

# Social Protection for Quality-of-Life Post Psychosis Patient in Kudus

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**Abstract.** Sustaining a quality life and guaranteeing freedom from all forms of discrimination are often problems faced by groups of people with mental disabilities. Community rejection and stigma in individuals after psychosis treatment often result in depression and relapse which leads to re-treatment. This research aims to analyze whether social protection policies for groups with mental disabilities can reach the needs of post-psychosis groups of people to obtain quality life guarantees and be free from various forms of discrimination when they return to society. The focus of this research is on how to the Regional Regulation Number 10 of 2021 Kudus Regency in concerning the protection and fulfillment of disabilities. The location of this research is the Muria Jaya Social Rehabilitation Home which is the UPT of the Central Java Provincial Social Service and the Healthy Life Rehabilitation Home in Kudus Regency. This research method is qualitative with observation techniques, interviews and documentation as data collection techniques. The results of the research show that the Kudus district government has a strong commitment to ensuring the fulfillment of the rights of people with mental disabilities both during the rehabilitation process and after mental rehabilitation. Various mental disability service programs as well as facilities and infrastructure provided for post-psychosis rehabilitation groups are a form of the institution management's efforts to restore patient function both personally and psychosocially, which indicates the local government's commitment to ensuring the continuity and quality of life of post-psychosis patients.

*Keywords: social protection, psychosis patient, human rights, disabilities, well-being*

## 1 Introduction

In the dynamics of mental health development, quality survival for ex-persons with mental disabilities is a discourse that has not been touched upon much. So far, the guarantee of protection of the rights of people with disabilities as stated in Law Number 8 of 2016 concerning disabilities still leaves many problems, especially regarding the guarantee of protection of the rights of ex-persons with mental disabilities. Psychosocially, people with mental disabilities are a group of people who are vulnerable to discriminatory treatment, stigmatization and marginalization from their environment. Reports from people who experience psychosis are that they are exposed to stigma which has an impact on anxiety, depression and personality disorders [1].

Finzen in his research results explained that stigmatization is a second disease and also additional suffering experienced by the majority of people with mental disabilities including their families,

and has an impact on lowering self-esteem, social isolation, feelings of shame, and various psychological reactions that hinder the process of psychosis sufferers in asking for help [2]. Stigmatization and discrimination seem to be an inseparable part of people with mental disabilities, especially when they have successfully gone through the rehabilitation process in an institution and have to return to their families. Stigma from family and environment where post psychosis patients return as a group of mental disabilities often trigger relapses and often ends in re-treatment.

The stigma and discriminatory attitudes that post-psychosis patients receive from the environment influence two phases of the process, namely: the first phase which is called the ODMK phase (People with mental problems) where in this condition psychosis patients have an obligation must take medication regularly. The impact of stigma in the ODMK phase is that patients are reluctant to take medication, even though compliance with taking medication is the key to the start of the healing process. The second phase of stigma occurs in people with mental disabilities who have just left the rehabilitation center. The bad stigma that people with disabilities receive at this stage has an impact on having difficulty interacting with the environment, difficulty getting a job and ultimately makes them feel depressed and need care again[3]. These findings explain that stigma will hurt the survival of post-psychosis patients and will of course affect their quality of life.

Quality of life is a condition that includes how a person feels satisfaction because of the goodness they obtain in their life regarding several aspects. This feeling concerns a person's emotional reaction to life events, character, a sense of fulfillment and satisfaction with life, satisfaction in work and regarding personal relationships [4]. The high levels of discriminatory attitudes and stigma received by post psychosis patients hurt their quality of life. In several studies, stigma has been proven to influence the quality of life with indicators of satisfaction in work, family, social relationships, finances and situations in society. This reduced quality of life also has an impact on work ability, social functioning, self-esteem and hope. Stigma is a factor that plays a large role in determining the quality of life of individuals, especially those who have experienced psychosis. It can be seen that post psychosis patients are individuals who often experience quality of life crises.

The urgency of fulfilling quality of life for post-psychosis patients is non-negotiable. Fulfilling the quality of life for post-psychosis patients will lead to a better life for them, complete recovery, increase productivity and in a sustainable manner will be a positive contribution to the dynamics of strengthening community mental health. For this reason, government intervention in ensuring the fulfillment of the rights of post-psychosis patients in order to realize their quality of life is an obligation and responsibility of all elements. Law Number 8 of 2016 is a manifestation of the government's commitment to ensuring the quality of life for people with disabilities. The government is trying to implement this law, one of which is by forming regional regulations that discuss protecting the rights of people with disabilities.

In general, policy implementation provides an understanding that policies can come from an actor or a group of actors that contain a series of actions that have a specific goal. This policy aim to have a positive impact on society. Likewise, the law protects the rights of people with disabilities so that their needs are met, both their rights and obligations as citizens. Policy implementation links policy objectives and their realization with the results of government activities [5]. The

implementation formula is a function consisting of aims and objectives, results as products, and results as consequences, that without effective implementation, policy makers' decisions will not be successfully implemented.

The objectives of implementing these policies are formulated into specific action programs and projects that are designed and financed. Implementation of policies or programs – in general – is influenced by the content of the policy and the context of implementation. Overall policy implementation is evaluated by measuring program outcomes based on policy objectives. Program outcomes are seen through their impact on the intended targets, both individuals and society groups. The output of policy implementation is change and acceptance of change by the target group.

Several regional regulations also prove the government's commitment to guaranteeing the protection of disability rights, including for the post psychosis patients' group, but so far the need for protecting rights and guaranteeing a quality life has not yet been addressed to groups of individuals who have gone through the rehabilitation period for psychosis treatment. Regulations and instruments to protect the rights of post psychosis patients are currently only limited to persons with disabilities who are under treatment or undergoing psychosis rehabilitation who are in institutions or rehabilitation institutions for mental disorders. The bigger problem regarding the survival of psychosis patients lies in life after they undergo mental treatment either in mental hospitals or in rehabilitation institutions under the relevant social services. Resolving problems related to stigma, opportunities to obtain decent work, access to health, education, and various psychosocial problems faced by post psychosis individuals have high hopes for how government policies through statutory regulations and regional regulations and the like can become an umbrella for the quality fulfillment process post psychotic life.

This is also what happened in Kudus Regency, with the regulations contained in Regional Regulation number 10 of 2021 concerning the Protection and Fulfillment of the Rights of Persons with Disabilities in Kudus. Based on phenomena encountered by researchers at one of the privately owned mental rehabilitation institutions, the management explained that there were still many problems faced by patients who had been declared well and allowed to go home. Rejection from family and society, opportunities to work, receive education, have a family and other psychosocial problems are still triggers for the phenomenon of relapse which often leads to re-treatment. For this reason, this research seeks to dig up more comprehensive information about the Kudus district government's policies regarding the implementation of Regional Regulation Number 10 of 2021 towards ensuring the quality of life for post psychosis patients in the Kudus Regency. The success of implementation is thus greatly influenced by a deep understanding of how these various elements can work together in harmony, which is characterized by interactions between actors, the capacity of implementers in the field, information delivery or outreach strategies, and organizational capacity [6].

This research focuses on the implementation of Kudus Regency Regional Regulation Policy Number 10 of 2021 concerning the Protection and Fulfillment of the Rights of Persons with Disabilities. This study used a descriptive qualitative method. Data collection was obtained from the Kudus Social Service, the Muria Jaya Mental Health Rehabilitation Home and Jalma Sehat.

Meanwhile, secondary data is collected from reputable journals, books, the internet, and other written sources that are relevant to the research topic. The research question in this paper is how to implement regional regulation no. 10 of 2021 concerning the protection and fulfillment of the rights of persons with disabilities in Kudus Regency, especially post-psychosis patients.

## **2 Theoretical review**

### **2.1 Public Policy Implementation**

Public policies are created to create orderly implementation of public policies. Policy implementation can be understood as the process of implementing public policies that have been established to realize the goals to be achieved. P. Sabatier & Mazmanian [7] argue that policy implementation is a condition that occurs in the form of activities or events where a program is implemented either administratively or other efforts are implemented to have an impact on society. According to Van Meter and Van Horn [8], implementation of public policy is understood as actions or efforts to achieve changes by the goals carried out by either the government or the private sector which are determined from the results of decisions that have been made previously. Some implementation elements, namely [9]:

#### **a. Implementing elements**

The main implementers of public policy consist of administrative and bureaucratic units in government [10]. Meanwhile, Smith calls it an "implementing organization", namely the person responsible for implementing policies held by the government bureaucracy [11]. This element has the greatest power in directing various policy implementation actions, starting from activities of determining organizational goals and targets, analysis and formulation of organizational policies and strategies, decision making, programming, organizing, mobilizing people, implementing operational activities, monitoring and assessing [12].

The first phase of implementing public policy that must be carried out is determining the goals and objectives which are then formulated in the form of goals and objectives of a policy. After the policy has been established, the next step is to create operational plans as an explanation of the goals to be achieved so that it can facilitate the achievement of the policy goals.

In the second phase, organization is carried out by administrators from administrative units by forming teams that will work. Organizing is useful to achieve efficiency and effectiveness in mobilizing all parts such as human resources, determining tools and tasks, authority and responsibility. To support the achievement of goals, it is necessary to motivate teams to have a high attitude and commitment in implementing activity programs. The third phase is an effort to develop methods and procedures to support the evaluation of program implementation so that results can be maximized in accordance with policy objectives.

#### **b. There is a program that will be implemented**

Policy programs must fulfill the elements of being implementable and easy for implementers to understand so that objectives can be achieved well. A program must be able to explain the

resources allocated, clear work methods and procedures, as well as standard guidelines to implement the policy program.

Grindle states that the content of the program should describe several things:

1. Interest in the impact of the program
2. The level of change desired
3. Decision making status
4. Benefits generated
5. Who is implementing the program?
6. Resources used

c. Target groups (target groups)

The target group is a group of people in society who are policy recipients. With policies that must be implemented by community groups or organizations, they must accept these policies and make adjustments to the patterns of interaction and behavior that have been determined by the programs in the policies. The characteristics of the target group are greatly influenced by several characteristics they have, including: size of the target group, gender, education, age, experience, and socio-economic conditions. Even the socio-cultural conditions and geographical environment in which they live also influence the characteristics of the target group so that it will also influence the achievement of the goals that have been set. Model implementation of public policy

## **2.2 Implementation of Public Policy**

Theory of Donald S. Van Meter and Carl E. Van Horn

The implementation model according to Van Meter and Van Horn is called A Model of the Policy Implementation Process. This model adapts policies that run linearly [13]. There are 6 variables related to implementation:

1. Policy size and objectives

One of the important stages in a policy analysis is the performance indicators that emerge from a policy. These indicators as a means of policy assessment are realized in the implementation stage through predetermined measures and objectives. These measures and standards are needed in the process of implementing the policies to be achieved.

2. Resources,

Availability of resources is needed to support policy implementation. The resources in question can be in the form of funds, human resources in the ongoing process of policy implementation. The greater the supporting resources, it is hoped that policy achievements will be easier to achieve.

3. Characteristics of the implementing agency

Has a character where the organization determines the success of a program from the policies that have been established. Staff capacity, organizational strength, administrative and legislative support greatly influence results. The level of communication between policy makers and stakeholders also greatly influences the results.

#### 4. Implementation and communication activities between organizations

Institutional mechanisms and procedures are needed in the policy implementation process. Stakeholders who are in a higher position will try to increase the possibility of their subordinates as policy implementers to act in accordance with the standards and goals that have been set. There are two types of relationships between organizations, the first is the provision of guidance and technical assistance. The second relationship is the existence of sanctions imposed by superiors, whether positive or negative sanctions.

#### 5. Social situation, political economy

The success of public policy programs is greatly influenced by the social situation faced, how society responds and the role of stakeholders. The support of political elites influences how policy implementation is carried out down to the lowest point in society. The private sector and economic conditions in society also have a major influence on policy implementation to achieve the stated policy objectives.

#### 6. Disposition of the implementer's attitude

The success or failure of a policy will be greatly influenced by the attitude of acceptance or rejection of the implementing (agent). The importance of an attitude of acceptance or rejection will provide an indication that a policy that is usually down-to-down does not necessarily contain policies that touch the needs or problems desired by citizens. It is very possible that policy and decision makers are not implementers and therefore do not really know the problems that occur.

### **2.3 Psychosis Quality of Life**

Quality of life can be interpreted as an individual's response in the form of an emotional reaction to the life conditions experienced, a sense of fulfillment and satisfaction with life, acceptance of goodness, satisfaction with achievements in social life and personal relationships. In some literature, quality of life can be identified with well-being, or well-being. Quality of life and well-being include satisfaction, happiness, low stress, and health in physical and mental aspects [14]. Quality is defined as an individual's subjective view of their functioning in life which includes well-being and independent survival [15].

Quality of life indicators are based on aspects of physical and psychological health, social relationships and the environment [16]. Thus, everyone with different experiences certainly has different standards of quality of life too. Quality of life problems are not only experienced by people with psychosis but are also a problem for families who have family members with psychosis. A good quality of life will be demonstrated by an attitude of family acceptance, respect, and eliminating the negative stigma carried out by the family towards its members who suffer

from psychosis [17]. In general, overall, factors that influence the quality of life for people with psychosis include family support, self-stigma, self-esteem and self-knowledge [18]. Several studies have proven that quality of life is the main problem faced by people with psychosis, and the role of stigma occupies the most dominant position in creating a quality of life crisis.

### **3 Results and Discussion**

#### **3.1 Implementation of Regional Regulation Number 10 of 2021 for Post-Psychosis Patients**

Based on Law no. 39 of 1999 shows that the government guarantees and protects disability rights in Indonesia. Then explained again through Kudus Regency Regional Regulation No. 10 of 2021. These two laws and regulations are expected to provide protection for groups with disabilities. In this study, we used these two policy regulations to see how the policy was implemented, especially in cases of mental disabilities, especially post-psychosis patients in Kudus Regency. The following is the result of a description of the data in the field, as follows:

##### 1) Policy size and objectives

The aim of this policy is for people with disabilities to get their rights protected. Unfortunately, the regional policy is only for people with disabilities in general and does not yet target patients with post-psychosis mental disabilities. The guarantee of the right to quality of life given to post-psychosis patients is not provided directly, but through institutions where they are treated, not directly by individuals. So far, the service that directly handles patients with mental disabilities is the Social Service. So if you are in a privately managed institution you have to pay for it yourself. So, in terms of the objectives of Regional Regulation No. 10 of 2021 concerning disability protection, the realization is still not optimal.

Implementation of Regional Regulation No. 10 of 2021 is still limited to people with disabilities who are still being treated in nursing homes. So, it is still untouched for post psychosis. The Social Service has not paid special attention to post psychosis, so far the focus has been on how the Social Service manages the institutions under the auspices of the Central Java Provincial Social Service, namely Muria Jaya and for the private sector, namely Jalma Sehat. According to the Head of the Kudus Social Service, he said that so far there has been no program that includes empowerment for post-psychosis patients so that when they are declared cured and return to their families and communities they can adapt and carry out self-actualization through the skills they have acquired from the orphanage or from empowerment so they can self-actualization.

Likewise, in terms of access to work, the Kudus Regency Department of Manpower, Industry, Cooperatives and MSMEs is trying to fulfill the rights of people with disabilities so they can work in companies and not face discrimination. only carry out outreach to people with disabilities in general. People with disabilities who are meant to get justice have not targeted post psychosis patients. It can be concluded that the measure or standardization of success of regional regulation No. 10 of 2021 is in the form of implementing policies according to the contents of the regional regulation and companies in Kudus implementing everything in Regional Regulation No. 10 of 2021. 10 of 2021. Meanwhile, based on the objectives of Regional Regulation 10 of 2021, it aims to fulfill the rights of people with disabilities in obtaining work so that they receive justice and are not discriminated against. In practice, the reality should be that companies should give at least 1%

of jobs to people with disabilities in Kudus Regency. It is also hoped that this regional regulation will serve as a guideline for recruiting workers at companies in Kudus [19]. Unfortunately, the efforts made by the relevant parties have not touched former psychosis patients.

## 2) Resources

The related party, namely the Social Service, does not yet have adequate resources to contact post psychosis patients, whether financial resources in terms of budget, business assistance, or human resources. In terms of human resources, the Social Service only has 1 social worker and 3 social counselors. Human resource support is still lacking to take care of the facilitation needs of people with disabilities, especially post psychosis patients. In terms of budget, there is only for patients who are still active in institutions, while for those who have recovered or are called post psychosis patients, there are no budget funds for empowerment or social guarantees to continue life outside the institution. One example of an orphanage in Kudus, namely Muria Jaya, is under the provincial social service, while privately owned is Jalma Sehat. Providing assistance in the form of facilities and infrastructure such as mattresses and pillows, but these facilities are only for those who are still in the rehabilitation process at the orphanage.

Meanwhile, for business assistance to be able to access the world of work, the Kudus Social Service has only touched on the needs of physical disabilities. One example is asking for assistance from the UPT of the Ministry of Social Affairs in Bogor, for assistance with facilities for them to work. There has been no collaboration with companies or pressure on companies to give non-mental disabilities access to jobs in companies, because the problems faced by post psychosis patients are more severe than those with other disabilities. This problem is related to traces of intellectual problems experienced by post psychosis patients. Thus, the basic need for self-existence in post-psychotic patients is not met. When they are trusted by other people, for example when they receive a certain assignment, their existence as someone who is needed and trusted will grow and strengthen themselves to survive in their lives.

In general, the implementation of Regional Regulation No. 10 of 2021 has not been supported by regent regulations, so that the relevant parties only focus on carrying out initiation activities only for people with physical disabilities, while there are no people with mental disabilities, especially post psychosis patients. So far, the operational standards from Social Services are only for overall disability, but there are no specific ones for post-psychosis. These obstacles start from preparing the data base to identifying what the needs are to what the budget capabilities are. Unfortunately, this applies to all disabled people who are still in the orphanage. For psychosis patients, the program stops when they are declared cured by the institution. Their need after recovery to be able to adapt and be accepted is very important for their sustainability.

After the psychosis patient recovers, the program that has been obtained so far will stop. Post-psychosis is not touched, because it has returned to the family. So, because their guarantees are not fulfilled, many of them prefer to continue to be in orphanages. This is because most of them are not accepted by their families. In fact, to remain in the institution, you must comply with the SOP, where the diagnosis shows that you still need treatment. This becomes a new obstacle, because when he must return home, the space he uses can be used by other psychosis patients.

Likewise, the Manpower Department said that human resource support is still lacking. There is no special team to implement policies to protect and fulfill disability rights in Kudus. This has quite a big influence on the policy implementation process. The absence of a team is due to a lack of skills, competence and capability of government employees to support the implementation of the regional regulation for people with disabilities to get their rights protected. The number of employees the labor department has is also an obstacle to forming a special team. Another factor is the lack of regent regulations to carry out the technical implementation. In terms of budget, there are no funds to organize programs for people with disabilities. So far, these activities are still combined with general activities. This hampers the implementation of Regional Regulation 10 of 2021.

### 3) Characteristics of the implementing organization

The Social Service does not yet have an empowerment program for post-psychosis patients to equip them or as a means of assistance to adapt in society. There is also no collaboration with other services such as the labor service, environmental service, etc. in an effort to empower through skills. Policy socialization is carried out directly at the target, not in general. This is related to the societal stigma of psychosis patients where many families feel embarrassed and considered a disgrace when one of their family members becomes a psychosis patient. Socialization activities, especially those related to post-psychosis, may be carried out personally to protect the privacy of the person concerned.

The implementation of this Regional Regulation should receive full support from various parties, both legislative and executive, from the central level to the regional level. Support from the private sector is also very much needed as a provider of employment opportunities. The community also plays a role in implementing this policy, which requires acceptance from society in general so that people with disabilities do not feel discriminated against in social life. Maximum support should be given from various parties, including the community, job providers, other ministries such as social services and others so that it can be integrated. The absence of technical regulations from the regent is an obstacle to implementation.

Regarding socialization, according to FKDK chairman Rismawan, he stated that the government had not carried out socialization regarding the implementation of the Regional Regulation. FKDK has been the driving force for the ratification of Regional Regulation 10 of 2021 and during this time they have been holding their own outreach. Regarding this matter, Agus Sumarsono stated that the current socialization has only touched companies and has not yet reached the implementation of socialization to the community. This is because it is necessary to encourage company openness to accept disabilities and most companies do not provide certain criteria for job applicants, the important thing is to be competent [19].

It can be concluded that regarding the characteristics of the implementing organization: the legislature provides support through the process of drafting regulations as technical guidelines for implementing regional regulations. Meanwhile, in terms of communication, there are several things that can be found, firstly, vertical communication between the labor department and companies is not evenly distributed, secondly, vertical communication between the departments and the disabled community has not been established, either with post-psychosis patients or with

their families. Third, horizontal communication between related agencies and other agencies, such as social services and labor services or environmental services or health services, is not yet optimal.

#### 4) The attitude of the implementers

Based on what the Department of Social Affairs said, it states that Regional Regulation 10 of 2021 does not touch post-psychosis at all. He mentioned that during the formulation of the academic text, the Social Service also contributed to the preparation of the academic text, unfortunately it did not target post psychosis patients. It is hoped that the regent's regulations as regulations in implementing the 2021 regional regulations which will later be formed can be used as a vehicle to realize the protection of rights for post-psychosis patients. Even though so far it has not been covered in the implementation of this regional regulation, the Social Service will try to encourage people with psychosis to receive equal protection and rights in the future with other people with disabilities. Even during training activities, there are no facilities for post-psychosis patients.

On the other hand, the Manpower Department provides full support for Regional Regulation 10 of 2021 by conducting visits and campaigns to companies regarding job vacancy information, if there are any, it will be shared on the Manpower Department's social media and will be conveyed to job seekers. Unfortunately, it also targets people with disabilities in general, not yet targeting post psychosis patients. However, the efforts made by the Manpower Department have yielded results in that there are several companies that have started to accept workers with disabilities, even though the number is only 1-3 workers and not all companies in Kudus have done this.

#### 5) The attitude of the implementers

So, if we look at the concept of quality of life, the policy in Regional Regulation No. 10 of 2021 does not yet touch on guarantees that the quality of life of post-psychosis patients is fulfilled preventively or curatively. This regional regulation only focuses on people with disabilities who are still being cared for in institutions. The relevant agencies, especially the Social Services Department, have not targeted their policies or work programs at post-psychosis patients so that the quality of life for post-psychosis patients is not guaranteed.

Not only the Social Service, in general the understanding of policies from the Manpower Service is good in understanding the protection of disability rights, unfortunately there is no human resource support and special budget. Likewise, their target is only people with physical disabilities, but not specifically post-psychotic patients. Even the response from the labor department has planned rewards and sanctions for the company. Awards will be given to companies that comply with the provisions of implementing the regional regulations, and vice versa, companies will be given sanctions, but only for disabilities in general.

#### 6) Social – economic environment

In general, Regional Regulation no. 10 of 2021 regarding protection for people with disabilities in Kudus has not gone according to expectations. There is no Regent's regulation as a rule governing this implementation so it does not fully target people with disabilities, both physical and mental, especially post psychosis patients. Economic conditions: there is no special budget used as a company stimulant to meet the facilities for the needs of people with disabilities. Social

conditions: there is no special encouragement to regulate companies in the context of realizing regional regulations because there are no sanctions for companies that have not implemented regional regulations 10 of 2021.

In general, in implementing the policy of Kudus Regency Regional Regulation No. 10 of 2021 concerning the protection and fulfillment of rights for people with disabilities does not yet target post-psychosis patients, it still focuses on people with physical disabilities. The absence of standardization through regent regulations as an instrument means that many related parties such as government agencies have not carried out proper coordination to implement the regional regulations. According to Grindle, policy implementation can begin when the goals and objectives have been determined and an activity program has been arranged and funds are ready to support it. [20]. There should be synergy between agencies so that the protection of the rights of persons with disabilities, especially post-psychotic patients, can be implemented well so that their needs, both the need to fulfill their basic rights and their existence needs, can be met.

Apart from that, the resources to support the implementation of this regional regulation are not optimal. Both budget resources and human resources. When implementers do not have the resources to implement them, policy implementation can become ineffective [21]. A policy not only requires coordination support and implementation readiness, but qualified human resources, who can suit the target conditions, greatly influence the effectiveness of policy implementation. Don't forget the full support of the financial budget as the main supporter of activities so that the activity program is implemented well.

From the description above, it can be concluded that the attitudes of the implementers do not yet have the same understanding, so they tend to proceed independently without coordination. This can be seen from how the Social Service and the Manpower Service carry it out individually. It would be good if the agencies could coordinate well so that they can support the fulfillment of guaranteed rights, especially for post-psychosis patients. In general, the goodness of the concept will contribute 40% of the success of the program and 60% of the success of the program will be determined by the implementation process [6].

### **3.2 Guaranteeing the Quality of Life for Post-Psychosis Patients**

Even though there are no explicit regulations regarding protection for post psychotic patients in Kudus Regency, there are several efforts that have been made by the government, especially mental rehabilitation homes, to prepare their patients to return to society. This group is referred to as the pre-termination group. The preventive efforts carried out by the institution to prevent recurrence of psychosis patients are by implementing several programs to increase support involving the social services of Kudus Regency, stakeholders, and village midwives as representatives of the relevant health services, which include:

1. Guaranteeing quality of life in physical and mental health aspects, including involving various stakeholder elements such as village midwives to monitor the condition of post psychotic patients when they return to their families. Village midwives and local health workers visit patients' homes to control the health conditions of post psychotic patients, both physical and mental health, especially for post psychotics who are not registered as

recipients of health insurance (BPJS), for a period of 6 months to 1 year since the post psychotic patient was declared well and allowed to go home. Apart from midwives, social home managers under the auspices of local social services also involve PKH (Family Hope Program) assistants to accompany and distribute assistance to disabled post psychotic patients based on DTKS (Integrated Social Welfare Data)

2. Guarantee of quality of life in the second indicator in the form of psychosocial aspects. In this aspect, social support is the most prioritized component by involving the families of post psychotic patients from the pre-termination stage (before discharge) to termination (the psychotic patient's return to the family). The strategies implemented vary, ranging from counseling for families of post psychosis patients, counseling to online consultation services. The aim is to educate families so that they can become a component of social support for post psychosis patients. As in several studies which prove that family support has a big role in improving the quality of life of post psychosis patients, including preventing relapse [22].
3. To fulfill psychosocial security, including environmental, an unanswered problem is post psychotic access to the world of work. Based on the information obtained, the social services in Kudus's district have not fully provided guarantees regarding the fulfillment of employment opportunities for post psychotics. So far there has been no collaboration with government or private institutions to provide space for post psychotics to actualize themselves in related institutions. Job opportunity facilities are still limited to non-intellectual disability groups such as the physically disabled and other physical disabilities. This condition reinforces that discriminatory nuances are still part of the lives of individuals experiencing psychosis, as in research conducted by Button on workers in America, discrimination against disability groups is still a part that is difficult to avoid [23].

The description above illustrates that the guarantee of rights protection for post-psychotic patients is still not optimal and comprehensive. Access to rights protection for them only applies to post psychotic individuals who receive treatment in government-owned social institutions. For this reason, for post psychotics who return to their families, monitoring is only carried out for a maximum of 6 months to 12 months from the termination phase. Fulfillment of rights is limited to health needs and social security in the form of food assistance for those who cannot afford it, involving several stakeholders. The main need to strengthen the quality of life, namely satisfaction through self-existence in the world of work, is still untouched by relevant government policies. Not having the comprehensive quality of life needs met will have an impact on social problems such as unemployment, and impact on health, mental post psychosis due to the persistence of strong stigma, the potential for repeated depression, relapse and ending in re-treatment.

#### **4 Conclusion**

Guarantees of protection are needed by people with disabilities, not only physical disabilities but also mental disabilities. Regarding guarantees for the protection of the rights of ex-persons with mental disabilities or what are usually called post-psychosis patients, the government and society

in general are rarely touched upon. Psychosocially, people with mental disabilities are a group of people who are vulnerable to discriminatory treatment, stigmatization and marginalization from their environment. Through Kudus Regency Regional Regulation No. 10 of 2021 concerning Protection and Fulfillment of the Rights of Persons with Disabilities, we can see how the guarantee of protection and fulfillment of the rights of post-psychosis patients is implemented. Regional Regulation No. 10 of 2021 in general does not yet target the fulfillment of the rights of post-psychosis patients so that the quality of life guarantees they receive are not fully maximized. One of the obstacles to fulfilling protection for post-psychosis patients quarantines that there are no regent regulations that discuss or provide space for assistance to them.

Another obstacle is that so far psychosis patients have been fully cared for by the Muria Jaya Kudus Social Rehabilitation Home under the Central Java Provincial Social Service independently. There has been no significant coordination for exclusive assistance to them from related parties, such as coordination between agencies in Kudus district to assist. The bad stigma that people with disabilities receive has an impact on them having difficulty interacting with the environment, difficulty getting a job and ultimately making them feel depressed and needing care again. It is hoped that the Kudus Regency government will provide special regulations that target guarantees of fulfilling the rights of post-psychosis patients through coordination between agencies so that the guarantee of protection can be received well and they get a good quality of life too.

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