

The Urgency Of Regulating Mental Health Screening For Immigration Detention Centre Officers Using The Depression Anxiety Stress Scales-21 (DASS-21)

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Abstract

Mental health protection in Immigration Detention Centres (Rudenim) has predominantly focused on detainees, leaving officers with limited regulatory protection. This reveals a regulatory gap in mental health screening, despite the right to health under Article 28H paragraph (1) of the 1945 Constitution and Article 100 paragraph (1) of the Health Law. This article examines the urgency of regulating mental health screening for Rudenim officers and proposes a framework using the Depression Anxiety Stress Scales-21 (DASS-21). This normative legal research employs statutory, conceptual, and comparative approaches, with qualitative and prescriptive analysis based on Gustav Radbruch's theory of legal objectives. The findings identify three regulatory deficiencies: the absence of specific rules on periodic screening, standardized procedures for classifying results and determining follow-up, and clear institutional responsibilities. These gaps weaken preventive protection and legal certainty. Accordingly, this article proposes a Government Administrative Standard Operating Procedure (SOPAP) comprising periodic screening, result classification, professional assessment, tiered intervention, confidential aggregate reporting, and institutional accountability with follow-up mechanisms. DASS-21 serves as an initial screening instrument, not a diagnostic tool. The framework advances justice through equitable preventive support, utility through early intervention, and legal certainty through standardized procedures. Implementation requires formal authorization by the Directorate General of Immigration.

Keywords: Mental Health; Immigration Detention Centre Officers; DASS-21; SOPAP; Legal Objectives

INTRODUCTION

Discussions on mental health in Immigration Detention Centers (Rudenim) have primarily focused on detainees. Such attention is understandable because detainees are subject to restrictions on their freedom of movement, often for an uncertain period. However, Rudenim officers also spend considerable amounts of time guarding, assisting, and monitoring detainees on a daily basis within the same environment. Despite their complex responsibilities and occupational exposure, officers have not received comparable attention as a group that also requires mental health protection. Therefore, this disparity in attention needs to be examined by first considering the characteristics of their work and the psychological burdens faced by Rudenim officers.

The duties and functions performed in Rudenim differ from those associated with general immigration services. Pursuant to Law Number 6 of 2011 on Immigration, hereinafter referred to as the Immigration Law, Article 1 point 33 stipulates:

“An Immigration Detention Center is a technical implementing unit that carries out Immigration Functions as a temporary accommodation facility for Foreigners subject to Immigration Administrative Measures”

This provision demonstrates the distinction between Rudenim officers and passport service officers at Immigration Offices (*Kantor Imigrasi* or *Kanim*). While passport service officers generally interact with applicants briefly for specific administrative purposes, Rudenim officers directly interact with detainees whose freedom of movement is being restricted. The complexity of their work is further heightened by the fact that detainees come from different countries and have diverse cultural and linguistic backgrounds, and may have experienced trauma arising from conditions in their countries of origin. Accordingly, the Rudenim work

environment may expose officers to psychosocial risks, making systematic assessment necessary as a basis for identifying their mental health protection needs.

Several international studies have demonstrated that personnel working in detention institutions face relatively high mental health burdens. Carleton et al., in a study of 1,032 provincial correctional service workers in Ontario, Canada, found that 58.2% of respondents screened positive for at least one type of mental health disorder (Carleton et al., 2020). A study by Zeng et al. involving 1,268 correctional officers in China reported even higher figures, with 72.6% experiencing anxiety symptoms and 69.8% experiencing depressive symptoms. However, these findings should be interpreted in the context of the prolonged COVID-19 pandemic and the use of the GAD-7 and PHQ-9 instruments; therefore, they cannot be directly compared with studies employing different instruments (Zeng et al., 2023). Furthermore, a literature review conducted by Regehr et al. indicated that post-traumatic stress disorder was associated with physical violence and workplace injuries, whereas depression and anxiety could be associated with low organizational support, job satisfaction, and social recognition of the profession (Regehr et al., 2021). Taken together, these findings indicate that occupational and organizational factors influence the psychological well-being of officers.

As a general point of comparison, the 2018 Basic Health Research (*Riset Kesehatan Dasar* or *Riskesdas*) recorded a prevalence of common mental-emotional disorders (*gangguan mental emosional* or GME) of 9.8% among the Indonesian population aged 15 years and over (Kementerian Kesehatan Republik Indonesia, 2019). Nevertheless, this figure cannot be directly compared with findings from studies of detention personnel because each study employs different instruments, case definitions, and population characteristics. However, the consistency in the direction of findings across several countries indicates a potential mental health risk associated with occupational characteristics in detention institutions. This potential risk requires further examination by identifying the various sources of pressure encountered by officers in carrying out their duties.

The psychological pressure experienced by detention personnel is closely related to the organizational environment in which they work. A literature review conducted by Finney et al. of eight studies categorized organizational stressors into five groups and demonstrated that organizational structure and climate were the factors most consistently associated with occupational stress and burnout (Finney et al., 2013). These findings are relevant to legal analysis because organizational structure and climate can be addressed through a legal framework governing mental health screening procedures for Rudenim officers. Accordingly, it is necessary to further examine the extent to which the existing legal framework provides protection for officers' mental health.

Mental health protection applies to everyone, including personnel working in detention institutions, which in this study refers specifically to Rudenim officers. Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia stipulates:

“Every person shall have the right to live in physical and spiritual prosperity, to have a place to live, and to obtain a good and healthy environment, and shall have the right to obtain health services.”

Meanwhile, Article 28I paragraph (4) of the 1945 Constitution of the Republic of Indonesia provides: “The protection, advancement, enforcement, and fulfillment of human rights are the responsibility of the state, particularly the government.”

This provision establishes human rights, particularly the right to health, including the specific right to mental health for Rudenim officers, as a responsibility of the state, particularly the government. This guarantee is consistent with the *World Health Organization* (WHO), which defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease (WHO Constitution, 1946). Law Number 17 of 2023 on Health, hereinafter referred to as the Health Law, subsequently regulates mental health specifically and requires the

implementation of mental health efforts in a proactive and continuous manner for groups at risk (Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 tentang Kesehatan, 2023). The use of the phrase “every person” confirms that personnel working in detention institutions are also among those entitled to mental health protection. Such protection is specifically regulated under the Health Law through provisions concerning occupational health.

The regulation of occupational health further clarifies the party bearing this obligation. Article 100 paragraph (1) of the Health Law imposes an obligation on employers to maintain workers' health through promotive, preventive, curative, rehabilitative, and palliative measures and to bear the overall costs of workers' health care (Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 tentang Kesehatan, 2023). These occupational health provisions are further elaborated in their implementing regulation, namely Government Regulation (PP) Number 28 of 2024 on the Implementing Regulation of Law Number 17 of 2023 on Health. Article 233 paragraph (2) letter b of the regulation includes psychosocial factors among the health risk factors for workers. Taken together, these legal provisions demonstrate that the state, in its capacity as an employer, is legally obligated to accommodate and protect workers' health, particularly in the context of mental health. This framework underscores the urgency of regulating mental health screening for Rudenim officers to identify psychosocial risk factors affecting workers' health.

To date, there is no legislation or Immigration SOPAP specifically regulating the mental health of immigration officers, particularly Rudenim officers. This situation creates a legal vacuum in the regulation of mental health protection for Rudenim officers. This article seeks to address this legal gap through two research questions. First, why is the regulation of mental health screening for Rudenim officers urgent when examined through Gustav Radbruch's three fundamental values of law? Second, how should such screening be regulated when the *Depression Anxiety Stress Scales-21* (DASS-21) is used as the assessment instrument? These two questions are addressed through the research method described below.

RESEARCH METHODS

This study employs a normative legal research method because it focuses on the legal vacuum concerning mental health screening for Rudenim officers. Peter Mahmud Marzuki explains that normative legal research examines legal rules, principles, and doctrines to formulate answers to a particular legal issue (Marzuki, 2015). In this study, the legal issue is specifically focused on the absence of provisions that regulate mental health screening for Rudenim officers. The research is directed toward formulating legal norms that can address this legal vacuum. The formulation of these norms is elaborated through several approaches.

This study employs three legal approaches, each serving a distinct analytical function. The statutory approach is used to examine the consistency and coherence among various laws and regulations. Through the conceptual approach, this study develops an analytical framework based on Gustav Radbruch's theory of the purposes of law and assesses the feasibility of DASS-21 as a psychometric instrument that may be incorporated into legal norms. The comparative approach is used to compare immigration law norms with correctional law norms and international legal norms governing personnel working in detention institutions. The application of these three approaches determines the types and hierarchy of legal materials used in the study.

Legal materials were collected through a literature study. Primary legal materials comprise laws and regulations as well as international and national legal instruments relevant to health, particularly mental health, and immigration. Secondary legal materials consist of journal articles, books, news reports, and other relevant sources.

The analysis was conducted qualitatively and prescriptively through four stages. First, the study identifies legal norms concerning mental health protection for workers and the

Rudenim context. Second, it identifies the *das sollen* and *das sein*, or the legal gap, in the regulation of workers' mental health, particularly that of Rudenim officers. Third, the identified legal gap is examined against the values of justice, utility, and legal certainty based on the theory of the purposes of law. Fourth, the study formulates proposed substantive provisions and determines the appropriate type of regulation to accommodate mental health norms for Rudenim officers.

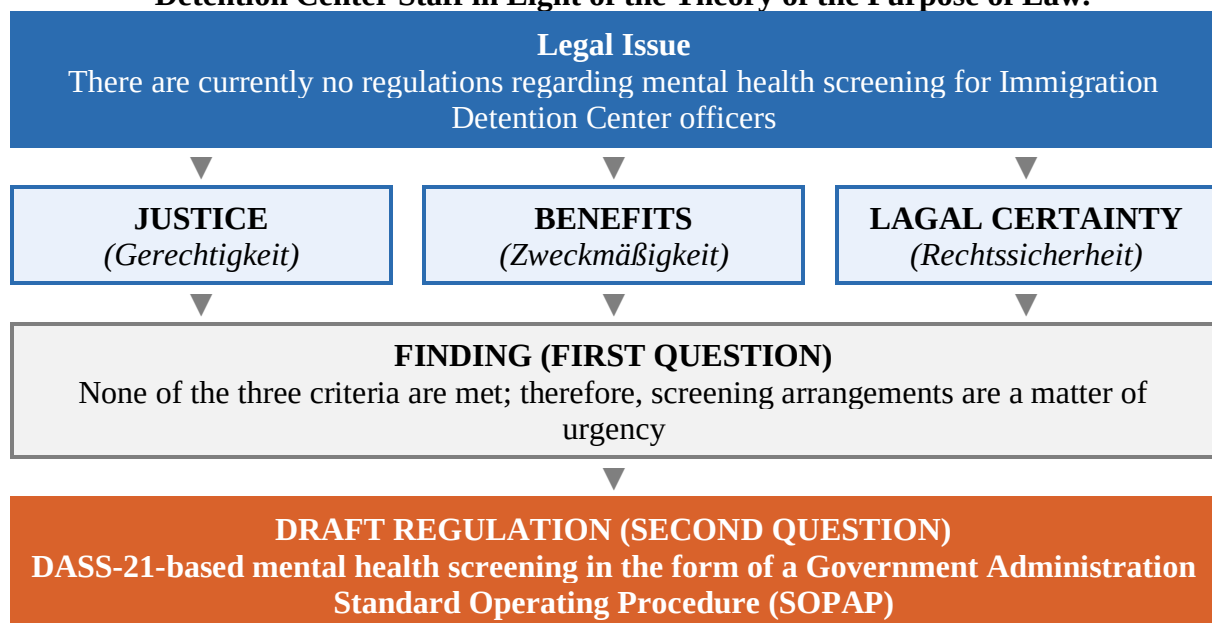
RESULTS AND DISCUSSION

The Urgency of Regulating Mental Health Screening for Immigration Detention Center Staff: An Analysis Based on Radbruch's Legal Objectives

Assessing the legal gap regarding mental health screening for immigration detention center staff requires indicators that encompass both the quality and the consequences of the legal framework. As an analytical framework, this study employs Gustav Radbruch's concepts of justice, utility, and legal certainty. These three values do not form a fixed hierarchy, as their relative weight is determined by the prevailing reality. (Radbruch, 1950). Under certain circumstances, a conflict between these values can alter the status of positive law. Radbruch explains that positive law is no longer worthy of being upheld if its content conflicts with justice to an intolerable degree. (Radbruch, 2006). This conceptual approach enables the research to evaluate the legal gap based on the value of protection due to the officers, the utility of the regulation, and the value of legal certainty projected through clear regulatory substance. These three values must then be translated into indicators relevant to the issue of mental health screening within Immigration Detention Centers (Rudenim).

The analytical process in this article proceeds from the legal issue to the proposed regulatory framework. The legal gap is assessed against each fundamental value, and the results are synthesized into findings; these findings subsequently serve as the basis for a proposed mental health screening protocol for Rudenim officers utilizing the Depression Anxiety Stress Scales-21 (DASS-21). This workflow is illustrated in Figure 1 below.

Figure 1. Analysis of the Legal Gap Regarding Mental Health Screening for Immigration Detention Center Staff in Light of the Theory of the Purpose of Law.

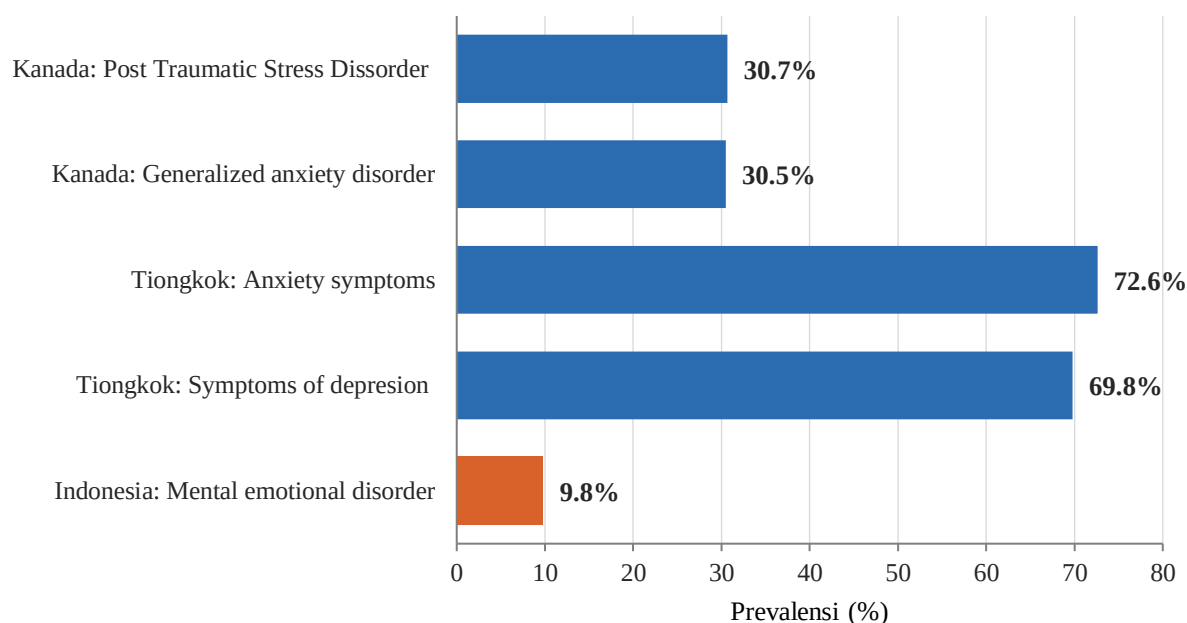


Source: Author's own compilation, 2026

a. Mental Health Issues Among Immigration Detention Center Staff

An assessment of the three fundamental legal values requires consideration of both the normative aspects and the realities surrounding the execution of Immigration Detention Center (Rudenim) functions, particularly regarding the potential psychological vulnerability of officers in the line of duty. Institutionally, the organizational structure and operational procedures of Rudenim divide functional execution into one administrative subsection and three sections: the Administration, Registration, and Reporting Section (RAP); the Care and Health Section (Perkes); and the Security and Order Section (Kamtib). This division classifies the responsibilities of individual officers especially within the Kamtib and Perkes sections, where staff frequently interact directly with detainees. Duties range from daily supervision, complaint handling, and meeting specific needs to managing security and public order disturbances. Given the nature of these tasks and functions, the exercise of Rudenim authority can impose a psychosocial burden on officers; consequently, regulatory norms must be established to accommodate their mental health rights. Therefore, this level of vulnerability should be treated as an empirical fact serving as a basis to evaluate the extent to which existing regulations satisfy the principles of justice, utility, and legal certainty.

Figure 2. Prevalence of Indicators of Mental Disorders among Correctional Staff in Canada and China, and Mental Emotional Disorders among the Indonesian Population



Source: Author's compilation adapted from Carleton et al. (2020), Zeng et al. (2023), and the 2018 Riskesdas National Report (Ministry of Health).

Figure 2 indicates that the mental health of correctional facility staff requires institutional attention. Research in Canada has noted a 30.7% prevalence of post-traumatic stress disorder and a 30.5% prevalence of generalized anxiety disorder. Studies in China reported anxiety symptoms at 72.6% and depressive symptoms at 69.8%, whereas the prevalence of mental-emotional disorders among the Indonesian population aged 15 and older was recorded at 9.8%. The Indonesian figure serves only as a national reference, as the respective studies examined different populations, utilized different instruments, and applied varying measurement criteria. While the data do not allow for a direct comparison of prevalence rates, they provide a basis for examining mental health issues associated with work in correctional settings.

Table 1. Organizational Stressor Groups in the Work of Immigration Detention Center Officers

No.	Group of stressors	Overview of Work at the Immigration Detention Center	Alternative Solutions
1.	Job demands (<i>intrinsic to the job</i>)	Job demands arise from shift-work systems, the imbalance between the number of detainees and staff capacity, and the obligation to manage detainees with mental health issues without professional support.	Workload management can be implemented by establishing limits on working hours, the number of tasks, rotation patterns, and the duration of assignments in high-risk units.
2.	Position and Role within the Organization (<i>role in the organization</i>)	Role ambiguity arises when officers are required to perform security functions while simultaneously providing care to detainees, despite their backgrounds having no connection to the duties and functions of the Immigration Detention Center.	The job description corresponds to the position, role, and background of the official.
3.	Recognition for Work (<i>rewards at work</i>)	The job evaluation and allowance system does not yet account for the psychological burden associated with the work of immigration detention center officers.	Psychosocial risks need to be included as a factor in job evaluation and the determination of reward schemes for personnel.
4.	Relationship with the supervisor (<i>supervisory relationships</i>)	There are no established standards requiring supervisors to recognize and follow up on indications of mental health issues among staff.	The obligation for the Head of the Immigration Detention Center (Rudenim) Technical Implementation Unit (UPT) and Rudenim structural officials to recognize symptoms of mental health disorders and determine appropriate follow-up actions.
5.	Organizational Structure and Climate (<i>organizational structure and climate</i>)	Organizational protection remains inadequate due to the absence of provisions regarding mental health services for personnel and the lack of secure reporting mechanisms.	The arrangements must include comprehensive mental health screening, follow-up procedures, and reporting channels that guarantee the confidentiality of personnel.

Source: Results of the author's processing of the stressor group adapted from Finney et al.. (2013).

Mapping stressors within organizational factors is essential to link the vulnerabilities of Immigration Detention Center (Rudenim) officers with the legal instruments capable of managing the associated risks. Table 1 adapts the five categories of stressors formulated by Finney et al., linking them to the specific duties and functions within Rudenim, as well as applicable regulatory measures. Consequently, the table serves as a preliminary basis for

identifying psychosocial risks that can be prevented or mitigated through further legal regulation. This mapping frames the mental health vulnerabilities of Rudenim officers as a legal issue requiring the state to fulfill its responsibilities as an employer. This matter must subsequently be evaluated based on principles of fairness in the formulation of legal norms.

Draft Regulation on DASS-21-Based Mental Health Screening

a. Eligibility of DASS-21 as a Psychological Measurement Tool

Regulations that regulate psychiatric conditions require standardized measuring instruments so that the implementation of the measuring instrument can be used and tested for validity. The selected measuring instrument must meet at least three conditions. First, the measuring instrument has a standard structure and assessment threshold. Second, the measuring instrument has been tested in the context of Indonesian. Third, the measuring instrument is able to capture constructs that are in accordance with the pressure mechanism on the regulated work. DASS-21 is considered to meet these three requirements, as described below.

The first condition is met because DASS-21 was created with an excellent concept and framework and the DASS-21 guidelines have also been regulated internationally. According to Lovibond and Lovibond, depression, anxiety, and stress are indeed correlated, but empirical data show the three as separate conditions (Lovibond & Lovibond, 1995). The guidelines of the instrument stipulate the order of items, *scoring*, and thresholds. DASS-21 contains twenty-one items that are divided equally into three subscales, seven items each, with a choice of answers from zero to three. The scores of each subscale are summed up, multiplied by two to be proportional to the forty-two-item version, and then classified into five thresholds, so that the results can be read uniformly by each work unit.

The second condition was met through testing of DASS-21 in Indonesian. The Indonesian version of DASS-21 was tested by Hakim and Aristawati on 629 early adults (20-40 years old) spread across 34 provinces. As a result, the validity of the construct and its reliability are feasible to be used as a multidimensional scale (Hakim & Aristawati, 2023). Because the Rudenim officers are Indonesian citizens (WNI), the barriers to translation and cross-cultural adaptation that often arise in the detainee population are irrelevant here. After these two conditions, the third condition is precisely the strongest reason for the selection of this instrument.

The main advantage of DASS-21 lies in its stand-alone stress subscale. Finney et al.'s findings show that the dominant pressure on detention institution officers is in the form of organizational stress and work burnout. A measuring tool that produces only one score of mental emotional disorders will mix work pressure with symptoms of depression and anxiety. The stress subscale in DASS-21 allows a more direct reading of workload, i.e. manageable variables. However, these advantages do not remove the limitations that this instrument has.

The limitations of DASS-21 need to be described so that they are not misinterpreted or misused by unauthorized parties to spread misinformation about the results of the interpretation of the DASS-21.

b. DASS-21 Threshold and Relevance to Rudenim

The threshold is the part of DASS-21 that most directly answers the demands of legal certainty. The standard threshold replaces the supervisor's subjective assessment of the mental problems of Rudenim officers, so that every follow-up decision has a basis that can be traced and compared between work units. With a uniform threshold, the Directorate General of Immigration can also follow the mental health trends of officers from year to year.

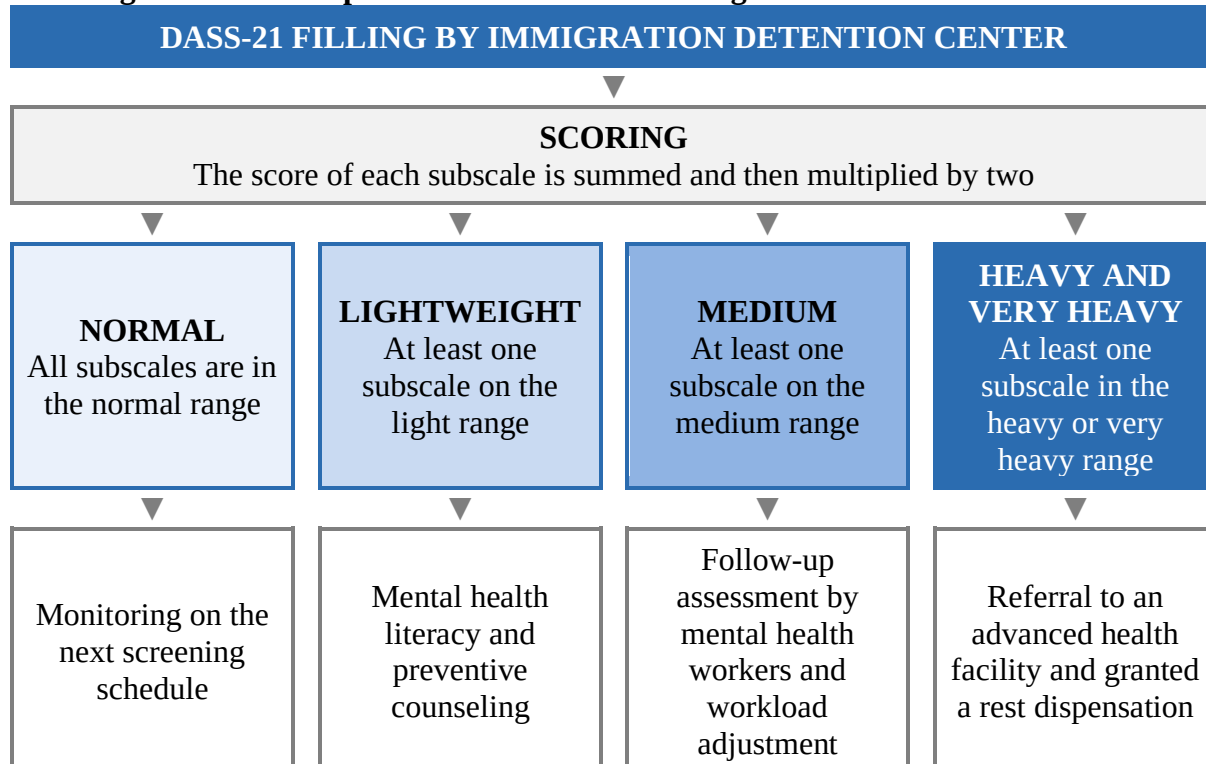
Table 2. DASS-22 Threshold Classification and Its Relevance to Employment in Detention Centers

Subscale	Item Number	Normal	Light weight	Medium	Weight	Very Heavy	Relevance to Jobs in Rudenim
Depression	3, 5, 10, 13, 16, 17, 21	0-9	10-13	14-20	21-27	≥ 28	Loss of passion, feeling unappreciated, and work feeling empty often arise when organizational support is weak
Anxiety	2, 4, 7, 9, 15, 19, 20	0-7	8-9	10-14	15-19	≥ 20	Always be on alert, heart palpitations, and other physical symptoms because you constantly anticipate threats while in custody
Stress	1, 6, 8, 11, 12, 14, 18	0-14	15-18	19-25	26-33	≥ 34	Prolonged tension and difficulty in relaxation are triggered by different guard schedules, supervisory burdens, and characteristics of detainees

Source: Author's processing, 2026.

The range of scores can be legally interpreted if each threshold is associated with an ideal follow-up. The proposed design of each threshold is linked to the appropriate follow-up. The determination of the follow-up is adjusted to the threshold between the three subscales, so that one high subscale is sufficient for more intensive follow-up, the follow-up flow of the DASS-21 screening results can be visualized in Figure 3 below:

Figure 3. Follow-up Flow of DASS-21 Screening Results for Rudenim Officers



Source: Author's processing, 2026.

Legal Analysis Based on Radbruch's Legal Values

a. Legal Analysis Based on the Value of Justice

The value of justice in Radbruch's thought rests on the principle of equality—specifically, that like cases be treated alike and unlike cases be treated differently in accordance with their differences. This necessitates an evaluation of the grounds used when two groups are treated unequally. Both officers and detainees inhabit the same physical environment and are equally protected under Article 28H, Paragraph (1) of the 1945 Constitution of the Republic of Indonesia. The only distinction between them lies in their legal status: one group is subject to Administrative Immigration Actions (TAK), while the other carries out the duties and functions of the Immigration Detention Center (Rudenim) by supervising those subject to such actions. The question then arises: is this distinction relevant to the need for mental health protection.

Legal status does not determine the extent of an individual's need for mental health protection; therefore, such a distinction is irrelevant. Mental health service standards are already in place for convicts and detainees, whereas staff working in similar environments lack equivalent provisions. This disparate treatment cannot be justified on the grounds that staff members chose their jobs voluntarily. The choice to accept a job does not absolve the employer of the obligation to manage associated risks, nor does Article 100 paragraph (1) of the Health Law make this obligation contingent upon the worker's voluntary choice. Consequently, the principle of justice has not been satisfied, and this shortcoming also becomes apparent when the situation is analyzed through the lens of utility.

b. Legal Analysis Based on the Value of Utility

The value of utility is assessed by determining whether prevailing conditions align with the objectives of the Immigration Detention Center (Rudenim). These objectives include ensuring safe and orderly detention, facilitating timely repatriation or deportation, and upholding the rights of detainees throughout their detention. All three depend on a single prerequisite: the availability of personnel capable of assessing situations clearly and acting consistently. Unrecognized and unmanaged psychological stress can undermine the very purpose of the detention center.

Consequently, the absence of regulations does not yield a concrete solution but merely shifts the burden into a different form.

A decline in staff capacity can weaken the early detection of changes in a detainee's behavior even though early detection is a recommended measure for preventing acts of self-harm within the Immigration Detention Center (Jovano & Gea, 2021). Overlooked symptoms can lead to incidents requiring emergency interventions and hospital transfers, as well as delays in deportation schedules. This chain of consequences can impose a significant administrative and budgetary burden, the magnitude of which has not yet been quantified. Ultimately, this situation undermines the intended objectives, preventing the realization of the desired benefits.

c. Legal Analysis Based on the Value of Legal Certainty

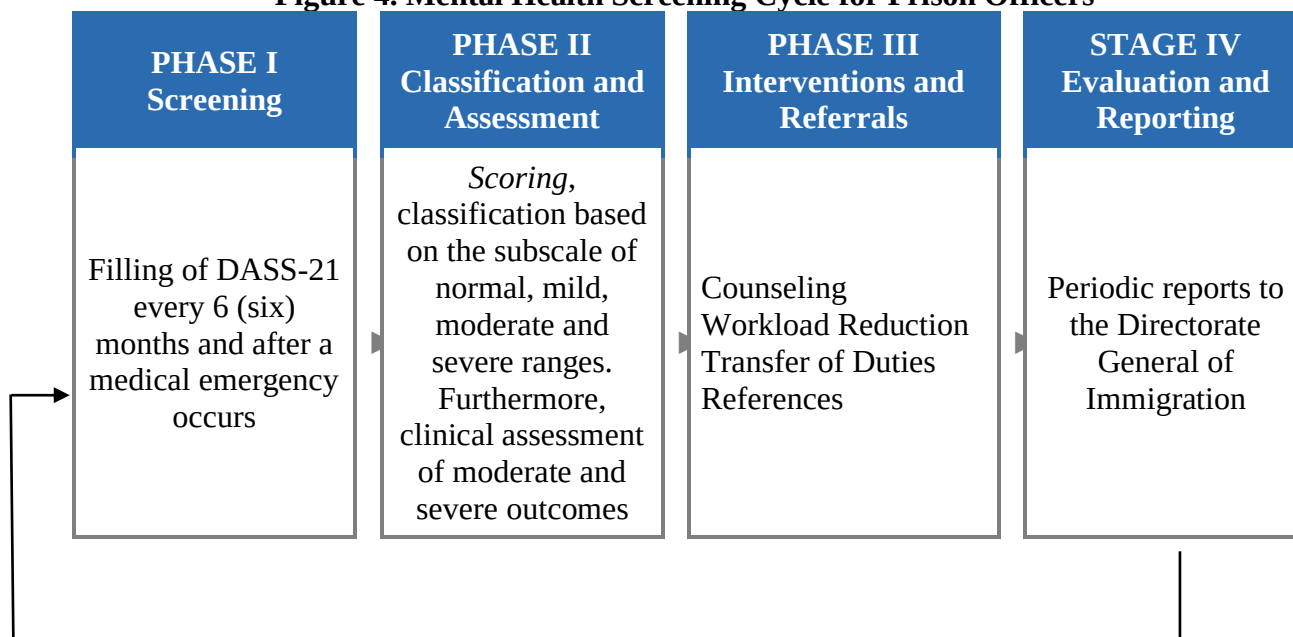
Legal certainty requires clarity regarding mandatory actions, the parties responsible, and the consequences of failing to fulfill such obligations. These three elements are absent from the regulations concerning mental health services for Immigration Detention Center (Rudenim) personnel. There are currently no provisions specifying the required services, the officials responsible for their implementation, or the legal consequences should the policy fail to be established or executed. In the absence of these elements, no party within the Rudenim can be held accountable for the obligations stipulated in Article 100, paragraph (1) of the Health Law. The inability to identify the party responsible for the obligation renders it legally unenforceable a situation further exacerbated by the lack of psychometric instruments to serve as mental health screening tools for Rudenim personnel.

These findings establish a preliminary framework for the proposed regulations. The principle of fairness requires equal protection for both staff and detainees. The principle of utility demands that mental health screening regulations align with the operational objectives of immigration detention centers, while the principle of legal certainty necessitates clear indicators, designated responsible parties, and defined legal consequences. The most critical priority is the use of standardized instruments, and the selection of such instruments forms the next topic of discussion.

Mental Health Screening Cycle for Rudenim Officers

Screening is designed as an interconnected cycle. This is explained in Article 75 paragraph (1) of the Health Law which regulates mental health efforts to be carried out proactively and continuously. Four stages form the cycle: screening, classification of results and assessment, handling and referral, and evaluation which is closed with reporting. The output of each stage becomes input for the next stage, and the results of the evaluation become the basis for the adjustment of the cycle afterwards. The structure of the cycle is shown in Figure 4.

Figure 4. Mental Health Screening Cycle for Prison Officers



Source: Author's Processed Results, 2026.

The first and second stages function to screen officers who need further attention. Officers fill out DASS-21, which is 2 (two) times a year plus special filling after critical events such as riots, detainee suicide attempts, or attacks on officers. The participation of all officers is determined as an obligation for the Rudenim task force, while the content of the answers is protected so that the officers are willing to answer honestly. Officers with medium and severe scores are referred for assessment by mental health workers at first-level health facilities or partner hospitals and the results of the assessment can only be accessed by the officers concerned and the health workers who handle them.

The third and fourth stages ensure that the results of the screening lead to action as well as evaluation and reporting. The higher the range of subscales identified, the more intensive the handling. First, education and counseling for the light category, Second, load reduction and task transfer for the medium category. Third, clinical referrals accompanied by temporary exemption from guard posts for the severe and very severe categories. Referral costs are borne by the employer in accordance with Article 100 paragraph (1) of the Health Law and any adjustment of duties is treated as a right of action rather than an employment sanction. At the evaluation and reporting stage, each Rudenim reports the scope of screening, aggregate distribution of results without identity, types of interventions, and implementation obstacles to the Directorate General of Immigration. The report is the basis for the workload and formation policy, while for arrangements that accommodate the entire cycle, further discussion is required.

SOPAP Mental Health Screening Arrangements for Rudenim Officers

The form of the instrument is determined by the nature of the problem to be answered. The problem found in the previous section is not the absence of a basis for obligations, but the absence of the Standard Operating Procedures for Government Administration (SOPAP) that translates the obligation in the work unit. Article 39 of the Government Administration Law requires government agencies and/or officials to prepare standard operating procedures for decisions and actions they take, while Article 84 and Article 100 paragraph (1) of the Case Law along with Article 233 paragraph (2) letter b of Government Regulation Number 28 of 2024 have provided the material basis. Therefore, the Standard Operating Procedure for Government Administration

(SOPAP) is the most appropriate instrument to close this gap without waiting for the formation of new regulations.

SOPAP is an instrument that is in accordance with the operational needs of the Rudenim because the detention mechanism has been implemented based on standard work procedures. The addition of procedures regarding mental health screening can be integrated into the applicable governance without forming a new unit or issuing a separate implementing regulation. The preparation refers to the SOPAP guidelines which require the inclusion of the identity of the procedure, stages of activities, implementers, and standard quality at each stage (Ministerial Regulation of PANRB No. 35 of 2012, 2012). The quality elements of SOPAP include requirements, completion time, and activity outputs so that they can clarify the size of implementation that has not been available so far. This conformity shows that SOPAP is able to meet the need for procedural certainty, even though its legal position still has certain limits.

The limitation of SOPAP lies in its binding power which only applies within the internal environment of the organization. Because it is not included in laws and regulations, SOPAP cannot impose obligations or sanctions on parties outside the Rudenim. However, its application can be strengthened through ratification by the Director General of Immigration so that it applies uniformly to all Rudenim. The identity section also needs to include a relevant legal basis to affirm that the procedure is not just a policy at the work unit level. In addition, internal supervision needs to be further regulated to ensure compliance with SOPAP as one of the objects of inspection. On the basis of this legal construction, the draft SOPAP identity is presented in Table 3 below.

Table 3. Preliminary Overview of SOPAP Mental Health Screening for Immigration Detention House Officers

Preliminary Overview	Proposed Formulation
SOP Name	Mental Health Screening for Immigration Detention House Officers with DASS-21 Instrument
Verified by	Director General of Immigration with implementation in all Immigration Detention Houses
Legal basis	Article 28H paragraph (1) and Article 28I paragraph (4) of the 1945 Constitution of the Republic of Indonesia; Article 84 and Article 100 paragraph (1) of Law Number 17 of 2023 concerning Health; Article 233 paragraph (2) letter b of Government Regulation Number 28 of 2024; Article 39 of Law Number 30 of 2014 concerning Government Administration
Linkage	Security procedures and detention treatment; Staffing procedures regarding assignments and rotations; Cooperation with first-level health facilities and referral hospitals
Qualifications of implementers	Personnel management officials at the Administration Subdivision; Care and Health Section Officer; Authorized mental health workers at advanced health facilities
Equipment and supplies	The Indonesian version of the DASS-21 form, <i>scoring guidelines</i> and thresholds, as well as filling in facilities that ensure the confidentiality of answers.

Preliminary Overview	Proposed Formulation
Warnings	The results of the screening are an initial marker, not a diagnosis, so the results are prohibited from being used as the basis for performance assessments, adverse mutations, or other personnel decisions and then the delay in follow-up risks causing security incidents.
Recording and data collection	The medical records of the screening results are kept confidential with limited access, then the aggregate recapitulation without identity is reported to the Directorate General of Immigration every semester

Source: Author's processing, 2026.

The initial description is then reduced to a description of the activity that shows the implementer, the content of the work, and the time frame. This part distinguishes SOPAP from general policy formulations because each step is accompanied by completeness, time, and measurable outputs. The timing of each step at the same time closes the gap of delay that has been unquestionable. The proposed description of activities and their standard quality is presented in Table 4 below.

Table 4. Proposed Description of SOPAP Activities and Quality of Mental Health Screening for Immigration Detention House Officers

No.	Activities	Implementers	Completeness	Time	Exodus
1.	Establish a semester screening schedule and prepare the DASS-21 form	Administration Subdivision	DASS-21 officer list and form	3 business days	Schedule and list of screening participants
2.	Filling DASS-21 independently and secretly	All Rudenim officers	DASS-21 form and means of filling in closed	2 business days	Collected answer sheets
3.	Performing scoring and severity classification	Care and Health Section	Scoring guidelines and severity thresholds	3 business days	List of results by follow-up path
4.	Passing on moderate results to above for mental health worker assessment	Care and Health Section with partner health facilities	Cover letter and record the screening results	14 working days	Confidential assessment results
5.	Provide interventions according to severity and adjust assignments	Head of the Rudenim and the Health and Care Section	Assessment results as well as workload maps and guard schedules	7 working days	Results of interventions, assignment adjustments, or referrals
6.	Carry out incidental screening after a medical emergency occurs	Head of Rudenim and Administrative Subdivision	Medical emergency event report and DASS-21 form	3 business days from the event	Incidental screening results

No.	Activities	Implementers	Completeness	Time	Exodus
7.	Compile and deliver aggregate reports without identity	Head of Rudenim	Results recapitulation as well as records of interventions and barriers	10 working days after cycle	Semester report to the Directorate General of Immigration
8.	Evaluate execution and adjust the next cycle	Directorate General of Immigration	Report of all Rudenim	1 month	Workload recommendations, formation, and procedure improvements

Source: Author's processing, 2026.

The SOPAP draft accommodates the values of justice, utility, and legal certainty that have not been previously met. The value of justice is reflected in the obligation to involve all officers regardless of position so that each officer obtains an equal position as a holder of the right to mental health protection. The value of benefits is realized by linking the results of screening and its follow-up with the eligibility of officers in carrying out their guard functions. This relationship places screening as part of security risk control in the Detention Center. Meanwhile, the value of legal certainty takes shape through the determination of thresholds, the division of responsibilities of the implementer, the deadline for completion, and the prohibition of using the results of screening to assess the performance of officers. The fulfillment of these three values must still be read by considering the limitations of the research.

The limitations of this study mainly come from the use of secondary data to describe the vulnerability of mental health of Rudenim officers. This shows that there are no direct measurement results that can show the level of vulnerability in Indonesia. Data from other countries only provide an overview of the possible risk and cannot be used to determine the amount of risk in Rudenim officers in Indonesia. The limitation of the data does not remove the normative basis of employers because Article 100 paragraph (1) of the Health Law does not regulate the proof of the level of risk before protection is provided. The implementation of screening at the initial stage can produce primary data that is then used to evaluate and improve procedures at the next stage.

CONCLUSION

The absence of regulations regarding mental health screening for Immigration Detention Center (Rudenim) officers conflicts with the principles of justice, utility, and legal certainty the three fundamental values of the theory of the purpose of law proposed by Radbruch. Regarding justice, the disparity in treatment between officers and detainees is based on legal status, even though such status does not determine an individual's need for mental health protection. Regarding utility, unidentified mental health issues can impair an officer's ability to perform early detection and maintain security and order; such conditions can also impact the exercise of detainees' rights. Regarding legal certainty, the obligations stipulated in Articles 84 and 100(1) of the Health Law have not yet been translated into implementing regulations, a division of responsibilities, or follow-up mechanisms at the Rudenim unit level. Furthermore, the lack of established work procedures is inconsistent with the provisions of Article 39 of the Government Administration Law. The failure to uphold these three values serves as the basis for establishing a screening procedure applicable across all Rudenim facilities.

A Standard Operating Procedure and Work Instruction (SOPAP) utilizing the DASS-21 instrument can serve as the operational framework for mental health screening among Rudenim officers. The DASS-21 was selected due to its stress subscale, standardized severity classifications, and the availability of a validated Indonesian version. Measurement results serve solely as preliminary indicators and cannot be used to establish a clinical diagnosis. The designed SOPAP outlines the procedure's identification details and legal basis, periodic screening, result categorization, assessment by mental health professionals, interventions tailored to need levels, and aggregate reporting. Each stage specifies the responsible personnel, requirements, timeframes, and required outputs. As the SOPAP's binding force is limited to the organization's internal environment, its implementation requires formal approval from the Directorate General of Immigration and ongoing oversight.

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