

Unprotected and Unparticipation Mental Health in Regulation Worker

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ABSTRACT

Unprotected mental health among employees can have a detrimental effect on productivity and the national economy. Nevertheless, Indonesia's present labor regulations do not include any specific provisions to safeguard workers' mental health. This research aims to identify and analyze issues regarding mental health workers that are often ignored, which cause decreased productivity and negative stigma for people experiencing mental health to medical personnel and facilities that are less qualified in protecting workers. This normative research examines legal texts, mainly primary and secondary legal materials. The results of the research show that, *first*, mental health problems in Indonesia are very complex, starting from the negative stigma that is still embedded in society regarding mental health diagnoses to regulations and law enforcement that do not support workers with mental health to recover from their illnesses. *Second*, based on Singapore, Singapore has a program and legal framework that supports public health and workers who experience mental health disorders monitoring that has been integrated with the system. *Third*, to overcome mental health problems for workers, there needs to be a clear regulatory framework that targets improving mental health, an integrated health monitoring system that is expanded to provide training for medical personnel, and health care quality.



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1. Introduction

Indonesia's present position in facilitating business opportunities is highly profitable due to its extensive potential, which includes a large population, large demographics, significant human resources, and abundant natural resources. Consequently, it is imperative to establish laws and regulations to enhance and bolster Indonesian employment to maximize this potential, including employment potential.¹ The rules and regulations that regulate employment must be modified to align with the laws and regulations that are evolving in society, as society is the one that is both impacted by and

¹ Mamasiddikov Muzaffarkhon Musakhonovich and others, 'The Protection of Labor Rights on the Court System', *Journal of Human Rights, Culture and Legal System*, 4.3 (2024), 742-64 <https://doi.org/https://doi.org/10.53955/jhcls.v4i1.115>

responsible for enforcing them. Due to the absence of evidence-based risks, industry-related issues are classified as direct impacts. Law serves as a tool for social engineering, particularly in the construction and implementation of social environmental renewal to meet the requirements of society.²

Employment protection laws are a collection of regulations that regulate employee hiring and dismissal to safeguard job stability and security by minimizing job losses. In conclusion, "Finding an adequate balance between enabling efficient reallocation of labour resources and the need to protect employees is a top priority for policymakers."³ Employment regulations are designed to safeguard workers from the substantial expenses associated with job displacement, loss of income, and the potential obsolescence of their job-specific skills and experience. However, they can also have detrimental mental health effects on workers who experience job disruption, as the same regulations can impede job creation. This effect can be characterized as a "double-edged sword."⁴

Mental health has emerged as a significant obstacle in the workplace. The term pertains to the necessity of designing employment in a manner that enables individuals with mental health issues to lead active and fulfilling working lives, as well as the impact of working conditions on the development of mental health problems and disorders and the mental well-being of workers. There are numerous reasons why the economic implications of mental health are significant. Initially, mental health substantially influences individuals' productivity and impacts economic development.⁵ The World Health Organisation (WHO) has endeavored to raise awareness of the significance of mental health. Based on their calculations, two mental health conditions result in one in five years of life with a disability; there is a correlation between premature death and the presence of a severe mental health condition (up to two decades earlier), and depression and anxiety (the two most prevalent mental health conditions) incur direct and indirect costs of up to \$1 trillion annually in the global economy. Therefore, it is imperative to evaluate the relationship between automation and mental health and the mediating channels involved.⁶

Mental health issues and disorders are prevalent among employees and hurt the well-being of individuals, employers, and society as a whole. The nature, severity, duration, and chronicity of mental disorders are significant determinants of current and prospective disability. Mental disorders can be exacerbated by the increased risk of illness absence, unemployment, permanent job loss, and reduced lifetime earnings for workers with mental

² Wiranto Mustamin, Budi Santoso, and Syahrul Sajidin, 'Indonesian Workers' Mental Health Protection: An Urgency?', *Journal of Judicial Review*, 24.2 (2022), 273 <https://doi.org/10.37253/jjr.v24i2.7231>

³ Choon-Hong Tan and others, 'Workplace Wellness, Mental Health Literacy, and Usage Intention of E-Mental Health amongst Digital Workers during the COVID-19 Pandemic', *International Journal of Mental Health Promotion*, 25.1 (2023), 99–126 <https://doi.org/10.32604/ijmhp.2022.025004>

⁴ Cinzia Di Novi, Paolo Paruolo, and Stefano Verzillo, 'Does Labour Protection Influence Mental-Health Responses to Employment Shocks? Evidence on Older Workers in Europe', *Economic Modelling*, 126 (2023), 106406 <https://doi.org/10.1016/j.econmod.2023.106406>

⁵ Pamela Merino-Salazar and others, 'Informal Employment as a Fundamental Determinant of Mental Health in Latin America and the Caribbean', *The Lancet*, 402.10410 (2023), 1309–11 [https://doi.org/10.1016/S0140-6736\(23\)02051-2](https://doi.org/10.1016/S0140-6736(23)02051-2)

⁶ Ana Lucia Abeliansky, Matthias Beulmann, and Klaus Prettnner, 'Are They Coming for Us? Industrial Robots and the Mental Health of Workers', *Research Policy*, 53.3 (2024), 104956 <https://doi.org/10.1016/j.respol.2024.104956>

disorders. Depression and anxiety are estimated to result in a global productivity loss of over US\$1 trillion at the societal level.⁷

The Lancet Series on Work and Health–3 acknowledges that the world of work is transforming, resulting in new occupational hazards to physical and mental health and the exacerbation of health disparities between and within countries. As the world advances toward the Sustainable Development Goals (SDGs), official worker health data and monitoring systems have become a global health priority, and these changes have profound implications. International organizations, governments, and communities are provided with an evidence base for policies and practices that assure the health of all workers by these public goods, such as monitoring systems. They should expand their coverage of health inequalities, working conditions, and workers' rights in response to changes in the working environment.⁸ No worker should be left behind in the protection and promotion of occupational health or who dies or becomes unwell due to their work. Health, a clean, healthy, sustainable environment, and a secure and healthy working environment are all human rights guaranteed to all workers. Nevertheless, the World Health Organisation (WHO) and the International Labour Organisation (ILO) predict that specific occupational risk factors are responsible for 2 million fatalities and 90 million disability-adjusted life years annually.⁹

In high-income countries, employment is a significant social determinant of health. Improvements in working conditions must be a substantial component of measures to reduce health inequalities.¹⁰ In the majority of developing countries, mental health issues have not been prioritized, even though mental health is a critical component of holistic health. Mental health has emerged as a global health concern, with Indonesia no exception. The absence of mental disorders is not the sole determinant of good mental health; it also encompasses the emotional, psychological, and social equilibrium that enables individuals to function at their best in daily life. In numerous countries, including Indonesia, the protection of mental health rights continues to be a challenge. Social stigma, inequalities in the health care system, and a shortage of access to mental health services are still issues that must be addressed.¹¹

Mental health, also known as mental wellness, is a state in which an individual can develop physically, mentally, spiritually, and socially to be self-aware, manage stress, work productively, and contribute to their community, as defined in Law Number 17 of 2023 concerning health. A mentally healthy individual is an individual who exhibits

⁷ Alex Burdorf, Rita C P Fernandes, and Suzan J W Robroek, 'Health and Inclusive Labour Force Participation', *The Lancet*, 402.10410 (2023), 1382–92 [https://doi.org/10.1016/S0140-6736\(23\)00868-1](https://doi.org/10.1016/S0140-6736(23)00868-1)

⁸ Norma Sari and others, 'The Regulations of Protection Tourists in High-Risk Tourism Destination', *Journal of Human Rights, Culture and Legal System*, 4.3 (2024), 803–21 <https://doi.org/https://doi.org/10.53955/jhcls.v4i3.366>

⁹ Frank Pega and others, 'Monitoring Workers' Health: Focus on Rights, Determinants, and Equity', *The Lancet*, 402.10410 (2023), 1306–8 [https://doi.org/10.1016/S0140-6736\(23\)02049-4](https://doi.org/10.1016/S0140-6736(23)02049-4)

¹⁰ John Frank and others, 'Work as a Social Determinant of Health in High-Income Countries: Past, Present, and Future', *The Lancet*, 402.10410 (2023), 1357–67 [https://doi.org/10.1016/S0140-6736\(23\)00871-1](https://doi.org/10.1016/S0140-6736(23)00871-1)

¹¹ C Zimmerman and others, 'Addressing Labour Exploitation in the Global Workforce', *The Lancet*, 403.10438 (2024), 1748 [https://doi.org/10.1016/S0140-6736\(24\)00459-8](https://doi.org/10.1016/S0140-6736(24)00459-8)

behavior that is generally deemed acceptable by society and whose perspective on life is consistent with the norms and patterns of community groups. This results in gratifying interpersonal and intersocial relationships.¹²

Nearly nine out of ten global workers reported that tension and pressure in the workplace had an impact on their mental health in 2019, according to data from Mental Health America. Long working hours are an additional equally significant factor contributing to mental health disorders in workers, in addition to the conditions of the workplace or work environment. Depression, anxiety, insomnia, and coronary heart disease are all exacerbated by prolonged work hours (more than 40 hours per week).¹³ Heavy workloads, tight deadlines, and targets, unclear division of roles and responsibilities between workers, loose control (monitoring), long working hours, high emotional-physical-mental demands, lack of appreciation and feedback, and intimidation or discrimination from superiors are all factors that can disrupt mental well-being in the workplace.¹⁴

The COVID-19 pandemic has significantly exacerbated the prevalence of mental health issues among Indonesian laborers. The substantial influence of mental health issues on a variety of sectors, particularly health professionals, has been emphasized in numerous studies. Based on the prevalence of mental health issues, 29.7% of health workers reported moderate to severe depression, 41.7% moderate to severe anxiety, and 22.6% significant stress.¹⁵ In another study, 29.4% of healthcare workers reported melancholy, 44.9% anxiety, and 31.8% stress, with 90.3% indicating an impaired quality of life-related to physical health.¹⁶ Even though one in five Indonesians is affected by mental health disorders, there is a severe shortage of mental health professionals. Consequently, the aggregate burden of these disorders is substantial. Despite these alarming statistics, there is a growing recognition of the necessity of mental health interventions and support systems in the workplace, particularly for vulnerable populations like healthcare workers.¹⁷

Despite the growing recognition of mental health's significance, Indonesia's current employment regulations do not include any specific provisions to safeguard it. The current legal framework, which encompasses the Job Creation Law and Law No. 13 of 2003, predominantly addresses physical working conditions and wages, resulting in inadequate

¹² Jawade Hafidz and others, 'The Corruption Reduction with an Administrative Law Approach : Evidence from Australia', *Journal of Human Rights, Culture and Legal System*, 4.3 (2024), 822–41 <https://doi.org/https://doi.org/10.53955/jhcls.v4i3.396>

¹³ Saravanan Sekaran and others, 'Inclusive Mental Health for Informal Workers', *The Lancet*, 403.10438 (2024), 1748–49 [https://doi.org/10.1016/S0140-6736\(24\)00460-4](https://doi.org/10.1016/S0140-6736(24)00460-4)

¹⁴ Merino-Salazar and others.

¹⁵ Sutan Harya Ginanjar and others, 'Gambaran Kesehatan Mental Pada Tenaga Kesehatan Kantor Kesehatan Pelabuhan Di Masa Pandemi Coronavirus Disease-19 (COVID-19) Tahun 2021', *Jurnal Riset Kesehatan Masyarakat*, 2.1 (2022) <https://doi.org/10.14710/jrkm.2022.13302>

¹⁶ Adila T Syamlan and others, 'Mental Health and Health-Related Quality of Life among Healthcare Workers in Indonesia during the COVID-19 Pandemic: A Cross-Sectional Study', *BMJ Open*, 12.4 (2022), e057963 <https://doi.org/10.1136/bmjopen-2021-057963>

¹⁷ Herry T Rachmatsyah and Paiman Raharjo, 'Managing Mental Health and Factors Related to Developing a Productive Workplace for Migrant Workers in Jakarta', *Migration Letters*, 20.5 (2023), 33–42 <https://doi.org/10.47059/ml.v20i5.2961>

coverage of mental health issues.¹⁸ The Mental Health Law No. 18 of 2014 does not explicitly address mental health issues in the workplace, despite its existence. Regulations that expressly address mental health in the workplace are urgently required, as the current law does not cover psychological factors such as work fatigue and anxiety, as previously explained about the significance of safeguarding workers' mental health. Economic ramifications: Poor mental health among employees can harm the national economy and productivity. Nevertheless, despite this disparity, there is a growing recognition of the necessity of comprehensive mental health protection in the workplace, suggesting a potential transition to more inclusive employment regulations in the future.¹⁹

Concurrently, mental health protection for workers in Singapore, particularly among the migrant population, has considerably improved in other countries, particularly in response to the COVID-19 pandemic. Various initiatives have been implemented to address mental health challenges, with a particular emphasis on community engagement and support systems.²⁰ The Singapore Ministry of Manpower has initiated the Project DAWN Initiative and Support System to enhance the mental health support provided to migrant workers through awareness campaigns, screening, and counseling services. The project has effectively trained more than 750 workers in psychological first aid and has increased the utilization of helplines.²¹ Employees reported that their mental health was substantially enhanced by the sense of care they received from their employers.²²

In Singapore, there is an increasing concern regarding mental health. According to the 2022 National Population Health Survey, the prevalence of impaired mental health among Singaporeans aged 18 to 74 years was 17.0%. Numerous international studies have demonstrated that work tension is among the factors that contribute to poor mental health. Consequently, organizations offering flexible employee benefits (e.g., medical benefits) and insurance provisions may consider broadening their coverage to encompass mental health counseling and well-being programs.²³ This indicates that the organization is committed to assisting its personnel in confronting mental health obstacles. This is because employers and employees are essential in the national initiative to enhance and promote

¹⁸ Sarbini Sarbini, 'Legal Protection Of Labor Based On Positive Law In Indonesia', *NOTARIIL Jurnal Kenotariatan*, 9.1 (2024), 47–52 <https://doi.org/10.22225/jn.9.1.2024.47-52>

¹⁹ Hery Murtantyo Hutomo and Malemna Sura Anabertha Sembiring, 'Legal Protection for People with Mental Illness as Victims and Perpetrators of Criminal Acts', *ARRUS Journal of Social Sciences and Humanities*, 3.4 (2023), 499–505 <https://doi.org/10.35877/soshum1967>

²⁰ Tareq Al-Billeh and others, 'Digital Evidence in Human Rights Violations and International Criminal Justice', *Journal of Human Rights, Culture and Legal System*, 4.3 (2024), 842–71 <https://doi.org/https://doi.org/10.53955/jhcls.v4i3.446>

²¹ E Yong and others, 'Strengthening Mental Health for Migrant Population: An Ecosystem Approach', *European Journal of Public Health*, 33.Supplement_2 (2023) <https://doi.org/10.1093/eurpub/ckad160.1584>

²² Melvyn Chung Pheng Wong and others, 'Exploring COVID-19 Circuit Breaker (CB) Restrictions at a Migrant Worker Dormitory in Singapore: A Case Study and Nested Mixed-Method Analysis of Stress Management and Mental Health', *BMJ Open*, 12.8 (2022), e060163 <https://doi.org/10.1136/bmjopen-2021-060163>

²³ Habil Csongor Herke and Barbara Szabó, 'Self-Driving Vehicles and Their Impact on the European Convention on Human Rights', *Journal of Human Rights, Culture and Legal System*, 4.3 (2024), 872–900 <https://doi.org/https://doi.org/10.53955/jhcls.v4i3.376>

mental health and well-being, as the time spent at work and the effects of work stress on productivity and mental health are substantial.²⁴

Previous research by Bisri and Bakar shows that Indonesia's legal framework is inadequate. The necessity of a comprehensive legal framework is underscored by the fact that current laws do not offer sufficient protection for individuals with mental health issues.²⁵ Farwin et al. conducted research that demonstrates socio-structural vulnerability. In Singapore, low-wage migrant laborers are experiencing elevated rates of mental health disorders as a result of chronic stress resulting from inadequate living and working conditions.²⁶ Then, Yip et al. conducted a study on workplace well-being in Singapore, identifying key themes that influence employee mental health, including work-life balance and organizational support. Policies must be implemented to enhance the accessibility of mental health services and support systems for migrant laborers.²⁷ Consequently, the authors underscore the necessity of a regulatory framework to safeguard the mental health of Indonesian laborers. This urgency is a result of the lack of specific legal protection and substantial socio-economic guarantees resulting from unresolved mental health issues.

Indonesia's pressing necessity to compare its employment regulations with those of Singapore is a direct result of the imperative need to enhance the mental health protection of its workforce. Indonesia has no laws specifically addressing this issue, whereas Singapore has implemented a robust framework for occupational health that includes a mental health component.²⁸ The evidence regarding workplace mental health prevention and promotion is contingent upon the intervention strategy (e.g., job-directed, worker-directed, and disease-directed) and the goals and outcomes of the intervention (e.g., reducing job stressors, improving job quality, promoting early detection of mental health problems, and preventing disorders and symptoms).²⁹ Consequently, it is crucial to investigate how workers' mental health can be safeguarded by implementing appropriate regulations.

2. Research Method

This research employs a qualitative approach and is classified as normative juridical research. Furthermore, this investigation employs primary, secondary, and tertiary data as

²⁴ Jepri Jaya, Syahdan Naufal Ghinanda, and Hendra Wiguna, 'Comparison of Industrial Relations Systems in Developed and Developing Countries (Case Study of Singapore & Indonesia)', *Indonesian Journal of Contemporary Multidisciplinary Research*, 3.1 (2024), 75–90 <https://doi.org/10.55927/modern.v3i1.7110>

²⁵ Mujahidin Hasanul Bisri and Norsuhaily Abu Bakar, 'Indonesian Stakeholders Psychosocial Support in Mental Health Issues: Exploring The Legislations and The Prevalence', *International Journal of Academic Research in Business and Social Sciences*, 13.12 (2023) <https://doi.org/10.6007/IJARBS/v13-i12/20075>

²⁶ Aysha Farwin and others, "'My Young Life, Finished Already?': A Qualitative Study of Embedded Social Stressors and Their Effects on Mental Health of Low-Wage Male Migrant Workers in Singapore", *Globalization and Health*, 19.1 (2023), 47 <https://doi.org/10.1186/s12992-023-00946-5>

²⁷ Chad Chew Eun Yip, Tony Machin, and Yong Wah Goh, 'A Qualitative Study on Workplace Mental Wellbeing in the Singapore Context', *The Qualitative Report*, 2024 <https://doi.org/10.46743/2160-3715/2024.6795>

²⁸ Benjamin Zhi Qiang SEAH and others, 'A Comparison of Periodic Health Examinations and Workplace Health Screening for Workers in Singapore and Japan', *Industrial Health*, 2024, 2024-0046 <https://doi.org/10.2486/indhealth.2024-0046>

²⁹ Reiner Rugulies and others, 'Work-Related Causes of Mental Health Conditions and Interventions for Their Improvement in Workplaces', *The Lancet*, 402.10410 (2023), 1368–81 [https://doi.org/10.1016/S0140-6736\(23\)00869-3](https://doi.org/10.1016/S0140-6736(23)00869-3)

complementary sources.³⁰ To augment the primary data, the data acquisition technique employs interviews and a review of pertinent regulations and literature for the research. To confirm the precision of the data, this investigation implements triangulation methodologies.³¹ The analysis employs comparative comparisons with other countries, emphasizing Singapore's regulation regarding protected mental health for workers. The author compares the acquired data to guarantee its accuracy and dependability.³²

3. Results and Discussion

3.1 Unprotected Mental Health for Workers in Indonesia

The protection is also provided to workers for the tasks they perform. Workers play a critical role in the process of advancing development. The health and safety of laborers are at risk due to the expanding and evolving business sector. Work safety refers to protecting laborers from machines, heavy equipment, a non-hazardous work environment, and the execution of work activities by safety procedures.³³ Work health is the term used to describe the conditions in the work environment free from threats that interfere with the psyche, soul, and body or cause suffering.³⁴ Work protection is necessary to maintain a positive relationship between superiors and subordinates without exerting pressure on the vulnerable party. The protection provided to workers is as follows: (1) safeguarding occupational safety and health, and (2) safeguarding social security, welfare, and wages, as outlined in Law No. 13 of 2003 on employment. (3) Ensuring the privileges of employees. (4) Ensuring the safety of members of labor unions or laborers. The protection, direction, and guidance of laborers are intended to ensure their safety and well-being to facilitate national development. Protecting workers in the workplace is designed to ensure that they are treated humanely, have equal opportunities to express their ideas and concepts, develop potential, fulfill their obligations, and receive recognition for their accomplishments.³⁵

Mental health has emerged as one of the most significant global challenges. Nevertheless, mental health issues have not been prioritized in the majority of developing countries, including Indonesia, in comparison to infectious diseases. Despite the implementation of mental health policies and regulations in Indonesia, there are still

³⁰ Ahmad Asari Taufiqurrohman, Dwi Edi Wibowo, and Ong Victoria, 'The Regulation on Sexual Harassment in ASEAN Workers: Evidence from Several Countries', *Journal of Human Rights, Culture and Legal System*, 4.2 (2024), 538–68 <https://doi.org/10.53955/jhcls.v4i2.198>

³¹ Asianto Nugroho and others, 'Implementation of Worker Rights Protection for Government Employees with Employment Agreements', *Proceedings of the International Conference on Environmental and Energy Policy (ICEEP 2021)*, 583.8 (2021), 102–4 <https://doi.org/10.2991/assehr.k.211014.023>

³² Abhishek Negi, Mohammed Irshad, and Resti Dian Luthviati, 'Deconstructing Attributes of Constitutional Legitimacy: A Case Study of Indian Constitution', *Journal of Human Rights, Culture and Legal System*, 4.1 (2024), 1–26 <https://doi.org/10.53955/jhcls.v4i1.114>

³³ Tessa Morgan and others, 'Addressing the Mental Health Needs of Children with a Social Worker', *Paediatrics and Child Health*, 34.11 (2024), 406–11 <https://doi.org/10.1016/j.paed.2024.08.003>

³⁴ Abdullah Abdullatif, Jamal Barafi, and Sheer Abbas, 'The Analytical Study of Dispute Resolution Methods in Space Regulations', *Journal of Human Rights, Culture and Legal System*, 4.3 (2024), 765–802 <https://doi.org/10.53955/jhcls.v4i3.407>

³⁵ Nyan Linn and others, 'Violence against Women and Its Effects on Mental Health and Quality of Life: A Study of Myanmar Migrant Workers in Central Thailand', *Journal of Migration and Health*, 10 (2024), 100272 <https://doi.org/10.1016/j.jmh.2024.100272>

significant voids in its coverage and humanitarian concerns.³⁶ The significance of mental health for employees is to enhance their work ethic, cultivate their self-potential, and enhance the company's productivity. The mental health of each employee is unique. Nevertheless, the company frequently neglects mental health even though occupational health is one of the factors that contribute to long-term work efficacy. Every employee's mentality can contribute to the company's productivity. Mental health is the term used to describe the state of being in a balanced body condition that coincides with both physical and psychological factors. The capacity to adjust to a new environment is a critical component of developing sound mental health. The declining productivity of the company and the substantial budget allocated to medical expenses are both influenced by the poor mental health of its employees. Given its significant influence on morbidity and mortality and its extensive prevalence on a global scale, mental illness warrants additional consideration. Indonesia has yet to establish a national strategy for suicide prevention.³⁷

Nevertheless, the media frequently portrays suicide in a negative light. Suicide and attempted suicide cases have not been incorporated into the national insurance system. Indonesia has ratified most human rights conventions, as evidenced by the Mental Health Law. This law recognizes patients' rights and enhances the quality and accessibility of services by integrating mental health services into general health services at the community and home levels. The Mental Health Law is incorporated with numerous national-level health reforms to reduce the care gap (i.e., the proportion of individuals who require care but do not receive it) and to establish sustainable, comprehensive, and integrated care. The National Health Insurance, a program that aims to provide Universal Health Coverage (UHC) for various services from public providers and private organizations that elect to participate in the program, was implemented by the government in early 2014. UHC is a critical health reform objective of the World Health Organisation (WHO) and is a component of the United Nations Sustainable Development Goals (SDGs) (target 3.8). The SDGs are designed to enhance access to health services, thereby assisting individuals with mental disorders who are frequently marginalized.³⁸

Policies are indispensable in the prevention or treatment of mental illness and the promotion of community mental health. A well-crafted mental health policy and implementation plan offers a roadmap for the government and its stakeholders to address mental health in a specific population over a particular period.³⁹ Establishing and maintaining community mental health services, particularly those associated with disasters, is imperative. It is essential to enhance the capacity of data acquisition, reporting, and knowledge management in mental health. A priority requirement is the allocation of dedicated funding for mental health. Advocacy and mainstreaming of mental health services based on human rights are essential. The government will prioritize the approval

³⁶ A Rahvy, A Habsy, and I Ridlo, 'Actual Challenges of Mental Health in Indonesia: Urgency, UHS, Humanity, and Government Commitment', *European Journal of Public Health*, 30.Supplement_5 (2020) <https://doi.org/10.1093/eurpub/ckaa166.1023>

³⁷ Michalis Lavdas, Gro Mjeldheim Sandal, and Tormod Bøe, 'Factors Associated with Mental Health Outcomes among Peer Refugee Helpers in Greece: Results from a Cross-Sectional Study', *SSM - Mental Health*, 6 (2024), 100365 <https://doi.org/10.1016/j.ssmmh.2024.100365>

³⁸ Annemieke P Bikker, Cokorda Bagus Jaya Lesmana, and Niko Tiliopoulos, 'The Indonesian Mental Health Act: Psychiatrists' Views on the Act and Its Implementation', *Health Policy and Planning*, 36.2 (2021), 196–204 <https://doi.org/10.1093/heapol/czaa139>

³⁹ Crick Lund and others, 'Mental Health Policy Development and Implementation', in *Global Mental Health* (Oxford University Press, 2013), pp. 279–96 <https://doi.org/10.1093/med/9780199920181.003.0013>

of program plans based on evidence, which is why it is crucial to establish an affordable mental health database system to ensure sustainability in funding and program development.⁴⁰

Indonesia mental health only a small percentage of youth access mental health services, with school staff being the primary provider. Additionally, many primary caregivers may not be aware of their children's mental health problems. The COVID-19 pandemic has exacerbated the issue, with 4.6% of youth reporting increased mental health difficulties. Anxiety disorders have the highest prevalence among mental disorders, indicating a need for more support and intervention in this area⁴¹ Despite the passing of a mental health law in Indonesia in 2024 mandating community mental health services and the incorporation of mental health into primary healthcare, many people with depression are still not receiving treatment. One reason for this is the lack of resources, with many mental health clinics and hospitals being understaffed and under-resourced⁴².

The lack of protection for laborers in Indonesia is a consequence of the widespread ignorance of mental health at the grassroots level. In the past, the high treatment disparity was frequently attributed to poor help-seeking behavior. Stigma and inadequate mental health literacy were the two primary factors that impeded individuals from seeking assistance. In Indonesia, individuals with mental disorders continue to be stigmatized, which in some instances results in physical restraint and confinement (pacing) by their families.⁴³ We are aware that Indonesia lacks legislation and policies to direct mental health programs, as well as a lack of health budget allocation for mental health services. Consequently, policies and regulations have a void. The accessibility and efficacy of mental health services in Indonesia are justified for workers. They provide care to their patients. Based on the limited number of government policies that have been implemented to address mental health issues, several respondents believed that the government prioritizes physical health issues. The participants advocated for the government to prioritize mental health in its agenda.⁴⁴

The incident in Indonesia reveals the existence of unprotected workers. Indonesia has one of the most significant death rates worldwide as a result of ineffective mental health treatment. In 2021, the Central Statistics Agency (BPS) reported 5,787 suicide victims and suicide attempts, as per the Village Potential Data (Podes). A contributing factor is the neglect of the requirements of individuals with mental health issues, including the

⁴⁰ Neil J. MacKinnon and others, 'Development of a New Instrument to Measure Workplace Mental Health and Well-Being', *Mayo Clinic Proceedings: Innovations, Quality & Outcomes*, 8.6 (2024), 507–16 <https://doi.org/10.1016/j.mayocpiqo.2024.09.002>

⁴¹ Hasanul Bisri and Abu Bakar.

⁴² Johan Ormel and others, 'More Treatment but No Less Depression: The Treatment-Prevalence Paradox', *Clinical Psychology Review*, 91 (2022), 102111 <https://doi.org/10.1016/j.cpr.2021.102111>

⁴³ Adelia Khrisna Putri, Anna Nadia Febrina Yahya, and Axel Rizqy Saputra, 'Indonesian Faculty Barriers in Providing Help to College Students in Distress', *Journal of College Student Retention: Research, Theory & Practice*, 23.4 (2022), 929–44 <https://doi.org/10.1177/1521025119880821>

⁴⁴ Adelia Khrisna Putri and others, 'Exploring the Perceived Challenges and Support Needs of Indonesian Mental Health Stakeholders: A Qualitative Study', *International Journal of Mental Health Systems*, 15.1 (2021), 81 <https://doi.org/10.1186/s13033-021-00504-9>

provision of assistance from psychologists.⁴⁵ The system is unable to adequately address the rising number of suicide victims among individuals with mental illness due to the government's neglect of health facilities and psychiatric personnel. In Indonesia, psychiatrists and a maximum of 33 mental hospitals are the sole health facilities available to individuals with mental illnesses until 2021. This implies that the state fails to establish policies that can offer protection to individuals with mental illnesses, and their challenges persist.⁴⁶

Discrimination against individuals with mental illness is prevalent in Indonesia, and the treatment provided is inconsistent with the principles of mental health care improvement and the preservation of individuals with mental illness. This policy is discriminatory towards individuals with mental illnesses; they are not only restrained, but they also lack access to adequate treatment facilities, which leads to elevated mortality rates.⁴⁷ Because these principles are in direct opposition to treatment methodologies, this is the case. In Indonesia, the recovery model for individuals with mental illnesses is a discriminatory policy that fails to address their needs and, in addition, violates human rights, particularly the rights to life and health. Consequently, the government is obligated to provide sufficient facilities for individuals with mental illnesses by the principles of safeguarding them and enhancing their mental health services. Law No. 18 of 2014 on Mental Health (Mental Health Law) or, as it is now known, Law No. 17 of 2024, must adhere to the principles and elements outlined in the instrument for the treatment of individuals with mental disorders and the enhancement of health services to achieve the effective and conducive recovery of these individuals and the fulfillment of their rights.⁴⁸

Barriers and facilitators to implementing their responsibilities in local communities are examples of obstacles to labor protection in Indonesia. In terms of barriers, several participants identified obstacles that they attributed to individuals with mental illness. These obstacles included a lack of insight into the disease, challenging behaviors, family or individuals with mental illness refusing support from cadres, and the societal stigma associated with being cadre health workers, such as nurses, as these visits are initiated by *Puskemas* or in response to requests from the community. Due to the unpredictable nature of these requests, there were no specific working hours for them, and they were expected to be prepared at all times.⁴⁹

A lack of protection for laborers, including those in the health sector, necessitates attention. The prevalence of mental-emotional issues among healthcare personnel was

⁴⁵ Muhamad Taufik Hidayat and others, 'The Use of Pasung for People with Mental Illness: A Systematic Review and Narrative Synthesis', *International Journal of Mental Health Systems*, 14.1 (2020), 90 <https://doi.org/10.1186/s13033-020-00424-0>

⁴⁶ Nelson Simanjuntak, Manotar Tampubolon, and Favio Farinella, 'Discrimination of Persons with Mental Illness: Testing the Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care in Indonesia', *Studies in Systems, Decision and Control*, 516 (2024), 601–13 https://doi.org/10.1007/978-3-031-49544-1_53

⁴⁷ Irma M Puspitasari and others, 'Perceptions, Knowledge, and Attitude Toward Mental Health Disorders and Their Treatment Among Students in an Indonesian University', *Psychology Research and Behavior Management*, Volume 13 (2020), 845–54 <https://doi.org/10.2147/PRBM.S274337>

⁴⁸ Sarah K. McKenzie and others, 'Men's Experiences of Mental Illness Stigma Across the Lifespan: A Scoping Review', *American Journal of Men's Health*, 16.1 (2022) <https://doi.org/10.1177/15579883221074789>

⁴⁹ Hario Megatsari and others, 'The Community Psychosocial Burden during the COVID-19 Pandemic in Indonesia', *Heliyon*, 6.10 (2020), e05136 <https://doi.org/10.1016/j.heliyon.2020.e05136>

18.75%. Depression was experienced by 10.8% of respondents, while stress or anxiety was experienced by 12.5% of respondents. Not only did health workers experience mental, and emotional issues in the mild category, but they also.⁵⁰ 1.1% of the participants reported experiencing severe anxiety or extreme stress, while 0.6% reported experiencing very severe anxiety.⁵¹ The burnout dimensions of Depersonalisation and Emotional Exhaustion are prevalent in all occupational levels and workplaces. Turnout was as prevalent in hospitals as it was in community health centers, with 48.2% and 51.8% of healthcare workers experiencing moderate to severe emotional exhaustion and depersonalization, respectively. In Indonesia, a referral system facilitates the transfer of patients from the community or primary health centers to secondary and tertiary care facilities.⁵²

Mental health disorder patients who are deemed incapable of exercising their legal rights and conducting any legal proceedings also exhibit worker issues. Relatives will waive the legal procedures necessary to fulfill their liability and assist them in fulfilling their liability.⁵³ This condition results in them being stigmatized by their environment, marginalized from social life, and discriminated against. Shackling them in a room is frequently the option of last resort to resolve the issue. The patient's condition is rendered worse by the fact that the majority of Indonesians reside in the poverty lane.⁵⁴ In 2016, the Indonesian government continued to advocate for the eradication of stigma associated with individuals with disabilities, particularly those with mental health conditions. This was achieved by providing training and education to 9000 health officers in the 12 provinces with the highest number of mental health patients. Additionally, six Ministries/Agencies (Coordinating Ministry of Human Development and Culture, Ministry of Social Affairs, Ministry of Home Affairs, Ministry of Health, National Police, and National Social Security Agency/BPJS) have recently signed a Memorandum of Understanding on the Elimination of Shackling ("Stop Shackling Movement") to enhance coordination and partnership in the fight against shackling.⁵⁵ Nevertheless, stigma and confinement continue to be persistent issues that can affect employees who are experiencing mental health issues. The specter of minimal legal enforcement until health care support is provided for workers who experience mental health is a frightening one, and effective regulation and enforcement are necessary to address this issue.

⁵⁰ Adams Yunus and others, 'Effects of COVID-19 Safety Protocols on Health Workers' Quality of Life; the Mediating Role of Mental Health and Physical Health; a Retrospective Study', *Heliyon*, 10.14 (2024), e34861 <https://doi.org/10.1016/j.heliyon.2024.e34861>

⁵¹ Alexa Ovilia Tan and Angelina Angelina, 'Prevalence of Depression, Anxiety, and Stress Among Indonesian Healthcare Workers During the Covid-19 Pandemic and Its Related Factors', *Medicinus*, 9.2 (2021), 44 <https://doi.org/10.19166/med.v9i2.4702>

⁵² Aly Lamuri and others, 'Burnout Dimension Profiles among Healthcare Workers in Indonesia', *Heliyon*, 9.3 (2023), e14519 <https://doi.org/10.1016/j.heliyon.2023.e14519>

⁵³ Ahmad Gimmy P. Siswadi and others, 'The Role of Perceived Social Support and Resilience in Predicting the Mental Health of Healthcare Professionals During the COVID-19 Pandemic: A Study from Indonesia', *The Open Psychology Journal*, 15.1 (2022) <https://doi.org/10.2174/18743501-v15-e221222-2022-69>

⁵⁴ Rus'an Nasrudin and Budy P. Resosudarmo, 'Mental Health Assimilation of Rural-Urban Migrants in Developing Countries: Evidence from Indonesia's Four Cities', *Papers in Regional Science*, 102.4 (2023), 761-91 <https://doi.org/10.1111/pirs.12751>

⁵⁵ Muhammad Arizka Wahyu and Tareq Muhammad Aziz Elven, 'Protecting the Rights of Mental Health Patients: Comparative Study between Indonesia and Taiwan', *Indonesian Comparative Law Review*, 2.2 (2020), 7-8 <https://doi.org/10.18196/iclr.2220>

3.2 Regulation Workers on Protected Mental Health in Singapore

In comparison to those without mental health issues, workers with these conditions are almost three times more likely to be unemployed, have 20% lower employment rates, and are nearly one and a half times more likely to receive disability benefits.⁵⁶ At the age of 29, young adults who have experienced both persistent high and elevated levels of mental health problems during childhood and adolescence encounter challenges in meeting their work demands for more than one day per week, in comparison to those who have experienced low-level mental health problems. This is consistent with a full-time work week. Many workers who returned to work after being absent due to common mental health issues continue to experience impaired work functioning for a period of up to 12 months. Additionally, this investigation illustrated that employees recover at varying rates and levels in terms of their mental health and work performance.⁵⁷

It is crucial to safeguard the mental health of employees, as research indicates that the cost of mental illness exceeded US\$ 2.5 trillion in 2010 and is projected to rise to US\$ 6.0 trillion by 2030. Mental disorders are a significant public health concern because of their high prevalence, chronic course, younger age of onset, associated comorbidities, decreased productivity, medical costs, and increased mortality.⁵⁸ In Singapore, 92% of employees reported experiencing workplace tension, significantly higher than the global average of 84%, as indicated by research on Health-Related Quality of Life (HRQoL) among workers. Furthermore, it is anticipated that overweight employees will experience a 1.2% decline in health-related productivity compared to those in lower BMI categories.⁵⁹ In 2016, Singapore and South Korea reported 4.19 and 5.79 psychiatrists, respectively, operating in the mental health sector per 100,000 workers. Most Southeast Asian countries have fewer than one psychiatrist per 100,000 population. Compared to the United Kingdom, which reported 17.98 psychiatrists per 100,000 in 2019, Australia reported 13.53 psychiatrists per 100,000 in 2015.⁶⁰

The importance of regulation is not restricted to local workers; in numerous literary works, the issue of immigrant workers who are frequently isolated from their families during significant crisis periods, such as illnesses and mortality, is also addressed. The women described homesickness as an ongoing struggle, even after being in Singapore for several years. This struggle had a pervasive effect on their mood, causing them to feel sad and restricted by their employer, who lacked respect. They also experienced difficulties managing their employers' mental health, including high work stress, alcoholism, and depression. Their survival needs were not met, including proper food, rest, medical care,

⁵⁶ Uta Gühne and others, 'Employment Status and Desire for Work in Severe Mental Illness: Results from an Observational, Cross-Sectional Study', *Social Psychiatry and Psychiatric Epidemiology*, 56.9 (2021), 1657–67 <https://doi.org/10.1007/s00127-021-02088-8>

⁵⁷ Iris Arends, Sander K.R. van Zon, and Ute Bültmann, 'Supporting Workers with Mental Health Problems at Work: Challenges and Avenues', *Scandinavian Journal of Work, Environment and Health*, 48.5 (2022), 323–26 <https://doi.org/10.5271/sjweh.4044>

⁵⁸ Mythily Subramaniam, Shazana Shahwan, and others, 'A Qualitative Exploration of the Views of Policymakers and Policy Advisors on the Impact of Mental Health Stigma on the Development and Implementation of Mental Health Policy in Singapore', *Administration and Policy in Mental Health and Mental Health Services Research*, 49.3 (2022), 404–14 <https://doi.org/10.1007/s10488-021-01171-1>

⁵⁹ Dhiya Mahirah and others, 'Factors Associated with Health-Related Quality of Life in an Asian Working Population', *Epidemiology and Health*, 2020, e2020048 <https://doi.org/10.4178/epih.e2020048>

⁶⁰ EeHeok Kua and Mahendran Rathi, 'Mental Health Care in Singapore: Current and Future Challenges', *Taiwanese Journal of Psychiatry*, 33.1 (2019), 6 https://doi.org/10.4103/TPSY.TPSY_2_19

social connection, safety, freedom, respect, and dignity.⁶¹ Immigrants were frequently provided with inadequate sustenance, which was occasionally of substandard quality. The individual's health issues and workplace injury were exacerbated by poor nutrition, which resulted in reduced work productivity. Additionally, they were prohibited from possessing and using mobile phones or communicating with individuals outside the household. The absence of social connections for these women resulted in feelings of loneliness, anxiety about their families, and dread as a result of their inability to request assistance.⁶²

The government must establish regulations to address the potential issues and complexities of future impacts, which are interrelated with mental health stigma and the absence of mental health policies. On the one hand, policies are necessary to combat mental health stigma; however, stigma can also impact mental health policies. Research indicates that the stigma associated with mental illness serves as a constraint in the development of policies that will enhance the care and support provided to individuals with mental illness.⁶³ Singapore's mental health regulations are bolstered by The health and economic burden associated with melancholy and anxiety symptoms is substantial in Singapore. The significant proportion of untreated illness indicates a need to increase Singapore's human capital to address the needs of those who may require assistance. Strategies that may be effective in addressing this public health crisis include the expansion of psychiatric resources, the development of mental health competency in general practitioners, the promotion of peer support, and the intensification of efforts to reduce the stigma associated with mental health.⁶⁴

The healthcare regulatory system in Singapore is based on a hazard- and occupation-centered model, and it does not integrate medical assessment to comprehensively address general, preventive, psychological, and social health. This restricted scope enables companies to optimize the financial and workforce resources necessary for policy implementation, which indicates the innate desire to establish a competitive edge in Singapore's relatively open economy.⁶⁵ Nevertheless, this method presents the necessity for the company's management to guarantee the complete health of its employees as an option rather than an absolute necessity. This permissiveness enables the deprioritization of the agenda and the disregard of the significant impact of workforce health on occupational and enterprise risks/outcomes in favor of the economic sustainability of businesses, particularly for the small and medium enterprises sector. The observed reality often opposes the expectation that all employers will independently and proactively advocate for worker

⁶¹ Ying Ying Lee and others, 'Sleep Quality of Singapore Residents: Findings from the 2016 Singapore Mental Health Study', *Sleep Medicine: X*, 4 (2022), 100043 <https://doi.org/10.1016/j.sleepx.2022.100043>

⁶² Kelly Ann Zainal and Joanna Barlas, 'Mental Health, Stressors and Resources in Migrant Domestic Workers in Singapore: A Thematic Analysis of in-Depth Interviews', *International Journal of Intercultural Relations*, 90 (2022), 116–28 <https://doi.org/10.1016/j.ijintrel.2022.08.004>

⁶³ Ángela Carbonell, José-Javier Navarro-Pérez, and Maria-Vicenta Mestre, 'Challenges and Barriers in Mental Healthcare Systems and Their Impact on the Family: A Systematic Integrative Review', *Health & Social Care in the Community*, 28.5 (2020), 1366–79 <https://doi.org/10.1111/hsc.12968>

⁶⁴ Parth Chodavadia and others, 'Prevalence and Economic Burden of Depression and Anxiety Symptoms among Singaporean Adults: Results from a 2022 Web Panel', *BMC Psychiatry*, 23.1 (2023), 1–9 <https://doi.org/10.1186/s12888-023-04581-7>

⁶⁵ Mythily Subramaniam, Edimansyah Abdin, and others, 'Risk and Protective Factors of Mental Health during the COVID-19 Pandemic: A Cross-Sectional Study in Singapore', *Annals of the Academy of Medicine, Singapore*, 52.5 (2023), 249–58 <https://doi.org/10.47102/annals-acadmedsg.202341>

health, as such ideals are frequently constrained by the necessity to prioritize profit margins and the scarcity of resources.⁶⁶

The government's role in promoting mental health, particularly for workers, is essential. As the primary responsibility for the mental health of its population, the government can provide funding by incorporating mental health into reimbursement and health insurance schemes, which includes financial protection for individuals from low socioeconomic and vulnerable groups. In 2020, only 31% of WHO member states have a national mental health policy in place, 21% have a policy by international human rights instruments, and 23% have indicators or targets to monitor the majority or all policy implementation.⁶⁷ Singapore's government is no exception in its efforts to advance mental health. In 2006, the Singapore government initiated the first National Mental Health Blueprint (NMHB) to promote mental health and mitigate the incidence and impact of mental health issues to bolster job protection. The transition from an institutional to a community-based model was critical to this blueprint. The Community Mental Health (CMH) Master Plan was subsequently implemented in 2012 to enhance the care of individuals with mental illness and dementia in the community.⁶⁸

The Singapore Mental Health (Care and Treatment) Act 2008, The 2010 Mental Health Regulations, and the Mental Capacity Act 2008 were all enacted to enhance the mental health of the public. These regulations are generally beneficial for patients who have mental disorders and significant psychiatric risks but refuse to undergo treatment voluntarily.⁶⁹ At present, Form 1 is exclusively accessible at the Institute of Mental Health (IMH) and is not accessible at general hospitals or clinics. This implies that the sole individuals who have the authority to officially implement this Act and make the final decision regarding involuntary patient admission are medical practitioners employed at the IMH. The following situations have arisen in public hospitals due to this arrangement. Initially, general hospital physicians may be unable to accommodate psychiatric patients who are at risk but wish to be discharged, as they cannot sign Form 1 at the hospital. Secondly, the patient's carer may contest the general hospital doctor's decision to transfer the patient to IMH, as it is not a formal process. Third, physicians at general hospitals frequently are required to administer anesthesia or forcibly restrain patients before transporting them to the IMH via ambulance. This treatment is administered before the signing of Form 1. The current legal defense is predicated on common law and previous legislation, which permits general hospital physicians to refer patients to IMH for examination in good faith. Fourth, the 2008 Act may not apply to patients with substantial

⁶⁶ SEAH and others.

⁶⁷ Jonathan Campion and others, 'Public Mental Health: Required Actions to Address Implementation Failure in the Context of COVID-19', *The Lancet Psychiatry*, 9.2 (2022), 169–82 [https://doi.org/10.1016/S2215-0366\(21\)00199-1](https://doi.org/10.1016/S2215-0366(21)00199-1)

⁶⁸ Gregory Tee Hng Tan and others, 'Mental Illness Stigma's Reasons and Determinants (MISReaD) among Singapore's Lay Public – a Qualitative Inquiry', *BMC Psychiatry*, 20.1 (2020), 422 <https://doi.org/10.1186/s12888-020-02823-6>

⁶⁹ Vanessa Seet and others, 'The Use of Complementary and Alternative Medicine in a Multi-Ethnic Asian Population: Results from the 2016 Singapore Mental Health Study', *BMC Complementary Medicine and Therapies*, 20.1 (2020), 52 <https://doi.org/10.1186/s12906-020-2843-7>

psychiatric and medical hazards in IMH, as it is a psychiatric hospital without medical and surgical departments.⁷⁰

Workers must adhere to psychiatrists' directives when providing mental health services, as required by applicable regulations. This is because psychiatrists are legally enabled to need treatment for their patients. For example, psychiatry is the sole medical specialty legally permitted to prescribe treatment for its patients. Even though the Mental Health (Care and Treatment) Act is invoked for involuntary admission after a comprehensive assessment and criteria, treatment may involve enforced hospital admissions, injections of sedative and psychiatric medications, and, in certain instances, physical and chemical restraints.⁷¹ Of course, I would like to believe that all psychiatrists exercise such power with caution and only in certain instances. Doctors are held in high regard in Singapore and possess a high social status as members of a highly esteemed profession. Consequently, local patients frequently demonstrate a high level of respect for the advice and directives of their physicians. Therefore, even when a patient seeking psychiatric assistance is in remission, a power differential can loom over unseen and unheard and gradually influence the doctor-patient dynamics.⁷²

The Act does not impact workers' right to refuse medical or surgical treatment, as it does not endeavor to restrict it to contemporaneous decisions. This is because section 13(1) stipulates that workers have the right to safeguard themselves in the context of mental health improvement without being compelled to undergo treatment. Consequently, patients dissatisfied with the statutory instrument's restricted scope may be able to utilize a common law advance directive.⁷³ Although the common law requires individuals who wish to rely on the terms of an advance decision to demonstrate its existence and validity satisfactorily, there are no prescribed formalities. Nevertheless, when it is at stake, "clear and convincing" evidence of its existence and ongoing validity is necessary. The Singapore Medical Council's ethical guidance on end-of-life care mandates that a patient's decision not to receive specific treatments must be honored.⁷⁴

This is elucidated in The Mental Capacity Act (MCA), enacted in 2008. The MCA enables individuals (referred to as "donors") to establish a "donee" in a Lasting Power of Attorney (LPA) to make financial and healthcare-related decisions on their behalf if they lose mental capacity. This Act prohibits the donee from making decisions on behalf of the donor regarding prospective life-sustaining treatment. It also stipulates that when making best interests decisions for an individual, one must consider the person's past and present

⁷⁰ Kumarasan Roystonn and others, 'Understanding Major Depressive Disorder in Singapore: Insights from the Second Singapore Mental Health Study (SMHS 2016)', *Journal of Affective Disorders*, 364 (2024), 295–304 <https://doi.org/10.1016/j.jad.2024.08.046>

⁷¹ Mythily Subramaniam, Yen Sin Koh, and others, 'Problematic Smartphone Use and Mental Health Outcomes among Singapore Residents: The Health and Lifestyle Survey', *Asian Journal of Psychiatry*, 98 (2024), 104124 <https://doi.org/10.1016/j.ajp.2024.104124>

⁷² Ying Ying Lee, Suying Ang, and Charmaine Tang, 'The Case for Co-Production in Singapore's Mental Healthcare', *Frontiers in Psychiatry*, 12.November (2021), 10–13 <https://doi.org/10.3389/fpsy.2021.740391>

⁷³ Tracey Evans Chan, 'Advance Medical Directives in Singapore: A Faltering Policy for End-of-Life Care?', in *Advance Directives Across Asia* (Cambridge University Press, 2023), pp. 40–56 <https://doi.org/10.1017/9781009152631.004>

⁷⁴ María del Río Diéguez and others, 'Art Therapy as a Therapeutic Resource Integrated into Mental Health Programmes: Components, Effects and Integration Pathways', *The Arts in Psychotherapy*, 91 (2024), 102215 <https://doi.org/10.1016/j.aip.2024.102215>

wishes and feelings, as well as the beliefs and values that would likely influence their decision if they had the capacity to the reasonably ascertainable extent. This includes any relevant written statement the person makes when they have capacity.⁷⁵

The MCA provision underscored the significance of safeguarding the welfare of individuals who have lost mental capacity and respecting the autonomous rights of those with capacity. Advance care planning is a critical tool that assists care teams in making decisions in the best interest of patients who have lost mental capacity. Although making best interest decisions may be perceived as paternalistic in specific contexts, Singapore's substitute decision-making system is comparable to the United Kingdom's. In the United Kingdom, the best interest approach is distinguished by considering the individual's wishes to the greatest extent possible.⁷⁶

3.3 Promoting Active Participation in Workplace Mental Health Policy

It is imperative to be aware of the constraints and obligations of the state in providing health care for the community, particularly workers, in Indonesian law. Specifically, some numerous laws and regulations about the protection of workers' mental health in the context of employment, including: (1) Article 4 of Law Number 17 of 2023 concerning Health, (2) Law Number 13 of 2003 concerning Manpower, (3) Regulation of the Minister of Manpower Number 5 of 2018 concerning Occupational Safety and Health in the Work Environment, and (1) Law Number 1 of 1970 concerning Occupational Safety all establish that "Everyone has the right to health." According to the A Quo Law, health is a condition of well-being that enables individuals to live a socially and economically fulfilling life, including in terms of their physical, mental, spiritual, and social well-being. Evidently, the term "healthy" is not limited to physical health but also encompasses mental well-being.⁷⁷ Furthermore, the Mental Health Act emphasizes that treatments for mentally ill individuals should "provide protection and guarantee services" and prevent any human rights violations during the process (Article 3). The matter is more specifically addressed in Article 86 of the law, which stipulates that "anyone intentionally shackling, abandoning, harassing, and/or ordering other individuals to shackle, abandon, and/or harass mentally troubled and mentally ill individuals or committing other activities that violate the rights of [the patients] will be criminalised in accordance with existing regulations."⁷⁸

Establishing a regulatory framework to facilitate increased participation is necessary. The primary objective of the regulatory framework is to develop new structural labor relationships. Organizational and moral adjustments are required for managing stressors.⁷⁹ The pandemic has exacerbated this reflection, potentially increasing awareness among

⁷⁵ Alex Ruck Keene and others, 'Taking Capacity Seriously? Ten Years of Mental Capacity Disputes before England's Court of Protection', *International Journal of Law and Psychiatry*, 62 (2019), 56–76 <https://doi.org/10.1016/j.ijlp.2018.11.005>

⁷⁶ Raymond Ng and others, 'Advance Care Planning in Singapore: The Genesis and Evolution of a National Programme', *Zeitschrift Für Evidenz, Fortbildung Und Qualität Im Gesundheitswesen*, 180 (2023), 99–102 <https://doi.org/10.1016/j.zefq.2023.05.018>

⁷⁷ Arnie Cordero Trinidad and Elizabeth Protacio-De Castro, 'The Institutionalization of Mental Health and Psychosocial Support in Emergencies in Indonesia', *International Journal of Disaster Risk Reduction*, 51.May (2020), 101918 <https://doi.org/10.1016/j.ijdr.2020.101918>

⁷⁸ Zuhrotun Ulya, 'Coercion (Pasung) and People with a Mental Disorder in Indonesia: Bioethics and Health Law', *International Journal of Law and Psychiatry*, 66.October (2019), 101477 <https://doi.org/10.1016/j.ijlp.2019.101477>

⁷⁹ Claudio Marcelo Brunoro and Laerte Idal Sznelwar, 'Working in Times of COVID 19: Challenges for Mental Health', 2021, pp. 296–301 https://doi.org/10.1007/978-3-030-74602-5_43

those involved, including workers, employers, and society. It has been acknowledged that factors related to work-related mental disorders are essential for the formulation of measures, and it has facilitated the development of elements for elaborating policies in the public and private sectors. This is a beneficial investment for employers, as it is associated with low productivity and financial impact. It should be a legally mandated requirement, which will reduce the excess of absenteeism, "presenteeism" (workers who arrive at work unwell and cannot perform their duties effectively), turnover, and more accidents and injuries.⁸⁰

Establish precise regulatory frameworks. We can establish a national index to achieve the required regulatory accomplishment. The National Policy Index (NPI) for worker mental health is a tool that can be employed to monitor the policy context of a country to ascertain whether it is conducive to cheerful worker mental health, working conditions, and employee mental health. Initial Items for the National Policy Index (NPI).⁸¹ To address the global mental health crisis, it is worthwhile to reinforce national-level policy approaches that support psychosocial hazard/risk management and, as a result, the protection and promotion of mental health at work, as evidenced by the NPI of the relationship between policy and its positive effect on enterprise-level PSC. The results offer quantitative evidence to substantiate the arguments of global qualitative studies that advocate for more explicit policy action. Our research is crucial for stakeholders involved in the ongoing discussions regarding a new EU Directive that pertains to psychosocial risk management (PSR). It demonstrates that regulations are essential for implementing effective mental health policies, procedures, and measures at the enterprise level. The NPI will be indispensable in the continuous evaluation of the impact of policies on both a national and global scale. It will also assist in developing comparative conclusions that will inform the identification of future priorities.⁸²

To achieve precise regulations, particularly for workers, discrimination must be eliminated. This legislation enumerates several rights, including the right to community living, the right to live with dignity, protection from cruel, inhuman, or degrading treatment, treatment equal to that of individuals with physical illnesses, the right to relevant information regarding treatment, other rights, and recourses, the right to confidentiality, the right to access essential medical records, the right to personal contacts and communication, the right to legal aid, and recourse against deficiencies in the provision of care, treatment, and services.⁸³ Mental health legislation continues to serve a variety of primary objectives. These encompass not only the provision of care for individuals who are unable to provide consent and the safeguarding of those individuals

⁸⁰ Thaisa Rodrigues, Rita Dal, and Carla Ventura, 'Legal and Normative Aspects Applicable to Workers' Mental Health: Bill to Regulate Psychosocial Risks in Brazil', *Medical Research Archives*, 11.8 (2023), 1–11 <https://doi.org/10.18103/mra.v11i8.4209>

⁸¹ Aditya Jain and others, 'The Impact of National Legislation on Psychosocial Risks on Organisational Action Plans, Psychosocial Working Conditions, and Employee Work-Related Stress in Europe', *Social Science & Medicine*, 302 (2022), 114987 <https://doi.org/10.1016/j.socscimed.2022.114987>

⁸² Rachael E. Potter and others, 'National Policy Index (NPI) for Worker Mental Health and Its Relationship with Enterprise Psychosocial Safety Climate', *Safety Science*, 172 (2024), 106428 <https://doi.org/10.1016/j.ssci.2024.106428>

⁸³ Suresh Bada Math and others, 'Mental Health Care Act, 2017: How to Organize the Services to Avoid Legal Complications?', *Indian Journal of Psychiatry*, 64.Suppl 1 (2022), S16–24 https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_743_21

from discriminatory denial of rights during treatment but also the necessity of achieving social justice for individuals with mental illness in a broader sense. This third justification for the existence of mental health legislation, which is the pursuit of social justice, indicates a more comprehensive understanding of the legislation's function. This justification frequently necessitates the legislation to expand into new and unfamiliar domains, including social care, housing policy, public health services, and politics.⁸⁴

The regulatory approach to enhancing workers' mental health differs in its approach to addressing the various dangers of Psychological Hazards (PH). Specifically, the first approach emphasizes businesses' legal obligations and responsibilities, while the second approach focuses on actions through first-line prevention laws or compensation laws when risks occur. There is an effort to adopt a collective approach, regulate and restrict management practices, including work organization, and incorporate mental health into public health, health promotion policies, and broader employment law approaches (e.g., policies for recruitment, retention, and return to work, as well as disability). The mental health approach underscores the distinctiveness of management, which is not readily categorized as either positive or negative due to its correlation with the company's competitiveness and strength.⁸⁵

To gain a comprehensive comprehension of the regulations that pertain to physical and mental health in Singapore, we can participate in the national program known as Advance Care Planning. This program is designed to enhance the community's health, including its members. Singapore is presently implementing a healthcare reform initiative known as Healthier SG (SG is a commonly used abbreviation for Singapore).⁸⁶ It endeavors to enhance physical and mental health outcomes, promote well-being, and reduce inequalities throughout the population by adopting a life course approach. The government-led initiative encompasses Mobilitypore's network of family physicians, establishing community partnerships to promote improved health and improving the policy, training, and financial structures that underpin the program. The proactive discussion of care plans with patients by physicians and the encouragement of each resident to enroll with a single family physician are critical components of this approach. Eventually, ACP will become an essential component of these care programs. This announcement is a positive development for the ACP movement in Singapore. The Minister of Health has publicly expressed the necessity of "normalising the discussion of death and dying."⁸⁷

To increase participation, the updated Framework for Mental Health must be implemented. Workplaces offer a comprehensive review of strategies to improve well-being and reduce damage, focusing on mental health conceptualizations that promote a more comprehensive understanding of an individual's overall health. Total Worker Health

⁸⁴ Amresh Shrivastava, Avinash De Sousa, and Nilesh Shah, *Handbook on Optimizing Patient Care in Psychiatry*, *Handbook on Optimizing Patient Care in Psychiatry*, 2022 <https://doi.org/10.4324/9780429030260>

⁸⁵ Takenori Mishiba, 'The Legal Regulation of Psychological Hazards at Work: The Hypothesis Regarding the Benefits of the Mental Health Approach Compared to the Psychosocial Risk (PSR) Approach', *Journal of Work Health and Safety Regulation*, 2.2 (2024), 97–109 <https://doi.org/10.57523/jaohlev.ed.23-002>

⁸⁶ Chetna Malhotra, Mahham Shafiq, and Ada Portia Macarubbo Batcagan-Abueg, 'What Is the Evidence for Efficacy of Advance Care Planning in Improving Patient Outcomes? A Systematic Review of Randomised Controlled Trials', *BMJ Open*, 12.7 (2022), e060201 <https://doi.org/10.1136/bmjopen-2021-060201>

⁸⁷ Chen Ee Low and others, 'A Cross-Sectional Study on Advance Care Planning Documentation Attitudes during National Advance Care Planning Week in a South-East Asian Country', *BMC Palliative Care*, 23.1 (2024), 244 <https://doi.org/10.1186/s12904-024-01505-4>

(TWH) is an example of a comprehensive program that positively impacts well-being and outcomes by integrating organizational and individual approaches.⁸⁸ The TWH approach integrates programs consistent with a hierarchy of controls that encompasses the elimination/control of hazards, substitution of practices, work redesign, education, and individual change. It is imperative to identify mental health issues at an early stage to facilitate treatment. Organizations frequently employ well-being checks or mental health screening instruments to identify individuals who require further attention and intervention.⁸⁹ Participating enterprises implement TWH modifications. The impact of a TWH intervention such as Health Links may be more significant during the initial phases of implementation when businesses have a more substantial opportunity to benefit from the initial technical advice/consultation. These results also suggest that companies can continue to benefit from TWH advising. This indicates the potential contribution of TWH consulting to preserving organizational policies and procedures.

Developing a Health Record that is not restricted to mental health is essential to facilitate the comprehensive implementation and monitoring of regulations. The National Electronic Health Record (NEHR) has been incorporated with this system, similar to Singapore's, thereby enhancing accessibility and availability in various institutional care settings. Therefore, it is more probable that attending physicians in the public healthcare system who have access to the NEHR will be informed of any common law advance directives that a patient has made during the advance care planning process.⁹⁰

The development of mental healthcare and SDM in Indonesia must be supported by the development of participant workers and workplaces that are more comfortable. This is because non-mental health practitioners are more likely to hold negative attitudes than mental health practitioners, and mental health professionals are significantly more likely to correctly identify symptoms of depression and schizophrenia than non-mental health professionals. Additionally, primary care physicians and other non-mental health practitioners have a poorer diagnostic accuracy of depression.⁹¹ Methods for resolving this, accompanied by Indonesia, could reduce the mental health treatment gap among its citizens by having clinical psychologists lead community or primary care level mental health programs and psychiatrists lead hospital services where patients are more likely to require pharmacological support. This would have implications for Indonesian health practitioners' mental health system development and mental health literacy. The first step in addressing the issue of improving mental health care in developing countries is to invest in skilled personnel rather than new technologies. This includes providing incentives, such

⁸⁸ Liliana Tenney and others, 'Impact of Advising on Total Worker Health Implementation', *Journal of Occupational & Environmental Medicine*, 63.8 (2021), 657–64 <https://doi.org/10.1097/JOM.0000000000002212>

⁸⁹ Mark Deady and others, 'A Mentally Healthy Framework to Guide Employers and Policy Makers', *Frontiers in Public Health*, 12.July (2024), 1–15 <https://doi.org/10.3389/fpubh.2024.1430540>

⁹⁰ Chuan De Foo and others, 'Healthier SG: Singapore's Multi-Year Strategy to Transform Primary Healthcare', *The Lancet Regional Health - Western Pacific*, 37 (2023), 100861 <https://doi.org/10.1016/j.lanwpc.2023.100861>

⁹¹ Nurul F. Praherso, Hans Pols, and Nikolaos Tiliopoulos, 'Mental Health Literacy of Indonesian Health Practitioners and Implications for Mental Health System Development', *Asian Journal of Psychiatry*, 54 (2020), 102168 <https://doi.org/10.1016/j.ajp.2020.102168>

as bonded tuition scholarships, to upskill specialist practitioners who will return home to practice in their home countries.⁹²

To achieve national health record success, the organizational, human, and technological factors identified in this review provide a basis for policymakers and other key stakeholders to make evidence-based decisions while implementing fully interoperable Electronic Health Records across primary, secondary, and long-term care. Regarding organizational needs, top-down, middle-out, and bottom-up governance structures have been used. Sustained political will, national policy, and some individual and organizational independence regarding EHR procurement, development, and design are recommended to enhance engagement, usability, and interoperability.⁹³ Therefore, it is imperative to establish a national index that can be reconstructed to meet our requirements, in conjunction with countries that have excellent and appropriate policy indexes, to ascertain the proper regulatory objectives to assure worker protection. After establishing an index that indicates the direction of the aim, workplace reform is necessary. The regulation must be integrated into the organizational culture to provide employees with the necessary support. It is essential to maintain a qualified health record to monitor the health of employees.

4. Conclusion

Unprotected mental health, which is defined by the frequent occurrence of negative stigma from society among workers and untreated mental illness, is a problem that should be resolved. In Indonesia, the absence of professional handling and law enforcement makes it challenging for workers who experience health issues and an unbalanced work rhythm to recuperate and reduce their productivity levels. Through Law Number 17 of 2023, the Indonesian government has regulated and guaranteed workers' physical, mental, and social health. However, it should be able to provide a more advanced and comprehensive legal foundation by focusing on the necessary regulations and providing law enforcement to support a safer workplace while prioritizing workers' mental health. Singapore is presently experiencing a decrease in the prevalence of mental health issues among its workforce due to regulatory innovations that prioritize the provision of adequate treatment by medical professionals who have received specialized training. Indonesia would benefit from adopting these strategies. Additionally, Singapore's program is increasingly focused on promoting public health, particularly among laborers. Companies in Singapore are accountable for enhancing mental health by facilitating communication and offering assistance, which can potentially elevate workplace tension levels. Consequently, to safeguard workers' mental health, the Indonesian government must implement the practical, safe, and productive approach that Singapore has implemented for the workforce. Furthermore, the government must enhance and fortify regulations to safeguard employees' mental health.

⁹² Mariam Ischander and Sheryl Lozowski-Sullivan, 'Psychologist's Unique Role in Improving Quality of Life of Children with Chronic Lung Diseases and Their Families', *Pediatric Clinics of North America*, 69.5 (2022), 951–63 <https://doi.org/10.1016/j.pcl.2022.05.008>

⁹³ Orna Fennelly and others, 'Successfully Implementing a National Electronic Health Record: A Rapid Umbrella Review', *International Journal of Medical Informatics*, 144 (2020), 104281 <https://doi.org/10.1016/j.ijmedinf.2020.104281>

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