
CURRENT COMMUNITY-BASED MENTAL HEALTH PROMOTION STRATEGIES AMONG CHILDREN AND ADOLESCENTS: A LITERATURE REVIEW OF EVIDENCE AND FEASIBILITY IN INDONESIA

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Abstract. Mental disorders impact people's quality of life globally. A quarter of the world's population consists of children and adolescents who are significantly experiencing mental disorders since the age of 14. Community-based mental health strategies are aimed to overcome the challenges of mental health. The purpose of this review was to explore the evidence of children and adolescents' mental health promotion strategies to be potentially implemented in Indonesia. A literature review design was utilized using PRISMA on 20 journals through Science Direct, Proquest, SAGE, Scopus, EBSCO, and Taylor and Francis, in the last five years, within keywords of community-based, children and adolescents, mental health promotion, strategy. Data were analyzed in a table containing the title, author, year, methodology, results, and recommendations. Several strategies can be implemented to improve mental health in children and adolescents, such as peer group approaches, parental support, and religious education. Community-based mental health promotion strategies can optimize the effective implementation. Rigorous studies on policy evaluation, readiness, pilot studies on the implementation, and other approaches are needed for the more technical implementation of community-based mental health promotion strategies.

Keywords: Community-based, children, adolescents, mental health promotion, strategy

Abstrak. Literasi kesehatan mental berbasis komunitas bagi anak-anak dan remaja merupakan strategi global dalam bidang kesehatan untuk menghadapi masalah kesehatan mental. Tujuan dari tinjauan ini adalah untuk mengeksplorasi bukti penelitian terkait strategi promosi kesehatan mental anak-anak dan remaja yang potensial untuk diterapkan di Indonesia. Desain yang digunakan adalah tinjauan sistemik. Beberapa strategi dapat diterapkan untuk meningkatkan kesehatan mental pada anak-anak dan remaja termasuk pendekatan kelompok sebaya, dukungan orang tua, dan pendidikan agama. Strategi promosi kesehatan mental berbasis masyarakat dapat mengoptimalkan penerapan kesehatan mental yang efektif. Diperlukan studi lanjutan terkait implementasi yang lebih teknis dari strategi promosi kesehatan mental berbasis masyarakat.

Kata Kunci : Berbasis komunitas, anak-anak, remaja, promosi kesehatan mental, strategi

INTRODUCTION

Mental health disorders have significant effects on the quality of life of people. Those account for 13% of the worldwide disease burden and affect 10–20% of children and young people globally. A previous study showed the risk of depression sharply increases after puberty, within 50 to 70% rate of a recurrent episode within five years (Zimpel & Fleck, 2014)..

In Indonesia, it was estimated that almost 50% experienced depressive symptoms among high school students (Kemenkes RI, 2015). The prevalence of suicidal ideation is 6.8% for a year in adolescence (Naim et al., 2015). Indonesia Family Life Survey (IFLS-5) reported female adolescents were stood as the highest rank for depressive symptoms by 32.0% (Wozney et al., 2017).

Characteristics of depression in adolescences are mostly more serious and continually affect their well-being compared to adults. Poor physical well-being and functioning are also prone to the risk of suicide (Semiun, 2010). Meanwhile, children and adolescence are crucial periods for cognitive and behavioral development. Erikson’s Theory classified these periods as when individuals are looking for ideal role models to address the essential question of who they are and develop their moral and spiritual dimensions. This character building plays pivotal roles in their life phases and is linked to their constructive life outcomes (Betz et al., 2016).

The forms of interventions that school-based, religious, and others gave positive results to address mental disorders among children and adolescents because they spend more time with their peers. On the other hand, there are constrained data on integrating these techniques, which can be a compelling approach in advancing mental well-being among children and adolescents. The aim was to explore the evidence of children and adolescents’ mental health promotion strategies in Indonesia.

METHOD

Journal searching was carried out through some databases, including Science Direct, Proquest, SAGE, Scopus, EBSCO, and Taylor and Francis. The keywords to search journals were mental health promotion strategies, community-based, children, and adolescents. The inclusion criteria are articles published in 2014-2019, original research, literature, or systematic review. The exclusion criteria are duplication and only available in the abstract. The following chart is how to select articles in this review:

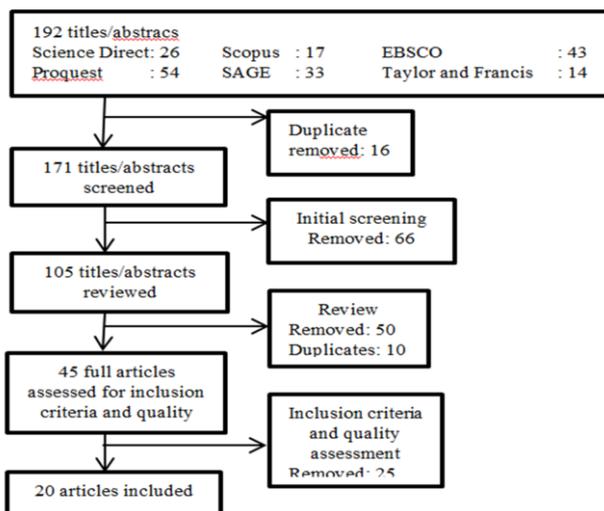


Figure 1: Article selection based on inclusion and exclusion criteria

RESULT AND DISCUSSION

The obtained data were presented in table 1: author, year, participant, method, result, and then analyzed by researchers.

Table 1. The summary of articles on current community-based mental health promotion strategies among children and adolescents in 2014-2019 (n=20)

No	Author & Year	Method	Sample	Result
1.	Tynan <i>et al</i> (2018)	Quasi-experiment with pre-and-post-test	1275	The connector training displayed significant improvements on participants’ confidence to identify a mental health problems.
2.	Doi, Wason, Malden, and Jepson (2018)	A mixed methods study	46	The program increased the chances for sooner identification and improvement of needs of health and wellbeing.
3.	Petersen <i>et al</i> (2016)	A narrative review	18	Laws and regulations to control alcohol demand and restrict access to lethal means of suicide and socio emotional learning programs in schools and parenting programs during infancy were identified as “ <i>best practice</i> ”.
4.	Houle <i>et al</i> (2017)	A mixed methods study	18	Improving residential settings, and will provide participatory intervention strategies to promote mental health.
5.	Brooks <i>et al</i> (2019)	A mixed methods study	10	Tools to support mental health literacy and self-management are a low cost way in which mental health services can attempt to address the burden of anxiety and depression among children and young people.
6.	Heslin <i>et al</i> (2017)	Quasi-experiment with pre-test-post-test	301	The probability of the health promotion intervention being cost-effective for willingness to pay.
7.	Grandes <i>et al</i> (2017)	Action research	21	The implementation strategy worked at bottom-up primary care organizational change, top-down support from managers, community involvement, and the development of e-health innovations.
8.	Beidas <i>et al</i> (2017)	A mixed methods study	15	Incentive-based implementation strategies can be feasibly administered in community mental health agencies with good acceptability.

9.	Surjaningrum, Minas, Jorm, and Kakuma (2018)	Qualitative research study	62	The policy initiative is feasible to the district health system. A strong basis within the health system for task-sharing mental health rests on health leadership and governance that open an opportunity for training and supervision, financing, and intersectoral collaboration.
10.	Ismail <i>et al</i> (2016)	Descriptive (survey)	827	About 57.6% of community members had good knowledge of disaster, while 26.0% had good community disaster preparedness. The proportions were quite low.
11.	Leppin <i>et al</i> (2018)	Interview (Qualitative)	35	Disparate nature of prescribed activities that different stakeholders do to contribute to health (physician & non-physician).
12.	Hilario, Oliffe, Wong, Browne, and Johnson (2015)	Scoping review methods	Unreported	Mental health of adolescent immigrants (ages 10–19) diversity in mental health indicators, e.g., mental distress, emotional problems and behavioral problems, as well as a wide range of influences on mental health from age at migration and length of stay to place of residence, income and discrimination
13.	Crooks <i>et al</i> (2018)	Mixed Method	170	Strong acceptability, mixed reactions to the cultural adaptation, in participants' knowledge, mental health first aid skill application, awareness, and self-efficacy, and reductions in stigma beliefs
14.	Westerlund <i>et al</i> (2017)	A case study design with a mixed-methods	82	Descriptions of factors influencing the initial ICDP implementation. Uncertainty on how to manage important factors and vague change strategies was reported.
15.	Ryan, Maurer, Lengua, Duran, and Ornelas (2017)	A culturally relevant and group-based intervention	24	Mindfulness as a way to reduce stress and improve mental health, additional sessions of the ALMA intervention were developed and pilot tested to provide more training as a coping strategy.
16.	Van Loon, Van De Ven, Van Doesum, Hosman, and Witteman (2015)	Cross-sectional and longitudinal approach on protective factors	234	High self-esteem and low use of passive coping strategies were related to fewer internalizing and externalizing problems. Greater self-disclosure was related to fewer internalizing problems and more parental monitoring was related to fewer externalizing problems.
17.	Vella <i>et al</i> (2018)	Intervention of the Ahead of the Game program	542	Organised sports represent a potentially engaging avenue to promote mental health and prevent the onset of mental health problems among adolescent males.
18.	Estrada <i>et al</i> (2019)	Narrative Discussion	Unreported	Religious education can be instrumental to improving adolescent mental health by developing healthier reaction to stimuli; reinforcing religious coping mechanisms, promoting a less risky lifestyle; and increasing religious awareness, practices and influences.
19.	Hamilton, <i>et al</i> (2017)	Intervention (Trial Project)	15 each center	EMPOWER represents a coherent program of women's health implementation research and quality improvement that utilizes cross-project implementation strategies and evaluation methodology. The EMPOWER Quality Enhancement.
20.	Davies, Knuiman and Rosenberg (2016)	Telephone survey	702	The relationship between arts engagement and WEMWBS was nonlinear with evidence of a minimum threshold at 100 or more hours/year.

Adolescence is a transition period of human development between childhood and adulthood. A necessary component of this formative arrangement is personality improvement, where a person creates individuals' capacity to think about unique concepts and the results of choices they make. This phase is also characterized by an increment in their sense of independence, driving more interaction with peers and other people (Watters & O'Callaghan, 2016).

Changes that happen in youths influence their views of life. Their journey to create their character consists of looking for life's meaning and beliefs. Subsequently, youths address or dismiss a few thoughts instructed by grown-ups at an early age. Moreover, people create the capacity to internalize their convictions and values.

Unfortunately, mental health problems start in this formative period, with half of the mental disorders showing as early as age 14 (Pringle et al., 2018).

Not only affects adolescence's well-being, but mental disorders also create a severe community burden. Intervention and strategies that emphasize improving mental health literacy are urgently needed to effectively decline the occurrence and recurrent mental health disorders among adolescents and young people. The mental health literacy framework needs to include both knowledge and beliefs regarding mental disorders. Individuals should aid themselves with recognition, management, or prevention related to mental health disorders. Mental health literacy protocol involves three comprehensive phases: strengths and needs assessment, action plan development, and its implementation and monitoring (Brooks et al., 2019).

Life experiences and social interaction during the transition period are also crucially needed for adolescents (Estrada et al., 2019). Previous studies demonstrated a high tendency on adolescents to seek help from peers and family instead of formal and professional procedures. Enhancing mental health literacy in education programs may be advantageous for prevention strategies on both primary and secondary levels. Intercessions such as gatekeeping programs and mental health education between peers are more successful in enhancing their information, self-esteem, and social interactions, lessening the risk factors of mental health problems (Danciu, 2014). The expected outcomes are to strengthen the networks in society in order to reduce risks, reinforce protective factors, and decrease psychiatric symptoms and disability and the onset of mental disorders (Petersen et al., 2016).

School-based psycho-educational interventions have helped diminish stigma, advance youths' mental well-being information, and expand mental well-being education in higher and lower-income countries (Brooks et al., 2019). Schools are a viable setting for gathering a vast population of children and youths for mental well-being advancement, and it is also imperative to reflect on the vital part of beliefs on mental well-being among this age group. School-based mental well-being education and advancement methodologies can maximize religious beliefs by emphasizing compelling usage of their beliefs to impact youthful mental well-being.

CONCLUSION

A collaborative model that integrating well-being advancement in essential and community care was doable in spurred centers. Mental well-being advancement techniques can turn into mental well-being data and mindfulness programs. Programs, such as detection of mental health problems in schools; early

child enrichment/preschool education programs, child-rearing programs on children age 2–14 for parents; sexual orientation value and financial strengthening programs; preparing of guardians to recognize individuals with a mental health problem within the community; and preparing a community at a neighborhood level to help individuals with mental health problems. Peer approaches, parental back-up, and beliefs are required within the anticipation of mental disorders.

RECOMMENDATIONS

The programs targeting young people should apply effective strategies that include peer group approaching, school-based, community improvement because they tend to question their life values, and they are also in the character development phase who are prone to develop mental health problems. Improvements of the mental health literacy framework and its protocols will enhance adolescence mental well-being. Coordination, regulation, and intersectoral related parties' commitment will significantly improve the effectiveness and efficiency while implementing mental health literacy strategies among children and adolescents.

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