# Table of Content

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table of Content</td>
<td>i</td>
</tr>
<tr>
<td>Overview of the Project</td>
<td>1</td>
</tr>
<tr>
<td>Overview of the Peer Support Group Module</td>
<td>4</td>
</tr>
<tr>
<td>Challenge and Risk Management</td>
<td>15</td>
</tr>
<tr>
<td>Output &amp; Outcome</td>
<td>21</td>
</tr>
<tr>
<td>Findings</td>
<td>25</td>
</tr>
<tr>
<td>Other Activities</td>
<td>29</td>
</tr>
<tr>
<td>Future Plans</td>
<td>38</td>
</tr>
</tbody>
</table>
Overview of the Project

Peer Support Group

Our peer support program has been running for years in Jakarta and lead by people with a psychosocial disability who is well trained in counseling and understand the rights of persons with psychosocial disabilities and have been volunteering for years. Our peer support module is created based on our needs, culture and combined with other information regarding peer support groups in other countries. This peer support is crucial to obtain results in building a supporting system, social interaction, gaining information, and building connections and relationships with new friends. This peer group also helps in mental health and could prevent persons with psychosocial disabilities to have recurrence mental illness and hospitalization.

This peer support program is adopting Participatory Action Research where the participants get benefits such as increase their level of self-esteem, knowledge, and ability to cope with mental health problems and information regarding the rights person with psychosocial disability. The facilitator could help the participants to map their problems and provide recommendations and referrals related to psychological or legal issues and, collecting data on human rights violations and make report based on a person with a psychosocial disability for advocacy purposes.

The Objective

1. Implementing peer support group in ten cities where Bipolar Care Indonesia is located.
2. Modify the module based on the needs in areas where Bipolar Care Indonesia is located because every region has different needs, culture, and the problem could be different.
3. Collecting all data for the purpose of advocacy in national level and involving the persons with psychosocial disabilities to acts on advocacy, supervised the policy and the implementation.
4. Policies that fulfil the rights of persons with psychosocial disability could be made and implemented by the government therefore the community gets real benefits.
Posters

Bipolar Peer Support Group
Sharing & Support untuk Penyintas Bipolar

Sabtu, 3 Juli 2021
Pukul 14.00 - 16.00 WIB
melalui Zoom

Gratis!
Tempat Terbatas

Pendaftaran:
bit.ly/peersupportbci
ebipolarcare.indonesia

SHARING SESSION
BIPOLAR PEER SUPPORT GROUP

Jl. Kemang Timur XI No. 17, Jakarta Selatan
MINGGU 30.08.2020
14.00-16.00 PM
Biaya Rp 50K (include snack)
"Ketika untuk penyintas"
RSF Indonesia / April 2021
081310337285
www.bipolarcareindonesia.org

SAFE SPACE
BY: NARISHANDA

SHARING SESSION
BIPOLAR PEER SUPPORT GROUP

Sabtu, 11 Juli 2020 jam 13.00 - 15.00 WIB
Jl. Kemang Timur XI No. 17, Jakarta Selatan
Biaya Rp 50K | Pendaftaran: Oli 0817 0070 112
*include snack, bawa tambler sendiri* *khles untuk penyintas*
www.bipolarcareindonesia.org | @bipolarcare.indonesia

RSF Indonesia / April 2021
081310337285
www.bipolarcareindonesia.org
Overview of the Peer Support Group

The Peer Support

Information about the Peer Support Groups is made with posters that inform the day, date and time, place, and how to register. Posters are uploaded on social media such as Facebook and Instagram, while information about what the peer support group is about, benefits from peer support is written in the caption.

Everyone who has mental health problems and is interested in the program registers through a contact person. The participants are required to fill forms on basic information and what they expect and need. We limit the participants to several groups. Each group has no more than ten participants. Limiting the number of participants aims to build stronger connections and relationships between participants and make it easier for peer facilitators to run the program and making sure the social interaction is going well. In addition, the small number of participants also makes the sharing time longer and more in-depth. Thus, all participants also feel more comfortable because they don’t have to wait too long for their turn to share their experiences.

Our peer support group for people with psychosocial disabilities provides spaces that make participants have healthy social interaction, feel accepted, share life experiences, and help one another. The peer support program aims to give more knowledge on how to overcome mental health problems such as self-acceptance, how to cope with anxiety, depression, impulsivity, what to do if there are suicidal thoughts, how to reach out when they need support.
The Peer Support

Information regarding discrimination in the workplace and education is also delivered, especially on their rights to achieve reasonable accommodation during relapse time. What to do if they experience violence from families, friends, or work colleagues are also discussed. We also provide information about the rights of the persons with psychosocial disability in line with UN CRPD such as the rights to health. This peer support captures many problems such as discrimination, force treatment, all forms of violence, and many other issues related to human rights violations based on psychosocial disability through sharing and discussions during the peer support group. Data could be obtained for national and international advocacy such as reports to the CRPD and CEDAW Committee.

Participants who join the peer support group were informed that the peer group is private and continuous for 5 sessions, in the sense that the participants are asked to come in the next session until all the session is finished. This system gives participants the opportunity to get to know each other better, get a mutual connection, learn from each other, and feel safe when sharing personal information. In addition, each participant can feel the progress and also see the improvement of other participants. Therefore, it will build a strong relationship and mutual support.
The Methods

Our peer support using social interaction methods combined with, information exchange, games, and data collection. In each session at the beginning of the meeting, the facilitator usually introduces himself and explains the goals, and rules of peer support, each participant is asked to introduce themselves and ask how they feel at that time. Then there are games that are played for ice breakers for participants know each other. From there on, the peer facilitator invites one person who wants to share first using some key questions such as their recent psychological condition and how do you deal with it.

This question also applies equally to all participants including peer facilitators. When the same problem as anxiety or self-harm arises, that is the topic discussed in the first hour. Each participant exchanges any information that can be done for the topic. Many methods such as butterfly project, holding an ice cube, using rubber bands, writing, painting using a red marker on the hand, or talk to someone they could trust and comfortable often comes up. Participants could learn from each other.

If there is a participant who shares her experience and cries, the peer facilitator is in charge to make the person feel calm. Peer facilitators also asked all participants to provide supporting statements for participants who were sad. Supporting statements that are usually given such as you are stronger than what you think, you are not alone, it's not your fault, there is always support for you, or someone could give a hug (not in the pandemic situation). If one or the other participants feel uncomfortable with the conversation, they can go to an open room to calm down and be accompanied by a co-facilitator or a clinical psychology student who acts as an observer.
Likewise, the issue of medication incompatibility or discrimination in workplace that appears as a topic of discussion, other participants provide input such as changing doctors, or peer facilitators can provide information that there is a reasonable accommodation for persons with disabilities regulated by government regulations. Peer facilitators also convey the rights of patients and there are consumer protection laws and medical ethics codes. The task of the co-facilitator is to record the problems using code and as a timekeeper to work with the facilitator thus the peer support could run smoothly. Other methods used are breathing techniques and games. At the end of the session, the facilitator also asked the participants’ feelings at that time, the feelings that were most often expressed were, I feel better, relief or I don’t feel alone. The facilitator also asked if the participants if they want to create a WhatsApp or Telegram group to stay connected to each other.
Objective of The Peer Support

- Create a safe space for them to express their feelings by sharing their experiences.
- Provide support between fellow survivors so that they can strengthen each other.
- Obtain information, knowledge, experience, and learning from peer survivors in order to overcome the challenges they face.
- Build new friendships for social interaction, mutual relationships, connections between one another, and support each other.
  - Reducing the condition of a person who isolates herself or withdraws from social life and feels alone.
  - Make survivors more confident, independent and empowered to remain independent in solving the challenges they face.
  - Prevent relapse and hospitalization
  - Obtaining data for advocacy

The Peer Support Group
Rules

1. Sit comfortably and relax. Participants are allowed to eat snacks, drink, go to the toilet or to the open space provided to calm down
2. Do no harm and no judgment based on race, religion, culture, sexual orientation, choice of treatment, ideology, and others
3. Listen with Empathy
4. Talk comfortably and without coercion
5. Maintain privacy and confidentiality (inform consent for photos and documentation)
6. Put the mobile phone on silent mode
7. Don’t talk to friends when someone is talking
8. Don’t interrupt other people
9. Don’t advise if not asked
10. Tell stories according to the turn determined by the facilitator
Peer Facilitator

- Ideally one woman and one man
- Have good communication skills and a good listener
- Have a skill in basic counseling and extensive knowledge in mental health
- Have extensive knowledge about the rights of persons with disabilities
- Understand gender-based violence and how to communicate with victims of violence
- Extensive knowledge on how to refer to service agencies for violence and legal aid agencies
- Pay attention to participants as they talk about their experiences
- Open-minded, not judging and not feel superior
- Ensure participants feel supported.
- Time management skill
- Ability to build a safe and comfortable situation and conversation with participants.
- Knowing their limitations and boundaries
- Provide feedback and reflection from participants
- Ability to resolve conflict by reducing or bringing it back to neutrality
- Knowing when participants need additional information or support
Value

- Non-discrimination
- Consensual
- Do no harm
- Privacy and confidentiality
- Preventing sexual exploitation, abuse and harassment

Topic

- The concept of self-acceptance
- How to overcome problems
  (overthinking, impulsivity, anxiety, depression, self-harm, suicide etc.)
- discrimination and violence
- Trauma healing
- Types of therapy and medication
- Self-care, resilience
- Types of Therapy & medicine
- Our rights (health, education, employment, etc.)
- Spiritual journey and recovery
- Sexual behavior
- Etcetera

Interaction in online groups
Peer Support Group Model

1. Peer support group

The peer support group run by experience peers and focus on sharing experiences, social interaction, connection and emotional support, information exchange and practical activities.

2. Online group forum using WhatsApp or Telegram

In WhatsApp or Telegram groups, facilitators and co-facilitators who become group admins usually ask for their condition once a week. The admin stimulates conversation to make the group active in sharing or exchange information. In online groups, interactions often occur between fellow participants. Participants who want to ask for information or share their problems also occur in the online group. The online group forum also aims to decide when is the next session face to face peer group including recommended topics to share and discuss. In the group, if there is one person who feels the need for emotional support and another participant provides support and the interaction between fellow participants goes well, it becomes one indicator of the success of the peer support group.

3. One to one support

The one to one support usually by reaching up directly to the peer facilitator by WhatsApp chat or call. Sharing and need someone to listen to is the most common need. Frequently asked questions including free psychotherapy, Universal Health Coverage system and service provider recommendation (Peer support ideally not giving any recommendation for service provider, instead giving some references)
Peer Support Group Model

Peer Support Group → Online group Forum → One to one

Specific Information

CEDAW Report ↔ Legal Aid
CRPD Report ↔ Women Crisis Center
Other UN Treaty Bodies ↔ National Commission on Violence Against Women

National Commission on Human Rights
Peer Support Group Model

Specific Information From Peer Support Group

- Legal Aid
- Concealing Service or Provider
- Advocacy

CRPD
CEDAW
National Commission
National Commission on Violence Against Women
Other Advocacy
Collecting Data

Co-facilitator collects the information regarding any indication of Human Rights experienced by the participants during the sharing session. The co-facilitator notes the violations using code and observes the psychological impact.

Specific Information

After the peer group finished, the co-facilitator asked for additional information to complete the information needed. The co-facilitator could ask if the participant needs further support for referral to free counselling agencies or legal aid agencies. Another way to get information is by using WhatsApp, Telegram group or direct chat, or during

Indicator of Successful in Peer

- Feeling check after peer group
- Interaction and connection during peer support
- Advice (after peer group participants are required to fill an anonym paper. The facilitator ask questions such as what needs to be improved in the peer support program, the facilitator, peer support group methods, suggested topic need to be discussed in the next session, the duration, the snack, and overall satisfaction level using a scale of 1-10)
- Interaction and connection in WhatsApp or Telegram group
- The number of participants coming back in the next session
Challenge and Risk Management
Pandemic and Semi Lockdown in Indonesia

The pandemic situation makes it a huge challenge to conduct a peer support program, during the face-to-face program we make sure the health protocol is strict, every participant's body temperature was check using a thermos-gun and we make sure everyone is wearing a mask. We provide a form of declaration which states that each participant is not positive for COVID-19 and has not been in contact with anyone positive in the past week and did not travel from other countries within the last month. If there is a participant who is positive on COVID-19 after the event, the participant must report to the peer facilitator. What we prepare before peer group is making sure the distance between one chair to another is 1.5 meters. Talking and sharing while wearing a mask is also makes peer facilitators and participants uncomfortable. The participant was also not allowed to shake hands, hug, have physical interaction, or borrowing a pen. The pandemic makes the program less effective because of the restriction of physical interaction.

While the number of persons who is positive with COVID-19 increasing in Indonesia, we were shifting to develop peer support virtually through Zoom, the decision caused controversy because some participant needs real social interaction and don't feel comfortable if they have to share their experience from home. Some of the participants agree to virtual peer support through Zoom because of the flexibility and no need to travel. The virtual support group made peer facilitator a lot easier to organized the meeting, but the social interaction was less effective. The rules and methods such as games are also changed for online interaction. It causes a lot of strategy and different methods to tackle the problem. One of the advantages of the virtual peer support group is the ability to reach more people from small regions and a few Indonesians who live overseas. In non-pandemic situation there are various participative activities such as body mapping, stone and flower, and river flow.

Internal Problem in Bipolar Care Indonesia

Internal problems and the detachment of all Bipolar Care Indonesia branches in other nine cities at the end of 2020 due to several considerations made most of the leaders of the branches in many cities feel unappreciated and created a hostile atmosphere and uncomfortable situation including myself. The release of all organization branches in some regions caused some of these organizations to change their names, and it had an impact on me as an administrator in Jakarta who was indirectly accused of being a member of the stronghold to loosen the branches.

In the end, I resolved the problem by explaining that I am also part of the refusal to release the organization branches in all regions. Several branches such as Bandung, Tangerang, Bogor, and Makassar succeeded in replicating the peer group activities. Although the program stopped because the region was also a red zone and there was a semi-lockdown policy to restrict activities, some cities still replicate the program virtually such as Bandung and Tangerang. However, in other areas, the program cannot be implemented because due to some obstacle such as situation and human resources.
Virtual peer support groups
Virtual peer support groups
Virtual peer support groups
Virtual peer support groups
Output & Outcome
Output

Group
8 Groups (each group 10 people maximum)

Sessions
5 sessions each groups

People
64 people with psychosocial disabilities have joined the program

Total Sessions
45 sessions of peer support groups have been conducted (excluding replication in other cities)

Demographic

Virtual peer support groups reach more people from many cities Tegal, Semarang, Solo, Padang, Yogyakarta, Surabaya, Tangerang, Depok, Takalar, Toraja, Medan, Malang, Manchester and Melbourne
Replication

In four cities Tangerang, Bandung, Bogor and Makasar
Outcome

- All participants understand they are part of the disability group
- All participants have some new friends
- Majority of participants have better supporting system
- Majority of participants understand the rights of the patient and consumer protection
- All of participants understand the universal health insurance mechanism
- All of participants understand they have a right to change medicines if they don't feel comfortable with the side effect
- Some of them get jobs as civil servants from the disability pathway
- Some of them acknowledge that there are scholarships for people with disabilities including psychosocial from the government
- All of the participants understand what to do if they are in relapse or need support
- All of participants get more information on self-help methods and many kinds of therapies that learned from each other
- Only to psychiatrists, psychologists, legal aid agencies, and service providers for free counseling if there are cases of violence
- All participants understand about accessibility and reasonable accommodation in education because there is government regulation about accessibility for Persons with Disabilities in education
- All participants know that there are P2TP2A services for women and children that provide free and psychological counseling provided by the Ministry of Women Empowerment and Child Protection, although it is not available in all cities
- Participants know about the existence of social protection if they have economic problems and can be on the website or can call social services or come for a consultation
- Participants have interaction in WhatsApp or Telegram group
- Data Collection for advocacy
Findings

Physical Abuse
Some peer group participants experienced physical violence from their families. Most of the cases are caused by conflicts between families that end in physical violence. Several participants described the life they experienced in the rehabilitation center, including physical violence. As a result of the physical violence they received earlier, some of them have had trauma, and some have forgiven the perpetrators of violence as they trying to heal with their past. And those who have forgiven share their experiences of how to forgive past

Psychological and emotional Violence
Psychological violence is the most experience that often shares in peer support group participants, this has an impact on the loss of confidence and fear they get from internal families. Power relations are the main cause because most of the participants are youth who still live with their families.

Economic/Financial Abuse
In the employment sector, some of the participants were deceived by a contract letter to a work agreement that did not match what they had promised at the beginning. From the family side, the most economic violence comes from the disconnection of financing from people who provide for them, including husband to wife, wife to husband, father to children, and wife. Another form is the prohibition of working by the family because it is considered not to have the ability and is feared to create problems in the work environment and also cases of economic neglect.

Sexual Violence
Several people experienced sexual violence. Most of the perpetrators are from the circle of people closest to them such as partners, ex-partners, relatives, and friends. There was one case of rape and threats to one of the participants by the police officer. Online sexual abuse cases are also common online through social media.

Force treatment
Some participants experienced force treatment and arbitrary detention from their families, such as their families calling the hospital and nurses forced our participants for hospitalization. Two people were once tricked by their families by being taken to a clinic in a city but after undergoing an examination they were immediately restrained and it turned out that the place they went to was not only a clinic but a mental rehabilitation institution. The family intentionally handed over two participants to a rehabilitation institution.
One participant said that for five months she tried to escape, but was unsuccessful. While the other friends were put in an isolation room that looks like a prison and their legs were chained to the iron bars. The deprivation of liberty and the acts of violence by the private mental institution staff are very diverse. Other experiences from some of the participants who were already open about their sexual identity told about the experience of forced conversion therapy using religious methods. Participants experienced a deep trauma because the conversion therapy method used language that demeaned, insult, judgment, and considered a sinner.

**Access to Health**

Participants in the peer support group tell about problems with poor health services, such as different hospital/health center services, in some areas usually it will take time to get health services because the services are complicated and vary. Moreover, incomplete health facilities make participants have to move to find a hospital when rejected. Some participants who live in remote areas or islands have to travel up to 3-4 hours just to see a psychiatrist for a consultation. Furthermore, there were several other cases experienced by peer group friends including long queues, lack of service provider and human resources including psychiatrist and clinical psychologist, only a short time in consultation due to very long queue and the process when taking medications at pharmacies. One of the biggest issues is the uneven distribution of medications in some areas.

**Discrimination in the Educational Process**

From the experiences of the participants in the peer group, a person experiences depression that requires time to recover and take time off, participants do not even get reasonable accommodation and counseling guidance, and they were even threatened with drop out by educational institutions. One participant who studied at a high school also got bad experiences with the counselor at her school. The counselor told the mental health problems experienced by the participant to the teachers and it spread out to students and made the participant experienced verbal bullying and ended up switching schools.

**Discrimination in Employment and Workplace**

From several experiences of participants in peer groups, including discrimination in the workplace. Among them are physical & spiritual certiﬁcates in the recruitment process that discriminate the selection process. Got ﬁred due to experiencing a relapse condition, or the division of the job was change when participants are known to have psychosocial disabilities. Another problem is pill shaming experienced by two participants, the rumor of taking the psychiatric pills was spread out by an office colleague in the work environment one participant felt ashamed and uncomfortable and left the job.

**What to improve**

- Human resources
- The module needs to be adjusted
- TOT on Peer Support Group for peer facilitators
- Advocacy
Other Activities
International Advocacy

- Response to the CRPD list of issues
- Alternative reports CEDAW

National Advocacy

- Government Regulation on Habilitation and Rehabilitation
  Signed by the President of the Republic of Indonesia 2020
- Law on The Elimination of Sexual Violence (On going)
- Indonesia New Criminal Code (On going)
- Ratification on convention ILO 190 (On going)
- National Human Rights Action Plan with Ministry of Law and Human Rights Indonesia
- Judicial Review of Presidential Regulation on KND (Refused by Supreme Court of Indonesia)
- Amicus curae on Judicial Review of JKN Presidential Regulation (Refused by Supreme Court of Indonesia)

During 2020 and 2021 I have invited to various FGD conducted by various civil society organization, National Human Rights Institution and ministries such as National Commission on Human Rights, National Commission on Violence against Women, Ministry of Law and Human Rights, Ministry of Social Affair, Ministry of Women Empowerment and Child Protection and Ministry of Health.
Meeting and coordination
OPDs Meeting
Meeting and Coordination
Training

- TOT on human rights
- TOT on Gender and Social Inclusion DPOs and CSOs
Training
Webinar

- Temu Inklusi Person with Psychosocial disability
- Human rights documentation for OPDs
- Sex Education, sexual violence and mental health for persons with intellectual disabilities
- Three webinars on World Bipolar Day 2021 (Healthy eating, Healthy Relationship, and Healthy sex life for Bipolar survivor)
Webinar
Developing a new OPD

REMISI or "Revolution and Education of the Indonesian Community for Social Inclusion" is an Organization of Persons with Disabilities that aims to change the perspective, way of thinking, attitudes, behavior, which refers to the values of diversity, tolerance, full participation, and respect for all persons with psychosocial disabilities and other minority groups in order to build a community that respects diversity and prioritizes the involvement and participation of all psychosocial disability and minority groups in social, economic and political life.

REMISI was established by a group of activists from various cross-issues such as disability, gender, sexual minorities and, mental health. The majority of us are persons with a psychosocial disability including a doctor, and psychologist. REMISI puts forward the principles of inclusion and equality. The participation of minority and vulnerable groups are the main focus of this organization. The principles of inclusive, equality, and justice are the main values to put forward the principle to leave no one left behind.

The focus of REMISI is advocating the Rights of Persons with Psychosocial Disabilities compliance with UNCRPD, providing critical education such as Training of Trainers on Human Rights and CRPD, and providing an independent living community center for support to make Persons with Psychosocial Disabilities stay and fully participated in the community by looking at various issues with the intersectionality framework.

REMISI is expected to become a group of human rights activists who can advocate the rights of persons with psychosocial disabilities and contribute to society to reduce social exclusion in order to achieve inclusion in society.
REMISI meeting
Future Plans

Running OPD, Capacity building (TOT, short course or other education)

It is hard for me to write my specific future plan due to the pandemic and unpredictable situation in Indonesia. I am developing a new DPO and I hope I will develop some program that has a direct impact on Persons with Psychosocial disabilities such as conducting Training of Trainers, Peer Support Group improvement and replication, documenting Persons with Psychosocial Disabilities Human Rights Violations for advocacy, disseminating the issue of psychosocial disabilities to the broader movement.

I also hope to learn about many disability issues especially for psychosocial and intellectual disabilities that are more left behind and marginalized for advocacy and have a mentor that could teach me about this issue. I want to learn deeper about research, investigation report, and other skill for advocacy including CRPD and other International Convention training and SDGs to conduct reports.

In three years, I hope I could help people who live within the institution to live independently by developing some programs such as reconnecting Persons with Psychosocial Disabilities who still have family and other deinstitutionalization programs. I hope in the future I could build a community-based rehabilitation center for persons with psychosocial disabilities to ensure that they are still live in the community and develop vocational programs connected to the labor market and I hope my contribution in advocacy is a lot stronger.