RESEARCH ARTICLE

The Role of Informal Leaders in Restraint and Confining People with Mental Health Issues in Manggarai, Indonesia

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Introduction: A person experiencing mental health issues may be physically confined at the suggestion of an informal leader who sees that individual's violent behavior as a threat to the community.

Aims: The aim of the study is to explore the perceptions of the *tu'a golo*, a man who serves as informal village leader, regarding his role in confining a person with mental health issues in Manggarai, on the island of Flores, in Indonesia.

Methods: The study uses an ethno-semantic approach. Data collection and analysis were carried out using Spradley's Developmental Research Sequence; the researchers interviewed one *tu'a golo* from each of fifteen villages in Manggarai. They then analyzed the data via using domain, taxonomy, componential, and cultural themes.

Results: The researchers found that the *tu'a golo* has three important roles in confining a person with mental health issues: (1) before physical restraint and confinement, as an *adviser* to the family and to the person exhibiting mental health issues; (2) before physical restraint and confinement, as a *mediator* between the family of the individual with mental health issues and the community; (3) during physical restraint and confinement, as a *protector* of the person with mental health issues, the family, and the community.

Conclusions: In areas with limited mental health services, informal leaders take on important roles in the physical restraint and confinement of the mentally ill. Therefore, healthcare professionals must include informal leaders in programs to improve mental health services and reduce the use of physical restraint and confinement.

Keywords: physical restraint and confinement, culture issue in mental illness, community mental health, informal leader, pasung

Introduction

Informal leaders play a significant mental health care role in developing countries. The World Health Organization (WHO) suggests that primary care in mental health needs to be supported by self-care and informal community care to achieve an optimal mix of services (World Health Organization, 2007). Mental health care can be achieved in the community if all key stakeholders, including informal leaders, support the unwell and their families. However, not all informal leaders, particularly those in developing countries, possess a sufficient understanding of mental health. Studies show that in developing countries, community stigma towards those with mental health issues still remains high (Buanasari et al., 2018; Crowe et al., 2016; Eaton et al., 2018; Endale et al., 2020; Hartini et al., 2018; Ignatova et al., 2019; Minas & Diatri, 2008; Musyimi et al., 2017; Thornicroft et al., 2016; Umucu, 2019; McDaid & Park, 2011).

Some stakeholders, including informal leaders such as those in Ethiopia and China, see the behavior of people with mental health issues as abnormal and socially unacceptable (Asher et al., 2017; Guan et al., 2015; Wong et al., 2018). In addition, ineffective treatments may be tried which might worsen the condition of a person with mental health issues.

The poor treatment of a person exhibiting mental health issues results from limited mental health services (Asher et al., 2017; Daulima, 2018; Laila et al., 2019; Minas & Diatri, 2008; Suryani et al., 2011; Tay et al., 2017). Given this, families and communities are forced to find non-medical treatment (Laila et al., 2019; Lund et al., 2012; Maramis et al., 2011). Instead of curing these mental health issues, however, this type of treatment may increase the violent behavior of the person experiencing issues (Suryani et al., 2011). Therefore, a family may eventually choose to confine a person as a way of controlling that behavior and protecting the community. Physical restraint and confinement, known as *pasung* in Indonesian, is defined as physical restraint whereby a person showing mental health issues is isolated in a room and their legs are tied and secured inside stocks and/or wooden blocks (Daulima, 2018; Laila et al., 2018, 2019). In Indonesia, physical restraint and confinement has been banned since 1968 because it violates the human rights of the confined. However, some still practice it (Minas, 2009). In 2018, the Indonesian Ministry of Health stated that nineteen thousand people with mental health issues; that is, 14.4 percent of the total number of people afflicted with schizophrenia or other psychotic illnesses in Indonesia, are confined (Ministry of Health Republic Indonesia, 2018).

Predicting factors of physical restraint and confinement in Indonesia include violent behavior, a high level of burden carried by the family, and stigma the community exhibits (Daulima, 2018; Hartini et al., 2018; Hidayat et al., 2020; Laila et al., 2018; Minas & Diatri, 2008; Ottewell, 2016; Rafiyah et al., 2011; Yulis et al., 2021). Another study also found that stakeholders, including informal leaders in Indonesia, see physical restraint and confinement as a solution to overcome the violent behavior of people possessing mental health issues (Laila et al., 2019). Informal leaders may be directly or indirectly involved in managing people with mental health issues and their families. Studies in Ethiopia highlighted that families ask for help from the tribal leader in handling family members with mental health issues (Ginneken et al., 2017; Musyimi et al., 2017). Two studies in Indonesia also found similar situations (Puteh et al., 2011; Tay et al., 2017). However, research exploring the duties of informal leaders in such issues, especially in dealing with physical restraint and confinement, still remains limited.

Indonesia is an archipelagic nation. In the archipelago's eastern region, the island of Flores serves as home to tribes including the Manggarai (who provide the name to the district in which this study took place), and the Bejawa, Ende, Maumere, and Flores Timur, all of which have both formal and informal leaders in their villages. In the Manggarai tribe's language, the informal village leader, called a *tu'a golo, serves as* a village chief (*tu'a* means chief, *golo* means village), a role passed down from father to son (Iswando et al., 2015). The *tu'a golo* does not fall under the authority of the formal village head, who deals with village administration. The *tu'a golo* informally handles social problems and wields more influence than the formal village head (Iswando et al., 2015). Physical restraint and confinement continues to be used in villages in Manggarai as a method of managing people with mental health issues who become aggressive. People usually view it as a social issue and a threat to the community and, therefore, a *tu'a golo* steps in to manage it. In 2021, the total number of people suffering from mental illness in Manggarai numbers approximately 503 people, and 67 of them are confined (Manggarai Government, 2021). Previous research suggested that informal leaders face difficulties in stopping physical restraint and confinement and need support from both formal and informal parties to do so (Daulima, 2018; Laila et al., 2018). Research exploring the role of informal leaders in physical restraint and confinement, however, still remains limited despite their significant influence on the practice.

This study of Manggarai, Indonesia, is of relevance globally as it describes the treatment of people suffering mental health issues in areas possessing limited mental health services and resources, and where people often ignore the basic human rights of those with mental health issues. Its applicability is limited, however, as physical restraint and confinement does not occur everywhere. This study also advances understanding of the factors that contribute to this widespread human rights abuse, which persons with severe mental health issues experience and where governments have failed in their responsibility to provide effective, accessible, affordable, and culturally appropriate psychiatric treatment and care.

Methods

Participants

One *tu'a golo* from each of 15 villages participated in this study. They range in age from 41 to 68 and all have the experience of observing or carrying out physical restraint and confinement. As noted, a *tu'a golo* is an informal chief found in every village in Manggarai, Flores. The position is hereditary and passed from father to oldest son. Preliminary interviews were carried out first to find out whether a *tu'a golo* was willing and able to be interviewed

Table 1. Characteristics of tu'a golo Participants

Participant code	Age	Gender	Educational background	Occupation	Tenure as tu'a golo (years)	Physical restraint and confinements conducted
P1	51	Male	Senior high school	Entrepreneur	10	2
P2	68	Male	Elementary school	Farmer	23	10
P3	41	Male	Senior high school	Entrepreneur	3	1
P4	58	Male	Undergraduate degree	Civil servant	12	2
P5	43	Male	Undergraduate degree	Civil servant	6	7
P6	65	Male	Elementary school	Farmer	30	11
P7	45	Male	Senior high school	Entrepreneur	5	4
P8	52	Male	Junior high school	Farmer	10	2
P9	56	Male	Undergraduate degree	Civil servant	17	3
P10	54	Male	Junior high school	Farmer	11	2
P11	49	Male	Junior high school	Farmer	9	1
P12	38	Male	Senior high school	Farmer	2	2
P13	51	Male	Senior high school	Farmer	12	2
P14	56	Male	Senior high school	Farmer	10	4
P15	58	Male	Undergraduate degree	Farmer	13	1

in more depth. Among the 15 *tu'a golos, three* have confined more than seven people, while the remaining 12 have confined at least one person. The majority have completed senior high school and all are male. The characteristics of the *tu'a golos*, the study participants, can be seen in Table 1.

Research Design

This study used a qualitative approach and semantic ethnography. Semantic ethnography is a methodology that aims to uncover how a community understands its culture and to explore principles behind behaviors – in this case, behind the decision to confine – via analyzing the meaning of components (Parfitt, 1996; Spradley, 1976). To understand the culture, researchers analyzed the data using James Spradley's Developmental Research Sequence, a method developed in 1979. The focus centers on searching for meaning in language in order to build a structured taxonomy of meanings (Spradley, 1976; Parfitt, 1996). This method was chosen because it is considered to be more structured than other methods available for categorizing a cultural phenomenon. The Developmental Research Sequence method is also used as an analysis method due to its systematic, clear, sequential and comprehensive approach (Garrido, 2017).

Data Collection

Researchers conducted this study in fifteen villages in Manggarai, Indonesia, with fifteen *tu'a golos*, or informal village leaders, participating. These *tu'a golos* were chosen for their experience in confining mentally ill people in their village. *Tu'a golos* generally were chosen as informants because they are well acquainted with the culture of Manggarai, including beliefs regarding mental illness. The researchers employed semi-structured interview questions, consisting of descriptive, structural, and contrast questions in each stage of the data collection process. They conducted descriptive interviews with twelve *tu'a golos,* after which they obtained no new data. Structural interviews were conducted with seven *tu'a golos*, five of whom also participated in descriptive interviews. Two *tu'a golos* were recruited for data validation purposes. Contrast interviews were conducted with eight *tu'a golos,* seven of whom participated in descriptive interviews. Researchers interviewed one *tu'a golo* to validate the data. The questions were based on Spradley's interview questions in ethnographic studies (Spradley, 1976). Expressing interest,

expressing ignorance, avoiding repetition, and taking turns were strategies adopted during the interviews (Parfitt, 1996). Data were collected using in-depth interviews with descriptive questions. The interview started with questions around the *tu'a golo's* activities and tasks, and followed with grand tour questions regarding physical restraint and confinement in the village. Based on the answers given, researchers posed further interview questions.

Data Analysis

Data analysis was carried out using Spradley's (1979) structural semantic analysis. The researchers aimed to explore the perspectives of a *tu'a golo* as an informal leader, which required an emic or insider perspective. Spradley's four-step analysis guided the process of gaining an emic perspective. First, the researchers aim to gain an overview of the study's object through domain analysis. Second, with taxonomy analysis, the researchers aim to further explain the emerging domains in order to understand the domain's internal structure. Third, the researchers conducted a componential analysis to find the specific characteristics of each domain by contrasting the elements. Lastly, the researchers used cultural thematic analysis to explore the relationship between the domains that fall within the theme of the research.

Results

Domain Analysis

Domains are categories of cultural meaning and include semantically related subcategories (Spradley, 1987), they are identified based on the knowledge of cultural terms involving lower-ranking related concepts. In other words, the domain contains terms that have been included due to semantic relationships. The first step in domain analysis involved finding semantic relationships across participants' statements. Researchers needed to find the relationships, including semantic relationships, of nouns, including terms or folk terms, and closed terms. After establishing the relationship, researchers prepared a worksheet of domain analysis (Table 2).
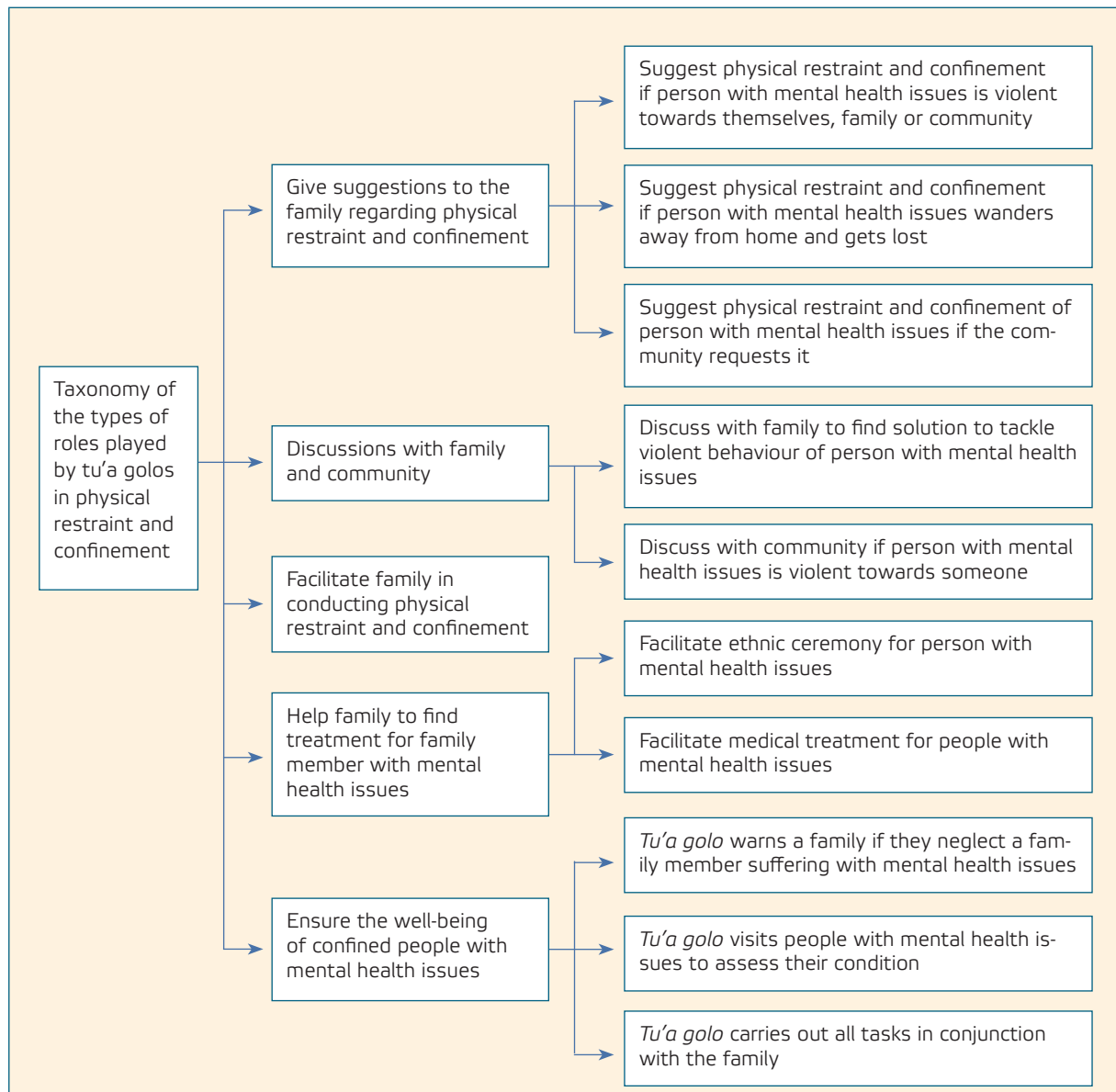
Taxonomy Analysis

The researchers then conducted structural interviews to explore in depth those domains uncovered in the domain analysis. In those structural interviews carried out with five *tu'a golos*; the researchers asked in detail about the tu'a

Table 2. Domain Analysis

1.	Semantic relationship:	strict inclusion
2.	Form:	X is a type of Y
3.	Example:	Giving suggestions regarding physical restraint and confinement is a type of role that *tu'a golos* take on regarding physical restraint and confinement

Include terms	Semantic relationship	Closed term
• Giving suggestions to a family regarding physical restraint and confinement • Discussing • Performing physical restraint and confinement • Helping families to cure a family member who is experiencing mental health issues • Maintaining the well-being of people with mental health issues who have been confined	*Strict inclusion*	The role of *tu'a golo* in physical restraint and confinement

Structural question: What are the types of role a *tu'a golo* takes on in physical restraint and confinement?

Figure 1. Taxonomy Analysis

golo's role in physical restraint and confinement. Researchers began the taxonomy analysis by choosing a domain to be analyzed. They then provided the domain with additional information, including descriptions, which were taken from the domain analysis (Figure 1).

Componental Analysis

After contrast interviews, researchers carried out a componental analysis for the contrast meaning analysis stage of the Developmental Research Sequence. Contrast meaning can be found by searching for differences between folk terms. This study used triadic contrast questions. Researchers gave three folk terms in each domain and asked for differences and similarities. They also asked about differences in the tu'a golo's role types and found differences in function, time period and goal. The results of the componental analysis can be seen in Table 3.

Thematic Analysis

Cultural thematic analysis was carried out through exploring relationships among the domains that form the culture. This research found three cultural themes around the duties of *tu'a golos*: (1) *tu'a golo* as mediator, (2) *tu'a golo* as adviser, and (3) *tu'a golo* as protector. The next sections provide quotes from *tu'a golo's* related to these three roles.

Table 3. Componential Analysis

Contrast set	Domain of contrast		
	Function of *tu'a golo*	Time	Goal
Giving suggestions regarding physical restraint and confinement to the family	Adviser	Before physical restraint and confinement	Maintain well-being of family and community
Discussing	Mediator	Before physical restraint and confinement	Ensure well-being of those with mental health issues
Facilitating family in conducting physical restraint and confinement	Mediator	During physical restraint and confinement	Ensure well-being of family and family member with mental health issues
Helping family to cure family member with mental health issues	Protector	During physical restraint and confinement	Ensure well-being of those with mental health issues
Ensuring well-being of those confined due to mental health issues	Protector	During physical restraint and confinement	Ensure well-being of those with mental health issues

Tu'a golo as Mediator

As a mediator, the *tu'a golo* connects the community and the family of a person with mental health issues. This study revealed that an individual exhibiting mental illness can only be confined if they show violent behavior towards their family or community. A person suffering mental health issues who does not become violent will not be confined. In the case of violence, however, other villagers will not approach the family directly. Instead, they will go to a *tu'a golo* and ask him to pass on their concerns.

> *Tu'a golos* have many roles. The villagers and families can come to a *tu'a golo* to complain and share their problems. People with mental health issues are part of the community too. Therefore, they are the responsibility of the *tu'a golo*. The *tu'a golo* bear responsibility for maintaining peace and security in the village. Should people having mental illness create problems, then the *tu'a golo* will find a solution so that no conflict exists in the village. A *tu'a golo* will give suggestions to the mentally ill person's family. The *tu'a golo* is responsible for maintaining the peace of the village. The tu'a golo can advise the family. (P5)

> When a mentally ill person damages property or hits a villager, the villagers will not protest directly to the family. Instead, they will come to the *tu'a golo* to explain the problem. The *tu'a golo* will pass the information on to the family and ask them to find a solution. (P2)

Tu'a golo as Adviser

This study revealed that a *tu'a golo* functions as an adviser to the family, guiding them in physical restraint and confinement. The community will become concerned if a person with mental health issues is violent. Villagers seek help from the *tu'a golo*, who acts as a village leader and protector. The *tu'a golo* passes concerns on to the family of the person with mental health issues and suggests the family seek traditional treatment (*tu'a golos* generally have no knowledge of medical treatment). Physical restraint and confinement remains the last resort when traditional treatment fails.

> We, as the *tu'a golo*, have no specific authority to solve the problems of people with mental health issues. However, we can advise their family when they start to damage property or threaten the community. The *tu'a golo* can advise the families of what might happen. For example, should their family member with mental health issues not be confined, then more people may be injured. (P3)

> Physical restraint and confinement is the last step if the person with mental health issues is not cured after being given traditional treatment. During the treatment, the *tu'a golo* also gives suggestions. For example, should the person create a commotion, then the *tu'a golo* will suggest inviting in a shaman. If a shaman cannot cure them, then the *tu'a golo* will suggest physical restraint and confinement. Who will be responsible for the safety of the villagers and families if the mentally ill person throws a stone or threatens villagers with a knife? (P12)

A family will usually agree to a tu'a golo's suggestion to confine a family member who exhibits mental health issues. As a village leader, the *tu'a golo bear* the responsibility for protecting the village. A family that stands against physical restraint and confinement needs to make sure their unwell family member will not cause a problem again.

> If the families do not obey the *tu'a golos'* suggestions, then they must make a statement or special agreement, which states that should anything happen inside or outside the village, then the family will take full responsibility. (P9)

Tu'a golos recommend physical restraint and confinement because they believe that mental health issues cannot be cured by medical treatment or healthcare services.

> As *tu'a golo*, I advise a family to perform physical restraint and confinement because until now mental health issues have no cure. Taking a person with mental illness to a hospital will not cure that person. Their physical condition is good, but their mind is ill. How can this ill mind be cured? (P7)

Tu'a golo as Protector

A *tu'a golo*'s main role in the village is protector, and this includes protecting those in physical restraint and confinement due to mental health issues and ensuring their well-being. The *tu'a golo* must remind the family to take care of their unwell family member.

> The tu'a golo has several roles regarding physical restraint and confinement. The *tu'a golo's* main duty as leader is to protect each person in the village. He must protect the village and prevent conflicts. I think the *tu'a golo's* responsibility as a protector is a must because he needs to protect the village. However, he also needs to protect people with mental health issues. Therefore, the *tu'a golo* needs to check their condition in physical restraint and confinement. If their families neglect them, then he needs to warn the families. The idea of physical restraint and confinement sometimes comes from a *tu'a golo* but he is not obliged to suggest it, and whether or not it proceeds also depends on the family. (P11)

> The *tu'a golo* role is to maintain the safety of the villagers and of people suffering from mental health issues as well as their families. Although we are aware that physical restraint and confinement may be a torture for those with mental health issues, we do not have other options. It is better to sacrifice one person than the whole village. However, the *tu'a golo* must protect all villagers, including those with mental health issues. Therefore, the *tu'a golo* needs to ensure the well-being of those who are confined due to mental health issues. (P15)

The role of the *tu'a golo* in physical restraint and confinement is illustrated in Figure 2.

Discussion

Before physical restraint and confinement, the function of the *tu'a golo* is that of a mediator. Interviewees stated that their mediation duty requires them to communicate villagers' concerns about the violent behavior of a person with mental health issues to the family. Villagers also expect the *tu'a golo* to find a solution involving

Figure 2. Roles of a tu'a golo in Physical restraint and confinement
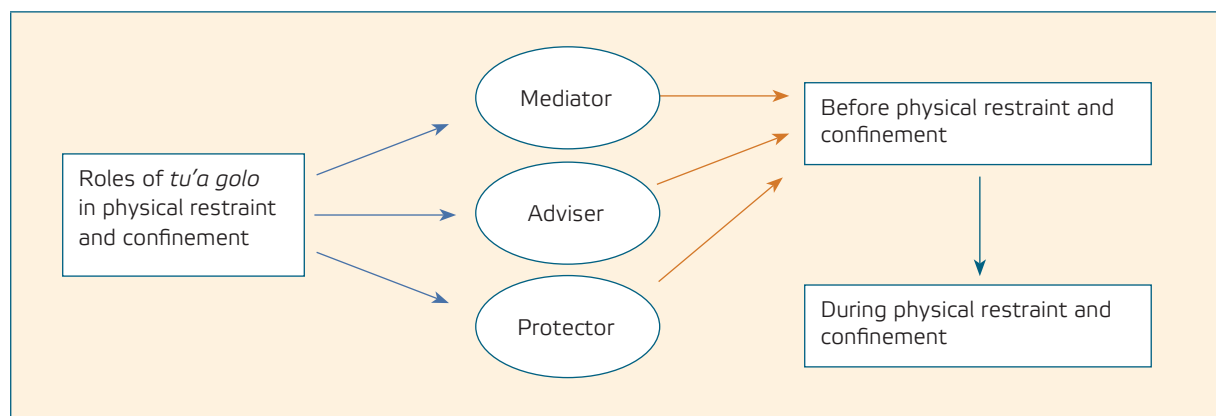
the family to bring the behavior under control. A study in Ethiopia highlighted similar findings; villagers who were afraid of the violent behavior of people with mental illness asked their community leader to find a solution (Asher et al., 2017). Similar findings were also registered elsewhere in Indonesia; the community asked for help from a community leader such as a district head or community elder when a person with mental health issues was violent (Laila et al., 2018). Violent behavior of those afflicted by mental health issues creates problems in the community, and communities view such people as threats to their village (Opitz-Welke & Konrad, 2019; Suryani et al., 2011). Stigma remains a frequent occurrence in developing countries where limited knowledge of mental health issues exists and that have limited access to healthcare services (Lund et al., 2012; Michaels et al., 2015; Smith et al., 2011).

Stigma leads to the discrimination and marginalization of people with mental illness (Hartini et al., 2018). It also increases the burden on the families of the mentally unwell and leads to poor treatment. The study found that the *tu'a golo* takes on the role of mediator in physical restraint and confinement, which occurs when an unwell person acts violently towards other villagers. The villagers do not directly complain to the family, but instead express their concerns to the *tu'a golo* and ask him to relate these concerns to the family. The *tu'a golo* carefully delivers the concerns to the family and works with them to find the best solution. The *tu'a golo* does not judge the family, but supports them. Good social support helps the family to cope (Rafiyah et al., 2011). However, knowledge of mental illness remains limited, as does access to mental health services, so the *tu'a golo* relies on physical restraint and confinement. It is, therefore, important to educate *tu'a golos* and other influential informal and formal community leaders in mental health.

The *tu'a golo* serves a secondary role as physical restraint and confinement adviser to the family. Participants stated that physical restraint and confinement remains the option of last resort should an individual having mental health issues persistently shows violent behavior which the community cannot help. Physical restraint and confinement in Indonesia is often carried out at the suggestion of the community through their formal or informal leaders (Daulima, 2018). Laila et al. (2018) found that informal leaders such as religious leaders influence family decisions in physical restraint and confinement. Formal leaders also influence physical restraint and confinement (Laila et al., 2018). Participants in the current study stated that the unwell are confined because mental health issues cannot be cured and can only be controlled with physical restraint and confinement. Lack of knowledge and understanding among the family and community regarding mental health is one of the reasons physical restraint and confinement occurs (Daulima, 2018; Minas & Diatri, 2008; Puteh et al., 2011; Tay et al., 2017). The community views mental illness as something that cannot be treated, perhaps because limited mental health services exist in the community (Suryani et al., 2011; Wong et al., 2018). Knowledge regarding mental illness, therefore, and care involving community leaders that healthcare professionals or the family can provide for the community following training, needs to be improved.

The *tu'a golo's third role* in physical restraint and confinement is protector. Participants stated that a *tu'a golo* must protect the confined by ensuring the instruments of physical restraint and confinement – the stocks and rope, among others – do not cause physical problems. The *tu'a golo* must ensure the family meets the needs of their confined family member, particularly as regards food and water. Mental health is influenced by the culture where a person resides. The customs of the community and family influence physical restraint and confinement (Hidayat et al., 2020). In Manggarai culture, people view a person with mental health issues as a blessing and the family bears an obligation to care for them. The interviewees in this study believe that treating a person with mental illness badly will invite bad karma, known as "nangki" in the Manggarai language. Therefore, the well-being of a confined person must be maintained to prevent negative repercussions for the family or the *tu'a golo*. Such beliefs are not only found in Indonesia. A study in India found that doing good to a person with mental health issues is obligatory, and bad luck may result from mistreating the mentally ill (Avasthi et al., 2013; Burley, 2014). This finding can be used to educate families and communities to improve the health of the mentally unwell; families and communities can be taught that culture forbids them from harming people with mental health issues, and that medical intervention serves as the best solution as it will not cause harm.

This study highlights the strong influence of informal leaders regarding physical restraint and confinement. Previous studies have stated that community leaders have important duties in the physical restraint and confinement of people with mental illness (Daulima, 2018; Laila et al., 2019). However, this study is the first to research how informal leaders influence physical restraint and confinement and we therefore expect it to become a reference for future research into the role of informal leaders in other areas of Indonesia. Community leaders could play a key function in rehabilitation and could effectively influence the community about treatment for

the mentally ill. Community-based social rehabilitation for people with mental health issues is one programme that puts community leaders in a key role (Stratford et al., 2014). Community leaders can take on an active role in educating the community about mental health and inviting community members to contribute to the social rehabilitation of those suffering from mental health issues (Stratford et al., 2014). The community mental health nursing model presents a similar approach, whereby community intervention serves to assist people with mental health issues to develop life skills and avoid physical restraint and confinement (Keliat et al., 2020). This study suggests that involving informal leaders such as *tu'a golos* in community-based mental healthcare will bring positive changes in preventing physical restraint and confinement.

Strength and Limitations

This study is the first to research how informal leaders influence physical restraint and confinement and we, therefore, expect it to become a reference for future research into the role of informal leaders in other areas of Indonesia. Community leaders could play a key function in rehabilitation and could effectively influence the community about the treatment of the mentally ill. The limitation of this study is the limited time and number of participants, which leads to a limited generalization of this study. Despite this limitation, the strength of this study is that it is the first exploration of how physical restraint and confinement is mediated through cultural stage and ritual. The sample was also purposively selected with maximum diversity to enrich the data.

Conclusion, Implications and Future Direction

This study aimed to explore the role of the *tu'a golo*, an informal village leader, in the physical restraint and confinement of a person experiencing mental health issues. The *tu'a golo* has three main roles regarding physical restraint and confinement: as a mediator and as an adviser before physical restraint and confinement, and as a protector during physical restraint and confinement. This study identifies that *Tuá golo* as the informal leader holds a significant influence and role in conducting physical restraint and confinement.

This study provides insight to healthcare providers, especially mental health providers, to help them collaborate with informal community leaders in reducing physical restraint and confinement's use. Health providers must work with informal leaders on educating mentally ill people, families, and the community on the effect of physical restraint and confinement.

Further studies must be carried out to explore the tasks of formal leaders in confining a person experiencing mental health issues. Further studies are needed to identify the cultural effects of physical restraint and confinement in different cultural and traditional regions of Indonesia in order to take a cultural approach to overcome physical restraint and confinement, and achieve Free Pasung Indonesia.

Author contributions
Angelina Roida Eka: conceptualization, design, methodology, funding acquisition, investigation, project administration, data management, formal analysis, interpretation, supervision, writing original draft, writing review and editing.
Novy Helena Catharina Daulima: conceptualization, design, methodology, funding acquisition, investigation, project administration, data management, formal analysis, interpretation, supervision, writing review and editing.
Herni Susanti: conceptualization, design, methodology, investigation, project administration, data management, formal analysis, interpretation, supervision, writing review and editing.
All authors gave final approval of the version to be published and agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Declaration of interest statement

The authors have no conflicts of interest to disclose.

Ethical statement

This manuscript is the authors' original work.

The study were reviewed and approved by the Faculty of Nursing Universitas Indonesia, Depok, Indonesia, license number: No.50/UN2.F12.D/HKP.02.04/2019.

All participants participated in the research voluntarily and anonymously, and provided their written informed consent to participate in this study.

Data are stored in coded materials and databases without personal data, and the authors have policies in place to manage and keep data secure.

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Appendix

INTERVIEW GUIDE

Descriptive Interview

1. Grand tour question
   - How long have you been a *tu'a golo?*
   - What is your duty as *tu'a golo?*
   - During your time as *tu'a golo,* have you ever known a person with mental illness and confined in your village?
   - How did you contribute to the physical restraint and confinement process?
   - Could you tell me how the process of before to after the physical restraint and confinement?
2. Mini tour question
   - How do you explain your feelings when you notice a person with mental illness being confined?
   - How do you as *tua golo* perform in the physical restraint and confinement process?
3. Example question
   - Could you explain the physical restraint and confinement process on mentally ill person?
4. Experience question.
   - Could you tell your experience on confined mentally ill person?
5. Native-language question
   - What is the term used to define a person with mental illness?
   - What is the term used to describe the physical restraint and confinement of a person with mental illness?

Structural interviews

Through the previous interviews, we have already identified five important roles of *tua golo* on physical restraint and confinement namely: (1) Giving suggestions regarding physical restraint and confinement to the family (2) Discussing (3) Performing physical restraint and confinement (4) Helping the family to cure their family member with mental illness (5) Maintaining the well-being of mental illness people in physical restraint and confinement. In this interview, I would like to ask about each of the components within the roles.
1) Giving suggestions regarding physical restraint and confinement to the family
   - What is the suggestion given by *tua golo* to the family regarding physical restraint and confinement?
(2) Discussing
   - What is included in the discussion between family and *tua* in the physical restraint and confinement process?
(3) Performing physical restraint and confinement