Jurnal Spektrum Komunikasi (JSK)
Vol. (14), No. (1), March 2026, pp. 135 – 148
eISSN **2621 – 8712** | pISSN **2338-0861**

OPTIMIZING THERAPEUTIC COMMUNICATION BY CAREGIVERS IN SUPPORTING PATIENTS WITH MENTAL DISORDERS AFTER MEDICAL TREATMENT

Devi Nadhifah[1,*], Sri Wahyuningsih[2]

[1,2] Universitas Trunodjoyo Madura, Indonesia
Email : [1] 220531100106@student.trunojoyo.ac.id*; [2] sri.w@trunojoyo.ac.id

* corresponding author

Article history
Received : February 14, 2026
Revised : March 25, 2026
Accepted : March 30, 2026

Keywords:
Caregiver
Social Support
Therapeutic Communication
ODGJ
Post-Medical Treatment

ABSTRACT

The recovery of patients with mental disorders does not depend solely on medical treatment but also requires ongoing psychosocial support from family members acting as *caregivers*. Geger Subdistrict is one of the areas in Bangkalan Regency with a relatively high number of people with mental disorders, indicating a significant need for ongoing support and care following medical treatment. However, in practice, many *caregivers* still focus primarily on monitoring medication adherence and have a limited understanding of how to apply therapeutic communication in the patient's recovery process. This study aims to explore the optimization of therapeutic communication practices employed *by caregivers* in supporting patients with mental disorders following medical treatment. This study employs a qualitative case study approach. Informants were selected using purposive sampling. Data were collected through in-depth interviews, observations, and documentation, and then analyzed using Stake's (1995) data analysis model. The results indicate that therapeutic communication between *caregivers* and patients primarily occurs through informal daily interactions and has not yet been structured. In practice, *caregivers* primarily provide instrumental support, such as monitoring medication intake and assisting with daily activities. Meanwhile, emotional, informational, and appreciative support remains suboptimal. This imbalance in the forms of social support affects the effectiveness of *caregivers'* communication in aiding patients' emotional stability and social recovery process. This study indicates that an imbalance influences therapeutic communication practices in family caregiving through social support. These findings underscore the importance of strengthening psychoeducation and enhancing *caregivers'* communication competencies to ensure social support is more balanced and better able to support patients' optimal recovery following medical treatment.

1. Introduction

The care of patients with mental health disorders is an ongoing process that cannot be achieved overnight, given that these patients experience disturbances in their thoughts, emotions, and behavior that hinder their daily activities. The success of a patient's recovery is determined not only by treatment but also by the quality of interactions, social support, and ongoing communication within the family environment (WHO, 2022). The family plays a key role in preventing stressors, recognizing signs of relapse, and keeping the patient away from dangerous objects to reduce the risk of self- harm (Meiantari & Herdiyanto, 2018). However, in practice, *the caregiver's* role remains largely limited to medication supervision, while psychosocial dimensions such as therapeutic communication have not been optimally implemented. The implementation of therapeutic communication is expected to reduce patients' anxiety levels because patients feel that their interactions with nurses provide an opportunity to share knowledge, express feelings, and convey information to achieve optimal care goals consequently, the healing process will be (Apriliyanti *et al.,* 2021).

The need for ongoing interaction, such as providing simple activities, exploring patients' needs, or engaging them in conversation, is often overlooked. Participatory, empathetic, and continuous communication can enhance family understanding, strengthen caregivers' supportive role, and encourage a shift in attitude from restrictive practices toward more humane care models (Wahyuningsih et al., 2025). Therapeutic communication is one of the most fundamental methods used by patients and nurses who mutually depend on one another; it can also be referred to as personal communication between the two (Afandi *et al.,* 2023). Although the benefits of family involvement have been proven, various challenges hinder its effectiveness in mental health recovery. One of the main challenges is the lack of awareness and education among family members regarding mental health disorders and appropriate care approaches (Handayani, 2022). Currently, meeting the need for ongoing interaction is rare. This aligns with the situation in the Geger Subdistrict of Bangkalan Regency, Madura.

The Bangkalan Regency Health Office (2024) reports that the number of people with mental disorders (ODGJ) in Bangkalan Regency reached 1,725 as of May 2024, spread across 18 subdistricts. Geger Subdistrict, as one of the areas with the third-highest number of ODGJ in Bangkalan Regency, indicates a significant need for ongoing support and management efforts following medical treatment. Many ODGJ patients lack meaningful activities in their daily lives, a situation exacerbated by societal stigma, which views ODGJ as a family disgrace or a social threat. Several family-related factors associated with relapse in patients with mental disorders include knowledge and support, quality of life, and stressful life events during patient care; with social support, families can enhance their functioning and aid in the recovery of family members with mental disorders (Amalia & Rahmatika, 2020). Therapeutic communication, combined with social support, can be optimized for patients undergoing medical treatment and for those in the post-treatment phase. In the context of this study, the focus is on patients in the post-treatment phase, meaning they are in *the recovery phase* and are vulnerable to relapse without supervision, social support, or medication adherence (Daulay *et al.,* 2021) .

Social support can be defined as the comfort, care, appreciation, and assistance available from other individuals or groups, such as a partner, family, friends, or community organizations (Sarafino & Smith, 2010).To provide a strong theoretical foundation, this study is grounded in James S. House's (1981) Social Support Theory, which posits that social support comprises four primary forms: emotional, esteem, instrumental, and informational support. These four forms of support should be present in a balanced manner in the practice of post-medical care for ODGJ patients in Geger Subdistrict. However, in reality, caregivers in Geger Subdistrict tend to focus more on instrumental support, such as meeting physical needs and ensuring medication adherence, rather than on emotional support and therapeutic communication. However, these forms of support play a crucial role in helping individuals cope with psychological stress and improve mental well-being.

The outcome of how ODGJ patients' conditions are managed depends on the actions of their families (*caregivers). With* improved communication skills, caregivers can provide emotional support, understanding, and more appropriate care strategies. This process will positively impact the quality of life for both patients and their (Stuart & Sundeen, 1998). House posits that social interactions among humans serve as a key determinant of basic health. Thus, if individuals avoid interacting with others, it will affect both their biological and psychological health (House et al., 1988). Consequently, therapeutic communication does not operate in isolation but functions as a mechanism that actualizes social support within caregiving practice. The relevance of this theory lies in its ability to explain the quality of interactions between *caregivers* and patients more comprehensively, not merely in terms of how frequently communication occurs, but also in terms of the content and function of that communication. From this perspective, the optimization of therapeutic communication is determined not only by the intensity of interactions but also by *the caregiver's* ability to provide comprehensive social support through communication.

A study Sutari et *al.,* (2025) titled "The Relationship Between Family Communication and Relapse in Schizophrenia Patients in the Samarinda City Public Health Center District" shows that family involvement through supportive and empathetic therapeutic communication has been proven to contribute to accelerating the recovery of people with mental health disorders, particularly through emotional, instrumental, informational, and appreciative support. However, a study titled "Family Psychoeducation for Caregivers of Patients with Mental Disorders (ODGJ) Following Restraint in Tambak Madura Village" by Wahyuningsih et *al.*, (2023)reveals that caregivers often lack adequate understanding of appropriate communication approaches when supporting patients. This situation highlights a gap between the importance of communication in recovery and caregivers' actual ability to implement it. Consequently, the interactions that occur are not yet fully capable of supporting emotional stabilization or of preventing relapse optimally.

In the local context of Geger Subdistrict, Bangkalan Regency, this issue is increasingly evident. The roles *of caregivers* and mental health task forces remain focused on medical referrals and treatment adherence. This situation indicates that although family support is present, the optimization of therapeutic communication as part of the recovery process has not been well-structured. The concept of therapeutic communication optimization is the process of improving the quality of *caregiver* interactions by consistently applying therapeutic communication principles, such as empathy, openness, emotional support, and trust. Operationally, optimization is measured by the *caregiver's* ability to build supportive interpersonal relationships, facilitate the patient's emotional expression, and provide adaptive communication responses to the patient's psychological condition.

Based on a review of several studies, it can be concluded that family social support is a key determinant in preventing relapse and improving the quality of life for patients with mental health disorders. Previous research has tended to portray *caregivers* as passive supporters rather than as primary actors who actively build therapeutic communication during the patient's recovery. No study has specifically examined how *caregivers'* therapeutic communication optimization serves as a manifestation of social support following medical treatment. Therefore, this study focuses on strengthening the role of therapeutic communication as a form of comprehensive social support at the family and community levels. *The novelty* and significance of this study lie in providing a more comprehensive picture of how *caregivers*, particularly in Geger Subdistrict, actively serve as companions in maintaining patients' emotional and social stability, rather than merely as supervisors of medication therapy.

This study aims to address this gap by positioning therapeutic communication as the primary process in caregiving practice, thereby raising the research question: How can therapeutic communication practices be optimized to support the recovery of patients with mental disorders following medical treatment? Thus, this study is expected to contribute scientifically to strengthening a support model based on therapeutic communication and social support, which is highly relevant to field conditions in the Geger Subdistrict, particularly in empowering families and mental health task forces at the community level.

2. Method

This study employs a qualitative case study approach. The case study approach holds significant appeal because it allows the collection of information from various sources (Alwasilah, 2015). It utilizes a constructivist paradigm, which relies on pre-existing events and realities within the community. In this study, the constructivist paradigm involves families as *caregivers* of ODGJ patients in Geger Subdistrict to provide the researcher with the information needed to explore the dynamics of daily communication. The research was conducted in Geger Subdistrict, Bangkalan Regency, Madura, specifically in the area under the guidance of the Sabilul Rosyad Campor Foundation. The selection of this location was based on data from the Bangkalan Regency Health Office (2024), which indicated that Geger is one of the subdistricts with the highest number of ODGJ cases (134), underscoring the urgent need for ongoing support following medical treatment.

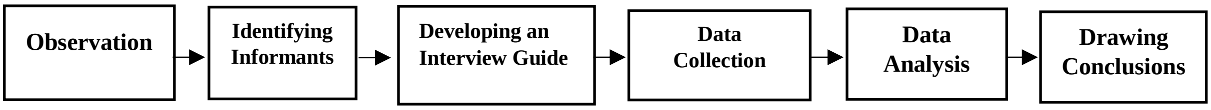

Figure 1. Research Flowchart

Data collection was conducted using research instruments in the form of *an interview guide* and *an observation guide*, employing data collection techniques through direct observation of *caregiver* support activities, such as *caregivers* assisting ODGJ with daily activities, home visits by the task force, or interactions between *caregivers* and ODGJ patients following medical treatment, as well as in-depth interviews (average duration of 45–75 minutes per session, conducted one to two times per informant) with relevant parties, namely the family as *caregivers* of ODGJ patients and the Geger Subdistrict Task Force, which primarily consisted of the opinions, attitudes, and experiences of *caregivers* in caring for and managing the routines of ODGJ patients post-medical treatment who were in the rehabilitation phase. In addition, the researcher utilized documentation and audiovisual materials, as well as secondary data from journals, books, and websites related to the required information. This research was conducted from August to October 2025

Informants were selected using *purposive sampling* based on specific criteria established by the researcher. The research focuses on the optimal practice of therapeutic communication by caregivers as companions to patients with mental disorders following medical treatment, particularly in the Geger subdistrict. The informants for this study consisted of two main groups: *key informants,* specifically *caregivers* accompanying patients with mental disorders following medical treatment, who met the criteria of having and caring for a family member with a mental disorder following medical treatment, as well as family members living in the same household or having regular interaction with the patient. On the other hand, supporting informants are the Geger Subdistrict mental health task force (Satgas) as the party supporting the implementation of care, with the criteria being that the Mental Disability Task Force has been working for at least 1 year, and that the Task Force has experience in assisting with the management of ODGJ. The research data sources, including the informants' personal data, are as follows:

Table 1. Research Respondent Data

Informant Code	Age	Gender	Role	Occupation	Notes

TR	60 years	Male	*Caregiver* 1	Farmer, Livestock Farmer	Key informant
NA	28 years	Female	*Caregiver* 2	Teacher	Key informant
RD	60 years	Male	*Caregiver* 3	Driver	Key informant
RH	48 years	Female	*Caregiver* 4	Housewife	Key informant
MY	55 years	Female	*Caregiver* 5	Housewife	Key informant
RN	39 years	Male	Task Force Team	Secretary of the Geger Task Force	Supporting Informant
RZ	47 years old	Male	Task Force Team	Supervisor of the Community Welfare Section	Supporting Informant

Source: Obtained by the researcher (2025)

Data analysis in this study used Stake's (1995) model, consisting of four stages, to gain an in-depth understanding of the process of optimizing therapeutic communication carried out by families (caregivers) in supporting patients with mental disorders following medical treatment. 1) Categorical aggregation was performed. All data from interviews, observations, and documentation were grouped into main themes, such as the forms of therapeutic communication used by caregivers, the types of social support provided, patient responses, and the obstacles encountered. 2) direct interpretation. The researcher interprets the meaning of each caregiver's statement and action and how these influence the patient's daily condition. 3) pattern correspondence. Field findings were compared with House's (1981) social support theory and therapeutic communication concepts to identify similarities and differences. 4) naturalistic generalization. The researcher draws contextual conclusions based on a deep understanding of the case, not to generalize broadly, but to provide a rich picture of the practice of accompanying people with mental health conditions in Geger. In line with the data analysis process that has been conducted to ensure the credibility and validity of the data, we applied methodological triangulation, comparing interviews, observations, and documentation; source triangulation, comparing the perspectives of caregivers and the Task Force; and member checking, presenting a summary of the findings to key informants for confirmation.

3. Result and Discussion

Lack of Psychoeducation on Therapeutic Communication and Follow-up Care

The research findings reveal that the majority *of caregivers* in Geger Subdistrict do not yet formally understand the concept of therapeutic communication. They tend to rely on intuitive approaches derived from personal experience and simple guidance from the Task Force. Patient care remains dominated by pharmacological aspects (medication adherence) and behavioral monitoring, while psychological support and in-depth communication remain low priorities.

Figure 2. Task Force Visit to Monitor Medication For Patients With The Through *Caregivers*

Source: Task Force Documentation 2024

> *"Up until now, I've just followed the Task Force's instructions. If they gave me medicine, I gave it. But when it comes to how to speak to him in a way that calms him down, I was never taught that, so I had to figure it out on my own..." Interview (NA, 28 years old) August 14, 2025*

The following is additional information from an interview with a caregiver whose child, who has a mental disorder, is undergoing rehabilitation.

> *"I let him play whatever he wants at home, just keep an eye on him. The important thing is that he doesn't do anything strange and that he takes his medicine on time. I make sure he takes it as long as he doesn't throw it away...." Statement from caregiver (RH, 48 years old) September 29, 2025*

Interviews with support staff revealed that limited human resources and insufficient training have prevented caregiver education from being fully effective.

> *"We on the Task Force are actually still learning; not everyone understands how to provide proper psychoeducation yet. Sometimes families are also hard to communicate with, they think they already know the right way, but it's actually not quite right...." Interview with the Secretary of the Geger Subdistrict Task Force, August 14, 2025*

Results from several interviews with informants indicate that a knowledge gap persists between caregivers and the Task Force regarding the basic concepts of psychoeducation and therapeutic communication. Most of the information caregivers receive comes from personal experience or informal guidance during patient transport to the hospital. Additionally, caregivers admitted they are unaware of the signs of relapse and how to prevent it.

> *"As far as I know, he's never had a relapse because he just likes to walk around and says he hears voices in his ears; since he still likes to talk to himself, I just let him be..." Interview with caregiver (RD, 60 years old), October 6, 2025*

This indicates that the lack of systematic psychoeducation hinders caregivers from providing optimal emotional and social support. Interviews conducted with informants in this study revealed that a lack of understanding regarding psychoeducation and therapeutic communication directly impacts the quality of care for patients with mental disorders at the family level. Syukur & Asnawati (2021) emphasize that communication between caregivers and patients must be grounded in empathy, trust, and openness. In this study, many caregivers communicated spontaneously without understanding the basic principles of therapeutic communication, such as active listening, message clarification, and providing positive feedback. Consequently, the communication often fell short of helping patients calm down or express their feelings.

From the perspective of House's Social Support Theory, this situation indicates that informational support is not yet functioning optimally. However, rather than merely noting the absence of such support, these findings suggest that knowledge distribution within the system remains one-sided and limited to pharmacological aspects. In fact, according to Sarafino & Smith (2010), effective social support must include an informational aspect, that is, the provision of information that helps individuals solve problems and understand their condition. Without adequate knowledge, caregivers can only provide instrumental support (such as medication and supervision) but cannot yet offer deeper emotional and informational support.

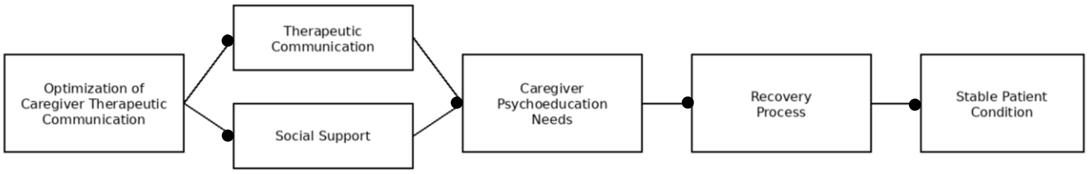

Figure 3. Flowchart of the Optimization of the Role of *Caregivers in* Geger Subdistrict as Supporters for People with Mental Illness

Figure 3 illustrates the conceptual framework for optimizing therapeutic communication *among caregivers* in the Geger subdistrict to support the recovery process of patients with mental disorders following medical treatment. Therapeutic communication and social support *from caregivers* are two interrelated components that must be strengthened through *caregiver* psychoeducation*.* The lack of psychoeducation limits *caregivers'* ability to apply therapeutic communication effectively therefore, enhancing their understanding and skills through psychoeducation is necessary. Optimal therapeutic communication further fosters the development of appropriate social support, including emotional, instrumental, informational, and appreciative support, which directly contributes to the patient's recovery process. This sustained recovery process ultimately leads to a more stable condition for patients with mental health disorders.

These findings are consistent with those of Wahyuningsih *et al.* (2023), who found that families serving as *caregivers* for patients with mental disorders in Madura lack sufficient understanding of psychosocial care. After receiving psychoeducation, there was a significant improvement in the families' ability to communicate with patients and prevent relapse. Thus, it is concluded that psychoeducation and training in therapeutic communication for *caregivers* are urgent needs in efforts to optimize the care of patients with mental disorders following medical treatment. Appropriate education not only strengthens *caregivers'* social support but also accelerates the patients' emotional recovery process in the home environment.

The Role of the Family as *Caregivers* in Post-Medical Treatment Care

Findings from the field indicate that, in terms of care, most *caregivers* focus on the patient's adherence to the medication schedule. This approach reflects a lack of emotional engagement, which is a crucial component of therapeutic communication. Some *caregivers* inadvertently use therapeutic communication techniques but do not recognize them as part of structured care.

> *"When it comes to medication, I always remind him. But if he wants to do whatever on their own, I let them—as long as the medication is taken on time…." Interview with a caregiver, August 14, 2025*

This study reveals significant variation. Some *caregivers* focus solely on medication adherence, while others begin to involve patients in daily activities such as housework or light social activities.

Figure 4. Joint Interview with *Caregivers*
Source: Researcher's Documentation 2025

> *"I used to think it was enough just to give him medicine, but after my son came home from the psychiatric hospital, I noticed he was just sitting there silently all the time. Sometimes he'd just stare blankly, and it actually broke my heart. Now I take my son to the rice fields to help hoe or pull weeds for livestock feed at home..." Statement by a caregiver (TR, 60 years old), October 6, 2025*

From the Task Force's perspective, as the supervisor of the Geger Subdistrict Public Health Section, the caregiver's role is also crucial to the patient's recovery at home.

> *"If the family actively administers medication, the patient is unlikely to relapse and will likely follow the family's instructions. Furthermore, if possible, the family should provide care and encourage the patient to socialize with neighbors; this will certainly make a difference. Even if the patient doesn't recover 100 percent...." Statement by the Public Health Section Head of Geger Subdistrict*

These research findings are further supported by the results of a quantitative study conducted by Sutari et al., (2025), which demonstrates a significant association between family communication and the relapse rate of schizophrenia patients, with a significance level of p = 0.000 and a negative correlation coefficient (r = -0.558), indicating that the better the quality of family communication, the lower the relapse rate among patients. These findings align with conditions at the study site, where patients who received emotional attention, engaged in conversation, and were involved in daily activities tended to demonstrate better emotional stability than patients who were only monitored for medication adherence.

This demonstrates that when communication is strong, patients feel accepted and valued, thereby reducing the risk of relapse. Conversely, patients left without interaction tend to revert to withdrawn behavior. These findings align with House's Social Support Theory, which states that the presence and positive interaction with close others can serve as a "buffer" against stress and reduce the risk of relapse. Thus, it can be concluded that the role of family (*caregivers)* in post-medical treatment care is not merely functional but also emotional and relational.

The Role of the Task Force in Supporting Patients with Mental Disorders

The role of the Geger Subdistrict Mental Disability Task Force (Satgas) in supporting patients with mental disorders (ODGJ) remains focused on medical treatment and referring patients to psychiatric hospitals. Although the presence of the Task Force has made a positive contribution to basic administrative and medical management, in practice, understanding of therapeutic communication and psychosocial support remains very limited..

Figure 5. Patient Transport by the Task Force to the Hospital
Source: Task Force Documentation 2024

> *"We usually register patients, help transport them to the hospital, and monitor their medication intake. We also occasionally conduct home visits to families to check on their progress." Interview with the Public Health Section Head of Geger Subdistrict, August 14, 2025*

A similar sentiment was expressed by the Task Force Secretary and survey team member (RN, 39 years old), who noted that the lack of specialized training in therapeutic communication is the main obstacle in supporting patients at home.

> *"We're also still limited in our knowledge of therapeutic communication and follow-up care. Since the Ministry's guidance mostly focuses on medication, we just tell the family not to forget to give the medicine..." Interview, August 14, 2025*

The main challenges are limited training, budget constraints, and policies that do not yet support the Task Force's development of therapeutic communication capacity. This has prevented the Task Force from functioning as a community-level psychoeducation facilitator. Field observations indicate that the Task Force serves as the primary source of information for families (caregivers) regarding how to care for patients following medical treatment. Since the Task Force emphasizes the importance of consistent medication adherence, most caregivers end up adopting this focus, prioritizing pharmacological monitoring while neglecting the patient's emotional and social needs.

In this context, forms of emotional support and recognition—including empathy, encouragement, and motivation for both families (caregivers) and patients—are still rarely provided. Field observations indicate that some Task Force members still view therapeutic communication as the exclusive domain of professional healthcare workers, rather than the responsibility of community-level caregivers. In reality, therapeutic communication occurs not only during patients' healthcare visits but also during home visits (Wahyuningsih, 2021).

The role of the Task Force remains strategically important in the rehabilitation process of patients with mental disorders. Their presence ensures patients remain monitored, and caregivers do not feel alone in caring for family members with mental health conditions. If their therapeutic communication skills are enhanced, the Task Force can transform into psychoeducational agents at the village level, focusing not only on medical aspects but also on family-based psychosocial recovery. The study also plays a role similar to the research conducted by the researchers. The study's Nadiyah et al., (2023) findings conclude that social workers' activities supporting the recovery process for ODGJ patients can include daily routines.

Based on interviews and observations, the Task Force's role in Geger Subdistrict remains partial and technical. Limited knowledge results in a support approach that is more "mechanical medical" than "humanistic therapeutic." This finding underscores the need for policy interventions to strengthen the Task Force's role as a bridge between medical services and family social support. Therefore, further training and coordination interventions are needed so that the Task Force can fully carry out its functions, not only as medication supervisors but also as facilitators of therapeutic communication between caregivers and patients.

Analysis of the House's Social Support Theory regarding ODGJ patients

According to James S. House's (1981) theory of social Support, social Support is divided into four main forms: emotional Support, appreciation, instrumental Support, and informational Support. Research findings at the Sabilul Rosyad Campor Foundation, Geger Subdistrict, Bangkalan, indicate that these four forms of Support have emerged in daily practice between *caregivers* and patients. However, their implementation is not yet optimal, and not all *caregivers* realize that their actions constitute forms of Therapeutic Communication and Social Support.

Emotional Support is a form of attention, empathy, and unconditional acceptance toward the patient. This Support is evident in the *caregiver's* behavior, which seeks to establish gentle, patient, and soothing communication. In this context, *the caregiver's* role involves acceptance, providing space for self-expression and communication without resorting to negative emotional reactions; this aligns with therapeutic communication techniques and constitutes a tangible form of Emotional Social Support according to James S. House's theory. Emotional Support is evident in patient attitudes and gentle communication, but it remains spontaneous and is rarely performed consciously. Support through recognition remains limited; only a small proportion of *caregivers* offer praise and empower patients.

> *"I just had him go with his father to the rice fields to work and help feed the livestock—that's tiring and requires a lot of energy. When he came back, I praised him so he'd be willing to go again tomorrow. Because, you know, he's the kind of kid who sometimes gets lazy…" Caregiver Interview (MY, 55 years old), October 6, 2025*

This practice demonstrates a form of esteem support, namely the recognition of the patient's capabilities (House, 1981). When patients are given trust, they feel valued and begin to rebuild their self-confidence. This is also consistent with the findings of Listyarini et al., (2023), who found that families with positive perceptions of mental illness tend to provide better support for patients' recovery after hospitalization. In therapeutic communication, appreciative support is a form of positive feedback that can strengthen patient motivation. According to the concept by Syukur & Asnawati, (2021) providing verbal and non-verbal reinforcement to patients is a form of therapeutic communication that can foster self-confidence and a sense of being valued.

Instrumental support is tangible assistance, delivered through physical actions, to meet the patient's needs. In this study, instrumental support was evident in caregivers who helped patients with daily activities or encouraged them to engage in productive activities. A caregiver is tending to her daughter, who is undergoing medication therapy.

Figure 6. *Caregiver* Assistance During Patient Activities
Source: Researcher's Documentation 2025

> *"I stick to a schedule: bath time, playtime, and taking medicine. I always make sure—especially when it comes to medicine—that he never misses a dose because I want him to get better. I also buy him things he likes, like books and stationery, so he can feel like other children..." (Caregiver interview, September 29, 2025)*

Meanwhile, some caregivers prefer to involve their younger sibling in household chores as part of their daily routine.

Figure 7. Post-Medical Treatment Patient Engaging in Household Activities
Source: Researcher's Documentation 2025

> *"I usually ask him to sweep, wash dishes just light household chores. Alhamdulillah, now the whole family has accepted my younger brother's condition, so now every weekend my younger brother is sometimes taken for a morning walk by his father and my cousin…" Interview 06 October, 2025*

Simple activities like this demonstrate that some family members (caregivers) have developed meaningful forms of instrumental support, as they not only help patients with their daily activities but also provide opportunities for natural social interaction. Informational support involves providing advice, information, or education to help individuals solve problems. In this context, the Task Force plays a crucial role as a source of information for caregivers. They provide guidance on effective communication with patients and on early signs of relapse.

> *"We often tell families not to yell at patients and not to forget their medication so the patient doesn't relapse. We also let them know when to check their medication and when to go to the community health center. Many families aren't aware of the schedule, so we help monitor it..." (interview with Public Health Section Supervisor (RZ, 47 years old), August 14, 2025)*

The findings of this study reinforce previous research on stakeholder communication models for the management of shackling, confirming that structured, empathetic communication that actively involves families is a key factor in successfully supporting people with mental disorders toward social recovery(Wahyuningsih et al., 2025). Unfortunately, this informational support is still limited to medication monitoring alone. There is currently no informational support in the form of a follow-up care education program for ODGJ patients following medical treatment. This imbalance indicates that House's theory is not fully implemented due to Maduran cultural factors that tend to be pragmatic and avoid deep emotional discussions (shame and collective responsibility). Instrumental support dominates because it is considered more concrete, easily measurable, and in line with rural community norms. Meanwhile, emotional and informational support require knowledge and skills that caregivers do not yet possess due to a lack of systematic psychoeducation.

The integration of empirical findings and House's theory confirms that optimizing therapeutic communication cannot be achieved through an individual approach alone; rather, it requires structural interventions such as ongoing psychoeducation, capacity-building for task forces, and adaptation to the local cultural context. When these four forms of social support are implemented in a balanced manner through mindful therapeutic communication, the recovery process for people with mental disorders following medical treatment will be faster, and the risk of relapse can be significantly reduced.

4. Conclusion

This study identifies three key findings regarding the optimization of therapeutic communication by *caregivers* supporting patients with mental disorders (ODGJ) following medical treatment in Geger Subdistrict, Bangkalan Regency. First, the social support provided *by caregivers* remains dominated by instrumental forms, such as reminders to take medication and assistance with daily activities, while emotional, appreciative, and informational support have not yet been fully developed. Second, there is a significant lack of structured psychoeducation and therapeutic communication training for both *caregivers* and the local Mental Health Task Force. Third, a more comprehensive *caregiver* empowerment model is needed to transform their role from passive companions to active companions capable of applying therapeutic communication consciously and sustainably.

Theoretically, this study contributes by enriching James S. House's (1981) Social Support Theory within the context of mental health in rural communities. The findings indicate that while all four forms of social support were present, their implementation was uneven and heavily influenced by local cultural factors. This study reinforces the importance of integrating therapeutic communication as a means of realizing holistic social support, thereby expanding the application of House's theory beyond Western contexts into collective cultural contexts such as those in Madura.

This study has several limitations. In the study area, the community strongly believes in alternative medicine, so many families hesitate to bring patients to psychiatric hospitals due to concerns about costs and other practical matters. Stigma toward people with mental disorders is also quite high, so families often care for patients discreetly to avoid embarrassment. Low educational levels result in limited family understanding of mental health care, and they tend to care for patients intuitively. Additionally, the Task Force lacks sufficient resource support. From the researchers' perspective, data collection faced challenges due to informants' busy schedules, scattered locations, and differences in local languages and terminology that were sometimes difficult to understand.

This study recommends that the Geger Subdistrict Mental Health Task Force, in collaboration with the Bangkalan District Health Office and universities, immediately develop a routine psychoeducation program for *caregivers* that includes training in therapeutic communication, stress management, and community-based empowerment. Furthermore, local policies are needed to support budget allocation for Task Force training so that they can function as facilitators of therapeutic communication at the village level.

For future research, it is recommended to conduct a longitudinal study using a mixed-methods design to test the effectiveness of psychoeducational programs in reducing the risk of relapse among people with mental disorders and the emotional burden *on caregivers*. Subsequent research could also compare caregiving patterns across different regions to examine variations in *caregiver* practices, thereby identifying more effective approaches tailored to community conditions.

Acknowledgment

The author would like to express gratitude to all parties who have provided support in the preparation and completion of this article. Special thanks are extended to the academic advisor for providing guidance and feedback from the planning stage through to the finalization of this article. Thanks are also extended to the Geger Subdistrict Task Force and the management of the Sabilul Rosyad Campor Foundation for granting permission and assisting with the collection of research data. Gratitude is also extended to the *caregivers* of individuals with mental disorders who were willing to spare their time, share their experiences, and provide invaluable insights that contributed to the success of this research. The author acknowledges their own perseverance and consistency in completing this research and writing this article. It is hoped that this article will contribute to the advancement of

communication studies, particularly in the context of therapeutic communication *by caregivers* as companions to patients with mental disorders following medical treatment.

References

Afandi, A. T., Putri, P., Darmawan, T. C., & Ardiana, A. (2023). Komunikasi Terapeutik Perawat Dengan Tingkat Kecemasan Pasien Dalam Tatanan Manajemen Di Rumah Sakit. *Keperawatan Indoesia*.

Alwasilah, A. C. (2015). *Pokoknya studi kasus: Pendekatan kualitatif*. Kiblat Buku Utama.

Amalia, A., & Rahmatika, R. (2020). *Peran Dukungan Sosial Bagi Kesejahteraan Psikologis Family Caregiver Orang Dengan Skizofrenia (Ods) Rawat Jalan The Role of Social Support for the Psychological Well-Being of Family Caregivers of Outpatients with Schizophrenia*. *13*(3), 228–238.

Apriliyanti, R., Saptyasari, A., & Puspa S, R. (2021). Komunikasi Terapeutik Perawat untuk Meningkatkan Konsep Diri Pasien Skizofrenia. *Jurnal Ilmu Komunikasi*, *19*(2), 158. https://doi.org/10.31315/jik.v19i2.4687

Daulay, W., Wahyuni, S. E., & Nasution, M. L. (2021). Kualitas Hidup Orang dengan Gangguan Jiwa: Systematic Review. *Jurnal Keperawatan Jiwa*, *9*(1), 187. https://doi.org/10.26714/jkj.9.1.2021.187-196

Dinas Kesehatan Kabupaten Bangkalan. (2024). Jumlah Orang Dengan Gangguan Jiwa (ODGJ) Berat Mendapat Pelayanan Sesuai Standar Menurut Kecamatan. In *Pemerintah Kabupaten Bangkalan*. https://data.bangkalankab.go.id/organization/dinas-kesehatan?organization=dinas-kesehatan

Handayani, A. A. (2022). *Family Involvement in Mental Health Recovery : Systemic Barriers and Supportive Strategies for Enhancing Treatment Adherence and Outcomes*. *1*(2), 57–71. https://doi.org/https://doi.org/10.61194/jrkpk.v1i2.656

House, J. S. (1981). *Work Stress and Social Support* (1st ed.). Addison-Wesley Publishing Company,1981. https://books.google.com/books/about/Work_Stress_and_Social_Support.html?id=qO2RAAAAIAAJ

Listyarini, A. D., Dana, T. W., Arsy, G. R., & Hindriyastuti, S. (2023). Dukungan Keluarga Pada Perawatan Pasien Gangguan Jiwa Post Rawat Inap Di Rumah Sakit. *The Shine Cahaya Dunia Ners*, *8*(02), 17. https://doi.org/10.35720/tscners.v8i02.401

Meiantari, N. N. H., & Herdiyanto, Y. K. (2018). Peran Keluarga Terhadap Manajemen Relapse (Kekambuhan) Pada Orang Dengan Skizofrenia (ODS). *Jurnal Psikologi Udayana*, *5*(2), 317–330.

Nadiyah, A., Mardiyati, I., & Irfani, A. (2023). Peran Kader Sosial Dalam Mendukung Proses Recovery Pada Orang Dengan Gangguan Jiwa Di Lembaga Kesejahteraan Sosial Sungai Ambawang Kuala Kabupaten Kubu Raya. *Counseling AS SYAMIL Jurnal Ilmiah Bimbingan Konseling Islam*, *3*(1), 14–24. https://doi.org/10.24260/as-syamil.v3i1.910

Sarafino, E. P., & Smith, T. W. (2010). *Health psychology: Biopsychosocial interactions*. John Wiley & Sons.

Stuart, G. W., & Sundeen, S. J. (1998). *Principles and practice of psychiatric nursing* (6th ed.). Mosby.

Sutari, M., Damaiyanti, M., & Fitriani1, D. R. (2025). Hubungan Komunikasi Keluarga terhadap Kekambuhan Pasien Skizofrenia di Wilayah Puskesmas Kota Samarinda. *Aisyiyah Surakarta Journal of Nursing*, *2*, 1–6.

Syukur, S. B., & Asnawati, R. (2021). Komunikasi Terapeutik Perawat Terhadap Tingkat Kecemasan Keluarga Pada Pasien Yang Di Rawat Di Ruang Perawatan Khusus Rsud Mm Dunda Limboto. *Zaitun (Jurnal Ilmu Kesehatan)*, *8*(2), 858. https://doi.org/10.31314/zijk.v8i2.1108

Wahyuningsih, S. (2021). *Komunikasi Terapeutik Konsep,Model, Dan Kontinuitas Komunikasi Dalam Psikoedukasi Terhadap Orang Dengan Gangguan Jiwa*. Intrans Publishing.

Wahyuningsih, S., Hidayat, M. A., Dartiningsih, B. E. K. A., & Lyndon, N. A. (2025). *Stakeholder Evacuation Communication Model to Increase the Success of Families in Handling Pasung towards Zero Pasung*. *41*(December), 188–209.

Wahyuningsih, S., Minasdin, M., Ardini, F. N., Putri, S. U. V, Ardiansyach, F. H., Asmarani, L. F., & Afni, S. N. (2023). Psikoedukasi Keluarga sebagai Caregiver Pasien Orang dengan Gangguan Jiwa (ODGJ) Pasca Pasung Desa Tambak Madura. *Prosiding Seminar Nasional Pengabdian Kepada Masyarakat*, *2023*, 176–185. http://journal.unj.ac.id/unj/index.php/snppm

WHO. (2022). *World mental health report: Transforming mental health for all*. Https://Www.Who.Int/Publications/i/Item/9789240049338<diakses Pada Desember 2025; World Health Organization.