HUMAN RIGHTS WATCH

LIVING IN HELL

Abuses against People with Psychosocial Disabilities in Indonesia

SUMMARY AND RECOMMENDATIONS

Fathoni locked his daughter, Carika, who has a psychosocial disabilities, in this goat shed for four years before they eventually received media attention that led to them being rescued and taken to a hospital.
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Carika is a 29-year-old woman with a psychosocial disability who lives in a village in Central Java, Indonesia, where she sells rice and tempeh (fermented soy bean cakes) at a roadside stall.

It is a remarkable change for a woman who until about five years ago was locked in a cramped and filthy goat shed, barely able to stand or move around, and forced to eat, sleep, and defecate amid the nauseating stench of goat droppings. Her family—struggling to cope and unable to access mental health care and support services—kept her there for four years, resisting her desperate calls to be let out. They finally did so when Carika's situation received press attention.

Carika is just one of 57,000 people with real or perceived psychosocial disabilities (mental health conditions) in Indonesia who have been in *pasung*—shackled or locked up in confined spaces—at least once in their lives. Latest available government data suggests that 18,800 people currently live in *pasung* in Indonesia.

Although the government banned *pasung* in 1977, families and traditional and religious healers continue to shackle people with psychosocial disabilities.

This report examines the abuses—including *pasung*—that persons with psychosocial disabilities face in the community, mental hospitals, and various other institutions in Indonesia, including stigma, arbitrary and prolonged detention, involuntary treatment, and physical and sexual violence. It also examines the government's shortcomings in addressing these problems.

Based on research across the Indonesian islands of Java and Sumatra, Human Rights Watch documented 175 cases of persons with psychosocial disabilities in *pasung* or who were recently rescued from *pasung*. We also obtained information about another 200 cases documented in recent years. The longest case of *pasung* that Human Rights Watch documented was a woman who was locked in a room for nearly 15 years. The Indonesian Ministry of Health has recognized *pasung* as an "inhuman" and "discriminatory" treatment of persons with mental health conditions. The government has launched many programs and initiatives to promote mental health and put an end to *pasung*, including a program called "Indonesia Free from Pasung 2014." However, due to the lack of understanding

A 24-year-old female resident lies with her wrist and ankle chained to a platform bed at Bina Lestari healing center in Brebes, Central Java. After her husband abandoned her and her 5 year-old daughter to marry someone else, she began to experience depression.

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and awareness around mental health and the dearth of community-based voluntary services, the practice continues.

Across Indonesia, there is a widespread belief that mental health conditions are the result of possession by evil spirits or the devil, having sinned, displayed immoral behavior, or lacking faith. As a result, families typically first consult faith or traditional healers and often only seek medical advice as a last resort.

"I used to be tied up at home with a plastic rope. My heart broke when they chained me…. I was chained when I first came [to Galuh]. I get chained often—at least 10 times since I have come because I fought with the others. It can last for one day to a week. I had to go to the toilet on the spot, in the drain in the room. The staff slaps and hit me often, already three times because I peed and got angry. Tell the government, I want to go home."

—Rafi, a 29-year-old man with a mental health condition, Yayasan Galuh Rehabilitation Center in Bekasi, August 2015

Even if they do look for access to medication, however, people may find it impossible to access it. Ministry of Health data shows that nearly 90 percent of those who may want to access mental health services cannot. The country of 250 million people has only 48 mental hospitals, more than

Before she died, this woman lived chained at Bina Lestari healing center in Brebes, Central Java for over two years. Her family paid for her platform bed and for the Islamic-based healing she received at the center.

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half of them located in just four provinces of Indonesia's 34 provinces. Eight provinces have no such hospitals, and three have no psychiatrists. In all of Indonesia there are just 600 to 800 psychiatrists—or one trained psychiatrist per 300,000 to 400,000 people. The few facilities and services that exist often do not respect the basic rights of people with psychosocial disabilities and contribute to the abuses against them.

Under Indonesian law it is relatively easy to involuntarily admit a person with a psychosocial disability to an institution. The Mental Health Act (2014) allows a family member or guardian to admit a child or an adult with a psychosocial disability without their consent to a mental health or a social care institution, and without any judicial review. Human Rights Watch found 65 cases of people arbitrarily detained in mental hospitals, social care institutions, and NGO-run or traditional or religious centers. None of those with psychosocial disabilities interviewed by

A man sings in his cell, his hands moving in an intricate dance, at Pengobatan Alternatif Jasono, a traditional healing center in Cilacap, Central Java.
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Human Rights Watch who were living in institutions said that they were there voluntarily.

At some institutions, Human Rights Watch documented cases where families had left fake phone numbers and addresses on admission forms in order to abandon the relative, in other cases they simply moved to a new home or failed to show up. The longest case of prolonged detention that Human Rights Watch documented was seven years at a social care institution and 30 years at a mental hospital.

In traditional or religious healing centers, there is no mental health care available and the basis for admission and discharge is left entirely to the discretion of the faith healer.

Haji Hamden, an Islamic faith healer, chants as his assistant Abdul slaps the leg of a shelter resident at Pengobatan Alternatif Nurul Azha, a traditional healing center, in West Java. Abdul also uses a hard implement to massage patients, causing extensive bruising, as part of the daily healing routine.

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A man is restrained with chains in the male section of Galuh Rehabilitation Center in Bekasi.

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A male resident staying in the isolation room at the Galuh Rehabilitation Center in Bekasi has wounds on his arms resulting from being tied.

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Haji Hamdan Saiful Bahri, an Islamic faith healer who runs Kampung ChiLanjang, a private healing center in Cianjur, described how he diagnosed a 13-year-old boy before admitting him to his institution for so-called religious treatment. “I touched his chest, head, and legs to do photo sonogram [X-ray] to find out his illness,” Bahri said. “He started screaming so I knew he was depressed.” The process for discharge was similarly arbitrary. “When the [body] heat becomes cold, they’re ready to leave,” Bahri said. “When I take them outside to the market or to play football and the person feels cold, it means they’re cured.”

Human Rights Watch found that in seven private institutions, healing centers and pantis (government social care institutions) visited, persons with psychosocial disabilities lived in severely overcrowded and unsanitary conditions. In Panti Laras 2, a social care institution on the outskirts of the capital, Jakarta, approximately 90 women live in a room that can reasonably accommodate no more than 30. There was no space to walk; to enter the room one had to physically tiptoe over the hands and feet of the women crowded together on the floor. Overcrowding contributes to a high prevalence of lice and scabies. Healing centers are similarly overcrowded as they are small, often dilapidated, and traditionally built as part of the healer’s home.

Men with psychosocial disabilities are locked up in a crowded room in the male section of Galuh Rehabilitation Center in Bekasi.
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In the traditional or religious healing centers, personal hygiene is a serious problem as people are chained and do not have access to a toilet. As a result, they urinate, defecate, eat, and sleep in a radius of no more than one to two meters.

In 13 of the 16 institutions that Human Rights Watch visited, persons with psychosocial disabilities, including children, were routinely forced to take medication or subjected to alternative "treatments" such as concoctions of "magical" herbs, vigorous massages by traditional healers, Quranic recitation in the person's ear, and baths. "They call my name, put medicine in my hand and ask me to drink it…. They don't allow me to refuse," Wuri, a woman with a psychosocial disability living in a rehabilitation center, said. They make me swallow the medicine and if I don't drink it, they put me in the isolation room."

In addition to oral and injectable medication, Human Rights Watch found in four mental hospitals visited that patients

were given electroconvulsive therapy (ECT) without consent. In three of the hospitals, ECT was administered in its "unmodified" form (without anesthesia, muscle relaxants and oxygen) because of a shortage of trained anesthesiologists to administer the pre-medication, lack of modern ECT machines, or because the modified treatment is simply too expensive for patients to afford.

In addition, Human Rights Watch found that forced seclusion is routine basis in mental hospitals and social care institutions in Indonesia. We documented 22 cases of forced seclusion for durations ranging from a few hours to over a month. Staff and residents in all of the social care institutions and rehabilitation centers visited explained that persons with psychosocial disabilities were put in forced seclusion as a form of punishment or to discipline them—for example, for failing to follow orders, trying to escape, getting into a fight, or becoming intimate with other residents.

A woman resident in the female section of Galuh Rehabilitation Center in Bekasi waits for a male staff member to leave before she uses the toilet. Female residents have no privacy and are at heightened risk of sexual violence as the toilets have no doors and male staff oversee the female section, including at night.

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A woman restrained to her bed in the ward for new residents at Lawang Mental Hospital, East Java.
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Persons with psychosocial disabilities experience physical abuse if they try to run away from institutions or do not obey the staff. Human Rights Watch documented 25 cases of physical violence and 6 cases of sexual violence by staff and residents against persons with psychosocial disabilities in the community, mental hospitals, social care institutions, and healing centers.

In about half of the hospitals, institutions, and healing centers visited by Human Rights Watch, male staff would enter and exit women's wards or sections at will or were responsible for the women's section, including at night, putting women and girls at high risk of sexual harassment and violence. In healing centers in particular, men and women are chained next to each other. "When I take a shower, the men, the staff watch me," said Tasya, a woman with a psychosocial disability living in a

"Imagine living in hell, it's like that here."

—Asmirah, a 22-year-old woman with a psychosocial disability at a religious healing center in Brebes, August 2015

A woman chained in a room built behind her family home in Ponorogo, East Java. She is forced to eat, sleep, and defecate in this room.

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healing center in Brebes. "One male staff member touched my vagina this morning. He was doing it just for fun." Human Rights Watch found no evidence of staff being reprimanded or facing legal action for physical or sexual violence.

In 2011, Indonesia ratified the Convention on the Rights of Persons with Disabilities (CRPD), guaranteeing equal rights for all persons with disabilities including the right to liberty and security of the person, and freedom from torture and mistreatment. Three years later, parliament passed the Mental Health Act (MHA), partly to address the dire mental health situation and abuses against persons with psychosocial disabilities, including shackling.

Despite the important advances, the MHA contains some potentially problematic provisions. It continues to allow persons with psychosocial disabilities to be stripped of their legal capacity—the right to make one's own decisions, including about one's own medical care. The draft Rights of

Two residents at the Bina Lestari healing center in Brebes, Central Java, are chained to a wooden platform bed while an Islamic faith healer stands nearby. At the center, all residents are chained and receive traditional "healing" through prayer, consumption of special drinks, or blessings with holy water.

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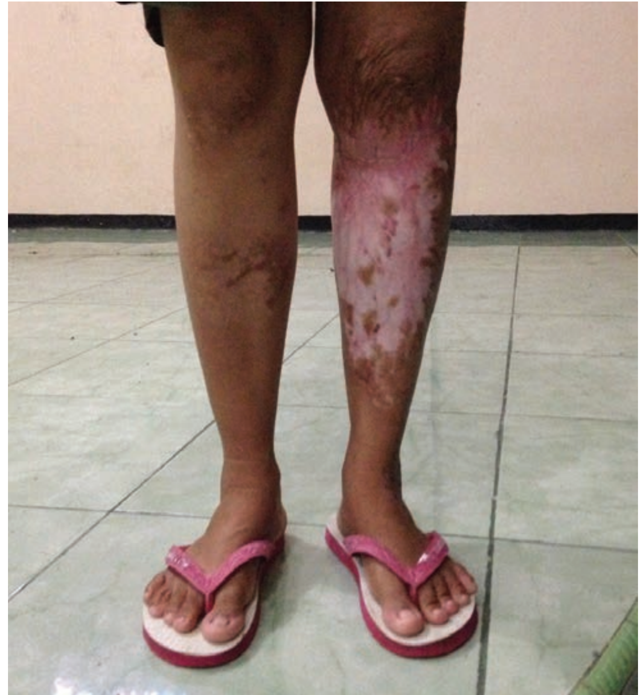

A woman with a psychosocial disability living in Panti Laras Dharma Guna, a social care institution in Bengkulu in Sumatra, shows scars from burns she received when she was unable to escape from a fire at her home because her parents had restrained her in wooden stocks. Her family was not home at the time of the fire and she was rescued by a neighbor.

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Persons with Disabilities Bill that is currently pending in parliament is an attempt by the government to provide equal rights and opportunities for persons with disabilities, including by ensuring equal access to education and making the country accessible, though it too fails to guarantee legal capacity.

Ekram, a man with a psychosocial disability, eats his dinner in a shed outside the family home where he has been locked up. His family gives him food and water through a small hole in the shed.
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Ekram, a man with a psychosocial disability has been held in *pasung* in the shed next to the family home in Cianjur, West Java.
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Human Rights Watch calls on the Indonesian government to:

- Amend the Mental Health Act and Rights of Persons with Disabilities Bill to ensure that they are in full compliance with the CRPD.
- Ensure rigorous monitoring and implement policies, including the ban on *pasung*, to prevent and redress abuses against persons with psychosocial disabilities.
- Train and sensitize government health workers, mental health professionals, and staff in institutions to the concerns and needs of persons with psychosocial disabilities, and create a confidential and effective complaint mechanism for individuals with psychosocial disabilities to report abuse.
- Progressively develop adequate and accessible voluntary community-based mental health and support services.
- Work with international donors on programs and appropriate services, with donors providing technical assistance to such community-based services.

As Dr. Pandu Setiawan, chairman of Indonesian Mental Health Networks and former director of mental health, told Human Rights Watch: “The government needs to make mental health a priority because it’s a human right. Human rights for mental [health] patients should be the same as for anyone else.”

A woman with a psychosocial disability was locked up in this chicken coop. The coop is located behind the house and is covered in chicken droppings.

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Agus, a 26-year-old man with a psychosocial disability, built this sheep shed behind his family home in Cianjur, West Java. When he developed a mental health condition, his parents sold the sheep and locked Agus in the shed for a month because they thought he was possessed by evil spirits.

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This man lived shackled in stocks, a traditional form of *pasung*, for nine years in a back room in his family's home in Cianjur in West Java. When he was released, his legs had atrophied from disuse.

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RECOMMENDATIONS

TO THE INDONESIAN PARLIAMENT

- **Amend or repeal all domestic legislation that is contrary to the CRPD to ensure that persons with psychosocial or intellectual disabilities are guaranteed legal capacity, equal recognition before the law, supported decision-making as opposed to guardianship (plenary and limited), freedom from discrimination, and protection from involuntary detention and treatment.**
- **Amend the Mental Health Act so as to:**
  - **Recognize the legal capacity of all persons with disabilities on an equal basis with others and the right to exercise it. Remove clauses that allow for plenary or limited guardianship. Instead provide accommodations and access to support where necessary to exercise legal capacity.**
  - **Ban all forms of involuntary treatment, including electroconvulsive (ECT) therapy, without the person's free and informed consent. Explicitly prohibit the use of seclusion and prolonged restraint. Define exceptional circumstances in which a patient may be considered temporarily unable to give free and informed consent and in such circumstances, immediate medical treatment may be administered as it would be to any other patient without a disability incapable of consenting to treatment at that moment, provided that the treatment is strictly necessary to address a life-threatening condition or a condition of similar gravity.**
  - **Require admission to public or private mental health institutions to be voluntary, based on free and informed consent of the person concerned.**
  - **Require that any detention on a non-voluntary basis be possible only following a determination by an independent judicial authority, meeting due process, that is based on behavior that poses imminent actual harm to self or others and not on the basis of the existence of a disability; on an equal basis with others; it should be limited to short periods of time as specified by law, and subject to continual full judicial review.**
  - **Remove clauses that allow for mandatory mental health evaluations.**
  - **Mandate a shift from institutional care to providing access to voluntary community-based mental health and other support services for persons with psychosocial disabilities and their families where necessary.**
- **Amend the Rights of Persons with Disabilities Bill to:**
  - **Recognize the legal capacity of all persons with disabilities on an equal basis with others and the right to exercise it. Remove clauses that allow for plenary or limited guardianship. Instead provide accommodations and access to support where necessary to exercise legal capacity.**
  - **Adopt a twin-track approach to including women and girls in disabilities: dedicating specific provisions to their protection and well-being as well as including them in general provisions.**

TO THE MINISTRY OF HEALTH, DIRECTORATE OF MENTAL HEALTH; PROVINCIAL DEPARTMENTS OF HEALTH; DISTRICT HEALTH OFFICES

FOR MENTAL HOSPITALS

- **Immediately improve conditions in mental hospitals to ensure the human rights of persons with psychosocial disabilities are respected by:**
    - **Ensuring mental hospitals review all cases of persons who are currently living in mental hospitals and release those who are detained against their will. As far as possible, provide access to an alternative community-based independent living option that is based on the autonomy, will, and preference of the individual.**
    - **Requiring admission to public or private mental health institutions be voluntary, based on free and informed consent of the person concerned.**
    - **Banning all forms of involuntary treatment, including electroconvulsive therapy, without the person's free and informed consent.**
    - **Prohibiting the use of seclusion.**
    - **Prohibiting the use of prolonged restraint and all restraints as a form of punishment, control, retaliation or as a measure of convenience for staff.**
    - **Training mental health staff on de-escalation techniques. Staff should make every reasonable effort to use alternatives to restraints, including through the use of "cooling off" periods, verbal persuasion, and negotiation strategies to defuse and de-escalate volatile situations.**
    - **Ensuring children are separated from unrelated adults.**
- **Conduct monitoring visits that are regular, unannounced, and are based on unhindered and confidential interaction with both staff and patients. The ministry should publicly report on the findings of these visits.**
- **Establish an independent and confidential complaints system that receives and investigates complaints, including ill-treatment of persons with psychosocial disabilities in institutions.**
- **Require all government hospitals and privately run institutions to provide accessible information to persons with psychosocial disabilities and inform them about their rights and complaint procedures.**
- **Train all doctors and paramedical staff, including psychiatrists, psychiatric nurses, psychologists and counselors, particularly on free and informed consent.**
- **Build the capacity of health professionals to identify and manage mental health conditions and support people with psychosocial disabilities by providing training, developing their knowledge of mental health and support techniques, and by including mental health in university curriculums.**

FOR LEGAL REFORM AND POLICY IMPLEMENTATION

- **Strengthen and monitor the implementation of laws banning pasung.**
- **Recognize involuntary hospitalization based on the existence of a disability as a form of discrimination and without consent of the individual as a form of arbitrary detention.**
- **Implement the amended Mental Health Act.**

FOR THE PROMOTION OF MENTAL HEALTH CARE AND DELIVERY OF SERVICES

- **Make mental health a priority and provide adequate support to establish, run, and extend access to voluntary community-based mental health care and other support services for persons with psychosocial disabilities.**
- **Conduct extensive public awareness and information campaigns including through the media, religious groups, and schools on mental health and the ban on shackling.**
- **Ensure that community-based mental health services work in partnership with persons with psychosocial disabilities, their families, caregivers, and faith healers.**
- **Take concrete steps to end the inhumane treatment of persons with psychosocial disabilities within their communities, particularly shackling. This should include raising awareness of mental health conditions, the rights of persons with disabilities and alternatives to institutionalization and restraint.**
- **Ensure every province has mental health professionals and services, including Riau, Banten, North Borneo, Gorontalo, East Nusa Tenggara, West Sulawesi, North Maluku, and West Papua.**
- **Ensure that adequate mental health medication is available in every puskesmas.**
- **Systematically integrate mental health into general healthcare services and train primary health providers in every puskesmas to identify and manage common mental health conditions.**
- **Engage spiritual leaders to challenge discriminatory beliefs and practices related to psychosocial disabilities by raising awareness among them on mental health and sensitizing them to the needs of people with psychosocial disabilities.**

FOR DATA COLLECTION

- **Conduct a survey, in conjunction with disabled persons' organizations, of the conditions in all Indonesian mental hospitals for persons with psychosocial or intellectual disabilities.**
- **Improve quantitative and qualitative data collection on the current number of people living in pasung across Indonesia, the reasons families continue to practice pasung, and the support or services they would require to discontinue the practice.**
- **In consultation with disabled persons' organizations, improve census data collection on persons with disabilities to better inform policy decisions.**

TO THE MINISTRY OF SOCIAL AFFAIRS; PROVINCIAL DEPARTMENTS OF SOCIAL AFFAIRS; DISTRICT SOCIAL AFFAIRS OFFICES

FOR SOCIAL CARE INSTITUTIONS, TRADITIONAL OR RELIGIOUS HEALING CENTERS

- **Urgently improve conditions in mental hospitals to ensure the human rights of persons with psychosocial disabilities are respected by:**
  - **Developing guidelines and basic minimum standards for sanitation, hygiene, and living conditions and prohibiting arbitrary detention, forced treatment, the use of seclusion and restraint in social care institutions as well as traditional and religious healing centers.**
  - **Ensuring access to adequate and appropriate health care, including mental and reproductive services.**
  - **Requiring social care institutions and traditional and religious healing centers to be registered with the Social Affairs Ministry and ensuring they abide by the basic minimum standards for institutions. Shut down and/or hold accountable centers that fail to meet and respect these standards.**
  - **Requiring admission to all institutions to be voluntary, based on free and informed consent of the person concerned.**
  - **Reviewing all cases of persons who are currently living in social care institutions and traditional and religious healing centers and release those who are detained against their will. For those who are unable to go home to supportive families, provide access to an alternative community-based independent living option that is based on the autonomy, will, and preference of the individual.**
  - **Training staff in social care institutions and traditional or religious healing centers on de-escalation techniques. Staff should make every reasonable effort to use alternatives to restraints, including through the use of "cooling off" periods, verbal persuasion, and negotiation strategies to defuse and de-escalate volatile situations.**
  - **Ensuring children are separated from unrelated adults.**
- **Reduce overcrowding in institutions, particularly Panti Laras 2 in Cipayung, by progressively developing voluntary community-based assisted living services and other forms of support to allow persons with psychosocial disabilities to live independently and in the community.**
- **Conduct extensive public awareness and information campaigns including through the media, religious groups, and schools on mental health and the ban on shackling.**
- **Ensure that children with psychosocial disabilities have access to inclusive public education.**
- **Conduct monitoring visits that are regular, unannounced, and are based on unhindered and confidential interaction with both staff and patients. Publicly report on the findings of these visits.**
- **Establish an independent and confidential complaints system that receives and investigates complaints, including ill-treatment of persons with psychosocial disabilities in institutions.**

FOR LEGAL REFORM AND POLICY IMPLEMENTATION

- **Create and implement a de-institutionalization policy and a time-bound action plan for de-institutionalization, based on the values of equality, independence, and inclusion for persons with disabilities. Ensure that this plan does not aim to transform existing institutions but is targeted towards progressively closing them down and developing a wide range of community-based alternatives that are rooted in the will and preference of the individual with a disability. Make sure that preventing institutionalization is an important part of this plan and that persons with disabilities, DPOs, and NGOs working on deinstitutionalization are provided opportunities to participate in the formation of this plan. When appropriate, seek out the experiences of other countries that have fully undergone deinstitutionalization.**
- **Recognize institutionalization based on disability as a form of discrimination and institutionalization without consent of the individual as a form of arbitrary detention.**

FOR THE PROMOTION OF MENTAL HEALTH CARE AND DELIVERY OF SERVICES

- **Develop a time-bound plan to shift progressively to providing access to community-based support services at the district-level for persons with psychosocial disabilities and their families as well as independent living facilities, based on the autonomy, will, and preference of the individual.**
- **Create specific budget lines for community support programs, independent, and supportive living arrangements for persons with psychosocial disabilities.**
- **Provide disability-sensitive training to social affairs staff to sensitize them on interacting with persons with disabilities.**
- **Ensure that social affairs teams in charge of freeing people from pasung adopt a holistic approach that includes sensitizing the family and surrounding community on psychosocial disability and engaging them in the person's rehabilitation, following up regularly on the situation of the person returned home to ensure they are not put back into pasung, and providing continued access to adequate support and services in the community.**
- **Develop adequate community-based rehabilitation services in consultation with DPOs, disability experts, and persons with disabilities themselves.**
- **Ensure that community-based services work in partnership with persons with psychosocial disabilities, their families, caregivers, and faith healers. This should include raising awareness of mental health conditions, the rights of persons with disabilities, and alternatives to institutionalization and restraint.**

FOR DATA COLLECTION

- **Conduct a survey, in conjunction with DPOs, of the conditions in all social care institutions and traditional and religious healing centers.**
- **In consultation with DPOs, improve census data collection on persons with disabilities to better inform policy decisions.**

TO THE MANAGEMENT OF MENTAL HOSPITALS AND SOCIAL CARE INSTITUTIONS

- **As a matter of urgency, improve infrastructure, particularly in pantis, including by providing adequate toilets, sufficient supply of water, food, lice medicine, soap, sanitary napkins, clothes, and footwear.**
- **Comply with the basic minimum standards set by the Ministries of Health and Social Affairs. Hold institutions and their staff accountable if they fail to comply with these standards.**
- **Create an appropriate and confidential mechanism to report abuse and facilitate redress through judicial means.**
- **Train all staff to be sensitive and responsive to the needs of persons with psychosocial disabilities including de-escalation techniques.**
- **Immediately provide appropriate and adequate activities and access to education within institutions, in consultation with DPOs and NGOs. Develop creative techniques to motivate residents to learn skills.**
- **Sensitize families to the needs and rights of persons with psychosocial disabilities and involve them in caring for relatives. After the person goes home, follow up with the family to ensure they are not put into pasung and have access to community-based mental health and other support services.**

TO THE NATIONAL HUMAN RIGHTS COMMISSION

- **Ensure regular and periodic monitoring of conditions in mental hospitals and social care institutions for persons with psychosocial disabilities. The investigating team should be independent and not include management from these institutions.**
- **Ensure the NHRC's special rapporteur on the rights of persons with disabilities has adequate resources to investigate abuses against persons with disabilities.**
- **Establish accessible and confidential complaint mechanisms for persons with psychosocial disabilities.**

TO INDONESIA'S DEVELOPMENT PARTNERS, INCLUDING THE US, EU, AUSTRALIA, JAPAN, THE ASIAN DEVELOPMENT BANK, THE WORLD BANK, AUSAID, USAID AND UN AGENCIES

- **Encourage the government of Indonesia to respect its international obligations under the CRPD, particularly its principles of equality, non-discrimination, independence, and inclusion.**
- **Support the government of Indonesia, DPOs and other NGOs by providing support and technical assistance to implement the ban on shackling and safeguard and raise awareness of the rights of persons with psychosocial disabilities.**
- **Earmark assistance toward community-based mental health and support services, and seek to strengthen a community-based model instead of creating new or refurbished mental health institutions.**

In Indonesia, more than 57,000 people with psychosocial disabilities (mental health conditions) have at least once in their lives been subjected to pasung – being shackled or locked up in a confined space. Despite a 1977 government ban on pasung, families, traditional healers, and staff in mental hospitals and other institutions continue to shackle people with psychosocial disabilities, in some cases for years. Due to prevalent stigma and inadequate support services, including mental health care, people with psychosocial disabilities often end up chained or locked up in overcrowded and unsanitary institutions, without their consent, where they face physical and sexual abuse, and involuntary treatment including electroconvulsive therapy, forced seclusion, restraint, and forced contraception.

Living in Hell is based on 149 interviews with adults and children with psychosocial disabilities, disability rights advocates, family members, caregivers, mental health professionals, heads of institutions, faith healers and government officials. It examines the abuses faced by persons with psychosocial disabilities in mental hospitals, social care institutions and faith healing centers across the islands of Java and Sumatra, and identifies the government's shortcomings in addressing these abuses.

Human Rights Watch calls on the Indonesian government to undertake urgent reforms to guarantee the legal capacity –the right to make decisions for themselves– of people with psychosocial disabilities and take steps to shift them from institutional to community-based services. The government should ensure that both the Mental Health Act and Rights of Persons with Disabilities bill are fully in line with the country's international legal obligations under the UN Convention on the Rights of Persons with Disabilities.

(above) A man held in the isolation cell in Bengkulu mental hospital in Sumatra.
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(front cover) A male resident is chained to a wooden platform bed at the Bina Lestari healing center in Brebes, Central Java. The chain is so short that it does not allow him to move around and he is forced to eat, sleep, and urinate in this room.
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