

Hasil Cek Mental Health Challenges in Children

by Universitas Ahmad Dahlan Yogyakarta 23

Submission date: 27-Mar-2025 08:55AM (UTC+0700)

Submission ID: 2626363381

File name: Mental_Health_Challenges_in_Children.pdf (681.63K)

Word count: 9718

Character count: 55956

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Mental Health Challenges in Children: A Cross-Sectional Study Using the Strengths and Difficulties Questionnaire

Ipah Saripah^{1✉}, Lucky Angkawidjaja Roring², Rifqy Muhammad Hamzah³,
Tb. Moh. Irma Ari Irawan⁴, Dody Hartanto⁵, Nadia Aulia Nadhirah⁶,
Diana Lea Baranovich⁶, Ioeur Sethul⁸

^{1,6}Faculty of Education, Universitas Pendidikan Indonesia, Indonesia

²Faculty of Medicine, Universitas Pendidikan Indonesia, Indonesia

^{3,4}UPI Tasikmalaya Campus, Universitas Pendidikan Indonesia, Indonesia

⁵Faculty of Teacher Training and Education, Universitas Ahmad Dahlan, Indonesia

⁷American Psychological Association, Consultant Psychotherapist and Diagnostician
Private Practitioner, Malaysia

⁸Cambodia Association for Counsellors and Psychologists, Khmer Counseling
Psychoeducation Services, Cambodia

DOI: 10.23917/ijolae.v7i1.24139

Received: October 15th, 2024, Revision: December 8th, 2024, Accepted: December 10th, 2024.
Available Online: December 12nd, 2024, Publish Regularly: January, 2025.

Abstract

Mental health of elementary school students is an important issue that needs attention in efforts to improve individual well-being and development. This study aims to identify the mental health profile of elementary school students in West Java through the use of the Strengths and Difficulties Questionnaire (SDQ). The study employs a cross-sectional design involving 889 elementary school students as research subjects. Data were collected through the distribution of the SDQ questionnaire both online and offline. Data analysis was conducted using descriptive statistics to describe the distribution of scores on each SDQ subscale. The analysis results of the instrument reveal the prevalence of emotional symptoms, conduct problems, hyperactivity, peer relationship problems, and prosocial behavior in elementary school students. The findings of this study are expected to serve as a foundation for policymakers, educators, and parents in designing more effective programs to improve students' mental health and prevent the emergence of more serious psychological issues.

Keywords: difficulties questionnaire, educational outcomes, emotional development, future generation, individual well-being, mental health challenges

✉Corresponding Author:

Ipah Saripah, Faculty of Education, Universitas Pendidikan Indonesia, Indonesia

Email: ipah_bk@upi.edu

1. Introduction

Mental health, as a positive psychological state, is crucial for supporting personal development and growth (Zu et al., 2021; Zhang et al., 2024; Chen et al., 2022). It affects individuals' awareness, stress-coping abilities, productivity, and their positive contributions to the community, providing long-

term satisfaction and a sense of meaning in life (Saba, 2024).

Mental health in children and adolescents has become an increasingly serious global issue (Hossain et al., 2022). Childhood and adolescence are two critical stages in the formation of personality and overall well-being (Situmorang & Nababan, 2023).

During childhood, children begin to establish the foundations of their mental health, such as emotional regulation skills, social skills, and ways to interact with their environment (Dewi et al., 2020; Mohammad et al., 2021; Ningsih et al., 2024). This period is determinative for long-term mental development. Meanwhile, adolescence is often regarded as a more critical and dynamic stage, marked by significant changes across physical, biological, psychological, cognitive, and social dimensions (Iskandar et al., 2022; Putri & Chusairi, 2021; Sudrajat, 2023). Adolescents face a range of complex challenges in finding their identity, coping with social pressure, and dealing with hormonal changes that influence their mental well-being (Nainggolan et al., 2024; Verrastro et al., 2020; Ahinkorah et al., 2021; Laksmi & Jayanti, 2023).

The importance of mental health during these stages cannot be overlooked, given that childhood and adolescence are critical periods for personality and well-being development. Radez et al. (2021) emphasize that mental health disorders in children and adolescents are common but often go undetected or neglected. According to the WHO (Potter, 2019; Liu et al., 2020), over 300 million people worldwide suffer from depression, and approximately 10% of children and adolescents experience mental health disorders. A study by Hattangadi et al. (2022) found that around 18% of preschool-age children have mental health issues. Additionally, data from the Substance Abuse and Mental Health Services Administration (2023) show that over one in five adults (23.1%) experienced mental health disorders in 2022, while approximately 19.5% of adolescents aged 12-17 faced major depressive episodes in the same year. Merikangas et al. (2022) reported that one in three to four adolescents experiences such conditions.

In some developing countries, including Indonesia, mental health is still not prioritized compared to infectious diseases (Ridlo, 2020). Mental health policies and their implementation in Indonesia remain limited and not well integrated. There is a lack of facilities, unclear policies, limited availability of psychotropic drugs at primary health centers, inconsistent reporting formats, and the absence of personnel for mental health data recording and reporting, all of which hinder the effective implementation of mental health policies in Indonesia (Priambudi et al., 2022; Yusrani et al., 2023). Similar issues are found in countries like Vietnam and Nigeria, which also lack comprehensive mental health governance, policies, and laws. In these nations, the poor have limited access to paid services (Labinjo et al., 2020; Nguyen et al., 2021). Kieling et al. (2011) assert that the need for mental health services for children and adolescents in low and middle-income countries is often overlooked, exacerbating the mental health challenges for future generations.

Given the urgency of the issue, there is a pressing need for the government to focus more on mental health through policies, planning, procedures, financing, and oversight, aiming for the optimal promotion, prevention, curative, and rehabilitative efforts (Priambudi et al., 2022). Unfortunately, apart from the implementation, early detection efforts to identify mental health issues remain limited in scale and coverage, particularly among elementary school students in West Java, which is the focus of this study. Previous studies have predominantly targeted middle and high school students (Siburian & Ricky, 2024; Purnamasari et al., 2023; Suratmi et al., 2020).

Kazdin (as cited in Garbacz et al., 2024) highlights that attention to the mental health of elementary school children has rapidly

increased over the past decade. This age group is a critical period for cognitive, social, and emotional development, making greater attention to their mental health especially important. Research by Rahma et al. (2024) reveals that neglect during childhood can lead to emotional regulation difficulties, behavioral and interpersonal challenges, mental health disorders, learning difficulties, poor academic achievement, delinquency, and even criminal behavior and violence in adulthood.

Mental health problems in children can have negative consequences on various aspects of their lives, including academic competence and social functioning, increased risk of substance abuse, eating disorders, risky behavior and even suicidal tendencies (Radez et al., 2021; Penninx et al., 2022; Yuan et al., 2024). Early detection is crucial to identify mental health issues in students, as undetected disorders may develop into more serious problems later in life (Wibowo et al., 2024; Mawaddah & Prasty, 2023).

Children and adolescents often struggle to express their feelings or difficulties, making them vulnerable to emotional, social, and behavioral issues that can affect their academic development and overall well-being (Li et al., 2024). Given the urgency of the issue, this study aims to assess the prevalence of mental health problems among elementary school students in West Java using the Strengths and Difficulties Questionnaire (SDQ). SDQ is a widely used instrument internationally to assess the mental health of children and adolescents, measuring five main dimensions: emotional symptoms, conduct problems, hyperactivity, peer relationships, and prosocial behavior.

The use of SDQ is expected to provide a clearer picture of various aspects of students' mental health, helping in the early identification of mental health issues. The

results of this study are anticipated to offer deeper insights into the mental health conditions of children in West Java and support the integration of mental health screening into the education system. Thus, the findings are expected not only to raise awareness about the importance of children's mental health in Indonesia but also to encourage government policies that address mental health issues at both local and national levels.

2. Method

The study used a cross-sectional survey design, which allows data to be collected at one point in time from a defined population. The use of the cross-sectional survey design aims to describe the mental health condition of students at the time the study was conducted.

The research population consisted of all upper-grade elementary school students, specifically 5th and 6th graders, in three regencies and major cities in West Java. The research sample comprised 889 elementary school students from 24 different schools, selected using random sampling techniques.

The research instrument used was the Strengths and Difficulties Questionnaire (SDQ), which was validated by the Ministry of Health (2018). The SDQ can be used for students from elementary to senior high school levels. For elementary students in lower grades (1st–4th), the questionnaire can be filled out by teachers and/or parents/caregivers. For upper-grade elementary students (5th and 6th) through senior high school, the questionnaire can be completed by the students themselves.

The Strengths and Difficulties Questionnaire (SDQ) is a screening instrument used to measure the strengths and emotional and behavioral difficulties of children and adolescents. The SDQ consists of a psychologi-

cal scale with twenty-five items, two dimensions, and five aspects being measured, namely: Difficulties (Emotional Symptoms (E), Conduct Problems (C), Hyperactivity (H), Peer Relationship Problems (P)) and Strengths (Prosocial Behavior (Pr)). This instrument can be used as a tool to see children's mental health and can be linked to the diagnosis of children's mental disorders. (Achenbach, 2008; Goodman, Lamping & Ploufibus, 2010)

The SDQ instrument serves as an early detection tool for emotional and mental problems in children, helps teachers identify students' difficulties and strengths, and acts as a need assessment tool for teachers/mentors to provide positive interventions that can assist in teaching and other programs. The SDQ questionnaire was distributed to students in two ways: first, it was distributed online through survey platforms such as Google Forms, and second, it was also distributed offline to various elementary schools. The data obtained from the SDQ questionnaire was then analyzed using the Rasch model with Winstep software and descriptive statistics.

The Rasch model was chosen because it can see the tendency of students' answer choices, measure the level of validity of the dimensions being measured, where the dimensions are strengths and deficiencies, and provide information about measurement errors such as students who answer by guessing. (Andrich, 2004; Boone, Staver & Yale, 2013).

3. Result and Discussion

This study has limitations in that the sample obtained does not represent the entirety of West Java, as it only includes three regions: Tasikmalaya City, Tasikmalaya Regency, and Ciamis Regency.

The first step taken was to perform an analysis using the Rasch model with the Winstep software by reviewing the statistical summary table output. Since the questionnaire includes two different dimensions-strengths (prosocial behavior) and difficulties (emotional symptoms, conduct problems, hyperactivity, and peer problems) there are two profile summaries. Table 1 shows the summary of the students' strength profile.

Table 1. Summary Statistics for the Strength Dimension

N	Mean	SD	Max	Min	Separation (person)	Separation (item)
889	2.08	0.05	4.29	-1.24	0.68	7.41

From the table above, it can be seen that the scores range from -1.24 to 4.29 logits. The mean value is 2.08 logits. A mean value greater than 0.0 logits indicates a tendency for respondents to agree with the statements on various items (Mulyasari, Ali, Sukiman & Hamzah, 2024). This indicates a positive outcome, as the strength dimension represents a positive aspect.

The subsequent data presented in the table above pertains to the separation value,

where an increased separation value reflects a higher quality of the instrument, as it effectively differentiates between groups of respondents and items (Aleksic et al., 2024). The formula utilized for this calculation is:

$$H = [(4 \times \text{separation}) + 1] / 3$$

By substituting the separation score into the aforementioned equation, a person separation value of 1.24 is derived, which is then

rounded to 1, and an item separation value of 10.21, rounded to 10. This indicates that the data obtained encompasses one group of respondents alongside ten distinct groups of items.

The subsequent analysis involves the examination of the unidimensionality of the instrument within the strength dimension. In testing using winstep, this unidimensional test will produce raw variance data and unexplained variance or commonly called

residual. Raw variance data shows that the instrument used in the study has a specific measurement focus and is not affected by other irrelevant dimensions (Bond & Fox, 2013). While unexplained variance indicates whether there is multidimensionality in the data obtained or not. (Linacre & Wright, 2000). Table 2 presents the results of the unidimensionality test conducted using the Winstep application.

Table 2. Unidimensionality of the Strength Dimension

Raw Variance Data	Unexpln variance in 1st contrast
31.1%	18%

From the table above, it can be observed that the raw variance of the data is 31.1%. This indicates that the minimal requirement for unidimensionality, set at 20% (Avinç & Doğan, 2024), is met, suggesting that the instrument is capable of measuring the strength dimension. Next, the unexplained variance, or the variance that cannot be accounted for by the instrument, ideally should not exceed 15%. The analysis reveals

an unexplained variance of 18%, indicating that this is not yet ideal, but it is still close to the ideal figure. This shows that there is a small possibility that the main dimension is influenced by other unknown dimensions, but the possibility is very small because the percentage is only 18%. Furthermore, Table 3 presents a summary of the students' difficulty profile.

Table 3. Summary Statistics for the Difficulty Dimension

N	Mean	SD	Max	Min	Separation (person)	Separation (item)
889	-0.44	0.02	1.53	-2.43	1.15	11.19

From the table above, it can be seen that the scores range from -2.43 to 1.53 logits. The mean value is -0.44 logits. A mean value of less than 0.0 logits indicates a tendency for respondents to disagree with the statements across various items. This is a positive result, as the difficulty dimension uses negative statements in the instrument.

Subsequently, by applying the separation value into the equation, a person

separation value of 1.87 was derived, which is then rounded to 2, and an item separation value of 15.25, rounded to 15. This indicates that the data obtained categorizes respondents into two distinct groups and items into fifteen groups. Table 4 presents the results of the unidimensionality test for the difficulty dimension.

Table 4. Unidimensionality of the Difficulty Dimension

Raw Variance Data	Unexpln variance in 1st contrast	Unexpln variance in 2nd contrast	Unexpln variance in 3rd contrast	Unexpln variance in 4th contrast	Unexpln variance in 5th contrast
21.5%	8.1%	6.7%	5.0%	5.0%	4.7%

From the table above, it can be seen that the raw variance of the data is 21.5%. This indicates that the minimum requirement for unidimensionality of 20% is met, suggesting that the instrument effectively measures the difficulty dimension. Next is the unexplained variance, or the variance that cannot be accounted for by the instrument, is ideal, as all values do not exceed 15%. This shows that the dimension is unidimensional and is not influenced by other dimensions.

From the unidimensionality analysis conducted on the two dimensions above, it

can be concluded that the data produced by the instrument is valid because it can analyze the desired dimensions and also has a tendency that is appropriate to each average value obtained. If the data obtained is valid, then the next step is to analyze the data through the frequency distribution according to the norms on the instrument. Figure 1 presents the results of the instrument processing using frequency distribution.

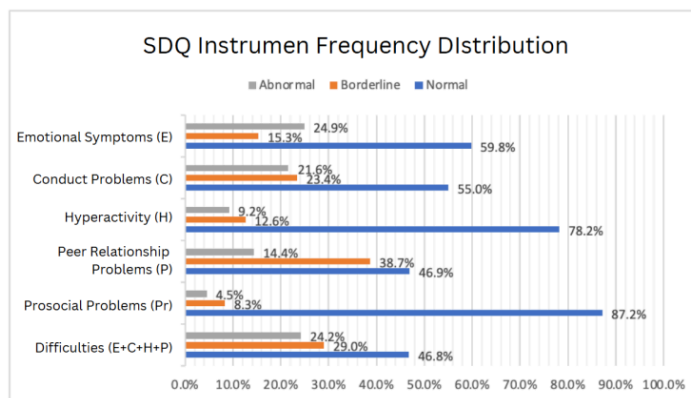


Figure 1. Unidimensionality of the Difficulty Dimension

Based on Figure 1, several aspects revealed in the instrument can be concluded. First, in the emotional symptoms aspect, the majority of children (59.8%/532) are in the normal category. This indicates that the children tend to have emotional control when facing problems. In the borderline category

(15.3%/136) and abnormal category (24.9%/221), the children exhibit emotional symptoms associated with complaints such as headaches, stomachaches, anxiety, feelings of unhappiness, frequent crying, nervousness, low self-confidence, and fearfulness.

Second, in the behavioral problems aspect, more than half of the children (55%/489) are in the normal category, indicating that the children possess good behavioral control and decision-making abilities. Children in the borderline category (23.4%/208) and abnormal category (21.6%/192) display symptoms related to outbursts of anger, inappropriate or disobedient behavior towards adults, frequent fighting, lying, cheating, and stealing.

Third, the hyperactivity aspect shows that the majority of children (78.2%/695) are in the normal category, meaning that their mobility and activity levels are generally in line with age-appropriate expectations. Meanwhile, children in the borderline category (12.6%/112) and abnormal category (9.2%/82) for hyperactivity exhibit symptoms of restlessness, excessive activity, difficulty remaining still for long periods, constant fidgeting, being easily distracted, losing concentration, acting without thinking, and being unable to complete tasks.

Fourth, the peer problems aspect shows that nearly half of the children (46.9%/317) are in the normal category. This result indicates that the children have good social support from their peers. Children in the borderline category (38.7%/344) and abnormal category (9.2%/82) in the peer problems aspect exhibit symptoms such as a tendency to iso-

late themselves, preferring to play alone, having no close friends (not even one), being disliked by other children, being bullied by other children, and preferring to interact with adults rather than with other children.

Lastly, the fifth aspect is prosocial behavior, which shows that the majority of children (87.2%/775) are in the normal category. This result means that the children tend to consider the feelings of others, are willing to share with others, enjoy helping, are kind to younger children, and often offer help to others. Meanwhile, children in the borderline category (8.3%/74) or abnormal category (4.5%/40) have difficulties exhibiting good prosocial behavior towards others.

In the final section of the SDQ instrument, it was revealed that the average difficulty score from aspects 1, 2, 3, and 4 is 46.8%. This condition indicates that nearly half of the children experience difficulty controlling behaviors related to emotional symptoms, general behavioral problems, hyperactivity, and peer problems.

Furthermore, based on the three categories of SDQ results, recommendations are provided as outlined in Table 5 below.

Table 5. Recommendations Based on SDQ Instrument Results

No	Check Up Result	Recommendation
1	Normal	Education
2	Borderline	Counseling
3	Abnormal	Refer to Health Facility

Health is an important aspect that needs to be cared for and maintained, including physical, mental, and social health, to achieve a harmonious condition (Fakhriyani, 2019). Mental health does not mean living 100% without problems or never experienc-

ing pressure, anxiety, or other challenges, but rather how individuals can cope with and overcome the challenges they face in daily life (Azzahra, 2023).

Well-being during childhood has long-term impacts on an individual's later life,

influencing various aspects of personal development and overall health (Jampaklay et al., 2024). A child's mental health plays a crucial role in shaping their cognitive, emotional, and social development, significantly impacting their ability to learn, engage with peers, and adapt to social environments (Khusnani et al., 2023; Wingard et al., 2020). In fact, early psychological well-being serves as a cornerstone for future mental health, providing children with the resilience and coping mechanisms needed for adulthood. Children who experience positive mental health are more likely to thrive academically and socially, displaying higher levels of self-esteem, emotional regulation, and interpersonal skills (Wolicki et al., 2021). Furthermore, such children often enjoy a higher quality of life and demonstrate better functioning in diverse settings, such as home, school, and society at large (Widyastuti et al., 2023). Ensuring optimal mental health during childhood not only enhances immediate developmental outcomes but also lays the groundwork for long-term psychological well-being and life satisfaction (Zakaria et al., 2022).

The five aspects revealed in the SDQ instrument, prosocial behavior is the only positive aspect that receives special attention. Prosocial behavior refers to positive actions carried out by individuals for the benefit of others or society, which is a crucial element in building social relationships (Baumeister & Bushman, 2017). One form of prosocial behavior is helping, aimed at improving others' well-being, whether materially or psychologically. Factors influencing prosocial behavior include peer influence, self-esteem, and parental involvement (Ogunboyede & Agokei, 2016).

Various factors influence the mental health of children in elementary school, including interactions with peers, genetics,

natural disasters, social media, poverty, gadget use, school experiences, family support, and self-perception (Kamaruddin et al., 2023; Yunanto, 2019; Yonaevy & Prananingrum, 2021; Sonarta, 2021). The family environment plays a crucial role in the development of children's mental health. Supportive and attentive families can help children develop healthy social and emotional skills. On the contrary, instability in the family environment, such as conflict or lack of emotional support, can lead to mental health issues such as anxiety and depression (Abustang et al., 2023).

Research shows that children who are victims of bullying tend to experience anxiety, depression, and even suicidal thoughts (Puspita et al., 2022; Sholichah, 2022; Irawan et al., 2024). Positive peer influence encourages good behavior, while negative influence can disrupt children's social development and interactions. The family, community, and peer environment are also closely related to children's emotional intelligence. Poverty is another significant factor that affects children's mental health. Children living in poverty often face various challenges, including limited access to adequate education and healthcare services (Amida & Sitorus, 2021; Robasa & Arcana, 2022).

Violence in the home or school environment can have long-term effects on children's mental health. Research indicates that children who experience violence, both physical and emotional, are at a higher risk of developing mental health issues such as depression and anxiety (Lekatompessy, 2023). Moreover, children who grow up in unsafe environments often experience developmental disorders, which can affect their ability to socialize and learn (Sum & Bora, 2023). Therefore, it is important to

create a safe and supportive environment for children to prevent these negative impacts.

Worldwide, 10% of children and adolescents experience mental disorders, but most of them do not seek help or receive treatment. The consequences of neglecting the mental health and psychosocial development of children and adolescents continue into adulthood and limit their opportunities to live fulfilling lives (WHO, 2024). Findings suggest that children who are not only children are more likely to experience symptoms of anxiety and depression compared to only children. Research by Rao et al. (2024) revealed that among 64,017 students in China, 31.40% of children from large families were at higher risk of mental health issues.

Neglect is a common form of child abuse and significantly affects children's mental health worldwide. Children who live in conditions of physical neglect often experience prolonged stress, which can affect brain development and their mental health (Ben-David, 2016; Ho et al., 2020). Self-compassion can help children cope with neglect. A study showed that self-compassion is associated with more adaptive coping strategies, such as problem-solving and acceptance, which can reduce symptoms of depression and anxiety (Beato-Fernández et al., 2021; Muris et al., 2018). Cultivating self-compassion can enhance positive adjustment in children who have experienced neglect. Greater self-compassion and less neglect are linked to more positive mental health outcomes by reducing self-stigma and increasing self-esteem (Moreira et al., 2024; Winders et al., 2020). Furthermore, self-compassion is a potential protective factor against the adverse effects of neglect on children's mental health (Dai et al., 2024).

Anxiety disorders are the most common form of mental disorders in children (Rapee

et al., 2023). Negative life events or potentially traumatic experiences increase the risk of psychopathology (Jacob et al., 2019). Females report higher prevalence of depression and anxiety than males, and adolescents show higher prevalence of depression and anxiety than children (Ma et al., 2021). Several studies have reported that the COVID-19 pandemic has affected children's mental health and social development (Ravens, et al., 2022). Similar to natural disasters, the COVID-19 pandemic may also have long-term effects on children's mental health, and developmental difficulties may become apparent after some time (Abe et al., 2024). In Japan, a study of elementary and middle school students reported that children became more hyperactive, less attentive, and less prosocial in May 2020 compared to March 2020. However, this study was limited to a comparison between the pre-pandemic and early pandemic phases in 2020.

Several studies have outlined the long-term impact of natural disasters on children's mental health. Increased emotional/behavioral problems were predicted by low school performance and low family income. Proper prevention and early intervention programs must be provided, especially for children in lower grades, with low family income, or with neurodevelopmental disorders, during the COVID-19 pandemic (Takashi & Honda, 2021). Younger children, who need space outside the home to move and socialize, compared to adolescents who can partly compensate for the restrictions through online social interaction. For younger children, the inability to understand the reasons for restrictions and other changes in their routines due to the pandemic may contribute to increased anxiety and distress related to COVID-19 (Brooks et al.,

2020; Matalif-Costa & Camprodon-Rosanas, 2022).

Children's mental health is also shaped by the mental health of those around them, especially parents and caregivers (Wolicki et al., 2021; Aguirre et al., 2024). Behavioral disorders or hyperactivity disorders, for example, can result from a lack of attention (Bloch et al., 2023). Forms of disorders experienced by children can be characterized by aggressive behavior, inability to stay calm, impulsivity, temper tantrums, difficulty focusing, and a tendency to seek attention from others (Anggraeni & Putro, 2021; Trisna & Ana, 2023; Imyansah et al., 2024). These disorders are most often observed in childhood, manifesting through behaviors and actions that correspond to developmental delays and are observed in various settings. These disorders can persist into adulthood, although the symptoms may change over time (Majarwitz & Perumareddi, 2023). Research by Penboon et al. (2019) shows that children who are distant from their fathers are more at risk of experiencing behavioral problems and hyperactivity or inattention. The study suggests that to reduce the risk of mental health problems in children who are left behind, efforts should be made to encourage and educate the families to monitor the psychological health of the children. Cao et al. (2022) states that resilience and the parent-child relationship are protective factors against symptoms of depression and anxiety, whereas emotional violence is a risk factor.

Untreated mental health problems and adverse childhood experiences negatively impact educational outcomes, including attendance rates, performance, and school dropout rates (Ladegard et al., 2024). There has been a call for further integration of mental health services in schools as a primary means to address mental health needs (Kil-

gus et al., 2022). These efforts are crucial, involving teachers, parents, and the school environment to support children's optimal social and emotional development.

Based on Table 2, preventive education is the key to managing normal examination results. This effort can be carried out through support, guidance, coaching, mentoring, or training activities. The education referred to includes topics such as healthy eating habits, regular exercise, adequate sleep, self-control strategies, character value reinforcement, and stress management techniques that can be taught to support mental and emotional well-being (Bulu et al., 2021; Lestarina, 2021; Fauziah et al., 2023; Ramdani et al., 2024).

Meanwhile, handling children with borderline and abnormal scores can be done in several ways. When the examination results show a borderline status, alternative measures can be taken through counseling, either by teachers or peer counseling (Trisnawati, 2023; Florensa et al., 2023; Mawaddah & Prastya, 2023). Through counseling, the counselor will work with the individual to design emotional management strategies, effective coping methods for dealing with stress, and minimize potential risks that may arise.

Handling children with borderline and abnormal scores can be done through empathy therapy, which has proven to be important in counseling and social work, as demonstrated in Saripah's (2010) research on reducing bullying behavior in elementary schools. Furthermore, the research also shows that homeroom teachers try to enhance peer interaction to support children's social and emotional development.

Furthermore, if the examination results indicate an abnormal status, the appropriate course of action is to refer the individual to a healthcare facility or specialist for a more in-depth evaluation (Medise et al., 2020). At the

healthcare facility, a diagnosis will be conducted to understand the cause or nature of the abnormal condition. Following the diagnosis, a treatment or therapy plan will be designed by healthcare professionals. This may include the use of medications, physical therapy, or other necessary medical procedures to address mental health issues. If needed, additional tests will be conducted to gain a better understanding of the condition and ensure an appropriate treatment response. Additionally, the individual will receive comprehensive information regarding their condition and the treatment being undertaken, as well as psychological support if the abnormal condition affects their mental well-being. With the appropriate approach for each examination result category, it is hoped that individuals will receive the necessary support to maintain or improve their mental health.

In addition to the strategies mentioned, integrating mental health referral pathways into the school system is crucial. School-based models are key to improving equitable access to mental health services for young people. Untreated mental health problems and adverse childhood experiences negatively impact educational outcomes, including attendance rates, performance, and school dropout rates (Lévesque et al., 2024). There has been a call for further integration of mental health services in schools as a primary means of addressing the mental health needs of young people while promoting well-being across key contexts (Kilgus et al., 2022). The implementation of these integration strategies is expected to reduce the prevalence and impact of mental health problems, as well as encourage adolescents to seek appropriate help (Aisyaroh & Ediyono, 2023).

4. Conclusion

Based on the analysis using the Strengths and Difficulties Questionnaire (SDQ), this study shows that the majority of children in West Java have good mental health, particularly in the prosocial behavior dimension. However, the study also reveals a group of children facing emotional difficulties, behavioral issues, and challenges in peer interactions, reflecting significant challenges in maintaining their mental well-being.

These findings highlight the importance of gaining a deeper understanding of the mental health profiles of elementary school children in West Java, which show variation between children with normal, borderline, and abnormal mental health conditions. Therefore, this study recommends the provision of preventive education and greater social-emotional support, particularly for children who exhibit signs of difficulty or are at risk of mental health disorders. Such support can include counseling or referral to healthcare facilities. Furthermore, the study emphasizes the importance of integrating mental health services into the educational system at the elementary school level to ensure that the mental well-being of children in West Java is better supported.

Preventive and interventive measures are essential to assist children experiencing difficulties, such as counseling, play therapy, and character education. This approach should involve teachers, parents, and the school environment in a collaborative effort to support the optimal social and emotional development of children. These efforts will not only benefit children at the local level but also contribute to the overall improvement of children's mental health in Indonesia.

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