

EMPATHIC COMMUNICATION OF THE GEGER TASK FORCE IN STRENGTHENING CAREGIVER SUPPORT FOR MENTAL HEALTH RECOVERY

Sheila Heza Aurora¹, Sri Wahyuningsih²

^{1,2} Trunodjoyo University of Madura

Email : ¹ 220531100170@student.trunodjoyo.ac.id*; ² sri.w@trunodjoyo.ac.id

* corresponding author

ABSTRACT

Article history

Received : February 17, 2026

Revised : March 25, 2026

Accepted : March 30, 2026

Keywords:

Caregiver
Empathetic
Communication
ODGJ
Recovery
Task Force

Families serve as the frontline caregivers for patients with mental health disorders in their daily lives, assisting with medication adherence and providing emotional support. As caregivers, families often receive insufficient attention including mental, psychological, and emotional support from relevant parties. One way to optimize the role of caregivers is through effective communication. The Geger Task Force employs an empathetic communication approach with caregivers to ensure they feel heard and supported, thereby empowering them to fulfill their roles optimally a factor that ultimately impacts the patient's recovery process. This study was conducted to explore in depth the forms and patterns of empathetic communication applied by the Geger Task Force in supporting the role of caregivers, as well as to identify barriers to the implementation of empathetic communication between the Geger Task Force and caregivers that affect the recovery process of patients with mental disorders. This study aims to fill a research gap through a new perspective, particularly regarding the application of empathetic communication as a support system for caregivers of patients with mental disorders. This study employs James S. House's social support theory as its theoretical framework. The home visit program conducted by the Geger Task Force is not merely a medical visit but a crucial empowerment tool for caregivers within the recovery ecosystem of individuals with mental disorders. Through direct interaction within the family environment, the Geger Task Force is able to transform the role of caregivers from one that was initially passive to one that is more empowered in monitoring, treatment, and daily care. However, the effectiveness of this empowerment is still hindered by three main barriers: economic and structural constraints, cultural factors, and social stigma, as well as challenges in interpersonal communication. Although the Geger Task Force has made efforts to play an active role, the success of patient recovery also depends on the collaboration established between relevant agencies such as the Geger Task Force and the families of individuals with mental health disorders.

This is an open access article under the [CC-BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



1. Introduction

Success in caring for people with mental health disorders requires collaboration between medical care and supportive psychosocial services. Families serve as the frontline caregivers, assisting patients with daily activities, ensuring adherence to treatment, and providing ongoing emotional support. Given this role, families often face a complex burden, ranging from physical, psychological, and social pressures to financial strain (Nurhikmah et al. 2022). The need for support and attention is not only a right of the patient but also a necessity for caregivers. Support from relatives, neighbors, and relevant institutions is crucial for maintaining the quality of care provided. Without an inclusive support system from the surrounding community, caregivers are vulnerable to obstacles in fulfilling their role as the frontline of patient recovery (Marannu and Huwae 2023).

On August 14, 2025, researchers conducted initial observations at the study site, one of the foundations, namely the Sabilul Rosyad Campor Foundation, in Biyung Hamlet, Campor Village, Geger Subdistrict, Bangkalan Regency, Madura. This is an area that focuses on addressing issues related to people with mental disorders. Based on data obtained from the Geger Task Force, conditions in 2024 indicated 107 cases of people with mental disorders. In response to this situation, the Geger Task Force sought to provide intervention. A total of 70 patients have received treatment in the form of antipsychotic medications such as haloperidol, risperidone, and the sedative clobazam, while 26 patients have been referred for rehabilitation at Menur Hospital to receive direct medical care. These cases continued into 2025, totaling 69. Of these, 27 patients are currently undergoing verification and initial treatment, while the other 42 patients have undergone rehabilitation programs.

Amid the critical situation regarding mental health issues in the Geger region—marked by reports of incidents such as violence committed by individuals with mental health disorders during relapses against local residents, resulting in injuries or even deaths the Geger Task Force for Individuals with Mental Health Disorders and Disabilities was finally established in 2023. The formation of the Geger Mental Health and Disability Task Force was driven by the urgency and need for a structured system to address social issues; however, the establishment of the Geger Task Force was not preceded by adequate capacity-building, whether in terms of clinical management or psychosocial approaches.

The task force in the village of Campor is an initiative driven by the community and local non-governmental organizations to optimize human resources in Geger Subdistrict. It involves various parties, ranging from the Geger Subdistrict Health Center, the Police Sector (Polsek), the Military District Command (Koramil), to the patients' families, who are expected to provide appropriate, more humane care that meets the specific needs of patients with mental disorders.

Based on initial observations, the researchers met with and conducted preliminary interviews with two members of the Geger Task Force. They demonstrated communication behaviors rich in empathy while carrying out their duties in the field. However, the interview results revealed that the members of the Geger Task Force were not fully aware that their interactions with caregivers or patients with mental disorders actually reflected a form of empathetic communication. The Geger Task Force is accustomed to listening attentively to the complaints of caregivers and patients, providing soothing responses while also understanding the situation and emotional state of the caregiver without passing judgment. However, these actions are performed spontaneously and naturally, not because they possess theoretical understanding or specialized training regarding empathetic communication.

Empathetic communication is a form of interaction between a communicator and a recipient that seeks to deeply understand each other's perspectives to build a shared understanding (Desliani and Jonathan 2025). According to Prihanti (2017), in her book on empathy and communication, empathy enables us to convey messages in a way that makes it

easier for the recipient to receive them. Empathy is not merely sympathy or pity, but an active process of entering another person's emotional world as if one were them, without losing one's own personal identity.

Empathetic communication by the crisis intervention team plays a major role in reducing the uncertainty and anxiety experienced by caregivers and in building a relationship of trust (Kartika, Tohar, and Lestari 2025) Specifically. Lauzier-Jobin & Houle (2021) identify several mechanisms of social support provided by caregivers, focusing on communication as one of the most important processes for patients with mental disorders. Open, empathetic, and non-judgmental communication makes patients feel understood and supported. They will have the strength and motivation to continue fulfilling their roles optimally, which will significantly impact the patient's recovery.

As in previous studies that serve as references and have a similar scope. The study by Desliani & Jonathan (2025) titled "The Effectiveness of Empathetic Language on the Quality of the Therapeutic Relationship Between Doctors and Geriatric Patients" explains that empathetic communication plays a key role in improving the quality of the therapeutic relationship between healthcare providers and patients. Empathy not only helps convey medical information effectively but also fosters a warm, trusting, and understanding relationship. Successful empathetic communication requires emotional sensitivity or empathy, the use of language that is easily understood by everyone, and consistency in the alignment between words and actions by both healthcare providers and family members—these form the primary foundation for optimizing the psychosocial support role in maintaining the stability of the patient's condition.

Next is a study by Wahyuningsih et al., (2019), titled "Barriers to Therapeutic Communication Among Psychiatrists, Nurses, Mental Health Volunteers, and Families of Patients with Mental Disorders Following Restraint," which indicates that barriers to therapeutic communication between psychiatrists, nurses, mental health volunteers, and families regarding patients with mental disorders can be caused by several factors, namely the presence of stranger anxiety on the part of families toward healthcare workers, relatively low levels of public education, a lack of cooperation from families and patients toward nurses, and uncontrollable emotions between families and mental health workers when dealing with patients at certain times.

This study uses James S. House's theory of social support as its theoretical framework. According to House, as cited in Wahyu et al. (2021), social support refers to actions that are helpful and involve emotional support, the provision of information, instrumental assistance, and positive reinforcement for individuals facing problems. Social support is also defined as an effort to meet a person's basic needs, including a sense of security, affection, and social relationships, obtained through interpersonal relationships involving two or more people (House, Landis, and Umberson 1988)

In line with House, Sarafino, and Smith (2014), social support is defined as a sense of comfort, care, and assistance provided by individuals or groups to a person. Individuals need social support to continue living their lives. Those who successfully receive social support will feel loved, valued, and accepted or acknowledged within that environment.

House (1985) states that social support consists of: 1) Emotional support. Support that manifests as empathy, attention, and concern, providing comfort to the individual. 2) Informational support. Support that provides solutions through advice, guidance, or feedback to help the individual take action. 3) Instrumental support. Support in the form of concrete, practical assistance, such as providing a loan, helping with tasks, or offering one's time. 4) Support through positive validation and appreciation. Support in the form of positive validation through expressions of agreement or appreciation for a person's ideas, feelings, and achievements.

These four forms of support are relevant for explaining the role of empathetic communication carried out by the Geger Task Force in supporting caregivers of patients with mental disorders. Through empathetic communication, the Geger Task Force not only provides emotional support but also offers information, practical assistance, and reinforcement of the caregiver's role, all of which contribute to improving the quality of care and recovery for patients with mental disorders.

Social support is a broad concept and can be evaluated across several dimensions. These dimensions are essential for identifying the various sources of support in an individual's life. According to research compiled by Mustika, n.d (2025), social support has three dimensions. First, the Family dimension, which evaluates the forms of family support both emotional and practical that play a crucial role in helping a person overcome various difficulties. The Geger Task Force not only provides medical instructions but also uses empathy to validate the family's burden. The empathetic communication practiced by the Geger Task Force also helps families become supporters and providers of assistance and affection for the patient

The second dimension is that of friends, this dimension evaluates an individual's perception of support from peers through social interaction, practical assistance, and emotional support. Friends play a crucial role in fostering a sense of belonging and being valued within an individual's social environment. The Geger Task Force is expected to help prevent the social isolation often experienced by patients' families, who frequently withdraw from social circles due to stigma or exhaustion. The Geger Task Force's empathetic communication serves as a bridge, reassuring caregivers that they remain valued and accepted within their social environment.

The significant others dimension assesses an individual's perception of support from important figures, such as a partner or other close relatives. Support from significant others is crucial for fostering a sense of security, affection, and emotional stability in the individual. Empathetic communication fosters the caregiver's perception that they have a reliable figure to turn to during difficult times. The presence of the Geger Task Force helps cultivate a sense of security and intense emotional closeness, ensuring the caregiver does not feel like they are struggling alone.

This study aims to address a research gap by offering a new perspective, particularly regarding the application of empathetic communication as a support system for caregivers. The primary focus of this study is to conduct an in-depth analysis of the role of empathetic communication implemented by the Geger Task Force in supporting caregivers. This focus was chosen based on the reality on the ground, namely the existence of barriers to direct communication with patients with mental disorders. Therefore, the researcher argues that the effectiveness of communication between the Geger Task Force and caregivers is key to ensuring the continuity of care and the success of patients' overall recovery. A lack of understanding of the meaning and function of empathetic communication has led to their efforts not being fully directed.

Based on the background information presented, a research question is necessary to ensure that this study remains focused. The research questions for this study are as follows: 1) How does the Geger Task Force utilize empathetic communication to support the role of caregivers for patients with mental disorders? 2) What factors may hinder the success of empathetic communication between the Task Force and caregivers?

The purpose of this study is to explore in depth the forms and patterns of empathetic communication used by the Geger Task Force to support caregivers. Additionally, this study aims to identify factors that act as barriers in the process of implementing empathetic communication between the Geger Task Force Team and *caregivers*, which impact the recovery process of patients with mental disorders

2. Method

This study employs a qualitative, constructivist approach. The research method used in this study is the case study. In this study, the researcher acts as a key instrument (human instrument) who goes directly into the field to capture the main meanings of the observed interactions. The data collection techniques used were observation, interviews, documentation, and audiovisual recording, conducted from August 2025 to November 2025. Purposive sampling was used to select informants, with the research subjects consisting of 5 members of the Geger Mental Health and Disability Task Force and 2 family members or caregivers of patients. The research object was the empathetic communication practiced by the Geger Task Force when interacting with caregivers as a form of support for the recovery process of patients with mental disorders in Campor Village, Geger Subdistrict, Bangakalan Regency, Madura.

Before data collection began, the study implemented an informed consent procedure by providing prospective informants with a full explanation of the study's objectives, benefits, and the confidentiality of their identities. To maintain objectivity and manage subjective bias in the study, the researcher practiced reflexivity while ensuring that the findings were based on field data rather than the researcher's personal assumptions.

Table 1. Informant Information

Role	Description
Secretary of the Geger Task Force (39 years old)	Key Informant 1
Mentor (47 years old)	Key Informant 2
Head of the Geger Task Force (46 years old)	Key Informant 3
Social Services Officer (45 years old)	Key Informant 4
Health Section (54 years old)	Key Informant 5
Mrs. T (51 years old)	Supporting Informant 1
Mr. M (65 years old)	Supporting Informant 2

Source: Researcher's Personal Data

Data analysis techniques, according to John W. Creswell (2014:264), are as follows: 1) Processing and preparing the data. The researcher transcribed the results of in-depth interviews with members of the Geger task force and caregivers, and reviewed field notes from observations. 2) Reading all the data. The researcher re-reads all transcripts to gain a general sense of the emerging patterns of empathetic communication. 3). Coding. The researcher groups the data into categories (text segments) and labels them with specific terms reflecting the Geger task force's communication strategies. 4) Identifying themes. Similar codes are grouped into major themes, such as "social support" and "the Geger task force's empathy strategies." 5). Presenting the narrative. The researcher compiles the analysis results into a descriptive narrative explaining how empathetic communication unfolds between the Geger task force and caregivers. 6) Interpreting the data. The researcher interprets the research findings by relating them to constructivist theory and relevant literature on support for the recovery of patients with mental disorders. The data validity techniques used in this study are source triangulation and member checking, in which the researcher reconfirms the interpretation results with informants to ensure the data's accuracy in accordance with the research subjects' perspectives.

Table 2. Illustration of Coding Interview Transcripts

Interview Transcript Excerpt	Code	Major Theme
<i>“Like, if there’s an invitation to a religious gathering, I’d tell him to go with his dad. Then sometimes I’d ask him to return something, like a plate to a neighbor. Sometimes I’d also ask him to gather grass for livestock feed; when I did that, he’d sometimes refuse, saying he had a headache.”</i>	Emotional Support and Caregiver Availability	Caregiver’s Social Support
<i>“During home visits, I tell families that patients with mental health disorders should be treated just like any other sick person; they need ongoing support, not to be shunned. Their families sometimes share that they’re exhausted, usually because the patient refuses to bathe, eat, or take medication especially during a relapse. As a task force member, I listen to all their concerns, striving to understand and put myself in their shoes as if I were feeling what they’re feeling, while also offering understanding and support to the family.”</i>	Active Listening	The Empathy Strategy of the Geger Task Force

Source: Researcher’s Personal Data

3. Results and Discussion

Empathetic Communication in Empowering Caregivers to Improve Care Support for Patients with Mental Disorders

Home visits have become part of the Geger Task Force’s work program to demonstrate the direct implementation of empathetic communication in the context of family support. This reinforces the finding that empathy can be conveyed not only verbally but also through direct presence and engagement within the patient’s family environment. The Geger Task Force employs an empathetic communication approach with caregivers to support the long-term care of patients with mental disorders. This activity can also serve as a strategy for the emotional and social empowerment of families caring for individuals with mental health disorders.

Empowerment is a process designed to help patients, families, or caregivers enhance their capabilities, self-confidence, and independence in decision-making and in caring for patients with mental disorders. The expected outcomes of empowerment include restoring psychological well-being and improving the overall well-being of all family members (Alfaruqy et al. 2018).

Home visits are conducted regularly to monitor patients’ conditions, ensure they are receiving appropriate care, determine whether their condition is stable, assess their medication supplies and other medical needs, and provide education to caregivers (Zaini and Komarudin 2025)

The Geger Task Force consistently and empathetically works to ensure that caregivers have and gain a deep understanding of the importance of creating a supportive environment for the health of patients with mental health disorders including maintaining hygiene, providing nutritious meals, ensuring medication adherence, and offering psychological support.

“During home visits, I tell families that patients with mental health disorders should be treated just like any other sick person; they need ongoing support, not to be shunned. Their families sometimes say they’re exhausted, usually because the patient refuses to bathe, eat, or take medication especially during a relapse. As a task force member, I listen to all their grievances, striving to understand and put myself in their shoes, as if feeling what they’re feeling, while also offering understanding and support to the family.”

(Interview with the Secretary of the Task Force for People with Mental Illness and Disabilities in Geger, September 29, 2025)

Based on interviews conducted with the Secretary of the Geger Task Force, it appears that the approach to supporting patients’ families focuses not only on clinical aspects but also on providing comprehensive social support. According to James House’s theory (1985), social support is categorized into four forms: emotional support, instrumental support, informational support, and evaluative support.

Emotional support is a particularly dominant aspect. The Geger Task Force’s efforts to “listen to all grievances” and “strive to put themselves in others’ shoes” have demonstrated empathy, compassion, and trust. This emotional support is crucial, given that families of patients with mental disorders often face a heavy caregiving burden. According to Firda et al. (2025). Emotional support from the social environment can reduce stress in caregivers and prevent burnout when caring for family members with mental disorders.

The Geger Task Force not only provides medical guidance but also offers support through deep, empathetic communication, such as acknowledging the fatigue experienced by the patient’s family. In a non-judgmental interaction space, the Geger Task Force positions itself to understand and empathize with the family’s perspective without intervention, by striving to understand and feel the caregiver’s emotions, so that the solutions and feedback provided emerge from a validated empathetic process. Interactions in the home environment can create a communication context that is far more natural, personal, and focused on human relationships not merely on the relationship between healthcare providers and service recipients (Aprilia and Winduwati 2023)



Figure 1. Visit by the Geger Task Force to the Home of a Patient with a Mental Disorder
Source: Personal Documentation of the Geger Task Force

In line with the findings of Ersida & Mutiawati (2016), who suggested that interventions through home visits can increase the effectiveness of families in caring for patients with mental disorders compared to relying solely on consultations at health facilities. Family support is a very important factor in helping patients adjust to life events (Subardjo and Nurmaguphita 2021).

“We continue to use a communicative approach to support the families. We must not give up; if the family gives up, the patient’s condition will worsen, and all our efforts so far will be in vain. We’re also ready to listen to, receive, and address any complaints or concerns from families, whether they’re raised directly or indirectly. We also emphasize during every home visit that the medication must be taken regularly—it must not be taken late

and must not be stopped. There's no need to feel burdened by the medication, because when it runs out, you can contact the task force directly or request more from the community health center, since everything is provided free of charge."

(Interview with a Coordinator from the Geger Task Force, September 29, 2025)

Data from an interview with a coordinator of the Geger Task Force, who is responsible for facilitating communication between the Task Force and relevant agencies, such as the Social Services Office, the Health Office (Community Health Center), the Police (Local Police Station), and the Village Government. In this section, both instrumental and informational support were identified. According to House (1985) instrumental support involves the direct provision of assistance in the form of services or materials that help individuals complete their tasks.

The informant's statement above that families "should not feel burdened by medication costs" represents a form of instrumental support for the care of people with mental disorders, who often face obstacles such as costs, which are a major barrier to the continuity of treatment. In the study by Pratama & Wahyuningsih (2025), it is noted that the availability of resources such as medication and ease of access to healthcare can significantly reduce the risk of relapse in patients with mental disorders. The emphasis that "medication must be taken regularly and on time" constitutes informational support. The Geger Task Force provides specific knowledge regarding the treatment of patients with mental disorders to shift family behavior from passive to proactive.

The Geger Task Force employs a communication approach to continue supporting families and "be ready to accommodate, accept, and provide solutions." This aligns with the findings of Desliani & Jonathan (2025) that empathetic communication through cognitive empathy (understanding the family's perspective) and affective empathy (feeling the family's burden) plays a significant role in building trust and fostering a harmonious therapeutic relationship.



Figure 2.

Caregiver Consultation with the Task Force Regarding the Patient's Medication
Source: Researcher's Personal Documentation

These home visits align with the concept of social support as described by Mustika, n.d. (2025) in Community-Based Rehabilitation (CBR), which emphasizes that the effectiveness of care for patients with mental disorders depends heavily on the task force's role in bridging the medical needs of these patients. Empathetic communication patterns, such as the task force's message of "never giving up," serve as a psychological motivator for caregivers to maintain treatment routines, thereby minimizing the risk of failure in the rehabilitation efforts previously undertaken.

"Like when there's an invitation to a religious gathering, I tell him to go with his father. Then sometimes I ask him to return something, like a plate to a neighbor. Sometimes I also ask him to gather grass for livestock feed, but when I do that, he sometimes refuses, saying he has a headache."

(Interview with Mrs. T, the patient's parent, October 6, 2025)

Interviews with the parents of a patient with a mental disorder, conducted while the researcher was collecting data at the study site, revealed that the support provided by caregivers to patients can be applied in daily activities, such as asking them to help with gardening, cleaning the house, or even encouraging them to socialize for example, by inviting them to religious study groups or to pray in congregation at the mosque. This aligns with a quote from Wahyuningsih (2022), which states that individuals can develop a self-concept for interacting with others, which subsequently influences their attitudes. In this context, caregivers can build a stronger sense of self, which will enable them to take appropriate actions for patients with mental disorders.

With frequent support through home visits, caregivers have begun to demonstrate the ability to manage patients' behavior independently. They have begun making decisions, managing patients' treatment schedules, and providing a home environment more conducive to recovery. The success of the caregiver empowerment process is marked by a shift in the caregiver's role from being a recipient of assistance to becoming an active partner with the Geger Task Force along with stronger social support and faster patient recovery through more humane care.

An empathetic approach that is sensitive to local values has proven to facilitate interaction. As explained by Legystania (2021), therapeutic communication becomes effective when healthcare workers can interpret the client's emotional and social situation within its context. These home visits provide the Geger Task Force with an opportunity to understand family communication patterns, politeness norms, and cultural expressions, thereby demonstrating empathy and enabling communication with mutual respect.

Barriers to the Implementation of Empathetic Communication Between the Geger Task Force and Caregivers in the Recovery Process of Patients with Mental Disorders

Based on the results of interviews and observations conducted at the research site, the author identified three main factors that hinder empathetic communication between the Geger Task Force and caregivers, which can impede the recovery process of patients with mental disorders.

1. Economic Structural Barriers

The primary caregiver's busyness and lack of focus act as structural barriers within the patient's immediate environment, leaving the patient deprived of positive stimuli and consistent supervision, which ultimately requires a more intensive and empathetic role from the Geger Task Force to bridge this support gap. These barriers indicate that the success of the Geger Task Force's empathetic communication is determined not only by the expertise of its members but also by the mental readiness and social acceptance within the caregiver's own environment. Future interventions must be designed not only to provide empathy but also to address the structural and psychological barriers that hinder its acceptance.

"Some families aren't very concerned, while others truly want their family members to be healthy. Most families prioritize work due to financial pressures. When I encounter families that aren't very supportive, I usually try to approach them by talking to them first. Even after making this effort, some still remain adamant about their choices. If the family itself doesn't provide full support, the recovery process becomes difficult."

(Interview with the Head of the Geger Task Force, October 6, 2025)

The results of the above interviews highlight that one of the greatest challenges faced in the recovery process of patients with mental disorders is the lack of focus and consistent support from the immediate family (primary caregivers). These limitations often stem from

the demands of dual roles and a hectic schedule, which significantly impact the family's ability to fulfill their role as caregivers for patients with mental disorders (Jayanti, Ekawati, and Mirayanti 2021). Situations where families prioritize work due to economic pressures reflect a failure to provide instrumental support specifically the time and energy required for care as well as emotional support to the patient.

This study found that low family participation is not solely due to personal indifference, but rather to structural economic barriers. The head of the Geger Task Force stated that families prioritize work due to economic pressures, indicating a conflict of interests between family needs such as earning a living and the patient's emotional needs.

When caregivers are under significant financial strain, their ability to provide emotional support or empathy may diminish. Erwanto (2016) argues that a heavy financial burden can lead families to prioritize their jobs over caring for family members with mental health disorders, resulting in medical instructions or support from the Geger Task Force often being neglected.

The conflict between the responsibility of caring for patients and professional responsibilities, such as financial considerations (work-life balance), requires significant attention. The burden is greatly exacerbated by the need to balance financial obligations with the constant monitoring of family members with mental health disorders (Wahyuningsih et al. 2025). This divided attention has direct consequences on the quality of care. The Geger Task Force explicitly states that if the family does not provide full support, the patient's recovery becomes difficult. This indicates that the availability of time and consistent emotional presence from the caregiver are identified as the most critical factors in supporting the successful recovery of patients with mental disorders.

The Geger Task Force continues to take a personal approach even in the face of resistance from caregivers. This approach, which involves encouraging families to maintain open communication, is a form of active listening designed to understand what the family is experiencing. According to Eni & Herdiyanto (2018), social support from external parties, such as the Geger Task Force, is crucial during the denial phase. The Geger Task Force strives to transform families' initially indifferent responses into active support through empathetic communication, as the success of care depends heavily on emotional stability and social support within the home environment.

The level of support each family provides to patients varies greatly; some families are very caring, while others are less supportive. This directly affects the effectiveness of patient recovery (YUSTIYANI 2019). The Geger Task Force is fully aware of the importance of caregiver support for patients. A lack of family support makes it difficult for the Geger Task Force to establish empathetic communication, which ultimately has a significant impact on patient health. In line with the research by S. Wahyuningsih et al. (2019), economic problems lead families to prefer restraining patients to provide a sense of security while also controlling them to prevent unwanted incidents during relapses.



Figure 3. The family chose to restrain the patient because they cannot provide close supervision of the patient
Source: Researcher's Personal Documentation

2. Cultural Barriers and Social Stigma

The public still holds beliefs and cultural views that attribute mental illness to evil spirits. Nasriati (2017) found in her research that the majority of families still opt for non-medical treatments to address mental illness in their family members. This demonstrates that the public continues to strongly view mental illness as a supernatural phenomenon. Such beliefs also play a role in the formation of negative stigma toward people with mental disorders as well as toward other family members.

“Here, many people still hold somewhat traditional views and place greater trust in alternative treatments, such as those provided by traditional healers. We’ve received reports from village officials regarding their residents. The task force went to pick them up at their homes, but the families refused, saying they wanted to take them to a religious leader first for treatment. There was a patient who had been referred to a psychiatric hospital and had improved, but after a relapse, they were taken to a traditional healer again. In fact, the cause was that the patient had stopped taking their medication. According to the doctor’s explanation, people with mental disorders must take medication for life and must not stop.”

(Interview with a member of the Geger TKS Social Services Office, November 4, 2025)

Based on an interview conducted with a member of the TKS Social Services Department, cultural barriers in the treatment of patients with mental disorders were revealed, specifically regarding families’ views on alternative treatments. The community’s belief in the supernatural often overrides medical logic, which, according to Kurniawati et al (2025), is caused by social constructs that view mental disorders as non-medical illnesses. Families’ refusal to accept referrals, citing a desire to take the patient to a religious figure, indicates that the empathetic communication patterns of the Geger Task Force frequently clash with deeply ingrained community values.

The Geger Task Force’s actions in picking up patients from their homes despite facing resistance demonstrate an active role in providing instrumental support and ensuring safety. The Geger Task Force functions as a crisis management unit, facing the challenge of shifting communication patterns from mere medical instructions to cultural negotiation. Empathetic communication in this case does not mean criticizing families’ or the community’s beliefs, but

rather aims to foster a shared understanding that balances both spiritual and medical aspects.



Figure 4.

Pickup of a Patient with a Mental Disorder

Source: Personal Documentation of the Geger Task Force Team

Stigma can also be a source of additional suffering not only for patients but also for their families. According to S. R. I. Wahyuningsih et al. (2025), stigma remains a serious problem for families with members who have mental disorders. Such situations are still viewed as a source of shame and are often the target of negative public perceptions, leading to embarrassment, stress, and even humiliation.

The effects of stigma include a loss of self-confidence or *self-esteem*, family discord, and even feelings of shame, which act as barriers to support and recovery. Those with family members who have mental health disorders often receive increased scrutiny from the surrounding community. It is this social stigma that can exacerbate the condition of both caregivers and patients with mental health disorders (Nasriati 2017).

“The stigma is definitely still there. My child was once shunned and even considered mentally unstable, which is actually a form of bullying. Over time, my family and I became aware of this treatment, so my child felt ashamed and eventually stopped socializing with friends and neighbors.”

(Interview with Mr. T, the patient’s parent, November 4, 2025)

An interview with the father of one of the Geger Task Force’s clients confirms that stigma particularly in the Geger area remains a major challenge. According to House (1985), effective social support should come from the community; however, in situations like this, the community itself can become a source of psychological pressure, such as shunning. Such actions can indirectly undermine the emotional support patients need for their recovery.

One informant stated that behaviors such as shunning, labeling patients as mentally ill, and even bullying have created a communication environment marked by distance and fear, particularly for the patients themselves. Such conditions can hinder empathetic communication. Due to the persistent stigma in society, families often isolate themselves to avoid becoming the target of neighbors’ ridicule. This ultimately makes it difficult for the Geger Task Force to connect with families on an emotional level, and communication remains superficial. Patients and families who are aware of the negative treatment from those around them tend to withdraw from social interactions. This exacerbates the patient’s mental condition, ultimately depriving the Task Force and even caregivers of the opportunity to help them build empathetic and therapeutic relationships (Lail et al. 2024).

According to Danukusumah et al.(2022), public stigma creates an unfavorable environment for patients with mental disorders, leading to a decline in self-esteem. When society fails to provide emotional support, the burden of recovery falls entirely on the Geger Task Force and the family, who are often already exhausted.

3. Barriers to Interpersonal Communication

Families serving as caregivers at home should be more open about communicating and describing the patient's current condition and other family members' conditions during home visits or similar support sessions, as a form of consultation with the Geger Task Force. This openness will help the family, the Geger Task Force, and even medical personnel understand the patient's overall condition and provide appropriate care (Rahma, Riyantini, and Hapsari 2021).

During home visits, the Geger Task Force takes the initiative to communicate, whether by asking questions, providing reminders, or monitoring the patient's condition. A significant barrier to interpersonal communication is the gap in initiative between the Geger Task Force and the caregiver. Caregivers tend to be passive, waiting for instructions from the Task Force. When caregivers do not provide information about the patient's condition, the Geger Task Force must work harder to ensure that the patient's treatment can continue. This indicates a two-way gap that should serve as the foundation for an empathetic relationship.

"It's often the task force that takes the initiative. For example, we ask whether the patient has taken their medication; from there, we learn that the patient hasn't taken it for a long time and that it has actually run out. We never get tired of reminding them, and hopefully we never will. Once again, I remind them by saying that if the patient stops taking their medication, everything that has been done so far including treatment at the psychiatric hospital will be in vain."
(Interview with the Health Section of the Geger Task Force, November 4, 2025)

Data from interviews with the health section confirm the existence of significant barriers in the support process, namely, a low level of openness among families. In some cases, caregivers tend to conceal the patient's actual condition due to feelings of shame or fear of being blamed. This has made it difficult for the Geger Task Force to obtain accurate emotional and social data to determine the appropriate form of support.

The fact that the Task Force must take the initiative to inquire about the status of treatment indicates that families often do not openly report challenges, such as when a patient's medication has run out. The Geger Task Force's initiative in inquiring about the regularity of medication intake is an essential form of social oversight. This situation points to psychological and situational barriers that prevent caregivers from communicating the patient's needs on their own.

The Geger Task Force serves as a support provider, offering not only technical information but also motivational support. According to Sarafino & Smith (2014) social support refers to the comfort, care, self-esteem, or assistance that a person receives from others or a group. In this context, the Geger Task Force provides instrumental support by ensuring the availability of medication and emotional support to help caregivers persevere through the recovery process.

The Task Force's efforts to "never tire of reminding" are a tangible expression of communicative empathy. By emphasizing the risk that their efforts could be in vain, the Geger Task Force seeks to reawaken caregivers' awareness through communication that appeals to both their emotions and their logic.

According to Burhani (2023), building trust is a challenging stage in community-based support for patients with mental disorders. A lack of openness on the part of the family indicates that a relationship of mutual trust has not yet been fully established. Therefore, the Geger Task Force's initiative to regularly ask about technical matters helps to break down the

family's reserve and establish a new habit of communicating openly about the progress of patients with mental disorders.

This finding aligns with Halimah's research (2020) which explains that healthcare workers are often the more proactive party in reaching out to the families of patients with mental health disorders. Family involvement becomes evident and increases after healthcare workers conduct *home visits* to build a relationship. Without initiative from healthcare workers, families tend to be reluctant to open up because they still feel ashamed and fear the existing stigma.

4. Conclusion

Communication is achieved through an active approach, an accepting attitude, and the use of supportive and encouraging language. The home visit program conducted by the Geger Task Force is not merely a medical visit, but a crucial tool for empowering caregivers within the recovery ecosystem for people with mental health disorders. Through direct interaction within the family environment, the Geger Task Force can transform the caregiver's initially passive role into a more empowered one in supervision, treatment, and daily care. However, the effectiveness of this empowerment is still hindered by three limiting factors. The first is economic structural barriers: the family's financial constraints often hinder the sustainability of self-managed treatment without external intervention. Second is the cultural barrier and social stigma the persistent stigma and norms in society that sometimes lead to a preference for non-medical approaches, thereby creating resistance to standard recovery procedures. Third is the interpersonal communication barrier a gap in initiative that hinders communication between caregivers and healthcare workers, ultimately requiring more intensive empathetic communication from the Geger Task Force.

These findings underscore that the effectiveness of social support depends not only on the availability of assistance, but also on the appropriateness of communication particularly empathy in addressing the specific challenges faced by caregivers of people with mental disorders. This study is expected to contribute to the development of communication studies, particularly in health and interpersonal communication. It explains how social support and recognition can be realized through empathetic communication between the Geger Task Force and caregivers. This study attempts to expand this perspective by placing empathy within the context of community social communication through the Geger Task Force. The researchers also recommend that future studies conduct long-term research to determine whether the positive impact of home visits is sustainable or merely arises due to the presence of the Geger Task Force.

Acknowledgment

The author would like to express his deepest gratitude to all parties who have provided attention and support during the conduct of this research. Special thanks are extended to the supervising professor for his guidance, direction, and sincere motivation throughout the research process. Thanks also go to the Geger Task Force for their cooperation, support, and the opportunity provided during the data collection process, as well as to the caregivers who were willing to share their experiences and time openly.

References

Alfaruqy, Muhammad Zulfa, Achmad Mujab Masykur, Kartika Sari Dewi, Endang Sri Indrawati, Dian Ratna Sawitri, Dian Veronika Sakti Kaloeti, Darosy Endah

- Hyoscyamina, Dinie Ratri Desiningrum, Ika Febrian Kristiana, And Diana Rusmawati. 2018. "Pemberdayaan Keluarga Dalam Perspektif Psikologi."
- Aprilia, Elvira, And Septia Winduwati. 2023. "Komunikasi Antarpribadi Caregiver Dan Penyintas Gangguan Mental Dalam Membangun Hubungan." *Koneksi* 7(1):13–20.
- Burhani, Syaechul. 2023. "Mental Health Integrated Service Post (Posyandu Jiwa): A Community-Based Response To The Increasing Number Of People With Mental Disorders (Odgi) In Bacem Village, Ponggok, Blitar." *Journal Of Educational Research And Practice* 1(1):1–14.
- Danukusumah, Firmansyah, Suryani Suryani, And Iwan Shalahuddin. 2022. "Stigma Masyarakat Terhadap Orang Dengan Gangguan Jiwa (Odgi)." *Jurnal Ilmu Kesehatan Masyarakat* 11(03):205–12.
- Desliani, Desliani, And Jonathan Wiliam Salomo Jonathan. 2025. "Efektivitas Bahasa Empatik Terhadap Kualitas Relasi Terapeutik Antara Dokter Dan Pasien Geriartri: Tinjauan Literatur." *Eduteach: Jurnal Edukasi Dan Teknologi Pembelajaran* 6(02):126–33.
- Eni, Kadek Yah, And Yohanes Kartika Herdiyanto. 2018. "Dukungan Sosial Keluarga Terhadap Pemulihan Orang Dengan Skizofrenia (Ods) Di Bali." *Jurnal Psikologi Udayana* 5(2).
- Ersida, Hermansyah, And Endang Mutiawati. 2016. "Home Visit Perawat Dan Kemandirian Keluarga Dalam Perawatan Halusinasi Pada Pasien Schizophrenia." *Jurnal Ilmu Keperawatan* 4(1).
- Erwanto, Rizky. 2016. "Faktor Yang Berhubungan Dengan Beban Keluarga Dalam Merawat Aktifitas Sehari-Hari Pada Lansia." *Jnki (Jurnal Ners Dan Kebidanan Indonesia)(Indonesian Journal Of Nursing And Midwifery)* 4(3):117–22.
- Firda, Hayatul, Khaira Rizki, And M. Daud. 2025. "Hubungan Stigma Masyarakat Dengan Sikap Masyarakat Terhadap Orang Dengan Gangguan Jiwa Di Desa Cot Rumpun Kabupaten Aceh Besar." *Quantum Wellness: Jurnal Ilmu Kesehatan* 2(4):264–75.
- Halimah, Azizah Nur. 2020. "Strategi Komunikasi Puskesmas Mlilir Dalam Pemberdayaan Orang Dengan Gangguan Jiwa (Odgi) Melalui Program Aji Mumpung Kec. Dolopo, Kabupaten Madiun." *The Commercium* 3(3):127–41.
- House, James S., Karl R. Landis, And Debra Umberson. 1988. "Social Relationships And Health." *Science* 241(4865):540–45.
- Jayanti, Desak Made Ari Dwi, Ni Luh Putu Ekawati, And Ni Ketut Ayu Mirayanti. 2021. "Psikoedukasi Keluarga Mampu Merubah Peran Keluarga Sebagai Caregiver Pada Pasien Skizofrenia." *Jurnal Ilmiah Keperawatan Sai Betik* 16(1):1–7.
- John W.Creswell. 2014. *Penelitian Kualitatif & Desain Riset Memilih Di Antara Lima Pendekatan (Edisi Ke-3)*. Yogyakarta: Pustaka Pelajar.
- Js, House. 1985. "Measures And Concepts Of Social Support." *Social Support And Health*.
- Kartika, Diana Kurniati, Ahmaddin Ahmad Tohar, And Yuliana Intan Lestari. 2025. "Peran Psikologis Bagi Caregiver Anak Yang Menjalani Hospitalisasi." *Indonesian Research Journal On Education* 5(3):477–86.
- Kurniawati, Ratna, Retno Lusmiati Anisah, And Anie Yuliastuti. 2025. "Model Intervensi Partisipatif Berbasis Masyarakat (Cbpi) Dalam Pendampingan Kader Kesehatan Jiwa." *Penamas: Journal Of Community Service* 5(3):571–86.
- Lail, Elok Dewi Arsidah, Muwakhidah Muwakhidah, Mar'ati Zain Rofikho, Firdha Agustin

- Wahyungtiyas, M. Abdul Mun'im Zamzami, And Valencia Aurelia Putri Salsabila. 2024. "Genuineness Dan Empati Konselor Dalam Layanan Konseling Berdasarkan Perspektif Siswa." *Teaching, Learning, And Development* 2(2):70–76.
- Lauzier-Jobin, François, And Janie Houle. 2021. "Caregiver Support In Mental Health Recovery: A Critical Realist Qualitative Research." *Qualitative Health Research* 31(13):2440–53. Doi: 10.1177/10497323211039828.
- Legystania, Tantya. 2021. "Komunikasi Terapeutik Antara Perawat Dengan Pasien Anxiety Disorder Di Rumah Sakit Jiwa Dr. Soeharto Heerdjan."
- Marannu, Gitareja Maega, And Arthur Huwae. 2023. "Resiliensi Dan Kebahagiaan Pada Caregiver Odgj." *Psikologi Prima* 6(1):36–42.
- Mustika, Queeny Eirena Ketziamaydra. N.D. "Pengaruh Stres, Regulasi Emosi, Dan Dukungan Sosial Terhadap Ide Bunuh Diri Pada Dewasa Awal Di Jabodetabek."
- Nasriati, Ririn. 2017. "Stigma Dan Dukungan Keluarga Dalam Merawat Orang Dengan Gangguan Jiwa (Odgj)." *Medisains: Jurnal Ilmiah Ilmu-Ilmu Kesehatan* 15(1):56–65.
- Nurhikmah, Nurhikmah, Eriyono Budi Wijoyo, Imas Yoyoh, Kartini Kartini, Hera Hastuti, And Agus Mulyawan. 2022. "Intervensi Psikoedukasi Keluarga Untuk Merawat Orang Dengan Gangguan Jiwa (Odgj): Literature Review." *Edu Masda Journal* 5(2):107–13.
- Pratama, Rafly Putra, And Sri Wahyuningsih. 2025. "Pendekatan Komunikasi Partisipatif Tim Samurai Terhadap Family Caregiver Dalam Transformasi Penanganan Pasung Odgj." *Jurnal Riset Komunikasi (Jurkom)* 8(1):106–22.
- Prihanti, Gita Sekar. 2017. *Empati Dan Komunikasi (Dilengkapi Modul Pengajaran Dengan Model Pendidikan Berbasis Komunitas)*. Vol. 1. Ummpress.
- Rahma, Shofia Nur, Rini Riyantini, And Dian Tri Hapsari. 2021. "Fenomenologi Komunikasi Terapeutik Family Caregiver Komunitas Peduli Skizofrenia Indonesia (Kpsi)." *Jurnal Pustaka Komunikasi* 4(2):187–97.
- Sarafino, Edward P., And Timothy W. Smith. 2014. *Health Psychology: Biopsychosocial Interactions*. John Wiley & Sons.
- Subardjo, Ratna Yunita Setiyani, And Deasti Nurmaguphita. 2021. "Dukungan Keluarga Dalam Penanganan Odgj."
- Wahyu, Permata Nurul, M. I. F. Baihaqi, And Lira Fessia Damaianti. 2021. "Pengaruh Dukungan Sosial Terhadap Stres Pada Orang Tua Dengan Anak Tunagrahita Yang Dimoderasi Oleh Status Sosial Ekonomi Di Slb-C Kota Bandung." *Jurnal Psikologi Insight* 5(2):183–92.
- Wahyuningsih, S. R. I., Medhy Aginta Hidayat, Bani E. K. A. Dartiningsih, And Novel Anak Lyndon. 2025. "Stakeholder Evacuation Communication Model To Increase The Success Of Families In Handling Pasung Towards Zero Pasung." 41(June):188–209.
- Wahyuningsih, Sri. 2022. "Model Kolaborasi Komunikasi Terapeutik Kiai Dan Perawat Jiwa Sebagai Media Kekuatan Pencapaian Realisasi Diri Orang Dengan Gangguan Jiwa." *Warta Ikatan Sarjana Komunikasi Indonesia* 5(1):43–54.
- Wahyuningsih, Sri, Susanne Dida, Jenny Ratna Suminar, And Yanti Setianti. 2019. "Hambatan Komunikasi Terapeutik Psikiater, Perawat, Kader Jiwa, Dan Keluarga Pada Pasien Gangguan Jiwa Pasca Pasung." *Jurnal Keperawatan Jiwa* 7(2):115. Doi: 10.26714/Jkj.7.2.2019.115-126.

- Yustiyani, Yeni. 2019. "Dukungan Family Caregiver Terhadap Orang Dengan Skizofrenia Di Desa Petir Kecamatan Rongkop Kabupaten Gunungkidul."
- Zaini, Mad, And Komarudin Komarudin. 2025. "Pendampingan Kader Kesehatan Jiwa Dalam Melakukan Home Visit Di Desa Siaga Sehat Jiwa." *Abdi Nusantara: Jurnal Pengabdian Kepada Masyarakat* 1(1):39-44.