



Implementation of Management for the Handling of People with Mental Disorders

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Abstract

This research is motivated by the suboptimal governance of the management of People with Mental Health Problems (ODMK) in Nunukan Regency, characterized by weak inter-agency coordination and overlapping authority in carrying out tasks in the field. The complexity of ODMK problems requires the involvement of various parties, such as the Social Service, Health Service, Community Health Centers, Public Order Agency (Satpol PP), and the Police. However, the absence of an integrated mechanism regulating the roles of each agency results in inefficient, often interdependent, and unsustainable handling processes. The focus of this research is to examine the implementation of ODMK management and identify the obstacles faced by agencies in implementing integrated handling. This research uses a qualitative approach with a descriptive approach. Data collection techniques were conducted through in-depth interviews with informants from various relevant agencies, such as the Social Services Agency, Community Health Centers, the Police, the Public Order Agency (Satpol PP), and community members. Data were also supported by documentation studies and a review of supporting literature. The results indicate that the implementation of governance for the management of ODMK has not been optimal. Management functions such as planning, organizing, implementing, and monitoring have not been optimally implemented due to the lack of standard operating procedures (SOPs). This situation results in incidental handling of people with mental health problems, minimal coordination, and a risk of human rights violations. Furthermore, structural and technical obstacles have been identified, such as limited facilities, a shortage of mental health workers, the absence of specialized shelters, and a weak, sustainable cross-sectoral coordination system.

Introduction

Mental health issues have become a serious concern in Indonesia's healthcare system. Based on the Basic Health Research (Riskesmas) and data from the Ministry of Health, the number of People with Mental Disorders (ODGJ) and People with Mental Problems (ODMK) increases annually. This situation indicates that the burden of mental health in society is increasingly complex and requires serious attention. Various factors such as economic pressures, social environments, and a lack of mental health literacy contribute to this situation. Unfortunately, adaptive and inclusive policy responses to this issue remain very limited. The challenges in mental health services in Indonesia are further exacerbated from a regional perspective, particularly in border and remote areas. Many regions lack adequate mental health facilities, both in terms of infrastructure and professional staff such as psychiatrists, clinical

psychologists, and social workers. Mental health services at the primary level, such as community health centers, also lack comprehensive interventions for ODMK (Wigati, 2023). This results in many cases of mental disorders going untreated, increasing the risk of neglect and relapse in the community. Beyond just medical aspects, the issue of people with mental illness (ODK) is also closely linked to complex social issues. The negative stigma against people with mental disorders remains very strong in society (Bond et al., 2023; Ahmad, 2024). People with mental illness are often viewed as a disgrace, a threat, or even beings unworthy of living alongside other citizens (Kohn et al., 2022; Meghrajani et al., 2023). This stigma tends to lead families and communities to turn a blind eye to or even neglect people with mental illness, thus hindering the rehabilitation and social protection process (Thakkar et al., 2024; Patel et al., 2023; Denecke et al., 2022; Elyoseph & Levkovich, 2023). Furthermore, this negative perception also weakens community support for community-based mental health service initiatives (Putra & Rani, 2022). In the context of mental health services and social protection, local governments hold a crucial responsibility as the spearhead of policy implementation. Law Number 23 of 2014 concerning Regional Government and Law Number 18 of 2014 concerning Mental Health stipulate that local governments are obliged to implement comprehensive mental health efforts, including promotive, preventive, curative, and rehabilitative efforts. However, in reality, various limitations in the regions, both in terms of human resources, budget, and institutional capacity, prevent the implementation of this role from being optimal. This has resulted in suboptimal treatment for people with special needs (PLWD), particularly in ensuring their protection and mental health recovery.

Handling people with special needs (PLWD) is not the sole responsibility of one institution, but rather a highly complex and cross-sectoral matter. The Social Services Agency, the Health Service, the Police, the Public Order Agency (Satpol PP), Community Health Centers, and community organizations such as NGOs and neighborhood leaders all play a role in handling people with special needs (PLWD). This complexity creates unique challenges, as successful management relies heavily on inter-institutional synergy. When coordination is lacking, overlapping authority, tug-of-war, and even shifting of the burden can arise, ultimately harming people with special needs (PLWD). This situation demonstrates the importance of a collaborative and coordinated approach between agencies in addressing the problems of people with special needs (PLWD) (Elyoseph & Levkovich, 2023; Ali et al., 2024; Alsaif et al., 2025). Integration of roles is necessary, not only unifying institutional functions but also building a responsive, participatory, and sustainable work system. This effort must be supported by clear roles, a shared understanding of tasks, and procedural agreements between agencies (Nurhaeni et al., 2024; Cucheron, R. (2025). Without targeted collaboration, various policies designed at the national and regional levels have the potential to become mere administrative documents that fail to address real needs on the ground (Villareal et al., 2022).

Nunukan Regency, a border region, faces complex challenges in managing People with Mental Health Problems (ODMK), both in terms of the number and characteristics of cases, as well as resource support (Makmur, 2025; Azmawati et al., 2022). The situation in Nunukan Regency reflects the complexity of managing ODMK in border areas. As a region directly bordering Malaysia, Nunukan is often a transit and return point for migrant workers, including those experiencing mental health problems due to psychological stress abroad. Data from the Nunukan Regency Social Services Office shows significant fluctuations in the number of people with disabilities (ODMK) over the past four years. In 2021, there were 29 people with disabilities, then decreased to 15 in 2022, increased again to 18 in 2023, and jumped to 31 in 2024. These figures reflect that the problem of ODMK is not a temporary phenomenon, but rather a recurring issue with the potential to escalate if not addressed seriously. Various

triggering factors, such as drug abuse, psychological trauma due to deportation, and economic pressures, contribute to the worsening mental health of survivors. In practice, the management of ODMK in Nunukan Regency remains inconsistent. Interventions carried out by relevant agencies tend to be short-term, focusing solely on responding to incidents on the ground without a sustainable follow-up plan. This type of management fails to address the root causes and even risks creating a recurring cycle of neglect. A lack of mental health rehabilitation facilities, a limited number of professionals, and an ineffective referral system further complicate treatment effort. As a result, people with disabilities (ODMK) who have been handled often return to the public sphere without supervision, which then triggers new concerns among the community. One crucial issue contributing to the ineffectiveness of ODMK management in Nunukan is the overlapping authority between agencies (Prabowo et al., 2022; Malik, 2023; Rizki et al., 2024). The Social Services Agency, Health Service, Public Order Agency Police, and Community Health Centers each have involvement, but lack clear boundaries and adequate coordination. This situation often creates confusion in the field, with each agency waiting for or shifting responsibility, resulting in slow or even obstructed handling processes. When there is no standard working agreement between these agencies, what should be collaborative handling becomes fragmented, ultimately harming ODMK and worsening public perception of local government performance.

The main problem emerging from this situation is the suboptimal governance of ODMK management in Nunukan Regency (Xie et al., 2023; Xu et al., 2022; Cirillo et al., 2023). Coordination between government agencies, which should be a strength in addressing cross-sectoral issues, appears weak (Morella et al., 2022; Adel et al., 2022; Eysenbach et al., 2022). Each relevant agency continues to operate within its own framework, without a strong and structured collaborative mechanism. When cases of people with mental health problems (ODMK) arise, it's not uncommon for there to be a tug-of-war over authority and delays in action due to the absence of an integrated work system (Burnier, 2024; Luo et al., 2025). This indicates that coordination is not only about communication between parties, but also about clarity of function, workflow, and a shared perception of the urgency of addressing mental health issues (Tajwar et al., 2025).

The absence of a common reference procedure exacerbates this problem. Each agency tends to make decisions based on its own interpretation of the situation, resulting in inconsistent and often reactive work patterns. For example, the Social Services Agency may immediately follow up on public reports, but agencies such as Community Health Centers, Public Order Agency, or the Police prefer to wait for formal instructions. As a result, the handling process becomes inefficient, enforcement is slow, and cases of ODMK often drag on without resolution. This lack of procedures also results in low protection for field officers and diminished public trust in the local government. Given these conditions, it's crucial to examine more deeply how local governments, particularly in Nunukan Regency, manage ODMK cases. The analytical approach should be approached not only from a social or legal perspective, but also from the perspective of organizational management and public service. This approach allows for a systematic examination of how relevant agencies plan, coordinate, implement, and supervise the handling of people with special needs (ODMK). Therefore, this research is expected to contribute to understanding the root causes of the weak handling of people with special needs (ODMK) and to developing recommendations based on adaptive, structured, and humane governance.

Method

This study employed a qualitative approach with a descriptive approach. A qualitative approach was chosen because it allows researchers to gain a deeper understanding of complex social phenomena, including the dynamics of handling People with Mental Health Problems (ODMK) in Nunukan Regency, which involves various actors and agencies. Through this approach, researchers were able to gather information based on the perceptions, views, and experiences of informants directly involved in the ODMK handling process. Descriptive research was used to provide a systematic, factual, and accurate picture of the reality on the ground, particularly regarding the implementation of ODMK handling without integrated guidelines in the form of Standard Operating Procedures (SOPs). The research focused not only on identifying problems but also on understanding the obstacles, forms of inter-agency coordination, and the implications of the lack of SOPs for the protection of ODMK's rights in Nunukan Regency.

Researcher Role Management

The researcher served as the primary instrument, directly involved in the data collection, processing, and analysis process. This role included designing data collection strategies, conducting field observations, conducting in-depth interviews with informants, and reviewing relevant documents. Therefore, researcher involvement must be active and reflective so that the data obtained truly reflects the actual conditions on the ground. To maintain objectivity, researchers strive to build good relationships with informants through an empathetic and non-dominant approach. Researchers also maintain neutrality by not judging or intervening in the processes being observed. During the data collection stage, researchers systematically record and document data, using field notes, voice recorders, and cameras, to ensure the accuracy of the information collected. Researchers also validate data through triangulation techniques to ensure the research results have a high level of trustworthiness and reliability.

Research Location and Time

This research was conducted in Nunukan Regency, North Kalimantan Province, a border region with complex social characteristics. The focus of the locations was on agencies directly involved in the management of People with Mental Health Problems (ODMK), including the Nunukan Regency Social, Manpower, and Transmigration Office, the Nunukan Regency Health Office, the Nunukan Regional General Hospital (RSUD), community health centers (Puskesmas) with mental health services, and the police, who are frequently involved in the evacuation of ODMK cases. This location selection was based on the consideration that Nunukan Regency faces significant challenges in managing ODMK, primarily due to the lack of a unified Standard Operating Procedure (SOP) and the lack of supporting facilities. This research was conducted from March to August 2025, adjusting the schedule for interviews, observations, and access to data and documents from each relevant agency.

Data Sources and Research Informants

This research uses two types of data sources: primary and secondary data. Primary data was obtained directly from in-depth interviews, participant observation, and documentation of the process of handling People with Mental Health Problems (ODMK) in Nunukan Regency. Information from this primary data is current and contextual, obtained directly from informants who are involved in and understand the implementation of ODMK handling in the field. Secondary data was obtained from official documents, laws and regulations, policy archives, program reports, and other relevant published materials. These documents include Regent

Regulations, Regional Regulations, Standard Operating Procedures (SOPs), related agency data, activity reports, and academic literature that support an understanding of ODMK handling issues, both generally and specifically in Nunukan Regency. Research informants were selected purposively, considering their direct relevance to the policy process and implementation of ODMK handling in Nunukan Regency.

Data Collection Techniques

The data collection techniques in this study utilized several complementary methods to obtain valid and comprehensive data. The techniques used included: This technique was used to elicit more detailed information from key informants directly involved in handling people with special needs (ODMK). Interviews were conducted semi-structured with flexible question guidelines, allowing researchers to explore perspectives, experiences, and the dynamics of inter-agency coordination. Observations were conducted to directly observe the process of handling people with special needs (ODMK) in the field, including interactions between officers, responses to people with special needs (ODMK), and the condition of available facilities. Observations also helped researchers understand the social and operational context in handling people with special needs (ODMK). Documentation was used to obtain secondary data through a review of official documents, activity reports, regulations, meeting minutes, minutes, and other archives related to policies and practices for handling people with special needs (ODMK). Triangulation is performed by comparing data from various data collection techniques to increase the validity and reliability of the findings. Data obtained from interviews, observations, and documentation will be thoroughly analyzed to ensure appropriateness and consistency across information sources.

Data Analysis Techniques

The data analysis in this study used an inductive qualitative approach. The analysis process was conducted simultaneously from the beginning of data collection until the entire research process was completed. The analysis technique used refers to the interactive analysis stages according to Miles and Huberman, namely: This process involves selecting, simplifying, and focusing the raw data obtained from the field. Irrelevant data was discarded, while data deemed important was grouped according to the research focus, such as the implementation of SOPs, coordination barriers, and the handling of PWDs by relevant agencies. The reduced data was presented in the form of descriptive narratives, matrices, or simple tables to facilitate researchers in understanding the patterns of relationships between categories. This presentation aims to provide a comprehensive overview of the phenomenon being studied and facilitate conclusion drawing. After the data was presented, researchers drew tentative conclusions, which were then continuously verified through additional data collection, clarification, and triangulation. This step ensures that the conclusions drawn are soundly grounded and scientifically sound. The analysis process was conducted flexibly and openly to new findings that might emerge during the research. Interpretations were conducted in-depth, taking into account the local social, cultural, and bureaucratic contexts that influence the practice of managing people with special needs (ODMK) in Nunukan Regency.

Validity Checking of Findings

The validity of the findings in this qualitative research was conducted to ensure that the data obtained truly reflected the reality on the ground. Validity checking was conducted using the following techniques: Data obtained from various informants, such as government officials, health workers, and the community, were compared to determine the consistency of the information. If there were differences in opinion, the researcher conducted further clarification

until a complete and comprehensive understanding was achieved. The researcher used more than one data collection technique, namely in-depth interviews, participant observation, and documentation. This technique was used to ensure that the information obtained was not dependent on a single method and could complement each other. Data collection was conducted at different times to avoid situational bias. Observations were conducted at times that allowed for dynamic interactions between agencies or the implementation of PWD handling activities, thus obtaining more accurate information. Preliminary findings or interpretations were returned to informants for confirmation. This step is crucial to ensure that the information the researcher writes aligns with the informant's intent and experiences. The researcher discussed the findings with colleagues and regularly consulted with the supervisor to avoid subjective bias and ensure that the analysis was conducted objectively. This validation effort aims to ensure that the research results are academically sound and truly reflect the actual conditions of managing people with special needs (ODMK) in Nunukan Regency.

Result and Discussion

Implementation of governance for the management of People with Mental Health Problems (ODMK) in Nunukan Regency

The management of People with Mental Health Problems (ODMK) is a crucial part of the government's social responsibility and requires structured, coordinated, and sustainable governance. In the context of Nunukan Regency, the implementation of governance for the management of ODMK still faces various challenges, particularly in terms of immature planning, unstandardized implementation, and suboptimal cross-agency coordination. The absence of integrated Standard Operating Procedures (SOPs) is a major obstacle to ensuring that the management of ODMK adheres to the principles of human rights protection and institutional effectiveness. This situation tends to result in ODMK management being incidental, inconsistent, and dependent on the initiatives of each agency without standardized work guidelines. Rudianti, a staff member from the Social Services Agency for Social Rehabilitation, stated that the absence of SOPs makes the workload seem to be solely borne by the Social Services Agency. He said:

"The impact of the lack of SOPs is very inefficient, because in the field, people only think that the Social Services Department handles matters, even though other agencies, such as the Public Order Agency (Satpol PP) and the Health Department, should also play a role."

This view emphasizes that without SOPs, the workload becomes uneven and cross-sector involvement is minimal. Similarly, Ahmad (2022), also from the Social Services Department, added that coordination in the field often does not run as it should.

"We often wait for information from each other, even though cases of people with special needs (ODMK) should be handled together. But because there are no SOPs, we act independently."

This shows that the lack of SOPs leads to weak synergy between institutions and creates a disproportionate workload for officers. Furthermore, the lack of SOPs also weakens the protection aspect for officers. Aslinda from the Social Services Department stated that her department often directly handles people with special needs (ODMK) without any security from the relevant authorities.

"Since the Social Services Agency was established, we have handled cases of people with disabilities (ODMK) ourselves, and there has been no security whatsoever."

He added that the actions taken are often based solely on humanitarian concerns.

"We take this responsibility out of humanitarian concerns, not because it has been structurally assigned."

This situation is exacerbated by the unclear roles between agencies. Edi, S.H., from the Nunukan Regency Public Order Agency (Satpol PP), said that without SOPs, his agency's role is often perceived as passive, as it only provides security. He said,

"There have been differences of opinion because the Satpol PP feels its only job is to provide security, not accommodation. If there were SOPs, these duties would be clearer and less overlapping."

From a community perspective, Mansur Rincing, known for his active involvement in social activities within the community, expressed his residents' concerns. He said,

"If there's a crazy person on the street, people usually report it to the Social Services. But we're also confused because they seem to be in a dilemma. Sometimes they come, sometimes they don't."

He added that people often have an ambiguous attitude, saying,

"If the person with mental illness isn't bothering us, we sometimes help them. But if they become aggressive, we're afraid. So we wait for the government to intervene."

This statement reflects how the lack of a clear handling system also affects public perception and trust in the government. Duje from the Nunukan Community Health Center also complained about the lack of a standardized process for coordinating the handling of people with mental illness who come to primary health care facilities.

"If a patient comes to the Community Health Center in a serious mental condition, we're confused about where to refer them, especially if they don't have family. There should be a pathway and standard operating procedures, including who to contact."

This demonstrates that SOPs are also important in ensuring continuity of service between levels of health and social services. Albar, from the Nunukan Regency Police, also stated that without standardized SOPs, the process for handling people with special needs (ODMK) lacks a common operational standard across agencies.

"We often handle cases based on public reports, but we also need clear direction from the Social Services or Health Services. If there are SOPs, we can work together without confusion about who should initiate action."

From the overall findings, it is clear that the implementation of governance for handling people with special needs (ODMK) in Nunukan Regency has not been running optimally. The absence of integrated SOPs has led to weak coordination between agencies, a disproportionate workload on one party, and an unclear process. This situation has resulted in the handling of people with special needs being more reactive and informal, relying on individual initiative and concern, rather than a structured and sustainable system. This demonstrates that good governance requires a clear procedural basis so that services for people with special needs can be delivered fairly, humanely, and professionally.

What obstacles do relevant agencies face in managing people with mental health problems (ODMK) in Nunukan Regency?

The management of people with mental health problems (ODMK) at the regional level requires strong cross-sectoral coordination and procedures. However, when integrated Standard

Operating Procedures (SOPs) are not yet available, each agency carries out its duties based on its own understanding and policies. As a result, the service process is not systematic and tends to be reactive, without clear mechanisms, responsibilities, or a defined workflow. This problem directly impacts service effectiveness, decision-making in the field, and efforts to protect the rights of ODMK. To further explore the various obstacles faced in this situation, researchers conducted interviews with key informants from the Nunukan Regency Social Services Office, as well as supporting informants from the police, Public Order Agency (Satpol PP), and community representatives. The interviews revealed that the challenges they face are not only administrative, but also involve the lack of supporting facilities, a lack of competent human resources, and weak inter-agency coordination. The following is a narrative of the interview results, developed based on the informants' explanations:

"Usually, these clients don't have complete information that can be used as a reference for treatment, for example regarding their identity, how long they've been experiencing this condition, whether the illness is recent or long-standing, and whether they've received any treatment."

This incomplete data complicates the assessment process and planning further action. She further emphasized that the lack of a dedicated shelter for people with disabilities is a major obstacle. After the evacuation, the Social Services Agency struggled to determine where the people with disabilities would be safely and humanely housed. This view was reinforced by Aslinda, also from the Social Services Department. She highlighted the limited competence of human resources in handling people with mental health issues. She stated,

"There are no handlers, especially those who handle them, who lack the skills or expertise. Not all officers even have a sense of community commitment to their work."

Furthermore, while reports from the public are frequently received, follow-up is often stalled due to the lack of clear guidelines and procedures, resulting in reactive, rather than preventative or sustainable, treatment. According Ahmad (2022) added that there are also significant budgetary constraints. He explained that the Social Services Department lacks dedicated funds to refer people with mental health issues to mental hospitals.

"Treatment is inefficient because there's no budget, and we at the Social Services Department don't have the funds to refer them to hospitals," he said.

Furthermore, he believes the lack of standard operating procedures (SOPs) is at the root of overlapping responsibilities between agencies, resulting in each party working based on its own perceptions and core tasks. Similarly, Dtje from the Nunukan Community Health Center highlighted the weak coordination between agencies. She stated that the community health center often receives sudden referrals without sufficient information or prior coordination requests.

"When we bring in a case of a person with mental health issues, we often don't know the background. Sometimes we only learn about it through verbal reports or are simply brought in suddenly. There's no communication between agencies before medical treatment is administered," she said.

She also stated that not all health workers have specialized training in treating mental disorders, so they often only provide emergency care without a long-term psychosocial approach. This emphasizes the need for standard operating procedures (SOPs) that bridge the medical and social aspects of handling people with mental health issues. This situation is also felt by the

police. Albar stated that their role has so far been limited to initial security, especially if people with mental health issues are disrupting public order.

"We can only secure them if they are disturbing the community. But after that, we don't know what to do next. There are no standard operating procedures (SOPs).

This creates uncertainty in the follow-up process and even opens up the possibility of role conflicts between agencies due to the lack of clear lines of responsibility. Similarly, Edi SH from the Public Order Agency (Satpol PP) explained that although his agency is often at the forefront when receiving reports from the public, there is no unified command system that forms the basis for action. He said,

"If there's a report, we take action. But we don't know where to take it next, because there's no clear coordination."

The lack of SOPs not only limits our freedom of movement but also causes internal confusion in decision-making. On the other hand, from the community's perspective, Mansur Rincing revealed that the community also feels confused about how to respond to the presence of people with special needs (ODMK). He said,

"We sometimes report it, but the response is slow. We're confused about what to do."

According to him, the community often feels torn between wanting to help and being afraid of taking the wrong step. The unclear reporting process and slow follow-up leave the community feeling unsupported. He hopes officers in the field can act quickly and have clear procedures to prevent people with disabilities (ODMK) from being continuously neglected on the streets. Interviews clearly show that the lack of integrated standard operating procedures (SOPs) causes structural and technical problems in handling people with disabilities (ODMK). The lack of standard work guidelines causes relevant agencies to operate within their respective jurisdictions, without coordination and integration. As a result, many cases of ODMK are not fully handled and are often ignored. This situation strongly signals the need for improved governance through the development of cross-sectoral standard operating procedures (SOPs) that can be implemented systematically in Nunukan Regency.

Implementation of governance for the management of people with mental health problems (ODMK) in Nunukan Regency

The implementation of governance for the management of people with mental health problems (ODMK) in Nunukan Regency remains poorly structured due to the lack of guidelines or standard procedures to guide implementation in the field. The absence of SOPs (Standard Operating Procedures) means that ODMK management is only carried out upon community reports and on an incidental basis. This situation undoubtedly impacts the effectiveness of governance, which should be implemented systematically and in an integrated manner. From a planning perspective, there is no apparent specific program from the local government designed to address ODMK. Management often occurs spontaneously without any basis for short-term or long-term planning. There is no budget or policy that establishes treatment targets, the number of ODMK to be rehabilitated, or measurable prevention programs.

In fact, even accurate data on the number of ODMK is unavailable because comprehensive data collection has not been conducted. Furthermore, in terms of organization, the division of roles and responsibilities between agencies has not been optimal. Each party operates sectorally without strong coordination. For example, when a case of people with disabilities (ODMK) disrupts the community, action is taken solely by one agency without involving medical, security, or social support personnel. The lack of SOPs also results in weak involvement of

institutions that should play a role, such as social services, health services, the Public Order Agency, and the police.

In practice, the evacuation of people with disabilities (ODMK) is carried out without reference to established procedures and tends to rely on the initiative of field officers. Evacuations are often carried out without medical equipment or security, which risks the safety of both the people with disabilities and officers. Even after evacuation, people with disabilities are usually simply taken to a shelter without further steps such as medical rehabilitation or referral to a mental hospital. This situation demonstrates the weak implementation of a comprehensive and sustainable policy for handling people with disabilities (ODMK). In terms of supervision, there has been no routine evaluation of activities handling people with disabilities due to the lack of clear performance standards or success indicators. Activities are based solely on immediate needs and are poorly documented. There are no formal reporting, activity audits, or accountability mechanisms to monitor the implementation of PWD management. Yet, oversight is crucial for assessing the extent to which policy implementation is achieving optimal public service goals.

The absence of standard operating procedures (SOPs) also creates legal uncertainty in the handling of people with special needs (ODMK). The absence of legal guidelines guaranteeing the protection of people with special needs' rights has the potential to lead to violations, such as forced repatriation without medical justification, neglect, or treatment that does not meet mental health standards. Such services are not only inhumane but also inconsistent with the spirit of protecting citizens' rights. In terms of infrastructure, adequate facilities such as special vehicles, isolation rooms, or professional medical personnel are not available at the regional level. Treatment still relies on limited resources and is not specifically designed for the needs of people with special needs (ODMK). Similarly, in terms of funding, there is no dedicated budget allocation for programs handling people with special needs (ODMK), so existing activities are fragmented and unsustainable. Coordination between agencies is also very minimal. There is no permanent forum or cross-sectoral team responsible for handling cases of people with special needs (ODMK). Communication between agencies only occurs when incidents occur in the field, and even then, it is not followed by joint action. This indicates that ideal governance, as embodied in the principles of good governance, is not yet fully implemented.

This situation is exacerbated by the low capacity of human resources in the mental health sector. There are no psychologists or psychiatrists specifically assigned to handle cases of people with disabilities (ODMK). As a result, treatment measures taken at the regional level are not based on proper medical assessments but instead focus solely on securing or removing people with disabilities from the community. The absence of SOPs also impacts service efficiency. Without standard procedures, the handling process is unclear, response times are slow, and the evacuation of people with disabilities in the field is often not carried out quickly and appropriately. This reflects low organizational effectiveness and efficiency, as identified in Gulo (2024) research, which found that non-compliance with SOPs leads to service delays and inefficient work systems.

Furthermore, the lack of SOPs weakens the protection of field officers. Handling people with disabilities carries high risks, as some cases demonstrate aggressive behavior. Without structured technical guidance and security measures, officers often work in dangerous situations without support from supporting agencies such as the police or medical personnel. This demonstrates that procedural irregularities impact not only service delivery but also occupational safety. This situation reinforces the findings of Ayuningtyas (2018) research,

which states that without an integrated and sustainable mental health care system, the community is at risk of receiving the wrong treatment or even no services at all. In the context of Nunukan Regency, this is even more evident because the lack of SOPs results in reactive, non-system-based services that are unable to comprehensively cover all cases. Another strategic aspect impacted is weak institutional accountability. When errors occur in the handling of people with mental health issues (ODMK), there is no reference document that can be used to evaluate or assess whether the process meets standards. This complicates internal monitoring and oversight. This finding aligns with Ajusta (2018) research, which highlights the importance of SOPs as a tool for management control and organizational performance assessment.

The absence of SOPs also impacts community relations. When the community perceives the government as absent or slow in responding to cases of people with mental health issues, public trust declines. The community becomes confused about who to report their concerns to and when they will receive follow-up action. This uncertainty leads to apathy or even self-destruction, which can lead to human rights violations against people with mental health issues. Furthermore, the lack of SOPs creates a legal gray area and institutional responsibility. Each agency has the potential to refuse involvement, citing a lack of authority or legal basis governing their role in handling PWDs. This hinders rapid and accurate decision-making and prolongs what should be a timely handling process.

According to Mikhael (2022) research confirms that the right to mental health is a human right that the state must fulfill. In this regard, SOPs serve as an administrative instrument that bridges the implementation of state responsibilities through regional agencies. Therefore, their absence is tantamount to institutional failure to guarantee the basic rights of people with special needs (ODMK). The lack of clarity in SOPs also makes it difficult for agencies to measure performance. Without clear indicators and operational standards, there is no solid basis for assessing the success or failure of handling ODMK. This contradicts the principles of performance management and effective public service quality evaluation, as explained by Putra & Rani (2022) in the context of measuring the effectiveness of SOPs in the administrative sector.

In addition to hampering effectiveness, the absence of SOPs impacts minimal service innovation. When a standardized system is absent, the development of methods for handling ODMK is slowed because there is no framework for continuous evaluation and development. Organizations are trapped in outdated work patterns that are not adaptive to the complexity of ODMK issues. This situation also hampers policy advocacy efforts. Without SOPs as official documents, it is difficult to conduct evidence-based policy evaluations or push program budgets to the Regional People's Representative Council (DPRD). This has led to a lack of attention for the issue of people with disabilities (ODMK) in regional development planning, as it is perceived as lacking a strong foundation.

Another impact is weak data integration between agencies. Without standard operating procedures (SOPs) governing reporting and recording mechanisms, data on people with disabilities (ODMK) is invalid, unsynchronized, and difficult to use as a basis for decision-making. This contradicts the findings of Reno Affrian (2019), who emphasized the importance of information governance and reporting in a sound mental health service system.

These findings demonstrate that the implementation of governance for people with disabilities (ODMK) in Nunukan Regency has not been conducted in accordance with good governance principles. The lack of planning, weak organization, unfocused implementation, and lack of oversight have made the management of people with disabilities a recurring and unresolved

problem. To achieve good governance, standard operating procedures are needed that outline inter-agency workflows, clear role allocations, handling procedures that comply with medical and human rights standards, and the strengthening of regional institutions and regulations.

What obstacles do relevant agencies face in handling people with mental health problems (ODMK) in Nunukan Regency?

Handling people with mental health problems (ODMK) in Nunukan Regency still faces significant challenges, particularly the lack of integrated Standard Operating Procedures (SOPs) across agencies. Interviews indicate that the primary obstacle faced by relevant agencies, particularly the Social Services Agency as the primary agency, is the lack of standard guidelines to refer to when taking action. This lack of SOPs results in inconsistent and situational service processes. Each officer or agency carries out their duties according to their own understanding, without clear mechanisms and coordination. The Social Services Agency only handles social rehabilitation, while medical aspects are entirely delegated to health facilities, and public order aspects to the Public Order Agency (Satpol PP) and the police. This results in fragmented, incomplete, and often unsustainable handling of ODMK.

This situation is further exacerbated by limited human resources, budget, and supporting facilities such as shelters or operational vehicles. Cross-sector coordination is also suboptimal because each agency lacks a clear, shared framework. Despite informal communication between agencies, the lack of standard operating procedures (SOPs) makes the division of roles, delegation of authority, and action flow unclear. As a result, many cases of people with mental disorders (ODGJ) are handled late or even neglected because no agency takes the initiative directly. This aligns with Gulo's (2024) findings that discrepancies between task implementation and SOPs lead to delays, non-compliance, and inefficiency.

Similar obstacles were identified by Affrian (2019), who noted that the implementation of policies to fulfill the rights of people with mental disorders (ODGJ) in the regions remains suboptimal due to limited resources, weak coordination, and the absence of an integrated work system. This situation reflects the situation in Nunukan Regency, which lacks technical instruments to guide collaborative work. The government's role as protector of the right to mental health, as emphasized in research by Mikhael (2022), has not been fully realized at the regional level. Without standard operating procedures (SOPs), protection for people with mental disorders cannot be implemented systematically and equitably.

In practice, field officers often face a dilemma between regulatory limitations and social conditions on the ground. Some agencies are wary of taking action without a clear legal basis, requiring SOPs as administrative and legal safeguards. The absence of SOPs also results in services provided to people with special needs (ODMK) being unstandardized and relying heavily on the empathy and personal experience of officers. As noted by Putra & Rani (2022), even though SOPs have been implemented, many aspects still require improvement to ensure efficient work and reflect real-world conditions. If SOPs are not yet in place in Nunukan, the problem lies not only in implementation but also at the most fundamental stage: their formulation.

Furthermore, the lack of SOPs also hampers documentation and reporting efforts. Without a standardized work system, the resulting data is inconsistent, complicating evaluation and strategic decision-making. This contradicts the principles of good governance, which emphasize accountability, transparency, and efficiency. When each agency works separately without shared guidance, overlapping roles and minimal work effectiveness result. This is the problem with people with mental health issues (ODMK). This is part of strengthening public

service governance, as mandated by Law No. 18 of 2014 concerning Mental Health and Law No. 25 of 2009 concerning Public Services.

To systematically identify these obstacles, this discussion analyzes these obstacles through a management function approach, encompassing aspects of planning, organizing, implementing, and monitoring, as proposed (Ribeiro et al., 2025). Referring to various previous findings and theories, it can be concluded that SOPs are a key element in integrating cross-sector services, increasing efficiency, and preventing conflicts of authority (Basiru et al., 2023; Ramirez, 2023; Khan et al., 2023). Furthermore, handling people with mental disorders (ODMK) is not merely a matter of technical services but also concerns the fulfillment of basic human rights. Therefore, a collaborative strategy is required that involves joint planning, the development of clear performance indicators, and the proportional and professional strengthening of the roles of each agency. Compared with the research findings of Winarno (2020), which highlighted the importance of rehabilitative services and psychosocial therapies for people with mental disorders (ODMJ), the situation in Nunukan still falls far short of these standards. This demonstrates the urgency for the region to adopt good practices from other regions and strengthen the capacity of local institutions to address issues of ODMK independently, systematically, and sustainably. Without these strategic steps, handling of ODMK will continue to be reactive and temporary, failing to address the root causes of the problem.

Conclusion

The implementation of governance for the management of People with Mental Health Problems (ODMK) in Nunukan Regency has not been running optimally. The absence of Standard Operating Procedures (SOPs) has resulted in the management process proceeding without a clear direction, with minimal coordination between agencies, and without structured planning. Management functions such as planning, organizing, implementing, and monitoring have not been implemented optimally. Consequently, the process of handling ODMK has become incidental, inhumane, and risks violating the basic rights of ODMK. Therefore, comprehensive governance system improvements are needed through the development of integrated SOPs, increased human resource capacity, and ongoing cross-sectoral coordination. The absence of integrated SOPs has led to various technical and coordination challenges in the field. These include the lack of procedural referrals for handling cases of aggressive behavior by people with special needs (ODMK), the absence of specialized shelters, limited mental health personnel, weak protection for officers, and the lack of a cross-sectoral team specifically for the evacuation and rehabilitation of people with special needs (ODMK). Furthermore, communication between agencies is informal and poorly documented, leading to overlapping authority and slow responses. Communities also experience confusion regarding reporting and intervention procedures due to the lack of clear coordination channels at the grassroots level.

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