

REDUCING SYMPTOMS OF MENTAL EMOTIONAL DISORDERS IN ADOLESCENTS THROUGH SELF-HELP GROUP THERAPY

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Abstract

Adolescence is a transitional stage marked by biological, emotional, and cognitive changes that increase the risk of developing mental-emotional disorders such as anxiety, depression, and emotional instability. WHO report that 10–20% of adolescents face mental health problems, influenced by factors such as family conflict, peer pressure, and excessive social media use. Without early intervention, these disorders may lead to long-term consequences including chronic psychiatric conditions and increased suicide risk. This study aims to analyze the effect of SHG therapy in reducing emotional and mental disorders in adolescents. A quantitative, pre-experimental one-group pretest-posttest design was used. The sample consisted of 76 junior high school students in grades VII and VIII in Malang Regency, selected through total sampling. SHG therapy was conducted based on the Specialist Mental Health Nursing Standard Operating Procedure in four structured stages: problem identification, planning, problem solving, and evaluation. The intervention was delivered across 17 meetings divided into four sessions, facilitated by a trained mental health nurse and five facilitators. Mental-emotional disorders were assessed using the validated Pediatric Symptom Checklist-17 (PSC-17). Participants had PSC scores ≥ 15 and consented to full participation. Data were analyzed using the Wilcoxon test. The mean score for emotional and mental disorders decreased from 17.16 ($SD = 5.001$) before the intervention to 15.63 ($SD = 6.092$) after ($p = 0.001$), reflecting a 9% reduction. SHG therapy significantly reduces emotional and mental disorders in adolescents and holds potential for implementation in school-based mental health initiatives

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INTRODUCTION

Adolescence is a transitional period in which individuals experience various changes biologically, cognitively, emotionally, and socially (1). These changes may increase the risk of behavioral problems in adolescents (2). Emotional and mental disorders in adolescents include various forms of behaviour that demonstrate an inability to manage emotions in a healthy manner, including depression, anxiety, and aggressive behaviour (3). Adolescents who experience

emotional and mental disorders are characterized by behaviours such as social withdrawal, extreme mood swings, and inability to perform daily activities(4). In addition, impulsive behaviours, such as substance abuse or violence, are often manifestations of the disorder (5).

The World Health Organization (WHO) reports that 10-20% of adolescents experience mental health problems

(6). According to Indonesia's National Adolescent Mental Health Survey (SNP), one in three adolescents

face mental health problems. In comparison, one in twenty adolescents experienced a mental disorder in the past 12 months (7). Meanwhile, according to Riskesdas 2018, 6.1% of the population aged 15 years and over experienced mental emotional disorders, with the prevalence of depression in adolescents (aged 15-24 years) reaching 6.2% (8).

Mental emotional disorders in adolescents are complex problems caused by various internal and external factors (9). Internal factors include genetics, brain structure, and hormones, which contribute to susceptibility to stress and emotional disorders (10).

External factors include social pressure, family conflict, and the impact of social media, which often exacerbate mental symptoms such as anxiety and depression (11). Short-term impacts include reduced academic performance and difficulties in interpersonal relationships. Conversely, long-term impacts include suicide risk and chronic psychiatric disorders such as bipolar disorder or schizophrenia (12). Therefore, early treatment is very important to minimize more serious dangers in the future (13).

Various efforts and therapies have been made to overcome emotional and mental disorders in adolescents. One approach that is often used is Cognitive Behaviour Therapy (CBT) which has been shown to be effective in reducing symptoms of depression and anxiety and preventing the development of these disorders (14). Mindfulness-based therapy and group therapy are also widely used to improve the emotional well-being of adolescents (15). In addition, Dialectical Behaviour Therapy (DBT) is also effective, especially when it involves skills groups for parents and caregivers, which can improve family communication and overall family functioning (16). This therapy not only helps reduce the symptoms of mental disorders but also improves the coping skills and general well-being of adolescents.

Group therapy is one of the practical approaches in treating emotional and mental disorders in adolescents.

Revealed that group therapy can significantly reduce symptoms of anxiety and depression in adolescents, helping them to adapt back to the social environment after experiencing mental problems (17).

One widely used form of group therapy is self-help group therapy, which allows adolescents to share experiences, provide emotional support, and build more adaptive coping strategies (18). This study aims to explore the effectiveness of self-help group therapy in reducing emotional and mental disorders in adolescents and understand how this approach can be integrated into broader psychosocial support systems.

METHOD

This study used quantitative research methods with a pre-experimental one-group pretest posttest research design. This research was conducted at public junior high schools in Malang Regency, East Java. The population in this study were 7th and 8th grade students of State Junior High School totaling 76 people. The sampling technique used was total sampling. Self Help Group therapy was conducted based on the SOP Book of Specialist Mental Nursing Therapy published by the University of Indonesia. SHG therapy consists of 4 sessions with six meetings, including Session 1: Identification and prioritization of problems; Session 2: Formulation of problem solving plans; Session 3: Problem solving; Session 4: Therapy evaluation. Data collection was conducted using the Pediatric Symptom Checklist 17 (PSC-17) questionnaire to determine the level of emotional and mental disorders in students. The PSC-17 questionnaire consists of 17 closed questions. A score ≥ 15 indicates the presence of mental emotional disorders. Data analysis in this study was conducted using the Wilcoxon test. Data were processed with SPSS version 27 and this research has met the research ethics of the Ethics Commission of the Faculty of Health Sciences UMM. Number KEPK FK UMM: E.5.a/061/KEPK-UMM/IV/2021.

The pre-experimental one-group pretest-posttest design was chosen because it can provide a direct picture of changes in psychological conditions before and after the intervention in the same group. The SHG intervention was conducted based on the Specialist Mental Nursing Therapy SOP book with four main stages: problem identification, plan development, problem solving, and evaluation, carried out in four sessions with 17 meetings by trained psychiatric nurses and assisted by 5 facilitators. The PSC-17 instrument was used because it has been validated and reliable in measuring emotional and mental symptoms in adolescents in Indonesia. Inclusion criteria were 7th and 8th grade students with PSC scores ≥ 15 who were willing to participate in the intervention, while exclusion was students who had obstacles in attending the sessions. This study only used the Wilcoxon test because the data were not normally distributed. Although not accompanied by additional analysis such as effect size, the results of this test were sufficient to show the significance of the differences studied.

The demographic data of the study respondents can be seen in Table 1 below:

Table 1 Demographic characteristics of respondents (n=76)

Variables	f (%)
Class	
Grade 7	41 (54)
Grade 8	35 (46)
Gender	
Man	17 (22)
Woman	59 (46.1)
Emotional Mental Disorders	
Normal Disturbance	23 (30.3)
Total	76 (100)

Based on Table 1 above, demographic data from 76 respondents can be seen. Based on grade level, grade 7 respondents were more than grade 8, namely grade 7 as many as 41 respondents (53.9%), while grade 8 as many as 35 respondents (46.1%). Based on gender, female respondents were more than male respondents, namely women as many as 59 respondents (71.6%), while men as many as 17 respondents (22.4%). Of the 76 respondents above, as many as 23 respondents

(30.3) were in the normal category, while as many as 53 respondents (69.7) experienced mental emotional disorders. This table illustrates the demographic characteristics of respondents.

The results of changes in symptoms of emotional and mental disorders in respondents can be seen in Table 2 below:

Table 2

Variables	N	Mean	Std Deviation	95% CI		Min-Max
				Lower	Upper	
Emotional and mental disorders in adolescents before being given self-help group therapy	76	17.16	5.001	16.02	18.30	5-26
Emotional and mental disorders in adolescents after being given self-help group therapy	76	15.63	6,092	14.24	17.02	3-30

*P-value 0.001<0.05**

Based on table 2. After analysis, the symptoms of emotional mental disorders before being given self-help group therapy had the lowest score of 5 and the highest score of 26. The average score was 17.16 with a standard deviation of 5.001, and the Confidence Interval (CI 95%) was 16.02 to 18.30. For symptoms of mental emotional disorders after being given self-help group therapy, the lowest score was three and the highest score was 30, with an average score of 15.63. The standard deviation was 6.092, and the Confidence Interval (IK 95%) was 14.24 to 17.02. After statistical testing, a p value of 0.001 was obtained, which means < 0.05 which is a value (α). So it can be concluded that there is a significant influence of self-help group therapy on reducing the symptoms of mental emotional disorders in adolescents.

This study showed significant changes in respondents after receiving intervention through non-governmental group therapy. Table 1 shows that as many as 69.7%

of respondents experienced mental and emotional disorders. The respondents in this study were junior high school students with a teenage age range (14-16 years). These findings are in line with research by Marwati (19), which reveals that emotional and mental disorders can be triggered by psychological stress due to rapid physical and social changes that can trigger anxiety and depression in adolescents. In addition, emotional and mental disorders are also affected by a lack of emotional support from the surrounding environment, thus exacerbating adolescents' vulnerability to mental disorders. Lu 2021 (20) However, research Pozzi (21) reveals that emotional mental disorders in adolescents are influenced by genetic factors and neurochemical imbalances in the brain that cause disturbances in emotional regulation. Other research conducted by Shannon (22) adding that emotional and mental disorders in adolescents can also be influenced by the role of technology and social media in their lives; Excessive use of technology can lead to dependence, which increases feelings of social isolation, stress, and anxiety.

Table 2 shows a significant decrease in the level of mental emotional disorders after being given a non-governmental group therapy intervention (KSM), with a value of $p = 0.001 (<0.05)$. Before being given therapy, the average score of mental emotional disorders was 17.16 with a range of 5-26. After being given the intervention, the average score decreased to 15.63 with a range of 3-30. This decrease suggests that KSM plays an important role in lowering symptoms of emotional mental disorders in adolescents, such as anxiety, depression, and emotional instability.

The decline can be explained through several mechanisms offered by the SHG. According to Hidayati's research 2024 (23) Group therapy provides a safe space for adolescents to share experiences and gain social support from group members. This helps reduce feelings of isolation, increase empathy, and solve problems. Peer support is effective in improving

coping skills, which significantly reduces symptoms of anxiety and depression (24).

Self-Help Group (SHG) was carried out in a structured manner, with 17 meetings over four months. The intervention is divided into four main stages designed to identify, plan, implement and provide solutions to emotional and mental disorders in adolescents. These stages include various processes ranging from problem analysis to assessment of therapy success. The first stage is to identify and prioritize problems, aiming to identify key issues affecting adolescent mental health. This was done through interviews and observations, with initial measurements using the PSC-17 (Pediatric Symptom Checklist-17) pretest instrument in two meetings; This process allows the facilitator to prioritize the issues that are the main focus of the intervention. The second stage is the preparation of a problem-solving plan, which is carried out in the next two meetings. At this stage, teachers and students are selected as class representatives to play an active role in the early detection process of mental disorders in the school environment. Together, they develop specific intervention measures tailored to the capacity and needs of adolescents. This collaborative approach ensures that the strategies implemented are realistic and solution-oriented. The third stage, namely problem solving, is the implementation of the plan that has been prepared. At this stage, early detection, group counselling, and stress management training are carried out to support adolescents in managing the emotional stress they experience with ten meetings. The main focus of this stage is to provide ongoing support, integrate the changes that occur, and help the adolescent develop more adaptive coping skills. The final stage is therapeutic evaluation, which aims to assess the effectiveness of the intervention through a posttest using the PSC-17 instrument. This evaluation was conducted in three meetings to measure changes in symptoms of emotional and mental disorders and explain the steps needed to improve the outcomes of future interventions.

The results of this study are in line with previous scientific findings that show that non-governmental groups (KSM) are effective in reducing mental and emotional disorders in adolescents (25). Show that SHG improves coping skills and reduces emotional distress due to academic transitions (26). Emphasizing the role of SHGs in creating a supportive emotional environment, thereby helping adolescents overcome complex mental challenges. Overall, the application of SHG therapy provides strong evidence that a structured, group-based approach can effectively and sustainably address emotional and mental disorders in adolescents. Integrating identification, planning, implementation, and evaluation measures in this therapy ensures that each stage contributes significantly to the improvement of adolescent mental health.

Statistical analysis in this study began with a normality test using Kolmogorov-Smirnov, which showed that the data on the difference in pretest and posttest scores were not normally distributed ($p < 0.05$). Therefore, the Wilcoxon Signed Rank Test is used as a suitable non-parametric alternative. This test was chosen because it was able to analyze two paired data with abnormal distributions, and could capture significant median changes in ordinal-scale and interval data in small to medium samples. The selection of this method is considered relevant to the characteristics of the data collected and aims to maintain the statistical validity of the analysis results.

Based on the results of the Wilcoxon test, a value of $p = 0.001$ was obtained, which showed a significant difference between the score of mental emotional disorders before and after the administration of Self-Help Group (SHG) therapy. Clinically, the average score decrease from 17.16 to 15.63 illustrates an improvement in the emotional condition of the respondents. These changes reflect an individual's improved ability to manage emotions, reduce anxiety, and increase psychological resilience. Thus, in addition to being statistically significant, these results

are also clinically significant, particularly in the context of adolescent mental health.

Furthermore, when measured quantitatively, the average score decrease of 1.53 points from the initial score of 17.16 is equivalent to a decrease of 8.91%. This figure shows that SHG interventions have a real effect on reducing mental-emotional symptoms in a relatively short time. This percentage reinforces the relevance of peer-based interventions as an efficient and applicable approach in the promotive and preventive realms of adolescent mental health.

In line with several previous studies, Fitriyanur et al. stated that SHG significantly improves the coping mechanism of new students in the face of psychosocial stress, thereby lowering the risk of emotional disorders (25). It also showed that participation in SHG for six sessions was able to meaningfully reduce stress levels in final year students (27). Widiyanto et al. reported that the spiritual-based SHG approach has an influence on reducing depressive symptoms through strengthening self-control and positive expectations (28). In addition, Lindayani and Retnowuni prove that SHG can reduce the stress of students who face academic pressure (29). while Dwiputri shows the effectiveness of SHG in reducing addictive behaviour in adolescents with online game use disorders (30).

These findings are supported by Maheshwari and Mishra's research which shows that adolescents' involvement in SHG contributes positively to decreased anxiety and improved emotional well-being through supportive social interactions and reflective activities within the group (31). The study by Zhang et al. also confirms that peer group support and community reinforcement have protective effects on adolescent mental health disorders, especially during times of public health crisis (32). In addition, Patel et al. highlighted the important role of SHGs in strengthening adolescents' psychosocial resilience, particularly in communities with limited access to formal mental health services, through increased solidarity and social resources (33).

Theoretically, the effectiveness of SHG in lowering mental-emotional disorders can be explained through a psychosocial approach that integrates emotional, cognitive, and social components. The process of interaction in SHG allows individuals to express emotions openly, gain validation from peer groups, and learn more adaptive coping strategies. The supportive environment created during the intervention reinforces self-efficacy and a sense of belonging, both of which are protective factors against emotional disorders. Thus, SHG has proven to be an approach that is not only effective in a statistical context, but also clinically relevant in efforts to improve adolescent mental health.

CONCLUSION

Adolescence is a time that is prone to emotional and mental disorders due to biological, emotional, and social changes. This study proves that Self-Help Group (SHG) therapy is significantly effective in reducing the symptoms of emotional and mental disorders in adolescents, with a $p = 0.001$ (<0.05). The structured implementation of SHG through the stages of identification, planning, implementation, and evaluation helps improve coping skills, emotion regulation, and social support.

These results suggest that SHG can be an effective strategy for improving adolescent mental health and preventing the long-term effects of emotional and mental disorders, such as decreased academic achievement or the risk of chronic psychiatric disorders. This therapy deserves to be integrated into school-based mental health programs.

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