



Warta Pengabdian Andalas

Jurnal Ilmiah Pengembangan dan Penerapan Ipteks

ISSN (Print) 0854-655X | ISSN (Online) 2797-1600

Training Mental Health Cadres in Improving Screening Skills for Mental Problems in School Health Unit at Junior High School 23 Padang

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Submitted: January 23, 2025

Accepted: May 21, 2025

Published: June 30, 2025

ABSTRACT

Adolescents face various risk factors that increase vulnerability to their mental health. The purpose of this activity is to train and empower adolescent mental health cadres at SMPN 23 Padang to recognize and resolve mental health problems independently. The methods used include socialization, counseling, and workshops on the implementation of the School Mental Health Unit program with a focus on preventing mental health problems and deviant behavior. The partners of this activity were teachers and the UKS team of SMPN 23 Padang, who were selected as mental health cadres. The results showed a significant increase in skills; whereas before the training, only 41.7% of cadres were skilled in conducting mental health screening, while after the training, it reached 100%. This activity proves that involving adolescents in solving mental health problems can significantly improve their skills.

Keywords: adolescent, health promotion, screening, school

INTRODUCTION

Mental health has become a global issue affecting various age groups, including adolescents. More than one in ten people in the world live with a mental health disorder, with adolescents being a major contributor to this figure. Data shows that 27% of adolescents' experience one or more mental, emotional, developmental, or behavioral problems (Farr & Palokas, 2024a). Early intervention in addressing mental health can lead to better outcomes, but often adolescent mental health problems go undetected or undiagnosed. Even among adolescents who admit to having mental health problems, less than a third are able to access needed services (Todres & Diaz, 2017). Key barriers include lack of government investment in mental health services for adolescents and underutilization of school-based health programs (Karcher et al., 2023).

Based on observations at SMPN 23 Padang City, several specific problems were found that required immediate solutions. These problems include: 1) The absence of data related to the detection of mental health problems experienced by students, 2) Low student knowledge about mental health, 3) No mentally healthy youth program in schools, and 4) The absence of prevention efforts against mental health problems. These problems indicate

the need to strengthen the capacity of adolescents through programs that can equip them with the skills to detect and manage mental health risks independently.

Previous research has shown the importance of early detection of mental health problems in adolescents. School-based screening has been shown to be effective in identifying previously undetected mental health risks and enabling faster intervention (Singh et al., 2022). Beck et al. (2024) also confirmed that universal screening in schools can improve adolescents' mental health in the future. In addition, the government has established a policy through the Usaha Kesehatan Sekolah (UKS) program that includes mental health services to encourage early detection and intervention (Reist et al., 2022). However, the implementation of this policy still needs strengthening, especially in terms of actively involving adolescents to increase its effectiveness.

Involving adolescents in mental health problem solving is an essential step. Studies show that involving adolescents can improve their skills in recognizing and managing mental health problems (Lai et al., 2022). Moreover, ensuring confidentiality and privacy in this process is crucial to creating a safe and comfortable environment for adolescents (Loades et al., 2022a). With the right approach, such as engaging students as mental health volunteers, schools can be a supportive environment for adolescents' mental health while reducing barriers to accessing mental health services.

The solutions offered through this program include mental health education for students, training of mental health cadres, and implementation of mental health screening at SMPN 23 Padang City. The program aims to build the capacity of adolescents to recognize and manage mental health risks independently. In addition, this effort will be integrated into the UKS program as an ongoing step to ensure the sustainability of the service results.

The aim of this program is to increase the knowledge and skills of SMPN 23 students in recognizing and managing mental health problems. Through the formation of mental health cadres and the implementation of mental health screening, adolescents are expected to become agents of change in supporting mental health in the school and community environment.

METHOD

This adolescent mental health education program was implemented in October 2024 at SMPN 23 in Padang City. This activity began with coordination and discussion between the activity implementation team, teachers, and the SMPN 23 School Health Unit (UKS) team. The discussion discussed the risks and exposures that allow students to experience mental health disorders. The partner of this activity is SMPN 23 Padang City, which consists of teachers and members of the UKS team consist of 24 participants.

In adolescent mental health education activities, the method used is interactive education by bringing in resource persons who are experts in the field of mental nursing from the Faculty of Nursing, Andalas University. The material presented in the form of knowledge related to what mental health problems in adolescents and how to prevent mental health problems, prevention of mental health problems is in the form of mental nursing interventions that can be done by adolescents including stress management interventions such as deep breathing techniques, progressive muscle relaxation, 5-finger hypnosis, spiritual therapy and other therapies. After early detection screening and prevention education, "Mentally Healthy Teenagers" were formed, which are teenagers who have been given education and will be tasked with channeling information and providing preventive interventions for mental health problems that occur in the school environment later, such as to peers. Survey data was collected and analyzed by the service

team using SPSS. The instrument used in this activity used Self Reporting Questionnaire (SRQ-20) with validity r value (0.708-0.941) $>$ r table (0.136), with reability test Cronbach Alpha value 0.981 $>$ 0.688.

Implementation steps:

1. Pre-Activity

The implementation team conducted an initial survey and problem identification through observation and interviews with the school.

2. Main Activities

The activity was carried out through an interactive method with a focus on the following stages:

- a. Establishment of a Mental Health Center.
- b. Preparation of guidelines for the implementation of the Mental Health UKS program.
- c. Counseling on psychological problems that occur in adolescents given to school teachers.
- d. First aid training for adolescents experiencing psychological problems provided to school teachers.
- e. Establish the organizational structure of the Healthy Soul UKS.
- f. Assertive therapy training provided to students.

3. Evaluation

a. During the Activity

Data were collected using questionnaires and direct interviews to measure participants' level of understanding.

b. Post Activity

Technical evaluation of the program was conducted through pre-test and post-test on the following aspects:

- 1) Teachers' knowledge of the guidelines for implementing the Mental Health UKS program.
- 2) Teachers' knowledge of psychological problems in adolescents.
- 3) Teachers' ability to provide first aid to adolescents experiencing psychological problems.
- 4) Students' knowledge of assertive techniques.
- 5) Technical evaluation of Soul UKS activities.
- 6) Evaluation of the role of mental health cadres in the Mental Health UKS program.

RESULTS AND DISCUSSION

1. Recruitment and education of mental health cadres

After the implementation of the activities, various evaluations were carried out on the outcomes of the activities that had been carried out in the form of respondent characteristics, knowledge scores, and cadre skills as Table 1. The activity began with the recruitment of mental health cadres at SMPN 23 Padang. This process was carried out through socialization of the role of youth cadres to students who met the criteria. At this stage, students were given an explanation of the program objectives, the role of cadres, and the benefits of implementing the activities. Figure 1 shows the process of recruitment and explanation of mental health cadres, which was done interactively to ensure students understood the basic concepts of their role. Figure 2 is a graph of knowledge ability score before and after providing education on the role of mentally healthy youth cadres at SMPN 23 Padang.

Table 1. Respondent characteristics

Respondent Characteristics	Frequency	Percentage
Age		
13 years	1	4.2
14 years	14	58.3
15 years	9	37.5
Gender		
Male	5	20.9
Female	19	79.1
Marital Status of Parents		
Marry	24	100
Status of Residence		
With parents	24	100
With other relatives (aunts, uncles, grandparents)	0	0

Table 1. shows that based on age, the results of the questionnaire showed that more than half of the adolescents (58.3%) were 14 years old. Most of the respondents were female (79.1%), the marital status of all parents (100%) was still married. Almost all adolescents (92.2%) live with their parents.



Figure 1. Mental health cadre recruitment and explanation

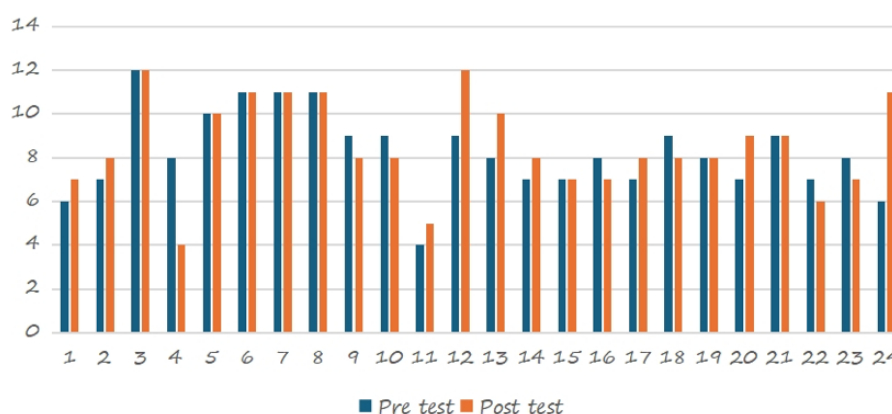


Figure 2. Mental health problems of SMPN 23 adolescent

Education conducted on adolescent cadres provides an increase in the mastery of knowledge about the roles and functions of adolescent mental health cadres which is an asset for cadres in carrying out their role as school mental health cadres. The score of knowledge before and after mental health education has increased. It can be seen in diagram 1. that the increase in correct answers to 12 items of mental health knowledge questions on the assessment after mental health education is given to adolescents. The average level of student knowledge before community service regarding mental health problems in adolescents was at a moderate level with an average value of 7.20 and after community service it increased to an average of 10.03, which means that the average knowledge of students regarding their roles and functions as mental health cadres in adolescents increased to a higher level.

2. Mental health screening training and workshop



Figure 3. Training and workshop on adolescent mental health screening skills

Table 2. Skills of healthy youth cadres before and after the workshop on screening adolescent mental health problems using the SRQ instrument

Training	Before		After	
Screening for adolescent mental health problems	Frequency	Percentage	Frequency	Percentage
Unskilled	14	58.3	0	0
Skilled	10	41.7	24	100
Total	24	100	24	100

The mental health screening skills workshop was conducted using the Self-Reporting Questionnaire (SRQ) instrument. Based on Table 2. it is known that in the workshop on screening mental health problems in adolescent cadres before the workshop more than half of the adolescent cadres (58.3%) were not skilled in doing so, but after the training all mentally healthy adolescent cadres (100.0%) became skilled in screening mental health problems in adolescents. In one study, an initial survey of students showed an average skill improvement of 25% for adolescent mental health screening. The study concluded a 29%

improvement in skills against best practice, although only 23% of students were reached through the training strategy (Farr & Palokas, 2024b).

The results of the skills improvement analysis are attributed to dynamic and interacting determinants across the domains and sectors involved in addressing adolescent mental health (Langerman et al., 2019). These results support a preliminary understanding of the internal, external, and innovation-level determinants and the ways in which these factors can operate and interact simultaneously to produce better outcomes for adolescent mental health. Strengthening adolescent engagement in the mental health care system will provide a descriptive language that helps to explain the domains where barriers exist, and how they may interact with other contextual domains (Todres & Diaz, 2017). Adolescent recruitment will emerge as a determining factor that influences future recruitment of adolescents with problems and risk factors. The perceived widespread decline in adolescent mental health status is a pervasive influence that is interwoven across unprepared mental health systems and contexts while burdens and risk factors increase (Orth & van Wyk, 2022).

The community context, or local conditions, should be oriented towards the recruitment of adolescents in all settings, and the resolution of adolescent health problems (Kobes et al., 2022). In school health enterprise services that serve adolescents with high medical and social needs, conditions in the broader community influence relative priorities in establishing settings, which affects providers' motivation to offer prevention efforts, adolescent mental health screening and early treatment and help-seeking needs. Health inequities and cost and resource barriers are often the reason these are not available in the community, especially in schools (Silva et al., 2020). Enthusiasm and motivation to build integrative health services in school health efforts must be initiated in order to accommodate the complexity of mental health problems that are both realized to be increasing. Delay in treatment has the impact of wasting the opportunity for empowered and healthy adolescents who will determine the future of a nation (Todres & Diaz, 2017).

CONCLUSION

Involving adolescents in the resolution of their mental health problems is a key focus of efforts to improve their skills and capacity to deal with mental health challenges. This activity provides an important basis that training and recruitment of mental health cadres from among adolescents can improve soft skills, such as communication, leadership, and empathy skills, as well as hard skills, such as understanding basic mental health interventions and stress management techniques. This engagement not only provides direct benefits in terms of skills improvement, but also contributes to the identification of adolescent mental health problems, barriers, and opportunities in the implementation of school-based mental health programs. The results showed that the training of adolescent cadres significantly helped to promote a more inclusive and sustainable school-based mental health care system. The trained cadres not only play a role in providing education to peers but are also able to implement simple interventions that help prevent the escalation of mental health problems. As a follow-up, further research and intensive methods are needed to determine the effectiveness of the mental health service delivery system in adolescent school health efforts on the prevention and treatment of adolescent mental health cases. This will inform best practices for implementation in various community-based health services.

ACKNOWLEDGMENT

The writing team would like to thank the Unit of Research and Community Service (UP2M) Faculty of Nursing Universitas Andalas for providing funding support in the implementation of this service activity with contract number T/018/SPK/PTN-BH/Fkep/Unand-2024. This support is very meaningful in the smooth running of the entire series of activities aimed at improving adolescent mental health through school-based health programs. Our gratitude also goes to SMP Negeri 23 Kota Padang, especially the teachers, School Health Unit (UKS) team, and students who have actively participated in this activity. The contributions and cooperation provided greatly support the success of the program implemented. We also appreciate the support of the Faculty of Nursing, Andalas University for the contribution of experts who provide insight and knowledge in the development of adolescent mental health materials. Hopefully the results of this activity can provide sustainable benefits for all parties involved.

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