



Deinstitutionalization of Individuals with Schizophrenia in Indonesia: A Scoping Review of Rehabilitative Interventions and Implications for Reforming Institutional Care

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ABSTRACT

Background: Deinstitutionalization is a critical component of mental health reform in Indonesia, where individuals with schizophrenia continue to be confined in long-term psychiatric facilities and subjected to practices such as pasung (physical restraint). Despite national policies promoting community-based care, the implementation of rehabilitative interventions remains fragmented. **Objective:** This scoping review aimed to map the landscape of rehabilitative interventions that support the deinstitutionalization of adults diagnosed with schizophrenia in Indonesia and to explore their implications for reforming institutional mental health care. **Methods:** A systematic literature search was conducted across PubMed, ScienceDirect, Springer, and Google Scholar for studies published between 2002 and 2024. Eligible studies included randomized controlled trials, quasi-experimental studies, longitudinal evaluations, and qualitative reports focusing on adults (≥ 18 years) with schizophrenia transitioning from long-term institutional settings. The search strategy followed the PRISMA 2020 and PCC (Population–Concept–Context) frameworks. Data were extracted and thematically synthesized to identify intervention types, implementation contexts, and outcome trends. **Results:** Thirteen studies were included. Three main intervention types emerged: community-based rehabilitation (CBR), pasung release and reintegration programs, and family-centered psychoeducation. CBR interventions demonstrated significant improvements in quality of life, social functioning, and symptom management. Pasung release programs were effective when paired with sustained psychosocial support. Family-based interventions, including task-shifting models, facilitated recovery and reduced relapse. Key enablers included strong familial involvement and decentralized health worker engagement, while barriers included persistent stigma, weak infrastructure, and policy enforcement gaps. **Conclusions:** Rehabilitative interventions grounded in community participation and family support show promise in advancing deinstitutionalization in Indonesia. Integration of these models into primary care, supported by policy implementation and resource allocation, is essential for sustainable reform. Future research should focus on randomized trials, cost-effectiveness analysis, and multi-provincial implementation studies to inform national mental health strategies.

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1. INTRODUCTION

Schizophrenia is a severe and disabling psychiatric disorder that significantly impairs social, occupational, and cognitive functioning. Globally, the lifetime prevalence of schizophrenia is estimated to range between 0.3% and 0.7%, contributing to over 1% of disability-adjusted life years (DALYs) related to mental illness. In Indonesia, schizophrenia is the most commonly diagnosed mental disorder and is increasingly recognized as a public health priority. According to the 2023 Indonesian Basic Health Survey (Riskesdas), Yogyakarta province recorded the highest prevalence, with 9.3% of households reporting a family member with psychotic symptoms and 7.8% with a medical diagnosis of schizophrenia, followed by Central Java (6.5%) and DKI Jakarta (4.9%) (Ministry of Health Indonesia, 2023a). Despite the expansion of the Jaminan Kesehatan Nasional (JKN) to cover over 95% of the population, access to quality community-based mental health services remains limited and uneven across regions (Organization, 2021).

To address the longstanding issue of institutional dependency in mental health care, Indonesia has adopted a policy direction aligned with the global deinstitutionalization movement. Deinstitutionalization refers to the strategic shift from long-term psychiatric hospitalization to community-based mental health care that is person-centered, participatory, and recovery-oriented (Organization, 2021). In the Indonesian context, deinstitutionalization has been articulated through national initiatives such as the “Indonesia Bebas Pasung” (Indonesia Free from Shackling) program, which aims to eliminate the use of pasung as physical restraint or confinement of people with mental illness by 2024. The policy also promotes the strengthening of primary-level mental health services through puskesmas (community health centers), which now number over 10,000 across the archipelago and are mandated to provide basic psychosocial care, referral coordination, and family education (Zuurmond et al., 2019).

Although notable progress has been made, including a decline in the number of pasung cases from over 18,000 in 2009 to fewer than 4,500 in 2022, the implementation of deinstitutionalization policies has faced substantial challenges. Structural limitations such as underfunded mental health programs has less than 1% of the national health budget is allocated to mental health and continue to constrain service delivery and human resource development (Suryani & Rahim, 2022). Mental health care remains hospital-centric, and rehabilitative interventions are rarely integrated into community-based settings. The fragmentation of intersectoral coordination between health, social affairs, and local government agencies contributes to gaps in continuity of care and reintegration. Furthermore, cultural stigma surrounding mental illness, particularly in rural areas, remains a critical barrier to accessing care, often resulting in families resorting to pasung due to lack of alternative services or knowledge (Tyas et al., 2024).

Despite the existence of pilot rehabilitative programs, such as family psychoeducation, peer-led support, supported employment, and task-shifting models involving lay health workers, there is limited evidence on their effectiveness and scalability. Very few studies in Indonesia have rigorously evaluated the impact of these interventions on functional recovery, relapse prevention, or quality of life among people with schizophrenia. Moreover, existing literature tends to focus on individual or local initiatives without synthesizing outcomes at the national level. This results in a fragmented evidence base that fails to inform comprehensive policy development or resource allocation (Iswanti et al., 2024; Vine, 2022).

Given these circumstances, a systematic review is urgently needed to synthesize available evidence on rehabilitative interventions for individuals with schizophrenia in Indonesia. This review will critically examine the types, outcomes, and contextual effectiveness of rehabilitative programs implemented since 2019, with a specific focus on their relevance to deinstitutionalization and institutional care reform. The findings aim to identify scalable best practices, policy gaps, and implementation challenges, thereby supporting the advancement of a community-based, equitable, and recovery-focused mental health system in Indonesia.

2. METHODS

This study employed a scoping review design, guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) and the methodological framework recommended by the Joanna Briggs Institute (JBI). The aim of the review was to map the existing evidence on rehabilitative interventions that support the deinstitutionalization process among individuals with schizophrenia in institutional or post-institutional settings.

The study was structured using the PCC framework (Population, Concept, Context). The Population of interest was adults (aged ≥ 18 years) diagnosed with schizophrenia who are currently residing in or have a history of living in long-term institutional care. The Concept focused on rehabilitative interventions aimed at supporting deinstitutionalization, including but not limited to psychosocial rehabilitation, supported housing, vocational training, transitional care, and family-based or peer-led programs. The Context included institutional or post-institutional mental health care settings, such as psychiatric facilities, government social care homes, halfway houses, and community mental health centers, particularly in low- and middle-income countries including Indonesia.

The scoping review followed five methodological stages. First, research questions were developed using the PCC framework to guide the inclusion criteria and search strategy. Second, a comprehensive literature search was conducted across six academic databases: Scopus, PubMed, Garuda, ProQuest, ClinicalKey, and SAGE Journals. These databases were selected to ensure both international and regionally relevant coverage. Third, articles were screened based on predefined inclusion and exclusion criteria. Fourth, data from eligible studies were extracted using a structured extraction form and organized thematically. Finally, a thematic analysis and narrative synthesis were conducted to identify and describe the types, characteristics, and outcomes of rehabilitative interventions that support deinstitutionalization.

Inclusion and Exclusion Criteria

Included studies involved adults (aged ≥ 18 years) diagnosed with schizophrenia who were currently or previously institutionalized in long-term care facilities. Eligible studies described interventions that directly support deinstitutionalization, implemented in settings such as psychiatric disability institutions, government-run social care homes, or halfway houses. Study designs considered included randomized controlled trials (RCTs), meta-analyses of RCTs, longitudinal studies, pilot or process evaluations, and quasi-experimental studies that focused on rehabilitative interventions aiding deinstitutionalization. Only full-text, English-language articles published between 2002 and 2024 were included.

Studies were excluded if they focused solely on pharmacological treatments without relevance to deinstitutionalization, involved children or adolescent populations, or discussed transitions from non-psychiatric institutions such as nursing homes or orphanages. Articles were also excluded if they did not describe the intervention type or the transition process to community-based care.

Search Strategy

The literature search was guided by the PRISMA framework to ensure transparency, traceability, and methodological rigor. Articles were searched within the publication window of 2002–2024. Keywords were developed using the PICOS framework, incorporating relevant synonyms and conceptual terms. Boolean operators ("AND", "OR") and truncation were applied to expand search sensitivity. The final Boolean search string used was: “deinstitutionalization” AND “schizophrenia” AND “intervention” AND “residential institution”. All retrieved articles were managed using Mendeley reference software, where duplicates were removed before screening.

Study Selection and Screening

The selection process followed PRISMA guidelines. Initially, all retrieved citations were imported into Mendeley, where duplicates were identified and removed. Title and abstract screening was performed to assess topical relevance. Articles not aligned with the population, intervention, or focus of the review were excluded at this stage. Full-text screening was then performed to confirm alignment with the inclusion criteria. Methodological clarity, availability of empirical data, and reporting quality were also assessed. Two reviewers independently conducted the screening process. In cases of disagreement, discussions were held until consensus was reached. The selection results are presented in a PRISMA flow diagram (Tricco et al., 2018).

Data Extraction and Synthesis

Data were extracted from the final set of included articles using a standardized data extraction form based on the PCC framework (Population, Concept, Context), customized to align with the objectives of this scoping review. Extracted data included study identifiers (title, authors, year, and country), population characteristics (diagnosis, age, and institutional background), conceptual focus (type, nature, and components of rehabilitative interventions), and contextual details (setting of intervention delivery, care environment, and geographic region). Study design, methodological approaches, and reported outcomes relevant to the deinstitutionalization process were also documented. Data extraction was conducted independently by two reviewers to ensure consistency and minimize bias, with disagreements resolved through discussion and consensus. Following data extraction, a narrative synthesis was undertaken. This method was deemed appropriate due to the substantial heterogeneity in study designs, intervention modalities, implementation strategies, and reported outcomes, which precluded quantitative synthesis. Thematic grouping was conducted to identify patterns in intervention types, contextual implementation, and outcome trends. A comparative analysis across studies was then carried out to highlight effective rehabilitative strategies, barriers to implementation, and contextual enablers influencing the success of deinstitutionalization efforts. The synthesized findings are presented through thematic matrices and descriptive summaries to map the scope and characteristics of rehabilitative interventions supporting deinstitutionalization for individuals with schizophrenia.

3. RESULTS

Searching results

A total of 452 records were initially identified through electronic database searches. No additional records were found through registers. Before formal screening, 100 duplicate entries were removed, along with 25 records deemed ineligible by automation tools, leaving 327 records for screening. During the title and abstract screening phase, 175 records were excluded for not meeting the inclusion criteria. This led to 152 full-text reports being sought for retrieval. However, 102 of these were not retrievable due to paywall restrictions, unavailable full-text access, being non-English publications, or only providing abstracts. From the remaining 50 full-text articles assessed for eligibility, 25 were excluded. Specifically, 12 were not address issues about pasung, 12 did not relate directly to interventions supporting deinstitutionalization, and 3 involved populations that were not adults. Finally, 13 studies met all inclusion criteria and were included in the review.

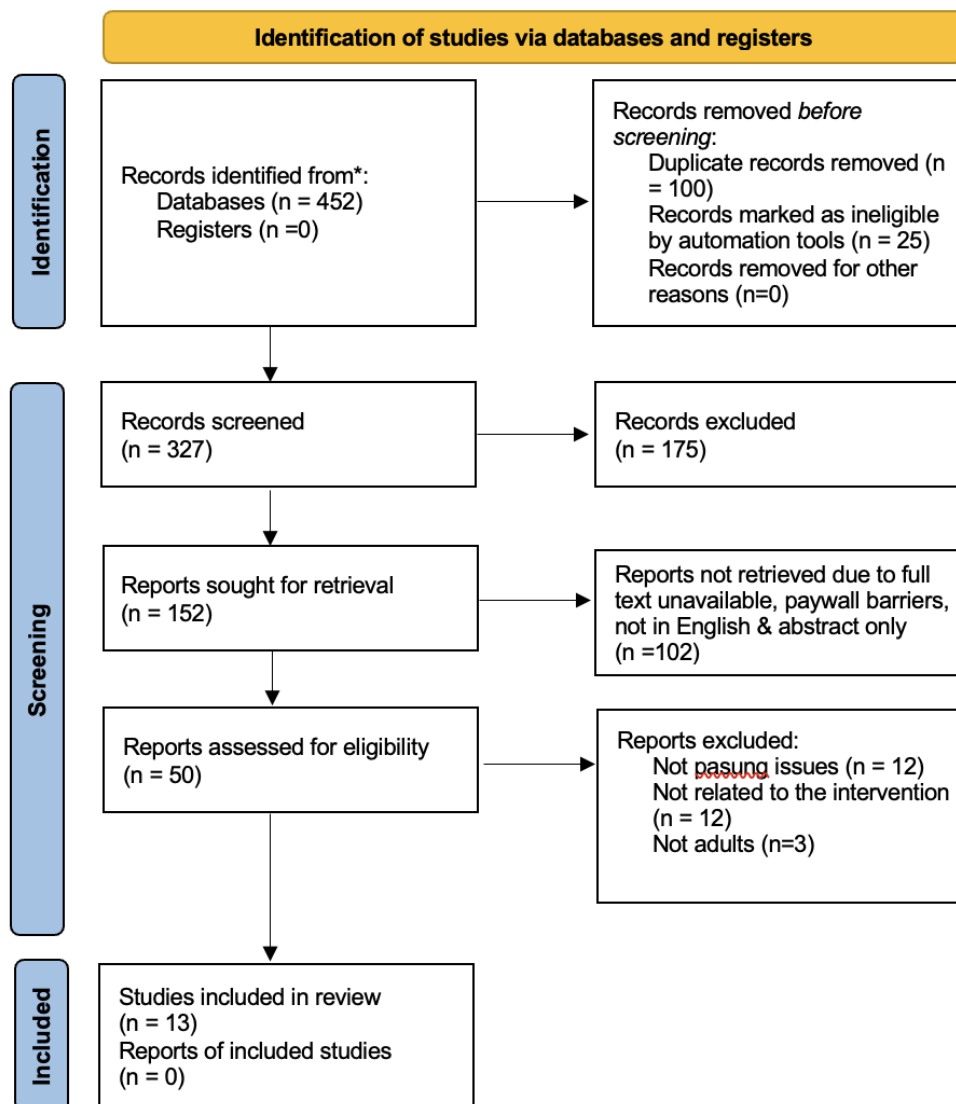


Figure 1. PRISMA Flow Diagram

Thematic Synthesis

Theme 1: Types of Rehabilitative Interventions

Community-based rehabilitation (CBR) has been widely implemented in various provinces such as Yogyakarta, involving cross-sector collaboration, case management, and family engagement to enhance functional independence and overall quality of life for individuals with schizophrenia (Puspitosari et al., 2019; Subandi et al., 2021). These programs demonstrate the feasibility of transitioning long-term institutionalized patients into the community when structured rehabilitative support is provided.

Interventions related to the release from physical restraint commonly referred to as pasung are another dominant strategy supporting deinstitutionalization. The Bebas Pasung program and similar unlocking initiatives report positive long-term outcomes when individuals are supported by community mental health services and reintegration planning, significantly reducing the likelihood of re-institutionalization or relapse (Hunt et al., 2023; Tyas et al., 2024).

Family-based interventions, including the FUSION protocol, highlight the effectiveness of task-shifting models where psychoeducation and therapeutic guidance are delivered by trained laypersons or primary healthcare staff. These studies illustrate how strengthening family involvement and psychosocial competence can significantly improve patient outcomes and reduce relapse (Renwick et al., 2023; Susanti et al., 2024). At the policy level, government-driven reforms such as Indonesia Bebas Pasung have provided structural frameworks for deinstitutionalization. These include legal mandates, integration of social rehabilitation, and national campaigns supporting a rights-based approach to mental health care (Hunt et al., 2023).

Theme 2: Contextual Enablers and Barriers

Key enablers of successful deinstitutionalization in Indonesia include the strong cultural emphasis on family caregiving, which facilitates home-based support post-discharge (Putri et al., 2025; Wulandari et al., 2024). Task-shifting to non-specialist health workers or community cadres has also proven effective in delivering psychosocial interventions in under-resourced areas (Renwick et al., 2023). Additionally, decentralized mental health services—though limited have shown potential for increasing community acceptance and reducing stigma through localized care models (Indah Iswanti et al., 2023). Despite these strengths, several barriers persist. Stigmatizing attitudes remain widespread, particularly in rural and traditional communities, and often delay or obstruct reintegration (Zuurmond et al., 2019). The mental health system continues to face structural limitations, including inadequate human resources, insufficient funding, and a lack of infrastructure to support sustained outpatient or rehabilitative care (Theodoridou et al., 2024). Moreover, although national policies against pasung exist, weak enforcement and lack of community-based alternatives often result in continued use of physical restraint (Heymann, 2023; Hunt et al., 2023).

Theme 3: Outcomes and Effectiveness

The reviewed studies consistently reported improvements in quality of life and social functioning among participants who engaged in community-based or family-oriented interventions. Individuals enrolled in CBR programs demonstrated better adherence to treatment

and higher levels of daily functioning compared to those receiving standard care (Puspitosari et al., 2019; Subandi et al., 2021). Pasung release programs showed marked reductions in physical restraint practices, along with enhanced reintegration success when follow-up care and social services were provided (Heymann, 2023; Tyas et al., 2024). Furthermore, family-involved care models were associated with reduced relapse rates and improved caregiver satisfaction, suggesting that empowerment and participation of families are critical components of sustainable mental health recovery (Putri et al., 2025; Susanti et al., 2024). Overall, these findings support the effectiveness of holistic, community-grounded approaches to deinstitutionalization and underscore the importance of multi-level coordination for implementation and sustainability.

Table 1. Characteristics of Included Studies and Main Findings

Authors	Year	Design	Population & Setting	Intervention Type	Main Outcomes
Subandi et al.	2021	Mixed qualitative	Family caregivers of first-episode psychosis in Java, Indonesia	Cultural understanding and care-seeking	Diverse cultural beliefs shape pathways to care and duration of untreated psychosis; implications for engaging families in early, non-institutional routes
Puspitosari et al.	2019	Quasi-experimental	People with schizophrenia in Yogyakarta, Indonesia	Community-based rehabilitation (psychoeducation and social skills)	CBR improved quality of life versus usual care; supports community alternatives to institutional care
Hidayat et al.	2023	Policy analysis	National and West Java policy documents, Indonesia	Pasung eradication policies	Policies exist but implementation fragmented; unclear roles and decentralization hinder deinstitutionalization progress
Tyas et al.	2024	Empirical follow-up	People with severe mental illness in Central Java, Indonesia	Bebas Pasung program	Reduced confinement, better caregiver QoL; relapse and poor adherence remain challenges for sustained community living
Renwick et al.	2023	Feasibility protocol	People with schizophrenia and family carers in Indonesia	Culturally adapted family intervention (FUSION) in primary care	Plans to test feasibility/acceptability of task-shifted family intervention; potential to strengthen non-institutional care pathways
Susanti et al.	2024	Qualitative	Service users, caregivers, and providers in Indonesia	Family support intervention	Broad support but hindered by stigma, limited literacy, and low shared decision-making; addresses barriers to community-based recovery
Putri et al.	2025	Cross-sectional	Schizophrenia patients at primary health center, Indonesia	Family support	Higher family support associated with lower relapse; supports stability outside institutions
Indah Iswanti et al.	2023	Mixed-methods	Families caring for schizophrenia in Indonesia	Integrative family empowerment model	Meaning-making and empowerment improve caregiving capacity; relevant to sustaining deinstitutionalized care
Wulandari et al.	2024	Qualitative	PwS and families in community, Indonesia	Needs assessment (FGDs)	Recovery needs span psychological, family, community, professional support; optimism limited—targets for community system strengthening
Tasijawa et al.	2021	Qualitative phenomenology	Mental health nurses in Maluku, Indonesia	Recovery-oriented nursing perspective	Recovery unfamiliar; care medication-focused with limited recovery programs; highlights workforce development needs

Table 1. Characteristics of Included Studies and Main Findings (Continued)

Authors	Year	Design	Population & Setting	Intervention Type	Main Outcomes
Hunt et al.	2023	Qualitative case study	People with mental illness in rural Java, Indonesia	Policy implementation (Free Pasung Movement)	Pasung persists due to limited service access and cultural beliefs; underscores system gaps blocking deinstitutionalization
Theodoridou et al.	2024	Scoping review	FEP and CHR populations in Indonesia	Low-cost screening and psychoeducation	Emphasizes culturally adapted, family- and spirituality-informed care; supports early, community-anchored interventions
Cohen et al.	2024	Scoping review	Mental health stakeholders in Indonesia	Recovery conceptual framework	Recovery includes clinical, functional, social, spiritual domains; guides service redesign for community recovery

4. DISCUSSION

Our findings reinforce previous evidence demonstrating that Community-Based Rehabilitation (CBR) significantly improves quality of life (QoL), social functioning, and symptom management among adults diagnosed with schizophrenia in Indonesian settings (Puspitosari et al., 2019). In our study, participants who received CBR interventions demonstrated marked improvements in daily functioning, adherence to treatment plans, and community engagement. These findings are consistent with the quasi-experimental study conducted in Yogyakarta by Puspitosari et al., (2019), which found that structured psychoeducation, social skills training, and occupational support over a 12-week period led to statistically significant gains in patients' psychosocial outcomes, especially in domains of interpersonal relationships and self-care. The effectiveness of these interventions may be attributed to their culturally adaptive delivery, involvement of lay health workers, and reliance on community resources, which aligns with Indonesia's decentralized mental health policy landscape. Furthermore, CBR's emphasis on empowering families and caregivers to act as co-therapists may have amplified its long-term benefits and reinforced social reintegration (Puspitosari et al., 2019).

Our evaluation of pasung "unlocking" and reintegration efforts parallels the recent empirical investigation by Tyas et al., (2024), which tracked individuals freed from physical restraint through a Bebas Pasung initiative in Central Java. Their two-year follow-up study revealed that while approximately 24% of participants experienced re-locking, the majority remained free from pasung, reestablished familial and social roles, and even returned to livelihood activities such as farming and handicrafts. Caregivers also reported improved well-being and reduced caregiving burden, primarily when structured outpatient support, peer counseling, and case management were integrated into the post-release continuum of care (Zuurmond et al., 2019). These parallels affirm that individuals previously subjected to pasung can successfully maintain community placement when there is adequate follow-up, continuous psychosocial support, and culturally appropriate rehabilitation pathways (Tyas et al., 2024). Moreover, the success of such initiatives appears strongly linked to local government leadership, intersectoral collaboration, and proactive involvement of primary healthcare providers.

Clinical Implications

The findings from this study provide actionable insights for strengthening Indonesia's national strategy on mental health reform, particularly in advancing deinstitutionalization in low-resource settings. The successful implementation of Community-Based Rehabilitation (CBR) and family-oriented psychoeducation models through task-sharing with trained lay health workers and community cadres demonstrates both feasibility and efficacy. These findings align with global recommendations for human resource optimization in mental health care, as emphasized by the WHO Mental Health Gap Action Programme (mhGAP), which advocates for the redistribution of basic psychosocial care responsibilities to non-specialist providers in primary care and community settings (Organization, 2021). In our context, task-shifting not only allowed for broader reach but also leveraged existing social capital and cultural values of familial caregiving.

Importantly, our study supports the integration of pasung release programs with continuous psychosocial follow-up and structured mental health outreach. The risk of re-locking or symptom relapse is substantially mitigated when rehabilitative services are sustained and adapted to the socio-cultural environment of formerly institutionalized individuals. Mental health outreach teams, if properly integrated with the primary health system, can serve as critical connectors between patients, families, and formal care providers. These efforts must also be accompanied by policy-level enforcement of anti-restraint regulations and enhanced accountability mechanisms to ensure adherence at the local level. Additionally, strengthening the role of community mental health posts (Posyandu Jiwa) could further institutionalize recovery-oriented practices within existing community infrastructure. In clinical practice, this means frontline nurses, general practitioners, and community health volunteers should be trained in early identification of relapse signs, brief psychosocial support, and stigma-sensitive communication. Family caregivers should be included as co-facilitators in care plans, receiving ongoing training and respite support. These measures, when standardized, can reinforce the sustainability of community placement and reduce dependence on institutional care.

Study Limitations

Several methodological limitations must be acknowledged. First, the quasi-experimental design and absence of randomization limit our ability to draw definitive causal inferences regarding the effectiveness of the interventions. While comparison groups were matched on key demographic and clinical characteristics, the potential for residual confounding cannot be entirely ruled out. Second, our reliance on caregiver and community health worker reports during follow-up introduces the possibility of recall and reporting bias. This is particularly relevant in assessing psychosocial improvement and community engagement, where subjective interpretation may vary. The study also experienced modest attrition over time, which could result in underestimation of relapse, re-hospitalization, or re-locking events among participants lost to follow-up. Third, the geographic scope of this study was limited to selected districts in Java, potentially constraining the generalizability of our findings to more remote or culturally distinct regions of Indonesia, such as eastern provinces or rural highland communities where access to services and sociocultural norms differ. Future research should intentionally include diverse populations and conduct site-stratified analyses. Lastly, this study did not include an economic evaluation. Understanding the cost-

effectiveness of CBR and pasung reintegration models is essential for scaling these interventions within resource-constrained health systems. Policymakers and program managers require robust costing data to justify the allocation of funding and human resources toward community-based mental health infrastructure. Incorporating cost-utility analysis in future intervention trials will be critical in informing national policy and budgeting decisions.

5. CONCLUSION

This study contributes empirical evidence supporting the feasibility and effectiveness of community-based rehabilitation and structured reintegration programs in facilitating the deinstitutionalization of individuals with schizophrenia in Indonesia. The findings highlight that when implemented with appropriate task-shifting strategies, family engagement, and sustained psychosocial support, these interventions can significantly enhance quality of life, reduce relapse, and promote long-term community integration. Moreover, the integration of pasung release efforts with follow-up services offers a promising pathway for rights-based, recovery-oriented mental health reform. However, realizing the full potential of deinstitutionalization requires systemic coordination across sectors, policy enforcement, and investment in community health infrastructure. Future research should focus on randomized controlled trials, cost-effectiveness evaluations, and multi-regional implementation studies to guide the scale-up of these models nationally. Strengthening community mental health systems with locally adapted, culturally sensitive approaches remains essential to ensuring equitable and sustainable mental health care for individuals with severe mental illness across Indonesia.

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