



Family Empowerment Models in Fighting the Problem of Mental Health Children and Adolescent

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Abstract

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BACKGROUND: Handling mental health problems in children and adolescents greatly help prevent the emergence of more severe problems. Early detection and treatment as early as possible can prevent a decrease in productivity and health costs and reduce the burden on families and communities

AIM: This study aims to develop a family empowerment model based on modifications and additions of existing designs that are applied operationally by families and health workers.

METHODS: The design of this study used a mixed method, the first stage of the study used a descriptive qualitative approach and the second stage of the study was a quasi-experiment. Respondents were 14 parents that had the risk of mental health problems in their adolescents. In the reconnaissance and reflecting stages, the data were analyzed qualitatively and the acting phase was included in the family empowerment model. After all the actions taken were completed, it was followed by observation and comparing of data before and after applying the empowerment model.

RESULTS: The reconnaissance stage was carried out to obtain the theme for the family behavior in overcoming mental health problems through early detection, education, and participation. The planning phase was developed using the early mental health detection instrument and workbook. During the acting stage, assistance was provided by the family through information in developing the designed model. The dependent t-test showed an increase in family knowledge after applying the empowerment model ($p = 0,000$; $\alpha = 0.05$). This indicated that there was a significant effect in the implementation of the model in overcoming mental health problems in children and adolescents.

CONCLUSIONS: Family empowerment models include the detection of children with mental health issues, provision of education according to these problems, and participation in the care of those at risk of experiencing it.

Introduction

Childhood and adolescence are critical stages of mental health development and the period when rapid growth take place in the brain. Therefore, children and adolescents acquire cognitive and social-emotional skills that help shape their future mental health, and are important for assuming adult and leadership roles in the society. Mental health is a crucial thing to consider in all age ranges [1]. According to the 2016 Indonesia Health Profile Data and Information, the population consisting of children and adolescents aged 0–19 years turned out to reach 36% of the total residents [2].

The present behaviors of children and adolescents are liable to exposed them to the risk of mental health problems in the future, which include smoking, taking alcohol, substance abuse, free sex, bullying, internet use, and excessive games. Therefore, it is necessary to carry out adequate handling, to enable them obtain the opportunity to grow as much as possible.

Various promotive-preventive activities have been carried out through school health efforts, for

example, providing social skills for preventing drug abuse and other unhealthy behaviors, however, these issues continue increasing. For this reason, it is necessary to integrate health services that have been assessed with the empowerment model. Family is an important resource for children and adolescents. Therefore, it is required to improve in knowledge and skills, to detect, educate, and actively participate in the management of mental health problems of children and adolescents.

The proposed family empowerment model is a modification of the existing designs. However, in this study, it is carried out starting from problem detection, then conducting education according to the results obtained, and actively participating in handling them. During this period, detection and education were carried out by health workers including nurses in the target area of puskesmas. To maximize the results obtained, it is necessary that the actions should be carried out by the families, to immediately solve any rising problem.

Family empowerment model is an effort that should be carried out by all parties, including mental health nurses. The results of this study are also used in developing a model for helping health-care system

in the community settings, in accordance with their cultures and values.

This study aims to develop an empowerment model through detection, education, and participation in the handling of mental health problems in children and adolescents, and serves as guidelines for families and health workers in reducing these incidences.

Methods

This study used mixed methods design, in which each agent was placed in real situations, with the aim of solving the problems. The procedure was in four stages, namely, reconnaissance, planning, acting, and reflecting [3]. Moreover, the respondents were families with school-age children and adolescents in Medan Sunggal Village, with 14 parents and teenagers at the risk of mental health problems. The sampling method is purposive sampling.

In the reconnaissance stage, the data were documented in transcripts form then examined accordingly. Furthermore, during the planning phase, instruments prepared were for early detection of mental health, psychiatry education procedure, participation workbooks, and a family empowerment model. At the acting stage, this structure was appointed and carried out in three stages, namely, detection, education, and participation. The results of the acting stage are processed and then made observations related to family empowerment. Next, a comparison is made data before and after implementing empowerment model. In the final stage, focus group discussions (FGD). In the final stage, focus group discussion (FGD) was conducted again based on the application of the proposed model.

At the reconnaissance and reflecting stages, qualitative analysis is carried out, namely, the data recorded and documented in the form of a transcript which is then determined appropriate theme. The transcripts were then analyzed using content analysis. Quantitative data analysis was carried out based on the emotional conditions of children and adolescents who collected according to parents' perceptions. Differences in the emotional state of children and adolescents before and after the empowerment model was applied, analyzed bivariate using dependent t-test.

Ethical consideration

A study this corresponds to DRPM Research Agreement Kemenristekdikti Applied Research Scheme Featured Universities for Fiscal Year 2018 Number: 218/UN5.2.3.1/PPM/KP DRPM/2018.

Results

Reconnaissance stage

The program development process was adjusted to the action research stages. The first phase, which was the reconnaissance, started from approaching the authorities of the Medan Sunggal Village, namely, the chief, the head of the puskesmas, and the mental health officer.

This phase was carried out to obtain data on family's approach in dealing with mental health problems through early detection. Moreover, from the FGD results, there were four themes, namely: (1) The families did not understand early detection of cognitive health issues, (2) anger is a sign and symptom of mental health problems, (3) early detection is very important to avoid psychiatric problems, and (4) the importance of family in detecting mental health. Moreover, the relatives' behavior in overcoming these problems in children and adolescents through education include: (1) The method of mental health enlightenment conducted by families for children and adolescents through communication and (2) education about mental health is very important.

Furthermore, in the reconnaissance phase, there were several problems in the family relating to detection, education, and family participation in tackling mental health problems, and they were family's misunderstanding of early detection of mental health problems in children and adolescents, lack of maximum parental knowledge about the signs and symptoms, there was no puskesmas program in improving mental health, there was no instrument used by the families for early discovery, and there was no educational guide and workbook where the process was learned.

Planning stage

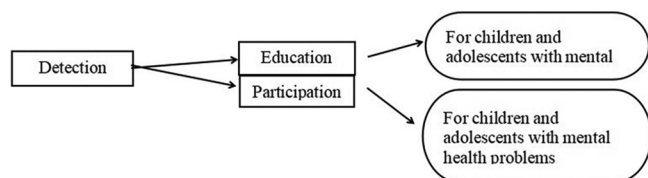
In the FGDs that have been carried out, several problems emerged in empowerment family related to mental health of children and adolescents. For this reason, an activity plan was prepared for the next stage by planning the development of instruments, leaflets, workbooks, and modules that will be used in the development of mental health programs in school. In the process of preparing this instrument, simple operational procedure (SOP), and workbook, the researcher and the team involving provincial mental health officers, community health center mental health workers, and heads of Public Health Centre. The instrument used is a self-reporting questionnaire (SRQ) is an instrument for early detection of mental health.

The SRQ instrument is an instrument that used in Basic Health Research and this instrument is filled in by the respondents themselves. So that, in this study, the instrument was modified and changed to observation sheet that can be seen or heard by the family. The

instrument was modified to make it easier for families to understand and be able to directly assess mental health experienced by teenagers. This instrument validity has been carried out using the Content Validity Index by three mental health experts and the results of the validity test from the three experts are stated to be relevant although previously, there were improvements in a few sentences.

From the results of the FGD, it was also found that the family did not know how to do this mental health education for children and adolescents. For this reason, it is necessary to create a standard SOPs that can be carried out by families. Standard operating procedures regarding mental health programs are prepared by researchers and team. Implementation of the program using leaflets to assist families in providing education to children and teenager.

Detection activity and education that the family has done is documented in the participation workbook, validated by experts. This workbook is compiled by the research team based on the empowerment model design carried out. The existence of this book is important to see the progress of family empowerment in the community dealing with mental health problems for children and adolescents. Model development plan family empowerment through detection, education, and participation is shown in Picture 1.



Picture 1: Family empowerment model in overcoming mental health problems of children and adolescents

From the design model, it can be seen that family empowerment is carried out through three components that are related to each other. Early detection components serve as the basis for education and participation. Family education and participation carried out according to the interpretation value obtained through early detection.

Acting stage

During this stage, the first activity was to conduct family training to improve their knowledge in discovering mental health status of children and adolescents, what to do with the results of detection, and how to fill the workbook of family participation when dealing with this condition.

Observation stage

In this activity, the researcher observed the empowerment model family through detection, education, and participation by the family toward family members in terms of mental health.

Reflecting stage

Activities carried out at this stage identified family knowledge about detection, education, and participation in mental health of children and adolescents by comparing before and after training. The data were processed using a dependent t-test, the results obtained $p = 0.00$, are shown in Table 1.

Table 1: Analysis of family behavior before and after family empowerment through early detection, education, and participation of mental health in Sunggal Village Medan Sunggal District (n = 14)

Family behavior	Mean	SD	SE	Sig. (two tailed)
Before empowerment	5.00	1.519	0.406	0.00
After empowerment	8.00	0.679	0.182	

Discussion

FGD activities on model development research family empowerment in overcoming children's mental health problems and teenagers through detection, education, and parental participation in Medan City obtained four themes for family behavior through early detection are as follows: (1) Families do not understand regarding early detection of mental health, (2) anger is a sign and symptom mental health problems, (3) early detection is very important to avoid problems mental health, and (4) the importance of the role of the family in detecting mental health.

One way to find mental health problems in children and adolescents is through early detection by involving the family. Early detection and treatment as early as possible can prevent a decrease in productivity and health costs as well as reduce the burden on families and communities [4].

Early and accurate detection of mental health problems followed by therapy and good management can reduce the health burden and social burden that caused by mental disorders. Early detection has been proven to not only help recovery of health quickly and thoroughly but also can integrate sufferers in society better [5].

Early detection can help prevent mental health problems by know the cause. Preventing something is usually easier if you can find out causes and symptoms of the problem [6]. Cases of mental disorders recorded in the working area of the Medan Sunggal Health Center in 2018 were 43 cases with population of 25,760 people, this number is different from the data reported to Public Health Centre. The data at the puskesmas are less than the data for people with mental disorders in the work area. This is because it can be caused by lack of understanding of the family in recognizing the symptoms of mental disorders so that public and family awareness to report cases of mental disorders in environment is still low.

According to [7], the family can carry out treatment or health maintenance can be seen from the task of family

health, one of which is to recognize family health problems. Parents need to know the situation health and the changes experienced by children and adolescents. Minor changes whatever are experienced by family members, will indirectly be a concern family or parents. If you notice a change, the family needs to take notes. When did it occur, what changes occurred, and how much did they change.

Family behavior in tackling mental health problems for children and adolescents through education, two themes were obtained, namely, (1) how mental health education was carried out family for children and adolescents through communication and (2) education about mental health very important.

This is in accordance with a research by Isnainy *et al.* [8] which stated that there is a relationship between health education and increased knowledge. This is also in line with the theory health education can influence knowledge, habits, and attitudes through a number of beneficial experiences. From research conducted by Isnainy *et al.* [8] who obtained the results from comparing the conditions before and after intervention, there is a difference in knowledge as evidenced by SPSS calculation with $p < 0.05$. This indicates that there is a significant difference between the level of knowledge before and after administration health education interventions.

One way to increase the family's knowledge and ability in tackling mental health problems is through education. Education that can what families do is providing information to children and adolescents so that it is hoped that children and adolescents will have positive coping with stress and burdens what happened.

Conclusions

Family empowerment models include detection of children's mental health issues, providing

family education according to these problems, and participation in the care of those at risk of experiencing it. Therefore, it is recommended for the health department to work with families in developing family empowerment model, to prevent child mental health problems.

References

1. Daulay W, Wahyuni SE, Nasution ML. Development of school-based mental health program. *Open Access Maced J Med Sci.* 2021;9(T3):120-3. <https://doi.org/10.3889/oamjms.2021.6355>
2. Kemenkes RI. Profil Kesehatan Indonesia Tahun 2019. Indonesia: In Kementrian Kesehatan Republik Indonesia; 2019.
3. Kemmis S, McTaggart R, Nixon R. *The Action Research Planner.* In *The Action Research Planner.* Berlin, Germany: Springer; 2014. <https://doi.org/10.1007/978-981-4560-67-2>
4. Townsend MC, Morgan KI. *Psychiatric Mental Health Nursing: Concepts of Care in Evidence-based Practice.* United States: F.A. Davis Company; 2017.
5. McGlashan TH. Early detection and intervention of schizophrenia: Rationale and research. *Br J Psychiatry.* 1998;172(33):3-6. <https://doi.org/10.1192/s0007125000297584>
PMid:9764119
6. Costello EJ. Early detection and prevention of mental health problems: Developmental epidemiology and systems of support. *J Clin Child Adolesc Psychol.* 2016;45(6):710-7. <https://doi.org/10.1080/15374416.2016.1236728>
PMid:27858462
7. Na'imah T, Suwanti S. Model pemberdayaan keluarga dengan pendekatan improvement dan berbasis masalah psikososial anak dari keluarga miskin. *Sainteks.* 2016;13(1):46.
8. Isnainy UC, Zainaro MA, Novikasari L, Aryanti L, Furqoni PD. Pendidikan kesehatan tentang perilaku hidup bersih dan sehat (Phbs) di sma negeri 13 bandar lampung. *J Kreativitas Pengabdian Kepada Masyarakat.* 2020;3(1):2588.