Research Article

New Social Movements in Mental Health Issues: The Role of Griya Schizofren in Humanizing People with Mental Health Problems (ODMK) in Surakarta City

Yuanita Dwi Hapsari[1*], Triana Rahmawati[2], Deni Aries Kurniawan[3], Rohman Hikmat[4]

[1] Universitas Sriwijaya, Jalan Raya Palembang - Prabumulih No. KM. 32, Indralaya, Ogan Ilir, South Sumatra, Indonesia, 30662

[2] Universitas Sebelas Maret, Jalan Ir. Sutami 36 Kentingan, Jebres, Surakarta, Central Java, Indonesia, 57126

[3] Universitas Sriwijaya, Jalan Raya Palembang - Prabumulih No. KM. 32, Indralaya, Ogan Ilir, South Sumatra, Indonesia, 30662

[4] Prince Songkla University, 15 Kanchanavanich Road, Hat Yai, Songkhla, Thailand, 90110

*Corresponding author's email: yuanitadwihapsari@fisip.unsri.ac.id

Abstract

Stigma against People with Mental Disorders (ODGJ) and People with Mental Health Problems (ODMK) remains a major obstacle to psychosocial recovery and community integration. This study examines the role of Griya Schizofren in Surakarta as a community-based social movement in empowering individuals with mental health challenges. A qualitative research method was employed using a case study approach through in-depth interviews, participatory observation, and document analysis. The findings reveal that Griya Schizofren implements routine activities and mentoring programs, such as Fruit Day and Art Day, which create safe spaces for psychosocial recovery while fostering positive identities and egalitarian social relations. In addition, creative economic initiatives through the social entrepreneurship program Solvenesia generate both economic and social impacts beyond therapy, strengthening survivors' social identity and serving as a form of advocacy for the recognition of the rights of ODMK and ODGJ. The strategy of social media outreach and cross-sector collaboration can broaden the reach of advocacy efforts and enhance public legitimacy. The study concludes that Griya Schizofren functions not merely as a support institution but as a New Social Movement that articulates resistance against stigma and marginalization through community-based practices. These findings highlight the importance of a holistic approach that integrates psychosocial, economic, and sociocultural dimensions within mental health movements, while also enriching theoretical discussions on the dynamics of New Social Movements in Indonesia.

Keywords: *griya schizofren, mental health, new social movement, people with mental health problems (odmk), stigma*

Abstrak

Stigma terhadap Orang dengan Gangguan Jiwa (ODGJ) maupun Orang dengan Masalah Kejiwaan (ODMK) menjadi hambatan utama dalam pemulihan psikososial dan integrasi komunitas. Penelitian ini menelaah peran Griya Schizofren di Surakarta sebagai gerakan sosial berbasis komunitas dalam pemberdayaan masyarakat yang mengalami masalah kejiwaan. Metode penelitian kualitatif digunakan dengan pendekatan studi kasus, melalui wawancara mendalam, observasi partisipatif, dan analisis dokumentasi. Temuan menunjukkan bahwa Griya Schizofren menerapkan aktivitas rutin dan pendampingan, seperti Fruit Day dan Art Day, yang menciptakan ruang aman *(safe space)* bagi pemulihan psikososial, sekaligus membangun identitas positif dan relasi sosial yang egaliter. Selain itu, inisiatif ekonomi kreatif melalui program kewirausahaan sosial Solvenesia memberikan dampak ekonomi dan sosial pasca program terapi,

memperkuat identitas sosial penintas sekaligus sebagai bagian dari advokasi pengakuan hak-hak ODMK maupun ODGJ. Strategi sosialisasi melalui media sosial dan kolaborasi lintas sektor mampu memperluas jangkauan advokasi dan meningkatkan legitimasi publik. Hasil penelitian menegaskan bahwa Griya Schizofren tidak hanya berperan sebagai lembaga pendamping, tetapi juga sebagai gerakan sosial baru yang mengartikulasikan resistensi terhadap stigma dan marginalisasi melalui praktik sosial berbasis komunitas. Penelitian ini menegaskan pentingnya pendekatan holistik yang memadukan aspek psikososial, ekonomi, dan sosial-kultural dalam gerakan kesehatan mental, sekaligus memperkaya kajian teoretis tentang dinamika Gerakan Sosial Baru di Indonesia.

Kata Kunci: *griya schizofren, kesehatan mental, gerakan sosial baru, orang dengan masalah kejiwaan (odmk), stigma*

Introduction

Mental health issues in Indonesia remain a serious concern. According to the 2018 Basic Health Research (Riskesdas) report, the number of Indonesians aged over 15 experiencing mental health problems is quite significant, with more than 19 million people recorded as having emotional mental disorders, while over 12 million others suffer from depression. These findings were reinforced by data from the Sample Registration System of the Health Research and Development Agency (Badan Litbangkes) in 2016, which showed that around 1,800 suicide cases occurred annually—an average of five cases per day. Nearly half of these cases (47.7%) occurred among individuals aged 10–39 years, a life stage spanning adolescence to productive age (Kementerian Kesehatan RI, 2019).

The high prevalence of mental health disorders in Indonesia is further exacerbated by the strong stigma and discriminatory treatment frequently experienced by both People with Mental Health Problems (ODMK) and People with Mental Disorders (ODGJ). These groups are often perceived negatively—considered fragile, incapable, or even dangerous—which results in significant barriers to accessing their fundamental rights, including education, employment, healthcare services, and opportunities to participate in community life (Danukusumah et al., 2022; Rahayu & Nugraha, 2024). The practice of shackling (pasung) remains a serious issue within Indonesia's mental health system. Although the government has implemented various programs to eliminate it, data indicate that the number of shackling cases remains high and tends to fluctuate from year to year (Tirta, 2022). In several provinces, including Central Java and East Java, the number of cases has shown a gradual decline, yet the problem has not been fully resolved (Amaluddin, 2025; Fauziyah, 2025). This situation reflects the persistence of structural and cultural barriers, particularly in terms of social acceptance and the fulfillment of basic rights for people living with mental illness.

Shackling is not merely a medical issue but also a social and structural problem, driven by stigma, lack of family understanding, limited mental health services, and insufficient social support. This situation underscores that the fulfillment of human rights for people with mental health problems (ODMK) still faces major challenges in Indonesia (Lestari & Wardhani, 2014). It is not uncommon for people with mental health problems (ODMK) to face rejection and social exclusion from both their families and communities, which ultimately worsens their mental and emotional condition. Research findings have indicated that a portion of society still believes that ODMK should be isolated or subjected to strict treatment (Rahayu & Nugraha, 2024). Mental health issues cannot be narrowly understood as merely a medical concern; rather, they must be viewed in relation to social structures and unequal access to basic rights. This condition shows that mental health problems are not just medical issues but also intricately connected to human rights and social

movements. When stigma and social exclusion persist, individuals with mental disorders not only lose access to health services but also lose their space to be recognized as equal citizens.

In this context, various community initiatives have emerged to bridge the gap between medical treatment and the fulfillment of the social rights of survivors. One concrete example is the Griya Schizofren community in Surakarta, which serves as a community-based social movement responding to mental health issues. This community provides an alternative space for Persons with Mental Health Problems (ODMK), particularly survivors of schizophrenia, to receive psychosocial support while also fostering public awareness that individuals with mental disorders deserve empathy and respect, not rejection. To analyze this phenomenon, the study employs the theoretical framework of New Social Movements (NSM). Social movements are considered responses to injustices experienced by particular groups in society and are understood as forms of collective behavior rooted in social conflict (Touraine, 1985). The phrase "new social movements" originated in the 1960s in North America and Western Europe, indicating the growing diversity within society (Singh, 2010; Touraine, 1985). Contemporary social movements do not solely aim for political change but also emphasize solidarity, cultural transformation, and the resolution of social issues.

Previous studies have explored the dynamics of new social movements in various contexts yet have not specifically addressed the issue of mental health. For instance, research by Nofrima and Qodir on the Gejayan Memanggil movement highlights how social media functions as a tool for mass mobilization. Their findings underscore a shift in the focus of student movements from material issues toward concerns about humanity, justice, the environment, politics, and gender (Nofrima & Qodir, 2021). In the context of environmental and health issues, Pohan and Sugandi identified the Bike to Campus USBC movement as a New Social Movement because it originated from civil society and was able to sustain itself through collaborative activities (Pohan & Sugandi, 2019). Similarly, Pratisto (2022) described Benua Lestari Indonesia as an environment-based New Social Movement that emphasizes humanistic and non-materialist values. Effective leadership, networking, and resource mobilization supported the success of this movement. Furthermore, research by Fatia and Sugandi highlighted the #NoStrawMovement as a new social movement focused on environmental issues, beginning with collaborations with large corporations and later expanding into a transnational movement adopted in other countries (Fatia & Sugandi, 2019). Meanwhile, Sulistyowati and Kusumah examined the Swayanaka student movement in Jember, which focused on education, children, and health through village development programs and public outreach (Sulistyowati & Kusumah, 2017). In the field of disability studies, the presence of Komunitas Sahabat Difabel (KSD) illustrates the dynamics of modern social movements centered on recognition, inclusion, and empowerment of minority groups (Arawindha, 2023).

Although academic studies in Indonesia on new social movements have addressed various issues, including politics, the environment, and education, research exploring this phenomenon in the context of mental health remains quite limited. Previous works have primarily focused on movements that resist political injustice, environmental concerns, or educational issues, without delving into the stigma and marginalization faced by individuals with mental health problems (ODMK) through the lens of New Social Movements. Mental health issues possess a profoundly social dimension, encompassing struggles for recognition, human rights, and social inclusion; thus, they deserve to be understood as a form of New Social Movement. Unlike environmental or political movements that primarily demand policy change, movements in the field of mental health focus on transforming societal perspectives and cultural attitudes toward survivors, making them essential to analyze within the theoretical framework of New Social Movements.

Compared to new social movements based on environmental or student issues, which generally emphasize more visible collective concerns such as pollution, climate change, or access to education, mobilization around the stigma of mental health is distinctive in that it focuses on both individual and structural experiences often hidden behind medical narratives or social stigma. In the global context, the Mad Pride movement emerged in 1993 as a social movement that affirms the experience of "madness" as a political and cultural identity, rather than merely a medical issue. This movement rejects stigma, emphasizes pride in mental diversity, and highlights advocacy led by survivors. Thus, Mad Pride opens up space for more inclusive and culturally sensitive mental health services (Farber, 2012; Rashed, 2023; Schrader et al., 2013) .

This study aims to address that gap by highlighting Griya Schizofren in Surakarta as a distinctive agent of social change. Utilizing the theoretical framework of New Social Movements, the research intends to analyze the strategies, challenges, and contributions of this community in humanizing ODMK. Thus, the main contribution of this study lies in the effort to expand the application of New Social Movement theory into the field of mental health. The study demonstrates that the principles of New Social Movements, such as solidarity, identity-based advocacy, and an emphasis on cultural change and social inclusion, can be applied to understand community movements that focus on issues of stigma and the marginalization of people with psychosocial disabilities. The findings are expected to enhance the understanding of New Social Movements in Indonesia and serve as a resource for government officials, academics, and social activists in crafting more inclusive and compassionate policies and programs for ODMK.

Method

This study employed a qualitative research design with a case study approach to understand the role of Griya Schizofren as a New Social Movement (NSM) in the context of mental health issues. This approach

allowed the researcher to explore the meanings, perspectives, and experiences of informants in a deep and holistic manner. The research subjects were purposively selected, consisting of the founder/management, volunteers, and representatives from Griya PMI Peduli to obtain data from multiple viewpoints. In this study, in-depth interviews were conducted involving one founder/administrator, six active volunteers, and three representatives from Griya PMI Peduli. Participants were selected using purposive sampling, taking into account their direct involvement in the activities of Griya Schizofren as well as their availability and willingness to be interviewed. Data were collected through in-depth interviews, participant observation at the Griya Schizofren site, and documentation studies from internal archives as well as relevant publications.

The collected data were then analyzed using Miles & Huberman's interactive model, which involved three key stages: data reduction, data display, and conclusion drawing (Miles et al., 2014). This process ensured that complex data could be simplified, organized, and verified, resulting in findings that were both valid and accountable. In the data reduction stage, the researcher selected and focused on relevant information obtained from interview transcripts, observation notes, and documentation related to Griya Schizofren's activities. For example, statements from volunteers about their motivation and challenges were coded into thematic categories such as "empowerment," "stigma," and "financial limitations." During the data display stage, the categorized data were organized into matrices and narrative descriptions to illustrate the relationship between concepts. For instance, data on social stigma and community responses were displayed alongside Griya Schizofren's strategies in creating inclusive social spaces, allowing the researcher to visualize how these strategies worked in practice. Finally, in the conclusion drawing and verification stage, the researcher interpreted patterns and meanings emerging from the data, linking them with theoretical frameworks such as Goffman's concept of stigma, Habermas's public sphere, and Touraine's New Social Movements. Triangulation between interview results, field observations, and documentation materials strengthened the validity of the conclusions. Through this method, the study aimed to present a comprehensive overview of the strategies, challenges, and impacts of Griya Schizofren in its efforts to humanize people with mental health problems (ODMK) in the city of Surakarta.

Results

Social Stigma and the Lived Realities of People with Mental Health Problems (ODMK)

Social stigma remains one of the main challenges faced by People with Mental Health Problems (ODMK). This stigma does not only stem from ignorance but is also deeply rooted in social constructions passed down through families and communities. The experience of a Griya Schizofren volunteer provides concrete evidence of this. Since childhood, the volunteer absorbs narratives from the media and surrounding environment that label ODMK as "orang gila" (lunatics) depicted as dirty, dangerous, and frightening figures based on encounters with individuals living nearby. Such disproportionate fear is formed even before any

direct interaction takes place. This illustrates an information gap that distorts reality, turning what should not necessarily be perceived as threatening into something that is stigmatized and feared.

However, this paradigm shifts drastically after the Griya Schizofren volunteer has direct interactions with ODMK and ODGJ patients at Griya PMI Peduli in 2012. The experience reveals that the greatest fear does not actually come from ODMK and ODGJ themselves, but rather from the stigma constructed by society. Their position is often reduced to a purely medical framework, in which they are viewed as objects of care requiring health interventions. Such a perspective neglects the social dimensions inherent in their existence as subjects with the capacity to articulate experiences and demand recognition of their rights. Furthermore, people with psychosocial disabilities also face a range of equally complex social issues, including stigma, discriminatory practices, and social exclusion. This reality is reinforced by national data. The prevalence of schizophrenia/psychosis reaches 6.7 per 1,000 households (Kementerian Kesehatan RI, 2019), while depression affects 1.5% of the population (Kementerian Kesehatan RI, 2023).

Despite these significant figures, stigma continues to act as a major barrier, often pushing families to hide their affected members and, in some cases, leading to shackling practices. Although the data are national in scope, similar trends are also evident at the local level, including in the city of Surakarta. Based on field findings and community observations, many families in Surakarta still choose to hide their family members with mental disorders at home due to fear of social stigma and discrimination from their surroundings. Some even refrain from bringing them to formal health services, either because of limited access or concern over negative social judgment. This situation shows that social stigma against individuals with psychosocial disabilities is not merely an individual issue but also a cultural problem deeply rooted in the social structure of society. This condition leads many people with mental disorders to become homeless and abandoned in public spaces without proper care. As a response to this phenomenon, the Indonesian Red Cross (PMI) of Surakarta City establishes the Griya PMI Peduli program, a humanitarian initiative that seeks to "humanize those who have been dehumanized" by caring for and rehabilitating neglected individuals with mental disorders so that they can regain both physical and mental well-being.

The Birth of Griya Schizofren: From Personal Awareness to Collective Movement

The establishment of Griya Schizofren in Surakarta originates from the personal experience of its founder, Tria, who lives in the same neighborhood as a mental rehabilitation center. This encounter fosters a new awareness of the social realities shaped by stigma, largely due to the public's lack of knowledge about the conditions faced by People with Mental Health Problems (ODMK) in their surroundings. Until then, ODMK are mostly perceived as a purely medical issue, whereas in reality, they also grapple with complex social problems such as stigma, discrimination, and alienation from their communities. From this starting point

emerges the idea of creating a space that functions not only as a place for rehabilitation but also as a platform to build social solidarity among survivors, volunteers, and the broader society.

This initial idea is realized through the Student Creativity Program (PKM), which attracts more than one hundred young volunteers to actively participate. Their involvement marks a crucial turning point, transforming Tria's personal awareness into a broader collective initiative. The participation of young people also highlights the emergence of a new social sensitivity, where mental health issues are no longer viewed merely as private family burdens but as a shared social responsibility..

In the process, volunteer recruitment is carried out openly through university networks, Griya Schizofren's social media platforms, as shown in Figure 1, as well as youth community forums. This strategy not only expands the base of participation but also creates a space for the formation of collective identity among volunteers. According to identity theory in social movements, individual involvement in a movement is not solely motivated by instrumental interests, but also by the search for self-meaning and the alignment of personal identity with the collective identity offered by the movement (Melucci, 1996). In the context of Griya Schizofren, students and young people interested in joining find a platform where their identity as socially engaged individuals can be affirmed and integrated with the collective identity of the movement. Processes of interaction, communication, and shared activities subsequently reinforce a sense of togetherness and distinguish them from other social groups, explaining that collective identity functions as a cognitive and emotional framework that binds movement members together in solidarity (Polletta & Jasper, 2001). Volunteers are involved in routine activities and receive basic training on mental health awareness, ethical guidance, and empathetic communication methods. These efforts aim to ensure that interactions with ODMK go beyond transactional engagement and instead foster genuinely supportive social relationships.

Figure 1. Griya Schizofren Volunteer Open Recruitment Flyer

In addition to volunteer support, the sustainability of Griya Schizofren is sustained through creative and participatory fundraising strategies. Fundraising is carried out through various means, such as organizing social entrepreneurship initiatives, charity bazaars, and public campaigns in digital spaces (crowdfunding) via platforms like Instagram, as shown in **Figure 2,** as well as collaborations with philanthropic organizations and the private sector. The presence of Solvenesia, a marketing platform for products created by persons with psychosocial disabilities (ODMK), also represents a form of social economic innovation that enables the community to secure independent funding while simultaneously empowering its members through the management of therapeutic products. This strategy demonstrates that Griya Schizofren not only relies on external support but also develops financial independence through a social entrepreneurship approach.

Figure 2. Fundraising Through Instagram @griya.schizofren

This transformation from a personal idea to a collective movement demonstrates that Griya Schizofren is born not merely as a response to the medical needs of people with mental illnesses (ODMK), but rather as a response to the social marginalization they experience. Thus, the establishment of Griya Schizofren can be understood as a form of social praxis that seeks to restore the dignity and rights of people with mental illnesses through a community-based approach. The presence of this community also symbolizes the need to approach mental health issues holistically, integrating medical, psychological, social, and humanitarian aspects.

Programs and Activities: Community-Based Empowerment Strategy

Griya Schizofren develops a series of programs and activities designed with a community-based approach. These programs focus not only on therapeutic aspects but also aim to encourage independence, strengthen social identity, and reduce stigma and discrimination that persist in society. Generally, Griya Schizofren's activities can be grouped into three main categories: routine activities and mentoring, community entrepreneurship development, and educational research and mental health campaigns to reduce social stigma by expanding knowledge and information about mental health issues.

First, routine activities and mentoring form the main foundation of Griya Schizofren's empowerment process. Activities such as playing, drawing, coloring, screen printing, and sharing stories foster social interactions between volunteers and survivors. These activities can be understood as a form of collective "impression management" carried out by the community to challenge the social label of "abnormal" attached to people with mental health problems (ODMK). Through warm and egalitarian social

interactions, Griya Schizofren helps ODMK reconstruct their social identity, from a "spoiled identity" to one that is empowered and dignified. Furthermore, Griya Schizofren consistently initiates weekly activities titled Fruit Day and Art Day, held in collaboration with ODMK at Griya PMI Surakarta. Fruit Day focuses on sharing fruit while simultaneously campaigning for the importance of a healthy lifestyle and nutritional fulfillment, while Art Day serves as a space for creative expression through art, including painting, handicrafts, and simple art performances. Both agendas serve not only as a means of recreation but also as a form of social therapy that encourages togetherness, strengthens egalitarian communication, and builds emotional bonds between survivors, volunteers, and the community. Each time they are conducted, volunteers post these activities on Griya Schizofren's social media platforms, as shown in **Figure 3**. The consistent mentoring activities create a safe space for the psychosocial recovery of ODMK. The presence of this space is important because it provides a concrete alternative for survivors to escape conditions of social isolation. Furthermore, the program emphasizes that mental health recovery cannot be understood solely within a medical framework but requires community support built on empathy, participation, and social solidarity.
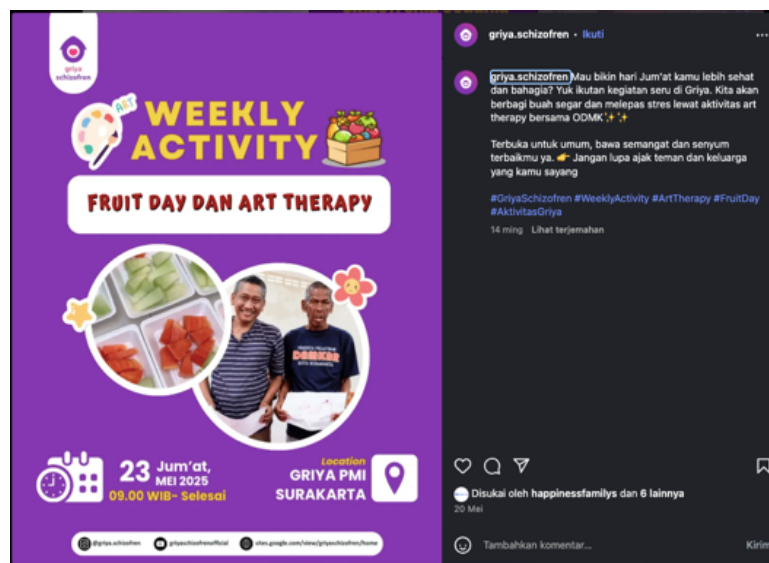

Figure 3. Weekly Activities: Fruit Day and Art Therapy

Secondly, Griya Schizofren initiates Solvenesia in 2018, a platform dedicated to marketing products created by ODMK, ranging from handicrafts and artworks to other creative products. Solvenesia carries two main dimensions: economic and social. From the economic perspective, it opens opportunities for ODMK to earn income through their creations. The earnings are channeled back to support group needs such as fruits, basic groceries, and other necessities for the survivors residing at Griya PMI Peduli Surakarta. From the social perspective, Solvenesia plays a crucial role in restoring dignity and social identity to survivors. By openly marketing their products, the community is encouraged to see ODMK/ODGJ not as passive and

dependent individuals, but as productive subjects capable of contributing to socio-economic life.

Thirdly, through Solvenesia, Griya Schizofren develops a social entrepreneurship program that has a significant impact on the community's economic empowerment. The program produces more than 1,000 souvenir products with an annual turnover of around IDR 100 million, directly benefiting mental health survivors at Griya PMI Peduli through various social assistance and operational programs aimed at improving their quality of life. These achievements demonstrate that community-based entrepreneurship initiatives serve as a sustainability model for mental health recovery programs. Besides generating income, Solvenesia shows that Griya Schizofren's struggle is no longer centered on material demands but rather focuses on efforts to gain social recognition and to show that people with mental health problems (ODMK) also possess the same value and abilities as others. This movement creates an alternative space where the values of humanity, solidarity, and participation serve as forms of resistance against the logic of social exclusion.

In addition to direct activities, Griya Schizofren leverages social media as a tool for public education and mental health advocacy. Its official Instagram account, @griya.schizofren, serves as a strategic platform for disseminating information, raising awareness, and sharing content aimed at destigmatizing public perceptions of ODMK. Through this account, the community not only shares survivors' stories and experiences but also promotes its activities, empowerment programs, and practical mental health tips accessible to the wider public.

Moreover, Griya Schizofren actively builds collaborations using the pentahelix approach, a model of partnership involving five key elements: Academics, Business, Community, Government, and Media (ABCGM). This approach aims to foster innovation, develops more effective systems, and achieves common goals by utilizing the strengths and resources of each sector in joint mental health projects or campaigns. These collaborations include creating educational content and research-based campaigns to raise public awareness of inclusivity and equal access for mental health issues. The approach allows broader message dissemination, enhances public participation, and strengthens community advocacy for the recognition and fulfillment of ODMK's rights in society. Griya Schizofren leverages social media and cross-sector collaborations, including with Griya PMI Peduli Surakarta, Pertamina, Dompet Dhuafa, and Astra, to expand advocacy outreach, raise public awareness, and strengthen the community's position as a credible agent of social change. Overall, the programs reflect a multidimensional community empowerment strategy encompassing psychosocial, economic, and socio-cultural aspects. With this approach, Griya Schizofren functions not only as an alternative space for social rehabilitation but also as an agent of social change, shifting public paradigms from viewing ODMK as objects of pity toward recognizing them as equal and empowered subjects.

The dedication and pioneering role of Griya Schizofren in supporting people with mental health problems (ODMK) also receive formal recognition from various institutions, such as the Semangat Astra Terpadu untuk (SATU) Indonesia Awards. This award is Astra's appreciation for young individuals and groups who succeed in bringing positive change to society through contributions in health, education, environment, entrepreneurship, and technology. This recognition not only reinforces Griya Schizofren's legitimacy as a social change agent in the field of mental health but also enhances its access to various resources, including financial support, collaborative networks, and strategic partnership opportunities with multiple stakeholders. On the other hand, the award also presents new challenges, namely how Griya Schizofren maintains consistency, transparency, and sustainability in its movement amid growing public expectations. Thus, this recognition plays a crucial role in strengthening Griya Schizofren's position as a credible and influential community in advocating for the recognition and humane treatment of people with mental health problems (Widyawati, 2023).

Discussion

Griya Schizofren in Surakarta implements a community-based empowerment approach to improve the psychosocial well-being of People with Mental Health Problems (ODMK), particularly schizophrenia survivors. Routine activities and mentoring serve as the main foundation of this intervention. Daily activities such as playing, drawing, coloring, and storytelling are not merely recreational but constitute significant social interventions that help rebuild the self-confidence of community members living with mental health challenges. These activities also function to reduce the social isolation that ODMK often experience as a result of stigma and discrimination (Goffman, 1963; Pescosolido et al., 2010).

However, despite these achievements, Griya Schizofren also faces significant challenges. One of the main obstacles is long-term funding limitations, which at times hinder program continuity and resource sustainability. This challenge is addressed through the establishment of social entrepreneurship initiatives such as Solvenesia and by developing partnerships with several corporations while maintaining independence and community-based values. Another challenge lies in societal resistance, as stigma and discrimination against ODMK remain deeply rooted in local communities, making it difficult to achieve full social inclusion.

The consistency of these programs, including the weekly Fruit Day and Art Day organized at Griya PMI Surakarta, strengthens emotional bonds between volunteers and survivors, thereby creating a safe space essential for psychosocial recovery. From Habermas's perspective on the public sphere, such a space can be understood as an arena where individuals participate on equal terms, engage in communication free from domination, and strengthen social solidarity through discourse (Habermas, 1989). Through the weekly

programs, both volunteers and survivors are able to create a safe space as a form of alternative public sphere. In other words, this environment enables the exchange of experiences, the expression of emotions, and the joint construction of meaning, all of which are essential for psychosocial recovery. Thus, these routine activities are not only therapeutic but also political, in the sense of expanding social participation for groups that are often marginalized. This condition illustrates how everyday interaction functions as a transformative social process that reshapes social meanings about mental illness. Through repeated social encounters and communicative acts, volunteers and ODMK co-construct a new discourse of normality, one that redefines "mental illness" not as deviation, but as part of human diversity. In Habermasian terms, this circumstance shows how communicative rationality can challenge structural stigma by building mutual understanding and social solidarity.

In addition, Griya Schizofren develops a creative economy platform as a form of social and economic empowerment. Solvenesia, which begins operating in 2018, markets products made by ODMK, such as handicrafts and artworks, which not only generate economic benefits but also reinforce the social identity and dignity of community members. The Solvenesia social entrepreneurship program produces more than 1,000 products with an annual turnover of around IDR 100 million, directly benefiting 130 ODMK and ODGJ. This approach demonstrates that empowering ODMK through creative economic activities not only enhances social and economic capacity but also broadens social networks and provides productive roles for community members who are previously marginalized. More importantly, Solvenesia demonstrates that social entrepreneurship serves as both an economic and symbolic resistance strategy, transforming marginalized individuals into productive social agents while simultaneously challenging dominant discourses that associate mental illness with incapacity or dependency.

Research shows that stigma against ODMK is structural and rooted in social constructions, rather than merely the result of individual interactions (Pescosolido et al., 2010). In this context, Griya Schizofren does not merely act as a service provider but as a social change agent focused on transforming societal narratives about ODMK. The community's success in reducing stigma through direct interaction serves as an important confirmation of Erving Goffman's thesis on the role of personal interaction in stigmatizing marginalized groups (Goffman, 1963). By creating a safe space for ODMK, Griya Schizofren provides a means to practice social solidarity, strengthen positive identity, and build equal relationships among survivors, volunteers, and families. This underlines that resisting social marginalization and demanding identity recognition are core objectives of New Social Movements (Touraine, 1985). Furthermore, Goffman's framework helps explain how the everyday face-to-face interactions within Griya Schizofren gradually reconstruct the "spoiled identity" of ODMK into a socially validated identity. Through routine communication, laughter, and shared activities, stigma is contested not abstractly, but through embodied

social relations that redefine what it means to be mentally ill. This micro-level transformation aligns with Touraine's notion of New Social Movements, where cultural and symbolic struggles take precedence over material demands.

The emergence of Griya Schizofren also illustrates the transformation of a personal idea into a collective, value-driven movement. Triana's personal awareness, following her encounter with Griya PMI Peduli, evolves into a collective initiative through the Student Creativity Program (PKM), involving well over one hundred volunteers, which becomes the foundation of Griya Schizofren's volunteer community. This transformation reflects the main characteristics of New Social Movements, namely the shift from personal moral action to collective mobilization emphasizing cultural values, identity, and quality of life (Touraine, 1985). This movement does not focus solely on economic demands but instead highlights values such as dignity, empathy, and human rights. The creative products of Solvenesia serve as instruments of social affirmation and collective identity formation; ODMK involved in the production process are positioned as productive agents, challenging societal perceptions that previously regarded them as weak and alienated. Hence, Griya Schizofren represents a concrete articulation of Touraine's argument that modern social movements center around identity politics and cultural emancipation, rather than state-based struggles. The process of transforming personal experiences of stigma into collective empowerment marks a shift from individual awareness to collective social action.

Beyond internal activities, Griya Schizofren actively engages in public outreach and advocacy campaigns through social media, particularly its official Instagram account @griya.schizofren. Griya Schizofren uses this platform to disseminate educational information about mental health, share the experiences of survivors, and raise public awareness about the rights of ODMK. These campaigns broaden advocacy reach, mobilize public support, and increase societal awareness of mental health issues. In issues such as mental health, social media functions to counter stigma through digital campaigns, sharing personal experiences, and creating a virtual safe space (Papacharissi, 2015). In the context of social movements, such practices are characteristic of New Social Movements. In today's network society, expanding the ideas championed by New Social Movements relies more on the use of social media than on traditional pamphlets or physical meetings (Castells, 2012; Gerbaudo, 2012). The use of digital platforms also complements offline empowerment, providing ODMK with both physical and virtual spaces of recognition. These hybrid interactions reinforce the democratization of discourse about mental health, in line with Habermas's notion of an expanded and inclusive public sphere.

Moreover, Griya Schizofren actively builds partnerships with various stakeholders using the pentahelix approach, a collaborative model involving five key elements: Academics, Business, Community,

Government, and Media (often abbreviated as ABCGM). This approach aims to foster innovation, support the development of research-based educational content, organize joint activities, and conduct online and offline mental health campaigns. Such collaboration enhances the movement's legitimacy, enables advocacy messages to reach wider audiences, and strengthens the community's position as a credible social change agent. Nevertheless, maintaining such partnerships requires balancing external support with organizational autonomy, an ongoing negotiation that underscores the community's commitment to remain independent while expanding its social impact.

The dedication of Griya Schizofren, initiated by Tria, in empowering ODMK receives formal recognition through the Semangat Astra Terpadu Untuk (SATU) Indonesia Awards. This award represents an appreciation for young people who demonstrate leadership and bring about positive change in the fields of health, education, environment, entrepreneurship, and technology. The public sphere is an arena that enables citizens to participate in rational-critical discourse to discuss matters of common concern (Habermas, 1989). In this context, Griya Schizofren not only serves as a safe space for persons with psychosocial disabilities (ODMK) but also functions as a medium of public communication that highlights the importance of mental health in Indonesia.

On the other hand, the recognition from the SATU Indonesia Awards further expands the scope of this alternative public sphere into a broader arena bridging interactions between grassroots communities and state as well as private institutions. This resonates with Habermas's idea that a healthy public sphere must allow the voices of marginalized groups to gain legitimacy and public attention (Fraser, 1990). In other words, the award is not merely a symbol of appreciation but also a means to strengthen the position of mental health issues within the national public discourse. Such institutional recognition also indicates the gradual normalization of mental health advocacy within Indonesia's broader civil society sphere, showing how community-based initiatives like Griya Schizofren influence national narratives and contribute to democratizing the public conversation about mental health.

Overall, the analysis shows that Griya Schizofren is a concrete example of a new social movement in Indonesia focusing on mental health issues. The community successfully integrates community-based empowerment, public advocacy, collective identity development, and cross-sector collaboration to reduce social stigma and marginalization against ODMK. The success of this movement lies not only in the services provided but also in its ability to construct new social narratives, create safe spaces, and gain public legitimacy, which ensures its sustainability. These findings reaffirm the relevance of New Social Movements as an analytical framework to understand social dynamics and advocacy strategies that emphasize the recognition of minority rights.

At the same time, the case of Griya Schizofren highlights that the transformation of stigma into

empowerment is a continuous process, sustained by daily social interactions, communicative engagement, and the creative use of both online and offline spaces. This illustrates how theory and practice intersect, where Goffman's micro-level interactions, Habermas's communicative rationality, and Touraine's identity-based mobilization converge in a living example of inclusive social transformation.

Conclusion

Based on the findings, Griya Schizofren in Surakarta represents a concrete manifestation of a New Social Movement (NSM) that focuses on mental health issues. This community creates a safe space for psychosocial recovery, strengthens the collective identity of survivors, and gains public legitimacy through cross-sectoral collaboration strategies and social advocacy. The success of Griya Schizofren demonstrates that community-based empowerment not only plays a role in providing social services but also serves as a medium for constructing new social narratives and challenging the stigma attached to persons with psychosocial disabilities (ODMK).

The academic contribution of this study lies in its explanation that Griya Schizofren extends the application of the New Social Movement framework into the realm of mental health by integrating three main dimensions: psychosocial recovery, economic empowerment, and public advocacy. Thus, this study enriches our understanding of how New Social Movements operate within the context of mental health issues, while also underscoring the relevance of holistic approaches in advocacy strategies aimed at reducing stigma and social marginalization.

References

Amaluddin. (2025). *Dinsos Jatim Catat 248 ODGJ Masih Dipasung*. Metrotvnews.Com. https://www.metrotvnews.com/read/KvJCLlZB-dinsos-jatim-catat-248-odgj-masih-dipasung

Arawindha, U. (2023). Advokasi Hak Penyandang Disabilitas sebagai Gerakan Sosial Baru di Kota Semarang. *Inklusi*, *10*(2), 175–196. https://doi.org/10.14421/ijds.100203

Castells, M. (2012). *Networks of outrage and hope: Social movements in the Internet age*. Polity Press.

Danukusumah, F., Suryani, S., & Shalahuddin, I. (2022). Stigma Masyarakat Terhadap Orang Dengan Gangguan Jiwa (ODGJ). *Jurnal Ilmu Kesehatan Masyarakat*, *11*(03), 205–212. https://doi.org/10.33221/jikm.v11i03.1403

Farber, S. (2012). *The spiritual gift of madness: The failure of psychiatry and the rise of the mad pride movement*. Simon and Schuster.

Fatia, D., & Sugandi, Y. S. (2019). Gerakan Tanpa Sedotan: Hindari Kerusakan Lingkungan. *Jurnal Pemikiran Dan Penelitian Sosiologi*, *3*(2), 66–75.

Fauziyah, T. A. (2025). *176 ODGJ di Jateng Masih Jadi Korban Pemasungan*. Kompas.Com. https://regional.kompas.com/read/2025/05/28/052251878/176-odgj-di-jateng-masih-jadi-korban-pemasungan

Fraser, N. (1990). Rethinking the Public Sphere : A Contribution to the Critique of Actually Existing Democracy. *Social Text*, *26*(25), 56–80.

Gerbaudo, P. (2012). *Tweets and the streets: Social media and contemporary activism*. Pluto Press.

Goffman, E. (1963). *Stigma: Notes On The Management of Spoiled Identity*. Prentice-Hall.

Habermas, J. (1989). The structural transformation of the public sphere: an inquiry into a category of bourgeois society. In *Choice Reviews Online* (Vol. 27, Issue 07). Polity Press.

Kementerian Kesehatan RI. (2019). Laporan Riskesdas 2018 Nasional. In *Lembaga Penerbit Balitbangkes*. Lembaga penerbit Badan Penelitian dan Pengembangan Kesehatan. https://repository.badankebijakan.kemkes.go.id/id/eprint/3514/1/Laporan Riskesdas 2018 Nasional.pdf

Kementerian Kesehatan RI. (2023). Survei Kesehatan Indonesia (SKI) 2023 Dalam Angka. In *Badan Kebijakan Pembangunan Kesehatan*.

Lestari, W., & Wardhani, Y. F. (2014). Stigma dan Penanganan Penderita Gangguan Jiwa Berat yang Dipasung. *Buletin Penelitian Sistem Kesehatan*, *17*(2), 157–166.

Melucci, A. (1996). *Challenging Codes: Collective Action in the Information Age*. Cambridge University Press.

Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis: A methods sourcebook*. Sage Publications.

Nofrima, S., & Qodir, Z. (2021). Gerakan Sosial Baru Indonesia: Studi Gerakan Gejayan Memanggil 2019. *Jurnal Sosiologi Reflektif*, *16*(1), 185–210. https://doi.org/10.14421/jsr.v16i1.2163

Papacharissi, Z. (2015). *Affective publics: Sentiment, technology, and politics*. Oxford University Press.

Pescosolido, B. A., Martin, J. K., Long, J. S., Medina, T. R., Phelan, J. C., & Link, B. G. (2010). "A disease like any other"? a decade of change in public reactions to schizophrenia, depression, and alcohol dependence. *American Journal of Psychiatry*, *167*(11), 1321–1330. https://doi.org/10.1176/appi.ajp.2010.09121743

Pohan, B., & Sugandi, Y. S. (2019). Bike To Campus: Suatu Gerakan Sosial Baru Berbasis Komunitas Sepeda. *Jurnal Manajemen Pelayanan Publik*, *2*(2), 134. https://doi.org/10.24198/jmpp.v2i2.22564

Polletta, F., & Jasper, J. M. (2001). Collective identity and social movements. *Annual Review of Sociology*, *27*(1), 283–305. https://doi.org/https://doi.org/10.1146/annurev.soc.27.1.283

Pratisto, P. (2022). *Gerakan Sosial Baru: Studi Tentang Kontribusi Benua Lestari Indonesia Dalam Mengatasi Permasalahan Lingkungan Hidup Di Kota Tangerang*. *1*(2), 5–24. http://repo.iain-tulungagung.ac.id/5510/5/BAB 2.pdf

Rahayu, H., & Nugraha, E. (2024). Stigma Masyarakat Terhadap Pasien Orang dengan Gangguan Jiwa di Wilayah Kerja UPT Puskesmas Pasawahan Kota Bandung: Implikasi Konseling Psikososial. *Jurnal Bimbingan Dan Konseling Islam*, *14*(1), 19–32. https://doi.org/https://doi.org/10.29080/jbki.2024.14.1.19-32

Rashed, M. A. (2023). Mad pride and the creation of culture. *Royal Institute of Philosophy Supplements*, *94*, 201–217. https://doi.org/https://doi.org/10.1017/S1358246123000188

Schrader, S., Jones, N., & Shattell, M. (2013). Mad pride: Reflections on sociopolitical identity and mental diversity in the context of culturally competent psychiatric care. *Issues in Mental Health Nursing*, *34*(1), 62–64. https://doi.org/10.3109/01612840.2012.740769

Singh, R. (2010). *Gerakan Sosial Baru*. Resist Book.

Sulistyowati, A., & Kusumah, M. S. (2017). Analisis Wacana Gerakan Sosial Baru Mahasiswa: Studi tentang Gerakan Pendidikan Nonformal oleh Swayanaka di Jember Discourse Analysis of Student New Social Movement: Study of the Non Formal Education by Swayanaka in Jember. *E-Sospol*, *4*(2), 107–114.

Tirta, I. (2022). *4.304 ODGJ di Indonesia Hidup dalam Pemasungan*. Republika.Co.Id. https://news.republika.co.id/berita/rja5el485/4304-odgj-di-indonesia-hidup-dalam-pemasungan

Touraine, A. (1985). An Introduction to the Study of Social Movements. *Social Research*, 749–787.

Widyawati, N. (2023). *Triana Rahmawati, Ajak Masyarakat Merangkul ODMK Lewat Griya Schizofren!* Anugrah Pewarta Astra. https://anugerahpewartaastra.satu-indonesia.com/2023/artikel/4186/