

## National Health Insurance Program for Mental Disorders at Prof. Hb Saanin Psychiatric Hospital Padang

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### Abstract

Health is a primary factor in every human's life. To achieve optimal health status, one aspect that must not be ignored is mental health. The National Health Insurance Program (JKN) managed by the Social Security Organizing Agency (BPJS) is a form of Indonesian government policy in improving the quality of health services including mental health. Psychiatric Hospital (RSJ) Prof. HB Saanin is a mental health facility owned by the West Sumatra provincial government that serves JKN participants. The purpose of this study was to analyze the implementation of the JKN program in patients with mental disorders at RSJ Prof. HB Saanin Padang. A research method is a qualitative approach with descriptive type. Data were collected through interviews, observations, and documentation and the determination of informants using purposive sampling techniques. Data Validity Test through source triangulation. The results showed that the implementation of the JKN program in patients with mental disorders at RSJ Prof. HB Saanin Padang has run quite well, but the resources in terms of both quantity and quality are inadequate. Socialization is needed for JKN participants about the mechanism of treatment and tiered referral. Stagnation and budget constraints owned by BPJS Health must be jointly sought for a solution so that this program can be optimal and no longer feel disadvantaged.

**Keywords:** *policy implementation, National Health Insurance Program, Mental Disorders*

### Introduction

Healthy according to (World Health Organization) is a perfect condition both physically, mentally, and socially, not only free from disease and weakness or disability (Suliswati et al., 2005). Based on these definitions, humans are always seen as a unified whole (holistic) from the elements of the body (organobiology), soul (psychoeducative), social (socio-cultural), which is not only focused on disease but on improving the quality of life consisting of the welfare of the body, soul, and social "social-economic productivity" (Sofwan, 2009).

To achieve optimal health status, one aspect that should not be ignored is mental health. In the era of globalization and free competition, the tendency to increase mental disorders is greater, this is caused by psychological pressure in life that is increasingly greater (Suliswati et al., 2005). Basic Health Research (Riskesdes) by the Ministry of Health (Kemenkes) in 2013 noted that the prevalence of severe mental disorders (per mile) in the Indonesian population was 1.7 per 1,000 population. In the next five years in 2018, there was a drastic increase to 7 per 1,000 population.

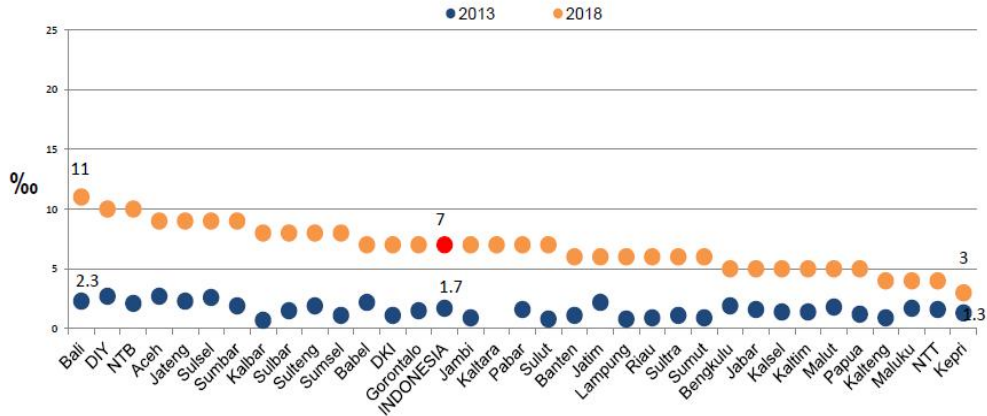


Figure 1. The proportion of households with ART Schizophrenia / Psychosis Mental Disorders by Province (Per Mil), 2013-2018

Source: Basic Health Research by the Ministry of Health in 2018

The Constitution of the Republic Indonesia in 1945 article 28 H paragraph (1) reads "everyone has the right to live physically and mentally prosperous, to live and to have a good and healthy life and to have the right to obtain health services". The implementation of this law is manifested in the vision and mission of the Long-Term Development Plan for the Health Sector 2005-2025, in which the community is expected to have the ability to reach quality health services and also obtain health insurance.

Based on this, Law Number 40 the Year 2004 of the National Social Security System (SJSN) and Law Number 24 the Year 2011 of BPJS were formed. The National Health Insurance (JKN) program is organized by the Health Insurance Administration Agency (BPJS), which starts on January 1, 2014.

However, after the establishment of the BPJS, there were several problems with its application in various areas, starting from the gap between funding and expenditure supply, socialization, data availability, and the unpreparedness of the structure of health facilities (Hubaib, 2015).

Hospitals as a health service facility have an important and strategic role in efforts to accelerate the health status of the Indonesian people. There are 2 (two) psychiatric hospitals that are registered as health facilities for the West Sumatra region, one of which is the Psychiatric Hospital (RSJ), Prof. HB Saanin Padang. This hospital-based on the Decree of the Minister of Health No.583 / MENKES / SK / III / 2011, has been designated as a Regional Special Hospital with Class A classification that provides primary services in one particular field or type of disease that is the psychiatric field.

Health services by RSJ Prof. HB Saanin Padang are much questioned by the public, according to the Assistant Ombudsman of the Republic Indonesia (ORI) Representative of West Sumatra, complaints report procedures for BPJS Health services at RSJ Prof. HB Saanin were quite high in 2015. Public complaints include bureaucratic management or tiered referral, registration, until the long queue and also related to pay claims. Limited human resources in the health sector, especially mental health workers, so we are still struggling to create an effective mental health program (Maramis, 2010).

Government policy must be seen as comprehensive and sustainable. The successful implementation of the policy can be seen from two things. First, seen from the process, by questioning whether the implementation of the policy is following what is determined by referring to the policy action. Second, whether the policy objectives are achieved can be seen from their effect on society and the level of change that occurs in the target group.

**Method**

This type of research is qualitative research. Qualitative research can be used to uncover and understand something behind the phenomenon (Strauss & Corbin, 2007). According to Creswell

(Creswell, 2010), qualitative research is methods to explore and understand meaning by several individuals or groups of people ascribed to social or humanitarian problems.

This research is a type of qualitative research using the case study method. The focus of the study was to analyze the implementation of the National Health Insurance Program for mental disorders at Prof. HB Saanin Psychiatric Hospital Padang as one of the mental health facilities in West Sumatra. Besides, there are several other stakeholders involved in this policy, of course, namely the community and interest groups that refer to policy implementation indicators. Data collected through observation, in-depth interviews, and documentation studies. The data analysis technique is done using the data being classified and reduced in advance by grouping and disposing of unnecessary data, the grouped data is presented and finally analyzed, verified and concluded (Miles & Huberman, 1992). The technique of determining the informant using a purposive sampling technique. While the technique of checking the validity of data through triangulation of data sources.

**Results and Discussion**

The National Health Insurance contained in Prof. HB Saanin Psychiatric Hospital Padang is a national scale health insurance program created and established by the government and managed by the Social Security Organizing Agency (BPJS). The National Health Insurance Program is a health insurance program that targets all Indonesians who aim to improve and provide health services to all levels of society.

Health problems in Indonesia today not only occur in physical illnesses such as heart disease, hypertension, or tuberculosis but also mental disorders which increase in number every year in Indonesia, this occurs because of the greater level of stress in life (Suliswati et al. , 2005). This can be seen from the table below:

Table 1. Number of Participants in the JKN-KIS Program in RSJ HB Saanin Padang

No	Year	Outpatient (Person)	Inpatient (Person)
1	2016	28.766	1.969
2	2017	43.288	1.977
3	2018	40.321	1.940
4	2019	8.933	548

The last three years have seen an increase in the number of JKN-KIS participants in RSJ HB Saanin is quite significant. Lack of medical personnel such as a team of psychiatric specialists and the availability of beds for hospitalization. In addition to these problems, there are also several other problems such as unclear information about tiered referral procedures, vacancies for psychiatric drugs at first-level health facilities, late payment claims by BPJS-Health.

Interestingly, the BPJS program service procedures for people with mental disorders impose a maximum rule of 40 days for inpatients. This policy has indeed been arranged by the central government issued through Regulation of the Minister of Health (Permenkes). This policy is like a "double-edged knife" for hospitals, on the one hand, the target of returning patients can quickly be reached, but on the other hand, the complete recovery of the patient is doubtful, considering that patients with mental disorders are very difficult to recover and must take medication for life.

How exactly is the implementation of the National Health Insurance Program for mental disorders at RSJ HB Saanin Padang? What are the obstacles related to these problems, is it appropriate and how the shape of the changes that occur. Given the importance of feedback from the government policy.

The factors that can affect the success of the Implementation (Agustino, 2008) of the National Health Insurance Program for mental disorders at RSJ HB Saanin, namely:

**a. Policy Standards and Targets**

The implementation of the National Health Insurance Program at Prof. HB Saanin Psychiatric Hospital Padang has a structure and standard operating procedure (SOP). In general, there were no SOP differences between general patients and JKN patients. The only difference is in the admission and referral stages. The changes to the SOPs have been adjusted to the regulations and instructions from the health BPJS which also changes frequently.

The hospital has three teams that are responsible for implementing the JKN program. The first team is the management team whose task is to coordinate the implementation of the JKN program at RSJ HB Saanin. Second is the control team that is in charge of conducting surveillance and as a determinant of the amount and duration of drug administration to patients. Finally, the coding and costing team has the task of entering patient criteria according to the diagnosis that has been determined in the INA-CBGs payment system so that it can then be claimed by the costing team by calculating the real cost.

Problems that occur in the field include the Ministry of Health compilation implemented by BPJS-Health-related to treatment rates in psychiatric hospitals. The care covered by BPJS Health is only for a maximum of 40 days. After 40 days have passed, the daily rate applies. The price difference between the two types of services was quite large. This policy is sometimes complained of by JKN participants because it is felt that the patient has not fully recovered but must be discharged first.

The patient who had to be discharged returned a few days later to the hospital for treatment. This creates inefficient services because patients have to go back to their place of origin, the distance is sometimes very far from the RSJ so that medical costs become inflated.

The policy made by the Kemenkes has certainly been discussed with experts in their respective fields but when its application in the field many constrained, and also the Health BPJS which in recent years experienced a deficit continuously impacted on the changing package tariff regulations.

This case imaged the government into a negative position, the ongoing BPJS Health deficit forced the package rates on mental patients also to be cut each year. It is not impossible in the future the package rates that are covered a maximum of 40 days can even be faster than that. This indicates that the standards and targets of the JKN program policies at RSJ HB Saanin have not been implemented well.

**b. Resource**

Both in terms of quality and quantity of resources owned by RSJ HB Saanin have not been sufficient. There are only 7 (seven) psychiatric specialists on duty at the hospital, 3 (three) civil servants (PNS) and 4 (four) more psychiatric specialist doctors who are seconded, and 1 (one) doctor psychiatric subspecialist. The doctors were handling more than 40 thousand patients who seek treatment at RSJ HB Saanin in 2019. This number is certainly not sufficient for the implementation of optimal mental health services.

Until now only 124 beds are available for hospitalization for all types of nursing classes despite an increase in the number of patients each year. Required additions to some parts of the service in the form of medical and administrative personnel. The absence of the BPJS center also becomes an obstacle, many BPJS members have problems but there is no concrete approach and solution from them.

Concerning the budget or financial constraints are often hampered because of the delay BPJS Health makes payment claims and this is very disruptive to hospital operations. It also causes the welfare of employees as implementers of program policies to be disrupted. Until now claims have been paid until March, even though the service has been going on until September. The cost of medical services has not been received at all and is purely operational for patients. The quality of its human resources so far has been quite good. The executive officers can still provide good service to patients.

Funding resources or other incentives are one of the resources that can facilitate the implementation of a policy. Lack of or limited funds or other incentives in policy implementation is a major contribution to the failure of policy implementation (Widodo, 1974).

#### **c. Characteristics of Implementing Organizations**

Vision and mission of Prof. HB Saanin Psychiatric Hospital Padang, the "Center for Mental Health Excellence in Indonesia. Its mission is to provide mental health services, increase hospital independence. There are main tasks and functions (tupoksi) of each Regional Apparatus Organization (OPD) related to tupoksi BPJS Padang City Health, West Sumatra Province Health Service (Dinkes), and West Sumatra Social Service (Dinsos).

The JKN implementing program from RSJ HB Saanin must be able to explain its role and responsibilities as an implementing program. Commitment from program implementers is good enough. The implementers have compliance and responsibility in carrying out the program.

Based on the Regional Regulation (Perda) of West Sumatra Province No. 7 of 2010 concerning the Organizational Structure and Work Procedures of RSJ Prof. The hospital is not supervised by the Head of Department, therefore communication between organizations is rather interrupted, only thinking of reports without feedback.

Because BPJS Health payments are problematic, of course, the hospital complained because of disruption of operations. Finally, the RSJ complained about the problem to the Department of Health (Dinkes) Of West Sumatera Province, Dinkes through members of the Regional House of Representatives (DPRD) asking for a discussion group forum to find a solution.

#### **d. Communication Between Organizations**

Communication has been realized in two ways, both between the executive officer and the executive officer with the patient/patient's family. Another case with communication in the form of coordination with other relevant organizations. The rules and instructions, as well as directions regarding the implementation of the JKN program, are still often changing and inconsistent, which confuses the hospital, especially for frontline officers and patients, if there is a sudden change.

So far, only the Padang City government has issued a budget related to problems with mental disorders. Padang City, in particular, is often used as a place to "dump" people with mental disorders from other regions. The Padang City Government through the Social Affairs Office has a special budget to finance the care of its residents who experience displaced mental disorders.

In 2018 the Social Affairs Office of Padang spent at least more than 700 million specifically for outreach activities for people with psychotic/chronic mental illness who were neglected in Padang. Other cities or regencies in West Sumatra do not yet have a program like this. Handling of cases of mental disorders should be disseminated to the leaders of each region to also pay attention to mental disorders as mandated by the Basic Law.

Another problem is the vacancy of certain drugs in first-level health facilities (faskes). Patients who have been discharged from a mental hospital will seek treatment at a first-level health facility according to the BPJS-level referral rules. Medicines obtained at first-level health centers or health centers are not the same or less than what is usually obtained by patients from RSJ HB Saanin.

One of the factors causing mental disorders is drug withdrawal. Some studies show that a person with a mental disorder must take medication for life. Medication becomes important in the recovery process. Giving the drug will restore the neurochemical balance in the patient's brain and eliminate the main symptoms. The goal of treatment of people with mental disorders is to prevent recurrence and improve quality of life (Kolegium Psychiatry Indonesia, 2008). But often the occurrence of patients who do not regularly seek treatment. Factors affecting patient persistence in treatment include income levels, patient education levels, ease of access to health facilities, patient age, availability of health insurance that relieves patients in paying medical expenses (Ari, 2008).

Of course, this case can interfere with the activities of patients who are required to take drugs every day. These conditions force patients to go back to RSJ Saanin which is an advanced health facility (faskes). This indicates that the tiered referral system set by the BPJS is not working as expected.

#### **e. Social, Economic and Political Environment**

One of the targets of RSJ HB Saanin is the achievement of maximum patient recovery. The benchmarks are not the return of patients to Saanin Mental Hospital, but it is strongly influenced by family and environmental factors of the mental sufferer.

The policy of a maximum of 40 days for inpatients is sometimes misused by the patient's family not to pick up the patient to the mental hospital even though the treatment period has ended. Most patients' families do not want to embrace family members affected by mental disorders. Many families do not care and do not pick up family members when they have been allowed to go home. So that hospital operations are not disrupted, usually, the RSJ outsmart this by dropping or delivered directly to the patient's home.

Socio-Cultural Factors (Maramis, 2010) is one of the sources of mental disorders. The factors consist of family stability, parenting, economic level, housing, and minority group issues that include prejudice, health facilities, and inadequate welfare, as well as religious-related benefits. Someone who has a conflict with family can also be a factor causing mental disorders (Faris, 2016). Unresolved conflicts with friends or family will trigger excessive stressors. If someone experiences excessive stressor but the coping mechanism is bad, then most likely someone will experience a mental disorder.

The extent to which the external environment has contributed to the success of the public policy. The non-conducive social, economic, and political environments can be a source of problems from the failure of policy implementation performance. Therefore, efforts to implement policies require conducive external environmental conditions.

The interruption in coordination between policy implementers has caused no feedback for JKN participants. Likewise, concerns about the policies that will be generated by policymakers later. The current situation shows the lack of attention of the government of each city and regency in West Sumatra towards policies or programs for people with mental disorders.

### **Conclusions**

The National Health Insurance Program is a health insurance program whose target is the entire Indonesian community which aims to level and provide health services for all levels of society. The results showed that the implementation of the National Health Insurance Program for mental disorders at RSJ Prof. HB Saanin Padang has run quite well and following existing procedures. Resources both in terms of quantity and quality are not enough. Socialization for JKN participants regarding the mechanism of treatment and tiered referral is very much needed so that the implementation will be effective. Regarding stagnation and budget constraints owned by BPJS Health, a solution must be found together. So that there are no parties who feel disadvantaged, considering that health is a primary factor in the life of every human being.

### **Acknowledgments**

The author would like to thank the Rector of Universitas Negeri Padang, Head of LP2M Universitas Negeri Padang, Leaders and Staff of RSJ Prof. HB Saanin Padang, Parties as resource persons who can not be mentioned one by one, Chair of the Department of Public Administration Universitas Negeri Padang and Fellow Lecturers of the Department of Public Administration Universitas Negeri Padang.

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