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Reimagining mental health care: The role of community support for persons with mental disorders in Indonesia

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Abstract

This study examines the role of community-based support for Persons with Mental Disorders (PWMDs) in Bandung Regency and West Bandung Regency, Indonesia. Through a qualitative approach, the research explores the experiences of six community-based caregivers, highlighting their strategies for fulfilling PWMDs' basic needs and the challenges they encounter. Data were collected through in-depth interviews, field observations, and documentation, with thematic analysis revealing critical themes such as caregiving burdens, communication barriers, and societal stigma. Findings indicate that caregivers experience emotional and physical exhaustion due to the complex nature of their responsibilities. Many struggle with PWMDs' dependency on daily tasks and encounter significant challenges in ensuring medication adherence, hygiene maintenance, and social reintegration. The study also uncovers the profound impact of stigma, which not only isolates PWMDs but also discourages caregivers from seeking external support. Despite these challenges, caregivers remain dedicated, often driven by personal commitment and moral obligation. This research emphasizes the need for structured interventions to support caregivers, improve mental health policies, and foster inclusive community environments. Recommendations include increased government investment in mental health resources, caregiver training programs, and public awareness campaigns to reduce stigma. The study highlights the importance of integrating mental health services into primary healthcare systems to ensure accessible and sustainable care. Overall, this study contributes to the growing discourse on community-based mental health support, offering insights that can inform policy development and social initiatives to enhance the well-being of PWMDs in Indonesia.

Keywords: Basic human needs, Community-based supports, Mental disorders, People with mental disorders.

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1. Introduction

According to the World Health Organization, there are currently 450 million people suffering from mental disorders [1]. People with mental disorders (PWMDs) often experience mental-emotional conditions such as anxiety and depression. Based on WHO data, 11.6%, or around 19 million people, are affected by mental disorders, impacting not only individuals but also families and countries [2]. Mental health disorders are reported to potentially drain the global economy by up to US \$16 trillion between 2010 and 2030. Globally, around 35 million people are affected by depression, 60 million by bipolar disorder, 21 million are PWMDs, and 47.5 million are affected by dementia [1]. The Ministry of Social Affairs of Indonesia noted that in 26 provinces, there were 4,786 individuals with mental disabilities. Of these, 3,441 have been freed from shackles, while 1,345 (28.1%) are still restrained and undergoing treatment [3]. Data on people with mental illness in Indonesia from the 2013 Basic Health Research indicates that five provinces have the highest prevalence of severe mental disorders (psychosis) compared to other regions. Both provinces have a prevalence rate of 2.7 per 1,000 residents, which is notably higher than the national prevalence rate of 1.7 per 1,000 residents for severe mental disorders. The term "severe mental disorders" in this study refers to conditions characterized by significant impairment in the ability to judge reality or poor perception. Symptoms include hallucinations, illusions, delusions, impaired thought processes, cognitive deficits, and abnormal behaviors such as aggressiveness or catatonic states [4].

Indonesia has the highest number of people with mental disorders in Southeast Asia. The most prevalent psychiatric disorder is anxiety, affecting more than 8.4 million individuals, followed by depression, which affects approximately 6.6 million people [5]. The prevalence of mental-emotional disorders in West Java Province based on RISKESDAS data in 2007 is above the national average, which is 20%, and specifically for severe mental disorders, 2.2 per 1,000 residents. The high prevalence of mental disorders in West Java will have an impact on the slow achievement of West Java's vision of becoming the most advanced province in Indonesia by 2025 [6]. The national prevalence rate for severe mental disorders is 1.7 per 1,000 residents. A report by Human Rights Watch titled "Life in Hell: Violence against Persons with Psychosocial Disabilities in Indonesia" highlights the significant stigma and forced treatment, including physical and sexual violence, that individuals with mental disorders endure in communities, mental hospitals, and other institutions [7]. The number of persons with mental disorders (PWMDs) is notably high in the West Java province. According to data from the Central Bureau of Statistics West Java Office in 2024, the total population of the West Java Province is approximately 50.35 million, with 26,351 of these being PWMDs. Bandung Regency has among the highest number of PWMDs, totaling 2,326 people, and other regions with significant numbers of PWMDs include Bandung City (2,831) and West Bandung (841) [6].

The year 2020 marked an alarming period for all countries, including Indonesia, due to the emergence of the COVID-19 pandemic. The pandemic has posed significant mental health challenges in response to the massive outbreak of infectious diseases, highlighting new challenges presented by climate change and bioterrorism. It has necessitated a systematic approach to prepare for these problems from both infectious disease and social perspectives. Society has explored the mental health aspects of this crisis, including community and cultural responses, emotional epidemiology, and mental health issues following disasters [8]. The World Health Organization (WHO) has issued guidelines for countries, which are regularly updated to reflect the evolving situation. These guidelines include measures such as quarantine, repatriation of citizens, and preparedness in workplaces. WHO also collaborates with a network of experts to coordinate regional surveillance, epidemiology, modeling, diagnostics, treatment, and prevention efforts. The central government has promoted preventive measures by encouraging healthy lifestyle practices such as maintaining cleanliness, washing hands frequently, practicing social distancing, and avoiding crowded places. The risk of death for persons with mental disorders (PWMDs) has also doubled compared to other community groups during the pandemic [7].

The study addresses an important issue in Indonesia by exploring community-based support for PWMDs. The focus on regions with high prevalence rates of mental disorders offers valuable insights into the challenges caregivers face and the systemic obstacles that need to be addressed. However, it would be helpful to provide further context on the impact indicators of the specific study settings, particularly in comparison to other regions, to highlight the uniqueness of the setting. For instance, Bandung and West Bandung Regencies' approaches to mental health support could be compared with regions such as Aceh or West Java, where community-based mental health programs may differ in terms of cultural engagement, resource allocation, or caregiver support systems. Additionally, comparisons with neighboring Southeast Asian countries like Thailand or Malaysia could contextualize the challenges and strategies observed in Indonesia within a broader regional framework.

This study aims to: (1) investigate the efforts of companions in exploring the potential to meet the basic needs of PWMDs; (2) identify the obstacles faced by PWMDs in meeting these basic needs; and (3) develop a community-based mentoring model for PWMDs. The research findings are intended to inform the technical unit in developing further policies related to the management and support of PWMDs. Additionally, the results will serve as a valuable reference for researchers interested in the issues surrounding PWMDs.

2. Literature Review

In Indonesia, community support plays a crucial role in reimagining mental health care, especially for individuals dealing with mental disorders. This approach is increasingly recognized as a vital complement to traditional healthcare systems, particularly in rural areas where access to mental health services may be limited. Research shows that community-based support can ease the strain on formal mental health services by promoting early identification and intervention for mental health issues. This is particularly important in Indonesia, where many patients rely heavily on family and community networks for decision-making regarding mental health treatments and home care. Moreover, the culturally embedded practice of caregiving within families often influences recovery outcomes for individuals with mental disorders, underscoring the need to enhance family and community understanding of mental health issues. However, significant

challenges hinder effective community support for mental health care in Indonesia. Stigma and societal discrimination against mental health conditions often lead to harmful practices like "*pasung*" or shackling, as a means of managing those with mental illnesses. The obvious actions arise from deep-rooted cultural beliefs, which can stifle open discussions about mental health and result in the isolation of affected individuals. Studies highlight that improving mental health literacy among community members is essential for dismantling these stigmas. Community mental health initiatives that focus on education and awareness can significantly help reduce discrimination and foster a more supportive environment.

Additionally, successful community-based mental health programs require collaboration among various stakeholders, including healthcare providers, government entities, and community organizations. Evidence from numerous studies indicates that integrated mental health services within community health programs can improve accessibility and affordability, leading to better mental health outcomes. For example, initiatives that train community health workers and volunteers to recognize mental health symptoms can facilitate early interventions and provide crucial support to individuals and their families. Such training not only empowers volunteers but also strengthens the overall capacity of communities to address mental health needs, in line with the notion of promoting health at a community level rather than solely through clinical settings. Ultimately, fostering a supportive community environment requires a multifaceted approach. Programs that incorporate psychoeducation, family involvement, and community engagement strategies are essential for addressing the complexities associated with mental health recovery in Indonesia. Evidence shows that community initiatives can effectively reduce the burden on acute healthcare services by providing preventive care and enhancing the well-being of individuals with mental disorders [9]. Therefore, a comprehensive reimagining of mental health care in Indonesia must prioritize community support systems, ensuring they are adapted to local cultural contexts and responsive to the needs of individuals with mental health conditions.

In Indonesia, reimagining mental health care through community support is crucial for addressing the pressing needs of individuals with mental disorders. The integration of community-based support systems can significantly enhance the recovery outcomes for individuals by drawing upon culturally relevant practices. Research indicates that in low- and middle-income countries (LMICs) like Indonesia, family and community networks play an essential role in mental health care decisions, which are largely influenced by their understanding and attitudes toward mental illnesses [10, 11]. With many individuals living with their caregivers, the existing familial structures provide a support system that is vital for managing mental health conditions. However, the efficacy of these support systems largely depends on the mental health literacy of both the family and the community [11]. Despite the potential for community-driven initiatives, challenges remain that hinder effective support for mental health care in Indonesia. Stigmatization of mental health issues often leads to practices such as "*pasung*," or shackling, which exacerbate the marginalization of affected individuals [12, 13]. These negative practices reflect deep cultural stigmas and highlight gaps in understanding mental health needs within broader society [12, 14]. Addressing stigma through education and awareness campaigns is essential. Empowering families and communities with better mental health knowledge can lead to more compassionate approaches and ultimately decrease the reliance on harmful practices [10, 11].

Notably, the stigma surrounding mental health issues in Indonesia presents a formidable barrier to accessing care. Research demonstrates that stigma is compounded by a lack of mental health literacy, which perpetuates negative attitudes towards those with mental disorders [13]. Efforts to combat stigma through community-led education initiatives can foster improved attitudes and open dialogue about mental health, subsequently enhancing individuals' willingness to seek help [15]. Recent studies suggest that community programs addressing mental health awareness can substantially alter public perceptions, thereby encouraging more supportive environments for individuals facing mental health challenges [16].

Therefore, partnership and collaboration among parties in mental health issues are very important. Collaborative efforts involving healthcare providers, local governments, and community organizations are necessary to integrate mental health services into existing public health frameworks. Evidence suggests that programs that train community health workers and lay volunteers can effectively bridge the gap in mental health service provision, allowing for early detection and intervention [12, 17]. Such models have shown promise in utilizing community cadres to deliver basic mental health care services [18, 19]. Moreover, with ongoing reform in mental health policies, there is increasing recognition of community engagement as vital to system strengthening and broader access to mental health resources [17, 20]. For instance, the involvement of community stakeholders can ensure that local mental health needs are adequately represented and addressed, thereby empowering families and reducing the strain on formal health services [12, 17].

The paradigm of mental health care globally has shifted significantly towards community-based approaches, particularly emphasizing the role of community support in fostering recovery for individuals with mental disorders. This literature review explores the varying global perspectives on community support in mental health care and draws attention to specific dynamics within Indonesia, where such practices are influenced by cultural, social, and systemic factors. In various countries, research has consistently shown that community treatment models are often more effective than traditional hospital-based care. Shen and Snowden provide a comprehensive analysis demonstrating that community treatment can reduce relapses and hospital admissions, leading to improved integration of individuals with serious mental illnesses into society [21]. This is echoed in studies emphasizing the necessity of close monitoring of patient treatment adherence to facilitate successful community integration [22]. Collaborative care models involving community members and healthcare professionals are pivotal in achieving sustainable mental health systems, as evidenced by the successes observed in various low- and middle-income countries (LMICs) where community engagement has been central to reform efforts [22, 23].

Furthermore, the importance of engaging caregivers and service users has been underscored worldwide. Studies suggest that involving family members in care planning enhances service user understanding and the efficiency of health service

delivery [23]. Such evidence points to the value placed on relational dynamics within mental health care, where social support systems are necessary for successful outcomes [24]. Despite these positive indicators, the stigmatization of mental illness remains a global barrier that hinders the effective implementation of community mental health initiatives [25]. Communities with higher levels of stigma often observe a negative impact on recovery rates, prompting calls for comprehensive psychoeducation programs aimed at reducing stigma [13]. In the Indonesian context, reimagining mental health care through community support highlights unique cultural and systemic challenges. The nation has made strides in orchestrating inter-ministerial collaborations to address mental health, as outlined by Kadar, et al. [26], who emphasize that integrating various governmental efforts is essential for effective mental health strategies. However, significant gaps in mental health legislation and funding continue to hinder progress [12]. These inadequacies contribute to treatment gaps, ultimately jeopardizing individuals' rights and the quality of care [12].

As community support strategies evolve, the necessity for ongoing assessment and adaptation of mental health programs remains critical. Engaging in participatory approaches can help ensure that the strategies adopted are responsive to the unique cultural contexts present in different Indonesian communities [11, 27]. The establishment of a supportive legislative framework is also key in facilitating these efforts; however, existing laws need further development and implementation to improve mental health services nationwide [20, 28]. Thus, a comprehensive reimagining of mental health care in Indonesia calls for concerted investments in community support systems that align with cultural values and promote the overall mental well-being of individuals [19, 29].

Family involvement is particularly pronounced in Indonesia, where cultural norms dictate that familial caregiving units often shoulder the responsibility of managing mental health conditions [10]. The role of '*cadres*,' or community health volunteers, represents a promising model wherein trained laypersons provide essential support and health education within their communities. This strategy aligns with civic engagement initiatives that have been shown to improve health outcomes, demonstrating potential for broader application in mental health contexts [17]. Moreover, the involvement of families as primary decision-makers highlights the need for inclusive strategies that empower both caregivers and service users, ensuring that support systems are both practical and culturally sensitive [19].

The integration of community support within mental health care systems presents a crucial opportunity for enhancing recovery and treatment efficacy both globally and in Indonesia. The evidence suggests that community-based models, when paired with family engagement and legislative support, can significantly improve mental health outcomes. While challenges remain—largely due to stigma and systemic barriers—there is a clear pathway forward that emphasizes educational, relational, and community-driven initiatives. For Indonesia, embracing these frameworks will be key to overcoming existing obstacles and building a more inclusive, supportive mental health care environment. This review contextualizes the pressing need for community support in reshaping mental health care systems, particularly in LMICs like Indonesia, thereby establishing a foundation for future research and practical intervention development in this critical area.

3. Methodology

This study employed a mixed method. For quantitative research, participants consisted of community-based assistants working with PWMDs, totaling 120 (60 individuals for each location). The qualitative research design, with a verbatim analysis approach, captured the authentic voices of six (6) informants, who were community-based assistants for PWMDs. The informants were selected through purposive sampling, ensuring diversity in age, experience, and caregiving responsibilities. Data collection involved questionnaires and in-depth semi-structured interviews conducted in natural settings, complemented by participant observations and field notes. Each interview lasted between 60 to 90 minutes and was audio-recorded with participant consent. The recordings were transcribed verbatim, and thematic analysis was applied to extract recurring themes and patterns. The process of coding was conducted manually and through NVivo software, ensuring a rigorous examination of informants' lived experiences. Ethical considerations, including informed consent and confidentiality, were strictly maintained.

4. Results and Discussion

4.1. Demographic And Socioeconomic Profile of the Respondents

The demographic and economic profile table offers detailed insights into the characteristics of respondents from Bandung and West Bandung across various categories. In terms of gender distribution, West Bandung has a higher percentage of men (60%) compared to Bandung (43%), while Bandung has a larger proportion of women (57%) than West Bandung (40%). Age distribution reveals that in Bandung, the highest percentage of respondents falls into the 51 and above age group (33%), followed by the 13-30 age group (27%). In West Bandung, the 51 and above age group is also predominant (25%), with the 13-30 age group closely following (29%). Marital status shows a significant difference between the two regions. West Bandung has a higher percentage of married respondents (77%) compared to Bandung (57%), while Bandung has a higher percentage of single individuals (43%) compared to West Bandung (23%).

Education levels of PWMDs' parents exhibit variations. In Bandung, a larger percentage of parents have attained senior high school (47%) and college education (7%) compared to West Bandung, where a higher percentage falls into the no schooling (20%) and junior high school (37%) categories. The main occupations of parents, guardians, or caregivers also differ between Bandung and West Bandung. Notably, Bandung has a substantial presence of traders (87%), while West Bandung shows a more diverse distribution, with significant representation in agriculture (23%) and service sectors (20%). In summary, this detailed analysis provides a nuanced understanding of the demographic and economic disparities between

Bandung and West Bandung, shedding light on factors such as gender distribution, age demographics, marital status, education levels, and main occupations of the respondents' parents.

Table 1.

Demographic characteristics of the caregiver respondents.

Demographic and Economic Profile	Bandung Regency (%)	West Bandung Regency (%)
Gender		
Men	43	60
Women	57	40
Age		
13-30	27	29
31-40	17	25
41-50	23	21
51 and above	33	25
Marital status		
Married	57	77
Single	43	23
Education of PWMDs' parents		
No schooling	3	20
Primary	17	7
Junior high school	27	37
Senior high school	47	43
College	7	3
The main occupation of parents/ guardians/careers		
Agriculture	3	23
Industry	3	4
Service	7	20
Trader	87	53

4.1. Caregiver capacity in dealing with PWMDs

Figure 1 offers a nuanced perspective on the perceived capabilities of parents or caregivers in managing the challenges associated with Persons with Mental Disorders (PWMDs) in Bandung and West Bandung. In Bandung, a substantial 77% of respondents express confidence in the well-equipped capacities of parents or caregivers to handle the needs of PWMDs, reflecting a positive perception of their capabilities. Conversely, in West Bandung, a comparatively lower percentage (30%) considers parental or caregiver capacity to be adequate. This suggests a notable disparity between the regions, with a higher degree of confidence in Bandung and a lower one in West Bandung regarding the ability of parents or caregivers to effectively deal with the complexities of PWMDs. Furthermore, the figure reveals that in West Bandung, a significant portion (57%) perceives parental or caregiver capacity as average, indicating a more mixed assessment in this region. A minority in both Bandung and West Bandung (23% and 13%, respectively) views the capacity as 'Average' and 'Not enough,' emphasizing the challenges that some caregivers may face in meeting the needs of PWMDs. This analysis underscores the importance of understanding and supporting the capacities of parents or caregivers in providing care for individuals with multiple disabilities, with variations observed between the two regions.

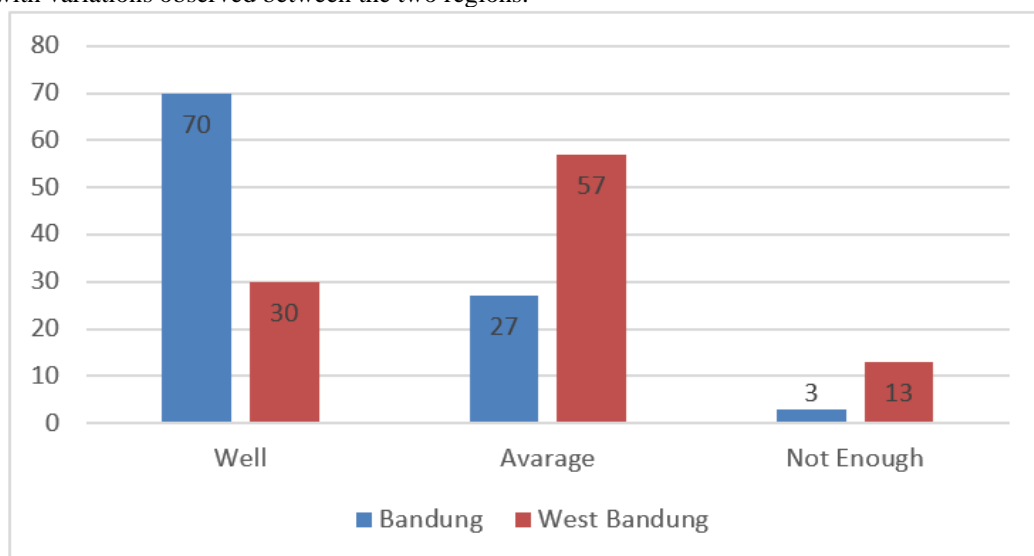


Figure 1.
Caregiver Capacity in Dealing with PWMDs

4.2. Efforts to assist PWMDs

Figure 2 illuminates the endeavors aimed at supporting Persons with Mental Disorders (PWMDs) in both regions. The data reveals a commendable commitment in both Bandung and West Bandung towards meeting the basic needs of PWMDs, with percentages of 80.09% and 86.02%, respectively. Additionally, efforts to address obstacles encountered by PWMDs, symbolized by "Digging obstacles," exhibit high percentages of 79.65% in Bandung and 86.74% in West Bandung. The overall effort, encompassing various forms of assistance, is reflected in percentages of 79.73% for Bandung and 86.57% for West Bandung. These findings emphasize a strong dedication to supporting individuals with multiple disabilities, with West Bandung exhibiting slightly higher percentages across the board. The proactive measures reported in the figure underscore the ongoing commitment in both regions to enhance the well-being and inclusivity of PWMDs by addressing their fundamental needs and overcoming obstacles they may encounter.

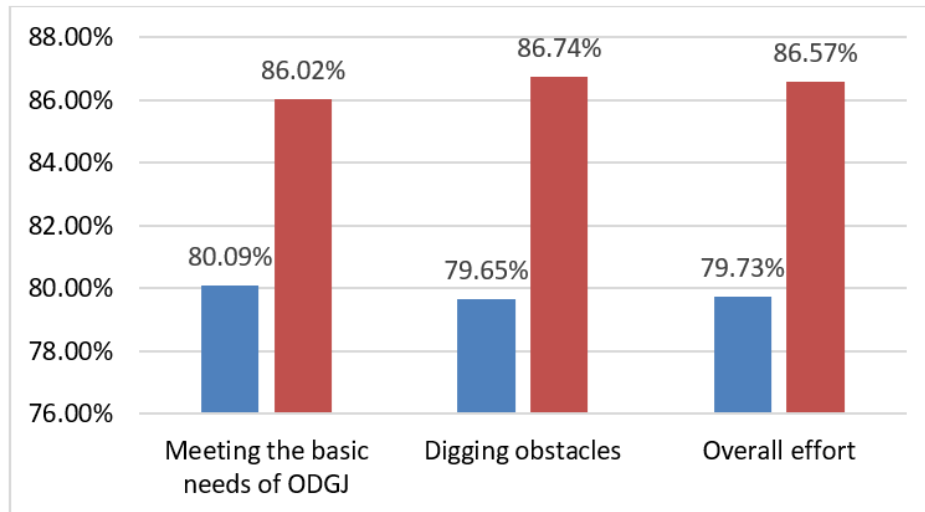


Figure 2.
Efforts to assist PWMDs in Bandung and west Bandung regencies.

4.3. Inhibiting Factors in Mentoring PWMDs

The provided information on inhibiting factors in mentoring Persons with Mental Disorders (PWMDs) in Bandung and West Bandung Districts underscores the multifaceted challenges faced by individuals with multiple disabilities and their families (Table 2). The obstacles are diverse and interlinked, requiring a comprehensive approach to address the needs of PWMDs effectively. The data indicate a notable reliance on familial support in addressing the physical needs of PWMDs. Families play a crucial role in providing services related to clothing, bathing, and nutrition. However, the challenges associated with sleep disorders and continuous eating habits present complex issues that may require specialized attention and support beyond the family's scope. Moving to psychological needs, the communication difficulties experienced by PWMDs pose a significant obstacle. Additionally, the lack of confidence in social interactions and the reluctance of some parents to acknowledge the presence of a companion further complicate efforts to fulfill psychological needs. The financial burden associated with referring PWMDs to external psychologists or psychiatrists adds an economic dimension to these challenges, emphasizing the need for accessible mental health services. Socially, the stigma surrounding mental disorders stands out as a pervasive obstacle. The community's negative perceptions and reluctance to support the existence of PWMDs contribute to their social isolation. Families, too, may inadvertently perpetuate stigma due to societal expectations, complicating the efforts of mentors and caregivers to create an inclusive environment. Economically, the information highlights the intricate relationship between poverty and mental health. PWMDs often come from economically disadvantaged backgrounds, impacting their access to healthcare, transportation for health checks, and economic opportunities post-recovery. The role of families is emphasized in economic support, but the challenge remains in guiding PWMDs toward economic productivity, given the lack of economic business skills and lingering social stigma. In conclusion, the critical analysis reveals a complex web of challenges in mentoring PWMDs in Bandung and West Bandung. Addressing these obstacles requires a holistic and collaborative effort involving families, communities, mental health professionals, and policymakers. Recognizing the interplay between physical, psychological, social, and economic factors is crucial for developing targeted interventions and support systems that can enhance the overall well-being and integration of Persons with Mental Disorders in society.

4.4. Supporting factors for PWMD assistance

The analysis yielded three major themes: (1) Caregiving as a Personal Commitment, (2) Challenges in Daily Assistance, and (3) Navigating Stigma and Social Barriers.

1. Caregiving as a Personal Commitment. Informants expressed their deep personal attachment to (PWMDs), describing their role as both emotionally fulfilling and exhausting.

One informant (DD) stated, *"I do this because I care, but sometimes, I don't know how much longer I can keep going."* Another informant (NN) echoed similar sentiments: *"They depend on me for everything, even eating. If I am not here, who will help them?"*

2. Challenges in Daily Assistance: All informants highlighted the difficulties in managing the basic needs of (PWMDs), particularly in medication adherence, hygiene, and nutrition.

One informant (YN) shared, *"He refuses to take his medicine unless I sit with him and talk for hours."* Another informant (AS) mentioned, *"Some days, they don't want to bathe, and I can't force them. I just wait and try again."* Caregivers also reported physical strain, with one stating, *"Lifting them when they refuse to get up is so tiring, but I have to do it."*

3. Navigating Stigma and Social Barriers: A recurring theme was the social exclusion of (PWMDs), which made reintegration efforts challenging.

One informant (YY) noted, *"The neighbours avoid them. Some even say we should lock them up again."* Another informant (KL) added, *"It hurts to see them being treated as less than human."* This stigma extended to caregivers, with one stating, *"People think I am wasting my time. They don't understand."*

5. Discussion

This study investigates community-based support for individuals with mental disorders (PWMDs) in Bandung and West Bandung, Indonesia, offering insights that enrich our understanding in this critical area. Consistent with prior research in Indonesia, our findings underscore the significant role of mental health issues such as depression and stress in contributing to the prevalence of multiple disabilities (MDs). Specifically, our study reveals that 80% of cases in Bandung and 70% in West Bandung are linked to depression/stress [30-33], aligning closely with established literature that identifies these factors as primary contributors to MDs nationwide. This underscores the persistent and widespread impact of mental health challenges on the health outcomes of individuals across various regions in Indonesia. The study highlights significant regional disparities in caregiver perceptions and capacities between Bandung and West Bandung. In Bandung, 77% of respondents express confidence in caregiver abilities, whereas in West Bandung, only 30% share this sentiment [11, 34]. This disparity echoes findings from earlier studies that have documented variations in caregiver efficacy and access to resources, influencing the quality of care provided to PWMDs in different locales [11, 35]. Addressing these regional differences is essential for developing targeted interventions and support systems that are responsive to local contexts, thereby promoting equitable care and support for PWMDs across Indonesia. Efforts to support PWMDs in Bandung and West Bandung demonstrate a shared commitment to addressing basic needs and overcoming community-level obstacles. Initiatives aimed at improving accessibility and fostering inclusivity for PWMDs are evident, reflecting broader strategies observed in similar studies conducted in various Indonesian regions [36-38]. While this study identifies slight variations in the implementation and impact of these efforts between Bandung and West Bandung, the overarching dedication to community-driven support mechanisms remains foundational. These efforts underscore a collective endeavor to enhance the well-being and integration of PWMDs nationwide, highlighting the critical role of community engagement and tailored strategies in achieving positive outcomes. Moreover, our study sheds light on the perceptions and challenges faced by caregivers of PWMDs in Bandung and West Bandung. Beyond regional disparities in confidence levels, our findings reveal nuanced insights into the multifaceted responsibilities and expectations placed on caregivers. The variation in caregiver perceptions underscores the need for targeted interventions that not only support PWMDs directly but also strengthen caregiver capacity and resilience in managing the diverse needs of PWMDs [39, 40]. In addition to caregiver perceptions, this study examines the practical efforts and initiatives aimed at assisting PWMDs in navigating daily challenges [41, 42]. The high prevalence of efforts focused on addressing basic needs and overcoming physical and environmental obstacles reflects a proactive approach to enhancing the quality of life for PWMDs in both Bandung and West Bandung. These findings align with broader efforts observed in global literature, emphasizing the importance of comprehensive support systems that address both immediate needs and long-term integration strategies for PWMDs [43, 44]. In summary, this study advances our understanding of community-based support for PWMDs in Bandung and West Bandung, Indonesia, by providing empirical insights into the prevalence of mental health factors, treatment modalities, regional disparities in caregiver perceptions, and the multifaceted efforts aimed at supporting PWMDs. By contextualizing our findings within existing literature and highlighting key areas of convergence and divergence, this study underscores the importance of tailored interventions and holistic approaches to enhance the well-being and integration of PWMDs across diverse regional contexts in Indonesia. Future research should continue to explore these dynamics to inform targeted policies and practices that promote equitable care and support for PWMDs nationwide. Additionally, in-depth research related to caregiver resilience and psychological well-being needs to be conducted.

6. Conclusion

This study highlights the critical role of community-based support systems in addressing the needs of PWMDs in the Bandung Regency and West Bandung Regencies. While the efforts of caregivers and community assistants are commendable, significant challenges remain, including dependency issues and societal stigma. Moving forward, targeted interventions must focus on enhancing caregiver resources and fostering inclusive community environments to support the well-being of PWMDs. This study underscores the importance of community-based support systems for PWMDs in Indonesia. The findings demonstrate both the effectiveness of these systems and the persistent challenges, such as dependence and stigma, faced by caregivers and PWMDs. Strengthening resources and promoting societal inclusion are key steps toward improving mental health outcomes.

Critically assessing the findings calls for nuanced policy responses that address the multifaceted needs of PWMDs and promote holistic support systems. Policy implications include:

- **Integrated Healthcare Systems:** Policymakers must prioritize the integration of mental health services within primary healthcare systems, ensuring comprehensive and accessible care for (PWMDs). This requires strengthening partnerships between medical and mental health professionals to provide coordinated, interdisciplinary care.
- **Investment in Mental Health Resources:** Significant investment is needed to expand the availability of psychological services, particularly in underserved areas like the West Bandung Regency. This includes training and deploying more psychologists, social workers, and mental health counselors to meet the diverse needs of PWMDs and their families.
- **Empowerment of Caregivers:** Policies should focus on empowering caregivers through training programs and support networks that enhance their skills in managing PWMDs' specific needs. This includes promoting caregiver resilience and providing practical tools for effective caregiving.
- **Economic Support Mechanisms:** Initiatives should be developed to alleviate financial burdens on families of (PWMDs), ensuring they have access to subsidies, insurance schemes, and employment support programs that facilitate economic stability and independence.
- **Promotion of Social Inclusion:** Comprehensive public awareness campaigns are essential to challenge stigma and promote understanding of mental health conditions. These campaigns should be tailored to address cultural beliefs and societal misconceptions, fostering a more supportive and inclusive environment for (PWMDs).

In summary, while strides have been made in supporting (PWMDs) in Bandung and West Bandung, critical gaps persist that require concerted efforts from policymakers, healthcare providers, and community stakeholders. By prioritizing evidence-based interventions and addressing systemic barriers, Indonesia can move towards a more equitable healthcare system that upholds the rights and dignity of all individuals, regardless of their mental health status.

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