RESEARCH ARTICLE

Analysis of Mental Health Disorder Prevention Needs Among Female High School Adolescents in Jakarta: A Survey Study

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ARTICLE INFO	ABSTRACT
	Adolescent mental health is a global concern impacting well-being, academics, and future prospects. In Jakarta, rising mental health disorders among youth women demand attention due to the critical developmental period of adolescence, with neglect potentially leading to lasting consequences. A study revealed prevalent issues like anxiety, loneliness, and self-harm, emphasizing the need for comprehensive mental health support, especially amidst challenges posed by the COVID-19 pandemic. The purpose of study was study investigates the mental health disorder prevention needs of female high school adolescents in Jakarta. This study is using a survey approach for efficient data collection and analysis. Conducted through Google Forms with a two-week open survey period, the study employs descriptive and inferential statistical analyses to gain insights into participants' perceptions and requirements. Findings indicate normal emotional levels for the majority, with limited higher emotional levels. A significant portion received mental health information at school, highlighting proactive approaches. However, gaps exist in method utilization, emphasizing the need for comprehensive awareness initiatives. The diversity of responses underscores the need for multifaceted approaches to mental health education and continuous assessment for adapting support efforts. The conclusion highlights the importance of diverse approaches, continuous assessment, and flexibility in promoting mental well-being within educational settings, ultimately contributing to students' success and happiness by prioritizing their mental health.

INTRODUCTION

Mental health concerns among adolescents have become a growing public health issue worldwide, with significant impacts on their well-being, academic performance, and future prospects[1]. In Indonesia, particularly in the bustling urban center of Jakarta, the prevalence of mental health disorders among young individuals is an emerging concern[2].

The significance of addressing mental health concerns among adolescents cannot be overstated. Adolescence is a critical period of development when individuals experience profound physical, psychological, and emotional changes[3]. Neglecting mental health needs during this crucial time can lead to long-term negative consequences, affecting not only the individuals themselves but also their families and communities[4]. In Jakarta, where the pace of life is rapid and societal expectations are demanding, the mental well-being of young individuals requires careful attention[5]. Study conducted in May 2020 found that more than 90% of students aged 16-24 in Indonesia had financial and academic difficulties and felt lonely. The most prevalent mental health problem among students was anxiety (95.4%), and around 50% of respondents reported self-harming and having suicidal thoughts[6,7]

Mental health issues often emerge at a young age, and youth mental health issues have become more prevalent in Indonesia[5,6]

Adolescents who had previously sought care for mental health needs were found in a study conducted in Jakarta and South Indonesia[8]. The COVID-19 pandemic has highlighted several

challenges regarding child and adolescent mental well-being in Indonesia, such as maintaining support for adolescents from families and friends and delivering appropriate health and mental health information[6,9–11].

METHOD

This quantitative study investigates the mental health disorder prevention needs of female high school adolescents in Jakarta using a survey approach for efficient data collection and analysis.[12] The research involves diverse high school students in Jakarta, selected purposively, and employs a structured questionnaire covering demographics, mental health awareness, stressors, support systems, and preventive preferences. Conducted through Google Forms with a two-week open survey period, the study employs descriptive and inferential statistical analyses to gain insights into participants' perceptions and requirements. Structured questionnaires administered via platforms like Google Forms to gather data quickly and efficiently[12,13]

RESULTS

Table 1. DASS Y

DASS Result	N	%
Normal	76	67,9
Mild	7	6,3
Moderate	11	9,8
Severe	10	8,9
Very Severe	8	7,1
Total	**112**	**100**

The majority of individuals (67.9%) had emotional levels that fell into the "Normal" category. This suggests that most of the sample had levels of depression, anxiety, and stress that were within normal ranges. The number of individuals with "Mild", "Moderate", "Severe", and "Very Severe" emotional levels was relatively lower. This suggests that only a small percentage of the sample experienced higher-than-normal levels of emotion.

Table 2. Deprresion Result

Deprresion Result	N	%
Normal	70	62,5
Mild	10	8,9
Moderate	13	11,6
Severe	5	44
Very Severe	14	12,5
Total	**112**	**100**

Table 2 presents the results of an assessment of depression levels among a sample group. The data reveals a range of depression severity levels among respondents. Notably, the largest group falls into the "Normal" category, representing 62.5% of the total sample, indicating that a majority of the respondents do not exhibit significant depressive symptoms. However, it's concerning that 44% are categorized as "Severe," which suggests a significant portion of the sample is experiencing severe depression. Additionally, there are respondents in the "Mild," "Moderate," and "Very Severe" categories, highlighting the diversity of experiences within the sample. These findings underscore the importance of mental health awareness and support, especially for those in the "Severe" and "Very Severe" categories, as they may require immediate intervention and assistance. Overall, the table demonstrates the varying degrees of depression severity within the surveyed population, emphasizing the need for targeted mental health resources and interventions based on the individual's level of depression.

Table 3. Anxiety Result

Anxiety Result	N	%
Normal	69	61,6
Mild	13	11,6
Moderate	18	16
Severe	5	44
Very Severe	7	6,2
Total	**112**	**100**

Table 3 provides valuable insights into the prevalence of anxiety levels among the surveyed population. The data reveals a spectrum of anxiety severity, ranging from "Normal" to "Very Severe." Notably, the largest proportion falls within the "Normal" category, constituting 61.6% of the total sample. This suggests that a majority of the respondents are currently not experiencing significant anxiety symptoms. However, what stands out is the presence of 44% of respondents categorized as "Severe" in terms of anxiety. This is a significant portion of the sample and raises concerns about a substantial number of individuals experiencing high levels of anxiety, which may impact their daily lives and well-being. Additionally, 11.6% are in the "Mild" category, and 16% in the "Moderate" category, indicating that a notable portion of the sample experiences some level of anxiety.

Table 4. Stress Result

Stress Result	N	%
Normal	78	69,4
Mild	7	6,2
Moderate	13	11,6
Severe	10	8,9
Very Severe	4	3,5
Total	**112**	**100**

The majority of individuals (67.9%) had emotional levels that fell into the "Normal" category. This suggests that most of the sample had levels of depression, anxiety, and stress that were within normal ranges. The number of individuals with "Mild", "Moderate", "Severe", and "Very Severe" emotional levels was relatively lower. This suggests that only a small percentage of the sample experienced higher-than-normal levels of emotion.

Table 5. Experience getting mental health information at school

Experience getting mental health information at school	N	%
Yes	76	67,9
No	36	32,1
Total	**112**	**100**

A total of 76 out of 112 individuals (67.9%) had experienced getting information about mental health. This percentage describes the proportion of the entire sample that had a positive experience in this regard. A total of 36 out of 112 individuals (32.1%) stated that they had no experience in obtaining information about mental health. This is the percentage of individuals who have no experience or knowledge of mental health.

Table 6. What methods are used to deliver mental health information in your school

What methods are used to deliver mental health information in your school? (more than 1 checklist is allowed)	N	%
Seminar or lecture	30	26,8
None	27	24,1
Counseling or question and answer session with mental health	12	10,7
Seminar or lecture, Counseling or Q&A session with a mental health professional	10	8,9
Seminar or lecture, Socialization through social media or school website	9	8
Other Methods	24	21,5
Total	**112**	**100**

Table 6 presents data on the methods used to deliver mental health information in the school. The most common method is through seminars or lectures, accounting for 26.8% of responses, indicating an active effort to educate students and staff. Surprisingly, 24.1% reported that no specific methods are employed, suggesting potential gaps in mental health education resources. Counseling or Q&A sessions with mental health professionals were used by 10.7%, providing direct access to expertise. Additionally, a combination of seminar/lecture and counseling/Q&A sessions was reported by 8.9%, demonstrating a comprehensive approach. The presence of "Other Methods" at 21.5% highlights the variety of approaches in use. This data underscores both the existing efforts and the room for improvement in delivering mental health information within the school.

Table 7. The extent to which you feel the mental health information provided at school is sufficient

The extent to which you feel the mental health information provided at school is sufficient	N	%
Enough	63	56,3
Enough, More than enough	1	0,9
More than enough	13	11,6
Very insufficient	9	8
Not enough	24	21,4
Not enough, Enough	2	1,8
Total	**112**	**100**

Table 7 reveals students' perceptions of the sufficiency of mental health information provided at school. A majority of respondents, 56.3%, feel that the information is "Enough," indicating a positive perception of the school's efforts in mental health education. However, 21.4% find it "Not enough," suggesting room for improvement in addressing students' mental health needs. The presence of responses indicating both "More than enough" (11.6%) and "Very insufficient" (8%) suggests a considerable variation in opinions, emphasizing the importance of tailoring mental health education to meet individual students' needs. Overall, this data illustrates a generally positive perception of mental health education in the school but highlights the necessity of addressing the concerns of those who find it insufficient.

Table 8. How do you think mental health information should be delivered to female students? (more than 1 checklist is allowed)

How do you think mental health information should be delivered to female students.	N	%
Specialized classes or lessons on mental health	18	16,1
Socialization through school events or activities	21	18,8

Online reading materials or guides that can be accessed at any time	9	8
Discussion groups or forums for sharing experiences	5	4,5
Socialization through school events or activities, Discussion groups or forums for sharing experiences	13	11,6
Other Methods	46	41,1
Total	**112**	**100**

The data from Table 8 highlights a diverse range of preferences for delivering mental health information to female students. The most prominent methods include specialized classes or lessons on mental health (16.1%) and socialization through school events or activities (18.8%). These findings underscore the importance of both formal education and peer interaction in addressing mental health. Online reading materials or guides (8%) and discussion groups or forums (4.5%) also play a role in disseminating information and facilitating peer support. Interestingly, a combination of socialization through school events or activities with discussion groups or forums (11.6%) indicates a preference for interactive approaches. The "Other Methods" category (41.1%) reflects a wide range of unmentioned approaches, highlighting the need for flexible and diverse mental health delivery strategies tailored to individual preferences among female students.

Table 9. What type of materials do you think should be covered in a mental health prevention program in schools

What type of materials do you think should be covered in a mental health prevention program in schools? (more than 1 checklist is allowed)	N	%
Knowledge of mental health disorders (e.g. depression, anxiety, eating disorders	11	9,8
Socialization through school events or activities Self care and healthy lifestyle Knowledge about mental health disorders (e.g. depression, anxiety, eating disorders), Recognition of early signs and symptoms of mental health disorders, Coping skills and stress management, Future planning and handling academic pressure, Self care and healthy lifestyle	21	18,8
Knowledge about mental health disorders (e.g. depression, anxiety, eating disorders), Recognition of early signs and symptoms of mental health disorders, Coping skills and stress management, Future planning and handling academic pressure, Self care and healthy lifestyle	4	3,6
Knowledge about mental health disorders (e.g. depression, anxiety, eating disorders), Recognition of early signs and symptoms of mental health disorders, Coping skills and stress management, Future planning and handling academic pressure, Self care and healthy lifestyle	4	3,6
Other Materials	54	48,2
Total	**112**	**100**

Table 9 presents that respondents exhibit a diverse range of preferences regarding the components of a mental health prevention program in schools. The most notable category, favored by 16.1% of respondents, highlights the demand for a comprehensive mental health curriculum encompassing knowledge about mental health disorders, recognition of early signs, coping skills, effective communication, social media management, future planning, and self-care. Additionally, 18.8% of participants emphasize the significance of socialization through school events or activities, indicating the value placed on peer interaction in addressing mental health. Knowledge about mental health disorders (9.8%), self-care and healthy lifestyles (3.6%), and practical skills combined with future planning (3.6%) all hold importance. Lastly, the "Other Materials" category (48.2%) underscores the

need for flexible and inclusive approaches, encompassing various unmentioned topics, resources, and approaches, reflecting the multifaceted nature of mental health education preferences.

Table 10. In your opinion, what is the most effective media for information on prevention of mental health disorders

In your opinion, what is the most effective media for information on prevention of mental health disorders: (more than 1 checklist is allowed)	N	%
Counseling (delivered directly in the form of classroom presentations)	18	16,1
Educational videos (uploaded on online platforms such as YouTube/Instagram), Counseling (delivered directly in the form of classroom presentations)	20	17,9
Mental health apps on smartphones	9	8
Educational videos (uploaded on online platforms such as YouTube/Instagram)	9	8
Other Media	46	41,1
Total	**112**	**100**

The data from Table 10 reveals that respondents hold varying opinions on the most effective media for delivering information on the prevention of mental health disorders. The combination of educational videos uploaded on online platforms with counseling delivered through classroom presentations is favored by the highest percentage, at 17.9%, suggesting that an integrated approach utilizing both digital and in-person methods is valued. Traditional classroom counseling also ranks high, with 16.1% of respondents emphasizing its effectiveness. Mental health apps on smartphones and educational videos on online platforms are both considered effective by 8% of respondents each. The "Other Media" category, representing 41.1%, reflects a wide range of alternative preferences, highlighting the need for flexibility in mental health information delivery to cater to diverse learning styles and preferences among the respondents. In conclusion, Table 10 illustrates the diverse perspectives of respondents on the content that should be included in a mental health prevention program in schools. The array of selected topics highlights the complexity of mental health education and the need for comprehensive programs that address a wide range of factors contributing to mental well-being. These insights can guide the development of effective mental health curriculum and support initiatives that cater to the diverse needs of students and promote a holistic approach to mental health in educational settings.

Table 11. Who do you think is most effective in providing information on preventing adolescent girls' mental health disorders: (may be more than 1 checklist)

Who do you think is most effective in providing information on preventing adolescent girls' mental health disorders: (may be more than 1 checklist)	N	%
Guidance counseling teacher or homeroom teacher	15	13,4
Peers	6	5,4
School Health Unit Officer	4	3,6
Medical personnel / psychologists	38	33,9
Parents	49	43,9
Total	**112**	**100**

In Table 11, respondents were asked about who they perceive as most effective in providing information on preventing adolescent girls' mental health disorders. The majority, 43.9%, believe that "Parents" are the most effective source of information, underscoring the significant role parents play in adolescent mental health education. Additionally, "Medical personnel/psychologists" were viewed as highly effective by 33.9% of respondents, highlighting the importance of professional expertise. While "Guidance counseling teacher or homeroom teacher" garnered 13.4%, the relatively lower percentage suggests that students may see other sources as more influential.

DISCUSSION

Emotional Levels (DASS Y Results)

A majority of respondents (67.9%) fall into the "Normal" category for depression, anxiety, and stress, with lower percentages for "Mild," "Moderate," "Severe," and "Very Severe" categories, indicating that only a small group experiences significant emotional difficulties. The highest proportions are in the "Normal" categories across all three, but notable percentages in "Severe" and "Very Severe" categories for depression (44%) and anxiety (44%) indicate concerning levels of mental health issues requiring attention and intervention. The findings regarding mental health levels among respondents highlight the necessity for tailored mental health support. A small portion of individuals reported experiencing higher-than-normal emotional levels, indicating that not all individuals face the same severity of mental health issues. This variability underscores the importance of personalized interventions that cater to the unique needs of individuals across different levels of depression, anxiety, and stress[14,15]

In Indonesia, data from the Indonesia National Adolescent Mental Health Survey (I-NAMHS) provides insights into the mental health status of adolescents. The survey found that one in three Indonesian adolescents (ages 10–17) struggles with mental health issues, while one in twenty has a diagnosed mental health disorder in the last year. Anxiety disorders, including social phobia and generalized anxiety, were the most common, affecting 3.7% of adolescents, followed by major depressive disorder at 1% and behavioral issues at 0.9%. These results show a mix of mental health levels, with the majority in the "normal" category, but a significant portion of adolescents dealing with more severe issues. This mirrors findings in other studies where the majority of participants are in the "normal" range for depression, anxiety, and stress, but with notable percentages experiencing severe conditions requiring attention[16,17]

Mental Health Education at School

Most students (67.9%) have received mental health information, primarily through seminars and lectures (26.8%), but there is a notable gap (24.1%) where no mental health education is provided, pointing to room for improvement in access to mental health resources. Out of the total sample, 67.9% (76 individuals) reported having experienced obtaining mental health information at school, while 32.1% (36 individuals) had no such experience. This indicates that a significant proportion of participants had been exposed to mental health information within their educational environment. In line with the following research that during the 2019-2020 school year, 55% of public schools in the United States provided diagnostic mental health assessments to evaluate students for mental health disorders, and 42% of public schools provided treatment to students for mental health disorders[18,19.]

According to a study by the National Center for Education Statistics and the U.S. Census Bureau, during the 2021-2022 school year, approximately 68% of public schools had a school or district-employed licensed mental health professional on staff, and 51% employed an external mental health professional. While there is no information on the specific mental health information that was obtained by the participants in the study, it is noted that 67.9% of the total sample reported having experienced obtaining mental health information at school, indicating that a significant proportion of participants had been exposed to mental health information within their educational environment[20] In Indonesia, mental health services, particularly for adolescents, still face significant gaps. A recent survey, the Indonesia National Adolescent Mental Health Survey (I-NAMHS), revealed that one in three Indonesian adolescents aged 10 to 17 has mental health issues, and only a small portion (2.6%) of those affected seek professional help. This highlights the insufficient access to mental health resources in schools and other facilities, despite growing awareness of mental health issues. Anxiety disorders, major depressive disorder, and behavioral problems are among the most common issues faced by adolescents[21]

Perceptions of Mental Health Information Sufficiency

While 56.3% of respondents feel the information provided is "Enough," a significant portion (21.4%) finds it insufficient, highlighting the need for schools to expand and improve mental health education. The data demonstrates a range of opinions, with 56.3% feeling that the information provided was enough. The diversity of responses emphasizes the importance of continuous assessment and

adaptation of mental health support efforts in schools. By implementing these strategies, schools can continuously assess and adapt their mental health support efforts to meet the diverse needs of their students and ensure that mental health information and resources are sufficient and accessible.[22] This is in line with research Indonesia National Adolescent Mental Health Survey (I-NAMHS) highlighted that despite some adolescents receiving mental health information and services, a large portion still finds the information and support insufficient. Only 2.6% of adolescents with mental health problems accessed professional help, and a significant number of caregivers (43.8%) preferred to manage their child's mental health issues on their own or with family support, indicating a gap in the perceived adequacy of available mental health resources.[17,23]

Preferred Delivery Methods for Mental Health Information:

Table 5 shows that the majority of respondents (67.9%) reported having received mental health information at school, indicating that most students had some exposure to mental health education. However, a significant portion (32.1%) had no experience in obtaining such information, highlighting a gap in accessibility and the potential need for schools to expand their mental health education efforts to ensure that all students are informed and supported. This data emphasizes the importance of making mental health resources universally available within the educational system. Table 6 shows that the most common method for delivering mental health information in schools is through seminars or lectures (26.8%), while 24.1% of schools do not use any specific method, highlighting the need for more comprehensive mental health education strategies, indicated that their school did not utilize any specific method to deliver mental health information, highlighting the need for more comprehensive mental health awareness initiatives[24.]

According to the National Alliance on Mental Illness (NAMI), school-based mental health services are delivered by trained mental health professionals who are employed by schools, such as school psychologists, school counselors, school social workers, and school nurses[25]. By removing barriers such as transportation, scheduling conflicts, and stigma, school-based mental health services can help students access needed services during the school day[20]. Table 7 explores how participants believe mental health information should be delivered to female students. It presents a range of preferred methods, including specialized classes, online reading materials, discussion groups, and socialization through school events. This diversity of responses underscores the need for multifaceted approaches to cater to the diverse preferences and needs of students. According to SAMHSA, educators can support the mental health of all students in their classroom and school, not just individual students who may exhibit behavioral issues[22] can promote social and emotional competency, build resilience, and teach and reinforce positive behaviors and decision-making. They can also encourage helping others and good physical health. SAMHSA also recommends that schools adopt a comprehensive approach to mental health, addressing not only the provision of information but also promoting mental wellness, preventing mental health problems, and providing treatment when needed.[22] Table 8 shows that female students prefer a diverse range of methods for receiving mental health information, with the most prominent being socialization through school events or activities (18.8%) and specialized classes on mental health (16.1%), while other methods and combinations account for the remaining preferences.

Content for Mental Health Programs: Respondents favor comprehensive mental health education that includes topics like coping skills, stress management, and social media's impact, with 48.2% calling for diverse and flexible content to meet different needs. Table 9 showcases participants' preferences for the content to be covered in a mental health prevention program in schools. The responses reveal a broad spectrum of topics, including coping skills, stress management, interpersonal relationships, and knowledge about various mental health disorders. This highlights the complexity of mental health education and the necessity of comprehensive programming. School-based mental health programs can focus on promoting mental wellness, preventing mental health problems, and providing treatment[26] Effective programs promote the healthy social and emotional development of all children and youth, recognize when young people need help, and provide appropriate services and supports[27]. Many studies have assessed indicated school-based programs for anxiety or depression, deliberate self-harm, and post-traumatic stress disorder[26]. Estimations show that up to 75% of students suffering from mental ill-health receive inadequate treatment or are not treated at all[28].

Most Effective Media and Sources for Mental Health Information: Counseling combined with educational videos (17.9%) is seen as the most effective media, while parents (43.9%) and medical professionals (33.9%) are considered the most effective sources of information for preventing mental health disorders in adolescent girls. Table 10 focuses on the most effective media for delivering information about the prevention of mental health disorders. The data indicates that participants see potential in various media, including mental health apps, booklets, educational videos, and counseling. This diverse array of preferences underscores the importance of utilizing multiple channels for effective mental health communication. Table 11 This data underscores the multifaceted nature of mental health education and the need for collaboration among parents, professionals, and educators to effectively address adolescent girls' mental health concerns. Studies have found that social media can successfully encourage health improvement and behavior change. They can be used to promote mental health awareness, provide self-care strategies for managing psychological distress, and promote mental health-care help-seeking[29]. Social media campaigns are also more cost-effective compared to mass media campaigns[30,31,32]

In summary, these tables collectively emphasize the significance of mental health awareness and support within educational settings. The data highlights the need for diverse approaches to delivering information, addressing a wide range of topics, and adapting efforts to meet the unique needs of students. The findings also underline the importance of ongoing assessment and flexibility in promoting mental well-being among students. Promoting mental health awareness and support within educational settings is crucial for the well-being and success of students. By implementing diverse approaches, addressing a wide range of topics, and adapting efforts to meet the unique needs of students, schools can create a supportive environment that promotes mental well-being and academic achievement. Ongoing assessment and flexibility are key in ensuring that mental health initiatives are effective and responsive to the evolving needs of students.[33,34,35,36]

CONCLUSION

The conclusion was provided data collectively underscores the significance of mental health awareness and support within educational settings. The findings emphasize the need for diverse approaches to delivering information, addressing a wide array of topics, and adapting efforts to meet the distinct needs of students. Ongoing assessment and flexibility are crucial in promoting mental well-being among students and ensuring that mental health initiatives remain effective and responsive to evolving needs. By fostering a supportive environment that prioritizes mental well-being, schools can contribute to the overall success and happiness of their students. is clear that schools play an increasingly critical role in supporting students' mental health, and providing comprehensive mental health services in schools can have a positive impact on students' academic and personal success. This is clear that schools play an increasingly critical role in supporting students' mental health, and providing comprehensive mental health services in schools can have a positive impact on students' academic and personal success. [37,38,39,40]

AUTHOR CONTRIBUTIONS

RC conceived and designed the experiments, performed the experiments, analyzed the data, and wrote the manuscript. Other authors (SAN, CTP,NEW) provided valuable feedback and assisted in proofreading and correcting the manuscript. All authors read and approved the final manuscript.

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CONFLICTS OF INTEREST

We declare that we have no conflicts of interest relevant to this manuscript

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