

Stakeholder Evacuation Communication Model to Increase the Success of Families in Handling Pasung towards Zero Pasung

SRI WAHYUNINGSIH*
MEDHY AGINTA HIDAYAT
BANI EKA DARTININGSIH
Universitas Trunojoyo Madura, Indonesia

RASIANA BR. SARAGIH
Universitas Bengkulu, Indonesia

NOVEL ANAK LYNDON
Universiti Kebangsaan Malaysia

ABSTRACT

The phenomenon of shackling individuals with mental disorders (ODGJ) is an issue that have remained prevalent on Madura Island, particularly in Kokop District of Bangkalan Regency and Omben District of Sampang Regency. The focus of these interventions is strictly on persuading families to release mentally disordered relatives from physical restraints. Therefore, this study aimed to examine, analyze, and explore shackle evacuation communication model in Kokop and Omben Districts. In order to achieve the stated objectives, this investigation was carried out using a constructivist paradigm and adopted the use of a qualitative multiple case-study approach, including the participation of 32 subjects. The data collection approaches adopted were in-depth interviews, observation, documentation, and audio-visual materials. Accordingly, the data analysis process included various phases such as data reduction, categorization based on field results, and conclusion drawing. It is also essential to state that data validity was ensured through triangulation and member checks. This study found that in evacuating ODGJ shackle at Kokop and Omben, there must be strong intervention from community leaders, religious leaders, mental cadres, village midwives, and local health centers, by inviting stakeholders together to release the pasung. The method is to provide education family on the impact of shackling and a good communication approach to release ODGJ shackle. The incorporated insights are also expected to serve as an educational resource for communities addressing shackling cases and offer valuable guidance for stakeholders, public health center (puskesmas), community leaders, religious leaders, village heads, and mental health cadres across various regions.

Keywords: *Stakeholder evacuation, communication model, the success of families, handling Pasung, Zero Pasung.*

INTRODUCTION

Shackling of individuals with mental disorders (ODGJ) in Indonesia is a serious issue that has remained unresolved, despite continuous efforts by the government to address it. Based on observation, a key contributing factor to the persistence of this issue is the lack of awareness among families regarding the detrimental effects of shackling on relatives who suffer from mental disorders. Predominantly, these individuals are often diagnosed with conditions such as violent behavior, wandering tendencies, and personal hygiene deficits (Results of interviews with health workers at Omben Public Health Center and Kokop Public Health

*Corresponding author:

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Center, 2024). Considering these diagnoses, families usually resort to shackling as a means of preventing harm to both the victims and individuals in respective immediate environments. Families have also been observed to feel a sense of security, believing that shackling prevents victimized loved ones from wandering aimlessly and disappearing. As stated in a previous study, the burden of caring for a family member with a mental disorder is immense, compounded by social stigma, financial strain, and exhaustion from constantly monitoring the members' movements (Wang et al., 2025). Following the logistical and informational challenges, stigma has been reported to also remain a pervasive issue. Families with members suffering from mental disorders are frequently subjected to negative social perceptions, which can lead to feelings of shame, distress, and a sense of disgrace. The constant burden of societal stigma makes it even more challenging for families to seek appropriate care, as the community often generally internalizes the idea of how having a mentally disordered relative is an embarrassment that must be hidden (Subu et al., 2023).

Regardless of the fact that shackling is often perceived as an effective solution, the approach has been reported to significantly increase mental health conditions rather than aid recovery, as patients typically require emotional, material, and informational support from families to improve (Saragih & Effendy, 2022).

The widespread lack of mental health literacy further contributes to this issue, as many communities remain unaware of proper care practices, leading to the continued use of shackling (Swisher et al., 2025). Essentially, this practice directly opposes Indonesian Ministerial Regulation No. 54 of 2017, which explicitly mandates the prevention of shackling for ODGJ (Kementerian Kesehatan RI, 2017). The regulation corroborated earlier government initiatives, such as the 2014 East Java Provincial Government's "Shackle-Free Program," implemented through the Social Service. Despite these legal frameworks, scholars working directly with families having mentally disordered members have reported significant challenges in convincing the families to release respective relatives for proper treatment. The majority of the families showed reluctance to send loved ones to mental hospitals because of inherent fears that the victims may die during treatment, concerns about the facility's distance from home, and distrust toward healthcare professionals. These barriers invariably emphasize the urgent need for targeted interventions to improve mental health education, reduce stigma, and build trust between families and healthcare providers to achieve a truly shackle-free society.

Regardless of the outlined advancements, shackling remains a common practice in many Madurese communities. Families have been reported to often resort to shackling out of frustration and emotional distress, with the belief that the approach is the only medium to effectively manage relatives who possess disruptive or unpredictable behaviors (Baklien et al., 2023).

The persistence of this practice is largely attributed to a lack of education regarding proper mental health management. For instance, it has been observed that the majority of families perceived shackling as the most effective means of control due to a limited understanding of alternative care strategies. This result is in line with a previous investigation reflecting that inadequate family knowledge about mental disorders hindered the ability to manage relapses independently. However, family inclusiveness is particularly important in the recovery phase of ODGJ (Sawab et al., 2023).

As previously stated, a significant barrier to addressing shackling in rural communities is the lack of information regarding available mental health services and the institutions

responsible for managing ODGJ. For example, many families, particularly those in remote villages, are unaware of where to obtain appropriate help, and this leads to the adoption of shackling as the most accessible solution. The geographical isolation of these communities further complicates access to professional care, reinforcing the preference for shackling as a means of control. In some cases, families turn to traditional healers, such as shamans or Kiai, with the belief that victimized relatives are afflicted by black magic or possessed by jinn. This report is in line with previous results, which emphasized that in the absence of reliable information, rural communities often obtained alternative treatments from traditional healers (Subu et al., 2023).

In Sampang Regency, Madura Island, significant progress has been made toward eliminating shackling practices, with 1,333 individuals successfully freed in 2023 (Aziz, 2023). This achievement showed the effectiveness of stakeholder interventions in addressing shackling cases in the region.

Kokop Public Health Center has also made strides in freeing individuals from shackles in Kokop region, although the majority of individuals with mental disorders remain physically restrained. Initially, 41 ODGJ were shackled in Kokop District, but as of October 2024, this number had been reduced to 17 (Observation and interview results of Kokop Public Health Center mental health nurses, October 2024). The release of shackled individuals represents a very important step in their rehabilitation, thereby offering the demographic the opportunity to reintegrate into respective families and communities as well as resume normal activities.

To effectively eliminate shackling, strong coordination and communication between stakeholders (those responsible for addressing the issue) are essential. Implementing well-structured policies that facilitate collaboration between families, local communities, and mental health professionals is particularly important to ensuring sustainable solutions for those affected. In this context, stakeholders play a very important role in bridging the gap between families and healthcare providers by fostering trust and ensuring that families receive the necessary information and support to manage mental disorders without resorting to shackling (Hidayat et al., 2023). As reinforced in another investigation, corresponding efforts and improving information-sharing between families and stakeholders were fundamental in developing a comprehensive mental healthcare system that prioritized both treatment and human rights (Stoiber et al., 2024).

The role of stakeholders, including psychiatrists, mental health nurses, midwives, village heads, health services, police, Indonesian National Military (TNI), and public health center (puskesmas), is particularly substantial in addressing cases of shackling in communities. Effective communication and collaboration between these stakeholders and the families of ODGJ are essential for achieving the goal of Zero Pasung (Zero Shackle). Additionally, partnerships with vocational rehabilitation service providers have been reported to play a significant role in equipping individuals with mental disorders with cognitive, affective, and motor skills, enabling the demographic to function more independently in society (Chimara et al., 2024).

This present study aims to achieve two primary objectives, (1) to explore how stakeholder evacuation communication model enhances the success of families in eliminating shackling, and (2) to understand why this model is important in improving the success of handling shackling cases by families. Accordingly, this exploration investigates the application of stakeholder evacuation communication model in achieving Zero Pasung. It also emphasizes

the model's broader significance, providing valuable insights for stakeholders and the general public on the importance of coordinated efforts in rehabilitating ODGJ.

LITERATURE REVIEW OR STUDY BACKGROUND

1. Stakeholders and Evacuation

Stakeholders are individuals or groups with vested interests in a particular field and significant influence over an organization or system. In the context of this study, these groups include public health center, health service providers, police, TNI, community leaders, village heads, and social services (Nisa et al., 2020). According to Eka et al. (2022), informal leaders such as village heads played a very important role as advisors, mediators, and protectors of ODGJ in respective families and communities. This elucidation is plausible because since village heads directly oversee ODGJ in respective communities, the demographic bears the responsibility for the well-being and recovery of the victimized individuals. Typically, these leaders serve as intermediaries, facilitating collaboration between health workers, law enforcement, district authorities, health services, and mental health cadres to ensure effective intervention. The relevance of the stakeholder concept in this study is to explain the people and institutions engaged in the liberation of people with mental disorders in Madura. So what is meant by the concept of Evacuation, in general, refers to relocating individuals from an unsafe to a safer environment to ensure the attainment of proper well-being. In the context of this exploration, evacuation includes the transferring of shackled ODGJ to appropriate care facilities where proper medical attention can be obtained without being subjected to further restraint. Based on the observation, this process serves as a critical step in the recovery of these individuals, allowing medical professionals to provide necessary treatment and improve respective mental health (Hall et al., 2024). So that readers of this article can understand the concept of stakeholders and evacuation in the case of people with mental disorders in this study.

2. Health Communication Model and Family

A communication model represents the process of interaction between a communicator and a communicant, in which messages are sent with the intent of influencing or altering the recipient's attitude (Wahyuningsih, 2022b). During the course of this study, stakeholders engaged in communication with families and other stakeholders to address the issue of shackling ODGJ. This was considered essential because effective communication between healthcare practitioners and patients has been reported to lead to higher-quality interactions and improved clinical outcomes (Pun & Kong, 2023). The report is also supported by theories emphasizing the importance of providing health-related insights to families (Jayan et al., 2025). The relevance of this health communication model and the concept of family is very important and significant because in the health communication model there is a communication process conveyed by health workers that contains health messages to patients and patients' families.

3. Communication for Persuasion Theory

McGuire said that in this theory, communication can change health attitudes and behaviors directly from communicators to communicators (Endrawati, 2015). A good response from the recipient of the message depends on the content of the message given to the communicator, if the message can be received by the communicator, then the message can change the attitude and behavior of the communicator (Wahyuningsih & Sari, 2024). This theory is very relevant to this study because in this study there was evacuation communication from

stakeholders regarding the evacuation of pasung to families who installed their family members who had mental disorders.

In line with *Communication For Persuasion Theory* by McGuire, communication between patients and health care workers verbally and nonverbally disseminates health information and patient health outcomes comprehensively to the community (Perez et al., 2023). In this study, the approach is also used, namely *the Use of Effective Communication Psychology*, according to Stewart L. Tubbs and Sylvia Moss 1974 (Rakhmat, 2018).

a. Definition

Communication is the process in which a communicator relays information that elicits a direct response from the communicator. In the context of healthcare, this occurs when health workers provide information to patients or families, who subsequently respond immediately to the message.

b. Pleasure

Pleasure in communication occurs when the communicant or patient receives a positive response from the communicator.

c. Influence on Attitude

Influence on attitude refers to the effort of the communicator to shift the previous attitude of the communicant toward a more desirable behavior that is in line with the intended goal.

d. Better Relationship

A strong and trusting relationship is formed when effective communication builds mutual understanding between the communicator and the communicant.

e. Action

Action is the result of a validated attitude shift in the communicant due to the influence of the communicator. When the communicant perceives the goal as beneficial, appropriate action or informed decisions are usually taken accordingly. The use of effective communication is considered very relevant in this study specifically considering the fact stakeholders must effectively communicate accurate and convincing information to families regarding the disadvantages associated with shackling mentally disordered individuals.

4. Pasung and Zero Pasung

Pasung refers to the act of restraining a family member with a mental disorder by chaining one or both legs or securing the member with wooden blocks (Wahyuningsih et al., 2023). Individuals subjected to pasung are often confined to a separate room, outside the house, or even in fields behind the home. This practice is commonly carried out by families as a way to control ODGJ who are perceived difficult to manage (Sawab et al., 2023). The relevance of the concept of pasung in this study is very important, providing an explanation of the actions of pasung carried out by families to patients with mental disorders in their homes.

Zero Pasung signifies a region free from the practice of shackling ODGJ, an objective that can be achieved through successful collaboration between health workers, the community, and various stakeholders. This objective is supported by government policies formulated in coordination with multiple entities. Despite the challenges associated, achieving

freedom from shackling remains a very important objective in ensuring the dignity and rights of ODGJ (Hidayat et al., 2023). The relevance of the concept of Zero pasung in this study is very important, this concept explains that good cooperation between stakeholders and the patient's family will also have a good impact, namely that an area will be free from people with mental disorders.

METHODOLOGY

This study adopted the use of a constructivist paradigm, which emphasized how knowledge was not passively received from external sources but actively constructed by individuals. Through interaction with respective environments and personal experiences, individuals have been observed to shape inherent understanding of social reality. In this context, the constructivist paradigm views humans as active agents in constructing social reality (Sukmawati et al., 2023). Accordingly, a descriptive qualitative approach with a multiple case study approach was adopted, as the study examined the handling of ODGJ in two distinct regions, namely Kokop District, Bangkalan Regency, and Omben District, Sampang Regency, Madura Island, Indonesia. A case study allowed for an in-depth exploration of unique social realities, capturing interactions in specific social contexts and historical moments (Gómez-Victoria et al., 2025). This approach has been reported to specifically emphasize the contributions made by various factors to particular events or phenomena (Carls-Diamante & Atanasova, 2025).

The collection of informants in this study is purposive sampling, so that the determination of informants is based on criteria that have been determined by the researcher. The subjects of this study include stakeholders, health workers from public health center, and families of ODGJ. Meanwhile, the object of the investigation includes Stakeholder Evacuation Communication Model, which aims to enhance the success of families in handling pasung and working toward Zero Pasung environment. Table 1 presents detailed information on the study informants and the respective roles played in addressing shackling of ODGJ in the two observed regencies.

Table 1: Informants in the study of Kokop Bangkalan Psychiatric Poly and Omben Sampang Madura Psychiatric Poly

Code	Gender	Job Position/Region
P1	Female	Nurse Kokop
P2	Female	Nurse Kokop
P3	Male	Doctor Kokop
P4	Male	Kiai Kokop
P5	Male	Ustadz Kokop
P6	Female	Family 1 Kokop
P7	Female	Family 2 Kokop
P8	Female	Family 3 Kokop
P9	Male	TNI Kokop
P10	Male	Police Kokop
P11	Male	The Health Office Kokop
P12	Male	The Social Service Kokop
P13	Female	Head of Kokop Public Health Center
P14	Male	Village Midwife
P15	Male	The Health Office
P16	Male	Kokop District
P17	Male	The Education Office Kokop
P18	Male	The Office of Religious Affairs

P19	Male	Regional Coordination Party
P20	Female	Cadre of Soul Kokop
P21	Female	Head of Omben Public Health Center
P22	Female	Head of Poli Jiwa Omben (nurse)
P23	Male	Nurse Omben
P24	Male	Medication staff Omben
P25	Male	Family 1 Omben
P26	Female	Family 2 Omben
P27	Male	Family 3 Omben
P28	Female	Head of Madulang Village Omben
P29	Male	Omben soul cadre
P30	Male	Omben District
P31	Male	TNI Omben
P32	Male	Police Omben

Source: Results of interviews with informants from Kokop and Omben Health Centers in Indonesia, 2024

Data collection in this study was carried out using four primary approaches. The first approach includes in-depth interviews, where stakeholders, health workers, and families of ODGJ were asked relevant questions regarding the model of gradual communication, from the initial stage to the evacuation process of shackled individuals, either to facilitate the release or understand the reasons for the continued shackling of respective mentally disordered members. The second approach was in-depth observation, in which the communication process between stakeholders, health workers, and families were carefully observed during the evacuation of shackled individuals at the study regions. The third was documentation, comprising the collection of data in the form of photographs and files relevant to the communication model used in evacuating ODGJ in the two study regions. The fourth was audio-visual material, where relevant recordings were collected to support the completeness of the data, ensuring that the results obtained were in line with the study objectives.

Data collected from 32 informants in Table 1 above went through an approval procedure between the researcher and the purposively selected informants. In addition to obtaining verbal consent from the informants, the researcher also obtained written consent from the selected informants to sign the consent form, as proof of the informants' willingness to participate in this study. This consent procedure is related to the objectives and methods of the research, the risks and benefits of the research, the rights of informants including the right to withdraw from the research, the reasons why informants were selected for the research, maintaining the confidentiality of informant data, informant contact for questions or concerns of researchers related to incomplete data or for the purpose of data triangulation.

Data analysis in this study followed a structured approach, starting with data reduction, where information obtained from interviews, observations, documentation, and audio-visual materials were categorized and refined. The next stage includes data display, which comprises the presentation of categorized results obtained from field studies. Finally, conclusions were drawn using the Creswell case study approach (Creswell, 1998). Accordingly, to ensure the validity of the utilized data, several approaches were adopted including source triangulation approach, and member checking (Wahyuningsih, 2013).

FINDINGS

Communication Model for Evacuation of ODGJ Pasung Kokop, Bangkalan

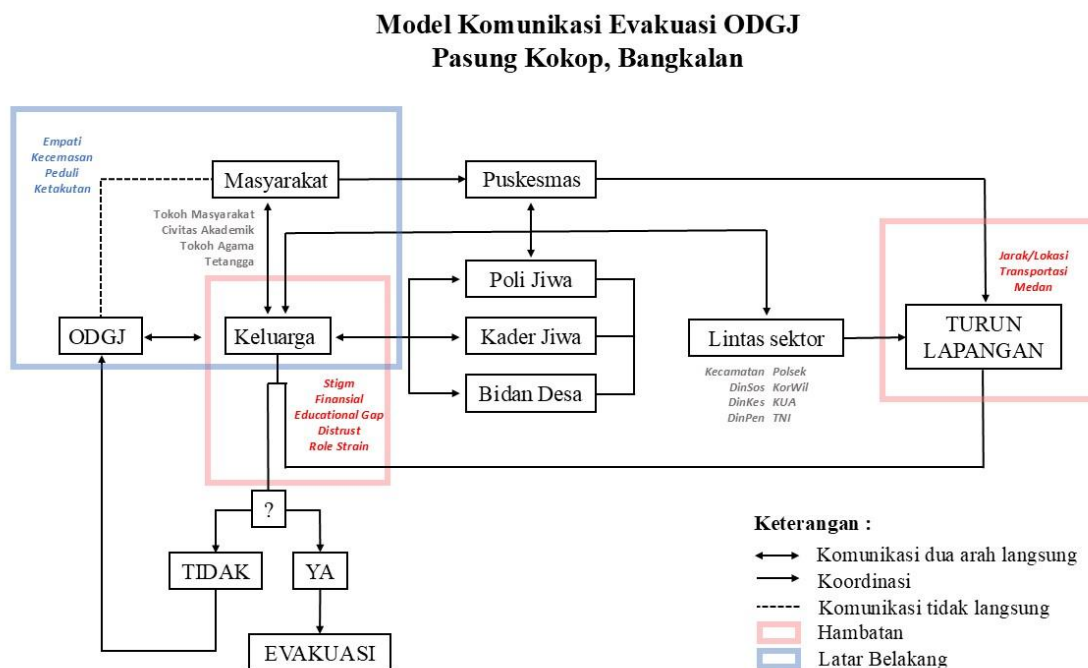


Figure 1: Communication model for evacuating ODGJ in Kokop District, Bangkalan, Madura, Indonesia

The evacuation communication model was developed to address shackling of ODGJ in Kokop district, Bangkalan, with the precise goal of achieving Zero Pasung. By implementing this model, ODGJ patients can be treated with dignity, thereby allowing the demographic to live without physical restraints. The model operates through a coordinated effort among various stakeholders, ensuring a systematic approach to evacuating ODGJ patients from shackling situations. In this process, families play a central role as major decision-makers in the evacuation process, which is led by public health center in collaboration with relevant stakeholders. Based on the observation, families often face significant challenges in caring for ODGJ members at home, including social stigma, financial constraints, educational limitations, and a lack of trust in health institutions and the government.

In the developed communication model, public health center assumes a very important role in coordinating efforts to release shackled ODGJ patients. This institution works closely with mental health poly is a service place in a public health center that focuses on handling people who experience mental disorders, mental health cadres, and village midwives with the primary aim of facilitating access to further medical treatment and rehabilitation services. Additionally, community leaders, academics, religious figures, and neighbors serve as intermediaries between families and health services, helping bridge gaps in trust and communication. The inclusiveness of this demographic is particularly important in alleviating family fears and anxieties, thereby providing families with the motivation to participate in the evacuation process. Social support from influential figures in the community is instrumental in building family confidence and fostering acceptance of external assistance.

The model incorporates cross-sector coordination, engaging various institutions such as sub-district authorities, social services, health services, education services, Sector Police, KorWil (Regional Coordination), KUA (Religious Affairs Office), and TNI to collectively support

the evacuation process. Essentially, each of these agencies plays a distinct role in providing facilities, administrative support, security, and transportation, particularly when evacuations need to be conducted in remote or hard-to-reach regions. In order to ensure the success of these operations, all stakeholders must actively participate on-site, addressing logistical and environmental challenges such as long distances, difficult terrain, and limited transportation access to ensure that evacuations are carried out efficiently and safely. Effective communication and coordination between families, public health center, community leaders, and cross-sector agencies are very important in creating an environment free from shackling (Zero Pasung). Through this collective effort, ODGJ patients can receive appropriate care, rehabilitation, and reintegration into society, thereby eliminating the need for shackling in the region.

a. Shackle Evacuation Communication for ODGJ in Kokop

Shackle evacuation communication is typically conducted by the joint mental health poly team across sectors, accompanied by mental health cadres. The process includes an engagement in coordinated communication between mental health team and stakeholders, with the support of mental health cadres, to facilitate the removal of shackles from ODGJ patients. This effort is usually carried out with the approval and presence of the patients' families, ensuring that the patients regain respective fundamental rights as human beings.



Figure 2: Evacuation of chain shackles of ODGJ in Kokop together with Mental Health Poly Team of Kokop Public Health Center, Mental Health Cadres, and Cross-Sector

In Figure 2, mental health poly team, along with mental health cadres and cross-sector representatives, can be seen visiting a mentally disordered patient who was shackled with chains on the right leg. During the visit, the team conducted thorough health assessments and ensured the patient received routine medication every month. Regarding the health check, Informant P1 stated that:

Individuals with mental disorders does not want to have his shackles removed, because he still feels unprepared for a relapse and is afraid of disappearing from his house again like before, going out of the house for days (wandering), only to be found again by his family... (Informant P1).

If he does not want to be removed, it means he wants to recover because he realizes that he is still sick, later we will visit Mrs. Badriyah and her family to remove shackles if the condition allows... (Informant P2 & P1).



Figure 3: Evacuation of chain shackles of ODGJ accompanied by family, Mental Health Poly Team of Kokop Public Health Center, Mental Health Cadres, and Cross-Sector

Informants P1 and P2 explained that some ODGJ, including Mrs. Badriyah, did not wish to have respective shackles removed. This decision was made at Mrs. Badriyah's request and was witnessed and agreed upon by her family (Informant P6) as well as other stakeholders (Informant P9, P10, P11, P12, P13, P14, P15, P16, P17, P18, P19). The victim in this context expressed concerns that she was not yet ready to be unshackled, fearing that if she lost control, she might wander off, go missing, or forget to return home. This was further supported by the observations of the study team, who elucidated that Mrs. Badriyah consciously stated her reluctance to have shackles removed. In response, Kokop mental health poly respected her wishes. This decision was also supported by security and public order officials, including the police and TNI (P9 and P10).

As the security and public order of Kokop community, we just follow it, but when there is news about ODGJ, for example going on a rampage or relapsing, we are ready to serve... (Informant P9 & P10).

b. Social Shackle Evacuation Communication for ODGJ Kokop

The communication process for the social shackle evacuation of ODGJ includes interactions between the family of the patient, mental health poly team, cross-sector stakeholders, and mental health cadres. This communication is typically carried out with the aim of monitoring the patient's mental health progress. When a patient shows signs of improvement, efforts are made toward reintegrating such patient into society by promoting social interactions and facilitating employment opportunities, ensuring the individual can lead a normal life with the same rights as others to work and contribute to the community.



Figure 4: Evacuation of social shackles of ODGJ accompanied by family, Kokop Public Health Center Mental Health Poly Team, and Mental Health Cadres

As shown in Figure 4, nurses consistently accompanied mental health team from Kokop Public Health Center mental health poly, which usually conducts monthly visits. These visits were also supported by mental health cadres and cross-sector stakeholders. During these routine checks, mental health poly team and cross-sector representatives assess the condition of patients, both directly and through communication with patients' families, recognizing families as a very significant factor in the recovery process of mentally disordered individuals. Mental health poly team continuously educates both the family and the individual with a mental disorder about the importance of medication adherence and maintaining daily activities to prevent relapses.

I am very happy when there is a visit to my house to ask about my family's health progress, because I often get messages from the nurses about drug compliance, and often tell me to communicate... (Informant P7).



Figure 5: Evacuation of social shackles of ODGJ accompanied by family, Kokop Public Health Center Mental Health Poly Team, Mental Health Cadres, cross-sector, Kiai, and Neighbors

In Figure 5, the visit to the patient experiencing social shackles was conducted with full support from Kokop mental health poly team, cross-sector stakeholders, community leaders, Kiai, ustadz, and mental health cadres, who served as companions for ODGJ.

Our role is to help them calm down through prayers, and remind them about drug compliance that should be carried out because that is the message from the nurses at Kokop Public Health Center... (Informant P4 & P5).

Always see the development of mental health every day and the family also often ask me for help... (Informant P5).

The role of Kiai and Ustadz in the village is invaluable, similar to that of mental health cadres. As members of the same community, these leaders are the first to be called upon when a family member experiences a relapse, offering immediate assistance before the patient is taken to Kokop Public Health Center for further examination.

In Figure 5, a case is presented where three elderly siblings, one brother, and two younger sisters, live in the same house. Whenever all three individuals experience a relapse, the loud outbursts from the house tend to disturb the neighbors living nearby. In this case, the visit from the cross-sector mental health poly team plays a very substantial role in checking mental health status of Individuals with mental disorders and providing the necessary interventions. Additionally, mental health cadres and the team consistently offered psychoeducation to the entire family, emphasizing the importance of medication adherence and engaging in daily activities such as working and socializing. This structured approach significantly facilitated mental healing process of the patients, preventing prolonged episodes of social withdrawal and distress.

Communication Model for Evacuating ODGJ in Omben, Sampang

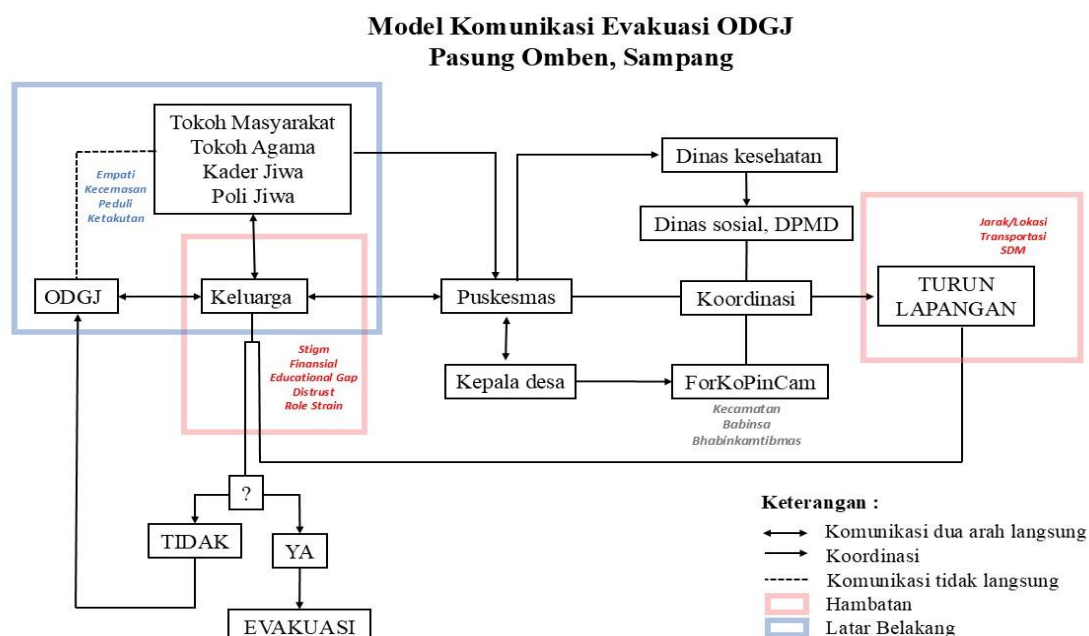


Figure 6: Communication model for evacuating ODGJ in Omben, Sampang, Madura.

Shackle evacuation communication model presents a systematic framework for addressing cases of shackling among ODGJ in Omben District. The primary objective of this evacuation model is to achieve Zero Pasung condition, ensuring that ODGJ are freed from restraint and

receive proper care. Accordingly, the process of evacuating shackled individuals includes the coordinated efforts of multiple key stakeholders, including families, community leaders, religious figures, mental health cadres, mental health poly, public health center, district authorities, and cross-sectoral entities. These entities comprise social services, Babinsa/Village Supervisory Non-Commissioned Officer (village development non-commissioned officers from TNI who ensure security, order, and community welfare), and Bhabinkamtibmas/Community Security and Public Order Advisor (community security officers from the Indonesian National Police), whose collective role is to facilitate humane and effective interventions in the evacuation of shackled individuals.

As previously stated, families serve as the central element in this communication model, particularly in decision-making regarding evacuation. However, families often face numerous challenges that hinder the willingness to proceed with evacuation. These barriers include social stigma, financial constraints, lack of education, distrust in health institutions and government services, as well as emotional strain in caring for mentally disordered family members at home. In this context, religious leaders, community figures, mental health cadres, and mental health poly play very significant intermediary roles. Regardless of the fact that these entities may not directly execute the evacuation process, the respective support provided is invaluable in reporting cases of shackling to public health center and in providing social, spiritual, and emotional motivation to families. By fostering an empathetic and compassionate approach, these stakeholders help alleviate the fears and anxieties of families, thereby promoting a more accepting and supportive environment for the evacuation process.

Public health center serves as an important coordination hub in the evacuation process, facilitating collaboration across multiple sectors, including sub-district authorities and other relevant agencies. Its responsibilities include administrative arrangements, transportation logistics, and security measures necessary for a smooth evacuation. Additionally, public health centers play a very substantial role in ensuring ODGJ patients gain access to advanced medical care after being released from shackles.

A key component of the evacuation communication model is the joint fieldwork approach, where all stakeholders collaborate to ensure the evacuation proceeds as planned. Challenges such as geographic distance, accessibility, transportation limitations, and insufficient human resources often pose significant obstacles.

a. *Communication Evacuation of Chain Shackles on ODGJ Omben*



Figure 7: Evacuation of chain shackles of ODGJ accompanied by family, Omben Public Health Center Mental Health Poly Team, Mental Health Cadres, and Neighbors

Mental health poly team at Omben Public Health Center carried out the evacuation of a person with a mental disorder who had been restrained with chain shackles. As shown in Figure 7, the communication approach adopted by Omben mental health poly team in engaging with Mr. Maliki's family, a man with a mental disorder subjected to shackling, proved to be a very significant step in persuading the family to release mentally disordered member. The removal of these restraints, facilitated by mental health poly team, represents a significant advancement in the patient's mental health rehabilitation. Following the removal of shackles, the individual continued to receive intensive medical supervision from the team.

To evacuate shackles, we communicate with the family, well, sometimes there are those who refuse, sometimes there are those who accept because we have convinced the family that removing shackles with controlled treatment from mental health poly will be better... (Informant P22).

According to the Head of Omben Public Health Center (Informant P21), the communication flow for evacuating shackled ODGJ is structured as follows:

Community leaders, religious leaders, mental health cadres, mental health poly report the presence of shackles in certain villages, they act as a means of communication to public health center for follow-up, from there there is coordination with the village head, then the health office, social services, DPMD, then coordination with the sub-district, Babinsa, and the police if there is an agreement then it is continued by going to the field to evacuate ODGJ in the village... (Informant P21).

The Head of Omben Public Health Center emphasized that evacuating ODGJ required thorough coordination with families (Informant P25, P26, and P27) and various stakeholders in the village, including community leaders, religious figures, mental health cadres, mental health poly (Informant P22, P23, P24, P28, P29) and cross-sector agencies. Immediately an agreement is reached, the team proceeds to the field to carry out the evacuation, as shown in Figure 8. This process is further reinforced by cross-sector representatives, each playing a significant role in ensuring the safe and effective evacuation of shackled ODGJ (Informant P30, P31, and P32).



Figure 8: Evacuation of chain shackles of ODGJ accompanied by family, Omben Public Health Center Mental Health Poly Team, Mental Health Cadres, and cross-sector parties from Omben, Sampang

The evacuation communication model of ODGJ pasung Kokop Bangkalan and pasung Omben Sampang is very relevant to the health communication model, persuasive communication theory, and the use of effective communication psychology. Because in the evacuation communication process there are communicators (stakeholders with the psychiatric poly) who influence families to evacuate the pasung. The message conveyed was in the form of mental health information, and the sustainability of post-pasung therapy so that ODGJ could recover their health.

DISCUSSION

Various village stakeholders, including village midwives, village heads, mental health cadres, community leaders, and religious leaders, cooperate with public health center and key stakeholders, such as the national army, police, and sub-district authorities, to evacuate shackled ODGJ. Before removing the restraints, these stakeholders engage directly with the family, offering guidance and persuasion with the aim of motivating the members not to resort to shackling respective mentally disordered relatives.

The observed communication approach is in line with principles of effective communication psychology, where mental health poly, in collaboration with cross-sectoral parties, works to instill understanding, create a sense of reassurance, and establish trust-based social relationships. Through this process, families are gradually persuaded to release mentally disordered relatives from shackles, reassured by the knowledge that the individual will receive intensive care from the local mental health poly. In order to successfully evacuate individuals from shackles, a well-structured communication strategy that effectively engages both families and the various parties included in the intervention is required. This led to the development of an approach encapsulated in what is referred to as the evacuation communication model for addressing shackling. The obtained result is consistent with the results of this present study, which emphasize the significant role of family and stakeholder relationships in influencing mental well-being of individuals with depression. Based on previous observations, shackling does not lead to recovery, rather, it increases the condition. In accordance with this insight, raising family awareness and fostering strong cooperation with stakeholders are very important approaches to ensuring successful shackle evacuations (Deng et al., 2022). In this process, the family plays a decisive role in determining whether a member with a mental disorder can be released from shackles, particularly after receiving positive assurances regarding the individual's health and treatment. As stated by (Mustaffa et al., 2021), decision-making in families can provide better prospects for hope. This implies that when families choose to release relatives from shackles, the door to recovery becomes open, and the possibility of a more dignified life is provided.

The evacuation of shackled individuals helps reduce the stigma in families, who often face negative perceptions simply because one or more relatives are victims of mental disorders. These families are frequently subjected to discrimination and social marginalization, which not only affects well-being but also worsens the condition of mentally disordered family members. By removing shackles, mental health poly, working in collaboration with stakeholders, mental health cadres, and village authorities, can play a very significant role in dismantling these harmful stigmas and ensuring that ODGJ receive optimal care and support for adequate recovery (Subu et al., 2023). From the perspective of labeling theory, when a person is labeled as "insane" or "mentally disturbed," the individual may internalize this perception and begin to behave in ways that reinforce the label, a

phenomenon known as hard labeling. This process occurs when society imposes a negative identity on an individual, shaping respective self-concept and behavior. Previous studies suggested that self-labeling could influence how individuals cope with emotional stress, thereby potentially impacting clinical outcomes both positively and negatively (Ahuvia et al., 2024).

The presence of mental health posts across various sub-districts has been observed to play a very important role in raising awareness and educating families about mental health. These posts provide essential information on the consequences of shackling, introduce families to available mental health services and facilities, and provide training relating to therapeutic communication. This approach is in line with the health communication model, which emphasizes the importance of effective, one-way, or reciprocal communication between healthcare providers, patients, and family members. The primary objective is to help ODGJ regain respective autonomy and receive appropriate mental health care rather than being subjected to physical restraints (Wahyuningsih, 2022a). By replacing shackling with routine mental health checkups at these posts, which are typically conducted with family inclusiveness, relapse prevention becomes more effective. In this context, monthly checkups ensure continuous monitoring and support, reducing the probability of recurrence and preventing families from resorting to shackling again. As emphasized in this study, when individuals experience emotional stability and minimal stress, the risk of relapse decreases, providing the individuals with the opportunity to engage in daily activities without significant disruption (Anke & Skjelstad, 2025).

The education provided by health workers, which is supported by mental health cadres, invariably help families gain a deeper understanding of the proper treatment for ODGJ. A significant part of what is taught under this educational system is the fact that recovery can be effectively achieved through biomedical therapy, including medication prescribed by psychiatrists and administered under the supervision of mental health nurses at public health center or integrated health posts (Wahyuningsih et al., 2019b). Based on observation, families who obtain help from shamans often have limited knowledge about the symptoms and characteristics of mental disorders. Considering this limitation, health workers play a very substantial role in educating communities about the nature of mental disorders, the associated symptoms, and appropriate treatments. Since families are the primary caregivers for individuals with mental health conditions, it becomes essential that every member gets equipped with adequate knowledge about mental health, as well as the financial and medical resources required for proper care (Sakwape et al., 2025). According to a previous study, the emotional closeness between parents and children or other family members experiencing mental disorders, whether due to trauma or other causes, is particularly important in alleviating stress and fostering recovery (Meijer et al., 2025). Treatment can be approached in multiple ways, including biomedical therapy, mental rehabilitation, and various therapeutic approaches such as psycho-religious (Wahyuningsih, 2022b), group activity, and work therapies. Engaging ODGJ in work-related activities helps restore the cognitive, affective, and motor functions of the demographic over time (Wahyuningsih, 2021). The role of mental health cadres is specifically valuable in assisting health workers with family education, as these cadres have strong ties to the community (Wahyuningsih et al., 2019a). This is in correspondence with the results of this present study, which emphasize how community-based mental health cadres significantly contribute to persuading families to seek proper treatment (Ahuvia et al., 2024). Accordingly, health cadres have been observed to play a major

role in promoting both mental and physical health literacy in the community, ensuring that people become more informed about healthcare options (Andung et al., 2025).

In collaboration with local health workers, stakeholders reassure families that the evacuation of shackled individuals is part of a government initiative designed to ensure long-term care. Families are assured that ODGJ will continue receiving treatment at mental hospitals or public health center with dedicated mental health poly. This ongoing care helps prevent relapse, reducing the probability of shackling and enabling patients to reintegrate into society as productive members. In the long term, with proper intervention and support, individuals recovering from mental disorders can experience significant improvement in respective well-being (Hong et al., 2022).

Stakeholder evacuation communication in influencing families to release pasung to their family members who have mental disorders is very relevant to communication for persuasion theory because in this study stakeholders together with the poly psychiatry team, psychiatric cadres, village midwives, and the community can influence families by providing education about pasung and the impact of pasung to their family members who have mental disorders. This persuasive communication resulted in the decision of the family together with ODGJ to be able to accept and see the condition of the mentally ill patient if it was possible for the mentally ill patient to be released and consciously also the mentally ill patient still wanted to remain in the hospital if his mental condition was not stable, this decision was supported by the local community health center psychiatric poly. What stakeholders do with health workers is relevant to persuasive communication theory that the message conveyed by communicators to communicators can change the actions and behaviors of communicators. In this case, the families can decide to remove the pasung and be given treatment continuously so that it does not relapse and recover. In the process of convincing, officers are often faced with challenges and obstacles in communication with families, both limited education, language, and mental health information, so officers must be more able to understand and be strong to convince families to evacuate passengers.

CONCLUSION

In conclusion, the results of this study showed a stakeholder-driven evacuation communication model for addressing shackling practices in Madura region of Indonesia, reflecting a positive influence on families that impose shackles on mentallydisorderedl relatives. During the course of the investigation, two models were identified, namely shackle evacuation communication model in Kokop, Bangkalan, and Omben, Sampang, Madura Island. These models were observed to play a very significant role in increasing family understanding of mental health, motivating respective families to release ODGJ, and facilitating continued treatment through public health center and mental health posts strategically positioned across villages. This ensured that ODGJ retained respective fundamental human rights, namely the right to work, marry, and reintegrate into society without stigma.

Recommendations from the results of the research in the long term can be applied by stakeholders who collaborate with village midwives, village heads, families, psychiatric cadres, and health workers in the evacuation of pasung in the village. The most important thing is that there must be good cooperation with each other so that the pasung liberation effort is achieved.

The results obtained are expected to contribute to a deeper understanding among families and communities that are directly concerned with the condition of shackling mentally disordered individuals. It also offers valuable insights for stakeholders responsible for providing services to families with members still subjected to shackling.

Future studies should explore the same theme from different methodological perspectives, such as a narrative approach, and focus specifically on the experiences of families supporting individuals post-shackling. Lastly, investigating regions that have successfully achieved Zero Pasung status, where public health center has entirely eradicated shackling, could provide further insights into effective intervention strategies.

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BIODATA

Dr. Sri Wahyuningsih, S.Sos., M.Si., is an Associate Professor at the Department of Communication Studies, Faculty of Social and Cultural Sciences, Universitas Trunojoyo Madura, Jawa Timur 69162, Indonesia. Her research interests are in the field of Psychology of communication, including Health Communication, Therapeutic Communication, Mental Health, Mass Communication. Email: sri.w@trunojoyo.ac.id

Medhy Aginta Hidayat, S.S., M.Si., Ph.D is an Associate Professor at the Department of Communication Studies, Faculty of Social and Cultural Sciences, Universitas Trunojoyo Madura, Jawa Timur 69162, Indonesia. His research interests are in the field sociology identity, sociology digital. Email: medhy.hidayat@trunojoyo.ac.id

Dr. Bani Eka Dartiningsih, S.Sos., M.Si., is a lecturer at the Department of Communication Studies, Faculty of Social and Cultural Sciences, Universitas Trunojoyo Madura, Jawa Timur 69162, Indonesia. She is interested in the field of Psychology of Communication, including Health Communication, Environment of Communication. Email: bani.eka@trunojoyo.ac.id

Dr. Rasiana Br. Saragih, S.Sos., M.Si., is a lecturer at the Department of Communication Studies, Faculty of Social and Politics Sciences, Universitas Bengkulu, Sumatera, Bengkulu 38371, Indonesia. His research interests are in the field Communication Psychology, Communication Family, Interpersonal Communication. Email: rasiana_bs@unib.ac.id

Dr. Novel Anak Lyndon is a Professor at Centre for Development, Social and Environment, Faculty of Social Sciences and Humanities, Universiti Kebangsaan Malaysia, 43600 Bangi, Selangor. Email: novel@ukm.edu.my

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