondary legal materials. With this approach and type of study, it is hoped that it can provide an in-depth understanding of the government's legal policies in providing protection for the rights of the Social Security Administering Agency for Health to patients with mental disorders.

## C. RESULTS AND DISCUSSION

### **Implementation of Cooperation Relationship between Hospital and Health Social Security Organizing Agency**

The legal basis for the cooperation agreement between the hospital and the Health Social Security Administering Agency refers to several regulations governing the health insurance system in Indonesia. Law Number 24 of 2011 Article 60 is the basis which stipulates that starting January 1 2014, all duties and authorities of PT Askes were transferred to the Social Health Security Administering Agency in accordance with applicable regulations,

including the implementation of the National Health Insurance program. Presidential Regulation Number 12 of 2013 concerning Health Insurance provides direction regarding the implementation of health insurance in Indonesia. This regulation provides a framework for implementing the National Health Insurance program, including collaboration between the Social Security Administering Agency and health service providers, such as hospitals (Darmawan et al., 2022)

Minister of Health Regulation Number 71 of 2013 concerning Health Services in National Health Insurance provides more detailed directions regarding health services in the context of National Health Insurance. This regulation describes in detail the health service standards that must be adhered to by service providers, including hospitals, to support the effective implementation of the National Health Insurance program.

The legal basis for agreements for hospitals is also based on Law Number 44 of 2009 concerning Hospitals. Article 1 number 1 of this law states that hospitals are health service institutions that provide complete individual health services, including inpatient, outpatient and emergency care. With this legal basis, the health service cooperation agreement in the National Health Insurance program becomes a concrete agreement between the Health Social Security Administering Agency and the hospital. This agreement binds both of them to work together in the implementation of health services, including the provision of inpatient, outpatient and emergency services in accordance with the standards set by the relevant laws and regulations. This agreement is a concrete step to support the effectiveness and sustainability of the National Health Insurance program in Indonesia.

Clause Article 2 in the cooperation agreement between the hospital and the Social Health Security Administering Agency indicates a mutual agreement between the two parties to collaborate in providing health services for National Health Insurance program participants. In this case, Article 4 of Law Number 44 of 2009 concerning Hospitals is the relevant legal basis for regulating the responsibilities and roles of hospitals in this collaboration.

Article 4 of Law Number 44 of 2009 concerning Hospitals stipulates that hospitals have the task of providing complete individual health services. Individual health services consist of

four aspects, namely promotive, preventive, curative and rehabilitative.

The cooperation agreement between hospitals and the Social Health Security Administering Agency in the National Health Insurance program throughout Indonesia has uniform substance. However, for remote areas, this agreement involves the addition of special articles, taking into account the limited health facilities in these areas. The existence of these differences shows a response to geographical conditions and specific regional needs that need to be taken into account in implementing the National Health Insurance program.

The process of discussing the substance of this collaboration agreement involves the Central Health Social Security Administering Agency and the Central Indonesian Hospital Association. This process was then followed by the implementation of an addendum, which shows that there is flexibility in overcoming differences in conditions between regions.

Minister of Health Regulation Number 76 of 2016 which was promulgated in December 2016 provides a new policy regarding health service rates, which applies retroactively. This policy shows the dynamics in financial and tariff arrangements within the framework of the Health Insurance program (Lidya & Santoso, 2022). This arrangement also accommodates the recalculation of rates for services that have been provided since mid-October 2016, providing clarity and fairness in claim payments. The substance of this cooperation agreement includes a number of articles detailing various aspects, including definition and understanding (Article 1), aims and objectives (Article 2), scope and procedures (Article 3), rights and obligations of the parties (Article 4), class/ treatment rooms for participants (Article 5), health service rates (Article 6), payment procedures (Article 7), agreement period (Article 9), monitoring and evaluation (Article 10), sanctions (Article 11), termination of the agreement (Article 11). Article 12), force majeure (Article 13), dispute resolution (Article 14), notification (Article 15), and other closing articles (Article 16).

Supervision carried out by the parties, both from the Social Security Administering Agency for Health and hospitals in the implementation of cooperation agreements for the provision of health services, shows a commitment to ensuring that the provisions of the agreement are carried out properly and in accordance with



established standards. This routine monitoring is a proactive step to prevent and handle potential problems or non-conformities that arise during the implementation of the agreement.

Basically, the implementation of an agreement must be based on the principle of good faith, as regulated in Article 1338 paragraph (3) of the Civil Code which states that "Agreements must be executed in good faith". This principle emphasizes the importance of good faith from all parties involved in an agreement to carry out their obligations and rights honestly, openly and with mutual trust.

Even though the principle of good faith is the basis for implementing agreements, the reality is often coloured by misunderstandings and conflicts between the parties. For this reason, the importance of dispute resolution arrangements in cooperation agreements, as regulated in Article 14, is very significant.

Article 14 concerning dispute resolution in the agreement shows efforts to resolve differences of opinion through deliberation and consensus first. If deliberation and consensus do not result in an agreement, the parties have the option to resolve the dispute through a court of mutual choice. This provides flexibility for the parties to seek an amicable solution before deciding to involve legal channels. With these provisions, the parties can resolve disputes in the best and most efficient way, so that the continuity of cooperation can be maintained and health service programs, especially in National Health Insurance, can continue to run smoothly and in accordance with the desired goals.

### **Health Social Security Agency Services in Hospitals and Legal Protection for Hospitals for Health Social Security Agency Participant Funds**

Puskesmas as the first level health service unit in Indonesia plays a very important role in providing health services to the community, especially those who cannot afford it and participants in the Social Security Administering Agency for Health. The existence of Minister of Health Regulation Number 71 of 2013 concerning Health Services for Participants in Social Security Organizing Bodies provides a clear legal basis regarding the obligation of Community Health Centre's to provide health services to participants in Social Security Organizing Bodies. In implementing the services of the Social Security Administering

Agency for Health, the Community Health Center is responsible for providing health services to people who cannot afford it as well as to users of KJS cards or the Social Security Administering Agency. This includes outpatient and inpatient services according to the facilities owned by the Community Health Centre, such as the outpatient and inpatient buildings that have been mentioned. For this reason, the Community Health center is not only a primary health care center but also provides facilities for handling cases that require hospitalization.

The Community Health Centre is taking concrete steps to ensure the comfort of Social Security Administering Agency patients seeking treatment, one of which is by providing access to them through the use of KJS or Social Security Administering Agency cards. This is in accordance with the objectives of the implementation of the Social Security Administering Agency, namely providing affordable and quality health insurance to the entire community. Medical service facilities, supporting services, and ER (Emergency Unit) facilities owned by Community Health centers are an integral part of efforts to provide comprehensive health services. For this reason, health centers act as institutions that not only focus on disease prevention but are also able to handle and care for patients who require more intensive care.

Improving health services in the framework of the implementation of the Social Security Administering Agency by the community health center involves a series of changes at the hospital bureaucratic level. Some of these changes may include the following aspects:

- a. Implementation of an online queuing system to simplify the queuing process.
- b. Expansion of facilities to support the services of the Social Security Administering Agency.
- c. Implementation of accreditation quality assessment.
- d. Expanded health facilities to support the services of the Social Security Administering Agency.
- e. Increasing the availability of medical personnel.

In implementing health services, the Health Social Security Administering Agency must collaborate with Health Facilities through a cooperation agreement that regulates the rights and obligations of both parties and is guided by applicable regulations. One of the aspects regulated in the agreement is payment for

operational health facilities that provide services to patients of the Social Security Administering Agency for Health. Payments to First Level Health Facilities are made on a capitation basis per person per month, while for Advanced Level Referral Health Facilities, payments follow the rates in the INA CBGs package. The Social Security Administering Agency for Health has an obligation to pay health facilities for the services provided, but there are often problems such as tariff discrepancies and delays in claim payments, which can have an impact on hospital cash flow. Legal protection is needed to ensure that the hospital's rights are fulfilled if there is a delay in payment of claims by the Social Security Administering Agency.

Based on the contents of the agreed cooperation agreement, Article 4 paragraph (2) confirms that the Health Social Security Administering Agency has the obligation to pay bills for health services from hospitals no later than 15 working days after the claim documents are received completely and correctly. Unfortunately, recently there has been a delay in the claim payment process by the Health Social Security Administering Agency, one of the causes of which is the financial condition of the Health Social Security Administering Agency which is experiencing a deficit. After switching from PT. Askes (Persero) on January 1 2014, the Social Health Security Administering Agency is currently facing a deficit of IDR 16.5 trillion, and has received bailout funds of IDR 4.9 trillion from the Ministry of Finance. Delays in payment of claims by the Social Security Administering Agency for Health have the potential to impact hospital cash flow, considering that hospitals need timely payments to maintain the continuity of their operations.

To protect the interests of hospitals as Health Service Providers, providing legal protection is necessary. Legal protection is an effort to protect certain interests through legal means and based on applicable law. The rights and obligations of hospitals are regulated in a cooperation agreement which refers to Minister of Health Regulation Number 71 of 2013 and Law Number 44 of 2009 concerning Hospitals. The hospital's obligation is to support the Health Insurance program in accordance with the law, while its rights involve compensation for services and legal protection. In paying claims, hospitals have the right to fulfil their rights after carrying out their obligations to provide health services according to standards

(Ismail, 2020). This legal protection is carried out through a complaint mechanism in accordance with the SJSN Law, the Social Security Administering Agency Law, and its implementing regulations, including PMK Number 28 of 2014 which sets out guidelines for implementing the National Health Insurance Program.

Apart from the complaint mechanism, legal protection for hospital interests related to the certainty of payment of claims by the Health Social Security Administering Agency is also regulated in legal norms or related laws and regulations. In this case, the regulation provides a legal forum that provides clarity and certainty regarding the hospital's rights to claim payments that should be made by the Social Security Administering Agency. This regulation aims to safeguard the rights and obligations of both parties, namely hospitals as health service providers and the Health Social Security Administering Agency as health insurance providers. Legal protection for hospital interests related to the certainty of payment of claims by the Health Social Security Administering Agency can be described as follows:

#### A. Fines for lateness

Arranging rights and obligations in a cooperation agreement involves an achievement that must be fulfilled by the parties, and the provisions of Article 1365 of the Civil Code state that every person who causes losses can be held responsible. In the context of payment of claims by the Social Security Administering Agency for Health-to-health facilities, the provisions of Presidential Decree Number 82 of 2018 stipulate a late fine of 1% of the amount that must be paid each month if the Social Security Administering Agency for Health does not pay the claim bill beyond the time limit of 15 working days. This clause regarding sanctions is regulated in Article 11 paragraph (8) of the cooperation agreement between the Health Social Security Administering Agency and hospitals, which emphasizes the importance of legal certainty and accountability in implementing the agreement. The principle of *pacta sunt servanda* is also the basis, confirming the power of legally binding agreements according to the contents of the contract, providing legal protection to both parties, including in terms of payment of claims which are the responsibility of the Social Security Administering Agency to hospitals.

### B. Supply Chain Financing

Since its introduction, the Social Security Administering Agency for Health has developed a Supply Chain Financing (SCF) program in collaboration with banking partners, providing financing to partner health facilities to accelerate the collection of receivables. This program allows invoices to be taken over before payment is due, helping hospitals maintain cash flow and financial liquidity by utilizing a memorandum of understanding (MoU) with partner banks. In the cooperation agreement, SCF is generally regulated between the hospital and the Health Social Security Administering Agency and technically through an agreement between the hospital and the partner bank. This program is a bridge to ensure faster claim payments, maintain the smooth operation of hospitals, and serves as a form of legal protection against delays in claim payments by the Social Security Administering Agency.

### C. Closing of Agreement

Termination of the cooperation agreement between the hospital and the Social Security Administering Agency for Health can occur before the deadline if there is a default that is detrimental to one of the parties. In the event that the Social Security Administering Agency has payment arrears, this could be considered a default. Although the agreement can be terminated automatically based on the provisions, the hospital needs to provide written notification to the Social Security Administering Agency for Health three months in advance if it wishes to terminate the agreement unilaterally. Termination of the agreement does not eliminate the obligation of the party who is in default to recover the losses incurred. The clause in the agreement that overrides Article 1266 of the Civil Code shows that specific regulations override general regulations, and even so, the legal substance and politics of establishing the Social Security Administering Agency for Health emphasize aspects of community welfare, not just business orientation.

## Legal Protection of the Rights of Patients with Mental Disorders

### A. The Right to Patient Services for People with Mental Disorders

The aim of the Indonesian state, as stated in the preamble to the 1945 Constitution of the Unitary State of the Republic of Indonesia, is to realize the prosperity of the nation as a whole

and evenly distributed. To achieve social welfare, broad participation of society from various levels, including individuals, families, religious organizations, communities and non-governmental organizations is important. In implementing targeted and sustainable social welfare, the participation of all these elements is very much needed.

The welfare of the nation, in accordance with the goals of the state, is closely related to the fulfilment of basic needs, such as clothing, shelter, food, and most fundamentally, health. The state is responsible for ensuring that all these needs are met. Fulfilling basic needs is the basis of prosperity, and the inability to fulfil one of them can result in imbalance and lameness in achieving prosperity. For this reason, synergy between the government and society in fulfilling basic needs is the key to achieving the desired prosperity.

The Indonesian government is responsible for meeting basic needs, including health aspects, in a balanced and comprehensive manner. This is reflected in Law Number 18 of 2014 concerning Mental Health which confirms that every person has the right to live productively in social and economic aspects. However, people with mental disorders are considered a complex health problem that requires special attention.

In this law, people with mental disorders are required to receive treatment and rehabilitation facilities. Regional governments and the community are also responsible for providing rehabilitation facilities, while the allocation of funds and equitable distribution of facilities is the responsibility of the government and regional governments. For example, the government and local governments provide mental hospitals with medical personnel and medicines which are fully funded by them. The role of the community is to actively participate in bringing people with mental disorders to the health facilities provided. Synergy between the government, regional government and the community is expected to realize the efficient implementation of the Mental Health Law.

The complex responsibilities carried out by the government and regional governments in the context of mental health treatment, care and services involve aspects of treatment, rehabilitation and equitable distribution of facilities. They are responsible for providing equitable mental health service facilities as well as the allocation of adequate funds for treatment, care and provision of these facilities.

This includes efforts to maintain balance and sustainability in meeting the needs of people with mental disorders, so that society can have equitable and guaranteed access to quality mental health services (Amalita et al., 2020).

In fulfilling their responsibilities, both the government and regional governments need to establish synergistic cooperation to ensure the fulfilments of the four categories of basic needs in accordance with Article 70 of Law Number 18 of 2014 concerning Mental Health. The community also has an important role in implementing the article, with their obligations limited to receiving treatment and care at health facilities run by the government and regional governments. As humans and legal subjects, people with mental disorders have the right to receive treatment to restore their mental health (Hess et al., 2014). For this reason, treatment and rehabilitation are important aspects in the responsibility of the government and regional governments to provide the necessary efforts for people with mental disorders, so that they can support the recovery of mental health conditions to normal.

In efforts to care for people with mental disorders, this is related to the rights given to People with Mental Disorders in accordance with Article 70 paragraph 1 of Law Number 18 of 2014 concerning Mental Health. People with Mental Disorders have the following rights:

- a. People with mental disorders have the right to receive mental health services in easily accessible facilities.
- b. People with mental disorders have the right to receive mental health services in accordance with applicable mental health service standards.
- c. People with mental disorders have the right to guarantee the availability of psychopharmaceutical drugs according to their needs.
- d. People with mental disorders have the right to give consent to medical procedures that will be carried out on them.
- e. People with mental disorders have the right to receive honest and complete information regarding their mental health data, including the actions and treatment they have received or will receive from health workers who have competence in the field of mental health.
- f. People with mental disorders have the right to receive protection from every form of

neglect, violence, exploitation and discrimination.

- g. People with mental disorders have the right to receive social needs according to the level of mental disorder they experience.
- h. People with mental disorders have the right to manage their own assets and/or those handed over to them.

People with mental disorders have the right to receive mental health care, which is a joint responsibility of the government, regional government and society. Collaboration between the three components can guarantee that every individual enjoys a healthy mental life, in accordance with the aim of mental health efforts to realize the welfare of Indonesian citizens. One of the obligations of the government and regional governments is to distribute evenly the provision of mental health service facilities, such as community health centres, primary clinics, doctor's practices, general hospitals, mental hospitals and nursing homes, for the rehabilitation of people with mental disorders. The final obligation of local governments is to ensure adequate funding allocation to support the treatment, care and provision of mental health service facilities.

#### B. Rights received by Patients with Mental Disorders

The rights and obligations of people with mental disorders and people with mental health problems are actually no different from the rights and obligations of humans who were born in perfect condition. The rights of people with mental disorders and people with mental health problems are regulated in detail in Law Number 18 of 2014 concerning Mental Health. Article 68 of the Law explains the rights of People with Mental Health Problems, including:

- a. The right to receive accurate information regarding their mental health.
- b. The right to receive mental health services in easily accessible health service facilities.
- c. The right to receive mental health services in accordance with mental health service standards.
- d. The right to obtain honest and complete information about their mental health data, including actions that have been or will be received from health workers who are competent in the field of mental health.
- e. The right to an environment conducive to the development of their souls.



- f. The right to use facilities and infrastructure that are appropriate to the growth and development of their souls.

Article 69 of Law Number 18 of 2014 concerning Mental Health gives responsibility to People with Mental Disorders and People with Mental Health Problems to maintain their mental health. This obligation is realized through efforts to maintain healthy behaviour, habits and lifestyle. In addition, they are expected to improve their ability to adapt to their social environment. For this reason, this article emphasizes the importance of the active role of people with mental disorders and people with mental health problems in maintaining and improving their mental health.

Meanwhile, Article 70 paragraph (1) of Law No. 18 of 2014 outlines the rights given to People with Mental Disorders. According to Timur et al. (2023), People with Mental Disorders have the right to receive mental health services in easily accessible facilities, in accordance with mental health service standards. They have the right to guarantee the availability of psychopharmaceutical drugs according to their needs. In addition, People with Mental Disorders have the right to give consent to medical procedures carried out on them, to obtain honest and complete information about their mental health data, including actions and treatment from health personnel who are competent in the field of mental health. The right to protection from various forms of neglect, violence, exploitation and discrimination is also given to People with Mental Disorders (Corrigan et al., 2004). They have the right to obtain social needs according to the level of mental disorder they experience. Apart from that, they have the right to manage their own property or what is handed over to them. This article underlines the importance of respecting the rights, needs and dignity of people with mental disorders in obtaining mental health services and protection.

#### D. CONCLUSIONS

This study concludes that legal protection for patients participating in the Health Social Security Administering Agency who are hospitalized in hospitals has been guaranteed through existing regulations, involving aspects of their rights as service consumers, hospital patients and participants in the Health Social Security Administering Agency. However, its practical application still shows several

shortcomings that cause dissatisfaction among patients with hospital services. One of the complaints is the lack of information provided by hospitals to participants in the Social Security Administering Agency for Health. The legal basis for protecting patient rights is regulated in Law Number 36 of 2009 concerning health and Law Number 29 of 2004 concerning Medical Practice. In the context of protecting the rights of people with mental disorders, Law Number 36 of 2009 also details their rights in Article 148 paragraph (1) and Article 149. It is emphasized that the act of confining or shackling people with mental disorders, even though it is done for their own safety and surrounding people, is considered a deprivation of the right to a decent life and can violate human rights, with the potential to be caught in Article 333 of the Criminal Code.

To increase participant satisfaction with the Health Social Security Administering Agency, it is recommended that the Health Social Security Administering Agency continue to improve and improve the quality of its services. This can be realized through five dimensions of service quality, namely facility sustainability (tangible), reliability, responsiveness, assurance and empathy. Improvements to better facilities, increasing participant comfort, and improving officer services in handling participant complaints are concrete steps that can be taken to maintain and increase participant satisfaction at the Social Security Administering Agency. With better service quality, it is hoped that participant satisfaction with the Health Social Security Administering Agency can be increased. In implementing Health Insurance for People with Mental Disorders, special regulations are needed that regulate the use of health insurance for People with Mental Disorders to ensure their rights are properly fulfilled.

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