

Overview of Adolescent Mental Health at SMP 1 Wanasari Brebes

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ABSTRACT

Adolescents are vulnerable to mental health disorders as adolescence is a transitional period from childhood to adulthood, marked by socio-physiological growth and development. Adolescence is considered a volatile and vulnerable time because adolescents undergo significant changes during this period, both physically, psychologically, and emotionally. The objective of this study was to describe the mental health of adolescents at SMP 1 Wanasari Brebes. The research method used was descriptive analytic with data collection through the SDQ questionnaire. The study sample consisted of 82 respondents from SMP 1 Wanasari Brebes, and cluster random sampling was employed. Data were analyzed using univariate analysis with frequency percentages. The overview of adolescent mental health at SMP 1 Wanasari Brebes showed that the emotional category for most respondents was within the normal range (50%), behavior was predominantly normal (49%), hyperactivity was mostly normal (82%), peer relations were mostly borderline (38%), and prosocial behavior was predominantly normal (85%). The total difficulty score was mostly in the borderline category (46%). The mental health overview of adolescents indicates a normal scale in the emotional, behavioral, hyperactivity, and prosocial categories. The borderline scale was observed in the peer relations category and total difficulty score.

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1. INTRODUCTION

Mental health is a state of psychological well-being that enables individuals to cope with life stressors, develop their abilities, learn, work productively, and contribute to society. It possesses intrinsic and instrumental value and constitutes an integral part of overall well-being¹⁷. In Indonesia, public understanding of mental health remains limited, as reflected in the high proportion of untreated mental disorders and cases of physical restraint among individuals with mental illness⁴.

Adolescence represents a transitional phase from childhood to adulthood characterized by socio-physiological growth and development. During this stage, individuals experience substantial physical, psychological, and emotional changes, making them particularly vulnerable to stress and mental health disturbances. Depression, anxiety, and stress are among the most prevalent mental health problems in adolescents and may significantly impair social functioning, academic achievement, and increase the risk of substance abuse and suicidal ideation. Globally, 16% of disease burden among adolescents aged 10–19 years is attributed to mental disorders². In Indonesia, the prevalence of depression among individuals aged ≥15 years reaches 6.1%, with 6.2% occurring in the 15–24 age group¹⁰.

Previous studies have demonstrated varying mental health profiles among adolescents. Social support has been associated with emotional, psychological, and social well-being¹³. Bullying experiences correlate significantly with adolescent mental health problems¹⁷. Screening using the Strengths and

Difficulties Questionnaire (SDQ) has identified substantial proportions of emotional and behavioral problems in school populations¹¹. Although national and regional data are available, there has been no prior measurement of adolescent mental health status at SMP 1 Wanasari Brebes, which consists of 650 students. A preliminary study conducted on February 20, 2024, revealed that 60% of ten screened students were categorized as abnormal based on SDQ standards.

Theoretically, Stuart's Stress Adaptation Model emphasizes the interaction between biological, psychological, and socio-cultural factors in shaping coping responses and mental health outcomes¹⁶. Resilience is also recognized as a protective factor in managing stress and reducing the risk of mental disorders among adolescents⁶.

Based on the existing literature and the absence of localized screening data, this study aims to describe the mental health status of adolescents at SMP 1 Wanasari Brebes using the SDQ instrument. Specifically, it seeks to identify respondent characteristics (age, grade level, and gender) and to determine the distribution of emotional problems, conduct problems, hyperactivity, peer relationship problems, prosocial behavior, and total difficulty scores. This descriptive analytic study does not formulate a hypothesis but focuses on generating empirical baseline data to support early detection and preventive nursing interventions in adolescent mental health.

2. RESEARCH METHOD

This study employed a descriptive analytic research design aimed at describing adolescent mental health status objectively through systematic data collection, processing, and analysis. The research was conducted at SMP 1 Wanasari Brebes on July 23, 2024. The population consisted of 464 students from grade 8 (266 students) and grade 9 (198 students). The sample size was determined using the Slovin formula with a margin of error of 10% ($e = 0.1$), as the population was fewer than 1000

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n = sample size,

N = population (464),

e = error tolerance (0.1).

Substituting the values:

$$n = \frac{464}{1 + 464(0.1)^2} = \frac{464}{1 + 4.64} = \frac{464}{5.64} = 82.07$$

The sample size was rounded to 82 respondents. Cluster random sampling was used to ensure each member of the population had an equal probability of selection. Proportional allocation per class was calculated as follows.

$$n_i = \frac{X}{N} \times n$$

Where:

n_i = sample per class,

X = population per class,

N = total population (464),

n = total sample size (82).

For grade 8:

$$n_8 = \frac{266}{464} \times 82 = 47$$

For grade 9:

$$n_9 = \frac{198}{464} \times 82 = 35$$

Inclusion criteria included cooperative students, able to communicate effectively, grade 8–9 students, and willingness to participate. Exclusion criteria included students who were ill or absent during data collection.

The study used a single variable, namely adolescent mental health defining mental health as the psychological ability to adjust to oneself and the environment to achieve satisfaction and avoid mental disorders, measured on an ordinal scale¹². Data were collected using the Strengths and Difficulties Questionnaire (SDQ), a 25-item screening instrument for children and adolescents aged 4–18 years¹¹. The SDQ consists of five domains: emotional problems, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behavior, each scored 0–2. Total difficulties were categorized as Normal (0–15), Borderline (16–19), and Abnormal (20–40). Validity testing using ROC analysis showed AUC 73.4%, optimal cut-off ≥ 5 , sensitivity 0.67, and specificity 0.68. Reliability was considered acceptable if Cronbach's Alpha exceeded 0.60¹⁴.

The research procedure included consultation with the academic supervisor, proposal preparation, permission submission (No. C9.II/524–S.Ph/FIKES/UMP/VII/2024), and ethical approval (KEPK/UMP/181/VII/2024). Eligible respondents signed informed consent before completing the SDQ questionnaire (15–30 minutes). Following data collection, health education regarding rhythmic gymnastics as a preventive strategy for mental health problems was delivered. Data analysis employed univariate analysis to describe frequency and percentage distributions of mental health domains and respondent characteristics (age, grade, and gender). Percentage calculations used:

$$f = \frac{x}{n} \times 100\%$$

Where:

f = frequency percentage,

x = observed frequency,

n = total number of respondents.

3. RESULT AND DISCUSSIONS

This study was conducted on July 23, 2024, at SMP 1 Wanasari Brebes. A total of 82 students from grades 8 and 9 participated in the study. The Strengths and Difficulties Questionnaire (SDQ), consisting of 25 items, was distributed to the respondents for data collection.

3.1 Respondent Characteristics

The general data in this study included grade level, age, and gender. The distribution of respondent characteristics is presented in Table 1

Table 1. Distribution of Respondent Characteristics

Respondent Characteristics	f	%
Grade Level		
Grade 8	47	57
Grade 9	35	43
Age		
13 years	47	57
14 years	35	43
Gender		
Male	35	43
Female	47	57

Based on Table 4.1, it can be observed that the majority of respondents were from Grade 8 (57%). In terms of gender, most respondents were female (57%). Regarding age, the majority were 13 years old (57%).

3.2 Specific Findings: Overview of Adolescent Mental Health

The specific results of this study describe the mental health status of students at SMP 1 Wanasari Brebes based on the emotional, conduct, hyperactivity, peer relationship, prosocial, and total difficulties domains among 82 respondents. The distribution of adolescent mental health by gender is presented in Table 2.

Table 2. Overview of Adolescent Mental Health at SMP 1 Wanasari Brebes

Kategori	Jenis Kelamin		
	J (%)	Laki-laki J (%)	Perempuan J (%)
Emosional			
Normal	41 (50)	26 (74)	15 (31)
Borderline	15 (18)	6 (17)	9 (19)
Abnormal	26 (32)	3 (9)	23 (49)
Perilaku			
Normal	40 (49)	18 (51)	22 (47)
Borderline	26 (32)	4 (11)	22 (47)
Abnormal	26 (20)	13 (37)	3 (6)
Hiperaktif			
Normal	67 (82)	27 (77)	40 (85)
Borderline	11 (13)	6 (17)	5 (11)
Abnormal	4 (5)	2 (6)	2 (4)
Teman Sebaya			
Normal	29 (35)	10 (29)	19 (40)
Borderline	31 (38)	11 (31)	20 (43)
Abnormal	22 (27)	14 (40)	8 (17)
Prososial			
Normal	70 (85)	29 (83)	41 (87)
Borderline	7 (9)	2 (6)	5 (11)
Abnormal	5 (6)	4 (11)	1 (2)
Total Kesulitan			
Normal	27 (33)	14 (40)	13 (28)
Borderline	38 (46)	13 (37)	25 (53)
Abnormal	27 (21)	8 (23)	9 (19)

Based on Table 4.2, the emotional domain among all respondents was predominantly in the normal category (50%). Conduct problems were mostly categorized as normal (49%), and hyperactivity was largely within the normal range (82%). Peer relationship problems were most frequently classified as borderline (38%). Prosocial behavior was predominantly normal (85%). For total difficulties, the highest proportion was found in the borderline category (46%).

4. DISCUSSION

4.1 Characteristics

4.1.1 Grade

Based on the research findings, respondents were from Grade 8 and Grade 9, with Grade 8 students (57%) representing a larger proportion compared to Grade 9 students (43%). Adolescents in Grades 8 and 9 who experience a lack of social support are at risk of developing mental health problems¹³.

4.1.2 Gender

The results showed that the majority of respondents were female (57%). Overall, females were predominantly categorized within the borderline mental health scale (53%), whereas males were mostly within the normal scale (40%). In females, fluctuations in hormone levels, such as estrogen and progesterone, may influence parts of the nervous system associated with mood disorders. These hormonal changes typically occur during menstruation, pregnancy, childbirth, and menopause.

4.1.3 Age

The findings indicated that most respondents were 13 years old (57%), compared to 14-year-old respondents (43%). The age range of 13–15 years represents early adolescence, during which developmental changes are reflected in the formation of peer groups and conformity to group norms¹³. Adolescent problems in Indonesia can be categorized into three main aspects: (1) social problems, including criminal acts, immoral behavior, and free association; (2) cultural problems, such as loss of identity due to foreign cultural influences; and (3) moral problems, including disrespectful behavior, dishonesty, and self-harming behaviors such as drug use, stress, depression, and suicide risk³.

4.2 Overview of Adolescent Mental Health at SMP 1 Wanasari Brebes

Based on the results obtained using the SDQ instrument, four domains emotional, conduct, hyperactivity, and prosocial behavior were predominantly classified within the normal category. Meanwhile, the peer relationship and total difficulties domains were mostly categorized as borderline.

Emotional problems within the normal range are related to the adolescent developmental phase, during which individuals begin to recognize and regulate their emotional cycles, such as feelings of guilt following anger. This awareness enhances adolescents' ability to manage their emotions¹⁶.

Conduct problems were also predominantly within the normal category. One factor influencing adolescents' ability to regulate emotions is their capacity to avoid negative behaviors when facing life problems or pressures⁶. Adolescents who exhibit symptoms of hyperactivity require mental health service interventions provided by professionals, as hyperactive behavior may lead to mental health disturbances.

Peer relationship problems occur when adolescents have limited social interaction with peers, either at home or at school. Inability to socialize may result in reduced acceptance by peers, which in turn limits their ability to actively engage in peer interactions³.

Religiosity is closely related to prosocial behavior, as prosocial behavior represents the manifestation of religious aspects, including belief, rituals or worship, experience, knowledge, and implementation in daily life¹².

To assess mental health problems, the total difficulties score an accumulation of emotional symptoms, conduct problems, hyperactivity, and peer relationship problems was used. Most participants were categorized within the borderline range for total difficulties¹².

5. CONCLUSION AND RECOMMENDATION

In conclusion, the majority of respondents were 13 years old (57%), in Grade 8 (57%), and female (57%). The findings indicate that adolescent mental health was predominantly within the normal range in the emotional (50%), conduct (49%), hyperactivity (82%), and prosocial (85%) domains. However, peer relationship problems (38%) and total difficulties scores (46%) were mostly categorized as borderline, indicating the need for early attention and preventive efforts.

This study is expected to contribute to the development of nursing knowledge in adolescent mental health and serve as a reference for improving the quality of nursing care and interventions based on research findings. For researchers, this study provides valuable learning experience in understanding adolescent mental health. Future studies are recommended to expand the variables examined and increase the sample size to obtain more comprehensive results.

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