Analysis of Mental Health Policy in the Education Sector: Reviewing Disciplinary Methods in Schools

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Abstract

Mental health and education are essential for a country to develop appropriately. This is because society in the future will depend on the quality of education today. Even the quality of education participants depends on the quality of existing mental health. This research was carried out to look at the mental health policies in Indonesia's education sector. The method used in this study is a qualitative approach. The data used in this research comes from various research results and previous studies still related to mental health in the education sector. The results of this study then found that mental health in Indonesia, especially in the education sector, can be realized and improved by implementing the UKS program. By implementing well-planned and evaluated programs, the physical and mental health of the community in the education sector can be carried out effectively and efficiently. The optimal implementation of the UKS program includes health education and changes and habits in clean and healthy living behavior, both physically and psychologically healthy. It is crucial to support this with three strengths, namely institutions, cognitive frameworks, and social networks, so they can form healthy mental habits based on the school.

Keywords: Mental Health, School, School Health Unit (UKS).

Introduction

Mental or psychological health is a crucial component of achieving total health. As essential as physical health is, so too is mental wellness. According to the World Health Organization's (WHO) definition of health, there is no health without mental health. WHO defines health as "full physical, mental, and social well-being and not only the absence of sickness or infirmity" (De Kock et al., 2021). The concept of health includes mental health as a crucial component. Good mental health enables people to reach their potential, deal with the demands of daily life, contribute to their communities, and work efficiently (Fusar-Poli et al., 2020).

As a result, we cannot minimize the prevalence of mental health illnesses, as the number of instances is still rather worrying. Approximately 450 million individuals worldwide suffer from mental and behavioral illnesses. It is anticipated that one in four individuals will suffer from a mental condition at some point in their lives (Shakil, 2019). According to the WHO Asia Pacific region (WHO SEARO), India has the highest incidence of depressive disorders (56,675,969 cases, or 4.5 percent of the population), while the Maldives has the lowest incidence (12,739 cases, or 3.7 percent of the population). In Indonesia, there were 9,162,886 cases, or 3.7% of the population (Tias Endarti et al., 2020).

Education and health are fundamental rights the state must provide in a welfare state. This is also written in the 1945 Constitution Article 31, Article 28H, and article 34. Schools, as educational institutions, create human resources by improving their quality through educational processes and activities (Hamid et al., 2022). Education aims to realize complete human resources both in terms of social attitudes, spirituality, and knowledge and skills is a complex process, a complex process to achieve complex goals. Education also has a social role, together with the family, in socializing that youth have responsibilities and contributions to society. Preventive health services focusing on children's health and educational performance are essential to development (Khaidir & Suud, 2020).

Integrating preventive health services in the education system helps detect students' physical and mental health problems and other impacts on improving students' health and cognitive quality. The process of organizing education is comprehensive, including the habit of living a healthy life, both mentally and physically healthy (McGorry et al., 2022). Student mental health is vital to achieving optimal learning achievement. Healthy schools are interrelated with quality, reflected in students' health profiles and behavior (Guerra et al., 2019).

The large population of school-age children as human resources is also a group whose health and well-being are threatened; including drug and cigarette abuse, physical and mental violence, rape and sexual exploitation, conflict, gender inequality, environmental hygiene and safety, reproductive health, free sex, unsafe pregnancy, and abortion. The study results the show that smoking prevalence in school-age children has increased. This indicates that the activities of middle school-age children are not healthy, besides that living expenses are spent on buying cigarettes (Ikenna, 2022). Teenagers who have not earned an income can potentially behave in a deviant way to get cigarettes. Various conditions regarding students, such as brawls, bullying, suicide, low self-esteem, worry, and anxiety, describe students' mental health conditions. Mental health and preventing injuries, accidents, and violence have not become routine school-based health service activities (Baiden & Tadeo, 2020).

School-based physical and mental health services are implemented through the school/madrasah health business program (UKS/M). UKS is an effort to foster and develop healthy living behaviors that are carried out in an integrated manner through education programs and health services in schools, religious colleges, and efforts undertaken in the context of fostering and maintaining health in the school environment. It is through UKS that a preventive culture is developed to reduce curative costs. A healthy school environment and the food consumed will affect learning (Sumaryanti & Purwanto, 2023). The researcher intends to see how mental health policies occur in the education sector through the discussion above.

Health in general, refers to a condition of complete mental, physical, and social well-being and not merely the absence of disease or infirmity. The Health Law No. 36 of 2009 in Indonesia defines health as a physically, intellectually, and socially healthy condition that enables every human being to live a productive, socially, and economically productive life (Hidayati et al., 2021). In 2001, the World Health Organization defined mental health as a state of well-being in which an individual is able to deal with typical adversities, to work successfully and fruitfully, and to engage in their community (Tay et al., 2022).

According to Merriam-Webster, mental health, or psychological health, is an emotionally and psychologically sound state in which an individual may utilize their cognitive and emotional capacities, operate in their community, and meet their basic requirements. The cornerstone of mental health is in the existence and maintenance of a healthy mentality. However, many practitioners in the field of mental health tend to place a greater emphasis on mental problems than on attempts to maintain mental wellness (Jakovljevic et al., 2020).

The mental health of every individual is unique and cannot be generalized. This condition makes the issue of mental health more urgent, leading to the question of how to empower people, families, and communities to achieve, maintain, and maximize their mental health on a daily basis (Strahler & Stark, 2020). The paradigm to be highlighted in this Mental Health course is that despite physical and mental limits, every individual must be mentally healthy and live and function maximally in daily life (Stein et al., 2022).

Based on the Law of the Republic of Indonesia Number 18 of 2014 concerning Mental Health, Article 1 states that mental health is a condition in which an individual can develop

physically, mentally, spiritually, and socially so that the individual is aware of his abilities, can cope with pressure, can work productively, and able to contribute to the community (Suartha et al., 2022).

Pieper and Uden define mental health as a state in which a person does not experience feelings of guilt towards himself, has a realistic view of himself and is able to accept his shortcomings or weaknesses, is able to deal with problems in his life, has satisfaction in his social life, and experiences happiness in his life (Blake et al., 2021). Notosoedirjo and Latipun said that there are many ways to define mental health (mental hygiene), namely because they do not experience mental disorders, do not fall ill due to stressors, follow their capacities in harmony with their environment, and grow and develop positively.

Research Methods

This research will be carried out using a qualitative approach. The data used in this study are secondary data derived from various previous studies that are still related to mental health, especially in the education sector. Data collection was carried out through a literature study. Research data that researchers have successfully collected will be processed immediately to find the research results.

Result and Discussion

1. Indicators of Mental Health and Mental Health of Students

The mental health condition of students is crucial because it determines the quality of a nation's human resources. Students who grow up in healthy mental conditions are a potential resource. Student mental health in the form of bullying is an important public policy issue, and is of concern to academics, social and political, and is an essential issue in many schools. Student mental health is a complex target of various individuals and situations. Besides that, mental health without alcohol use is also a problem for adolescents, a complex framework is also crucial in this case, education about the effects of alcohol abuse is a fighting power. Contextual factors related to community settings involving stakeholders and the program's character. Mental health is an emotional state without anxiety, enthusiasm, enthusiasm, sleep soundly and enough, not hurting others, and not wanting to commit suicide. Teenagers often try new things to show themselves as adults, so they do risky things such as consuming alcohol, smoking, having sexual behavior, and differing opinions from other people.

Student mental health is a condition where mental functions work optimally in students so that students can carry out productive activities in their field, such as studying well, being able to have good interpersonal relationships with other people, both between students, with teachers, parents, and people who are involved in their education, students can adapt to changes in their lives both big and small changes both physical, social and emotional changes, besides that students can manage various failures in their lives so that they can carry out activities properly. Furthermore, students' mental health in the classroom is a class condition with conditions of valued expression, good acceptance, self-esteem, and a sense of protection in class. Students with good mental health can actively participate socially and economically, so they are not considered troublemakers by the environment.

Students' mental health is a condition without mental disorders, not sick from stress, according to their capacity in harmony with their environment, such as maintaining an orderly environment, besides that students can grow and develop positively. Mental disorders are examined from physical and mental symptoms, namely hysteria, such as feelings of depression,

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anxiety, anxiety, psychosomatics such as stomach ulcers, eating disorders, amnesia, unconscious wandering, multiple personalities, sociopathic personality, depersonalization, fatigue, lethargy, even though physically looks healthy, and sexual disorder. Physically ill conditions are related to mental health, on the other hand, sick mental conditions can cause physical pain. Students' mental health is not only the absence of conditions of psychological pressure but also the conditions of psychological well-being that affect their living conditions, such as feelings of joy, interest, and being able to enjoy the life they live.

2.   School Health Unit (UKS)

The WHO concept of school health program initially focuses on teaching students about health and the factors that affect health, then developing students' skills in adopting a healthy lifestyle. The initial program was intended as a strategic framework for improving national health quality with a multi-sector approach. The school health unit program can be harmonized with other state programs to improve the quality of human resources. Cross-sectoral consolidation can complement the various deficiencies of each sector's programs, such as funding schemes (Pérez-Jorge et al., 2021).

WHO launched the Global School Health Initiative intending to increase the number of schools called Health-Promoting Schools (HPS). HPS is described as a school that: (1) builds health and learning by involving the education and health environment, teachers, teacher organizations, students, parents, health service providers, and community leaders who work together to make schools a healthy place; (2) strive to provide healthy environments, school health education, and school health services alongside community development, health promotion for school staff, and nutrition and food safety programs, existing physical education and recreation programs, counseling programs, social support, and mental health promotion (Dadaczynski & Hering, 2021).

The school health unit as a school-based health service program includes preventive efforts, early detection, and interventions for children's physical, social and mental health. Within the school health unit, the health service areas are mental health, sexual and reproductive health, dental health, infectious diseases, hearing, vision, nutrition, chronic disease, orthopedics, the dangers of drug use, the effects of violence, emergency care, endocrinology, and neurology. The services include screening, education or promotion, counselling, health referrals, vaccination, and care provision. Various organizational-based issues and challenges include human resources, finance, coordination, community support, policy, and equity (Raval et al., 2019).

The aim of the school health unit program, apart from improving the health of the school environment, is also to increase a culture of healthy living behavior that contributes to the physical and psychological health status of students and teachers and promotes it to the environment in which they live. Healthy behavior can be disseminated from schools to families and communities. The self-discipline of students and school members is developed so that they do not have problems regarding drinking alcohol, smoking, violence, bullying, and nutritious eating habits (Ingar & Theron, 2020).

Schools that implement school health units also make efforts and commit themselves thoroughly among school members to benefit the program for students, staff, parents, and the wider community. Schools contribute significantly to the health and well-being of students. Disparities in health services can be anticipated by managing the social context surrounding program implementation (Edwards et al., 2022).

The school health unit is oriented to the school context, consistent with school policies by involving school staff, students, teachers, and various other roles in terms of activity design to evaluation. School health unit activities must support the development of teachers, students, and school members' skills and encourage all school members' participation. The school health unit is an activity to improve and protect the health of school members in the school community. These activities imply healthy schools, the school environment as a physical and social place, educational curricula for health, and activities in collaboration with other parties aimed at health services (Jourdan et al., 2021).

The school health unit aims to form healthy living habits and improve the health status of students in particular and all school members in general. The degree of health includes (1) having knowledge, attitudes, and skills in carrying out healthy living behaviors and being able to play an active role in carrying out efforts to improve health in the school, family, and community environment; (2) physically, mentally, socially and environmentally healthy; (3) have life skills and the power to fight against bad influences, drug and drug abuse, alcohol, smoking behavior, pornography, and other social problems. School-based health efforts are access to preventive health, early identification of health, and further referrals for both mental and physical health. As an effort to expand access to health, the health business requires school leaders to have a perception of the health of school members, especially students, in addition to school leaders who have relationships with health workers and related agencies (Pulimeno et al., 2020).

In the Indonesian context, since 1984, with the issuance of the SKB 4 Ministers (Ministry of Health, Ministry of Religion, Ministry of National Education, and Ministry of Home Affairs), the UKS program has begun to be implemented in an integrated manner with all relevant sectors. Then in 1991, a National Healthy School Contest (LSS) was held. In 2003, the SKB of 4 Ministers was revised following the decentralization situation and developments in the UKS program, where the UKS targets expanded from the TK/RA, SD/MI, SMP/MTs, and SMA/SMK/MA levels. In 2014, the SKB of 4 Ministers was revised again to become a Joint Regulation of 4 Ministers, where the word Madrasah was added, becoming the School/Madrasah Health Unit (UKS/M). The joint regulation shows that the continuity and implementation of UKS is not only the school's responsibility but also across related sectors such as the health office, the ministry of religion, and the nearest local government.

The sustainability of the school health unit program depends on cooperation at various levels of program authority, both at the local and national levels. At the school level, each actor, including the principal, teacher, and students, plays a role in increasing program literacy. At the macro level, policies increase literacy and establish policies that support programs, such as setting curriculum guidelines that are integrative with health and guidelines for dividing cross-sector funding roles. Of course, literacy in education is not only seen as an academic feature (Amri et al., 2022).

3. Mental Health Problem Management Strategist

There has been a paradigm change in the mental health movement that places greater focus on the prevention of mental diseases and the community's role in assisting with the optimization of individual mental processes. Treatment, from policy to acts, is influenced by concepts and perspectives on mental health and its difficulties. Mental health, like other aspects of health, can be affected by various socioeconomic factors that need to be addressed through comprehensive strategies for promotion, prevention, treatment, and recovery in a whole-of-government approach.

WHO launched the vision of the mental health action plan, namely a world where mental health is valued, promoted, and protected, mental disorders are prevented, and people affected by these disorders can exercise various human rights; and have access to high-quality, culturally appropriate health and social services at the right time to promote recovery, enabling them to achieve the highest level of health and participate fully in society and the workplace, free from stigmatization and discrimination.

Overall, this mental health action plan aims to promote mental health, prevent mental disorders, provide services, enhance recovery, promote human rights and reduce death, morbidity, and disability in people with mental disorders. The action plan has the following objectives explicitly:

Goal 1: To strengthen effective leadership and governance for mental health
Goal 2: to provide comprehensive, integrated, and responsive mental health and social
        services in community-based settings
Goal 3: to implement strategies for the promotion and prevention of mental health
Goal 4: strengthen mental health information, evidence, and research systems.

4.   School Health Unit and Student Mental Health

Various scientific methods are needed for school preventive activities, including human resource mapping, valid and reliable evaluation, comprehensive mental health screening, development of logic models, choosing a theory for change, monitoring, and the expected impact of mental health programs. In the broader scope of discussion, the socio-ecological model is designed to develop a solid working knowledge of prevention science and public health. The developed socio-ecological model can influence the development of comprehensive services for all students at all levels of the educational unit.

The school health unit is a program for health promotion, not only physical health but also mental health. Mental health efforts involve parents in getting their children into the habit of eating nutritious food, getting used to living a healthy and clean life at home, adjusting to health programs, and making active efforts to find out what their sons and daughters are doing at school. This shows that UKS activities seek to form an active network between parents and schools so that efforts to shape students' mental health can be planned and measured comprehensively.

The school health unit program as one of the access to preventive health for students is an important activity to be developed within the scope of professional education management. However, various problems arise in efforts to optimize it, namely the lack of budget and experts. Therefore school professionals need to increase awareness about access to preventive health so that they can design programs with various policy-based collaborations.

There must be a collaboration between schools, public health institutions, and parents in realizing students' physical and mental health. Collaboration in school health efforts based on empirical and theoretical research is essential for realizing mental health in students. The research carried out is a collaboration between universities and research institutions and can form the basis for the design of the school health unit implementation program.

Within the organizational framework, a health system involves everyone to be involved together. School administrators who often work together with health workers will form cooperation and positive relations between the education and health spheres which can support the implementation of effective and efficient health efforts. The perception of educational institution leaders on the importance of a school-based health program is positive climate support for implementing the UKS program. Cultural variables and norms of each organization also determine program effectiveness factors, coupled with strong leadership.

The dynamics of implementing a policy or program can be adjusted and developed by changing policies, strengthening resources and institutional relations, and supporting leadership

development. To support the implementation of school-based mental health programs, it is imperative to create and perpetuate the behavior of the school community that is aware of and supports mental health. These behaviors must be created with three major forces: institutions, social networks, and cognitive frames. Institutions in the form of norms and rules governing human or group behavior in school-based mental health. This institutional aspect still requires socialization, such as a joint decision letter on the management of UKS/M, technical guidelines for implementing UKS, and books on student health must be filled out. In addition, institutions in the form of coordination of each related sector are still weak. Some schools have not implemented UKS/M activities optimally. Cognitive frames are attitudes and ways of thinking about school-based mental health and still have to be spent. The social network includes social relations between school members, schools, the education office, the health office, the local government, and the ministry of religion. In the Indonesian context, this social network forms cooperation to form an attitude that emphasizes students' mental health.

Implementation of UKS can support the quality of students' mental health because it can improve collaboration and relations between students, parents, and teachers, improve social quality, reduce accidents and injuries in the place of study, reduce smoking behavior, and prevent alcohol and drug abuse behavior.

Conclusion

Students' mental health can be realized and improved by implementing the UKS program, which is based on real data and the conditions in each school. By implementing the well-planned and properly evaluated UKS program, school members' physical and mental health, especially students, can be realized. UKS is designed based on data, and school leadership that supports the implementation of UKS effectively and efficiently can increase students' access to preventive health and improve the quality of student welfare. Educational leadership can collaborate with related parties such as the health office, education office, ministry of religion, and the closest government parties such as sub-districts, sub-districts, and districts or mayors. The optimal implementation of the UKS program includes health education and changes and habits in clean and healthy living behavior, both physically and psychologically healthy. It is essential to support this with three strengths, namely institutions, cognitive frameworks, and social networks, so that they can form healthy mental habits based on the school.

References

Amri, A., Lassa, J. A., Tebe, Y., Hanifa, N. R., Kumar, J., & Sagala, S. (2022). Pathways to Disaster Risk Reduction Education Integration in Schools: Insights from SPAB Evaluation in Indonesia. International Journal of Disaster Risk Reduction, 73, 102860.

Baiden, P., & Tadeo, S. K. (2020). Investigating the Association between Bullying Victimization and Suicidal Ideation among Adolescents: Evidence from the 2017 Youth Risk Behavior Survey. Child Abuse & Neglect, 102, 104417.

Blake, H., Knight, H., Jia, R., Corner, J., Morling, J. R., Denning, C., & Vedhara, K. (2021). Students' Views towards Sars-Cov-2 Mass Asymptomatic Testing, Social Distancing and Self-Isolation in a University Setting during the COVID-19 Pandemic: A Qualitative Study. International Journal of Environmental Research and Public Health, 18(8), 4182.

Dadaczynski, K., & Hering, T. (2021). Health Promoting Schools in Germany. Mapping the Implementation of Holistic Strategies to Tackle NCDs and Promote Health. International Journal of Environmental Research and Public Health, 18(5), 2623.

De Kock, J. H., Latham, H. A., Leslie, S. J., Grindle, M., Munoz, S. A., Ellis, L., & O'Malley, C. M. (2021). A Rapid Review of the Impact of COVID-19 on the Mental Health of Healthcare Workers: Implications for Supporting Psychological Well-Being. BMC Public Health, 21(1), 1-18.

Edwards, K. M., Orchowski, L. M., Espelage, D. L., & Temple, J. R. (2022). What is Not in the Methods Section: Challenges, Successes, and Lessons Learned from Conducting School-Based Interpersonal Violence Prevention Research. Journal of interpersonal violence, 08862605221109881.

Fusar-Poli, P., de Pablo, G. S., De Micheli, A., Nieman, D. H., Correll, C. U., Kessing, L. V., ... & van Amelsvoort, T. (2020). What is Good Mental Health? A Scoping Review. European Neuropsychopharmacology, 31, 33-46.

Guerra, L. A., Rajan, S., & Roberts, K. J. (2019). The Implementation of Mental Health Policies and Practices in Schools: An Examination of School and State Factors. Journal of School Health, 89(4), 328-338.

Hamid, A., Aldila, M. R., & Intan, A. M. (2022). The Urgency of Labor Law for Informal Sector Workers in the Welfare State Concept: An Evidence in Indonesia. International Journal of Research in Business and Social Science (2147-4478), 11(6), 528-541.

Hidayati, H. N., Hayat, B., & Rahayu, W. (2021). Assessment of the Validity and Reliability of Mental Health Instruments of High School Student in Indonesia. European Journal of Educational Research, 10(2), 729-742.

Ikenna, M. (2022). Religious Response to Violence, Abuse and Neglect against Children in the Nigerian Society. International Scholar Journal of Arts and Social Science Research, 5(4), 609-625.

Jourdan, D., Gray, N. J., Barry, M. M., Caffe, S., Cornu, C., Diagne, F., & Sawyer, S. M. (2021). Supporting Every School to Become a Foundation for Healthy Lives. The Lancet Child & Adolescent Health, 5(4), 295-303.

Khaidir, E., & Suud, F. M. (2020). Islamic Education in Forming Students' Characters at As-Shofa Islamic High School, Pekanbaru Riau. International Journal of Islamic Educational Psychology, 1(1), 50-63.

McGorry, P. D., Mei, C., Chanen, A., Hodges, C., Alvarez-Jimenez, M., & Killackey, E. (2022). Designing and Scaling Up Integrated Youth Mental Health Care. World Psychiatry, 21(1), 61-76.

Pérez-Jorge, D., González-Luis, M. A., Rodríguez-Jiménez, M. D. C., & Ariño-Mateo, E. (2021). Educational Programs for the Promotion of Health at School: A Systematic Review. International Journal of Environmental Research and Public Health, 18(20), 10818.

Pulimeno, M., Piscitelli, P., Colazzo, S., Colao, A., & Miani, A. (2020). School as Ideal Setting to Promote Health and Well-Being among Young People. Health Promotion Perspectives, 10(4), 316.

Raval, G., Montañez, E., Meyer, D., & Berger-Jenkins, E. (2019). Schoolbased Mental Health Promotion and Prevention Program "Turn 2 Us" Reduces Mental Health Risk Behaviors in Urban, Minority Youth. Journal of school health, 89(8), 662-668.

Shakil, M. (2019). A Qualitative Analysis of Suicides Committed by the Students in Pakistan. Pakistan Journal of Medical Research, 58(1), 35-40.

Stein, D. J., Shoptaw, S. J., Vigo, D. V., Lund, C., Cuijpers, P., Bantjes, J., ... & Maj, M. (2022). Psychiatric Diagnosis and Treatment in the 21st Century: Paradigm Shifts versus Incremental Integration. World Psychiatry, 21(3), 393-414.

Strahler, J., & Stark, R. (2020). Perspective: Classifying Orthorexia Nervosa as a New Mental Illness—Much Discussion, Little Evidence. Advances in Nutrition, 11(4), 784-789.

Suartha, I. D. M., Martha, I. D. A. G. M., & Hermanto, B. (2022). Between Mental Illness, Criminal Policy Reform, and Human Rights: Discourse on Reformulation of the Article 44 Indonesia Criminal Code. International Journal of Criminal Justice Sciences, 17(1), 1-21.

Sumaryanti, S., & Purwanto, N. A. (2023). Achieving the Quality of Education through the Application of Eight National Education Standards using School-Based Management. AL-ISHLAH: Jurnal Pendidikan, 15(1).

Tay, J. L., Goh, Y. S. S., Sim, K., & Klainin-Yobas, P. (2022). Impact of the HOPE Intervention on Mental Health Literacy, Psychological Well-Being and Stress Levels amongst University Undergraduates: A Randomised Controlled Trial. International Journal of Environmental Research and Public Health, 19(15), 9772.

Tias Endarti, A., Andriani, N., & Setyo Pambudi, E. (2020). Disability and Depression among Population Aged 18-59 Years in Central Sulawesi Province: Analysis of Riskesdas 2018. Media Kesehatan Masyarakat Indonesia.

Ungar, M., & Theron, L. (2020). Resilience and Mental Health: How Multisystemic Processes Contribute to Positive Outcomes. The Lancet Psychiatry, 7(5), 441-448.