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**RESEARCH**

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## **Analysis of The Prevention Needs of Adolescent Girls' Mental Health Disorders: A Qualitative Study**

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### **Abstract**

Adolescent girls in Jakarta face unique mental health challenges due to cultural, social, and environmental factors. Understanding their prevention needs is critical to inform targeted interventions. This qualitative study aimed to explore the prevention needs of mental health disorders among adolescent girls in Jakarta, shedding light on their experiences and requirements for effective support. We conducted a qualitative study in Jakarta, Indonesia. Participants included 4 counseling guidance teachers consisting of public schools, private schools, Islamic and Christian affiliated schools, 2 parents, 1 coordinator of the School Health Unit, 2 health workers who hold PKPR projects, and the supervisor in charge of the school health unit, selected through purposive sampling. Data were collected through focus group discussion and analyzed using thematic analysis manually. The study reveals that teachers and parents have varying levels of exposure to adolescent mental health information, with some offering counseling but not always tailored to girls' needs. Parents often rely on subtle cues to detect mental health issues in their daughters. There's room for improvement in addressing girls' mental health needs in schools, with specific training for teachers and more open parent-daughter communication. Further research is needed to ensure uniform support for adolescent mental health.

**Keywords:** Adolescent Girls, Mental Health, Prevention Needs, Qualitative Study, Jakarta.

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## 1. INTRODUCTION

Adolescence is a period of development marked by significant physical, emotional, and psychological changes (Zuhri, 2022). In recent years, there has been growing recognition of the unique mental health challenges faced by adolescent girls (Yoon et al., 2023). Factors such as academic stress, peer pressure, body image concerns, and societal expectations can contribute to the development of mental health disorders during this stage of life (Chok et al., 2023). However, the context-specific experiences of adolescent girls in urban environments, such as Jakarta, Indonesia, have received limited attention. Jakarta, as a bustling metropolis, presents a distinct set of challenges and stressors that may impact the mental well-being of its adolescent female population (Sulistiowati et al., 2019; Suryaputri et al., 2022).

Understanding the prevention needs of mental health disorders among adolescent girls in Jakarta is crucial due to the increasing prevalence of mental health problems in Indonesia, including depression and anxiety (Brooks et al., 2021; Suryaputri et al., 2022). Mental health problems account for approximately one quarter of the disease burden among young people in Indonesia, and suicidality is a substantial concern. Inadequate mental health literacy in adolescents is often identified in low- and middle-income countries like Indonesia, significantly increases the risk of developing moderate-severe depression (Renwick et al., 2024). Adolescents demonstrate a strong preference for peer and family support over professional help-seeking strategies, suggesting that universal mental health literacy programs may have benefits for both primary and secondary disease prevention (Abd El Salam et al., 2023). Schools have several characteristics that make them an ideal place to promote mental health of adolescents, and counselors in primary schools in Indonesia should be equipped with tools to help them screen mental health problems (Pulimeno et al., 2020).

Several qualitative studies in Indonesia explore the prevention of mental health disorders among adolescent girls (Brooks et al., 2021; Renwick et al., 2024; Sarwinanti et al., 2024). The increasing prevalence of mental health issues among adolescents in Indonesia, including depression and anxiety (Sitohang, 2023). These studies emphasize the need for adequate prevention, identification, and early treatment strategies for mental health issues in young persons.

While there have been studies exploring risk factors for mental health disorders in adolescents in general, there is still a lack of research that focuses on young women's unique experiences in urban environments like Jakarta. This study was designed to fill that gap by investigating the specific needs and effectiveness of support felt by adolescent girls, which have not been adequately addressed in the current literature. While previous studies have identified the prevalence and general risk factors of mental health disorders among adolescents, this study specifically addresses the unique experiences and needs of adolescent girls in urban Jakarta. Unlike prior research that broadly covers mental health across various demographics, our focus on this specific population allows for tailored intervention strategies that are more likely to be effective in urban settings. This study aimed to explore how the mental health program was implemented in the school with collaboration between teachers, parents, and primary health care.

## 2. RESEARCH METHOD

This study used a qualitative design with a phenomenological descriptive approach. With a phenomenological descriptive approach, researchers can discover life experiences. The phenomenological descriptive approach is a qualitative research method that aims to describe the meaning of the lived experiences of individuals about a particular phenomenon.

The data collection was done from 01 to 30 September 2023 at the University of National, South Jakarta. The researchers were the leaders of data collection for every session.

The informants of this study included teachers, staff in primary health care, and female student's mothers. The informants were expected to give the information of mental health program, implementation, collaboration, and evaluation in the household, school, and primary health care. The sample was selected using the purposive sampling method which was selected by inclusion and exclusion criteria. The inclusion criteria were those who knew about mental health counseling programs in school and the primary health care level and had a willingness to participate in the study. The exclusion criteria were those who decided to quit from the data collection and could not communicate to give the information. In total, there were nine informants joined the study.

The measurement of preventing mental health disorders among adolescent girls is an interview guideline. The contents include the experiences of experts during the mental health program. The obstacle they faced and the solution they tried to solve. Additionally, it was also asked about their expectation through the mental health counseling program. The interview guideline was checked by all authors and finalized before data collection started. However, the interview guidelines could elaborate depending on the situation and feedback from the informants. The process, flow, and dynamics of each in-depth interviews were different depends on elaboration of interview guideline and responds from informants. In the interview guideline, there are three different topics discussed including parents, teachers, and health care staff. For the parents, the topics include the way to discuss problems daughters face, motivation book, media used to counsel, bullying, and daughter's safety feeling. For the teachers, the topics include education materials, training in mental health, evaluation of mental health programs, media counseling, effect of zonation program, social media, needs for evaluation, and human resources. For the primary health care staff, the topics include the role, education, information, cadres, expectations of the program, human resources, SDQ (Strength and difficulties questionnaire), and contact with students. The topics for each informant are developed from their responsibility in terms of mental health program for adolescents.

The data collection was led by researchers with recorded after getting permission from the interviewers. Before starting the interview, informants were asked to read the informed consent and sign if they agreed with the condition of the survey. Discussions were audio-recorded and summarized to capture the main points discussed. The data was then manually analyzed to identify recurring themes and patterns, focusing on the specific needs and challenges discussed by the participants. Authors used the Microsoft Excel to analyze and identify the themes and patterns. This description maintains the accuracy of your process while still providing a clear overview of how the focus group discussions were conducted and analyzed.

Data analysis involves three key concepts: data reduction, data display, and conclusion drawing and verification. Data reduction refers to the process of organizing and meaningfully reducing or reconfiguring the mass of data. Data display involves transforming the reduced data into a format that can be more easily understood and analyzed. Conclusion drawing and verification involves interpreting the data and drawing conclusions based on the analysis. For this study, the interview manuscripts were entered into a Microsoft Excel file. The data was displayed to retrieve the main theme. After that, the data was concluded by all authors.

To ensure the reliability and veracity of the information presented in this study, each statement or data point derived from external sources is explicitly cited. All references come from up-to-date, peer-reviewed journals, which supports the academic integrity of our findings and discussions. This rigorous approach to sourcing underscores our commitment to providing a research output that is not only informative but also dependable and reflective of the latest studies in the field. The instruments, tools, and procedures of this study have been approved by

the Faculty of Public Health, Diponegoro University with number 633/UN7.F9.1/DL/VIII/2023.

### 3. RESULTS AND DISCUSSION

The informants in this study consisted of nine persons from several backgrounds, education levels, and cohorts. In Table 1 below, the youngest informant was 35 years old and the oldest was 48 years old. According to their sex, the majority of them were female. Based on the educational level, five of the nine informants had bachelor's degrees.

**Table 1.** The characteristics of the informants

Characteristics	Age	Sex	Education level
Adolescent's parent 1	35	F	Master
Adolescent's parent 2	40	F	Doctoral
Counselling teacher 1	48	F	Bachelor
Counselling teacher 2	46	F	Bachelor
Counselling teacher 3	34	M	Bachelor
Counselling teacher 4	35	F	Bachelor
Counselling teacher 5	45	M	Master
Healthcare staff 1	40	F	Bachelor
Healthcare staff 2	38	F	Diploma

The findings from the in-depth interview revealed some themes related to the implementation of mental health counseling in senior high schools in Jakarta.

#### **Theme 1:** Exposure to information about mental health

The information from informants found that some teachers mentioned that there is health counseling in the school but the program is not specifically for mental health issues and not only for female students.

*“In schools in particular there is no one to explain, but as a whole, we do it classically. We are teachers who are counseling, and usually, their daughter's students are a bit hesitant with male teachers. Classically we always inform, heartbroken children. Cut the hand incision is already there. Recently, someone has wanted to commit suicide, then called and guided, especially those who just know the opposite sex. There was a child who went on leave because of mental health, but he was able to graduate. Only in this school can choose which teacher to confide in, according to their convenience” (Teacher, P1)*

Another teacher mentioned some have not been exposed to information about adolescent mental health at all.

*“There is no educational material yet, but there are so many who have problems in families such as broken homes. Disturbed because of his family problems” (Teacher, P3)*

The perspective about the program from the parent's side was a bit different. Parents could recognize the kids had a problem by the nonverbal language such as gestures.

*“Never, but from the style and gestures can be seen, for example coming home from school does not want to eat directly taking a shower, usually seen and then asked what is the problem. Usually, the problems from schoolwork, lesson pressure, and neighborhood friends are fine” (Parents, P8)*

## **Theme 2: Methods of delivering information about mental health**

Some counseling teachers stated that there have been presentations or workshops in schools about the mental health of female students.

*“There have been with outsiders, seminars in schools on how those teachers can provide counseling. This August has just been done. Fortunately, counseling guidance has indeed been given training” (Teacher, P1)*

*“There is information given by primary health care staff about social teenagers. For example, some students rarely enter and are called by the teacher, it turns out that their children have dropped out” (Teacher, P3)*

*“There is the direct speech in Islamic schools about unhealthy relationships. Additionally, the speech and education were also delivered by Religion Affairs especially encouraging students from sexual activity”. (Teacher, P2)*

*“Education Development forms cadres in schools, elementary schools, small doctors, junior high schools, peer counseling usually approaches per group. Usually explained by peers, taught by children if they don't want to eat, don't give a statement they should, teach more. But if you still can't, then counseling will be referred. Conducting an introduction period to the school environment, usually the school that invited us. This activity is only 3 days. Usually combined with the introduction of drugs” (Primary health care staff, P7)*

According to the information above, the methods of delivering mental health information included speech, private counseling, and education.

## **Theme 3: Adequacy of information about mental health**

In terms of the information about mental health, there is more information about how adequate the information was. It was mentioned by teachers that the information is important but the collaboration with parents is not sufficient yet.

*“I think this is important in schools because so far most of the screening is only physical. You can also later enter the literacy program, in our school there are tadarus, literacy, literacy on Wednesday. Thursday homeroom coaching, maybe during literacy hours can be inserted for mental health such as video shows. Daughterhood activities can also be interspersed for mental health information” (Teacher, P5)*

This statement indicates that although certain programs have been initiated, evaluation and monitoring are still in progress, and parents have also been invited to participate in the monitoring of children's mental health problems.

*“There has been counseling, but it may still not be implemented well.” (Teacher, P2)*

This statement indicates that despite counseling on mental health, there are still shortcomings in the delivery of information or the approach used. This shows an expansion and improvement in mental health counseling in schools.

#### **Theme 4:** Effectiveness of media to inform about mental health

After being given examples of booklets, educational videos, and modules by researchers, the respondents said the following statements

*“The media used is better like videos if for today, if it's just posters or seminars, children will be bored” (Teacher, P4)*

*“Now kids love it Tiktok. So maybe the delivery can be through Tiktok.” (Teacher, P2)*

*“The form can be through counseling, but the media is still video” (Parents, P8)*

This statement demonstrates an understanding of the importance of using engaging media such as video to convey mental health information to students more effectively.

#### **Theme 5:** Counsellor about mental health

In terms of the human resources to work on mental health programs in school, there are some issues with the quantity and quality of the counselors as mentioned by some informants below.

*“We recommend teacher guidance counseling but assisted by other teachers because we are only 4 people for all classes” (Teacher, P1)*

*“There should be a special teacher, our school is honestly lacking, so previously there were counseling teachers because they were sickly so they liked to enter so that the counseling in this school was less running. After I entered, I was active again, the counseling teacher was only me for 3 batches. UKS is also less active because it is combined with 3 units” (Teacher, P3)*

*“And also, a year ago held a cadre of adolescent health, all every year there is but not yet running” (Teacher, P2)*

*“Want to realize the formation of adolescent health cadres, in private schools there is no one. Then want to have a daughterhood program for this vocational school”(Teacher, P3)*

It was not only mentioned about the counseling teacher but also the cadre. However, there was a lack of information reported about the quality of the counseling teacher and cadre. Cadres can be the students as well as facilitators for their peers.

## **DISCUSSION**

The results of our study shed light on the level of exposure to information about the mental health of adolescent girls in high school. The study aimed to investigate whether educational institutions and parents are adequately addressing the mental health needs of adolescent girls. Based on the responses of teachers and parents, it is evident that there is a mixed level of exposure to mental health information. Some teachers acknowledged that they engage in health counseling, particularly for students dealing with emotional issues, such as heartbreak or suicidal thoughts. However, they also mentioned that these efforts are not specifically tailored to adolescent girls. This finding indicates that while some support is offered, it may not be comprehensive or gender-specific.

On the other hand, some teachers have not been exposed to information about adolescent mental health at all. This suggests a potential gap in teacher training and awareness concerning

the mental health needs of their students. Moreover, parents mentioned that they often rely on subtle cues, such as changes in behavior, to detect mental health issues in their daughters. This indirect approach may not always address the root causes of these problems. The results indicate that there is room for improvement in addressing the mental health needs of adolescent girls in high schools. The lack of specific mental health education and training for teachers may hinder their ability to provide adequate support. Additionally, parents' reliance on indirect cues may delay the identification and intervention of mental health issues. It is crucial to recognize that addressing mental health issues in adolescents requires a comprehensive approach that includes education, awareness, and open communication. In terms of why these findings are significant, they underscore the importance of implementing targeted mental health programs in high schools that focus on the unique challenges faced by adolescent girls. Such programs can equip teachers with the knowledge and tools to address these issues effectively. Moreover, parents should be encouraged to engage in more direct and open conversations with their daughters about their mental well-being.

The findings from our study related to the theme of "Effective Informers about the mental health of adolescent girls in high school" hold substantial significance for improving mental health support. The study aimed to identify individuals or groups who play a crucial role in delivering mental health information to adolescent girls. The responses indicate that teachers, parents, and even emerging influencers like TikTok have a pivotal role in this regard. Understanding the importance of these informers is vital, as it underscores the diverse sources from which students can receive valuable mental health information. Recognizing the potential influence of TikTok and other social media platforms highlights the need to adapt to changing adolescent communication trends and preferences. Ultimately, this finding emphasizes the importance of collaboration among these informers to create a comprehensive and effective approach to addressing the mental health needs of adolescent girls in high school.

Mental health counseling in schools is a supporting component for students's well-being. School-based counseling is a common practice in many countries, with England offering it in 6070% of schools, although it is more prevalent in secondary schools compared to primary schools (Finning et al., 2022). School counselors are essential professionals who assist students in their well-being, including social-emotional health, academic progress, and career planning (Xuan Vu, 2023). The role of school counselors is multifunctional and can significantly support children's mental health within school settings (Harrison, 2022). Mental health services in schools are evolving, creating new roles and practice boundaries for counselors, which may require additional competencies across counseling specialties (Mellin, 2009). While many schools have mental health programs, there is a need for more studies demonstrating the effectiveness of psychological counseling, a critical component of school-based mental health programs (Park et al., 2019). Efforts to enhance mental health services in schools include data-based decision-making, school-wide advisory, and computerized identification systems to deliver timely and effective mental health interventions to students (Gruman et al., 2013). The effectiveness of school-based mental health programs in improving adolescents' mental health underscores the importance of having counselors and psychiatrists available to provide interventions for students with mental health issues (Shahraki-Sanavi et al., 2020). Mental health helps identify students in need and connects them with appropriate services, contributing to positive educational outcomes (Weist et al., 2007). Moreover, schools can play a vital role in maintaining students' mental health through guidance and counseling services provided by trained professionals (Wang et al., 2019).

Teachers often being the first point of contact for students. It was found significant to empower teachers through training programs to effectively identify, guide, and refer students facing behavioral and mental health challenges (Afshari et al., 2022). Teachers are not only

responsible for educating students with mental health concerns but also for responding to their needs and promoting positive mental health for all students (Brann et al., 2021). Furthermore, teachers can act as primary providers of basic mental health services in schools, considering the substantial time students spend in educational settings (Pratiwi et al., 2022). Equipping teachers with mental health literacy training and resources to integrate mental health education into the curriculum can enhance both teachers' and students' knowledge and attitudes toward mental health (Gunawardena et al., 2024). Additionally, teachers' counseling competencies can positively influence students' self-esteem and mental well-being (Tisuela & Callo, 2022).

Existing studies highlight the significance of parental involvement in fostering their child's mental well-being through participation in school-based mental health services. Effective communication between school personnel and parents, including home visits and outreach programs, can enhance parents' understanding of their child's mental health needs and facilitate appropriate support (Nadeem et al., 2016). Moreover, parents and school counselors can collaborate to monitor for signs of mental illness in adolescents and ensure that students receive the necessary support (Bignold & Anderson, 2023). Parental involvement is critical for students' mental health, emphasizing the importance of parents in creating a supportive environment for their children (Wang et al., 2019). School counselors now play integral roles in counseling students and parents, providing consultations to both parents and teachers (Nishio et al., 2020). Parents and carers often take on significant responsibilities in managing adolescents' mental health and well-being, highlighting the essential role they play in supporting their children long (Longhurst et al., 2021). Furthermore, parents' perceptions of school-based counseling and their willingness to follow up on referrals can significantly impact students' access to mental health services (Hodges et al., 2021).

The findings, which reveal levels of exposure and methods of delivering mental health information among adolescent girls, show similarities and differences with previous studies. It underscores the importance of information delivery strategies tailored to the specific needs of adolescent girls and emphasizes the need for a more standardized and holistic approach to mental health education in schools. Collaborative efforts between teachers, staff, and parents can be instrumental in providing counseling to both parents and students to address various challenges experienced by students (Hidayah, 2021). By involving parents in mental health education initiatives and counseling programs, schools can create an environment where students feel comfortable seeking help when needed (Zakaria, 2024). In conclusion, parents play a vital role in mental health counseling in schools by actively engaging in their child's mental healthcare, collaborating with school counselors, and supporting mental health education initiatives.

#### **4. CONCLUSION**

In conclusion, this study has provided valuable insights into several key themes related to the mental health of female students in high school. In terms of collaboration between parents and teachers, the recommendation targeted comprehensive mental health education in schools and better communication between parents and their daughters regarding mental well-being. To apply this recommendation, schools can implement structured mental health programs integrated into the curriculum, offering workshops or seminars on stress management, emotional regulation, and mental health literacy. These programs should encourage parental involvement through regular meetings, open discussions, and workshops designed to foster communication about mental health issues at home. Furthermore, the role of primary health care is crucial in this collaboration by providing teachers and school counselors with specialized training on identifying early signs of mental health problems and equipping them with appropriate intervention techniques. Routine evaluations of students' mental health through



school-based screenings can be conducted with the support of health professionals to ensure timely intervention and appropriate referrals when needed.

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