SCREENING GUIDE

TOGETHER FOR MENTAL HEALTH

Harmoni
Healing Together

TOGETHER FOR MENTAL HEALTH:

Using visual research methods to understand how health workers, families and healers work together to improve mental health and reduce coercion and restraint in Ghana and Indonesia

A Screening Guide for
Harmoni: Healing Together

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TIPS AND ADVICE BEFORE SCREENING THE FILMS

This screening guide accompanies the documentary film *Harmoni: Healing Together*.

The guide is designed to provide background information and additional context for the film and to facilitate discussion and learning on the film content.

The intended users of this screening guide include:

- Institutions and individuals holding a screening of either of the film;

- Teachers, lecturers and students, including those running or attending courses for health professionals, advocates and allies in the field of mental health;

- Professionals in medicine, psychiatry, psychology, nursing, social work, occupational therapy, etc.;

- Healers and religious/spiritual leaders with an interest in mental health;

- Civil society organisations with an interest in mental health (e.g., NGOs and advocacy groups working in health and/or human rights).

INTRODUCTION

Harmoni: Healing Together was filmed in Indonesia as part of the research project *Together for Mental Health* conducted by researchers from universities in Indonesia, Ghana and the UK. The project explored the ways in which healers and mental health workers in Ghana and Indonesia developed partnerships to improve care and prevent human rights abuses.

Why did we make these films?

We know that in many countries traditional and faith-based healers are commonly used when a family member appears to be suffering from mental illness. Sadly, it is not uncommon for families and healers to use chains and other restraints when attempting to treat people with mental illness (Human Rights Watch, 2020). Organisations such as the World Health Organization have suggested that partnerships between healers and health workers could help prevent human rights abuses and enable people with mental health conditions to access better quality treatment and care (Green & Colucci, 2020; Gureje et al., 2015).

However, it can be challenging to establish such partnerships and bring about change. Healers and health workers have different and often conflicting approaches to mental illness, and healers can feel as if their knowledge and experience is not recognised (Kpobi & Swartz, 2018). There are also many different types of healers, even within one country, with a wide variety of belief systems, rituals and practices.

Health policy and health systems, as well as infrastructure and resources, also differ between countries. Mental health is commonly underfunded compared to other health conditions and mental health workers often have to work with very limited resources. Therefore, the best ways to improve treatment of people with mental health conditions and create partnerships between health workers and healers is likely to vary depending on many things including the type of healers, the resources available and the relationships between healers and health workers (Kpobi & Swartz, 2018; Read, 2019).

In Ghana and Indonesia some mental health workers and healers have begun to work together with the aim to improve treatment of people with mental illness. The research documentaries follow some of the families, healers and health workers in the two countries to explore examples of successful partnerships as well as some of the enduring challenges.

Why Ghana and Indonesia?

Members of the research teams in this project have conducted long-standing research on mental health in Indonesia and Ghana using ethnography, visual methods like photography and film, and qualitative and participatory methods (Anto SG & Colucci, 2015; Colucci & McDonough, 2019; Hunt, Guth & Setiyawati, 2021; Kpobi & Swartz, 2018; Read, 2019). We were able to build on the relationships and understanding we have developed through our research to engage respectfully with the communities where we conducted our filming. This is particularly important when filming on sensitive and stigmatised topics and to take into account the impact of long histories of colonial power and internal inequalities.

Mental health resources

Both Ghana and Indonesia have committed to the expansion of community mental health care, however resources remain insufficient to meet the needs of their populations. In addition, in both contexts mental health services are unevenly distributed, with most concentrated in the major urban centres. Mental health services primarily focus on diagnosis and the provision of medication. There are very few specialists such as psychologists, occupational therapists and mental health social workers.

The religious context in Ghana and Indonesia

Ghana and Indonesia both have rich religious and cultural histories, and religion, rituals and spirituality continue to play an important role in approaches to sickness, health and wellbeing, including mental illness. In both countries mental illness is often seen to be caused by spiritual forces such as possession by spirits or *jinn,* witchcraft and curses, or as punishment for an immoral act (Ae-Ngibise et al., 2010; Stephen & Suryani, 2000).

In Indonesia there are six officially recognised religions. Islam is the most widely practiced religion, followed by Catholicism, Protestantism, Hinduism, Buddhism, and Confucianism. There are also numerous indigenous belief systems, rituals and practices such as Kejawen in Central Java, Sunda Wiwitan in West Java, and Wetu Telu in Lombok Island. Ghana also has many different ethnic groups, each with their own traditions and spiritual leaders, commonly referred to as 'traditional healers'. Ghana is about 70% Christian and 30% Muslim so alongside these healers are a large number of Christian and Islamic healers who also offer healing through prayers, fasting and rituals.

Human rights concerns

Sadly, in Ghana and Indonesia it is not uncommon for people with mental health conditions to be restrained, confined and mistreated. Some interventions by faith-based and traditional healers can violate human rights. This includes the use of physical restraints and confinement, beatings, non-consensual administration of herbal medicines and enforced deprivation of food (Colucci, 2016; Hidayat et al., 2020; Human Rights Watch, 2020; Read, 2019).

In recent years governments, charities and mental health advocates in Ghana and Indonesia have been taking steps to prevent these human rights abuses and improve the care of people with mental health conditions. This includes introducing new mental health legislation and training community-based mental health workers. Indonesia's 2014 Mental Health Law classifies physical restraint and confinement (known as *pasung*) as a criminal offence, as well as promoting the integration of mental health into primary care (Hunt, Guth & Setiyawati, 2021). Ghana's 2012 Mental Health Act aims to shift mental health care to a community-based approach (Roberts, Mogan & Asare, 2014), ultimately integrating mental health into primary care. The Act promotes collaboration between mental health workers and traditional and faith-based healers, and the establishment of 'visiting committees' to monitor human rights (Nyame et al., 2021).

You can read more about mental health and human rights in Ghana and Indonesia here:

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- Human Rights Watch: https://www.hrw.org/report/2020/10/06/living-chains/shackling-people-psychosocial-disabilities-worldwide
- WHO Quality Rights Ghana: https://www.qualityrights.com.gh/

How we did it

Together for Mental Health (movie-ment.org/together4mh) is an applied interdisciplinary visual research project based on the use of ethnographic documentary and participatory video to collect and present research findings. Ethnographic documentary follows people in their everyday life, filming field-observations, interviews and conversations. A previous ethnographic documentary (Colucci, 2016) used this method to explore the use and meanings of physical restraint and confinement (i.e. *pasung*) in Indonesia (movie-ment.org/breakingthechains/).

For this project we filmed people with lived experience of mental illness, family caregivers, healers, mental health workers and other key stakeholders. The two films were edited from the footage taken in the two countries. Everybody who took part in these documentaries gave their informed staged (Hansen & Colucci, 2020) consent.

In Participatory Video, techniques are used to involve a group or community to make their own films based on issues that matter to them (as individuals and/or members of a community). They decide how they are represented in the films by taking a director role in the filming and choosing the footage, images and dialogue they wish to include. The participatory videos produced through this project are freely available on our YouTube channel, Movie-ment: www.youtube.com/c/Moviementorg.

For more information and other examples of visual research methods, including those used in this project, please visit movie-ment.org/.

Want to help?

If you would like to support organisations working to improve the human rights of people with mental health conditions in Indonesia please contact:

Komunitas Peduli Skizofrenia Indonesia (KPSI)
Instagram account: @peduliskizofrenia

Perhimpunan Jiwa Sehat (PJS)
Website: pjs-imha.or.id/

Rumah Berdaya Denpasar
Instagram account: @rumahberdaya_kpsibali

Yayasan AIR Cianjur
Contact: Nurhamid Karnaatmaja (+62 813 2202 1289)

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HOW TO USE THIS SCREENING GUIDE

This guide provides some background information to help you to introduce the film, followed by some questions to guide discussion after the screening.

⚠️ CAUTION:

Some of the topics in these films are distressing, particularly for people who may themselves have experienced mental illness and coercion or restraint. Make sure people are cautioned about this before screening the film and that everyone who attends has information on where to go for help, advice and support if needed. We have provided contact details for some organisations in Indonesia who offer support and advice at the end of this document. You can add contact details for available support services where you are showing the film.

Background

Pasung is how Indonesians refer to practices of physical restraint and/or seclusion of people living with mental illness and psychosocial disabilities in many parts of the country. Some may experience years of being in *pasung*, which may lead to irreversible physical disabilities as well as emotional distress (as portrayed in the research documentaries 'Breaking the Chains' and 'Breaking the Chains: Anto's story', which could be watched in conjunction with *Harmoni*, see movie-ment.org/breakingthechains/).

Indonesia's Law on Mental Health (2014) has offered strong legal protection for people living with mental illness against the practice of *pasung*. Healthcare workers, primarily those working at the community level, are tasked with providing care for patients released from *pasung*. The backbone of the health system in Indonesia is community health centres or *puskesmas*, with a total of over ten thousand countrywide. On average, each *puskesmas* services a designated work area of 30,000 people. Other than professional primary health care workers, untrained members of the society are often active in providing care as community cadres. Nevertheless, only a very small number of *puskesmas* deliver community mental health service. Moreover, for specialistic mental health care, Indonesia has less than 1 psychiatrist and less than 3 mental health nurses for every 300,000 people (Idaiani & Riyadi, 2018).
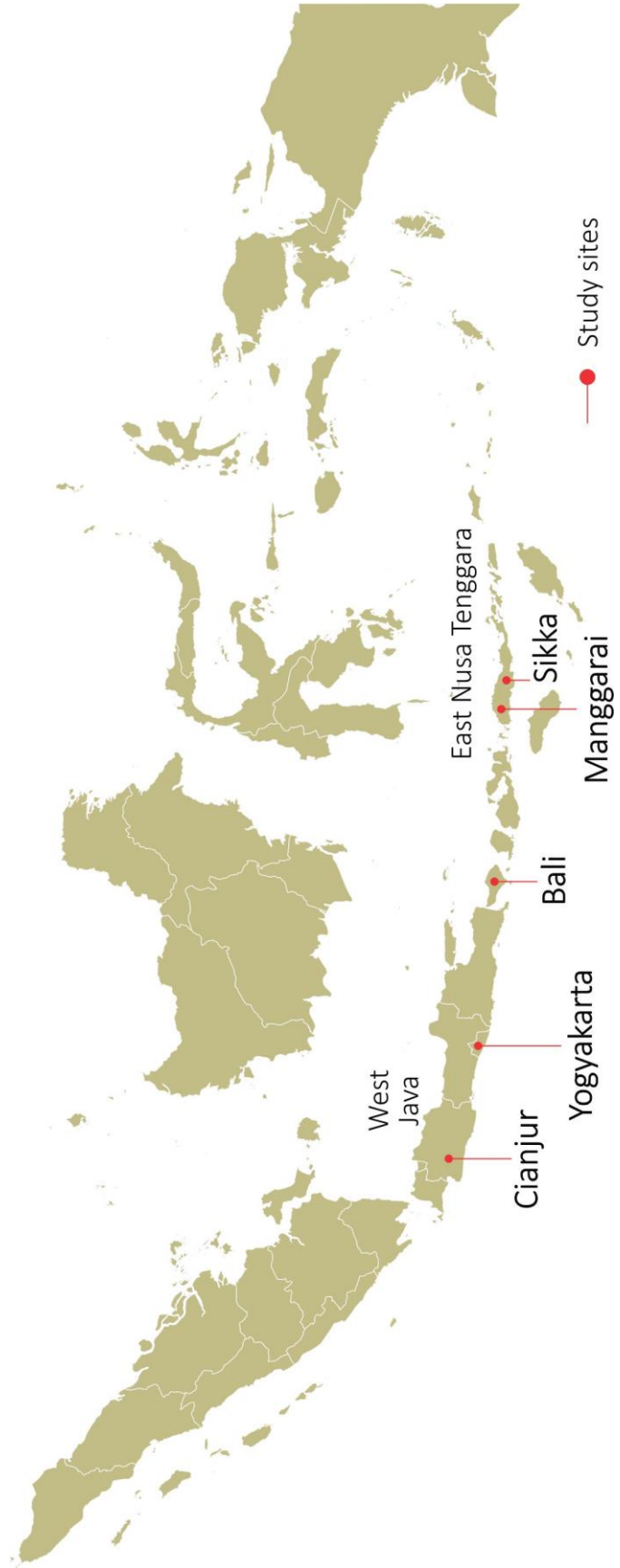
The implementation of initiatives such as Indonesia Bebas Pasung (Indonesia Free from *Pasung*) and community-based mental health care is also complicated by the fact that many patients and families/caregivers seek care from faith-based or traditional healers, either exclusively or in combination with medical treatment. Some of these healers include *pasung* as part of their treatment and often use faith-based rituals mixed with local indigenous beliefs.

As the world's fourth largest country (over 270 million people) and consisting of more than 17,000 islands, Indonesia holds a vast cultural diversity. The first of five national principles (*Pancasila*) is a belief in God, which reflects the deeply-embedded nature of faith and religiosity in Indonesian identity.

Consequently, the state is involved in overseeing religious practices and organizations in the country.

As faith and religion are very influential in most aspects of everyday life, so faith-based healing has a large presence in most communities. Indonesian laws and regulations acknowledge the presence of non-medical healers, in so far as they are registered and work under the supervision of formal medical providers. In practice, there are many ways that faith-based healers co-exist with the formal health care system. Furthermore, some mental health workers have decided to collaborate with these faith-based healers in order to provide the community with culturally-acceptable pluralistic mental health care.

Harmoni: Healing Together provides examples where collaboration between mental health professionals and faith-based healers is practiced in three islands in Indonesia. These islands are each dominated by the three major religions in the country - Java which is predominantly Muslim, Bali which is predominantly Balinese Hindu, and Flores which is predominantly Roman Catholic. The stories told in the film show the diversity of faith-based healing practices for mental illness in Indonesian societies, the motivations and reasoning behind the development of these collaborative relationships, and the impacts of pluralistic collaboration on mental health care for people living with mental illness, their families and community members.

Picture 1. Location of study sites in Indonesia

Source: https://freevectormaps.com/indonesia/ID-EPS-01-0002?ref=at

East Nusa Tenggara

Sikka

Manggarai

Bali

Yogyakarta

West Java

Cianjur

Study sites

This 98-minute film consists of 5 chapters, each with a different focus.

Chapter 1: Family Home

This chapter presents an insight into the dilemma that families face in caring for people living with mental illness. Many caregivers are overwhelmed and resort to practices of physical restraint, isolation or confinement.

Chapter 2: Wandering Spirits

This chapter showcases some key concepts from the three major faith groups (Islam, Roman Catholicism, and Balinese Hindu) that were used in the explanatory models of illness and healing, as practiced in the local communities in Indonesia.

Chapter 3: Doctor's Orders

This chapter shows the situation in various facilities and practices that attempt to integrate psychiatric care with faith-based healing.

Chapter 4: They Called Me Crazy

This chapter presents the ways that healthcare professionals negotiate their positions with faith-based practitioners, and vice versa, to provide a more holistic mental health care and prevent human rights violations of people living with mental illness.

Chapter 5: Two Opposites Exist Within Us

This chapter summarizes the rationale for collaboration between health professionals and faith-based healers as an attempt to harmonize their own and their community's cultural identity with the goal of mental health recovery.

The following is a guide for facilitators to lead discussion following the screening of the film. We suggest the questions below to be asked for free discussion, with guidance and prompts provided to identify the themes presented in the films if needed.

1. What are the reasons behind the family or community members' decision to put a person living with mental illness and psychosocial disabilities in *pasung*?

Examples:

- Wanting to be protective of the person with mental illness, as they are concerned about their safety if they run away;
- Stigma including fear of violence associated with people with mental illness, which could cause harm to family members and the community;
- Limited understanding about the possibility of recovery from mental illness;
- Financial and practical limitations to accessing medical or psychological care including:
  - Fees for residential care;
  - Regular travel for outpatient treatment in a healthcare facility is difficult and expensive;
  - Few mental health specialists and facilities providing mental health care;
  - An unreliable supply of psychiatric medication in mental health care facilities.

2. What have the local health workers done to address the problem of *pasung* in the community?

Examples:

● Conducting outreach visits to the homes of people with mental health conditions to provide psychiatric treatment and monitor human rights abuses, including the use of *pasung;*

● Educating the family on how to give medications safely;

● Incorporating the interpretations of mental illness by the person affected, his/her family and community members when discussing mental health, illness, and treatment;

● Collaborating with donors and/or other external parties to supply psychiatric medication to treat symptoms of aggression or agitation;

● Collaborating with faith-based organisations and civil society groups to encourage the family and healers to release the person from *pasung.*

Picture 2. Father Cyrelus S. Andy of the Camillian Order in Sikka, Flores, giving a blessing to a mental health patient in a *pasung*-release ceremony.

Picture 3. Ustadz Fadhlan Hasyim performing an Islamic Ruqyah treatment to a patient in his clinic in Yogyakarta. Ruqyah syar'iyyah is a healing therapy using Quranic verses and legitimate Islamic supplications according to the Quran based on the teaching of the Prophet Muhammad.

3. From the stories in the film, how do religious communities in Indonesia view mental illness? What are the similarities and differences between the different religious views regarding mental illness and treatment?

Examples:

- All religious communities in the film (Muslim, Hindu and Catholic) hold similar beliefs that behavioural and thought disturbances may be caused by spiritual influences.

- There are examples of differences in some religious healers' methods to investigate the spiritual dimension of an illness:
  - Ustadz Fadhlan, an Islamic healer who performs *ruqyah* (i.e. the reading of Qur'anic verses), encounters a client with complaints of emotional problems and anxiety and identifies it as part of a mental problem. In his practice, he claims that the client's physical response of pain upon pressure on several points of the fingers is indicative of the presence of an evil spirit in the body.

  - Father Ompy, a Catholic priest, describes using his sense of smell to detect the presence of evil spirits. When he encounters a woman with auditory hallucinations and behavioral changes, he discerns that the woman was not experiencing demonic disturbance, and suggests that praying for the woman's "heavy past" will help ease her mental problems.

  - Komang Gases, a Balinese Hindu scholar, identifies the influence of good or bad spirits on a person's behaviour and mental state according to their adherence to ritual processes.

4. Based on the film, what factors led the mental health practitioners and faith-based healers to begin to collaborate?

Examples:

- Faith-based healers have a client experiencing an acute crisis that they find difficult to manage;

- The patient's family member requested the involvement of a faith-based healer to perform religious rituals to accompany medical treatment;

- A strong belief in spiritual influences on a person's behaviours and mental state expressed by a family member;

- Health professionals using faith-based healers as intermediaries to explain about mental illness and medical treatment;

- Faith-based healers sought collaboration with mental health practitioners to provide medical examinations and prescribe medication to complement their ritual treatment;

- Faith-based healers requested the help of a mental health professional to overcome difficulty in communicating and building rapport with a client with mental illness;

- Mental health professionals initiated discussion with faith-based healers to find common ground in understanding the use and effects of psychiatric medicine to prevent clients discontinuing medication;

- Faith-based institutions donated resources including safe housing and medication to support local community health centres in the provision of care for people with mental health conditions;

- Mental health professionals wished to facilitate the patients and the family's recovery in accordance with their worldview by incorporating spirituality in their practice or referring their patients to faith-based healers.

Picture 4. Rumah Berdaya community from Denpasar, Bali, undergoing pelukatan, a Balinese-Hindu bathing purification ritual.

Picture 5. Father Alfons Oles and a seminary student of the Camillian Order in Sikka, Flores, talking to a woman living with mental illness who was chained during a home visit.

5. After watching this film, what do you think makes a successful collaboration between healers and mental health workers in Indonesia?

    What are the lessons for other settings?

Examples:

- Health professionals may have shared worldviews with the community they serve and the faith-based healing practitioners they encounter;

- Faith-based healing practitioners may recognise their own limitations in moments of crisis, such as when encountering persons with very aggressive behaviour or problems in communicating, which encourages them to build collaborative relationships;

- Health professionals acknowledge and validate their patients' desire for a pluralistic healing approach in line with their cultural and spiritual understanding, while mitigating the risk of discontinuation of medical treatment;

- There is a mutual need to pool resources from formal health professionals and from faith-based institutions in order to facilitate their patients'/clients' recovery;

- Health professionals and faith-based healing practitioners may mutually negotiate around their practices to accommodate the patients' needs and preferences.

6. What challenges do the health workers and faith-based healers face in their attempts to collaborate in mental health care?

Examples:

- Faith-based healers sometimes do not initiate collaboration attempts until they experience moments of crisis;

- Pluralistic collaboration may be challenged by caregivers' opposition to the use of psychiatric medication, as well as perceived challenges in accessing formal healthcare services;

- There are negative attitudes from some health professionals towards the practice of pluralistic collaboration;

- Family members and the community often hold strong beliefs about spiritual influences on a person's mental health condition and consequently insist that medical care is secondary to traditional and/or faith-based healing;

- Faith-based healers feel belittled or sidelined by health professionals;

- Side effects of psychiatric medicine and differing expectations of their efficacy e.g., desire for a cure versus using medication in the long-term to manage symptoms;

- Health professionals collaborating with faith-based healers may feel misunderstood or fear being ostracised by their colleagues.

7. What are the advantages and disadvantages of collaboration between healers and mental health workers that you found from the stories presented in the film?

Participants may be split into groups to focus on one of the following cases:

- Indah's home-based Islamic *ruqyah* therapy by Ustadz Fadhlan, co-facilitated by Dr. Diana, a psychologist, in Yogyakarta;

- Al-Islamy Foundation Islamic Boarding School in Yogyakarta, where the residential care facility experienced a transition from delivering predominantly Islamic healing to predominantly medical care;

- "Berto", the person in *pasung* who was visited by Father Andi of the Catholic Camillian Order, and the medical staff of Hewokloang community health centre, Flores;

- Rituals such as the *melukat* ritual (bathing ritual) in Bali participated in by dr. Rai, the psychiatrist, and members of the *Rumah Berdaya* community.

ADDITIONAL RESOURCES

In English

Colucci, E. & Anto SG (2019). "Breaking The Chains: Anto's Story" (30 minute film, with English subtitles). Accessible from Movie-ment YouTube channel: https://www.youtube.com/watch?v=jGALhkwzg4g

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In Indonesian

Together for Mental Health collection of Participatory Videos, Accessible at https://www.youtube.com/c/Moviementorg

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TIPS AND ADVICE FOR CLOSING THE DISCUSSION

1. Close the discussion with a positive and uplifting question.

2. Remember to provide a list of local services if the person attending or someone they know needs mental health/emotional support (see Helpful Contacts we have provided at the end of this guide).

3. Provide the audience with web and social media links where they may find out more information and resources about the project.

4. If possible, close the event with a networking or other social event (e.g., refreshments or just an area for people to mingle for a bit) to allow a space for the audience to have informal conversations and debriefing.

Follow our social media channels @Together4MH and

Together for Mental Health | moviement.org

for updates and more outputs from this project,

including articles, short films and updated screening guides.

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Indonesia

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- Indonesian Mental Health Nurses Association (*Ikatan Perawat Kesehatan Jiwa Indonesia*, IPKJI)
- Indonesian Psychocultural Consortium (*Konsorsium Psikokultural Indonesia*, KPI)
- Cianjur participants: "Pondok Nurani Kemanusiaan" Foundation, Cianjur, West Java (Formerly known as "Istana KSJ" Foundation)
- Yogyakarta participants and contributors:
    - BRH Ruqyah Centre
    - Al-Islamy Foundation
    - Nurul Haromain Islamic Boarding School
- Bali participants and contributors:
    - Suryani Institute for Mental Health Foundation
    - Rumah Berdaya community
    - Pinandita Sanggraha Nusantara (PSN), Denpasar Chapter
    - Gases Bali Foundation
- Flores participants and contributors:
    - Renceng Mose Rehabilitation Centre, Manggarai

- o Camillian Order of the Catholic Church, Sikka
- Staff and affiliates of Centre for Public Mental Health, University of Gadjah Mada

Together for Mental Health Steering Committee Members

- Leslie Swartz (Chair)
- Ama de-Graft Aikins
- Jose C. Almeida
- Olatunde Olayinka Ayinde
- Muhammad Zamzam Fauzanafi
- Roberto Mezzina
- Harry Minas
- Subandi
- Agus Sugianto
- Mike Poltorak
- Sjaak van der Geest
- Kwartarini Wahyu Yuniarti

TOGETHER FOR MENTAL HEALTH

A GHANA-INDONESIA-UK JOINT INITIATIVE

Helpful Contacts

If you need help and support in relation to any of the issues raised in the film or issues of mental health in general, please contact:

Indonesia

1. Center for Public Mental Health
    Faculty of Psychology, University of Gadjah Mada
    Phone: +62 (274) 550435 (*hunting*)
    Email: cpmh.psikologi@ugm.ac.id

2. Into The Light website, which provides a list of mental health care services in major cities in Indonesia:
    https://www.intothelightid.org/tentang-bunuh-diri/daftar-penyedia-layanan-kesehatan-mental/)

3. Indonesian Clinical Psychologists Association website, which provides a list of clinical psychologists in Indonesia:
    https://data.ipkindonesia.or.id/cari-psikolog/

4. SEJIWA, a psychological counselling service, run by the Ministry of Health
    Tel: 119 (extension 8)

United Kingdom

1. MIND https://www.mind.org.uk/

2. Mental Health Foundation https://www.mentalhealth.org.uk/

3. National Service User Survivor Network https://www.nsun.org.uk/

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