
Psychoeducation of Adolescent Mental Health at SMP P Malang City

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ABSTRACT (10PT)

SMP P is one of the schools fostered by the Pandanwangi Health Center. Clients are students and teachers at SMP P, totaling 23 people. Based on the results of interview assessments, observations, and the depression, anxiety, and stress scale 42 (DASS 42). Based on the interview results, it is known that students and teachers at SMP P do not have knowledge related to mental health and how to deal with individuals with complaints of being stressed. The results of the DASS 42 scale screening given to 52 class VIII students showed that there were 23 students indicated to be experiencing depression, anxiety, and stress. Psychoeducation is provided in the form of delivery of material, case roleplay, relaxation exercises, discussion, and question and answer accompanied by pre-test and post-test questionnaires to measure client knowledge after and before being given psychoeducation. The purpose of providing this intervention is to increase client knowledge related to mental health in adolescents and mental health promotion. The result of the intervention was an increase in the client's knowledge about mental health before and after the intervention with a significance value of .000 ($p < 0.05$).

INTRODUCTION

Good mental health is important in life because it is useful for the educational achievements of adolescents and their prospects. Adolescence is a transitional stage of human physical and psychological development that generally occurs during the period from puberty to legal adulthood. There is around 1.2 billion youth (10-19 years) globally, around 90% of whom live in low- and middle-income countries. Most are healthy, but there is still a lot of death, and disease among teenagers. Illness can hinder their ability to grow and develop to their full potential. (Moghaddam, Bahreini, Abbasi, Fazli, & Saeidi, 2016).

Currently, the problems faced by teenagers are a little more complex. Adolescents can experience a spectrum of distress from mild to severe. Stress has been linked to a variety of high-risk behaviors including smoking, depression, suicide, and substance abuse. Social problems can be a significant trigger for adolescents. Anuradha, Yagnik, & Sharma (2012) explained that adolescents' social experiences have an impact on identity formation and also that disturbed adolescents often experience negative results in solving problems so which hurts their mental health and well-being.

In this case, SMP P students often complain that they are experiencing stress. Based on the results of interviews with the school and puskesmas, students at SMP P often complain that they experience stress which affects school activities and daily activities and causes them to feel uncomfortable. With the pressure that occurs, they cope with the wrong coping of stress, namely committing several school violations such as skipping classes, not doing assignments, and even trying to try illegal drugs.

Based on the results of the DASS 42 scale that was given to SMP P students, it was found that 23 students indicated they were experiencing depression, anxiety, and stress. This is also supported by the lack of knowledge of both students and teachers regarding mental health, so when some students tell the teacher about the pressure that has been felt the teacher does not know what action to take so it is necessary to provide knowledge about adolescent mental health.

Fink et al., (2015) explained that mental health problems in adolescents will have an impact on educational attainment. Where adolescents are currently experiencing an increase in sufferers of mental disorders, especially depression, and anxiety due to various pressures faced at the moment or when they were in childhood. Anuradha, Yagnik, & Sharma (2012) mention that adolescents with good mental health have characteristics, namely 1) feeling happy and positive about themselves and enjoying life; 2) having healthy relationships with family and friends; 3) participating in physical activity and eat a healthy diet; 4) have the ability to relax and sleep well; 5) participate in community activities.

In Islam, one of the efforts to maintain the mental health of adolescents is carried out by increasing Islamic worship. Lubis, Sati, Adhinda, Yulianirta, and Hidayat (2019) explained that with Islamic worship, the role of youth to develop their potential in the environment or the surrounding area will be achieved with good mental health conditions. Adolescents who play a role in leading a superior Indonesia will show

maximum quality and self-potential when maintaining Islamic worship so that adolescents are also able to develop their potential for mental health in particular, and also physical health in general. In the process of teaching mental health to adolescents, it can be started with religious education that comes from the family, because with mental health that is fostered by good religious education, they will be able to direct their lives more purposefully, and become qualified individuals, in terms of faith, faith, piety, and morals (Sihotang, 2020).

Based on the results of the DASS 42 scale given to 52 students in class VIII, 7 students met the category of mild depression, and 5 students were moderately depressed. Then, 1 student fulfilled the mild anxiety score category, 13 students had moderate anxiety, 6 students entered the severe category, and 3 students entered the very severe category. On the stress item, 6 students were in the mild stress category, and 5 students were moderately stressed. Schizoph (2011) explains the physical, psychological, and social changes experienced during adolescence have consequences for the health and well-being of adolescents. The interaction of adolescents with their families, schools, and community environments can improve the quality of health and well-being.

Adolescents who experience a phase of life with mental health problems will experience vulnerability and poor psychological functioning in the near and long term. Dix, Slee, Lawson, & Keeves (2012) state that in the school environment there are strong ties between student behavior, academic learning, and social and emotional development is central to improving mental health in schools. Having good mental health can describe social and emotional well-being. Anuradha, Yagnik, & Sharma (2012) explained that adolescents with good mental health have characteristics, namely 1) feeling happy and positive about themselves and enjoying life; 2) having healthy relationships with family and friends; 3) participating in physical activity and eat a healthy diet; 4) have the ability to relax and sleep well; 5) participate in community activities.

During adolescence, many psychosocial and emotional changes occur as well as cognitive and intellectual capacities increase. Teenagers develop stronger reasoning skills, and logical thinking so they are better able to think abstractly and make rational judgments. Changes that occur in the environment of adolescents are influenced by internal and external changes. Many health-related behaviors that emerge during adolescence have implications for health and development now and in the future, for example, drug use, alcohol, and juvenile delinquency not only interfere

with developmental stages but they can also predict harm to both physical and mental health. at a later time (Moghaddam et al., 2016).

Stress, which is often complained of by SMP P students, is the growing complexity of adolescent life. Lack of information and knowledge about mental health, immature coping mechanisms, and lack of experience in dealing with stress can intensify stressful events experienced by adolescents, and are also very likely to experience psychological and physical illness (Anuradha et al., 2012). What was experienced by SMP P students became the joint target of the school and puskesmas, so community intervention was necessary. Community interventions focus on development and empowerment as well as building a sense of ownership and social responsibility among community members and dealing with community challenges (World Health Organization, 2014). In this case, the challenge faced is the problem of adolescent mental health.

Community interventions are carried out through psychoeducation to increase adolescents' understanding of mental health problems. Psychoeducation and mental health promotion are effective in reducing symptoms of anxiety and depression, and psychoeducation is easily applied in primary care, general practice, and staged care (Donker, Griffiths, Cuijpers, & Christensen, 2009).

One of the interventions that can be used in this case is the provision of psychoeducation as an effort to increase knowledge about mental health and also as a preventive and promotional strategy for adolescent mental health. In cases of depression, bipolar, and anxiety the implementation of interventions with psychoeducation has been effectively marked by fewer relapses and decreased hospitalization rates (Palli, 2017). Psychoeducation also has promising results where the impact of its application leads to an increase in the welfare function and quality of life of the patient as a whole and improves psychosocial functioning for the better. (Palli, 2017).

Based on some of the results from previous research, researchers assume that when individuals are equipped with knowledge about mental health, it will have an impact on how individuals understand the conditions they face so that they can apply their knowledge in dealing with various pressures in life. This can lead individuals to improve their psychological well-being and quality of life. On this basis, researchers are interested in researching to provide psychoeducation as a form of prevention and promotion for adolescent mental health. The benefits of this research are expected to be able to provide additional information regarding mental health psychoeducation in adolescents.

METHOD

Based on the characteristics of the research, this research is an experimental research using the pre-experimental design method with the type of one-group pretest-posttest design, namely using one group of research subjects without any comparison group or control group.

The first thing in experimenting using a single-subject design is by giving a test to subjects who have not been given a treatment called a pretest (O1). Then given a psychoeducation program as a treatment (X) for the subject. After being given psychoeducation, another test is called a posttest (O2). In the posttest, data will be obtained from experiments where the psychoeducation given can increase knowledge about adolescent mental health or there is no change at all. Compare O1 and O2 to determine how big the difference is if there is a difference as a result of the treatment. Then, to be more convincing in the conclusions, statistical analysis can be used with correlated data t-tests or paired-sample t-tests. Participants in this community case were 23 students and teachers at SMP P in Malang city.

In collecting the initial data, the researcher used the community assessment method, namely interviews, observation, and the DASS 42 scale. Interviews were conducted with several school stakeholders such as school principals and guidance and counseling teachers. Interviews were also conducted with doctors at the Pandanwangi Health Center who often get patients from SMP P. The interviews were conducted to gather information about psychological problems that occur and dig up mental health information on clients. Observations are made of the client's environmental conditions and look at the client's behavior patterns to complete data on the causes of the problem.

Depression Anxiety Stress Scale 42 (DASS 42) is given to describe the level of depression, anxiety, and individual stress. The DASS test consists of 42 items that measure general psychological distress such as depression, anxiety, and stress. This test consists of three scales consisting of 14 items each, which are further divided into several sub-scales consisting of 2 to 5 items that are thought to measure the same thing. The DASS test answers consist of 4 choices arranged in the form of a Likert scale and clients are asked to rate at what level they have experienced each of the conditions mentioned in the past week.

The DASS 42 depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia, and inertia. The anxiety scale assesses autonomic arousal,

skeletal muscle effects, situational anxiety, and the subjectivity of anxiety-inducing experiences. The stress scale is items that are sensitive to chronic non-specific levels of arousal. It assesses the individual's difficulty in being relaxed, arousal, and nervous, and who is irritable/agitated, irritable or over-reactive, and impatient.

RESULTS AND DISCUSSION

The community intervention in the form of adolescent mental health psychoeducation which was attended by teachers and 23 students of SMP P went well. The result of the intervention was that the knowledge of teachers and students at SMP P had increased. Clients demonstrate increased knowledge related to understanding mental health and mental illness, symptoms of mental illness, and skills to help people with mental illness, as well as coping with stress to stay mentally healthy.

Table 1. Results of the Paired Sample t-test

N	Score average		Correlation	t	P
	<i>Pretest</i>	<i>Posttest</i>			
23	.43	7.87	.132	-27.25	.000

Based on table 1, a correlation of 0.132 is obtained. This suggests that the correlation before and after psychoeducation is significantly related. While the table shows the t value (-27.25) and the results of the paired sample t-test analysis obtained a value of $p < 0.05$ ($p = .000$). These results indicate that there is a significant difference in scores for the treatment before being given psychoeducation (pretest) and the treatment after psychoeducation (posttest).

The practitioner also evaluates the implementation of mental health psychoeducation in adolescents. The evaluation is related to several indicators such as the material presented, the attitude of the presenters in presenting the material, layout, and cleanliness, and the facilities provided by the practitioner.

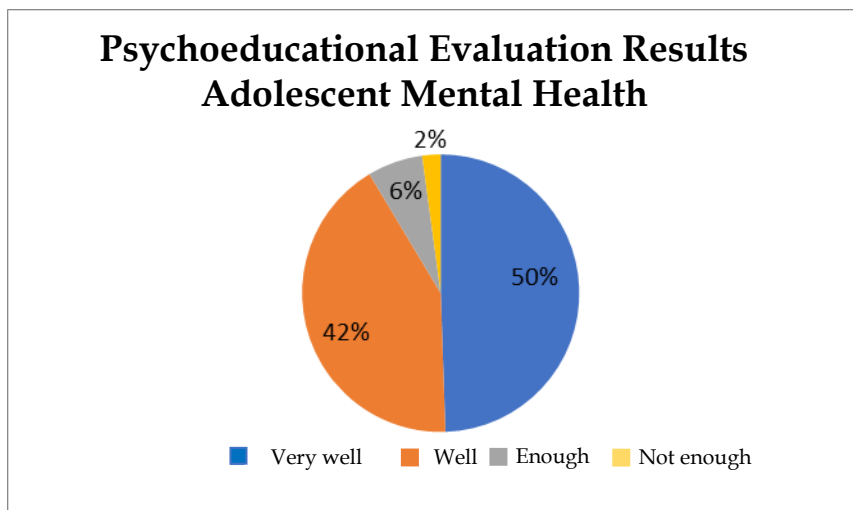


Figure 1. Results of the evaluation of the implementation of adolescent mental health psychoeducation

In figure 1, from the results of the evaluation of the implementation of psychoeducation, there is 2% for the less category, 6% for the sufficient category, 42% for the good category, and 50% for the very good category. Therefore, it can be concluded that the results of the evaluation of the implementation of adolescent mental health psychoeducation received excellent ratings from all clients.

Furthermore, after 1 week after being given the intervention at SMP P Malang city, the following follow-up results were obtained:

Based on the results of interviews conducted with school principals and counseling teachers, teachers at SMP P began to apply appropriate ways of responding when students came to tell them about their problems. As well as encouraging students to carry out ways to deal with stress that have been taught during the intervention.

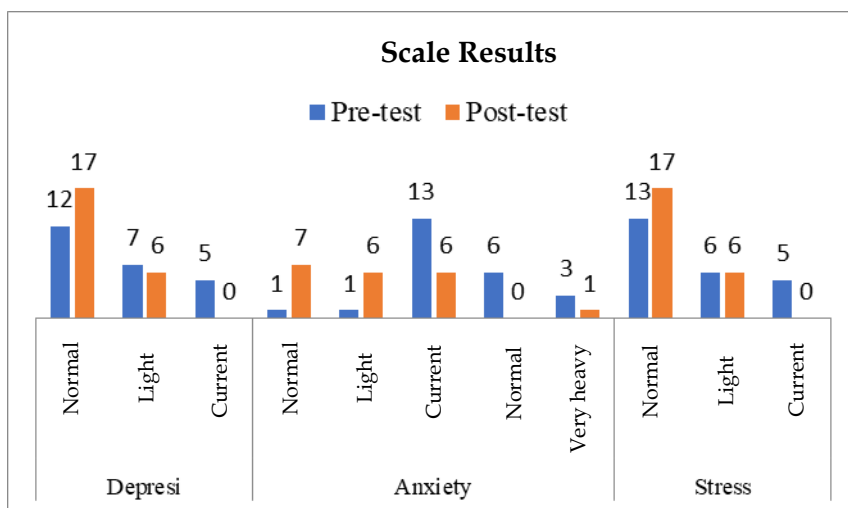


Figure 5. DASS 42 scale pretest-posttest results

Based on the DASS 42 scale, there was a decrease in depression, anxiety, and stress scores in 23 clients who had previously been given the DASS 42 scale as an initial screening before adolescent mental health psychoeducation was given.

The psychoeducation carried out made the client experience an increase in knowledge about adolescent mental health with a significance value of .000 ($p < 0.05$) before and after the intervention. The achievement of targets in this community intervention is related to several things. The first thing is the Pandanwangi Health Center which supports it by providing initial data about SMP P. Then, the SMP P schools are very open to wanting new knowledge about adolescent mental health so that their students are physically and mentally healthy.

Psychoeducation provided to the community is a process that can be associated with sharing information, exchanging experiences, and having mutual support, so psychoeducation can be an important intervention in community care for individuals with mental illness (Economou, 2015). Providing mental health psychoeducation in community settings can increase the quality and awareness of clinical care. Providing community-based psychoeducation in schools can increase access to detecting children's mental health and reduce bad stigma in the school environment related to mental health, as well as increasing parental acceptance of the child's condition (Kohrt et al., 2018).

The involvement of scientific disciplines from several fields supports this community intervention. It is intended that the information obtained is

more diverse and can be understood from several aspects. Given the interdisciplinary science of psychology and medicine, students and teachers understand better what it means to be healthy mentally and physically so that they can function properly in life.

Barry, Clarke, & Petersen, (2015) explained that mental health promotion and preventive strategies can improve well-being and can be implemented effectively can reduce risk factors for mental disorders, and have long-term positive effects on living a social life. The provision of promotions and prevention regarding adolescent mental health can make individuals function fully, they can participate in family life, school, and workplace, and can grow and develop both emotionally and socially (Schizoph, 2011).

The weakness of this intervention is that this intervention only covers cognitive aspects, namely providing knowledge to participants about mental health. Furthermore, it can be considered to provide intervention or therapy that aims to reduce the level of depression or anxiety experienced by participants.

CONCLUSION

In general, psychoeducation can be applied as a form of education or training that aims to increase one's self-acceptance. According to Landsverk & Kane, interventions with psychoeducational methods are more effective because they can increase individual resilience to stress, skills in stress management, the ability to understand life, improve coping, and increase the meaning of each individual's life. (Griffiths, 2006).

Anderson (2001) states that group psychoeducation provides participants with simple and clear information to apply in everyday life, as well as gives participants skills in dealing with problems or changing their lives. The purpose of providing group psychoeducation is to overcome the problems faced by participants. Brown (2011) states that giving group psychoeducation emphasizes teaching and instruction, uses structured and planned activities, focuses on prevention, there is no selection of group members, group members can be large in number, self-disclosure can be done but not required, privacy and confidentiality are not the main emphases because The main emphasis of psychoeducation is on the task.

The intervention provided can give positive results by increasing the knowledge of SMP P students about mental health. The psychoeducation provided not only increases the client's knowledge but also teaches the client the symptoms of mental illness, and skills to help people with mental

illness, as well as cope with stress to stay mentally healthy. Through increasing this knowledge, it is hoped that teachers or students of SMP P can realize the importance of mental health and carry out prevention and initial assistance to individuals who are detected experiencing symptoms of mental disorders.

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