
Collaborative Communication Between the Task Force and Families in Building Resilience and Independence in Patients with Mental Illness

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Abstract

Community-based care for people with mental disorders (ODGJ) still faces challenges in fostering patient independence, even though medical interventions have been provided. Preliminary studies indicate that, out of 11 patients, the majority have not yet achieved social independence. This suggests that the issues are not merely clinical in nature but are also related to poor communication among stakeholders. Previous studies have been limited to interpersonal communication and have not examined communication as an integrated collaborative system among stakeholders. This limitation highlights a gap in research regarding collaborative communication as a cross-actor system within the context of community-based mental health. This study aims to analyze collaborative communication between the Task Force (Satgas) and families in fostering resilience and independence among ODGJ patients. The study employed a descriptive qualitative approach, involving 5 key informants and observations of 11 patients. The results indicate that open, participatory, and sustained collaborative communication serves as an adaptive coordination mechanism in responding to patients' conditions, thereby directly contributing to the development of family resilience and enhanced patient independence. Theoretically, these findings confirm that collaborative communication functions not only as an interactive process but also as a structural element within a community-based recovery system. Thus, collaborative communication serves as the primary foundation for strengthening an adaptive and sustainable community-based ODGJ care system.

Keywords

Collaborative communication; Family resilience; Patient autonomy; ODGJ

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INTRODUCTION

The high prevalence of mental disorders in Indonesia has not been matched by the readiness of community-based support systems. Although patients have received medical treatment, many still experience relapses and have not achieved social independence. This indicates that mental health issues are not merely clinical in nature but are also linked to weak social support and communication among stakeholders in the recovery process (Puspitasari, 2021; UU Kesehatan RI, 2014). Mental disorders affect



an individual's thoughts, emotions, and behavior, thereby hindering their ability to perform daily social functions (Yusuf & others, 2015). Therefore, the recovery process cannot rely solely on medical interventions but also requires the sustained involvement of the family and the community. Families serve as primary caregivers who have a significant influence on patients' resilience and independence (Nugroho, 2019; Suryani & Hidayat, 2021). In community-based care, families and the Task Force play a central role as patient companions. However, communication between the two parties has not yet been optimal. Communication is often reactive, unstructured, and poorly coordinated. A preliminary study in Mandala Village, Sumenep Regency, showed that of the 11 patients who had received treatment, the majority were not yet socially independent. Families also experienced difficulties in managing patients, particularly during relapses accompanied by aggressive behavior. These conditions indicate that weak communication and coordination systems among stakeholders are the primary barriers to the patients' recovery process.

Several previous studies have emphasized the importance of therapeutic communication, family support, and activity-based rehabilitation in the recovery of patients with mental disorders (Nurhilal & Rahmawati, 2024; Roosmartono et al., 2025; Wahyuningsih et al., 2019). Family support has also been shown to contribute to reducing relapse rates and enhancing patient resilience (Marannu & Huwae, 2023; Power & others, 2016; Walsh, 2006). However, most of these studies still focus on interpersonal communication or the role of a single actor, and thus have not been able to fully explain the dynamics of communication within the context of cross-actor collaboration. Recent research also indicates that the primary challenge in community-based mental health services lies in the weak coordination and integration of roles among actors (Koerne & Rodiyah, 2025; Siburian & Saraan, 2025). Although various studies have been conducted, these studies have not yet fully explained how collaborative communication is formed and systematically implemented between families and task forces in the context of community-based support for people with mental health conditions. Therefore, this study identifies three main gaps. First, there has been little research examining communication between families and task forces as an integrated collaborative system. Second, understanding of how collaborative communication unfolds dynamically across various patient conditions—particularly during relapse and recovery remains limited. Third, there is no comprehensive theoretical explanation regarding the relationship between collaborative communication and the development of family resilience and patient independence.

Given this gap, this study employs Collaborative Communication Theory (Frey, 2023) to analyze how participatory communication and constructive dialogue emerge in interactions between families and the Task Force. Additionally, Family Systems Theory (Bowen, 1978) is employed to understand the family's role as an interconnected system in the patient's recovery process (Brown &

Errington, 2024). The integration of these two theories enables a more comprehensive analysis of the relationship between collaborative communication and family support dynamics. This study makes a theoretical contribution by positioning collaborative communication as the primary mechanism in shaping family resilience and patient autonomy, rather than merely as a supporting factor in the recovery process. Furthermore, this study integrates the perspectives of collaborative communication and family systems into a single analytical framework that has not been extensively explored in the context of community-based mental health. Thus, this study expands the field of health communication by emphasizing the role of communication as a structural element within community-based support systems (Wahyuningsih & Sari, 2022). Based on the above, this study aims to analyze collaborative communication between the Task Force (Satgas) and families in building resilience and patient autonomy among individuals with mental health conditions (ODGJ) in Mandala Village, Sumenep Regency.

METHODS

This study employs a qualitative approach using descriptive methods to understand the dynamics of collaborative communication between the Task Force (Satgas) and families in the care of people with mental disorders (ODGJ). This approach was chosen because the phenomenon of collaborative communication is complex and contextual, making it impossible to measure quantitatively (Sandu Siyoto, 2015) , and because it aligns with the study's objective to analyze the communication process in depth. This study focuses on collaborative communication as the primary variable, analyzed through indicators of communication openness, coordination, participation in decision-making, and emotional support. These indicators were developed based on Collaborative Communication Theory (Frey, 2023) and supported by Family Systems Theory (Bowen, 1978) to understand the family's role in the recovery process (Brown & Errington, 2024) . The indicators were operationalized in interview and observation guidelines to directly explore informants' experiences. The research was conducted in Mandala Village, Sumenep Regency, from September 2023 to March 2024. The location was selected through purposive sampling due to the existence of community-based ODGJ management practices involving the Task Force, health workers, and families.

Table 1.

No.	Name	Role	Description
1.	Sumiati	Primary family member (Patient's mother)	Primary caregiver

2.	Buhori	Second family member (Patient's husband)	The patient's primary caregiver
3.	Habila	Third family member (Patient's child)	The patient's primary caregiver
4.	Meylina Rahmawati	Task Force (Mental Health Coordinator)	Healthcare Worker / Patient Monitor
5.	Mahrus	Task Force (TKSK)	Health Worker / Patient Companion

Informant's Notes

(Developed by the Researcher)

The research subjects consisted of five informants: three family members serving as primary caregivers and two members of the Task Force. Informants were selected using purposive sampling based on the criteria of having an active role, at least one year of experience, and involvement in the communication process. The number of informants was determined based on the principle of data saturation. As supporting data, observations were conducted on 11 patients to understand the field context. Data were collected through semi-structured interviews, observations, and documentation, with the researcher serving as the primary instrument. Data analysis employed an interactive model involving data reduction, data presentation, and drawing conclusions by identifying themes related to collaborative communication. Data validity was ensured through triangulation of sources and methods, member checks, and an audit trail. This study also addressed ethical considerations by obtaining informed consent from informants, maintaining data confidentiality, and engaging in reflection to minimize researcher bias.

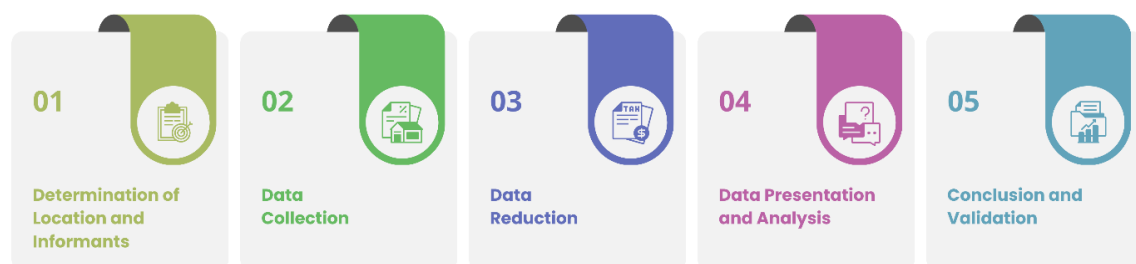


Figure 1. Research Flowchart

FINDINGS AND DISCUSSION

Family collaborative communication regarding the management of patients with relapses to the Task Force

Collaborative communication between families and the task force in managing patients with mental health conditions experiencing a relapse in Mandala Village demonstrates responsive and situational interactions. During a relapse, the family is the first to respond to changes in the patient's behavior before contacting the task force to seek further assistance. Based on interview results, communication is rapid and direct, whether via communication channels or in person. This aims to avoid greater risks due to the patient's unstable condition. The family plays a role in conveying the patient's current condition, while the task force provides guidance and appropriate actions.

This is reflected in the informant's statement:

"If we need help when the symptoms flare up, we usually contact them via WhatsApp or go see them in person."

Family Informant 2: Buhori, the survivor's husband, September 27, 2025

In certain situations, when a patient exhibits aggressive behavior and is uncooperative regarding treatment, the task force takes a leading role in crisis management while still securing the family's consent. This demonstrates communication that is not merely informative but also participatory.

"If a patient refuses to take their medication and becomes violent, we usually administer an injection, but we always obtain permission from the family first."

TKSK Informant Mahrus, September 27, 2025

Research findings indicate that the communication established is not merely informative but also involves a process of shared decision-making, particularly in the management of patients who are uncooperative with treatment. In certain situations, medical procedures such as injections are performed with the family's consent, demonstrating the family's active involvement in the care process. This aligns with the concept of collaborative governance, which emphasizes the importance of participation by various stakeholders in the decision-making process. According to Ansell and Gash, effective communication is one of the key indicators of successful collaboration among stakeholders (Siburian, S. R., & Saraan, M. I. K 2025) . Additionally, communication in the management of patients with relapses demonstrates the formation of trust between the family and the care team. This trust is formed through communication that is conducted promptly, openly, and repeatedly, whether via communication platforms like WhatsApp or direct interaction. In crisis situations, trust becomes a critical factor because families must be confident in the actions taken by the task force. Previous research indicates that trust is a key element in sustaining collaboration, particularly in managing complex health issues such as ODGJ. Conditions in Mandala Village demonstrate that intensive communication has successfully built a sufficiently strong relationship between both parties (Siburian, S. R., & Saraan, M. I. K 2025) . Collaborative communication during relapse episodes also reflects a clear division of roles between families and the task force. Families play a role in providing initial care, such as persuading the patient and ensuring a safe environment, while the task force is responsible for delivering follow-

up interventions tailored to the patient's condition. This pattern demonstrates synergy between informal and formal actors in community-based mental health crisis management. Research on community-based mental health services indicates that coordination among actors is a critical factor in the successful management of patients, particularly in emergency situations. Findings in Mandala Village suggest that this division of roles is already in place, though it still requires strengthening in certain aspects (Koerne, A. D., & Rodiyah, I. 2025) . However, collaborative communication in managing patients experiencing relapse still faces various barriers. One of the main barriers is the patient's unstable condition, which renders communication ineffective as the family's primary focus is on controlling the patient's behavior. Additionally, the emotional stress experienced by families in dealing with relapse also affects the quality of communication with the task force. Stigma from the community further acts as an external factor hindering the family's openness in communication. Previous research indicates that social stigma and low family participation are barriers to the implementation of community-based mental health services. These barriers can lead to delays in treatment and reduce the effectiveness of collaborative communication (Koerne, A. D., & Rodiyah, I. 2025) .

Thus, collaborative communication between families and the task force in managing patients with relapses in Mandala Village demonstrates a responsive and participatory pattern of interaction; however, it still faces various challenges stemming from both internal and external factors. Therefore, more adaptive communication and sustained support are needed so that the process of managing patients with relapses can be carried out more effectively and optimally.

Collaborative communication between families and the task force for monitoring patient progress

Collaborative communication between families and the task force in monitoring patients with mental health conditions in Mandala Village is conducted on an ongoing basis as part of the recovery process. This communication occurs not only during emergencies but also in normal situations to ensure the stability of the patient's condition. In the monitoring process, the family serves as the primary caregiver, interacting directly with the patient on a daily basis. The family is responsible for monitoring the patient's condition, ensuring adherence to treatment, and reporting the patient's progress to the task force. This is reflected in the informant's statement:

"The most important thing is family support; patients need to stay active and take their medication regularly."

Family Informant 1: Sumiati, mother of a survivor, August 29, 2025

Communication between families and the task force is two-way, with families providing updates on the patient's condition, while the task force offers appropriate guidance and solutions. This

communication model enables more effective and coordinated monitoring. Additionally, monitoring is conducted through home visits carried out by the task force and healthcare workers. These visits allow for direct observation of the patient's condition while also providing education to the family regarding patient care.

"There is a home visit program to monitor the progress of patients with."

PJ Keswa Correspondent Meylina Rahmawati, August 29, 2025

Collaborative communication between families and the task force in monitoring patients with mental health conditions in Mandala Village is supported by various factors that enhance the effectiveness of interactions among stakeholders. One of the key factors is the active involvement of various actors, such as the task force, health workers, the village government, and the patients' families. This involvement creates an integrated monitoring system, enabling the patients' conditions to be monitored on an ongoing basis. From a collaborative governance perspective, the success of collaborative communication is significantly influenced by open communication, mutual trust, and targeted coordination. Programs such as the "Desa Harmoni Jiwa" initiative and the presence of a community dedicated to supporting individuals with mental health conditions further strengthen communication networks within the patient monitoring process (Silalahi, S. A., & Sembiring, R. A. 2024) . Additionally, family support and ease of communication access are critical factors in ensuring the sustainability of monitoring. Families actively involved in accompanying patients, ensuring treatment adherence, and reporting changes in the patient's condition to the task force significantly contribute to the success of collaborative communication. The use of communication platforms like WhatsApp and the conduct of home visits enable the rapid and accurate exchange of information. In theoretical studies, flexible and continuous communication serves as a key indicator of monitoring effectiveness, as it enables early detection of changes in the patient's condition (Silalahi, S. A., & Sembiring, R. A. 2024) . However, collaborative communication in monitoring still faces various barriers. Lack of family understanding regarding the importance of continuous treatment, societal stigma toward people with mental health conditions, and patient non-compliance with medication are major obstacles to maintaining consistent monitoring. Additionally, family time constraints and low visit frequency by the task force also affect the intensity of communication. From a theoretical perspective, barriers such as resource constraints, low participation, and a lack of community openness are common challenges in the implementation of collaborative governance. These conditions indicate that patient monitoring is not yet fully optimized and still requires strengthening in the areas of education and participation (Silalahi, S. A., & Sembiring, R. A. 2024) .

In an effort to overcome these obstacles, the collaborative communication strategy implemented by the Mental Health Hospital in monitoring patients with mental disorders demonstrates a systematic

and participatory approach. Communication is conducted in a two-way manner through cross-sectoral coordination involving families, task forces, and healthcare workers. From the perspective of participatory communication theory, the success of this strategy lies in the active involvement of all parties, thereby fostering a shared understanding in maintaining the stability of the patient's condition. Continuous education for families as caregivers is also a crucial component of the monitoring strategy for individuals with mental health conditions. In addition, communication strategies in monitoring also employ persuasive and therapeutic approaches tailored to the patient's condition. These approaches help build empathetic relationships between patients, families, and the care team, thereby encouraging patients to be more cooperative in undergoing treatment. In therapeutic communication studies, relationships built through empathy and a personalized approach can enhance the effectiveness of monitoring and strengthen patient engagement in the recovery process. Flexibility in communication, such as the use of digital media and in-person visits, is also a crucial component of this strategy (Roosmartono 2025).

Collaborative communication strategies in monitoring are also aimed at empowering patients and their families. Ongoing education and encouragement to engage in productive activities help patients maintain a stable condition and improve their ability to adapt. From a theoretical perspective, participatory communication serves not only as a means of conveying information but also as a tool for building the capacity of individuals and families to cope with mental disorders. This indicates that collaborative communication in monitoring plays a crucial role in fostering patients' resilience and independence over the long term (Pratama, R. P., & Wahyuningsih, S 2025).

Thus, collaborative communication between families and the task force in monitoring patients with mental health disorders in Mandala Village is influenced not only by enabling and inhibiting factors but also by communication strategies that are implemented adaptively. The combination of systemic support, active participation, and appropriate communication approaches is key to maintaining the stability of patients' conditions and supporting an optimal recovery process.

Collaborative Communication Between the Task Force and Families in Empowering Patients Toward Independence and Resilience

Collaborative communication between the task force and families in Mandala Village demonstrates a complementary two-way interaction in the care of patients with mental health disorders. Based on an interview with Meylina Rahmawati, the Mental Health Coordinator at the Community Health Center, communication is conducted by identifying the patients' potential so that it can be developed. Meylina Rahmawati stated that every patient has strengths that can serve as a foundation for building self-confidence. This is reflected in the informant's statement:

“Usually, empowerment involves honing the strengths they possess so that they become more self-confident.”

PJ Keswa Informant Meylina Rahmawati, September 27, 2025

This approach aims to ensure that patients do not feel inferior and are able to express their abilities. The communication established focuses not only on medical conditions but also on the patient’s psychological aspects. Collaborative communication also involves the family as the primary party in supporting the patient’s recovery process. Based on the interview with Meylina Rahmawati, the family plays a crucial role in instilling confidence in the patient. She explained,

“If patients aren’t given trust and aren’t given activities, they tend to relapse and withdraw.”

PJ Keswa Correspondent Meylina Rahmawati, September 27, 2025

This statement indicates that successful communication is inseparable from the family’s active involvement. Meylina Rahmawati also emphasized that family support serves as the foundation before a patient can be accepted by the community. A family that offers trust will help the patient develop their skills and independence. This situation demonstrates that collaborative communication centers on the relationship between the task force and the family. The implementation of collaborative communication is evident through the mentoring activities and routine visits conducted by the task force. Meylina Rahmawati explained that the task force actively monitors the patient’s condition at home. She stated,

“We usually make regular visits to ensure that medication is taken on time and to help with simple daily activities.”

PJ Keswa Informant Meylina Rahmawati, September 27, 2025

The activities provided are tailored to the patient’s abilities and interests to avoid causing stress. Simple tasks like sweeping or helping with household chores are part of the process of fostering independence. Additionally, Meylina stated that the empowerment we typically provide is through play therapy; she stated

“For therapy, there is medication therapy; group activity therapy; occupational therapy, which also falls under TAK: play therapy, naming objects, places, etc.; music therapy, where the choice of instruments depends on the patient’s background. If the patient is from a boarding school, the instruments might include the murtal, etc. So it really depends on the patient’s condition. And there is also hypnotherapy. This hypnotherapy is used to reflect on thoughts, similar to the “5-finger suggestion” —imagining that everything is fine in five aspects. It’s not just the body that needs rest, but the mind also needs rest. Psychoreligious therapy is not applied.”

PJ Keswa Correspondent Meylina Rahmawati, September 27, 2025

This approach allows patients time to adapt gradually. Communication is personalized and ongoing, tailored to the patient’s condition. Collaborative communication between families and the task force in monitoring patients with mental health conditions in Mandala Village demonstrates ongoing and preventive interactions aimed at maintaining the patients’ stability. Unlike communication during

relapse episodes, which is reactive in nature, communication during the monitoring phase places greater emphasis on preventing relapse through routine coordination between the family and the task force. This communication pattern reflects continuity in the patient's recovery process, which relies not only on medical interventions but also on effective communication among all parties. Research findings indicate that consistent communication, whether through in-person visits or communication platforms such as WhatsApp, plays a role in monitoring the patient's condition. In this process, families provide information regarding behavioral changes, medication adherence, and the patient's daily activities, while the task force offers necessary guidance and evaluations. This two-way communication pattern demonstrates a reciprocal relationship that supports the patient's ongoing recovery process. From a theoretical perspective, intensive collaborative communication during the monitoring phase contributes to the development of patient resilience. Resilience is reflected in the patient's ability to maintain a stable condition, adapt to the environment, and resume social and productive activities. Previous research indicates that resilience has a significant association with an individual's psychological well-being, including the ability to lead daily life in a more positive manner. This suggests that consistent communication between the family and the care team plays a role in strengthening the patient's resilience (Marannu, G. M., & Huwae, A 2023) .

In addition, collaborative communication during monitoring also contributes to enhancing the independence of patients with mental health disorders. Independence is evident in the patient's ability to perform daily activities and participate in productive activities commensurate with their capabilities. In this context, the family serves as the primary caregiver, providing emotional support, supervision, and motivation to the patient, while the task force plays a role in delivering ongoing education and guidance. In theoretical studies, independence relates to an individual's ability to perform Activities of Daily Living (ADL) independently. This process does not occur instantly but through consistent guidance and effective communication among stakeholders (Widyawati 2024) . Collaborative communication during the monitoring phase also reflects synergy between formal and informal actors within the community-based mental health care system. Families, as informal actors, play a role in daily supervision, while task forces, as formal actors, provide technical support and interventions as needed. This collaboration demonstrates that patient monitoring cannot be conducted in isolation but requires the integrated involvement of various parties. Previous research indicates that effective coordination among actors can enhance the effectiveness of mental health services and accelerate the patient recovery process (Ulfah 2024) . However, collaborative communication in monitoring still faces several barriers, such as family time constraints, a lack of understanding regarding the importance of continuous treatment, and patient non-compliance with medication when their condition begins to improve. These barriers indicate that the established communication is not yet fully optimal in maintaining consistent

monitoring. Additionally, the limited frequency of visits by the task force can also affect the effectiveness of monitoring the patient's condition.

Thus, collaborative communication between families and the task force in monitoring patients with mental health conditions in Mandala Village demonstrates a pattern of interaction that is ongoing, participatory, and supportive of the recovery process. Consistent communication not only plays a role in maintaining the stability of the patient's condition but also in building resilience and enhancing the patient's independence in daily life. Therefore, strengthening more intensive and sustained collaborative communication is essential to optimally support the success of the patient's recovery process.

Collaborative Communication and Its Impact on the Resilience and Independence of Patients with Mental Health Disorders

This study confirms that collaborative communication is a key factor in building family resilience and the independence of patients with mental health disorders at the community level. These effects do not occur instantly, but rather through a process of repeated interactions involving the exchange of information, shared learning, and the strengthening of trust between the Task Force (Satgas) and families. One of the main findings of this study is that collaborative communication serves as a mechanism for strengthening family resilience—that is, the family's ability to remain adaptable, avoid panic, and manage the patient's condition in a more focused manner. This resilience is reflected in a shift in the family's attitude from being initially reactive to becoming more prepared and composed when facing the patient's relapse.

“Now we have a better understanding of how to care for patients, so if there's a relapse, we don't panic as much as we used to because we've been in frequent communication with the Task Force.”

Family Informant 3 Habila, Child Survivor, September 27, 2025

These findings indicate that communication serves not only as a means of conveying information but also as a social learning process that shapes a family's adaptive capabilities. Through repeated communication, families gain a better understanding of the patient's condition, treatment methods, and the proactive steps that need to be taken. This study also found that collaborative communication contributes to increased patient independence, particularly in performing daily activities and maintaining behavioral stability. This independence is influenced not only by the patient's condition but also by the quality of family support fostered through effective and coordinated communication. The relationship between communication and patient independence occurs through three main mechanisms: (1) increased family understanding of the patient's condition, (2) consistency in care implementation, and (3) the creation of a supportive environment for the recovery process. These

three mechanisms demonstrate that communication serves as a bridge between knowledge, action, and outcomes in the support process for people with mental health conditions. This study also confirms that these positive impacts are highly dependent on the stability of communication. When communication is disrupted—whether due to emotional stress, social stigma, or systemic limitations—the process of building resilience and independence is also hindered. This indicates that collaborative communication is not only essential but also vulnerable to the various dynamics outlined in the previous points.

These findings point to a major research finding : that collaborative communication serves not only as a means of interaction but also as a mechanism for social transformation within families, altering family members' mindsets, attitudes, and behaviors in caring for patients with mental health disorders. This transformation forms the cornerstone for building a sustainable support system. These findings expand upon previous research by Sri Wahyuningsih, which identified communication as a key factor in supporting patient recovery. Unlike that study, this research emphasizes that communication does not merely act as a supporting factor but as the primary determinant of family resilience and patient autonomy within a community-based context (Wahyuningsih & Sari, 2022) . The implications of these findings are both operational and strategic. Strengthening collaborative communication requires: (1) the development of a scheduled and sustained communication system between the Task Force and families, (2) enhancing family capacity through intensive education and support, and (3) efforts to reduce social stigma through a community-based approach. Without structured interventions, collaborative communication will struggle to develop consistently in supporting patient recovery. This study confirms that collaborative communication is not merely a means of information exchange but the primary foundation for the success of family- and community-based care for people with mental health conditions, playing a direct role in fostering family resilience and the patient's sustained independence.

CONCLUSION

This study demonstrates that collaborative communication between the Task Force and families plays a central role in the recovery process of people with mental disorders. Communication serves not only as an exchange of information but also as an adaptive coordination mechanism in responding to the patient's condition. These findings confirm that family resilience and patient independence are the primary outcomes of effective collaborative communication. This study successfully addresses gaps regarding communication as a cross-actor collaborative system, communication dynamics under varying patient conditions, and its relationship with family resilience and patient autonomy. Theoretically, these findings affirm a shift in the role of communication from an instrument of interaction to a structural element within community-based recovery systems, while reinforcing the family systems perspective as a supportive framework for recovery. These findings can serve as a basis

for developing a more structured, responsive, and sustainable communication model between the Task Force and families in community-based care for people with mental health conditions. This study is limited by the number of informants and the geographical scope. Therefore, future research is recommended to examine collaborative communication longitudinally and to develop conceptual models and quantitative or mixed-methods approaches to strengthen the testing of relationships between variables. Thus, collaborative communication is a key foundation in building an adaptive and sustainable community-based ODGJ management system.

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