



Developing guidelines for early detection of child and adolescent mental health problems

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ARTICLE INFO	ABSTRACT
<p>Article history Received: 2023-01-13 Revised: 2023-02-05 Accepted: 2023-02-10 Published: 2023-03-01</p> <p>Keywords Child mental health School environment Teacher role</p>	<p>Children, like adults, can suffer from various mental health issues, but they are rarely recognized. This research aims to create early detection guidelines that can be used by those closest to children, such as parents and teachers in schools. The methods used by the team were narrative review, data analysis, preparation of guidelines, expert judgment, and dissemination. Three experts carried out the preparation of the guide. Furthermore, the dissemination was carried out at SDN Girimoyo 02 Karangploso, Malang Regency. The guideline contains six points, namely 1) definition of mental health, 2) description of the child's mental health issues, 3) description of instruments that can be used for screening or early detection, 4) various considerations that need to be considered when conducting screening or early detection, 5) referral system and flow, and 6) the role of teachers in schools and their urgency. Furthermore, the result of the dissemination activity is the increased understanding of teachers in schools regarding the early detection of student's mental health problems so that teachers can be more sensitive to the conditions of their students.</p>
<p>Kata Kunci Kesehatan mental anak Lingkungan sekolah Peran guru</p>	<p>Menyusun pedoman deteksi dini masalah kesehatan jiwa anak dan remaja. Tidak hanya orang dewasa tetapi anak juga dapat mengalami berbagai isu kesehatan mental, tetapi jarang untuk dapat dideteksi. Pengabdian ini bertujuan untuk menyusun panduan deteksi dini yang dapat digunakan oleh orang-orang terdekat anak seperti orangtua dan guru yang berbasis di sekolah. Metode yang digunakan tim adalah narrative review, analisis data, penyusunan panduan, expert judgement, dan diseminasi. Penyusunan panduan dilakukan oleh tiga orang ahli. Selanjutnya diseminasi dilakukan di SDN Girimoyo 02 Karangploso Kabupaten Malang. Panduan yang disusun berisi enam poin yaitu: 1) definisi kesehatan mental, 2) gambaran isu kesehatan mental anak, 3) gambaran instrumen yang dapat digunakan untuk melakukan skrining atau deteksi dini, 4) berbagai pertimbangan yang perlu diperhatikan saat melakukan skrining atau deteksi dini, 5) sistem dan alur rujukan, serta 6) peran guru di sekolah dan urgensinya. Selanjutnya hasil dari kegiatan diseminasi adalah bertambahnya pemahaman guru disekolah terkait deteksi dini masalah kesehatan mental peserta didik sehingga guru bisa lebih peka terhadap kondisi siswanya.</p> <p style="text-align: right;">Copyright © 2023, Sykarofath et al This is an open access article under the CC-BY-SA</p> 

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INTRODUCTION

Every day, millions of people worldwide face mental health issues, including children. A previous study has asserted that adults and children under 16 years of age potentially face mental health issues (Koning et al., 2019). Children's mental health issues may be reflected by their maladaptive behaviors and violation of social values. However, children's mental health issues receive relatively small attention from their surroundings, possibly due to a lack of understanding of these

issues. When left unattended, children's mental health may likely become more serious and turn into criminal or other far more concerning behaviors.

Children's delinquency is one of the indicators of poorly addressed mental issues. Data published by the Supreme Court of the Republic of Indonesia reported that in 2020, there were 6509 criminal cases involving children as perpetrators (Ministry of Women Empowerment and Child Protection, 2020). These cases were relatively serious and harmed various parties, and potentially become more severe when perpetrators become an adult.

Children suffering from mental health issues relatively find it difficult to address their problems properly. In this regard, adult people's presence is believed to be significantly helpful in understanding their conditions. Parents and teachers are responsible for being aware of their children's issues and helping them address the problems (Boman et al., 2015). They need to have initial problem screening and early detection skills to optimally help their children cope with the problems. Early detection of a problem will allow parents and teachers to understand children condition and ensure proper help seeking efforts (Kim et al., 2022).

Taking children's mental health issues and adequate understanding into considerations, it is necessary to develop a brief guideline for the early detection of children's mental health, which could be utilized by parents or teachers. Thus, this effort is congruent with the Sustainable Development Goals (SDGs) program number 3, good health and well-being. This study is expected to provide parents and teachers with a guideline for understanding children's mental health condition and its identification, as well as how to seek help.

METHOD

This study was conducted in SDN Girimoyo 02, Karangploso District, Malang Regency. It comprised five stages as presented in Figure 1.



Figure 1. Research Stages

Narrative review

Narrative review is a method for collecting data from the literature on certain topics (Wiles, Crow, & Pain, 2001). The primary sources of the narrative review were national and international journal articles on children's mental health issues and their relevance with the school environment.

Data Analysis

The data were analyzed by critically reviewing and linking relevant literature to obtain specific, dominant themes (Wiles et al., 2011).

Guideline Development

Topics obtained from the data analysis and narrative review were compiled by the research team into a complete guideline.

Expert Judgment

To ensure valid and reliable product, the research team discussed the points that should be involved in the guideline.

Dissemination

In the dissemination stage, the developed guideline was presented to teachers and individuals frequently interacting with children in order to enhance their understanding and awareness of children's condition. Thus, they could properly address children's condition.

RESULTS AND DISCUSSION

The Development of the Guideline for Early Detection of Children's and Adolescent's Mental Health Issues. The guideline was developed in two months, from March to April 2021. It consisted of six main points, which are described in the following section.

1. Mental Health Defined
2. Definition of mental health varies

The World Health Organization (2004) defines it as individual's well-being, a state in which an individual possesses self-understanding, is able to cope with life pressures, works in a productive manner, and contributes to the

community. This definition implies that mentally healthy individuals are completely free from mental issues. However, such individuals could address difficult situations while having positive feelings and functions to cope with the problems. Similarly, Galderisi and associates (2015) assert that mentally healthy individuals may occasionally suffer from sadness and anger, yet they view such conditions as normal consequence of life.

3. Overview of Children's and Adolescents' Mental health issues

Children and Adolescents' mental health issues commonly deal with emotional and behavioral problems. These problems may hinder their optimal development, causing Cognitive problems, learning difficulties, concentration difficulties, poor memory, and socially maladaptive behaviors, among others. Mental health issues are responsible for the increase in criminality and delinquency cases and, when failed to be properly addressed, potentially result in greater damages when they reach adulthood stages. Children and adolescents with emotional and behavioral problems tend to be discriminated by their surroundings, including teachers at school, parents at home, and their friends. This condition potentially leads to greater damage.

Although the data on prevalence of Indonesian children's mental health issues are relatively limited, their impacts are quite significant. One of the cases was reported on okezone.com, where an elementary school student in Sleman Regency committed suicide (Sukardi, 2021). Furthermore, National Commission for Child Protection (KPAI) states that there were approximately 6500 cases of child delinquency, including physical and psychological violence, murder, theft, traffic accident, sharp weapon possession, sexual assault, abortion, and terrorism, among others. Of these cases, 1314 cases occurred in 2016, 1403 cases in 2017, 1434 cases in 2018, 1251 cases in 2019, and 1098 cases in 2020 (KPAI, 2021). These cases clearly indicate serious mental health issues that fail to be immediately addressed, thus implying the urgency of early detection efforts.

Signs of mental health issues may arise in early childhood, although some disorders may develop in the adolescence. Diagnoses are often made during the school age and sometimes earlier. However, some children with mental health problems receive minimal attention due to illiteracy and a lack of understanding of early screening and detection.

Mental health issues in children and adolescents are commonly manageable. A range of evidence-based therapies are currently available, demanding parents, doctors, and other parties, such as teachers, trainers, therapist, and family members, to work together to treat their children. Early diagnosis and proper service for children and their families may significantly improve the quality of life of children with mental issues and help them be aware of the boundaries between normal and abnormal behaviors in children's development. The following table presents the risk and protective factors for anticipating the development of children's and adolescents' mental health problems.

Table 1. Protective and risk factors

Risk factors	Bullying (including cyber bullying)
	Discrimination
	Poor relationship with friends
	The effect of peers' maladaptive behaviors
	Peer pressure
	Peer violence
	Poor relationship with teaches/ school staffs.
The Protective Factor	Implementation of policies and regulations on intimidating and bullying behaviors.
	Ethical codes for school staffs
	Open, friendly policies for children to solve their problems
	School elements' awareness of promoting mental health in the school environment
	Good student-teacher/staff relationship
	Positive class management
	Students' and teachers' sense of belonging
	Positive peer influence
	Positive relationship with friends
	Effective policies and procedures for child protection
	Effective early aid-process
Adequate understanding of each school element's roles.	
Clear, accurate, understandable procedure in handling and referring the case.	

4. Early Detection Screening Instrument for elementary school students.

Children's and adolescents' mental health screening and assessment set developed in this study examined depression, anxiety, and behavioral problems. Such an instrument is commonly used by doctors, psychiatrist, and psychologist to screen and trace children indicating mental health problems. Some instruments presented in the following table are deemed suitable for children, parents, and teachers.

They are useful screening tools for early detection and mapping of children's mental health problems.

Table 2. Early Detection Instrument of Mental Health Problems

Instrument	Description	Child's age	Administrator
Systematic Screening for Behavior Disorders (SSBD) ¹⁹	Exploring externalizing and internalizing behavior. Distributed in two phases	3-15 years of age	Teacher
BASC-3 Behavioral and Emotional Screening System (BESS) ¹⁸	Exploring behavioral and emotional strengths and weaknesses Available in 25 to 30-item version	3-18 years of age	Student, parents, teachers
Pediatric Symptom Checklist (PSC) ²⁰	Exploring behavioral and emotional problems Available in 35-item, illustrated version, and 17-item version.	3-18 years of age	Students or parents
Strengths and Difficulties Questionnaire (SDQ) ²¹	Exploring emotional, behavioral, and social dimensions Available in 25 to 34-item version	3-16 years of age	Student, parents, teachers
Social, Academic, and Emotional Behavior Risk Screener (SAEBRS) ²²	Exploring students' social, academic, and emotional behaviors, including the risk and protective factors. 19-item	5-18 years of age	Teacher
Student Risk Screening Scale (SRSS) ²³	Exploring externalizing and internalizing behavior. Available in six to seven item-version	5-18 years of age	Teacher

This study focused on the Strengths and Difficulties Questionnaire (SDQ) because it is free access and available in 40 languages, including Indonesia.

Strengths and Difficulties Questionnaire (SDQ) is a brief screening questionnaire suitable for children 3-16 years of age. It consisted of several aspects that are suitable with its users, such as researchers, physician, and teachers. To be more specific, it measures emotional symptoms, conduct problems, hyperactivity-inattention, peer problem, and prosocial behaviors.

The use of SDQ for the screening instrument is detailed as follows:

a. Parents or teachers with children 4-17 years of age

Instruction: For each statement, give a mark in the box of Not True, Somewhat True, and True. It would be helpful for us if you are willing to respond to all statements although you are not certain. Give your answer based on children's behavior in the last six months or during this academic year.

Table 3. Instrument for parents or teachers with children 4-17 years of age

No	Statement item	Not True	Somewhat True	Correct
1	Considerate of other peoples feelings			
2	Restless, overactive, cannot stay still for long			
3	Often complains of headaches, stomach-aches or sickness			
4	Shares readily with other children, for example toys, treats, pencils			
5	Often has temper tantrums or hot tempers			
6	Rather solitary, prefers to play alone			
7	Generally obedient, usually does what adults request			
8	Many worries, often seems worried			
9	Helpful if someone is hurt, upset or feeling ill			
10	Constantly fidgeting or squirming			
11	Has at least one good friend			
12	Often fights with other children or bullies them			
13	Often unhappy, down-hearted or tearful			
14	Generally liked by other children			
15	Easily distracted, concentration wanders			
16	Nervous or clingy in new situations, easily loses confidence			
17	Kind to younger children			
18	Often lies or cheats			
19	Picked on or bullied by other children			
20	Often volunteers to help others (parents, teachers, other children)			
21	Thinks things out before acting			
22	Steals from home, school or elsewhere			
23	Gets on better with adults than with other children			
24	Many fears, easily scared			
25	Sees tasks through to the end, good attention span			

b. Children and Adolescent 4-17 years of age

Instruction: For each statement, give a mark in the box of Not True, Somewhat True, and True It would be helpful for us if you are willing to respond to all statements although you are not certain. Please answer according to what happened to you for six months.

Table 4. Instrument for children and adolescent at 4-17 years of age

No	Statement Items	Not True	Somewhat True	True
1	I try to be nice to other people. I care about their feelings			
2	I am restless, I cannot stay still for long			
3	I get a lot of headaches, stomach-aches or sickness			
4	I usually share with others (food, games, pens etc.)			
5	I get very angry and often lose my temper			
6	I am usually on my own. I generally play alone or keep to myself			
7	I usually do as I am told			
8	I worry a lot			
9	I am helpful if someone is hurt, upset or feeling ill			
10	I am constantly fidgeting or squirming			
11	I have one good friend or more			
12	I fight a lot. I can make other people do what I want			
13	I am often unhappy, down-hearted or tearful			
14	Other people my age generally like me			
15	I am easily distracted, I find it difficult to concentrate			
16	I am nervous in new situations. I easily lose confidence			
17	I am kind to younger children			
18	I am often accused of lying or cheating			
19	Other children or young people pick on me or bully me			
20	I often volunteer to help others (parents, teachers, children)			
21	I think before I do things			
22	I take things that are not mine from home, school or elsewhere			
23	I get on better with adults than with people my own age			
24	I have many fears, I am easily scared			
25	I finish the work I'm doing. My attention is good			

c. SDQ Scoring Instruction

Table 5. Instrument for SDQ Scoring Instruction

	Not True	Somewhat True	True
Emotional problems			
ITEM 3	0	1	2
ITEM 8	0	1	2
ITEM 13	0	1	2
ITEM 16	0	1	2
ITEM 24	0	1	2
Conduct problems			
ITEM 5	0	1	2
ITEM 7	2	1	0
ITEM 12	0	1	2
ITEM 18	0	1	2
ITEM 22	0	1	2
Hyperactivity			
ITEM 2	0	1	2
ITEM 10	0	1	2
ITEM 15	0	1	2
ITEM 21	2	1	0
ITEM 25	2	1	0
Peer problems			
ITEM 6	0	1	2
ITEM 11	2	1	0
ITEM 14	2	1	0
ITEM 19	0	1	2
ITEM 23	0	1	2
Prosocial			

	Not True	Somewhat True	True
ITEM 1	0	1	2
ITEM 4	0	1	2
ITEM 9	0	1	2
ITEM 17	0	1	2
ITEM 20	0	1	2

d. Score tabulation

Table 6. Score tabulation

Aspect	Items	Normal	Borderline	Abnormal
Parent completed SDQ	Total difficulties score	0-13	14-16	17-40
	Emotional problems score	0-3	4	5-10
	Conduct problems score	0-2	3	4-10
	Hyperactivity score	0-5	6	7-10
	Peer problems score	0-2	3	4-10
	Prosocial score	6-10	5	0-4
	Impact score	0	1	2-10
Teacher completed SDQ	Total difficulties score	0-11	12-15	16-40
	Emotional problems score	0-4	5	6-10
	Conduct problems score	0-2	3	4-10
	Hyperactivity score	0-5	6	7-10
	Peer problems score	0-3	4	5-10
	Prosocial score	0-3	5	0-4
	Impact score	0	1	2-6
Self-completed SDQ	Total difficulties score	0-15	0-15	20-40
	Emotional problems score	0-5	6	7-10
	Conduct problems score	0-3	4	5-10
	Hyperactivity score	0-5	6	7-10
	Peer problems score	0-3	4-5	6-10
	Prosocial score	6-10	5	0-4
	Impact score	0	1	2-10

5. Considerations for Conducting Screening

According to Dowdy et al. (2010) there are five points to be considered to ensure optimal screening process:

Table 7. List of considerations for conducting screening

Establishing planning and executing teams	Identification of the main stakeholders capable of supporting the screening process, referral flow, and decision making, namely: Teachers, public health professionals, parents, and students, 2) Integration with existing teams (e.g., school safety team) Assigning roles for each team member.
Determine the reasons and purposes of screening	There are several questions to identify the reasons and purposes of screening: 1) What is the screening purpose? 2) What results are expected? 3) What about the school and community comfort in doing this task? 4) What to do with the gathered information? 5) What services are available to solve problems? 6) What is the focus of population-based need assessment and/or screening for identifying individuals? 7) What is the focus of the assessment, mental health, wellbeing, or both? 8) In what way will the screening be helpful for students, staffs, schools, and/or the community?
Resource Identification	Identifying data, resource, and existing services at school and in the community by: Designing a screening program that suits the current capacity while working on building capacities for future needs. Increasing the budget for screening. Evaluating and making decision on screening instrumentation based on the goal, technical adequacy, and usefulness. Identifying data, resources, and additional services that are possibly needed.
Procedures and screening implementation	The screening is scheduled by taking the following considerations: 1) Individuals involved in the data collection process (teachers, parents, and students), 2) The frequency and time of screening, 3) Parents permit and consent for individual child's identification process, 4) Time and place for data collection, 5) The screening method for students, staffs, parents, and the community.

Follow-up	The follow-up aims to communicate the screening result. This stage included: 1) determining how to distribute information to students, families, teachers/staffs, and the public, 2) determining the accessible facility and referral path regarding the screening result and intervention services.
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By taking the five points in Table 7, the screening process is expected to be more structured and systematic according to the purpose and the functions

6. Referral System and Flow

The referral flow for mental health commonly used multi-tier supporting framework. This multi-tier system aims primarily to provide continuous support to students.

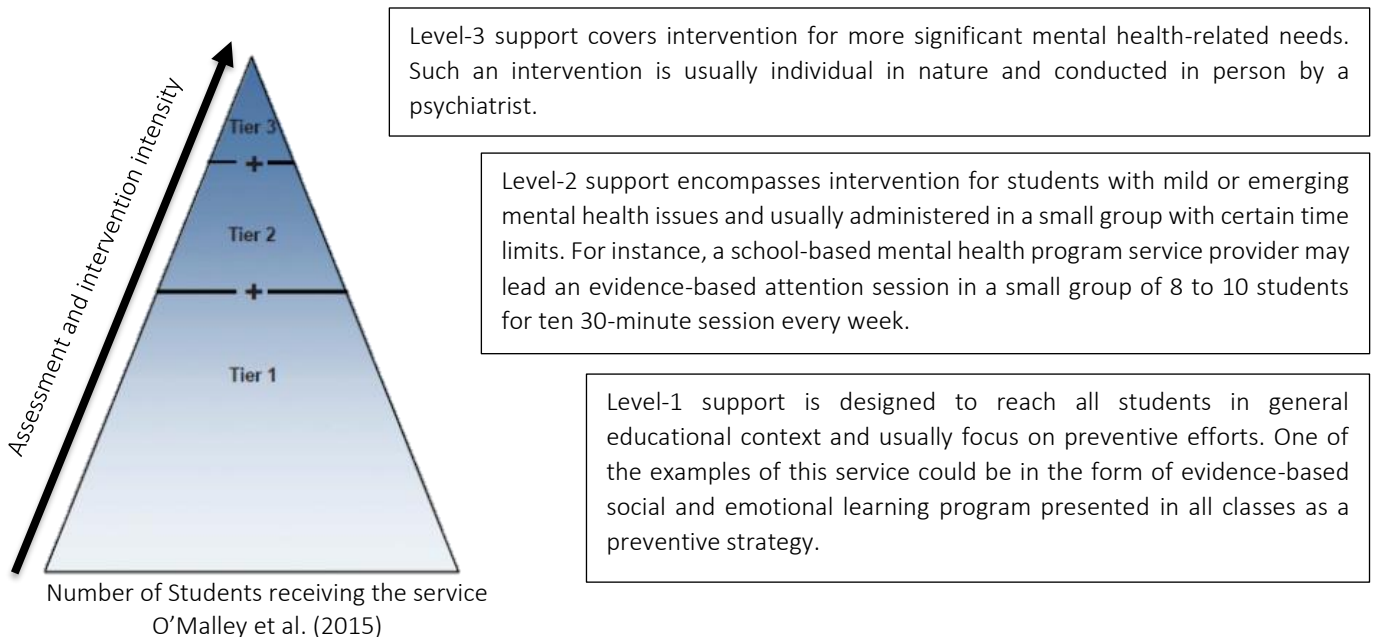


Figure 2. Multi-tier system model for promoting mental health at school

The following key stages are important to be considered when designing a mental health referral path in the local community:

- a. Developing a dedicated team responsible for addressing problems and referral path.
- b. Determining procedures for managing referral path.
- c. Developing a system that allows team to collect data on students' background.
- d. Developing a safe students record management system
- e. Mapping available resources and intervention
- f. Making decisions for determining proper interventions based on students' current condition
- g. Developing systems for monitoring and evaluating the intervention effectiveness (in line with Stage 4).

In order to optimize the students' mental health problems, schools need to build relations and cooperation with relevant parties, such as subject teachers, school counselors, and professionals, including doctor, psychiatrist, psychologist, students' family, and other relevant institutions, including KPAI.

7. Teachers' roles at school and their urgency

Teachers play a central role because they interact with children for 6-8 hours per day at school. Therefore, it is important to identify the extent to which a teacher could play his/her crucial roles, from practices to potential training to equip them with skills needed to address students' problems. Teachers plays the most crucial roles in addressing students' mental health among other professions due to their portion of interactions with students (Moor et al., 2007). In order to optimize their roles, a collaboration with parents and relevant professionals are important.

Dissemination of Guideline for Early Detection of Children's and Adolescent's Mental Health Issues

The guideline was disseminated in two days, on Saturday 12 June 2021 and Tuesday 15 June 2021. During the first meeting, the agenda was focused on socialization by presenting two materials online. The materials were the development of guidance and counseling program for elementary school and identification of students' psychological problems. During the second session (i.e., on Tuesday, 15 June 2021), teachers were directly assisted at school on how to fill the SDQ.

The dissemination enriched teachers' insight and knowledge of early detection and management of various psychological problems faced by students. As Marin-Gonzalez et al. (2017) assert, dissemination aims to ensure that the

public is informed about the important findings of scientific process. Dissemination activity could be done in various means, such as through article review, scientific conference, workshops, seminars, and other activities that facilitates public access to and understanding of the research result. The research team in this study applied an easily accessible and simple programs.

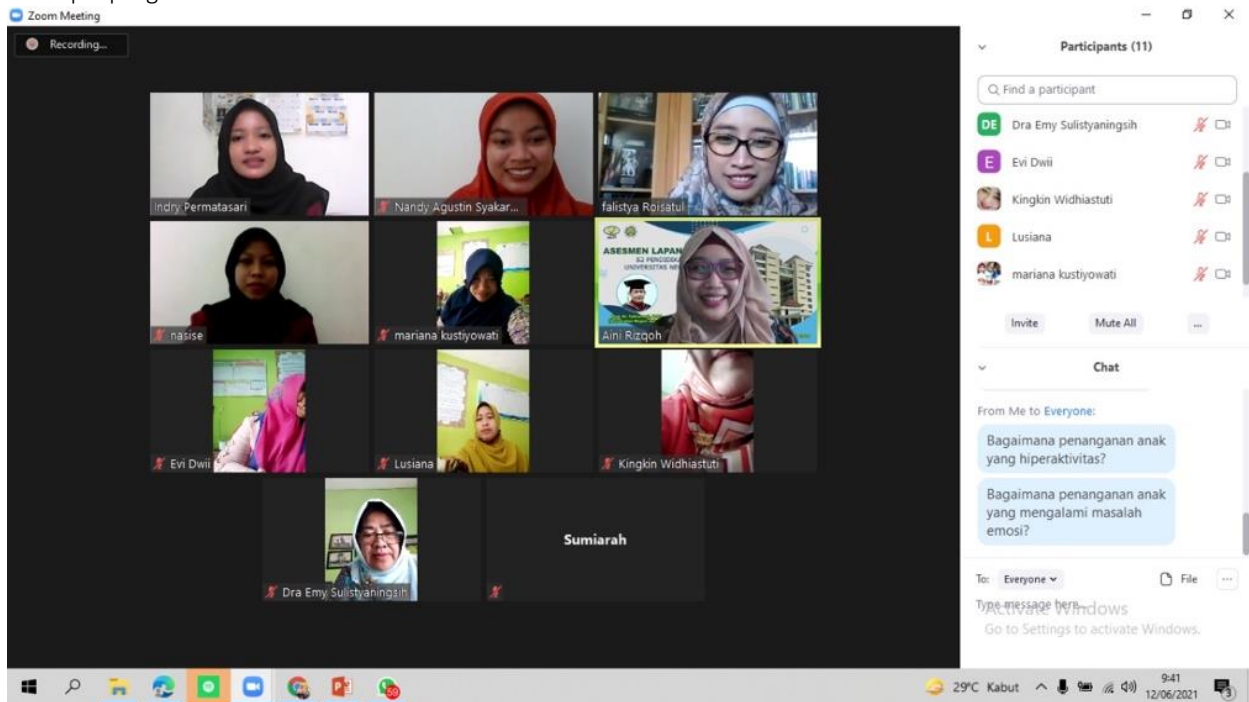


Figure 3. Online dissemination program in SDN Girimoyo 02, Karangploso District, Malang Regency



Figure 4. Participants were listening to the online presentation in SDN Girimoyo 02, Karangploso District, Malang Regency



Figure 5. Assistance for teachers in filling SDQ instruments by the field research team.

CONCLUSION

This paper presents the community service conducted in two stages, i.e., designing and disseminating the guideline for early detection of children and adolescent mental health in SDN Girimoyo 02, Karangploso District, Malang Regency. This community service produced a guideline draft for early detection of children mental health, which was disseminated to teachers at school, enriching their knowledge and understanding for implementing the guideline. In general, teachers participating in this community service welcomed the activities and stated that the activities were helpful in supporting their duties of educating students at school. The developed guideline is expected to have a significant impact and help teachers to better understand the students' condition.

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