

Borobudur Law and Society Journal
ISSN: 2809-9664
Vol. 5 No. 4 (2026)
pp: 22-29
DOI: https://doi.org/10.31603/9712

Mental Health Services for Prisoners at Magelang Class IIA Prison: From Law No. 18 of 2014 to Law No. 17 of 2023

Muhamad Hafidh Wisaksono[1], Suharso[2], Dilli Trisna Noviasari[3*]

[1] Universitas Muhammadiyah Magelang, Magelang, Indonesia
[2] Universitas Muhammadiyah Magelang, Magelang, Indonesia
[3] Universitas Muhammadiyah Magelang, Magelang, Indonesia
[*]Corresponding author: Dilli Trisna Noviasari, Universitas Muhammadiyah Magelang, Magelang, Indonesia

Abstract

Prison overcrowding threatens the mental health of inmates, and the Mental Health Law of 2014 required correctional institutions to promote mental health and provide psychosocial support. That law was repealed by the Health Law of 2023. This study asks how mental-health services for prisoners were implemented at Magelang Class IIA Prison under the 2014 Law, which obstacles stand in the way, and what the change of law means for them. It is normative-empirical research with a sociological approach, based on statutes, observation, interviews with prison officials and health staff, and literature, analysed qualitatively with the four implementation factors of Edwards III. The prison offers recreation, exercise, skills activities and monthly outpatient treatment with medicine from the city mental hospital, but it has two doctors, one nurse and two clinic assistants, no mental-health specialist, no special budget (about IDR 20,000 per inmate per month for all health care) and 507 inmates in a prison built for 221, which is 129 per cent above capacity. Implementation is therefore not optimal in resources and bureaucratic structure, although staff disposition is positive. The Health Law keeps the duty but does not remove these obstacles. The article recommends a staffing norm, a budget line, a transfer protocol and reduced overcrowding.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License

Keywords

Mental health; Prisons; Implementation; Overcrowding; Corrections; Health

Introduction

Indonesia is a state based on law. Besides punishing offenders, the state must guide them, and a correctional institution (Lapas) is the place where prisoners are guided during their sentence. Guidance has become less than optimal because of overcrowding: the authors report that on 5 August 2018 Indonesia's prisons and detention centres held 250,444 detainees and inmates against an ideal capacity of 124,696. Overcapacity harms health and psychological conditions and causes conflict, and imprisonment itself involves losses of freedom, control, family, goods, services, relationships and stimulation, which can cause stress or mental disorder. Length of sentence is one factor in depression, which can in turn lead to hallucinations.

Law No. 18 of 2014 on Mental Health defined persons with mental problems (ODMK) and persons with mental disorders (ODGJ).[1] It required prisons and detention centres to carry out promotive mental-health efforts, that is, activities that promote and improve mental-health status, and Article 14 required them to provide psychosocial and mental-health support in the institution. The 2014 Law was repealed by Law No. 17 of 2023 on Health, which now regulates mental-health efforts in its own provisions.[2] The data of this study were gathered while the 2014 Law was in force, up to 2023. The study therefore assesses implementation under that law and then asks what the repeal changes. At Magelang Class IIA Prison, morning exercise and muscle-stretching are held for all inmates and staff, skills development on Saturdays and Sundays, and traditional jatilan arts under a staff member and a staff member of the job-training centre. Yet the scheduled activities cannot be followed by all inmates, so the statutory mandate is not yet optimally carried out.

Earlier studies describe the problem from different angles. Armour treats mental illness in prison through the importation model, in which inmates bring vulnerabilities from outside, and the deprivation model, in which the prison environment itself causes distress;[3] Agusriadi examines the guidance of inmates with mental disorders at the Lambaro prison in Aceh Besar.[4] These studies do not apply a policy-implementation framework to a prison with severe overcrowding, and none addresses the change from the Mental Health Law to the Health Law. This article fills that gap with a case study of Magelang, using the implementation theory

[1] Law No 18 of 2014 on Mental Health (Indonesia).

[2] Law No 17 of 2023 on Health (Indonesia).

[3] Cherie Armour, "Mental Health in Prison: A Trauma Perspective on Importation and Deprivation" (2012) 5:2 *International Journal of Criminology and Sociological Theory* 886.

[4] Agusriadi, "Pembinaan Narapidana yang Mengalami Gangguan Jiwa di Lembaga Pemasyarakatan Lambaro Aceh Besar" (2018) 1:1 *Syiah Kuala Law Journal* 353, DOI: <10.24815/sklj.v1i1.12354>.

of Edwards III. Other research on this prison concerns its general health services and living conditions; the present article is limited to mental health and to the legal duties it implies.

The article asks three questions: (1) how were mental-health services for prisoners implemented at Magelang Class IIA Prison under the 2014 Law; (2) what obstacles stand in the way and how does the prison respond; and (3) what does the replacement of the 2014 Law by the Health Law of 2023 mean for these obligations? Its purpose is to evaluate the implementation and to propose concrete measures.

Research Method

This is normative-empirical legal research with a sociological approach: it compares legal norms with the practice of an institution. The object is mental-health guidance for prisoners at Magelang Class IIA Prison. Primary data were obtained by observation of the prison's guidance and health activities and by interviews with prison officials and the health staff who run the clinic. Secondary legal materials are legislation (the Mental Health Law of 2014, the Health Law of 2023, the Corrections Law and the Criminal Code), the Nelson Mandela Rules and the literature. Data are analysed by normative-qualitative analysis, which here means that the findings are described in words, compared with the duties set by the legal materials and interpreted with the four factors of Edwards III (communication, resources, disposition and bureaucratic structure), without statistics.[5][6] Statistics on inmates come from prison records. Because the data on inmates' mental health are sensitive, they are reported only in aggregate and no inmate is identified.

Results and Discussion

Implementation of the Mental Health Law at the Prison

Under Law No. 22 of 2022 on Corrections, a Lapas is the place where prisoners are guided, and guidance must not violate human rights, since prisoners are social beings whose dignity must be respected.[7] The length of sentence affects the psychological condition of prisoners and a long sentence tends to raise depression. Signs of mental disorder include sadness, loss of concentration, excessive worry, sharp mood changes, withdrawal, paranoia, disorientation and suicide risk. The prison reports the following numbers of inmates with mental disabilities (Table 1):

[5] Sugiyono, *Metode Penelitian Kuantitatif, Kualitatif dan R&D* (Bandung: Alfabeta, 2013).
[6] George C Edwards III, *Implementing Public Policy* (Washington, DC: Congressional Quarterly Press, 1980).
[7] Law No 22 of 2022 on Corrections (Indonesia).

15 in 2019 (population 603), 8 in 2020 (507), 8 in 2021 (547) and 10 in 2022 (508), with a capacity of 221 in each year.

Table 1. Inmates with mental disabilities, Magelang Class IIA Prison, 2019–2022

Year	Capacity	Population	Inmates with mental disability
2019	221	603	15
2020	221	507	8
2021	221	547	8
2022	221	508	10

Source: records of Magelang Class IIA Prison. The records give annual figures; the study does not disclose how each case was diagnosed.

These inmates were found to have mental disorders after beginning their sentences. This raises two distinct legal questions. The first is criminal responsibility, which is judged at the time of the offence. Under Article 44 of the old Criminal Code a person who could not be held responsible because of a defective or diseased mind was not punished;[8] Articles 38 and 39 of Law No. 1 of 2023, in force since 2 January 2026, now provide for reduced punishment or measures for a person with a mental disability at the time of the offence, and for measures instead of punishment during an acute psychotic episode.[9] An illness that arises during imprisonment does not remove responsibility for the earlier offence; the authors' reasoning that the inmates were rational and fully conscious when they offended is consistent with this. The second question is the position of the prisoner now: the illness does not undo the sentence, but it creates a duty on the prison to treat the prisoner and, where treatment in prison is inadequate, to transfer the prisoner to a health facility. That duty, not criminal responsibility, is what the Mental Health Law and the Health Law address.

Under Article 14(a) of the 2014 Law, prisons must create an environment conducive to mental health, 'conducive' meaning a calm, supportive setting.[10] The prison gives inmates two periods outside their cells (07.00–13.00 and 15.00–17.00), in which they exercise (badminton, table tennis, volleyball, tennis), has stretching and morning exercises on Wednesdays and Fridays at 08.00 with outside instructors, and runs art and skills programmes (jatilan and band) under a cooperation agreement with the job-training centre. Health services are provided by two doctors, one nurse and two clinic assistants, but there is no health worker dedicated to mental health, and the implementers rely on their own concern and awareness. Services depend on medicine from the city mental hospital: every month the prison's health staff

[8] Kitab Undang-Undang Hukum Pidana [Criminal Code], as enacted by Law No 1 of 1946 (Indonesia), art 44.
[9] Law No 1 of 2023 on the Criminal Code (Indonesia), arts 38, 39.
[10] Law No 18 of 2014, *supra* note 1, art 14.

provide outpatient treatment, refer inmates with mental disorders to the hospital and obtain a month's stock of medicine.

Obstacles and Efforts

Three obstacles stand out. First, there is no health worker specialising in mental health, so implementation falls short of what the law requires; the prison's response is the monthly outpatient treatment and referral described above. Second, there is no special budget for inmates with mental disorders: the health budget is about IDR 20,000 per inmate per month, covering medicine, medical supplies and inpatient care. Third, overcapacity. The population was 508 in 2022 (Table 1) and 507 on 9 February 2023. Using the minimum space standard of 5.4 square metres per person in Ministry of Justice Decree No. M.01.PL.01.01 of 2003 on building patterns for correctional units, the capacity is 221,[11] so the prison holds 229 per cent of its capacity, that is, 129 per cent more than it was built for. Overcapacity has negative effects on detainees and inmates, and the prison's response is to even out room occupancy by moving inmates when others are released.

The data do not show how far overcrowding changed during the Covid-19 assimilation and integration programme, which released many inmates early, and the study makes no claim on that point. The authors also conclude that the lack of a specialist to monitor inmates around the clock prevents the bureaucratic structure from working as it should. This is an inference from the staffing figures and the reliance on referral, not a finding from measured outcomes, and it is treated as such in the next subsection.

Analysis with Edwards III's Implementation Factors

Edwards III identifies four factors that determine whether a policy is implemented: communication, resources, disposition and bureaucratic structure.[12][13] Table 2 applies them to the prison, with the evidence for each.

Table 2. Edwards III's factors applied to Magelang Class IIA Prison

Factor	Indicator	Evidence at the prison	Assessment
Communication	Clear mandate and instructions passed to implementers	The study collected no data on instructions or guidelines	Not assessed (limitation)
Resources	Staff, budget, facilities	Two doctors, one nurse, two clinic assistants; no mental-health specialist; about IDR 20,000 per inmate per month for all health care; 507 inmates in a prison for 221	Insufficient

[11] Minister of Justice Decree No M.01.PL.01.01 of 2003 on Building Patterns for Correctional Units (Indonesia).
[12] Edwards, *supra* note 6.
[13] AG Subarsono, *Kebijakan Publik: Konsep, Teori dan Aplikasi* (Yogyakarta: Pustaka Pelajar, 2011).

Disposition	Commitment of implementers	Staff act from their own concern and awareness; monthly outpatient treatment and referral are carried out	Positive but dependent on individuals
Bureaucratic structure	Procedures, division of tasks, coordination	Reliance on the city mental hospital for medicine and referral; no specialist to monitor inmates around the clock; activities cannot be followed by all inmates	Weak

Source: compiled by the authors from the interviews, observation and prison records.

The pattern is clear. Disposition is the strongest factor, but it cannot compensate for the weak factors: with one nurse and two doctors serving 507 inmates, and an allocation of IDR 20,000 per inmate per month for all health care, the services depend on an external hospital for diagnosis and medicine. Overcapacity worsens every factor, because it increases the number of people to serve and reduces the space for the activities that promote mental health. Implementation is therefore not optimal in resources and bureaucratic structure.

Legal Duties, Standards and Consequences

The 2014 Law was repealed by Law No. 17 of 2023 on Health, which regulates mental-health efforts as part of health efforts generally.[14] The specific duty on prisons in Articles 8 and 14 of the 2014 Law was therefore replaced by the general duties of the Health Law and the Corrections Law, under which prisoners keep their right to health care; the authors did not examine which provisions of the Health Law correspond to the repealed articles, and this should be checked in further research. The finding of this study does not depend on the change: the gaps in staff, budget and space are gaps against either law.

International standards are more specific. The Nelson Mandela Rules require that prisoners enjoy the same standard of health care as is available in the community, and that persons found not criminally responsible, or later diagnosed with severe mental disabilities or health conditions that would be worsened by imprisonment, should not be detained in prison; arrangements shall be made to transfer them to mental-health facilities as soon as possible.[15] Measured against this standard, a prison without a mental-health specialist, relying on a monthly supply of medicine, can manage only mild conditions. For an inmate whose condition requires hospital care, the legal consequence is a duty of care on the prison: to refer promptly, to document the decision and to ensure continuity of treatment. The Indonesian

[14] Law No 17 of 2023, *supra* note 2.

[15] United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), GA Res 70/175, UNGAOR, 70th Sess, UN Doc A/RES/70/175 (2015), rules 24, 109.

materials the authors used do not set out a transfer protocol, which is a gap in the regulation.

Comparison with Earlier Research

The findings agree with earlier work in three respects. Armour's deprivation model predicts that the conditions of confinement, here severe overcrowding, produce distress,[16] and the data at Magelang are consistent with that prediction, although they do not measure the effect. Agusriadi, studying a different prison, also shows that the guidance of inmates with mental disorders depends on the available staff and facilities.[17] The present article differs by organising the obstacles with Edwards III's factors, by showing that disposition cannot offset resources, and by placing the findings under the Health Law of 2023 and the Nelson Mandela Rules.

Conclusion

The 2014 Law was implemented at Magelang Class IIA Prison through recreation, exercise and skills activities and monthly outpatient treatment and referral to the city mental hospital, but implementation was not optimal. By Edwards III's theory, resources (two doctors, one nurse, two clinic assistants, no mental-health specialist, about IDR 20,000 per inmate per month) and bureaucratic structure are the weak factors, staff disposition is positive, and overcapacity of 229 per cent of capacity worsens all of them. The prison responds by evening out room occupancy and by referral. The repeal of the 2014 Law by the Health Law of 2023 does not remove these gaps, and the Nelson Mandela Rules show that they matter. We recommend: a staffing norm for mental-health professionals in prisons, or a regular visiting psychiatrist or psychologist from the regional hospital; a separate health budget line for mental illness; a transfer protocol to mental hospitals for inmates who need inpatient care; recording of consultations, referrals and medication, so that need can be measured; and measures to reduce overcrowding. The study is limited to one prison and to the period when the 2014 Law was in force, it did not collect data on communication, and the 15 or fewer inmates identified each year may understate the need.

Ethics and Data Availability

The study was based on legislation, prison records, observation and interviews with prison officials and health staff. Data on inmates are aggregate and no inmate is

[16] Armour, *supra* note 3.
[17] Agusriadi, *supra* note 4.

identified. Participants took part voluntarily with informed consent, and no personal data of inmates is reported.

Use of Generative AI

Generative AI was used only to improve the language of this article (grammar, clarity and style). The authors reviewed the output and are responsible for the content of the article.

Funding and Conflicts of Interest

The authors declare no conflict of interest. This research received no external funding.

References

Kitab Undang-Undang Hukum Pidana [Criminal Code], as enacted by Law No 1 of 1946 (Indonesia).

Law No 18 of 2014 on Mental Health (Indonesia).

Law No 22 of 2022 on Corrections (Indonesia).

Law No 1 of 2023 on the Criminal Code (Indonesia).

Law No 17 of 2023 on Health (Indonesia).

Minister of Justice Decree No M.01.PL.01.01 of 2003 on Building Patterns for Correctional Units (Indonesia).

United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), GA Res 70/175, UNGAOR, 70th Sess, UN Doc A/RES/70/175 (2015).

Agusriadi. "Pembinaan Narapidana yang Mengalami Gangguan Jiwa di Lembaga Pemasyarakatan Lambaro Aceh Besar" (2018) 1:1 *Syiah Kuala Law Journal* 353, DOI: <10.24815/sklj.v1i1.12354>.

Armour, Cherie. "Mental Health in Prison: A Trauma Perspective on Importation and Deprivation" (2012) 5:2 *International Journal of Criminology and Sociological Theory* 886.

Edwards, George C, III. *Implementing Public Policy*. Washington, DC: Congressional Quarterly Press, 1980.

Subarsono, AG. *Kebijakan Publik: Konsep, Teori dan Aplikasi*. Yogyakarta: Pustaka Pelajar, 2011.

Sugiyono. *Metode Penelitian Kuantitatif, Kualitatif dan R&D*. Bandung: Alfabeta, 2013.