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My Advocacy Embraces Patients: A Case Study of Activist Support for Homeless Persons with Mental Disorders

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Abstrak: Homeless individuals with mental disorders (ODGJ) are part of a vulnerable population that frequently experiences social discrimination, rejection from their immediate environment, and difficulties in accessing healthcare facilities. This study aims to identify the forms of social assistance provided by mental health activists and the challenges encountered in supporting homeless ODGJ in the Special Region of Yogyakarta. A qualitative case study approach was employed to examine the experiences of two volunteers selected through purposive sampling. Data were collected via semi-structured interviews and direct observation, then analyzed using thematic analysis. The study reveals two main obstacles faced by participants: (1) resistance from patients' families, including denial of mental health conditions and even physical rejection, and (2) tensions within the participants' own families. The developed solutions include educational approaches, collaboration with community leaders, and dialogue with families. Additionally, this research identifies four categories of support provided: (a) emotional (companionship and confidence-building), (b) appreciative (promotion of creative works and recognition), (c) instrumental (vocational training and medical services), and (d) informational (counseling on therapy and mental disorder management).

Keywords: Homeless ODGJ, Social Support, Activist

INTRODUCTION

Every individual naturally strives for progress in various aspects of life. However, not everyone can keep pace with such developments, which may lead to physical or mental health disorders. When these conditions coincide with extreme deprivation—lack of material resources, social ties, or any form of support—the affected individuals often end up homeless or living on the streets (Karnadi & Kundarto, 2014; Tursilarini, 2009). According to data from the Badan Perencanaan Pembangunan Daerah (BAPPEDA) of the Special Region of Yogyakarta, in 2022, there were 107,798 recorded cases of Penyandang Masalah Kesejahteraan Sosial (social welfare problem bearers), 72 of whom were homeless.

Homeless individuals with severe mental illnesses (e.g., psychotic disorders) frequently wander the streets without adequate clothing, engaging in behaviors that provoke public distress, such as aggressive begging or intimidation. Their presence is often

perceived as a nuisance, obscuring the underlying reality: they represent marginalized populations deprived of employment, housing, or familial support (Bharoto & Nursahidin, 2021).

These individuals, diagnosed with conditions like psychotic schizophrenia and forced into homelessness, are termed homeless mentally ill persons or orang dengan gangguan jiwa (ODGJ) terlantar. Other designations include pengemis tunawisma orang terlantar (PGOT) or street psychotics (Bharoto & Nursahidin, 2021).

There are several reasons why individuals may develop mental disorders and become homeless, including emotional distress and internal conflicts, frustration due to unfulfilled expectations, developmental disorders, brain injuries that damage neural systems, as well as sociocultural factors related to the individual's inability to adapt to environmental changes (Tursilarini, 2009). These factors, compounded by unfavorable socioeconomic conditions, constitute the primary causes of homelessness among individuals with psychotic disorders.

Homeless persons with mental disorders (ODGJ) typically exhibit characteristic behaviors commonly observed in individuals with similar conditions, including: (1) engaging in incoherent and irrational self-talk, (2) wandering in streets or public areas, (3) shouting without apparent reason, (4) frequently soliciting items from passersby, (5) unconsciously collecting and carrying trash, (6) appearing disheveled with dirty and torn clothing, (7) often intimidating or harassing others, and (8) some exhibiting self-harm behaviors (Tursilarini, 2009).

The municipal government bears responsibility for homeless individuals with mental disorders (ODGJ), particularly those without family support. In accordance with Article 70 of the Mental Health Act (UUKJ), their healthcare rights include: access to standardized mental health services, guaranteed provision of medications and other necessities, consent for medical procedures, information regarding their condition and treatment, protection, fulfillment of social needs, and the capacity to manage their personal assets (Simanjuntak, 2017).

This is where the government's role becomes crucial in addressing homeless individuals with mental disorders (ODGJ). To this end, the government has established social rehabilitation centers, shelters, and care facilities staffed with social workers who serve as surrogate families for patients. In these facilities, social workers are responsible for meeting patients' basic needs, including food, beverages, bathing, clothing, and

housing. Furthermore, patients reside in environments with proper lighting, adequate sanitation systems, guaranteed security, and receive opportunities for medical treatment and professional guidance (Bharoto & Nursahidin, 2021; Immanuel, 2017).

This study examines activist support for homeless ODGJ, given the numerous untreated cases in the researcher's vicinity. Focusing on the Special Region of Yogyakarta, this research highlights critical issues concerning homeless ODGJ, aiming to provide recommendations for local government agencies to optimize their interventions in accordance with established procedures.

Social workers strive to assist patients by: (1) fulfilling basic needs, (2) providing medical rehabilitation and treatment, and (3) facilitating social rehabilitation to enable community reintegration (Santoso et al., 2017). For ODGJ with existing families, social workers educate relatives about mental disorders and appropriate care strategies (Pairan et al., 2018).

These efforts align with the concept of social support - assistance that fosters individuals' sense of security, care, and self-confidence. Such support helps recipients feel valued, loved, and socially integrated (Dewi & Sukmayanti, 2020).

Social support for ODGJ can manifest through the presence of caring individuals who value and show affection by providing tangible assistance (Kumalasari et al., 2019). Furthermore, social support may be defined as aid from close relations aimed at preventing relapse by ensuring patients receive regular treatment at healthcare facilities (Adianta & Putra, 2017). It also functions to reduce vulnerability to stress among psychiatric patients and helps them confront challenges with optimism (Poegoeh & Hamidah, 2016).

Other research defines social support as assistance typically provided by parents to children, though it may also come from peers or colleagues. This support constitutes encouragement from one individual to another (Peristianto & Lestari, 2018). Social support serves as a rehabilitative mechanism that enhances psychological well-being in ODGJ (Amalia & Rahmatika, 2020; Mulyadi et al., 2016), and can alternatively be understood as compassionate companionship between individuals (Lam, 2019).

According to Sarafino (2011), social support encompasses the comfort, attention, esteem, or assistance received from others or groups. Recipients of such support develop beliefs that they are loved, valued, and belong to a network available to help when needed. Sarafino and Smith (2011) categorize social support into four types: **Emotional support** - demonstrated through concern and care from others; **Appreciative support** - expressed via

positive reinforcement and encouragement; **Instrumental support** - comprising both material aid (clothing, food, shelter) and services; **Informational support** - involving advice, knowledge, or guidance provided to individuals.

Sarafino's research additionally identifies multiple benefits of social support: enhanced creativity; improved psychological well-being and self-adjustment through: fostered sense of belonging, clarified identity, elevated self-esteem, stress reduction, better physical health maintenance, provision of crucial information and feedback for stress management.

RESEARCH METHODOLOGY

Research Design and Research Participants

This study employs a qualitative research method with a case study approach. The qualitative case study method represents a comprehensive, intensive, detailed, and in-depth research design, particularly suitable for investigating time-bound contemporary issues or phenomena. The researcher utilizes an instrumental case study design, where the case serves as a vehicle to substantiate existing theories (Herdiansyah, 2010). The qualitative case study method was selected to enable direct understanding and description of the phenomenon while simultaneously verifying existing theories, which will subsequently be presented in narrative form by the researcher.

The study establishes participant criteria as social activists directly involved in mentoring patients. Research locations include participants' homes for interviews, along with additional observation sites such as patients' residences, training centers, and relevant healthcare facilities. The study employs purposive sampling to select participants meeting specific criteria. The chosen participants are social activists from the Special Region of Yogyakarta, with the following selection criteria: social activist, minimum 5 years of experience, and involvement in handling homeless persons with mental disorders (ODGJ).

Participants are expected to possess: sufficient experience and perspectives regarding social support systems for homeless ODGJ, ability to clearly articulate both feasible and non-feasible interventions in patient mentoring and capacity to educate on proper ODGJ management approaches.

Data Collection Technique

The researcher employed observation and semi-structured interviews as data collection techniques, with recordings used to facilitate accurate documentation of interview results. Interviews were conducted for 20 minutes, during which participants were required to respond to questions aligned with the research topics outlined in the interview guide, with probing questions utilized to clarify insufficiently detailed responses. Meanwhile, observation sessions with participants lasted four to five hours, depending on both the activities participants conducted with patients and the distance to activity locations.

Data Organizing and Analysis Techniques

The data analysis technique employed in this study is thematic analysis, which serves to identify, analyze, and report patterns (themes) within the data (Braun & Clarke, 2006). According to Braun and Clarke (2006), the stages of thematic analysis include: transcribing interview data, coding in the right margin in relation to the theoretical framework used, identifying relevant themes, reviewing themes, defining and naming themes, and producing a report based on the most interpretative extracts that align with the research conducted.

Research Credibility Testing Techniques

This study employs data source triangulation as a method to verify the credibility of the research data obtained by the researcher. This means that data collected from research participants will be cross-checked with observation data (Herdiansyah, 2010).

RESULTS AND DISCUSSION

Research Implementation

This study was conducted at each participant's residence. The interview with the first participant took place at the participant's home on July 1, 2023, while the second participant's interview was conducted at their residence on January 25, 2025. Following the completion of data collection and upon obtaining sufficient data, the researcher proceeded with data analysis. The analytical method employed was thematic analysis, a technique used to identify, analyze, and report thematic patterns within the data.

Overview of Research Participants

Participant 1 is a social activist in the Special Region of Yogyakarta who addresses social issues, including problems related to homeless persons with mental disorders (ODGJ) in Sleman District. She is the wife of an Indonesian National Armed Forces (TNI) officer and was actively involved in the Army Wives Association (PERSIT Kartika Candra Kirana) prior to her husband's retirement. Additionally, she serves as a Family Welfare Movement (PKK) cadre in her residential community and previously worked as a fitness instructor. Participant 1 began her social activism in 2013 while simultaneously maintaining her roles as a PKK cadre and fitness instructor. Eventually, she decided to cease her fitness instruction duties to focus entirely on her social activism and PKK activities in her residential area of Tridadi, Sleman.

Participant 2 is a social activist in the Special Region of Yogyakarta working on social issues, including cases of homeless ODGJ in Gamping District. A homemaker married to a farmer, she had been an active PKK cadre in her neighborhood before becoming a social activist. With 15 years of experience in social activism, she initially balanced both roles before ultimately choosing to dedicate herself fully to assisting ODGJ in her community of Banyuraden, Gamping.

Data Analysis Results

In this study, the researcher identified several challenges encountered by both participants. The key issues include:

a. Family resistance toward participants efforts to facilitate proper healthcare access for ODGJ.

Participant 1

- *"Karena waktu ditinggalkan kondisinya baik-baik saja. Jadi kan merasa ee tidak ada gangguan. Jadi tidak mengijikan padahal kami sudah berembug (berunding) dengan lingkungan setempat yang merasa lingkungan itu ee tidak aman dan merasa itu membahayakan lingkungan."*

Participant 2

- *"Kalo yang cewek itu lha mbok saudaranya sendiri nggak mau, nggak boleh* ***'Nggak anakku nggak gila, anakku nggak edan'*** *gitu"*
- *"Tapi ya tak ulas seko Ibunya, aku yo tanya '****Nek Mbak Marni nek malem gimana Bu ? Gak opo-opo to Bu tanya-tanya ?'*** *wong aku kader kesehatan kan. Gak opo-opo yo sambil tak tensi biar tau alasanku kesitu cuma berkunjung kaya gitu loh, jadi nggak ada laporan. Soale itu nek ada laporan malah marah Mbak dia."*

- *"Tiap sore terus tak bilangi nek neng Grhasia, '**Halah Grhasia ki nggone wong edan-edan, anakku ra edan kok'**"*
- *"Aku kadang pernah diusir juga e koyo ning nggene Maudinan haha. Tapi yo nggak apa-apa, tetep kalo memang mengganggu masyarakat keluarganya nggak mau, apapun yang terjadi tetep tak bawa."*

b. Disapproval of participant's family.

Participant 1

- *"Memang ee dari awal saya kan memang aktivis dari PKK, saya guru senam, dan juga pendamping. Nah dalam hal ini memang ee selama ini kan sibuk sekali. Kalo nggak PKK, pendampingan, kalo nggak ini (senam). Akhirnya memang awalnya anak-anak, keluarga itu ada yg komplain tapi komplain itu nanti dirapatkan."*

Participant 2

- *"Oh awal marah suamiku. Kan nggak ngerti aturan, nggak ngerti waktu kaya gitu. Lha kan nek kambuh itu bengi, tengah wengi, padahal di Grhasia itu nanti mendaftarkannya sampe 5 jam. Jadi kalo berangkat jam 10 kan mesti sampe rumah mesti jam 2 jam 1. Kan sedangkan aku punya keluarga dan disitu kan kadang durung sempat masak tadinya, belum anu kan yang protes suami juga tadinya marah gitu '**Ngurusi orang lain wong ngurusi awake dewe wae durung nganu'** kaya gitu"*

c. Social stigma

Participant 1

- *"Itu memang awalnya ada yang di masyarakat itu sudah tidak diterima, sudah sama keluarganya juga sudah ee mau dibuang. Karena dengan kondisi yang sudah sangat ee keluarganya sudah nggak kuat."*

Participant 2

- *"Iya anu, masyarakat iki piye yo. Ee dia itu apa ya, pemikirannya itu terlalu anu Mbak. Dia seolah-olah gini, kalo orang dengan gangguan jiwa kuwi gak isoh mari, kaya gitu stigmanya masyarakat"*
- *"Memahamkan masyarakat ini lebih sulit seperti itu. Kan terus mengko nek kaya gitu **'Wes ndang dikekne rumah sakit kono wae, nek rung mari rasah digowo bali'**. Marinya mari seperti apa ? Kan mereka belum tau dan kita pun nggak emosi ke mereka karena mereka memang belum paham"*

Social support refers to the sense of comfort, care, appreciation, or assistance received from others or groups. Individuals who receive social support believe they are loved, valued, and part of a community that can help them when needed. The types of social support can be categorized into four main themes:

a. Emotional Support

Participant 1

- Participants took the initiative to seek solutions for homeless individuals with mental disorders (ODGJ) whom they encountered during their daily activities.
    - *"Nah dalam hal itu kok saya itu kok inisiatif, terinspirasi dari situ kok saya ingin bagaimana yo caranya menaklukkan dan saya bisa mendampingi ODGJ atau gangguan jiwa seperti itu yang atau yang membutuhkan itu untuk saya dampingi. Untuk saya carikan solusi agar mendapatkan tempat yang sesuai. Dan khususnya untuk bisa diobatkan."*

- Participants seek skills training so that patients can be independent and work.
    - *" Itu rata-rata (pasien ODGJ terlantar) kami dampingi memang dengan semaksimal mungkin, kami carikan keterampilan-keterampilan."*

- Participants also provide support for the families of the patients they support.
    - *"Jadi dalam hal ini pernah saya juga dengan sering mengumpulkan keluarganya ODGJ, istilahnya diajak sharing bersama. Kami juga ada grup, yang di Sleman ini ada grup ee keluarga, istilahnya yang sudah kami dampingi tentunya. Istilahnya untuk ee seandainya nanti disitu ee ada masalah atau bisa sharing bersama mencarikan solusi bisa lewat situ, jadi dalam hal ini keluarganya itu malah justru yang sebenarnya lebih kami dekati, kami dampingi, kami bina."*
    - *"Tapi yang keluarganya itu yang ngemong itu kan yang sangat sangat sulit sekali dan sangat harus dikasih super motivasi. Bagaimana cara memberikan, melayani atau seandainya sewaktu-waktu ada ini yang kambuh kayak gitu. Jadi dalam hal ini keluarga ODGJ itu sudah kami bekali dengan keterampilan-keterampilan bagaimana cara menghadapi seandainya klien, seandainya keluarganya yang mempunyai gangguan itu ada timbul ee apa ada cenderung resiko ada mau kambuh kayak gitu jadi kami tau."*

Participant 2

- Participant visiting the patient for several days in a row before being taken to Grhasia Mental Hospital.
    - *"Terus kaya aku kan jauh jadi nggak denger kan, terus tak parani teng mriku"*

- *"Tapi ya tak ulas seko Ibunya, aku yo tanya **'Nek Mbak Marni nek malem gimana Bu ? Gak opo-opo to Bu tanya-tanya ?'** wong aku kader kesehatan kan"*
- *"Itu aku mendatangi sebelum dia sempat tak bawa ke rumah sakit itu mendatangi hampir 5 kali, tapi berturut-turut loh. Karena itu kan tiap hari, hampir tiap sore aku kesana"*

- Participant build trust in patient families.
  - *"Iya , didekati dulu keluargane. Biar yo paling tidak de'e percoyo sikek karo awake dewe Mbak"*

b. Appraisal/Evaluative Support

Participant 1

- Participant promote and sell craft products made by patients.
  - *"Bahkan dari keterampilan itu ada yang nanti membuat terus kami mempromosikan, kami yang menjualkan. Ini dari hasil ODGJ kayak gitu."*

Participant 2

- Participant appreciate the patient's work results by providing support and praise to the patient.
  - *"Makanya wes memang rasanya luar biasa Mbak, nek opo meneh wes mari gek ngundang **'Bu Retno anu tadi anu lho Bu saya dapat uang Bu, tadi jualan ini dapat segini'** waduh ya Allah. Aku ngono **'Wes nggak opo-opo disimpen yo, rambute dipotong lho'** aku ngono, **'Siap Bu'** ngono ki dipotong. Ngono ki rasane atiku ya Allah."*

c. Instrumental Support

Participant 1

- Participant provide a forum for patient families to share about patient mental health problems.
  - *"Jadi dalam hal ini pernah saya juga dengan sering mengumpulkan keluarganya ODGJ, istilahnya diajak sharing bersama. Kami juga ada grup, yang di Sleman ini ada grup ee keluarga, istilahnya yang sudah kami dampingi tentunya. Istilahnya untuk ee seandainya nanti disitu ee ada masalah atau bisa sharing bersama mencarikan solusi bisa lewat situ, jadi dalam hal ini keluarganya itu malah justru yang sebenarnya lebih kami dekati, kami dampingi, kami bina."*

- Participant act as intermediaries for patient families who want to take a course to become caregivers.
  - *"Bahkan Mbak, ini keluarga dari ini dari keluarga ODGJ ini ada yang mendaftarkan itu sekolah yang dulu saya pernah sekolah di*

Grhasia 4 bulan tapi masuknya tiap hari Sabtu. Dan ini kan ada angkatan berapa, saya angkatan yang kedua dan sekarang ini sudah angkatan kedelapan atau kesembilan. Dan bagi keluarga yang kami tangani yang mau ikut ke sekolah seperti saya, namanya caregiver pendamping ODGJ itu sudah lewat ke ee lewat ndaftarkan ke saya dan mulai awal Juli ini akan mulai. Jadi keluarganya ikut jadi ee sekolah caregiver di Grhasia selama 4 bulan iya."

Participant 2

- Participant conducted blood pressure monitoring for patients as part of their health assessment.
    - *"Gak opo-opo yo sambil tak tensi biar tau alasanku kesitu cuma berkunjung kaya gitu loh, jadi nggak ada laporan"*
- Participant proactively sought solutions to address the diverse challenges faced by patients.
    - *"Makanya dulu tak bawa ke gangguan dulu ke jiwa dulu ke Grhasia, ternyata ditelusur telusur ternyata ada narkobanya juga. Terus itu direhab dari jiwanya terus di rehab seperti itu."*
    -
- Participants actively persuaded patients families to maintain evacuation procedures for the patients
    - *"Sopo si Fahmi, sampe aku ditelpon **'Bu jangan jadi kesini ya ini Fahmi malah bawa parang e Bu'** ngono. Lha kan mengke kulo, jenegan ra sah ngomong nopo-nopo mengke kulo mawon sing ngomong niku"*

d. Informational Support

Participant 1

- Participants provided detailed explanations to patients families regarding the patients medical conditions and formally sought family consent for further interventions.
    - *"Tentunya ODGJ terlantar itu pasti mempunyai saudara walaupun saudaranya jauh dimana, pasti ada saudaranya. Lha kalau sudah lapor kami tetap menghubungi saudaranya. Bagaimana seandainya ini akan kami dampingi ? Kalau saudaranya itu mengiyakan, memperbolehkan baru saya jalan."*
- Participants conducted family education sessions to enhance caregivers mental health literacy and caregiving capacity.
    - *"Tapi yang keluarganya itu yang ngemong itu kan yang sangat sangat sulit sekali dan sangat harus dikasih super motivasi. Bagaimana cara memberikan, melayani atau seandainya sewaktu-waktu ada ini yang kambuh kayak gitu. Jadi dalam hal*

ini keluarga ODGJ itu sudah kami bekali dengan keterampilan-keterampilan bagaimana cara menghadapi seandainya klien, seandainya keluarganya yang mempunyai gangguan itu ada timbul ee apa ada cenderung resiko ada mau kambuh kayak gitu jadi kami tau."

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Participant 2

- Participants provided detailed explanations to patients regarding the anticipated benefits and outcomes of treatment adherence.
    - *"Tapi bareng aku bawa ambulans nih, tadinya aku bilang* ***'Mas gelem ra tak priksa'ne Mas ? Ben mari Mas, opo njenengan isoh opo merawat diri sendiri. Mengko isoh opo jenenge, isoh menghadik opo sing jenengan raoske rasakan'****."*

- Participants conducted community outreach programs to enhance public awareness and understanding of persons with mental disorders (ODGJ).
    - *"Nah disitu aku menggandeng puskesmas nih, pada saat pertemuan puskesmas tak bawa. Sosialisasikan, beri pengertian mereka bahwa gangguan jiwa itu bisa sembuh. Dalam artian sesuai dengan fisik masing-masing kesembuhannya"*
    - *"Memahamkan masyarakat memang agak sulit, tapi tetep harus dikasi terus, diedukasi terus kaya gitu."*

Discussion

This study revealed that both participants experienced the same obstacles in carrying out their roles as psychiatric activists, namely rejection from the patient's family and the patient and opposition from the family. Rejection from the patient's family was a significant obstacle for both participants. Participant 1 experienced rejection because the patient's family did not believe that the patient had a mental disorder, but participant 1 managed to overcome the rejection by explaining the patient's condition to the family and asking for help from local figures to help explain to the patient's family.

Participant 2 experienced a more extreme rejection, namely expulsion from the patient's family, the participant managed to overcome the rejection by approaching the patient's family through visits made several days in a row and educating them about the patient's condition. Participants also found patients carrying sharp weapons when they were going to be evacuated, in this case the participant involved local community leaders and neighbors around the patient to guard when the participant persuaded the patient until finally the patient was successfully evacuated.

Both participants also experienced opposition from their families in carrying out their roles as mental health activists. Participant 1 experienced protests from her family because of her many activities as a PKK cadre and a gymnastics teacher, until finally participant 1's family gave her the opportunity to choose one of the social activities that participant 1 wanted to focus on.

Meanwhile, participant 2's husband was angry because of her negligence in taking care of her family when she first became a mental health activist, this was because participant 2 still had two children who were still of school age while her husband spent most of his time taking care of the fields. This obstacle was resolved by participant 2 by giving her husband an understanding when their family had problems but there was always a way that made it easier for them so that the problems they experienced could be resolved quickly, participant 2 said that it was a form of prayer from both the patient and the patient's family who had been helped until finally participant 2's husband allowed her to remain a mental health activist.

The results of this study state that rejection and opposition from the family are significant obstacles for both participants as mental health activists in carrying out their roles. This shows the need for efforts to increase family awareness and understanding of mental disorders and the role of mental health activists. This is demonstrated by both participants by providing support in accordance with the theory used by the researcher in this study. The supports are: emotional support, appreciation support, instrumental support and informative support.

Participant 1 provides emotional support by helping to find solutions so that patients can get decent health facilities, he also shows concern by seeking skills training for patients, with the aim that patients can be independent and work. Not only to patients, participant 1 also accompanies the patient's family. While participant 2 provides emotional support by visiting the patient for several days in a row before taking the patient for treatment, and trying to build the trust of the patient's family so that they agree that the patient is taken to Grhasia Mental Hospital.

The appreciation support provided by participant 1 is by marketing the skill products produced by patients through training. Participant 2 shows appreciation support by providing support and praise to patients, such as praising patients when they tell participants about their independence. Furthermore, there is instrumental support, participant 1 provides support by facilitating skills training for patients and providing space

for patient families to share experiences and help patient families who want to take caregiver training. Meanwhile, participant 2 provides more services, such as checking patient blood pressure, finding solutions to complex patient health problems, and convincing patient families so that they are willing to take patients for further treatment.

There is also informative support, participant 1 provides information about the skills training available for patients and families, as well as providing education on how to properly handle relapsing ODGJ. Participant 1 also educates patient families about the medicines that need to be consumed, from the dosage to the right time to consume them. Participant 2 provides informative support by explaining to patients and their families about the benefits that will be obtained through treatment, participants also conduct socialization to the surrounding community about ODGJ.

CONCLUSION

This study explains how participants provide the support needed by patients. Participant 1 patiently explained to the patient's family who was far out of town about the patient's condition when he was going to be evacuated until finally the patient's family allowed participant 1 to take the patient to get proper health facilities. Meanwhile, participant 2 needed to visit the patient for 5 consecutive days until finally participant 2 succeeded in taking the patient to undergo proper care and treatment.

In this study, the support provided was in the form of emotional, appreciation, instrumental, and informative support that showed concern and efforts to create positive changes for patients and families. Participant 1 showed concern by providing solutions for health access and skills training for patients, while participant 2 focused on building the patient's family's trust to undergo further treatment.

The appreciation support provided by both participants serves to increase the patient's self-confidence, while instrumental support in the form of practical services and facilities provided helps patients and families in dealing with daily problems. The informative support provided by both participants helps increase the family's understanding of mental disorders and how to treat them, as well as the importance of proper care for patients.

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