



## The Journal of **MacroTrends** in Health and Medicine

# Talk Active - A Promoting Program For Mental Toughness Through Peer Educator For Adolescent In Junior High School Jakarta 2015: Mental Health Assessment

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### Abstract

*In particular, this paper puts forward mental health promoting program at school because students need to get assistance. Talk active approach students through peer educators. Several factors modified such as curriculum, learning and teaching, environment. The studied give an overview mental health assessment for student in X high school and introduce talk active program and the strategies.*

Keywords: *Mental health, Talk active, student*

### 1. Introduction

Mental health and emotional disorders can contribute to the degree of public health. WHO predicts that mental health will be the second heaviest burden of health problems in the world after the cardiovascular diseases. Right now, mental health is not the priority agenda of health development worldwide, including Indonesia.

Indonesia's strategic plans of health development 2015 – 2019 do not prioritize mental health as its program. According to the Basic Health Survey on 2013, the prevalence of mental health disorder is 6%. Jakarta, as the capital city has 5.7% prevalence of mental health disorder. Fifty percent of mental health disorder starts at the age of 14. This number of mental health disorders in Jakarta is caused by psychosocial factors, including bad parenting. Nowadays, adolescent behavior indicates that their mental health toughness is decreasing. There are many factors contributing to the wrong behavior, one of them is the absence of program that educate them about mental health toughness. Schools in Jakarta actually have a counseling program, but it is not effective. A study showed that 52.5% of counseling sessions tend to be empty, while others said it only

provide information regarding academic business such as higher education information.

Notosoedirjo and Latipun (2005) stated that there are so many ways to define mental hygiene. 1) the absence of mental disorder, 2) unable to cop any stressor, 3) fit in their capacity an harmonious with the environment, and 4) growing positively. The diagnosis of mental and emotional health disorder according to WHO ICD-X are depression, hyperkinetic, behavioral and emotional disorder, and social dysfunction. Rudolf and Rutter studied on depression level of adolescents are higher than in children or adults.

Mental health condition of adolescents is very important to be concerned because it is one of the most critical phases of human's development both physically and mentally. If someone pass this critical phase right, they will be a healthier adults too. In order to increase the mental health degree in the society, we have to raise awareness regarding mental health issue first. By conducting researches to obtain the risk factors of mental health disorders, and developing program that suits the target needs.

The goal of this paper is to have alternatives on early detection of mental health and emotional disorders, especially in middle school students by maximizing the role of school's counselor to build mental health toughness also the role of peer groups among students. By the data collected in X junior high school East Jakarta, there will be an overview of the mental health condition of the students, especially grade 8. Finally, we can conclude the program that suits best for the condition and target students.

## **2. Method**

### *Measures*

The Strengths and Difficulties Questionnaire (SDQ) served as the measurement of child mental health condition. The SDQ has several criteria such as Emotional Symptoms, Conduct Problem, Hyperactivity-Inattention, Peer Problem, and Pro-social Behavior). All are scored into three point scale. All criteria except Pro-social behavior summed up into Total Difficulties Score (Goodman, 2001).

### *Study Sample*

In this study, 50 samples were chosen, but 3 were missing and unable to analyze because of non-valid data related age criteria and incomplete answer. The students were picked with selective sampling. The criteria are students in grade 8 or sophomore year, and also have visited counseling teachers outside the studying hours. We also did an interview with the counseling teachers to gather more information regarding the students' habit and behavior at school. We used SPSS version 19 for Windows for data analyses.

### **3. Discussion**

This studied conducted in East Jakarta for giving an overview related with student mental health so school and stakeholder could make an intervention or mental health program to increase awareness of mental health and student degrees of health. Mental health is defined with an absence condition from feeling guilty and able to cope the stressor (Pieper and Uden. 2006). Several factors influence mental health condition. This study gives an overview by asking several question based on SDQ (Strengths & Difficulties Questionnaire).

<b>Table 1. Baseline characteristics participant backgrounds</b>		
No.	Category	n (%)
<b>Family</b>		
1.	Self openness to family - Often - Sometimes - Never	6 (12.8) 35 (74.5) 6 (12.8)
2.	Communication with parents - Often - Sometimes - Never	4 (8.5) 27 (57.4) 16 (34.0)
3.	Parenting - Authoritarian - Ambitious - democratic	14 (29.8) 10 (21.3) 23 (48.9)
4.	Debating with parents - Often - Sometimes - Never	5 (10.6) 34 (72.3) 8 (17.0)
5.	Parenting taught about responsibility, honesty etc - yes - no	43 (91.5) 4 (8.5)
<b>School</b>		
1.	Difficulties study at school - yes - no	14 (29.8) 33 (70.2)
2.	Supportive environment - yes - no	39 (83.0) 8 (17.0)
3.	Had a problem with teacher - yes - no	9 (19.1) 38 (80.9)
<b>Peer</b>		
1.	I have a peer group - yes - no	17 (36.2) 30 (63.8)
2.	We caused a problem - often - sometimes - never	3 (6.4) 25 (53.2) 19 (40.4)
3.	I was bullied so I always afraid - often - sometimes - never	1 (2.1) 17 (36.2) 29 (61.7)
4.	I fight with my friends - often - sometimes - never	0 27 (57.4) 20 (42.6)
5.	I tell my problems to my friend - often - sometimes - never	10 (21.3) 32 (68.1) 5 (10.6)

<b>Table 2. Samples Mental Emotional distribution data</b>		
No.	Category	n (%)
1	Total Difficulties Score	1.47 (SD = 0.747)
	a. Normal	32 (68.1)
	b. Borderline	8 (17.0)
	c. Abnormal	7 (14.9)
2	Hyperactivity	1.43 (SD = 0.715)
	a. Normal	33 (70.2)
	b. Borderline	8 (17.0)
	c. Abnormal	6 (12.8)
3	Conducting Problem	1.17 (SD = 0.433)
	a. Normal	40 (85.1)
	b. Borderline	6 (12.8)
	c. Abnormal	1 (2.1)
4	Peer Problem	1.30 (SD = 0.548)
	a. Normal	35 (74.5)
	b. Borderline	10 (21.3)
	c. Abnormal	2 (4.3)

Of 47 samples participate in this studied, 14.9% samples were indicated have a mental health disorder (table.2). Based on National Health Research, 2007 Indonesian prevalence affected mental health disorder >15 years old were 11.6%. It means, students in X junior high school had higher prevalence than Jakarta. In line with this phenomenon, students need further assessments and mental health assistance. This finding can foster children to warrant a general awareness of their welfare. Furthermore, students who close to their family only 12.8% and sometimes they communicate with their parents 57.4% (table.1) can figure out confounding factor that involve to their mental health. Most people have their first experience being loved and respected in their family of origin (Belenky et al., 1997). Family can comfort students while having hard time at school. Indeed, absence of family role (shown in table.1) can lead to mental health disorder for students. Moreover, peers contributed by sometimes being bullied (36.2%) and fight with others (57.4%) put students in hard time at school. Teacher and supporting school environment implicitly influence student mental health. All of the factors above need to be modified so student degrees of health can be increase. Further intervention is needed by giving students continuously mental health assistance and gave supportive environment through peers and teachers.

In order to give a comprehensive intervention for students, the intervention will incorporate a range programs and strategies targeted at enhancing internal and external factors of students in each of three Health Promoting Schools (curriculum, teaching and learning, environment and health service) (WHO, 1991). Mental health disorder in adolescent is classified as depression, sadness, Post Traumatic Stress Disorder (PTSD), and anti-social. It manifest to physically condition such as decreasing concentration, headache, stomachache, etc (Indonesia Ministry of Health, 1997). School already had a counseling class every week so it can be incorporated together. We propose the program called „Talk Active“, a program that not only will educate students about mental health but also raising awareness amongst them.

#### **4. Talk Active**

Talk Active were programs that designed to give a sustainable intervention for students from students. According to the data, school need to prevent worst effect from mental health disorder in students. Talk Active were alternative mental health promoting program with student center and Focus Group Discussion method that facilitate with teacher. Leaders each group were peer

educator who has been trained and educated by teachers, health services advanced, doctors and psychologist. Those will share their knowledge through informal discussion and use their basic communication because student tends to tell their problem with their friends (68.1%) rather than with parents (57.4%).

The strategies related with curriculum, teaching and learning :

- ☒ 100% students from grade 8
- ☒ Integrated with school curriculum and implemented 2 – 3 hours each week
- ☒ Received the materials triggered by problem and case study by facilitator and discussed in each group lead by peer educator
- ☒ Evaluate the method each three months

The strategies related with environment:

- ☒ Rewards and recognition program implemented across the whole school
- ☒ Peer supports and mentoring programs across the whole school

The strategies related with partnership and health service :

- ☒ Promotion and engagement of health and community services at school
- ☒ Screening, reconciled and rehabilitate student with positive mental health disorder
- ☒ Educate parents in parents meeting to address students` achievement and maintain supportive environment at school

Difficulties might happen while implementing Talk Active program and deciding materials that will be delivered each meeting. The materials integrated with counseling class. Planning process would be discussed with health service representatives, teachers and peer educators. Peer educator ratio was one per eight total students in the classroom. Several teachers were chosen as talk active officer to maintain supportive environment at schools. Monitoring and feedback will be conducted each three months and delivered to school principals, school staffs, and health services representatives. For financial resources of this program allocated from counseling subjects. The output from this program is increasing awareness and student mental health status. Mental health of young people is linked to many health outcomes. To prevent the

manifestation of mental health disorder of young people school need implement mental health promoting program. The trial is ongoing and recruitment is not completed yet.

## 5. Conclusion

Mental health plays a big role in public health degree. But it is has not been a priority in health development program worldwide, including Indonesia. This study provides an overview of middle students in X junior high school East Jakarta mental health condition using SDQ. It shows that 14.9% students indicate mental health disorder. This condition needs an intervention that focuses on the people with mental health disorders themselves, the environment, and in this case, school's curriculum. One of the effective and efficient way of doing so is to apply it through integrated curriculum. School already had a counseling class every week so it can be incorporated together. We propose the program called „Talk Active“, a program that not only will educate students about mental health, but also raising awareness amongst them. The methods are peer educators, it is done from student to student by focus group discussion. The limitation of this studied only conducting mental health assessment. Next step should be the implementation of the Talk Active program and evaluate the effectiveness of the program.

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