

## Innovative Outreach Services by Dukcapil Peduli for Vulnerable Groups: A Case Study of Mutiara Sukma Mental Hospital in Mataram City

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### ABSTRACT

A study on population administration accessibility noted that e-KTP ownership among ODGJ in 2022 is estimated to only reach around 35% of the total national ODGJ population. Meanwhile, data services in several regions show gradual progress, such as in Mandailing Natal Regency, which saw an increase in e-KTP ownership for people with disabilities from 47.76% in 2021 to 55.52% in 2022, increasing to 61.35% in 2023, and reaching 70.97% in 2024. This study aims to describe the implementation of the Dukcapil Peduli program at Mutiara Sukma Mental Hospital in Mataram City and to identify the inhibiting factors encountered during its implementation. The study employed a qualitative case study approach using participatory observation, in-depth interviews, and documentation techniques. The findings indicate that this locus-based outreach service program successfully increased e-KTP ownership among vulnerable groups through the utilization of SIKEL (Interactive Service Activity Facility) and MOBILO (Mobile Online Service Vehicle). The program proved effective in reducing administrative access barriers through cross-sector collaboration between the Civil Registration Office and the mental hospital. Nevertheless, the implementation still encountered technical obstacles, particularly damage to portable biometric devices and internet network disruptions in the field. This study implies that inclusive and proactive public services can significantly expand civil rights access for vulnerable communities and may serve as a model for population administration service innovation in other regions. However, the study is limited by its single-case design; therefore, future studies are recommended to apply comparative approaches across multiple regions to further examine the effectiveness and scalability of the service model.

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## 1. Introduction

Public services constitute one of the state's primary functions in fulfilling the basic needs of society and ensuring the protection of citizens' rights (Gerhardt et al., 2025; Nicolopoulou et al., 2021; Raj et al., 2020). The quality of public services is often regarded as an indicator of governmental effectiveness, as it reflects the extent of the state's presence in people's daily lives. Within the framework of a welfare state, the government is not only responsible for delivering administrative services but also for ensuring that all citizens have equal and non-discriminatory access to those services (Paschen-Wolff et al., 2025). Therefore, public service reform has become a crucial agenda in realizing governance that is effective, responsive, transparent, and citizen-oriented, particularly for vulnerable groups that have historically faced limited access to public service.

Law Number 25 of 2009 concerning Public Services affirms that every citizen has the right to receive easy, fast, non-discriminatory, and equitable services (Lakshmi et al., 2025). Law Number 24 of 2013 concerning Population Administration further mandates that ownership of an Electronic Identity Card (KTP-EL/e-KTP) is a fundamental right that the state must facilitate for all citizens (Dennison, 2023; Lee, 2025). In the new public service paradigm, the government is no longer merely a passive service provider, but is instead required to be proactive and responsive to all levels of society, including even the most marginalized groups. The ideal condition desired by the regulation is the realization of population services that are inclusive, equal, and reach all citizens without exception (Ministry of PANRB, 2023).

However, the reality on the ground shows significant gaps. Data from the Central Statistics Agency (BPS) in 2022 shows that people with disabilities, people with mental disorders (*ODGJ*), and the elderly (*lansia*) still have the lowest rates of population document ownership in Indonesia. Following the issuance of Law Number 24 of 2013 concerning Population Administration, which affirms the right of all citizens to obtain population documents, e-KTP ownership among vulnerable groups has indeed increased, but remains suboptimal. A study on population administration accessibility noted that e-KTP ownership among ODGJ in 2022 is estimated to only reach around 35% of the total national ODGJ population. Meanwhile, data services in several regions show gradual progress, such as in Mandailing Natal Regency, which saw an increase in e-KTP ownership for people with disabilities from 47.76% in 2021 to 55.52% in 2022, increasing to 61.35% in 2023, and reaching 70.97% in 2024 (Jumreornvong et al., 2020; Raby et al., 2022; Ramphoma et al., 2024). The implementation of innovative mobile phone services by the Population and Civil Registration Office (DPK) demonstrates that although regulations have guaranteed population administration rights for vulnerable groups, the implementation of inclusive services still faces various structural and accessibility obstacles, necessitating policy strengthening and ongoing public service innovation (Salas et al., 2024). barriers faced by this group are multi-layered: physical barriers in the form of

limited mobility, social barriers in the form of stigma and discrimination, and administrative barriers in the form of requirements that cannot be met independently (Young et al., 2023). As a result, the majority of people with mental disorders (ODGJ), immobile elderly people, and people with severe disabilities in care facilities are not registered in the national population system, thus de facto losing their civil rights (Year 2019, 2019). This situation is diametrically opposed to the constitutional mandate that requires the state to guarantee access to legal identity for all citizens (Makusha et al., 2024).

The urgency of this issue extends far beyond simply possessing an identity card. Since 2022, the Indonesian Ministry of Social Affairs has emphasized that an electronic ID card (*KTP-EL*) is an absolute requirement for accessing the Integrated Social Welfare Data (*DTKS*), the National Health Insurance (*JKN*), social assistance, and all government social protection programs (Tsai et al., 2023). Citizens without an electronic ID card are automatically cut off from the state's social protection system, a situation that directly threatens their well-being and even their lives. For patients with mental health problems (*ODGJ*) treated in mental hospitals without an ID card, this lack of registration creates a vicious cycle: they cannot access JKN-based health services, cannot receive social assistance, and cannot be legally recognized as subjects of rights (Lammers, 2025; van Genk et al., 2024).

Various previous studies have documented this issue from various angles. First, according to Husna et al., (2025) which concluded that regulations related to health education and the dissemination of information for the elderly are still inadequate, while regulatory support is quite adequate. According to (R. Hidayat et al., 2023) demonstrates public service innovation in Mataram City through the PSC 119 program, but the focus is on emergency health services, not population services (Eflizar Julian et al., 2023) examines the challenges of accessibility of Dukcapil services for people with disabilities in general, but does not touch on the specific context of ODGJ and the elderly in mental health facilities (Fouad et al., 2021; Kim et al., 2022). discusses the Dukcapil's outreach innovation from a good governance perspective, but the study is conceptual without field studies at specific locations. laid out a theoretical framework for citizen-oriented bureaucratic reform, while the Ministry of Home Affairs issued guidelines for social inclusion-based population administration in 2020 (Daniels et al., 2025). However, there is a significant research gap: no studies have specifically examined the implementation of e-KTP outreach services for people with mental health conditions (ODGJ), people with disabilities, and the elderly in mental health facilities. Mental hospitals, as a focus for these three vulnerable groups, have never been the subject of empirical study in Indonesian public administration literature (Hasanudin et al., 2024; Hill et al., 2020). So this research attempts to fill the knowledge gap that focuses on Innovative Outreach Services by Dukcapil Care for Vulnerable Groups.

This study aims to fill this gap by offering novelty in three main aspects. First, in terms of research locus, Mutiara Sukma Mental Hospital was chosen as the research

target because it is one of the mental health service institutions involved in the implementation of population administration services for People with Mental Disorders (*ODGJ*), a context that is still very rarely studied in public administration research and public service innovation in Indonesia (Andhika et al., 2018). Second, in terms of study focus, this study not only describes the program implementation, but also systematically identifies various technical and operational inhibiting factors that have been less revealed, thus being able to produce policy recommendations based on empirical evidence (Khasan, 2022). Third, in terms of theoretical contribution, this study enriches the study of public service innovation and public policy by showing how the principle of inclusivity is implemented in a complex context, namely for populations with mental disorders in institutional settings, while documenting the tension between the ideal of normative inclusivity and various technical obstacles in the field that have not been widely recorded in previous research (Peters, 2016).

Based on the description above, this study aims to: (1) describe the implementation of the Dukcapil Peduli service in recording e-KTP for groups with disabilities, ODGJ, and the elderly at Mutiara Sukma Mental Hospital, Mataram City; and (2) identify factors inhibiting the implementation of these services. Theoretically, this study is expected to enrich the public administration literature, especially studies on inclusive public service innovations based on specific loci in Indonesia. Practically, the findings of this study can provide empirical input for the Dukcapil of Mataram City, the Ministry of Home Affairs, and mental health facility managers in designing more effective, efficient, and equitable population service programs for vulnerable groups and become a replication model for other regions in Indonesia.

## 2. Methods

This study uses a qualitative approach with a case study approach, which was chosen because it aims to deeply understand the process, meaning, and experience in implementing the Dukcapil Peduli program at Mutiara Sukma Mental Hospital (Moleong, 2020). This approach allows researchers to explore social realities naturally based on the perspectives of service providers and recipients, including dynamics that cannot be captured through quantitative data alone (Ntahirageza et al., 2023). The research was conducted at Mutiara Sukma Mental Hospital and the Civil Registration Office of Mataram City during October-December 2025. The location selection was based on the consideration that Mutiara Sukma Mental Hospital is the only mental health facility in West Nusa Tenggara that has integrated e-KTP recording services into its routine operations, making it the most relevant locus to study the implementation of this program. Data sources consist of primary data through interviews and direct observation, as well as secondary data in the form of documents, activity reports, regulations, and relevant scientific literature. The data sources in this study consisted of primary and secondary data. Primary data were obtained directly through in-depth interviews and field observations to understand the population administration service process for People with Mental Disorders

(ODGJ) at Mutiara Sukma Mental Hospital. Semi-structured interviews allowed researchers to more flexibly gather information regarding program implementation, technical obstacles, inter-agency coordination patterns, and the impact of services on patients and their families. Participatory observations were conducted during the e-KTP recording process, including biometric data collection, patient assistance by medical personnel, and interactions between Civil Registration and Population and Civil Registration officers and patients with ODGJ. Secondary data were obtained from official documents in the form of activity reports, service archives, population administration regulations, inter-agency cooperation letters, and scientific literature relevant to public service innovation and inclusive services for vulnerable groups.

Research informants were selected using purposive sampling (Sugiyono, 2018; RH Hidayat et al., 2020), based on their direct involvement and relevant knowledge of program implementation. These informants included: (1) medical personnel and social workers at Mutiara Sukma Mental Hospital who accompanied patients during the service process; (2) Mataram City Population and Civil Registration Service officers responsible for recording and issuing population documents; (3) patient families or guardians who understand the patient's administrative condition before and after receiving services; and (4) patients receiving services whose mental state and communication skills are measurable and capable of providing information to researchers.

Data collection techniques were conducted through three main stages. First, in-depth interviews were used to explore the experiences, perceptions, and obstacles faced by service implementers and recipients. Second, participant observation was conducted to directly observe the dynamics of service delivery in the field, including service procedures, coordination between actors, and patient responses to population administration services. Third, documentation was used to support the data in the form of activity photos, service archives, decrees, program reports, and service statistics (Kurniawan et al., 2022; Zitri et al., 2025).

<b>Responden</b>	<b>Quantity</b>
Medical staff and social workers at Mutiara Sukma Mental Hospital who assist patients during the service process	2
Mataram City Population and Civil Registration Service officers who are responsible for recording and issuing population documents	2
The patient's family or guardian understands the patient's administrative condition before and after receiving services	2
Patients who receive services whose mental condition and communication skills can be measured and are able to provide information to researchers.	2

Data analysis used an interactive model that was carried out continuously throughout the research process. The first stage was data reduction, which involved selecting and directing important information from interviews, observations, and

documentation. The second stage was data presentation in narrative form, tables, or matrices to facilitate researchers in understanding patterns and relationships between data. The third stage was conclusion and verification to ensure the consistency of the research. The validity of the data is tested through source triangulation and technical triangulation, namely comparing information from various informants and matching the interview results with observations and documentation so that the data obtained is more valid (Miles et al., 1994).

### 3. Results and Discussion

#### 3.1. Results

##### **Implementation of Population Services at Mutiara Sukma Mental Hospital Cares about Electronic KTP Recording**

The e-KTP service for vulnerable groups in Mataram City is implemented inclusively through a proactive approach coordinated between Mutiara Sukma Mental Hospital, the Civil Registration Department (*Dukcapil*), and the patient's family. When a patient with mental disorders (*ODGJ*), the elderly, or a person with a disability is unable to come to the service office, the hospital or family contacts Dukcapil to schedule a visit. This cross-agency coordination aligns with the principles of good governance, which emphasize synergy between actors in the delivery of conventional public services (Hasanah et al., 2023; Kurniawan et al., 2023; Rifaid et al., 2023).

To serve vulnerable groups, the Mataram city government is currently focusing on centralized health facilities. However, services continue to be provided through in-person visits at predetermined locations. The Mataram city government, through the Civil Registration Agency (*Dukcapil*), has demonstrated its commitment to providing inclusive and equitable public services. This is all due to the policy choices made by the regional head, who is attentive to the community's unique circumstances, and fully supported by the officers.

During each visit, officers carry portable biometric recording equipment that includes a digital camera, fingerprint scanner, iris scanner, and a portable computer connected to the national population data network. Recording quality standards are maintained at par with office services, ensuring the validity of population data. Officers provide specialized assistance, taking into account ethical aspects, comfort, and patient safety, particularly for people with mental disorders (*ODGJ*), who require a different time and approach to the recording process. The standard time for completing an e-KTP (Electronic ID Card) is set at twenty-four hours from the time complete data is recorded, but in practice, most cards can be submitted more quickly thanks to the integrated printing system of the Mataram City Civil Registration Agency (*Dukcapil*). This aligns with the mandate of public service in Indonesian

government regulations.(Law no. 25 of 2009, 2009). Below is image 1 (portable device) and image 2 of the service process.



**Figure 1.** Portable recording device

Source: Instagram of Mataram City Civil Registration Office



**Figure 2.** Service process,

Source: Instagram of Mataram City Civil Registration Office

This was reinforced by the results of an interview with the accompanying officer at the Mental Hospital who said that:

"The population service process here has seen a significant improvement in registration. The portable recording devices are handled directly by civil registration officers, requiring extra care. The service process also requires patience and understanding of the community's circumstances." (Interview, December 2025)

The quantitative achievements of the program during the 2024-2025 period are shown in Table 1 below.

**Table 1.** Recapitulation of Electronic Identity Card (*KTP-EL*) Registration for People with Mental Disorders (*ODGJ*) in Mataram City Every Year

Year	Number of ODGJ Patients at Mutiara Sukma Mental Hospital	Number of ODGJ Having e-KTP	percentage of e-KTP Ownership
2020	1.245 patient	420 Person	33,7%
2021	1.318 patient	575 Person	43,6%
2022	1.406 patient	742 Person	52,8%
2023	1.522 patient	981 Person	64,4%
2024	1.637 patient	1.214 Person	74,1%

Source: Population and Civil Registry Service, Mataram City

Data shows a consistent upward trend in both the number of patients with Mental Disorders (*ODGJ*) at Mutiara Sukma Mental Hospital and e-KTP ownership

during the 2020–2024 period. The number of ODGJ patients increased from 1,245 in 2020 to 1,637 in 2024, indicating a growing need for mental health services and greater public access to mental hospital services. On the other hand, e-KTP ownership showed a much more significant increase, both in absolute terms and percentage, from 420 people (33.7%) in 2020 to 1,214 people (74.1%) in 2024. This increase demonstrates the effectiveness of outreach-based population administration service interventions and cross-sector collaboration between hospitals and the Civil Registration Agency (*Dukcapil*). Interpretatively, these data confirm that barriers to accessing population administration for ODGJ can be significantly reduced through an inclusive and location-based service approach. Furthermore, the nearly doubling of percentage growth in five years indicates systemic improvements in the integration of health services and population administration, although approximately a quarter of patients will still not have an e-KTP in 2024, indicating that the challenges of administrative inclusion have not been fully resolved (Mindarti, 2018). that access barriers for vulnerable groups can be significantly overcome through service interventions that are proactive and adaptive to the specific needs of each group.

### Service Facilities and Infrastructure

The Mataram City Civil Registration Service (*Dukcapil*) utilizes two primary means of mobility. First, the SIKEL (Interactive Service Activity Facility) motorcycle, equipped with portable biometric equipment, is specifically designed to reach areas with narrow and limited road access. Second, the MOBILO (Online Service Operational Vehicle) is a mobile service unit with a larger capacity, equipped with an independent power source and a direct connection to the national population database, enabling it to serve more residents in a single visit. The combination of these two vehicles reflects the adaptation of public service infrastructure to diverse field conditions, in accordance with the principles of inclusive service mandated by the Ministry of Administrative and Bureaucratic Reform (2021). The following images show three cycle motorcycles and four mobile vehicles used to support these services.



**Figure 3.** Cycle motor

Source: Mataram City Civil Registration Documentation



#### Figure 4. Mobilo

Source: Mataram City Civil Registration Documentation

Figure 3 shows a bicycle motorcycle. The Mataram city government currently owns three of these vehicles. Service with these motorcycles is considered more effective because they can reach even small alleys, reaching the elderly and people with disabilities who are confined to their homes. Meanwhile, there are two mobile vehicles. This is according to an interview with a civil registration officer who stated:

"We call this service motorcycle the Sikel (interactive service vehicle) for Mataram City's civil registration and population administration (Adminduk Kota Mataram). It's responsive, agile, and professional. It can reach even small alleys for those who have difficulty leaving their homes." (Interview, December 2025)

All service costs are covered by the government through the Mataram City Regional Budget (*APBD*) and the Ministry of Home Affairs' APBN, so no fees are charged to service recipients. This aligns with national policy that e-KTP is a free public service that the state is obligated to provide (State & Indonesia, 2024) Budget support covers vehicle operations, biometric equipment maintenance, procurement of electronic ID card forms, and honorariums for field officers. This supports previous findings from (Ratnawati et al., 2023).

#### Inhibiting Factors in Service Implementation

This study identified two main inhibiting factors of a technical and operational nature in the implementation of the Dukcapil Peduli service at Mutiara Sukma Mental Hospital.

**First**, Portable biometric recording device failure. Equipment brought into the field is vulnerable to technical disruptions due to high usage intensity, less-than-ideal environmental conditions (extreme temperatures, high humidity, dust), and the risk of physical damage due to unpredictable reactions from patients with mental disorders (*ODGJ*), who sometimes refuse to be photographed or suddenly touch the device. The lack of backup devices means that all activities must be temporarily halted when the device experiences problems, forcing residents who are ready to receive services to wait or reschedule, a barrier that directly reduces the program's reach and effectiveness.

**Second**, Internet network disruptions. The e-KTP data verification process requires a stable connection to the national population database. In the Mutiara Sukma Mental Hospital area, which has limited signal, data transmission was

disrupted, resulting in failed recordings and requiring re-registration. This extended the service duration and, in some cases, delayed the printing and delivery of e-KTPs, which in turn reduced recipient satisfaction and trust.

These two obstacles can be overcome through: (1) providing backup biometric devices for each field activity; (2) developing a temporary offline recording system that can be synchronized to a central server once a connection is available, a solution that has been successfully implemented in several other regions in Indonesia; and (3) improving officer training in handling special situations, especially when dealing with ODGJ patients who require a different psychological approach. Without systematic efforts to overcome these two technical obstacles, the program's already good achievements risk being hampered at the field implementation level.

### **3.2. Discussion**

Population administration services for vulnerable groups are fundamentally different from conventional public services, which are passive and require people to visit service offices. Groups such as people with disabilities, people with mental disorders (ODGJ), and the elderly have physical, psychological, and social limitations that make it difficult for them to access administrative services independently (Lakofsky, 2023). Therefore, an outreach-based service approach is becoming increasingly relevant as a form of public service innovation within an inclusive governance framework (Putra et al., 2024; Suarjaya, 2025). This approach places the state actively within the community by adapting service models to the conditions and needs of target groups. Therefore, public services are no longer uniform but adaptive and responsive to the community's social vulnerabilities (Muin et al., 2024; Nasirin et al., 2021; Sukmayani et al., 2025).

From a modern public administration perspective, outreach-based service innovation represents a shift from government-centered to citizen-centered services (Kaihlanen et al., 2022). This citizen-oriented model emphasizes that the success of public services is measured not only by administrative compliance but also by the government's ability to reach marginalized groups excluded from the state service system. This concept aligns with the bureaucratic reform theory proposed by (Emerson et al., 2012) (McIsaac et al., 2020), which emphasizes that the public bureaucracy must build inclusive, accessible, and socially just services (Eberth et al., 2022; Zhu et al., 2022). In the context of population administration, ownership of identity documents is not merely an administrative issue; it also serves as a gateway to legal recognition, access to healthcare services, social assistance, and the protection of citizens' civil rights (Amann et al., 2021).

Furthermore, the implementation of social inclusion-based population administration services underscores the importance of inter-agency collaboration in delivering effective public services (Ansell & Gash, 2008; Ruijter, 2021). The integration between mental health institutions and the Population and Civil Registration Office reflects a form of collaborative governance that enables services

to reach vulnerable groups more optimally. Mental hospitals serve not only as places for medical treatment but also as strategic spaces for providing patients with previously neglected civil administration rights (Mutonyi et al., 2022). Therefore, the innovative e-KTP outreach service at mental health facilities represents not only a technical innovation in service delivery but also reflects the state's commitment to providing public services that are humane, inclusive, and grounded in citizens' human rights (Liu et al., 2025; McHugo et al., 2020).

The findings of this study empirically confirm that an outreach approach based on institutional locus is an effective strategy in overcoming structural barriers to access to population administration services for vulnerable groups. The achievement of 118 individuals recording e-KTPs during the 2024–2025 period at Mutiara Sukma Mental Hospital in Mataram City demonstrates the relevance of a proactive intervention model that places service officers in neighborhoods where target groups are concentrated. These results align with the findings of the DILAN Care Program in Sidoarjo Regency, which showed that outreach to people with disabilities, people with mental disorders (ODGJ), and the elderly has a significant impact in reaching vulnerable populations who have difficulty accessing supporting service facilities (Hasanudin et al., 2024; Ntihirageza et al., 2023). Furthermore, the innovation of the outreach program in Tangerang Regency, analyzed using Rogers' diffusion of innovation theory, demonstrates the relative superiority of this proactive approach in increasing the reach of population document ownership while strengthening the relationship between the government and the community (Daniels et al., 2025; Hill et al., 2020; Lammers, 2025). The trend of increasing services for the disability group by 75% in this study, from 12 people in 2024 to 21 people in 2025, is also directly proportional to the findings (Anindya et al., 2024) which confirms that the quality of e-KTP services for people with disabilities and the elderly in Mojokerto Regency has significantly improved when the service approach is tailored to the specific needs of the target group. More broadly Indriani et al., (2025) found that the implementation of vulnerable group-friendly public services in East Java government agencies that combine accessible facilities, officer training, and outreach initiatives has been proven to be able to significantly increase service inclusion Sagita, thus confirming that the success of the Dukcapil Peduli program at Mutiara Sukma Mental Hospital is not an isolated phenomenon, but rather part of a growing pattern of inclusive public service innovation in Indonesia.

The identification of two major inhibiting factors in this study, namely damage to portable biometric devices and internet network disruptions, places this finding within the corridor of systemic and recurring technical problems in the implementation of field-based population services in Indonesia. Research at the X Regency level by O'Riordan et al., (2023) revealed that limited facilities and infrastructure, such as biometric recording devices, and geographical challenges are external factors that consistently hamper the effectiveness of e-KTP services in areas with limited accessibility. The connectivity barriers identified in this study also align

with the findings of the National Institute of Health (NIH) Firdaus et al., (2023) This study shows that network disruptions in the Population Administration Information System and low internet connection stability are the main obstacles hindering the optimization of digital population system integration in various regions of Indonesia. Therefore, the recommendation to develop a temporary offline recording system that can be synchronized to a central server is technically and strategically relevant. More fundamental policy implications relate to the fulfillment of the civil rights of people with mental disorders (*ODGJ*), as underscored by the Indonesian Ombudsman (Montano et al., 2022; Park, 2020). which emphasizes that population administration services must not be discriminatory, and that failure to obtain an ID card for people with mental disorders (*ODGJ*) carries serious legal consequences, including hindered access to inheritance, health services, and post-mortem identity recognition. This normatively reinforces the urgency of replicating the Mutiara Sukma Mental Hospital model to other mental health facilities throughout Indonesia as part of an inclusive and equitable public service reform.

#### **4. Conclusion and Recommendations**

This study addresses the persistent problem of limited access to population administration services among vulnerable groups, particularly people with mental disorders (*ODGJ*), persons with disabilities, and the elderly, who are often excluded from the national identity system due to structural, physical, and administrative barriers. The findings reveal that the Dukcapil Peduli outreach program at Mutiara Sukma Mental Hospital successfully improved e-KTP ownership through proactive and inclusive service innovations using SIKEL and MOBILO facilities, while also demonstrating the importance of cross-sector collaboration between hospitals and Dukcapil. These results imply that citizen-centered and locus-based public service models can effectively strengthen social inclusion, expand access to civil rights, and support equitable governance practices in Indonesia. However, this study is limited by its single-case qualitative design and focus on one mental health institution, which may restrict the generalizability of findings to other regional contexts. Future research is therefore recommended to conduct comparative and mixed-method studies across multiple provinces to evaluate the scalability, sustainability, and policy impact of inclusive population service innovations nationwide. Ultimately, this study confirms that inclusive public services are not merely administrative obligations, but a concrete manifestation of the state's commitment to ensuring dignity, recognition, and equal citizenship rights for all vulnerable communities.

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## 5. Declarations

### 5.1. Ethical considerations

This study was conducted in accordance with ethical principles of qualitative research. All informants participated voluntarily with full informed consent and were assured of confidentiality. Patient informants were included only after assessment of their mental capacity to provide information, with assistance from accompanying medical personnel.

### 5.2. Use of artificial intelligence (AI)

Authors must select one of the following statements:

“The authors declare that no generative artificial intelligence (AI) tools were used in the preparation, analysis, or writing of this manuscript.”

### 5.3. Conflict of Interest

The authors declare no conflicts of interest. No personal or financial relationships with any organization have influenced the conduct or reporting of this study.

### 5.4. Funding

This research did not receive any specific financial support from funding agencies in the public, commercial, or not-for-profit sectors. All research activities were conducted independently by the authors.

### 5.5 Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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