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Innovation for Empowering People with Schizophrenia in Empowered Homes Denpasar City

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Abstract. *The problem in mental health services is recurrence in patients. One of the efforts to prevent recurrence is through People With Schizophrenia (PWS) empowerment at the Rumah Berdaya in Denpasar City. This study is aimed to describe the innovation of PWS empowerment in Rumah Berdaya. It is a qualitative study using a case study design to get more information about the role and innovation empowerment of PWS in Rumah Berdaya. Qualitative data collected employed in-depth interview methods with interview guideline instruments. Informants were selected based on purposive sampling. The results showed that there were several innovations in empowering for PWS in Rumah Berdaya. There are recruitment of controlled PWS as honorary workers in the social service Denpasar City to work in Rumah Berdaya, Purchase of incense produced by PWS Rumah Berdaya for use in all the agencies government denpasar city, making coconut oil, paintings, screen printing t-shirts and tote bags by PWS and then sold offline at Rumah Berdaya and online by social media, assistance for PWS family with family support, dissemination and education to the community with the aim for reducing negative stigma of PWS. Therefore, Rumah Berdaya has contributed for PWS rehabilitation process in Denpasar city. Collaboration between the government by social services and health offices, volunteers, and community to support the empowerment of PWS in Rumah Berdaya has been effective. The strong commitment is needed to support the sustainability of the empowerment program at Rumah Berdaya.*

Keywords: *Empowerment; innovation; schizophrenia.*

INTRODUCTION

Mental health has become a global concern. WHO data reveals that 1 in 300 people (0.32%) experience schizophrenia (WHO, 2022). Corresponding to the results of Basic Health Research in 2007, 2013, and 2018, Schizophrenia in Indonesia suggests that the prevalence of schizophrenia has increased and decreased intensively (Darsana & Suariyani, 2020). According to the 2018 Basic Health Research data, the prevalence of households with a household member with schizophrenia or psychosis in Indonesia was 6.7 per 1000 population (Kemenkes RI, 2018). Attention to mental health is therefore essential, considering that mental disorders lead to social and economic burdens. Based on disability-adjusted life, nearly 14% of the global disease burden is triggered by mental disorders (Lopez et al., 2006).

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These situations will affect the achievement of the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) WHO (2011). Mental disorders also contribute to 13.4% of years of life lived with disabilities (YLDs) in Indonesia (Pusdatin, 2022). Mental disorders also bring about impacts on the sufferer's family. The influence on families between families experiences burdens in meeting basic needs, costs of care and daily needs, medical needs, managing relapses, providing shelter, and social support, and feelings of discomfort due to stigma within society (Bahari et al., 2017).

A frequent problem related to mental health services is the recurrence of patients. The 2016 World Federation of Mental Health survey found that almost 37% of families admitted people with mental disorders (ODGJ) could relapse five times or more after being diagnosed with schizophrenia (IDI, 2016). It was even stated that ODGJ with schizophrenia faces a recurrence of 50% in the first year and 70% in the second year (Keliat, 2006).

The government has provided guidelines for implementing comprehensive mental health as an effort to deal with mental health problems in Law No. 18 of 2014 on Mental Health. Several benchmarks of program achievement have also been decided by the government. The Healthy Indonesia Program with a Family Approach through Government Regulation of the Republic of Indonesia Number 39 of 2001 concerning the Implementation of Deconcentration which mandates those with severe mental disorders be treated and not abandoned. The National Human Rights Action Plan in the Presidential Regulation of the Republic of Indonesia Number 33 of 2018 on Amendments to Presidential Regulation Number 75 on the 2015-2019 National Action Plan for Human Rights targets no-shackling treatment and expects people with mental disorders will receive health services. Regulation of the Minister of Health Number 4 of 2019 on Technical Standards for Fulfillment of Basic Service Quality at Minimum Standards in the Health Sector stipulates that 100% of people with mental disorders receive health services according to standards.

At present, the government attempts to provide mental health services starting from the primary level, the secondary level in form of psychiatric services in hospitals and community mental health services, and the tertiary level in long-stay facilities and specific psychiatric services. Specialist mental health services are provided by mental hospitals and general hospitals. General services are provided by the community health service. A mental hospital is used as a referral center for and development of mental health services, hence mental health services can be carried out comprehensively. Mental health services are transforming from mental health services with closed care to open ones. The approach that initially prioritized individual-clinical has begun to be supplemented by socially productive efforts according to the concept of community mental health. Likewise, when associated with the high cost of service, the approach to the community will be more effective and efficient (Ministry of Health, 2009).

Improving mental health services in the community requires the role of various parties, in the government and private sectors. The community should be aware of and concerned for mental health in the respective environment; there need to be health cadres who care about mental health and can be a companion for people with mental disorders and the whole community. Empowering people with mental disorders after treatment or controlled patients, taking medication regularly by providing skills such as making feather dusters, brooches, and salted eggs will allow mental health patients ready to return to society (Juwariah et al., 2020). To support the improvement of mental conditions and stabilize people with mental disorders, they need to be involved in daily activities, including providing jobs based on their age and abilities. Said occupations can serve as therapy for people with mental disorders. Activities such as growing vegetables and raising chickens have had positive results in preventing relapse (Mashudi et al., 2020).

Based on Basic Health Research data, Bali is the province with the highest prevalence of household members (ART) with schizophrenia or psychosis, composing of 11.1 per 1,000 population, followed by the Special Region of Yogyakarta with 10.4 per 1,000 population (Ministry of Health, 2018). As per the Bali Governor Decree No. 197 /01-E/HK/ 2012 on the Establishment of the Community Mental Health Implementation Team (Tim Pelaksana Kesehatan Jiwa Masyarakat/TPKJM), it has formed the Bali Province Community Mental Health Implementation Team. TPKJM is a forum for cross-sectoral coordination in the prevention and management of mental health and psychosocial problems. Denpasar City is one of the areas implementing TPKJM, such as through Rumah Berdaya.

Given the geographical and socio-cultural diversity of the Indonesian people, it is possible to design a mental health service model according to the sociocultural characteristics and potential prevailing in the region. Taking into account mental health problems and their impact on the Bali Province as a worldwide and national tourism destination, the Denpasar government is committed to tackling mental health and psychosocial problems. One of the institutions that play an important role in the implementation of rehabilitation after primary, secondary, and tertiary mental health services is Rumah Berdaya. How the programs, the role of the community, professional organizations, and the support from the Denpasar Government to make Rumah Berdaya activities can operate on an ongoing basis is an engrossing state to discuss and become enlightenment for other regions.

Optimizing the recovery of severe mental disorders as carried out by Wardaningsih & Puspitosari (2020) concerning the Day-Care Program and Mashudi et. al. (2020) regarding Occupational Therapy, which involved patients in daily activities with family and community, has been proven to be able to improve mental conditions and allow people with mental disorders more to feel secure in exercising daily life (Mashudi et al., 2020). In Morgades-Bamba et. al. (2019), the negative stigma and alienation of people with schizophrenia (PWS) either in the community or the family will trigger a relapse. Efforts are required to reduce negative stigma by involving people with schizophrenia in community agenda so that positive concepts emerge and therefore they are confident to carry out community activities (Morgades-Bamba et al., 2019). Likewise, the empowerment of PWS in Rumah Berdaya with a holistic and integrated approach between mental health services, family, and community, which provides an overview of the interaction of patients with other people will let them have a positive self-concept, thus confidence appears to interact well among community members.

Research by Van Der Meer and Wunderink (2019) reveals that in Boston, USA, there has been integrated rehabilitation management implemented in several countries. This model focuses on developing daily living skills to increase independence and meet the needs of people with schizophrenia. By identifying these skills, talents, and resources they have, PWS will find their ability to recuperate in society (Van Der Meer & Wunderink, 2019). Rumah Berdaya Denpasar is guided by the Denpasar Social Service and Health Office in collaboration with the Indonesian Community Care for Schizophrenia Bali Chapter and the arts organization Ketemu Project. Hospitalized People with Schizophrenia (PWS) will receive rehabilitation therapy from various artistic activities at Rumah Berdaya, for instance, painting, making masks, making incense and tote bags as work training, or producing a product or service. Subsequently, the results of craft and skills such as incense and motorcycle cleaning services can be offered to the community. In this way, PWS can be paid for their ability. These activities can help PWS to recover, and be independent and productive. Through such an approach, it is expected that people with schizophrenia (PWS) will live independently and be accepted by society, which consequently prevents relapse. Given Rumah Berdaya's innovation in maximizing the potential of PWS for them to live on their feet,

this research aims to examine and describe the role and innovations made by Rumah Berdaya in empowering PWS in Denpasar City.

METHOD

The research was conducted through a qualitative approach with a case study design. This research is descriptive and was carried out by proposing case studies to obtain an in-depth and comprehensive picture of the roles and innovations of Rumah Berdaya in handling people with schizophrenia (PWS). The case study is a qualitative research strategy defined by (Creswell, 2016) in which one examines a program, event, activity, process, or one or more individuals in depth.

Qualitative data collection was carried out using in-depth interviews to obtain data regarding the role of Rumah Berdaya and the innovations made in treating people with schizophrenia. The instrument used is an in-depth interview guide with several questions including regarding the establishment of Rumah Berdaya, PWS membership requirements, activities, and therapy carried out at Rumah Berdaya, supporting resources, innovations carried out, and community and government support for Rumah Berdaya. Informants were selected based on purposive sampling, namely those related to the PWS treatment program at Rumah Berdaya, Denpasar. Informants come from social services, managers, and founders of empowered homes.

Data from in-depth interviews were converted into transcripts. Interview transcripts were conducted in Indonesian and Balinese and then translated into Indonesian for analysis. The validity of the data was completed through data source triangulation. Complete data collection was then validated from various sources so it would be the basis for drawing conclusions. An inductive-deductive approach is used to analyze the data, identify themes from the literature, and combine the meanings inductively from the data obtained.

RESULTS AND DISCUSSION

Description of Rumah Berdaya and Day Care Concept for People with Schizophrenia (PWS)

Rumah Berdaya was established on 3 September 2016. Rumah Berdaya was initiated by an artist who concerns for People with Schizophrenia (PWS), Budi Agung Kuswara (Kabul), and dr. I Gusti Rai Putra Wiguna, Sp. KJ is a psychiatrist in Denpasar City and also an activist for the Indonesian Community Care for Schizophrenia (Komunitas Peduli Skizofrenia Indonesia/KSPI) Bali Chapter. They were activists for the arts organizations Ketemu Project and KSPI and then collaborated to build Rumah Berdaya.

The initial financial assistance for the establishment of Rumah Berdaya was derived from an international non-profit organization, Search For Common Ground. Originally, Rumah Berdaya was under the supervision of the health service and In January 2019, under the guidance of social services. The social service acts as a rehabilitative function to guide the Rumah Berdaya program as a rehabilitation center for people with schizophrenia (PWS) (Rumah Berdaya Denpasar, 2020).

The main goal of establishing Rumah Berdaya is to foster constructive empathy in society for People with Schizophrenia (PWS). Rumah Berdaya is an assembly place for communities from various professions who care for People with Schizophrenia (PWS). With corresponding vision and mission, are to empower controlled and treated PWS to be empowered and independent as well as efforts to reduce the stigma against PWS. Rumah Berdaya activists have different professional

backgrounds, those synergize with their respective potentials to help controlled PWS to be empowered, and independent, and educate the public to reduce the stigma against PWS. Thus, the empowered house is a psychosocial rehabilitation center for PWS guided by social service, Denpasar city government in collaboration with the Indonesian Community Care for Schizophrenia (KSPI) Bali Chapter and the arts organization Ketemu Project (PERSI, 2019).

"The establishment of Rumah Berdaya was experienced by the Social Services Agency and KPSI (Indonesian Community Care for Schizophrenia) Bali Chapter and a psychiatrist in 2016 and 2019. Based on health status, they continued to treat patients medically. We, from Social Services, carried out social rehabilitation. So as of 2019, rehabilitation in Rumah Berdaya is handed over to the Social Services Agency. Regarding treatment and care, there is an MoU with the Health Office" (AD, Denpasar Social Service)

The concept of Rumah Berdaya is to focus on cognitive development and work for PWS. Rumah Berdaya is a place for PWS rehabilitation for those who have been controlled to live independently. Some are channeled to certain jobs. However, the arising problem is that when the work environment is uncomfortable, PWS may recur. Thus, the only solution is to refer patients to Rumah Berdaya.

"We want them to be independent at home. They look good here and have jobs. There is a stigma so it's inconvenient. Some were distributed, but well, they bring along their occupation here, like making banners, they'll do it here, they stay here" (R, Rumah Berdaya)

Rumah Berdaya is a daycare premise, not a sleeping accommodation so PWS patients are not left out and belong to their families. To this day, the number of PWS in Rumah Berdaya accommodates 75 people. Apart from that, the name Rumah Berdaya was formulated by its initiators so that the community would be engrossed and not blemish members of Rumah Berdaya.

"No one is staying at Rumah Berdaya. This place is like school, you come at 9 AM and go home in the afternoon. They do activities such as making incense" (AD, Denpasar Social Service)

"The name of the Rumah Berdaya does not incorporate mental ornament, to remove the stigma," (R, Rumah Berdaya)

Terms and conditions to register membership of the Rumah Berdaya include controlled treatment and family permission. If PWS remains unstable, there will be a trial period of 2 (two) to 3 (three) weeks.

"There are conditions, the first is schizoid and under treatment, if there is a recurrence, PWS medications are controlled, drugs from the hospital and health center, then permission from the family. It's a daycare, they visit in the morning and go back in the afternoon. We take this from other areas resembling full-time orphanages. This place is like disposal, we will help out families with this disease. Next, if patients are stable and controlled, we'll give a trial for a week. There are special cases, for example, those unstable, elder caretakers, or being shackled. There is a 2-week or 3-week trial" (R, Rumah Berdaya)

Supporting Resources of Rumah Berdaya

The implementation of Rumah Berdaya activities thanks to support from volunteers who assist PWS, namely nurses, psychologists, art therapists, and so on.

"We, from the Social Service, situate Rumah Berdaya under the supervision of the social rehabilitation department of Denpasar City and we already create a social mental health rehabilitation team decree together with our staff who manage disabilities and monitor the PWS employees we have appointed as contract workers. The Social Service and also a psychiatrist from KPSI also participate in supervising the program from Rumah Berdaya" (AD, Denpasar social service)

Rumah Berdaya has also entrusted several controlled PWS to serve as activity managers and coordinators. Five members were appointed as honorary staff from the Denpasar social service. One of them was appointed as the manager of Rumah Berdaya. This considers that controlled PWS patients understand their peers' conditions and facilitate communication.

"We also employ PWS as well as contract employees in Rumah Berdaya who can monitor their peers, who understand their state as they already experience it. Therefore, they will communicate with new people and analyze it immediately. Five former and stable PWS are helping at Rumah Berdaya. However, sometimes they also have to take medication, thus nurses and psychiatrists should handle" (AD, Denpasar social service).

"Some are assigned in the production department, some do cleaning up, some help with the administration" (NS, Rumah Berdaya).

Rumah Berdaya also employs nurses in collaboration with the Community Health Center to monitor the health of PWS to avoid relapse. Nurses at Rumah Berdaya are tasked with monitoring the treatment of PWS. Therefore, PWS patients are always well-controlled and comply with medications.

"We try to keep the nurses on schedule to monitor the medications, we are still handling those registered at the Rumah Berdaya and outside through the Health Office and Community Health Center" (AD, social service)

Additionally, Rumah Berdaya is a learning place for health students. One of them is collaborating with STIKES Bina Husada which allows Rumah Berdaya to be a place for regular field practice for its students.

"Stikes Bina Husada Bali owns health school programs that deal with mental programs. They have programs such as group activity therapy and other activities related to PWS treatment. We will still welcome if there is support for Rumah Berdaya for PWS there" (AD, Denpasar Social Service)

Rumah Berdaya emerged from the initiative of volunteers who have special attention to marginalized PWS in society. This creates a particular attachment between the founders, administrators, and members of Rumah Berdaya so they can collaborate.

"Initially Rumah Berdaya was uninterested, because it appeared socially-spirited people attach us because they had no personal interest" (NS, Rumah Berdaya)

"We employ nurses, psychologists, art therapists, and are unpaid. That's the good of collaboration" (R, Rumah Berdaya)

Carrying out various activities to deal with PWS at Rumah Berdaya requires funds. In this case, the Regional Revenues and Expenditures Budget are derived from the Denpasar social service budget for Rumah Berdaya. Furthermore, CSR assists the institution. Some affluent PWS families help with the operation of Rumah Berdaya.

"They will have one meal and two snacks. Many of the CSRs send snacks since they are limited. There are those from good economic families who even assist with groceries, sports equipment, and other needs" (AD, Denpasar Social Service)

Additionally, the operational budget for Rumah Berdaya activities comes from the selling revenue of its members, such as the manufacture of incense. The incense made by Rumah Berdaya members was purchased by the Denpasar city government daily in all agencies and the Technical Implementing Unit of Regional in the Denpasar government area. The sales proceeds become income for Rumah Berdaya, one of which is used for the operation of the institutions.

"Currently, all departments, all Technical Implementing Units of Regional purchase incense from the Rumah Berdaya. The price is equal, so why not use this product? So these friends don't think about where to sell it. This is the start of supporting a powerhouse. Because incense is used every day" (NS, Rumah Berdaya)

Incense production is the main source of income for Rumah Berdaya. The incense production by the Rumah Berdaya PWS is described in the figure 1.

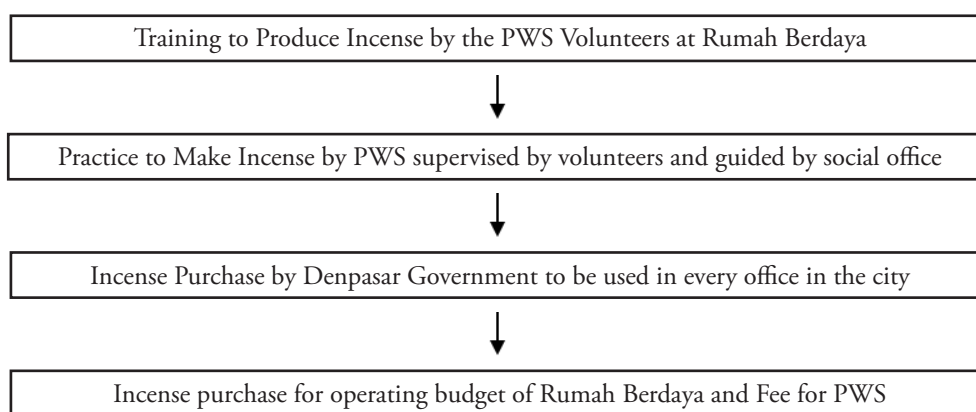


Figure 1.
Entrepreneurship Flow of Incense Production in Rumah Berdaya PWS

Other facilities that support the implementation of management and empowerment at Rumah Berdaya include the building owned by the Denpasar Government used as the Rumah

Berdaya headquarters. Also, there are operational vehicles used daily to pick up and drop off patients. Additionally, there are warehouses, exhibition halls, and production rooms. The total area is about 5 are (500 square meters). This includes unused land for production spaces (Yunizar, 2017).

Empowerment of People with Schizophrenia (PWS) in Rumah Berdaya

Activities at Rumah Berdaya are divided into two groups, namely socialization groups and work groups. The outreach group consists of Group Art Expression (GAE), play therapy such as chess, snakes and ladders, and so on, music and singing therapy, sports (table tennis and happy gymnastics), and an introduction to work. While the workgroup consists of entrepreneurs such as washing motorcycles, washing shoes, screen printing clothes, tote bags, paper bags, crafts from old newspapers, paintings, and making masks and incense. Other supporting activities include family support groups and treatment monitoring. The following is programs currently implemented in Rumah Berdaya at table 1.

Table 1.
 Rumah Berdaya Programs

Target	Activity	Target	Facilitator
PWS of Rumah Berdaya	Art Activity (painting, writing, & making mask)	As a cognitive therapy and self-expression	Volunteers from the Ketemu Art Community Project, volunteer psychiatrists
	Work Activity (making incense, coconut oil, printed t-shirts, tote bags, & cleaning motorcycle service)	PWS are expected to have the skills to be independent and be able to meet the needs of their life	Volunteers for business actors, student volunteers, psychiatrist volunteers, social services
	Sport Activity (happy aerobic & table tennis)	Physical activity therapy for PWS	Student volunteers, psychiatrists and staff and managers of Rumah Berdaya
	Medication adherence monitoring	Prevent drug withdrawal	Nurse volunteers, and, Community Health Center/ health office
Family	Family Support (counseling & WAG of the PWS Rumah Berdaya family as a forum for exchanging information and sharing)	Strengthening the role of the family to accompany PWS at home	Volunteer psychologist, volunteer psychiatrist, social services
	Socialization and Education (bean coffee activities, coffee and chili sauce, talk about the soul or talk about mental health for the community around Rumah Berdaya)	Efforts to reduce the stigma against PWS	Health volunteers, psychiatrists, psychologists and health services

The activities at Rumah Berdaya are inseparable from the role of the two initiating communities; the Indonesian Community Care for Schizophrenia (KSPI) Bali Chapter and Ketemu Project under the direction of social services of the Denpasar City. The role of the Indonesian Community Care for Schizophrenia (KSPI) Bali Chapter towards Rumah Berdaya focuses on psychosocial rehabilitation through collaboration with various parties, including entrepreneurial

activities and mental health education for the community. Meanwhile, the Ketemu Project community has the Schizofriends Art Movement program which applies art to mental health. One of them is an art activity called GAE or Group Art Expression.

"We have a specific activity called the GAE Group art of expression. We exhibit their works 3 times, group activities for friends who aim self-expression" (NS, Rumah Berdaya)

For sports activities, fun gymnastics and table tennis are available. While creative activities related to entrepreneurship include washing motorbikes, washing shoes, screen printing clothes, tote bags, paper bags, crafts from old newspapers, painting and making masks, and making incense and coconut oil. Everyone gets paid for what they do. Volunteers conduct training such as making screen printing, painting, and producing incense for PWS.

"We receive donations from the community, like chess, table tennis, cards, gym, so they come and talk and make friends" (NS, Rumah Berdaya)

"There are those who clean motorcycles, make incense, screen printing t-shirts, make coconut oil" (NS, Rumah Berdaya)

Not only for PWS, but Rumah Berdaya also assists PWS families through family support groups. For PWS families, some psychologists can be a place to confide family with people with mental disorders.

"So the family also confided in a psychologist here. So we provide education and consultation to anyone who comes first" (NS, Rumah Berdaya)

The community is also part of Rumah Berdaya. Several activities are carried out by regularly inviting the local community. The aim is to educate the public about mental health and is expected to reduce the stigma against PWS.

"We create a kopi biji, ngopi sambal bicara jiwa (talk over coffee). Why don't we invite the community. We chat casually, free, facilitated by health workers" (R, Rumah Berdaya)

Dissemination regarding mental health is carried out by the Social Service to the community, one of which is regarding the rehabilitation of PWS through Rumah Berdaya. Before the pandemic, the data were collected, detected, and socialized at the village level to discover PWS who would be rehabilitated at Rumah Berdaya.

"Rumah Berdaya continues to target families and the environment around the people with mental disorders included in our record. We have already conducted outreach to youth organizations, villages, and sub-districts about Rumah Berdaya. Through Stikes we educate families of people with mental disorders so they can inform us, and the Social Service and Health Office can move. If the family will, they can come to Rumah Berdaya to coordinate. This is how we work" (AD, Denpasar Social Service)

"For the theme material, for example, if it is online, families can't join. Join Zoom, you can't

do that. When the social distance restriction decreased, we met. In May we met once, however, social distance restriction was announced and we couldn't meet. So we skipped temporarily. We list the needs, and if we determine the topic we are worried it won't suit. At the beginning of the year, we asked family, for example, how to stop smoking, how to communicate without being provoked" (R, Rumah Berdaya)

Government and Community Support for Empowered Homes

Rumah Berdaya is also supported by the community, such as asking for one vehicle to be cleansed at the motorcycle cleaning owned by Rumah Berdaya. Also, donations from the community such as sports equipment are attained. In addition, the commitment of the volunteers who directly deal with PWS at Rumah Berdaya plays a role in the sustainability of programs related to PWS management at Rumah Berdaya.

Support from various organizations and communities plays a significant role in the implementation of activities related to PWS management at Rumah Berdaya. One of which is the Ketemu Project art community. This place provides art training to PWS who have talent, such as painting and producing masks. The artworks are displayed at Rumah Berdaya to be sold and marketed through social media.

"We collaborated in the early with Rumah Berdaya by finding projects with artistic creativity. They are also assisted by volunteers who provide training. It indirectly communicates to the volunteers within the community who care about Rumah Berdaya, we welcome what activities they wish to do. The activities carried out at RB have volunteers who will want to condition it like painting from meeting a project" (AD, Denpasar social service)

"We display paintings, masks, printed t-shirts, and others at Rumah Berdaya. Usually, visitors are visiting and purchasing. We also sell products online" (N, Rumah Berdaya)

The founders of Rumah Berdaya wish that the rehabilitation at the Rumah Berdaya is intended for PWS to be controlled, possess skills, and live independently. Furthermore, given dissemination from Rumah Berdaya to the community and families of people with mental disorders, it is expected that it can diminish or even eliminate the negative stigma against people with a mental disorders.

"Rumah Berdaya is a pillar to reduce stigma. As here, PWS will be able to socialize and produce something" (R, Rumah Berdaya)

From the goal of the founders, to reduce stigma, the volunteers continue the motivation to continue running programs related to PWS management at Rumah Berdaya so they can be independent and interact well in society. However, the support from the community and volunteers will not be optimal and sustainable without support from the government.

The function of social services is rehabilitative; to support the recovery of PWS. Support from social services ranging from budget, operational support, and data collection to fetch PWS so they can join Rumah Berdaya. With the hope that controlled PWS can be independent, productive, and interact well in society. One form of collaboration between the health service and social services to support the handling of PWS at Rumah Berdaya is stated in the following excerpts.

"Yesterday I visited the family, there was PWS placed in a cell. We, from Rumah Berdaya,

were permitted by the Health Office to inject a sedative into the patients. The family already were uncomfortable, but we insisted to approach the nuclear family of the patients. We have contract workers from PWS and ask them to mediate. They want to be invited to Rumah Berdaya and never to a cell. Families know that PWS must be communicated with and there is no need to discriminate. The important thing is that we understand what must be done and the medication must be obliged” (AD, Denpasar social service)

The role of the Denpasar city government in supporting PWS activities at Rumah Berdaya is by buying incense made by Rumah Berdaya. All government agencies use incense made there. It turns into income for Rumah Berdaya. PWS who work is also paid so they gain confidence that they can be economically productive.

”They make incense and sell it and we facilitate cooperation with the agency head in Denpasar to buy products at Rumah Berdaya voluntarily, therefore they can be creative and produce what they make from, by, and for them. We are only facilitators. They become enthusiastic” (AD, Denpasar social service)

Constraints and Obstacles

One of the obstacles mentioned by the informant was that during the Covid-19 pandemic, many families could not use the Zoom application so they did not attend counseling online. Another obstacle in the Rumah Berdaya program is that there were members of the Rumah Berdaya who did not seek treatment at the Community Health Center. Whereas Rumah Berdaya cooperates with the Community Health Center so monitoring controlled drugs are rather difficult.

”So far, the obstacle so far has been visiting the Community Health Center, but the treatment is at the clinic, so we are educating them to move to the Community Health Center to be relevant” (R, Rumah Berdaya)

In addition, there are obstacles in terms of transporting PWS to Rumah Berdaya. The shuttle system is rather difficult for some patients. Hence, they often did not attend activities at Rumah Berdaya.

”The problem is transportation that moves PWS to Rumah Berdaya. We've been granted two cars, however, use them in shifts. There was a discussion about public transportation, we wanted them to take public transportation, but well, it's still a lot of work, some of them eventually joined their families, who often hitchhiked, together with others. I think it's natural” (R, Rumah Berdaya)

Before the pandemic, Rumah Berdaya and social services had already carried out outreach to the neighborhood level. However, due to the pandemic, these activities stopped. During the Covid-19 pandemic, several programs that should have reached the community were hampered.

”The problem is the pandemic. We also went to the neighborhood at that time. At that time, only south Denpasar wanted to continue. We just started when the pandemic occurred. So, in my opinion, the collaboration between the social service government and KSPI will be more flexible and the costs can be minimized” (NS, Rumah Berdaya)

Schizophrenia is a chronic mental disorder. Those affected by schizophrenia or what is often referred to as People with Schizophrenia (PWS) will experience disturbances in various aspects of life. These states push PWS to require help from other people to carry out their functions in daily life during the recovery process (Fitriani & Handayani, 2020). Rumah Berdaya's activities focus on cognitive development and work for PWS. In the study of (Anityo et al., 2013), cognitive therapy is part of psychotherapy that can be administered to some PWS because cognitive development has been successful in increasing the interaction skills of schizophrenic patients.

Rumah Berdaya with a daycare concept will help with this recovery. Even so, the family still plays an important role in preventing relapse. The role of the family in supporting the recovery of patients with mental disorders is very important. After being unshackled, the role of the family is needed to observe physical development by providing activities for PWS. So that their development and conditions are better than when they are shackled (Nihayati et al., 2016). The concept of daycare at Rumah Berdaya is a post; people come in the morning and then return in the afternoon when the family picks them up. But there are also PWS who can come and go home by themselves. Unlike orphanages where people can stay overnight. So that PWS is part of the family. According to the results of Wardaningsih's research in Bantul, Yogyakarta found that the daycare program, a Community-Based Rehabilitation program for people with mental disorders involving PWS sufferers, families, cadres or companions and community leaders, formed the "Gelimas Jiwa" (Gerakan Peduli Masyarakat Sehat Jiwa/ Community Care Movement for Healthy Mental). PWS come to take part in coaching activities and are picked up by the family after the activity is over. With this daycare program, in the social field, PWS patients feel more confident and willing to interact with other people (Wardaningsih & Puspitosari, 2020).

The Rumah Berdaya name is an effort to reduce stigma, especially for PWS members there to boost their self-confidence. Diminishing stigma is important for people with schizophrenia (PWS). One of them is by providing social support and good family care which will have a direct impact on reducing the symptoms of psychotic disorders in PWS (Mardiah et al., 2020). Self-stigma arises due to the negative effects of other people's judgments on schizophrenic patients resulting in decreased work ability, social functioning, self-esteem, and expectations (Wardani & Dewi, 2018).

Inadequate treatment, such as lack of family drug monitoring and poor public acceptance of controlled PWS, can cause relapse symptoms. Relapse can be interpreted as the re-appearance of identical symptoms and results in PWS having to be treated again. Relapse is influenced by three factors, namely medication, family, and social (Meiantari & Herdiyanto, 2018). In the transition phase to return to society, PWS also needs assistance to overcome various challenges that may arise when trying to rebuild relationships with their social environment. Medication alone is not enough, because, during the transition period, PWS requires support, acceptance, and good social relations with their social environment (Prasetyo & Gunawijaya, 2017).

In the Mental Health Law No. 18 of 2014, it is stated that it is necessary to carry out rehabilitation efforts for PWS in a persuasive way, which is carried out incorrectly by the family and community, among others by providing motivation, skills training, physical guidance, mental spiritual and so on. As stated in (Regulation of the Minister of Health Number 54 of 2017 on Management of Shackling in People with Mental Disorders), rehabilitative efforts are aimed at preventing relapse and deprivation. The regulation also states that PWS can live independently with good functioning, can build relationships, be involved in activities outside the home, be able to foster good interactions between family members, PWS able to access the support services provided, and have good adherence. Therefore, Rumah Berdaya is to meet the needs of PWS who have returned to their families and communities. PWS have a place to develop their respective

potentials according to their abilities with guidance and support from Rumah Berdaya to prevent relapse. Several PWS members of Rumah Berdaya have succeeded in optimizing their potential. Some become novel writers, painters, and temporary workers at the social services of Denpasar City.

The need for knowledge for PWS is important enough to grow self-awareness to start empowering themselves. The knowledge complement initiative is part of PWS efforts to recognize themselves and the characteristics of their disorders, which are carried out both independently via the internet, and by joining the community. The various information obtained strengthens their knowledge and self-awareness so that they can master self-control to manage life's problems, therefore ready to re-enter their social environment (Prasetyo & Gunawijaya, 2017). It is hoped that the existence of Rumah Berdaya in Denpasar can help PWS to gain knowledge about mental health from expert companions, thereby fostering self-confidence.

Rumah Berdaya has provided opportunities for PWS to develop themselves and interact with others and work according to their abilities. By the results of research by Gamayanti and Witrin (2016), PWS who interacted a lot with other people enabled them to rise from adversity during schizophrenia because by interacting frequently they received social support from the surrounding environment (Gamayanti & Witrin, 2016). The innovation carried out by the Denpasar city service is to appoint honorary workers from active PWS at Rumah Berdaya. These honorary workers serve as managers both as administrative staff, social media, and general division at Rumah Berdaya.

The PWS who are active at Rumah Berdaya has undergone treatment so they can live a normal life like the others. Controlled PWS behavior is also related to medication adherence. Monitoring and taking medication are important for PWS. In line with research by Yemima et al (2017), one of the causes of PWS recurrence is medication non-adherence, which requires support from the surrounding environment for monitoring taking medication (Yemima et al., 2017). Thus, the role of health workers is important. Their positions include carrying out health controls, providing information about PWS care, and giving support to PWS and their families (Eni & Herdiyanto, 2018). In line with research conducted by Lestari et. al. (2014), the recovery process would go well if support from various parties, especially health workers, were given (Lestari et al., 2014).

Empowering PWS to be independent is the main goal of Rumah Berdaya with the support of monitoring medication adherence in active PWS in Rumah Berdaya. The results of the study by Lee et. al. (2021) show that empowerment-based treatment service programs were more effective for patient recovery (Lee et al., 2021). This has been done in the treatment of PWS at Rumah Berdaya. Activities in Rumah Berdaya consist of art group activities and work groups. For artistic activities, there is play therapy such as chess, snakes and ladders, music therapy, singing, and many more. For socialization or work groups, PWS are given entrepreneurial skills such as cleaning motorcycles, screen printing, making masks, making incense, and so on.

Based on the research results of Hertinjung et. al. (2020), art therapy is effective in increasing the happiness of schizophrenic patients. This therapy is very important to be given to people with mental disorders. Apart from recovering the mental health of the patient's happiness, this therapy is useful for entertainment and fun and also provides knowledge so that it can improve useful skills for outside hospital activities (Hertinjung et al., 2020). This corresponds to the results of Oktavianthi's study (2020) that art therapy can be used as an alternative to increasing the self-esteem of schizophrenia patients because they can channel their creativity, produce works of art, work with each other, and can fill their free time in social care institutions (Oktavianthi et al., 2020).

Apart from art therapy, sports activities are also beneficial for PWS. The results of the study

by Jayanti and Antari (2019) show that gymnastic activities such as poco-poco gymnastics provided beneficial and fun activities for patients to be useful in changing patterns of thinking, feeling, and behavior in their ability to adapt to stressors. Patients who can adapt well to unpleasant events will be able to show constructive behavior. Patients can also interact with other patients, thereby increasing their socialization skills, self-confidence, self-expression skills, and empathy (Jayanti & Antari, 2019).

This is in line with Wardaningsih and Puspitosari's research (2020) many aspects that can be done to empower PWS, such as providing training on daily living care and training to be economically productive, especially for those who have undergone medical treatment. This empowerment can also prevent relapse and help families socially and economically (Wardaningsih & Puspitosari, 2020). Some of the training that has been given includes making screen printing, making coconut oil, masks, and incense. An innovation made by Rumah Berdaya and the Denpasar Government is to buy incense at Rumah Berdaya and use it in all Denpasar government agencies. The purchase of this incense can finance the operations and activities at Rumah Berdaya. The PWS patients are also paid.

Rumah Berdaya also uses social media as a source of information regarding activities and marketing of PWS works. Products created by PWS Rumah Berdaya can be sold directly at Rumah Berdaya. Usually, when there are visits from the public, students, and others, they can buy them at the premise. Rumah Berdaya's PWS works are also sold online via social media. Social media has a significant role in marketing a product from an organization. By utilizing social media, the dissemination of information and product specifications of a business organization can be more easily identified and also reduces promotion costs (Romdonny & Rosmadi, 2018).

The goal of Rumah Berdaya is not only for PWS patients, however, involves families, and communities, and collaborates with the government so that the aim of empowering PWS can achieve optimal results. In line with Wardaningsih and Puspitosari's research (2020), to improve the ability to live independently and empower people with mental disorders, support from many parties is necessary, starting from the family, community, and government (Wardaningsih & Puspitosari, 2020).

The family is the closest part of PWS, most of whom have limitations and abilities in dealing with PWS. Rumah Berdaya provides opportunities for families accompanying PWS to consult with psychologists individually or in groups. The inability to fulfill functions optimally is a challenge that must be faced by family caregivers in caring for patients with schizophrenia (PWS). This requires social support which can improve psychological well-being (Amalia & Rahmatika, 2020). Psychoeducational therapy assistance is very useful in increasing family caring behavior as a caregiver for people with mental disorders (Kusumawaty et al., 2020).

The community is an important part of supporting the recovery of PWS, one of which is by reducing stigma. In the absence of a bad stigma against PWS in society, it will foster confidence in PWS. Therefore, education and outreach to the public regarding this disease are very necessary. As stated by Pitayanti and Hartono (2020) in their research that there is increasing public knowledge and attitudes regarding the understanding, signs, symptoms, and management of schizophrenia, thereby opening up new insight and a more caring attitude for people with schizophrenia. On the other hand, rehabilitation and special therapy as well as full support from family and neighborhood residents are the most effective healing factors (Pitayanti & Hartono, 2020).

Counseling to the public regarding mental health should be carried out periodically so that the community has adequate knowledge. According to Gejir et. al. (2017), learning that can influence behavior change is learning that suits one's needs. Counseling is a form of learning given to the target and the results will be more optimal by communicating the target's needs (Gejir et al.,

2017). This is by the efforts made by Rumah Berdaya. Dissemination and educational materials for families and communities come from the needs of the family or community itself.

The implementation of various activities at Rumah Berdaya cannot be separated from the role of the volunteers. The volunteers come from people who care about PWS. The existence of these volunteers is very helpful for the continuity of activities for PWS at Rumah Berdaya. Volunteers are people who without being paid provide their time to achieve organizational goals, with large or limited responsibilities, tasked with serving others, providing many benefits and kindness to many parties without expecting rewards and compensation but they have the value of being useful (Soraya & Husna, 2020). According to Akhtar et. al. (2020), one of the motivations for volunteers is to help emerge because of concern for certain issues in the community. Individuals also feel they have the resources to contribute to solving the problem (Akhtar et al., 2020). Volunteers who help with activities for PWS at Rumah Berdaya come from a variety of different professions, such as nurses, psychologists, psychiatrists, and so on.

Rumah Berdaya also collaborates with the Government through social services and health services. Rumah Berdaya is under the supervision of the Denpasar social service which has main tasks and rehabilitative functions for PWS. One of the supports from the Denpasar government facilitated by the social service is to purchase incense at Rumah Berdaya regularly for any Denpasar government agencies. Social services and health services collaborate to support the handling of PWS at Rumah Berdaya. The health office has a role in monitoring health and preventing relapse of PWS in Rumah Berdaya. This is by the Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2016 on Minimum Service Standards in the Health Sector that one of the services is people with mental disorders following to standards.

Implications and Recommendations

The government can take more comprehensive steps related to efforts to deal with mental health, consisting of promotive, preventive, curative, and rehabilitative steps. These steps can be realized through assessment efforts based on healthy family indicators, provision of mental health service facilities and education starting at the elementary school, procurement of medicines, and appropriate mental health services for groups with disabilities. All of these efforts must be carried out consistently and continuously strengthened by all elements of society so that cases of discrimination such as shackling can be prevented (Keliat, 2006). Rumah Berdaya contributes to supporting the government's efforts, especially the Denpasar city social service, which has rehabilitative duties and functions for PWS. Rumah Berdaya plays a role in the rehabilitation process for PWS who return from mental hospitals or have finished being shackled. Likewise, with the health office, Rumah Berdaya helps monitor adherence to taking medication as an effort to prevent relapse in PWS.

The government's role is needed to carry out comprehensive coping efforts, starting with the existence of policy regulations that form the basis of funding support and access to mental health services and are supported by a community-based approach (Ayuningtyas et al., 2018). With the commitment of the government, community, and volunteers at Rumah Berdaya, the process of recovery and empowerment of PWS can be sustainable and achieve optimal goals.

CONCLUSION

Denpasar city government's support in empowering PWS has been going well. One of them is the purchase of incense made by PWS at Rumah Berdaya for use in every Denpasar city government agency. Incense is a daily need for Hindus in Bali, so the demand for incense is rather

intense. Another support is the appointment of controlled PWS who manage Rumah Berdaya as honorary workers for the City of Denpasar Social Service. PWS empowerment activities are by their respective talents and interests such as making coconut oil, paintings, printed t-shirts, and tote bags whose marketing is carried out offline at Rumah Berdaya and online through social media. The Rumah Berdaya volunteer team is a collaboration of psychologists, psychiatrists, nurses, art trainers, sports coaches, and others who are concerned about PWS so they do not pursue personal interests. Rumah Berdaya also assists families through family group support and education for the community.

Based on the results of the research above, it can be concluded that PWS empowerment in Rumah Berdaya can be a model applied in districts/cities in Indonesia. There needs to be a continuous collaboration between the government through the social service and health services, volunteers, and the community to support the handling of PWS at Rumah Berdaya so that it runs effectively. Therefore, a strong commitment from across sectors is needed to support the sustainability of the PWS empowerment program at Rumah Berdaya.

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