THE IMPROVEMENT OF TEACHERS' KNOWLEDGE ABOUT MENTAL HEALTH AS A PREVENTION TO MENTAL HEALTH PROBLEM ON DESIGNING SCHOOL WELLBEING ESTABLISHMENT OF EARLY CHILDHOOD EDUCATION LEVEL

Desi Maulia
Prodi Bimbingan dan Konseling
Universitas PGRI Semarang
Semarang, Indonesia
maulia.desi@gmail.com

Suhendri
Prodi Bimbingan dan Konseling
Universitas PGRI Semarang
Semarang, Indonesia
hendri.kdi@yahoo.co.id

Ellya Rakhmawati
Prodi PG-PAUD
Universitas PGRI Semarang
Semarang, Indonesia
rakhmawati.ellya@gmail.com

Agus Suharno
Prodi Bimbingan dan Konseling
Universitas PGRI Semarang
Semarang, Indonesia

Abstract—**The establishment of school atmosphere in which pays attention on both student and teacher's wellbeing, has not been achieved sufficient attentions by educational stakeholders. Until recent days, when talking about education, then most of the focus by researchers are about pedagogical and professional improvements. There are still many studies not investigating the reliability in social domain and teachers' personalities. In fact, social awareness and teacher emotion are needed to detect students with emotional problems. Data from W.H.O in 2018 shows in around the world, 10 up to 20% children and teachers experiencing mental problems. Anxiety, behavior problems, and emotional problems are three main problems emerging from children. This condition affects child development, educational achievement, potency actualization, and lack of productivity. One of the places to prevent those problems and disorders of mental health is school. Teachers' knowledge about mental health problem on children and the effort to prevent is assumed being able in suppressing the number of mental health problems experienced by students.**

Keywords- Mental health, School Wellbeing, Early childhood, Teacher, Children.

I. INTRODUCTION

Director-General World Health Organization in his speech during the Action Plan of W.H.O Mental Health in 2013 – 2020 reveals mental wellbeing is basic component from WHO mental definition. Good mental health allows people to realize their potencies, solve normal real life pressure, work productively, and contribute in their community. It also goes for children. Mental wellbeing collaborated to happiness will allow children to have well mental health to grow and develop productively and easily to optimize their potencies. Even by having specific pressure, in its action, W.H.O explains good mental health will help children having optimal development in every aspect of their lives, such as: having positive identity, ability to manage thought, emotion, and social relationship, ability to learn and gain education, in which lead to have full and active participation in their societies.

When after so long in society assumes that mental health problem will only happen on adults, however, it does not appear so. Children whom is thought as individual without possibility to have mental problem, in fact, become the most vulnerable toward the problem.

Mental problem is one of global challenges with significant impact due to its high prevalence and severe burden felt by the individual, family, community, and countr [1]. In their report of Mental Health on children and teenagers in Great Britain (2004) is known that 10% children and teenagers (5 – 16 year) having diagnosable mental health problem clinically. However, 70% of the children and teenager experiencing the problem have not got any appropriate intervention in their early childhood age. Some problems are behavior, emotional (anxiety or depression), and attention deficit hyperactivity disorders. The level of the problems increase significantly until the end of teenage age. In 11 until 15 year old, there are 13% for boys and 10% for girls, and about 23% for adults with age range 18-20 year old. Although the report takes sample in English, mental health problem toward children and teenagers become the growing concern not only for English but all countries around the world [2].Mental Health Foundation in 2015 found facts that mental health problem is single trigger for worldwide economic burden, estimated to spend £ 1,6 triliun [3]W.H.O data in 2018 shows that around the world, 10-20% of children and teenager experience mental disorders.

Deeper fact about mental health disorder on children reveals that social and emotional problems of children in which occurred frequently. [4] that 9.5% and 14.5% of newly born babies until 5 year old children are fragile to experience social and emotional problems. It seems child growth will be hindered, especially some aspects, such as having difficulties to do their function in social environment and having no readiness to go school appropriately. Administrative data of mental health service in United State shows from all services given, 9% from the patients or clients are from under 6 year old children. If it is compared in terms of gender, boys show greater behavior problem prevalence compared to girls [4][5] Data from Nastasi) is found that annually an incensement of mental health problem of children and teenagers raises from 20% until 25%. Anxiety problem reaches topest rank, followed by behavior and feeling problems. [6]

World Health Organisation in Mental Health Action Plan 2013 – 2020 explains in early initial stage of life will have important chance to promote mental health and prevent mental problem. One of the action plans applied is implementing strategic to promote and prevent mental health problem through program provision for early childhood children through promotion and prevention in school setting. It is expected school community can give the program to train life skills, face bullying, prevent risky living style, detect emotional and behavior problem of children and teenagers.

School wellbeing is a concept of development from positive psychology study from Martin E.P. Seligman in which more specifically studied by referring wellbeing conceptual model from Allardt. Wellbeing, according to Aldart, is a condition to allow an individual to satisfy his basic needs, such as material or non-material needs, grouped into having, loving, being, and health categories. [7]

School environment, social relationship at school, self-actualization chance, and health services for children are main supporters to create student happiness at school. School wellbeing in this study uses subjective indicators emphasizing personal subjective feeling toward life condition at school, then it is developed through sociology, education, psychology, and health reviews.

Research about school wellbeing is a step taken by researcher to figure out the concept of school needs in providing psychology wellbeing at school especially for students. School is assumed to be the most powerful setting to emerge psychological wellbeing or happiness by considering a lot of allocated time at school by students, 2 years preschool, 12 years in the next education level, with duration 3 until 9 hours per day in working days. A lot of time spent and many parties involved to hold education affect strongly toward cognitive, emotion, social, and personality of students. During 2017 and 2018, researcher focused on psychological wellbeing development in early childhood educational level as initial step to prevent mental health problem appearing in the next level of age [8]

The establishment of school atmosphere in which pays attention both teacher and student psychological wellbeing has not been yet focused by stakeholders. So far, the discussion about education will make researchers more concentrate to improve pedagogical and professional competence related to how education is promoted based on its principles. Enrichment in cognitive field of knowledge toward mental health problems has not been investigated. The same thing goes for reliability of social and teacher personality domains. In fact, knowledge, awareness, social and emotion of teacher are need to detect students with social or emotional problems.

Preschool teacher knowledge about mental health problem can be improved through mental health literacy and promoting positive mental health toward teachers. Novianty and Hadjam (2002) adopting from Jorm [9]state that "mental health literacy is defined as knowledge and belief about mental problems to help recognizing, managing, and preventing". Teachers need to understand social and emotional problems which become the indicators of mental health problems hindering children's success in achieving wellbeing or happiness.

II. LITERATURE REVIEW

A. Mental Health

World Health Organization defined mental health as a condition of wellbeing in which individual is aware of his potency and able to solve normal real life problem, able to productively and beneficially work, able to contribute toward his community. Redefinition of mental automatically replaces the previous definition stating that mental health is not only about the absence of mental disorder in an individuals. However, it is more than that. The functionality in life optimally by using self-potency becomes the priority upon mental health quality judgment so each individual can experience living happy.

Mental health becomes the most reviews in W.H.O then some important steps are arranged through 2013 – 2020 action plan. The action plan has global scopes to give guidance on the plan by utilizing source management, social responses, related sector utilization, and promoting and preventive strategies. Related to children wellbeing, the emphasis of W.H.O action plan is prioritizing optimizing thought management, emotional, social relationship fostering, and talent to study and gain education abilities to fully and actively participate in their society [10]

The effort to achieve mental health is not only personal and individual matter, such as thought management, emotion, behavior, and interaction abilities. The condition of mental health is affected by social, cultural, economic, politic, and environmental factors, such as national policy, social protection,

living standards, working condition, and social supports [10]Therefore, all party involvements whose effect toward individual daily life, especially, early childhood children, will affect mental health quality and happiness. Education on society toward mental health promotion will be able to improve society awareness about mental health.

Tthe target of mental health covers from general society, high risk society members, groups with disorder or groups with disorder records. In term of general society, the target functions as primary prevention and mental health promotion. The scope of high risk society members has functions to intervene higher risk groups. In groups with disorder, mental health movement has secondary role to prevent, screening and prompting-treatment. Then for groups with disorder records, it has tarsier function to rehab and relapse prevention.[11] Mental Health Of Early Childhood Children

Survey done by Office for National Statistic (ONS) in 2004 found 10% of children and teenagers (5 – 16 year old) in English have diagnosed mental health as having problem clinically. In the same year, ONS also surveyed 7.977 respondents both from parents, children, and teachers. The findings show prevalence of mental health problem found in children and teenagers (5 – 16 year old) became 4% in term of emotional problem (depression and anxiety), 6% for behavioral problem, 2% for hyperkinetic problems, and 1% for extraordinary problem (autism, tics disorders, eating disorder, and selective mutism) [12]

Specifically, Public Health England releases children under 5-16 year old, 39.500 children experiencing anxiety, 10.800 children experiencing depression, 18.9000 children experiencing ADHD, and 68.100 children experiencing conduct disorder. Secara spesifik, Public Health England merilis bahwa pada anak usia 5- 16 tahun sebanyak 39.500 anak mengalami kecemasan, 10.800 anak mengalami depresi, 18.900 anak mengalami dampak dari ADHD dan 68.100 anak mengalami conduct disorder. Unfortunately, from those numbers, only 25% of children gaining mental health services[13].

Four components affecting toward mental health of children are children, families, schools, and communities. Risky factors of the children are genetic influence, low IQ, learning disability, growth delay, communication difficulty, painful body, temper tantrum, academic failure, and low self-respect. Protective factors from children are safe intimacy, well communication, positive behavior and self-control ability. Risky factors from family are disharmony, inconsistent discipline implementation, child need neglect, emotional abuse, parent criminality, and death. Protective factors from parents are supportive natures, having strong values, and giving affection. Risky factors of schools are bulling, discrimination, friendship bound failure, unhealthy relationship to teachers. Meanwhile, protective factors from schools are low health service, low social and economy status, disaster. Protective factors from community are health service network and broader cooperation, life standard to support, and chance availability to involve society in creating social value formation [13].

C. Teacher Knowledge In Early Eduation Level About Mental Health

School has roles toward effort to improve student mental health quality through various efforts as prevention and countermeasures of the problems [14].Good school will develop appropriate cultures and effort to support all children and their wellbeing. School will instill skills, behaviors, and supportive systems appropriately to relieve hindrance for learning and developing self-confidence and self esteem [15]. Suharno, Maulia, and Rakhmawati findings the synergy of component of teachers, parents, students, and stakeholders will create happiness of the children[16]. Furthermore, teacher have important role to create happiness at schools [17]

Rulanggi and Hastjarjo make a conclusion that:

"Teachers have important role to supervise emotional and behavioral disorder of children and teenagers as well as to treat students with psychological disorder. Teachers are like mental health service providers, diagnosing and curing the clients. Teacher knowledge about students' problems are important thing because it is proven to be able in solving students' problems [18],[19] ,[20]."

Then, it is clear that from the reviews, teacher knowledge about mental health will make teacher being capable to act recognizing, arranging prevention pal, creating planned action to solve and selecting appropriate steps to solve or promote the referred system clearly.

However, actually, how is teacher knowledge in early childhood educational level about mental health? There are no published findings in Indonesia describing teacher knowledge of early childhood education about mental health problem. The concept of mental health literacy have shown in literature during recent 15 years and is defined as knowledge and belief about mental disorder, helping them to acknowledge, manage, and prevent [21],[22]. Mental health knowledge or literacy investigated by Rulangi and Hastjarjo toward Junior High School teachers using psychoeducation, "IKESMEN", uses android based technology to inform mental health literacy in Yogyakarta. The findings show although there is no significant improvement in mental health literacy of Junior School teachers in Yogyakarta, but, this media form give chance to school mental health developer in the future, considering the enthusias resposne of the participants toward psychoeducation service forms [23].

Miller, et.al investigated mental health literacy of High School teachers toward depression. The findings show mental health literacy is an effective and continual way to improve awareness of mental health, decrease stigma, improve early detection, and facilitate behaviors in finding helps in teenage environment. [24]

Kutcher et.al studied mental health literacy of Tanzania teachers to function promotion, suppress stigma, prevent mental health problem toward students, and to improve students' awareness 0. Teachers are given training about mental health knowledge and teacher attitudes. Teacher knowledge and behavior toward mental health and mental disorder can be measured earlier and in the end of the training, by using same knowledge and attitude score instruments such as used in Malawi. The findings show significant improvement in all teacher knowledge included mental health and curriculum knowledge. Teachers' stigma toward mental disorder decreases significantly after training. There is significant difference between groups in term of all teacher knowledge. Teachers also report high self-confidence to seek positive help for them, students, families, and partners when the problems are found.

III. DISCUSSION

Recalling the history of Indonesia, Ki Hajar Dewantara in 1922 had stated a notion that education needed by eastern nations is humanism, socialism, nationalism by referring to teacher Patrap, consisting philosophy "Ing Ngarsa Sung Tulada, Ing Madya Mangun Karsa, Tut Wuri Handayani", meaning in front giving a model, in the middle motivating and building dreams, in the end following and supporting. Teacher Patrap becomes the principle and guidance for teachers to act and interact toward students humanely and educate students based on their potencies, in which it becomes the essence and value of education in Indonesia. In its development, the concept of Ki Hajar Dewantara aligns with school concept to emphasize psychological wellbeing or happiness of the students.

School wellbeing is a model developed by Konu and Rimpella, by referring to conceptual model by Allardt. Wellbeing is a condition allowing an individual to satisfy needs covering material or non-material, grouped into having, loving, and health **Error! Reference source not found.**

School domain, especially, about school wellbeing review at school is included positive psychological review because school has important role in developing individuals. Indonesian society, at least, will spend time two years minimally in early childhood education and 12 years in primary school and high schools. Then, for 14 years, individuals will interact at school for 3 – 9 hours per day. Therefore, if a child spends time in his childhood and teenage hood at schools, then school must be a fun place both for teachers, students, or school members to interact positively, involving teacher roles and stakeholders. Happy situation created at school will allow students to optimize their self-potencies, empowering self-power, and having their meaningful lives.

Early childhood children are in their golden age during growing age of human in all aspects both physics, cognition, personality, emotion, and social grow significantly. In term of age, children categorized in this group are aged 0 – 8 year. Based on Bronfenbreuner's theory, the quality of future children will strongly be affected by numbers of systems consisting from microsystem, mesosystem, exsosystem, macrosystem, and chronosystem 0. From those five systems, micro environment takes dominant role in children's lives because environment directly interacting to children and closely related to their daily lives, including parents and teachers of early childhood education.

In helping to optimize early childhood children's potencies, government promotes early childhood child education. The rule number 20 Year 2003 about National Education system, Article 1, Verse 14 states:

"*Early childhood education is an effort to guide addressed to newly born babies under 6 year, done through giving educational stimulus to help physical and spiritual growth and development with purpose to make the children having readiness to continue their studies.*"

"*Pendidikan Anak Usia Dini (PAUD) adalah suatu upaya pembinaan yang ditujukan kepada anak sejak lahir sampai dengan usia enam tahun yang dilakukan melalui pemberian rangsangan pendidikan untuk membantu pertumbuhan dan perkembangan jasmani dan rohani agar anak memiliki kesiapan dalam memasuki pendidikan lebih lanjut.*"

Therefore, early childhood education purpose is to give treatment and guidance allowing them to grow and develop according to their age and potencies, identifying any possible deviation so when it occurs, an early intervention can be done, and providing various experience to develop potencies in various fields so they are ready to join education in primary school level 0

The second function of early education promotion, teachers need to understand how mental health education is, to recognize mental health disorder in early education children, to prevent emergence of already occurred mental health disorder based on the competencies.

According to literature review, it is found the cases of mental health problems increase 10% annually because risky factors raises on early childhood children, families, schools, and environments. Children experiencing negative treatment, poor relationship quality, and other difficulties in initial life are certain risks from the bad results in future days, included mental health problems **Error! Reference source not found.**. If teachers are late to recognize the problems, it will make them late to get any intervention in which will have no effect on their growth and development qualities, low chance to optimize their competencies, and decrease happiness quality.

So far, there is no literature about mental health for early educational level teachers. However, based on the findings of higher education, it is recognized mental health literacy is preferred by teachers to promote, prevent, or intervene toward students; helping to increase awareness about mental health, decreasing stigma, increasing early detection, and facilitating behavior of seeking help in students' environment; and functioning to promote, preventing cases of mental health problems on students, increasing awareness toward students and teachers' efficacy in seeking mental health help **Error! Reference source not found.**, **Error! Reference source not found.**, 0. The type of literacy given toward teachers of early education children covers from mental health problem matters frequently experienced by early childhood children, such as depression, anxiety, and behavior disorders.

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