

Public Service Innovation in the Social Rehabilitation of People with Mental Disorders (ODGJ): A Study on the Implementation of Responsive Services at UPT Rehabilitation Sosial Bina Laras Pasuruan

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ABSTRACT

This study aims to describe and analyze Public Service Innovation in Social Rehabilitation for People with Mental Disorders (ODGJ). This study examines the implementation of responsive services at the Bina Laras Social Rehabilitation Unit (UPT) in Pasuruan. The theoretical framework integrates Public Service Logic, User-Centered Service Design, Co-Production, and George C. Edwards III's Policy Implementation Theory. The research method employed a qualitative case study approach, with data collected through in-depth interviews, participant observation, and document analysis. Data were analyzed thematically using source and method triangulation. The results indicate that the innovation's success was supported by effective communication, resource availability, a humanistic disposition of implementers, an adaptive bureaucratic structure, the active involvement of ODGJ families, and multi-stakeholder collaboration. This innovation not only increases rehabilitation effectiveness but also builds social inclusion and reduces stigma against ODGJ.

INTRODUCTION

Mental health is a key aspect of community well-being and an integral part of inclusive social development (Indrasari, B. N. (2024). However, access to mental health services in Indonesia remains limited, especially for vulnerable groups such as People with Mental Disorders (ODGJ) (Ayuningtyas, D. (2018). This gap underscores the urgency of innovation in public services in the social rehabilitation sector to address gaps in access and quality, particularly in areas with limited resource challenges. Ministerial Regulation Number 2 of 2024 was issued as an improvement to Ministerial Regulation Number 7 of 2021, which previously served as the primary foundation for implementing social protection programs in Indonesia. This regulation was created to respond to social and economic dynamics and evolving community needs, ensuring that implemented policies are more adaptive, targeted, and sustainable. These changes include adjustments to mechanisms, beneficiary criteria, and integration with digital-based service systems.

The main operational challenges in public service innovation at the Bina Laras Pasuruan Social Rehabilitation Unit (UPT) involve limited professional human resources, funding, and adequate supporting infrastructure. Coordination between agencies across sectors remains weak, and a system for continuous evaluation of innovations has not been systematically implemented, resulting in suboptimal implementation effectiveness. This situation hinders the transformation of services to be more responsive to the needs of individuals with mental disorders (ODGJ). This study aims to describe and analyze Public Service Innovation in Social Rehabilitation for ODGJ. This study examines the implementation of responsive services at the Bina Laras Social Rehabilitation Unit (UPT) in Pasuruan. The novelty of this study lies in the integration of public service innovation theory within the social rehabilitation domain, combining public administration, user-centered service design, and social evaluation outcomes.

Theoretically, this research is important for enriching the scientific literature on social protection policies, particularly the implementation of Ministerial Regulation No. 2 of 2024, which updates the previous regulation. This research can provide conceptual contributions to understanding the dynamics of policy change and their implications for the effectiveness of social programs. Practically, the research findings are expected to provide evidence-based input for the Ministry of Social Affairs, local governments, and relevant parties in formulating more targeted implementation strategies. The research findings are also useful for identifying field obstacles, refining implementation mechanisms, and improving the quality of social services so that they can optimally and sustainably reach vulnerable groups.

LITERATURE REVIEW

Based on the six previous studies analyzed, a pattern of findings suggests that studies related to public services for People with Mental Disorders (ODGJ) have tended to focus on program implementation and identifying operational barriers. However, few have thoroughly integrated public service innovation perspectives with user-centered service design and long-term social outcome measurement. Research by Barsei et al. (2023) highlights the importance of mental health cadre participation and the application of New Public Service (NPS) principles in the "Aksi Lilin" (Candle Action) innovation. While relevant in the context of community empowerment, this study focuses more on citizen participation as a solution to human resource constraints, without linking the theoretical framework of public service innovation to measurable social impact evaluation.

Research by Muhammad (2024) examines the implementation of the National Standards for Social Rehabilitation (Permensos No. 16/2019) from a Fiqh Siyāsah perspective. This approach links Islamic law with social policy but does not develop a public service innovation framework or outcome measurement based on quality-of-life indicators for ODGJ. A study by Arif et al. (2025) on the RATU SIMA TRC in Batu City demonstrated the effectiveness of rapid response, but human resource, budget, and coordination constraints were the primary focus. This study failed to address responsive service design based on user needs or integrate long-term social evaluation.

Bangsu (2022) identified the lack of standard operating procedures (SOPs) and limited human resources in social services related to people with mental disorders (ODGJ). While providing recommendations for improvement, this study failed to examine the role of public innovation in creating inclusive and adaptive services. Hasan et al. (2024), through their study of the Jelita Jiwa Program, demonstrated the success of public administration services for people with mental disorders (ODGJ), but they were still hampered by technical and geographical factors. Their focus was more on administrative effectiveness, rather than public service innovations specifically designed based on the preferences and needs of people with mental disorders.

Meanwhile, Hadijah (2024) emphasized the fulfillment of the rights of people with mental disorders in Parepare, finding limited facilities and low public awareness. This study focused more on the role of government from a rights-fulfillment perspective, but did not elaborate on participatory and sustainable public service design innovations. Based on this mapping, the novelty of this study lies in the integration of public service innovation theory in the realm of social rehabilitation combining public administration and user-centered service design.

Public Service Innovation Theory and Value Cocreation

Public Service Logic (PSL) and public value cocreation practices (PVCs) emphasize that public services are not simply one-way delivery but are co-created by various actors, including the community, institutions, and service users. Innovation occurs when service practices are developed to create shared value within the context of public services (Skålén & Gummerus in theory practice). In the context of the Pasuruan Bina Laras Technical Implementation Unit (UPT Bina Laras), this means designing collaborative social rehabilitation services, making people with mental disorders (PLWH) not merely recipients but also partners in creating effective services. Sahputri, 2023.

User-Centered Service Design Approach

Service design thinking emphasizes five key principles: user-centered, co-creative, sequencing, evidential, and holistic (Schneider et al., 2012). By placing users, in this case, people with mental disorders (PLWH), at the center of the design, services can be designed based on their perspectives, experiences, and real needs. The human-centered design approach also encourages practices such as detailed observation, prototyping, and iteration based on user feedback. This builds services that are sensitive, relevant, and adaptive to the realities of people with mental health issues. Collaboration and Co-Production in Public Services

Co-production theory describes a public service model in which citizens and service actors jointly design, manage, and evaluate services (as part of a new public administration paradigm). In the context of rehabilitation for people with mental disorders (ODGJ), collaboration between social workers, families, communities, and the people with mental disorders themselves can strengthen the implementation of more inclusive and legitimate services. Fadiah, F. (2023).

Public administration research theory: George C. Edwards III's Policy Implementation Theory, which emphasizes four main indicators: communication, resources, implementer disposition, and bureaucratic structure. This theory helps analyze how policies are implemented in the field and the factors that influence their success or failure. With this framework, researchers can identify barriers and opportunities in implementation, resulting in more appropriate, contextual, and applicable policy recommendations tailored to public needs.

The use of a combination of theories in this research is relevant because each offers complementary perspectives for understanding public service innovation at the Bina Laras Pasuruan Social Rehabilitation Unit (UPT). Public Service Logic (PSL) and co-creation theory emphasize shared value creation, ensuring social rehabilitation services Engaging people with mental disorders (PLWH), families, and communities as active partners, not simply recipients. The User-Centered Service Design approach ensures service design is based on the needs, experiences, and aspirations of users, thereby increasing program relevance and effectiveness. Co-Production Theory reinforces the collaborative aspect between stakeholders, which is crucial for building legitimacy and sustainability of services. Meanwhile, George C. Edwards III's Policy Implementation Theory provides an evaluative framework for analyzing key factors such as

communication, resources, implementer disposition, and bureaucratic structure, which influence the success of public service innovation at the operational level.

Based on this combination of theories, indicators that can be derived as analytical tools are a combination of the evaluation dimensions of policy implementation and the principles of user-oriented public service innovation.

1. Communication:

Clarity, consistency, and effectiveness of information regarding public service innovations to implementers, people with mental disorders (PLWH), families, and communities.

2. Resources:

The availability of professional staff, funding, infrastructure, technology, and community support in implementing responsive services.

3. Implementer Disposition:

The attitude, motivation, empathy, and commitment of officers in implementing collaborative and humane services.

4. Bureaucratic Structure:

Work procedures, coordination between stakeholders, and organizational flexibility to support innovation.

5. User-Centeredness:

The level of involvement of people with mental disorders (PLWH) in the design, implementation, and evaluation of services.

6. Co-Creation & Co-Production:

The intensity of cross-actor collaboration in creating shared public value.

METHODOLOGY

This research uses a qualitative approach with a case study design. This approach was chosen to gain a deeper understanding of public service innovation, specifically the implementation of responsive services for people with mental disorders (ODGJ) at the Bina Laras Social Rehabilitation Unit (UPT) in Pasuruan. This method allows researchers to explore contextual data related to the policy implementation process, service strategies, collaboration between stakeholders, and informants' perceptions and experiences regarding service effectiveness. The primary data sources were obtained from key informants, consisting of UPT management, social support workers, and representatives of ODGJ families. Informants were selected using purposive sampling to ensure representation of the perspectives of various actors directly and indirectly involved in services (Creswell, JW, & Hirose, M. (2019).

Data collection was conducted through in-depth interviews, participant observation, and document analysis, such as service guidelines, activity reports, and program evaluation records. Semi-structured interviews were conducted to obtain rich and detailed information regarding responsive service practices, implementation challenges, and innovations implemented by Creswell, JW, & Hirose, M. (2019). Observations were conducted at service locations and rehabilitation activities to understand direct interactions between staff, people with mental disorders (PLWH), and relevant parties.

Data analysis was conducted using thematic analysis techniques using an interpretive approach. This process followed the stages outlined by Miles and

Huberman (1994): data reduction, data presentation, and conclusion drawing. Data validity was maintained through triangulation of sources and methods, comparing interview results, observations, and documents, and member checking with informants to ensure the accuracy of the findings (Miles, MB, & Huberman, AM, 1994). This study also utilized prolonged engagement by extending the duration of interactions in the field, allowing researchers to comprehensively understand the dynamics, social context, and supporting and inhibiting factors for the success of public service innovations for people with mental disorders (PLWH).

RESEARCH RESULT

Public Service Innovation at the Bina Laras Social Rehabilitation Unit (UPT Rehabilitasi Sosial Bina Laras Pasuruan)

The Bina Laras Social Rehabilitation Unit (UPT Rehabilitasi Sosial Bina Laras Pasuruan) is an institution under the Department of Social Affairs that focuses on the recovery and empowerment of People with Mental Disorders (ODGJ). The public service innovation implemented at this facility aims to ensure that the rehabilitation process is not merely a routine activity but provides tangible benefits for service recipients and their communities. Based on research analysis, the success of innovation at this UPT can be seen from six main indicators.

First, clear communication between implementing agencies, ODGJ, families, and the community is key. Information regarding programs, procedures, and beneficiary rights is conveyed in simple language, using appropriate media, and with feedback channels. This aligns with Edwards III's (1980) perspective, which emphasizes that clear communication determines the success of policy implementation.

Second, adequate resources underpin the sustainability of services. The presence of professional staff such as psychologists, social workers, and psychiatric nurses, coupled with facilities such as counseling rooms, occupational therapy, and assistive technology, ensures optimal service delivery. According to the World Health Organization (WHO, 2022), the availability of appropriate resources significantly influences the effectiveness of mental health rehabilitation.

Third, the disposition of the implementers, or the attitude of the staff, is a differentiating factor. At this Technical Implementation Unit (UPT), staff demonstrate empathy, motivation, and a high level of commitment to serving people with mental disorders (ODGJ), creating a more humane and accepting atmosphere.

Fourth, a clear yet flexible bureaucratic structure facilitates coordination between institutions and expedites decision-making, especially in urgent situations. The existence of measurable standard operating procedures (SOPs) ensures consistent service delivery.

Fifth, a user-centered approach ensures that families of people with mental disorders (ODGJ) are involved in the planning, implementation, and evaluation of services. This approach aligns with the principles of human-centered design, which emphasize that the best solutions stem from a deep understanding of user needs.

Sixth, co-creation and co-production illustrate collaboration between the government, families, communities, and the private sector to create shared value. With these partnerships, rehabilitation programs can be more creative, reach more beneficiaries, and improve the success of social reintegration.

DISCUSSION

Indicators of Communication in Public Service Innovation

1. Communication as a Key Indicator

Findings from this study demonstrate that communication is one of the most crucial indicators in supporting the success of public service innovation at the Pasuruan Social Rehabilitation Unit *Bina Laras*. The clarity of information exchange among implementers, beneficiaries (people with mental disorders/ODGJ), families, and the community has proven effective in building a shared understanding of the objectives, procedures, and benefits of the rehabilitation program.

In practice, the unit applies communication strategies that combine simple language, appropriate media, and open feedback channels. Examples include face-to-face meetings for detailed program explanations, informative brochures to broaden outreach, and online communication to provide quick responses to questions or complaints. This approach minimizes misunderstandings and increases active participation from all relevant parties.

These findings are consistent with Edwards III's (1980) policy implementation framework (in Akib, 2010), which emphasizes that clarity, consistency, and completeness of communication are key determinants of successful policy execution. When communication is effective, coordination barriers can be reduced, allowing public service innovations to function optimally.

Furthermore, communication at *Bina Laras* does not merely serve as an information channel but also as a strategic instrument for building trust, strengthening collaboration, and ensuring the sustainability of social rehabilitation services for ODGJ.

2. Adequacy of Resources

The availability of sufficient resources is another critical factor ensuring the sustainability and effectiveness of mental health rehabilitation services. Professional staff such as psychologists, social workers, and psychiatric nurses play a strategic role in delivering targeted interventions, from assessment and counseling to long-term accompaniment. Physical facilities, including comfortable counseling rooms, occupational therapy facilities, and supporting technologies, further enhance service quality.

According to the World Health Organization (WHO, 2022, in Jung, Bychkov & Kakudo, 2022), the adequacy and quality of resources directly influence

the effectiveness of rehabilitation programs, particularly in patient recovery outcomes. Without competent human resources and adequate infrastructure, services risk becoming suboptimal and may hinder recovery. In this study's context, resources are not only operational components but also indicators of implementation success, highlighting the importance of capacity-building for professionals and the provision of facilities that meet established standards.

3. Disposition of Implementers

The attitudes and dispositions of staff at *Bina Laras* serve as key factors differentiating service quality. The findings show that staff demonstrate high empathy, strong motivation, and consistent commitment in assisting ODGJ. These qualities foster more humane interactions and create a safe and accepting environment for service recipients. A warm and respectful approach toward the dignity of ODGJ encourages their active participation in rehabilitation programs, reinforcing the effectiveness of policy implementation.

4. Bureaucratic Structure

The bureaucratic structure at the research site reflects clear yet flexible patterns that enable effective coordination across relevant agencies. This flexibility is critical in accelerating decision-making, particularly in situations requiring rapid response. The presence of well-documented Standard Operating Procedures (SOPs) ensures that services are delivered consistently and in line with regulations. Beyond functioning as operational guidelines, SOPs also serve as instruments of quality control, ensuring measurable and accountable performance that supports more efficient policy outcomes.

5. User-Centered Approach

User-centeredness is a vital principle in the development of mental health services. This principal frames ODGJ not merely as service recipients but as active subjects. The involvement of ODGJ families in planning, implementation, and evaluation enables direct insights into needs, preferences, and barriers.

By applying a human-centered approach, each intervention and policy is designed based on a deep understanding of patients' psychosocial conditions, social environments, and cultural contexts. Programs that integrate culturally relevant activities foster greater comfort and motivation for participation. Additionally, family involvement in service evaluation creates authentic and relevant feedback, strengthening a sense of ownership and improving program sustainability.

6. Co-Creation and Co-Production

The concepts of co-creation and co-production, as observed in this study, reflect active collaboration among government, families, and communities in implementing social rehabilitation programs. These partnerships facilitate the exchange of resources, knowledge, and experiences while fostering innovation in rehabilitation methods and reintegration strategies.

7. By engaging multiple stakeholders, programs become more responsive to local needs, reach wider target groups, and improve recovery effectiveness. Such collaboration creates a sustainable support ecosystem that significantly increases the likelihood of successfully reintegrating individuals into productive social life.

CONCLUSION AND RECOMENDATION

The public service innovations implemented at the *Bina Laras* Social Rehabilitation Unit in Pasuruan demonstrate significant success in improving the quality of rehabilitation services for persons with mental disorders (ODGJ). This success is supported by the integration of six key elements: effective communication, adequate resource availability, humanistic attitudes of implementers, adaptive bureaucratic structures, active involvement of beneficiaries, and cross-stakeholder collaboration.

This approach highlights that social rehabilitation is not solely concerned with mental health recovery but also emphasizes a holistic process of social reintegration. Through these strategies, ODGJ receive not only medical treatment and psychosocial support but are also encouraged to develop independence and rebuild their dignity within society. Furthermore, community involvement in the rehabilitation process contributes to stigma reduction and strengthens social inclusion. These findings reaffirm that public service innovations grounded in collaboration, participation, and user-centered orientation can generate sustainable change in addressing mental health issues at the local level.

1. Optimizing the Role of Implementing Actors

It is recommended that local governments, particularly relevant institutions, strengthen the capacity and coordination of actors in policy implementation. This can be achieved through technical training, enhanced policy literacy, and data-driven monitoring mechanisms to ensure more effective and targeted policy outcomes.

2. Strengthening Local Community Participation

There is a need for more structured strategies to involve local communities as active partners rather than passive recipients of policy. Public dialogues, consultation forums, and community empowerment initiatives can foster a stronger sense of ownership, thereby ensuring greater program sustainability at the local level.

ADVANCED RESEARCH

1. Exploring Cross-Sector Collaboration Models

Future studies should explore models of collaboration among government agencies, families, communities, and the private sector in social rehabilitation programs. The focus should be on identifying the key factors driving successful co-creation and co-production, including coordination mechanisms, role distribution, and service innovation.

2. Long-Term Impact Analysis of Social Reintegration

Further research is recommended to assess the long-term impacts of cross-sector partnerships on the success of social reintegration for beneficiaries. This includes evaluating sustainability indicators such as economic independence, social stability, and the strengthening of community networks post-rehabilitation, in order to produce more effective evidence-based policies.

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