Perceived Barriers Related to School Mental Health Program: A Study from Four High Schools in West Java

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Abstract. Mental health issues frequently appear in youth and persist throughout adulthood. Interventions for adolescents' mental health can be successfully carried out in schools. There are currently educational initiatives in place in Indonesia that emphasize mental health's importance. Nevertheless, the actual implementation in practice is not a simple process. The purpose of this study is to determine the difficulties the school community faces due to the lack of a mental health policy. Through a series of semi-structured interviews, this qualitative study gathered information from 32 informants, including students, parents, school principals, mental health workers, and school counselors. Between April and December 2019, the research was conducted at four public schools in the Bogor City and Bogor District areas of West Java. Schools "A" and "B" were there to represent the schools in Bogor City, and Schools "C" and "D" were there to represent the schools in Bogor District. According to the research findings, as many as 77 percent of students (10 participants) were 16 years old, with the remaining 15 and 17 years old (3 participants). Seven students with high mental health scores were selected, and six of the informants were student committee members. The parents' ages ranged from 43 to 67, with a mean age of 51.8, and their levels of education went from high school (one informant) to a master's degree (one informant) to a bachelor's degree (one informant) (66 percent or six informants). In addition, two of the informants were principals, four were school counselors, and one was involved in school administration. Also interviewed were three primary care mental health professionals. Several barriers continue to impede the implementation of mental health programs in schools, according to the findings of this study. These include a lack of understanding about mental health, a lack of specific human resources capable of screening and treating students' mental health problems, a lack of money, and a high stigma associated with mental health conditions. The school's current curriculum and extracurricular activities, such as religious and literacy activities, should be improved in the future. Adopting mental health initiatives in schools requires strategic policy support, government endorsement, partnership with the Ministries of Education and Health, and sufficient finance.

Keywords: mental health · school · stigma · barrier

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1 Introduction

Mental health problems typically begin in adolescence and persist throughout adulthood. In most studies, almost half of all mental problems start in the midteens and three-quarters by the mid-twenties [1]. According to the Global Burden of Disease (GBD) 2019 report, mental health issues are a leading source of disability [2] and health burden among individuals aged 15 to 19 years [3]. The poor educational outcomes [4] and future unemployment may also be influenced by adolescents' mental health [5].

In Indonesia, mental health problems in Indonesia at the age of 15–24 years are 6.2% [6]. Another study revealed that around 7.7% of Indonesian students experienced mental-emotional issues [7]. Mental health problems such as anxiety, depression, and psychosis have also started appearing at the young age group (15–24 years) [8].

Adolescent mental health issues must be addressed with a broad and appropriate effect. Schools are a good place for teen mental health treatments, say several experts. Indonesia has a mental health-focused educational policy. Implementation isn't easy. In 2019, the National Institute of Health Research and Development studied mental health in schools with parents, students, school administrators, mental health providers, and a school counselor. The study implements the Sekolah Sejahtera paradigm from Gadjah Mada University and the Ministry of Health. The study ran for a year, and much information was gathered, enriching the future directions of mental health in school policy [9].

Previous research has demonstrated that school-based health promotion improves mental health and well-being [10]. Additionally, a review of the literature of 29 intervention studies revealed that school-based mental health promotion has a positive impact on several aspects, including coping skills, help-seeking abilities, social skills, emotional regulation, and the reduction of depression and anxiety symptoms [11].

Mental health programs in schools are the result of various collaborations between parties ranging from national policies to schools and families and adolescents themselves. One of the theories suggested for public mental health intervention and promotion is Bronfenbrenner's ecological theory, according to which individual and environmental factors are related to health [12]. According to Bronfenbrenner's theory, the mental health of youth is best understood in the context of a context that ranges from the level of the individual (personal issues) to the level of the environment (family, school, friends, community) to the level of the most extensive system of norms, ideologies, and values. According to research, educators still lack confidence in addressing student mental health problems and need more training to improve their abilities [13]. Teachers also highlighted the lack of expertise and training in addressing the mental health needs of students and believe that mental health practitioners have a more significant role in maintaining mental health lessons for the students [14]. From the student's perspective, the mental health in school should appreciate the young people's experiences and good relationships in the school community, reduce stigma and increase confidence so the youth can take appropriate action [15].

The purpose of this study was to identify the enablers and barriers to implementing mental programs in school settings, as well as to identify strategies for strengthening the connection between research and practice in delivering interventions in schools.

2 Material and Methods

Design
The study was qualitative with semi-structured interviews. This study was part of mental health in school research conducted by the National Institute of Health Research and Development. The research was held between April and December 2019, the research was conducted in two cities in West Java; there were Bogor City and Bogor District. Ethical Approval obtained at 29 of March 2019 from the National Institute of Health Research and Development with number LB.02.01/2/KE.106/2019.

Participants
Respondents were recruited based on the school selected, parents, students, school principals or staff, mental health workers from primary health care, and school counselors. The schools were selected with purposive sampling according to the number of students, the sufficiency of facilities such as the school building and teacher condition, overall learning outcomes in schools, not being the best high schools in town, and a commitment to collaboration were the selection factors. The school principals, staff, and counselors were the school coordinators. The students were selected based on the chosen participants in mental health research who got the highest anxiety or depression assessment score. The parents also choose based on the students selected. The mental health workers were the coordinator responsible for the health issue in the school area. All the informants were approved to join the study before interviewing.

Data Collection
In-depth interview questions were developed based on previous research and had been tested in the pilot study. The questions involved policies and financing in schools and primary health care level, school resources, existing policies that are in line with mental health issues, school staff efficacy in handling the mental health treatment in school, and perceived barriers from parents and also students to mental health treatment in schools or primary health care. All answers were recorded, transcribed, and then selective quotations were coded.

Data Analysis
The qualitative content analysis method was chosen because it allowed the study team to analyze the interviews systematically, compare them, and abstract the material into descriptive categories. After the transcriptions were finished, the researchers were read a second time to acquire a greater comprehension and a feeling of the entire. Means units were produced and compacted, and those aligned with the study's goal were chosen. The interviews were content encoded and linked together based on similarities and differences. They were then classified into several content sections [16].

3 Results

Informants Characteristics

The number of informants was 32, as much as 77% students (10 participants) were 16 years old and the rest were 15 and 17 years old (3 participants) The students characterized as students with high scores of mental health problems were seven, and six were from the students committee. The age of the parents was between 43 to 67 with average 51.8 years old, and the education range from primary high school (one informant), master degree (one informant) and the rest graduated from bachelor degree as much as 66% or six informants. The informants with criteria of school personnel, were ranging from 39 years old to 54 years old, with one was a principal, four were school counselor and one was the school management staff. There were three informants representing mental health workers from primary health care.

Community Barriers

Community plays an important role in mental health prevention. One existing policy in primary healthcare is the school health unit or Upaya Kesehatan Sekolah (UKS). For mental health programs carried out by the health sector in schools, in this case, the Puskesmas located in the school area, the school admitted that a Puskesmas had never visited them in terms of mental health. There are routine activities carried out by the Puskesmas in schools, namely screening activities for class XI students but usually related to physical examinations and the program of giving blood tablets. It is, as stated, one of the following Puskesmas informants:

> *"Screening, for example, early detection screening, we do, then treatment, visits to ODGJ patients, but at the community level, there are no activities at school, only at the time of the screening, because I happen to be a mental health officer, so I dug into the net. Other officers, I don't know what it means to do it or not, yesterday because there was a point there, I happened to understand, so I did it" (AY, Mental Health Program Holder, Puskesmas D)*

Budget

Budget is an important thing that must be provided in carrying out the program of activities. Usually, the budgeting has started to be planned from the previous year the program was run. For the budgeting of activity programs in mental health efforts in schools, city and district control schools stated that they did not have a particular budget for mental health programs. Still, there was a budget for activities in mental health efforts such as staying overnight, motivational training, habituation, self-reflection, retreats, Basic Training of Student Leadership or Latihan Dasar Kepemimpinan Siswa (LDKS), and others. This is as explained by the following two informants:

> *"There is no special budget for holding mental health services in schools. So far, the Informant said that it is possible to hold mental health services. So far, only a direct approach to students. And if it is possible to provide mental health services,*

schools will follow orders if advised by the Education Office" (NR. Principal, School D)

Puskesmas D admitted that they did not have a budget related to mental health in schools because they did not know there was a mental health program. After all, so far, there had been no instructions from the District Health Office to work on mental health programs in schools. The Puskesmas is still focused on working on community-based mental health programs. The following is the information provided by the informant:

"No, yes…because we didn't have the budget, maybe because we didn't know there was a mental health program at school. If we knew, we would certainly budget it, for repairs there…, if we apply, it's easy to apply for a budget here" (AY, Holder of Mental Health Program, Puskesmas D)

Human Resources or HR

Human Resources HR is also an essential element that must be available in mental health activity programs. Aside from being seen from their availability in terms of quantity, human resources must also pay attention to the quality or ability to carry out the program. Moreover, the barrier came from the integrity from the school counselor, as mentioned from one informant:

"The obstacle is more to commitment from us, because we like to forget that we have an obligation to give mental health services" (AA, school counselor, School C).

Another problem was the availability of schoolteachers who have the specific ability to deal with mental health problems in schools. Some believes that the religious teacher was sufficient to give counseling to the students. This is as stated by the following informants:

"There are three school counselors in our civil servant or Pegawai Negri Sipil (PNS) and two non-PNS. In terms of competence, because from mental health, we feel it is the same as the school counselor, and the second one is with the religion teacher too, that's our religion teacher. If there is a school counselor training, we have monthly meetings for teacher working groups or MGMP, there is an activity abbreviated as MGMP and if there is an activity, we always send it. Like yesterday from Marzoeki Mahdi, there was an activity about mental health seminars because we were asked, we sent it from students and teachers, from students we usually go to the adolescent red crescent or Palang Merah Remaja (PMR) who are related. At the same time, there is an opportunity to increase the competence of educators we always involve" (Da, School Management, School B).

The same thing was also expressed by school D, which stated that the human resources for counseling guidance were reasonably competent. However, their competence still had to be improved through training. Here's an excerpt:

"Only school counselors are competent in dealing with mental health problems in children at school. But they still need the training to deal with children's problems" (NR, Principal, School D).

In contrast to the opinion above, from the point of view of the parents of students stating that the number of school counselors in the school B is significantly less to be able to assist all students, the informants think that ideally, the school counselor is only sufficient to handle tens of students, with the hope that all students can get widespread attention. This is what the informant said:

"There are still very few school counselors so that all children get attention" (IK, Parents, School B)

Ideally, handling mental health problems in students at school after being taken by school counselor is to make referrals to health facilities such as health centers for further observation by more competent health workers. Unfortunately, schools B and D have not carried out the ideal treatment as above. This is because no policy from either the Ministry of Health or the Ministry of Education regulates this. At the school and health center levels, there is no Memorandum of Understanding (MOU) between the two agencies in the referral system for handling mental health problems in schools. The MOU built between the two agencies is still limited to the selection of students once a year. This is as expressed by the following informants:

"If the school has issued a referral, we haven't yet, but we have conveyed to the parents that this child is different; please try to go to a psychiatrist. If the MOU with the puskesmas is about mental health, we haven't yet, but when it comes to screening for children's health, it is always there every year" (Da, Management School, School B)

The above is in line with the recognition of Puskesmas D, which stated that there was no referral system built yet and an MOU between schools and Puskesmas if students with mental health problems were found. This is as expressed by the following informants:

"For counseling and treatment for school children, maybe no school children have been detected... Because it takes a special time, I guess, the whole screening is for physical health, not mental health... so there has been no referral for mental health problems to the puskesmas" (RK, Person in Charge of UKS Program, Puskesmas D).

"There is no MOU regarding referrals for mental health problems found in schools to the Puskesmas" (AY, Holder of Mental Health Program, Puskesmas D).

Some of the obstacles encountered when referring students with mental health problems to health facilities are that there is still a stigma in the community that bringing children to health facilities for further consultation and treatment means that the student has a mental disorder. This is what the informant said:

"There is still a stigma from schoolteachers regarding mental health in students. The students who have mental health problems are "crazy" children" (H, Deputy Headmaster, School D)

In addition, there is a feeling of discomfort and embarrassment if students are known to have consulted on mental health problems at a health facility. This is as expressed by the following student and school committee informants:

"Shame if you have to make a referral to a psychiatrist, health center or hospital" (F, School Student D)

"I'd rather go to a psychologist or psychiatrist if I go to the puskesmas, I'm embarrassed, ah, later people will know, right at the puskesmas there are more queues when going to the psychologist, it is more private, and there is no need to queue like in the puskesmas" (EW, Student Council, School B)

"Yes, it was up to the parents, if the parents want we can access the puskesmas or psychological, if the parents don't want us we can't force them" (N, homeroom teacher, School B)

According to one informant, the cost for further treatment at a health facility may be an obstacle for parents to take their child to health facility or competent health personnel regarding mental health issues. Here is what the informant said:

"Perhaps the problem of cost is an obstacle in referring to health services" (IK, student's parents, School B)

"For example, if the child has already been affected, it might also be an economic problem, the distance to the place of treatment can also be an obstacle" (NR, student's parents, School B)

4 Discussion

This study found several barriers to maintaining mental health programs in school. Some of the perceived obstacles, according to school personnel and mental health practitioners from primary health care, were the supporting policy from the local government, the availability of a budget to implement the program, teachers' competence in screening and handling the student's mental health issue and the support and agreement from parents and students itself to join the treatment. The barriers found in this study are pretty similar to a study that concluded some of the obstacles like (a) school principal and administrator support; (b) development of teacher involvement; (c) role of financial resources to sustain practice; (d) availability of quality training and consultation strategy to achieve fidelity to the model; (e) orientation of the intervention with school ethos, goals, regulations, and programs; and (f) ensuring that program outcomes and effect are visible to key stakeholders [17]. That barrier should be anticipated and resolved for the following mental health intervention program in school.

Primary health care in the study has had mental health programs, although not specifically to handle the mental health issue in school. The relationship between the school and primary care facilities will benefit the school's mental health program. A study indicated that schools with mental health agency partnerships looked to have a greater likelihood of effective implementation [18].

From students' points of view, some barriers persist in accessing mental health services in a school or primary health care. The perceived stigma as well as ashamed to get the assistance needed is in line with a systematic review that identified perceived social stigma and embarrassment, including perceived confidentiality and the ability to trust an unknown person, as well as the related to systemic and structural barriers and facilitators, such as the financial costs associated with mental health services, logistical barriers, and the availability of professional assistance, are the primary barriers identified in this study [19]. Moreover, adolescents' perception of the positive relation of mental health staff in health care will improve their participation in the treatment [20].

In addition, parents believe that mental health access is expensive and time-consuming. According to a qualitative survey, the obstacles cited by parents include the difficulty of meeting mental health doctors, the time required for referral from one health practitioner to another, and the amount of money they must spend [21]. Embarrassment, the stigma associated with mental health difficulties, and the fear of being labeled or receiving a diagnosis were other reasons why parents did not send their children to mental health therapy [22]. Parental engagement could be established by (a) recognizing parents' values and their competence about their children; (b) recognizing that they desire to be good parents, and (d) providing them with alternatives for accomplishing intervention objectives [23].

This study is the first stage in identifying factors that may hinder or assist the adoption and sustainability of new school interventions. Conclusions are constrained by the study's small sample size and qualitative character. Another limitation was the limited number of people who joined the interview and could be different results with another type of study.

Globally, cooperation between schools and other youth-serving systems promotes the development of school-based mental health services. The International Alliance for Child and Adolescent Mental Health and Schools (INTERCAMHS) and the School Mental Health International Leadership Exchange were two of the most prominent school mental health programs (SMHILE). In a comparison of four nations, two have made substantial progress (the United States and Canada), one has made moderate progress (Norway), and one has just begun work (Liberia). From these four countries, we could learn that meaningful adolescent and family participation, implementation of evidence-based methods, monitoring, and quality assurance contribute to the successful implementation of school-based mental health programs in the United States; from Canada, we could learn about mental health literacy and workforce development to prepare future teachers to learn mental health modules; and from Norway and Liberia, the success point is cross-sector collaboration [24]. Looking for more detail in Canada, there is also a model called "School-based Pathway to Care" for secondary schools that connects schools to primary care doctors, mental health services, and the larger community, enabling them to treat juvenile mental health collaboratively. The paradigm emphasizes the need of mental

health literacy, gatekeeper training, and education/health system integration in promoting adolescent mental health, as well as boosting learning environments and academic outcomes [25].

5 Conclusion

This study demonstrates that barriers for mental health in schools including a lack of mental health awareness, a lack of human resources capable of screening and resolving students' mental health problems, a lack of funding, and a high stigma associated with mental health, continue to interrupt the implementation of mental health policies in schools. From a parental standpoint, there are barriers to MH difficulties, such as stigma and financial constraints. The students' viewpoints also revealed that one of the challenges to mental health programs is the presence of stigma. In the future, it is necessary to optimize the current curriculum and extracurricular activities such as religious and literacy activities. School-based mental health solutions need tactical policy support, government endorsement, partnership with the Ministries of Education and Health, and an appropriate budget.

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References

1. Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Üstün TB. Age of onset of mental disorders: A review of recent literature. Curr Opin Psychiatry. 2007;20:359–64.
2. Ferrari A. Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. Lancet Psychiatry. Elsevier Ltd; 2022;9:137–50.
3. Guthold R, Johansson EW, Mathers CD, Ross DA. Global and regional levels and trends of child and adolescent morbidity from 2000 to 2016: An analysis of years lost due to disability (YLDs). BMJ Glob Health. BMJ Publishing Group; 2021;6.
4. Brännlund A, Strandh M, Nilsson K. Mental-health and educational achievement: the link between poor mental-health and upper secondary school completion and grades. Journal of Mental Health. Taylor and Francis Ltd; 2017;26:318–25.
5. Mousteri V, Daly M, Delaney L, Tynelius P, Rasmussen F. Adolescent mental health and unemployment over the lifespan: Population evidence from Sweden. Soc Sci Med. Elsevier Ltd; 2019;222:305–14.
6. The Indonesia Ministry of Health. The 2018 Indonesia Basic Health Survey (Riskesdas): National Report [Internet]. Jakarta; 2019. Available from: http://repository.litbang.kemkes.go.id/3514/
7. National Institute of Health Research and Development of The Indonesia Ministry of Health. The 2013 Indonesia Basic Health Survey (Riskesdas): National Report. Riset Kesehatan Dasar 2013. Jakarta; 2013.

8. Kusumawardani N, Tarigan I, Suparmi, Schlotheuber A. Socio-economic, demographic and geographic correlates of cigarette smoking among Indonesian adolescents: results from the 2013 Indonesian Basic Health Research (RISKESDAS) survey. Glob Health Action. Taylor & Francis; 2018;11:54–62.
9. Suryaputri IY. The study of school-based mental health intervention studies: Final Report. Jakarta; 2019.
10. Karyani U. MERANCANG PERUBAHAN DI SEKOLAH UNTUK MENJADI SEKOLAH YANG MEMPROMOSIKAN KESEHATAN MENTAL. Jurnal Indigenous [Internet]. 2016 [cited 2022 Aug 8];1:48–60. Available from: https://smartlib.umri.ac.id/assets/uploads/files/5d855-1782-7821-1-pb.pdf
11. O'Connor CA, Dyson J, Cowdell F, Watson R. Do universal school-based mental health promotion programmes improve the mental health and emotional wellbeing of young people? A literature review. J Clin Nurs. Blackwell Publishing Ltd; 2018. p. e412–26.
12. Eriksson M, Ghazinour M, Hammarström A. Different uses of Bronfenbrenner's ecological theory in public mental health research: what is their value for guiding public mental health policy and practice? Social Theory and Health. 2018;16:414–33.
13. Moon J, Williford A, Mendenhall A. Educators' perceptions of youth mental health: Implications for training and the promotion of mental health services in schools. Child Youth Serv Rev. Elsevier Ltd; 2017;73:384–91.
14. Reinke WM, Stormont M, Herman KC, Puri R, Goel N. Supporting Children's Mental Health in Schools: Teacher Perceptions of Needs, Roles, and Barriers. School Psychology Quarterly. 2011;26:1–13.
15. Kostenius C, Gabrielsson S, Lindgren E. Promoting Mental Health in School—Young People from Scotland and Sweden Sharing Their Perspectives. Int J Ment Health Addict. Springer; 2020;18:1521–35.
16. Graneheim UH, Lindgren BM, Lundman B. Methodological challenges in qualitative content analysis: A discussion paper. Nurse Educ Today. Churchill Livingstone; 2017;56:29–34.
17. Forman SG, Olin SS, Hoagwood KE, Crowe M, Saka N. Evidence-Based Interventions in Schools: Developers' Views of Implementation Barriers and Facilitators. School Ment Health. Springer New York LLC; 2009;1:26–36.
18. Langley AK, Nadeem E, Kataoka SH, Stein BD, Jaycox LH. Evidence-Based Mental Health Programs in Schools: Barriers and Facilitators of Successful Implementation. School Ment Health. 2010;2:105–13.
19. Radez J, Reardon T, Creswell C, Lawrence PJ, Evdoka-Burton G, Waite P. Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. Eur Child Adolesc Psychiatry. Springer Science and Business Media Deutschland GmbH; 2021. p. 183–211.
20. Oruche UM, Downs S, Holloway E, Draucker C, Aalsma M. Barriers and facilitators to treatment participation by adolescents in a community mental health clinic. J Psychiatr Ment Health Nurs. 2014;21:241–8.
21. Reardon T, Harvey K, Baranowska M, O'Brien D, Smith L, Creswell C. What do parents perceive are the barriers and facilitators to accessing psychological treatment for mental health problems in children and adolescents? A systematic review of qualitative and quantitative studies. Eur Child Adolesc Psychiatry. Dr. Dietrich Steinkopff Verlag GmbH and Co. KG; 2017. p. 623–47.
22. Sayal K, Tischler V, Coope C, Robotham S, Ashworth M, Day C, et al. Parental help-seeking in primary care for child and adolescent mental health concerns: Qualitative study. British Journal of Psychiatry. 2010;197:476–81.

23. Gross D, Johnson T, Ridge A, Garvey C, Julion W, Treysman AB, et al. Cost-effectiveness of childcare discounts on parent participation in preventive parent training in low-income communities. Journal of Primary Prevention. 2011;32:283–98.
24. Weist MD, Bruns EJ, Whitaker K, Wei Y, Kutcher S, Larsen T, et al. School mental health promotion and intervention: Experiences from four nations. Sch Psychol Int. SAGE Publications Ltd; 2017;38:343–62.
25. Wei Y, Kutcher S, Szumilas M. Comprehensive School Mental Health: An integrated "School-Based Pathway to Care" model for Canadian secondary schools. McGill J Educ. Consortium Erudit; 2011;46:213–29.