



Counseling Deficiency of Mental Health Care among Adolescent in The Youth Care Health Services Program

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ABSTRACT

The increasing number of health issues among adolescent are mostly related to early marriage, reproductive health, sexually transmitted diseases (HIV/AIDS) and drug abuse. We chose the topic because of lacking mental health consulting services aspect in health care services for adolescent health care (PKPR) program by the Puskesmas and offer solutions is of important. This study used qualitative method with a descriptive design. Research respondents were 4 people from East Java, Aceh, Central Sulawesi and Sumbawa. The inclusion criteria were healthy Indonesian citizens and had heard of the term of 'PKPR'. The exclusion criteria were non-Indonesian citizen, sick people (physically or mentally) and had never heard of the term 'PKPR'. The instrument was a semi-structured question. The data was analyzed by Thematic Analysis supported by Appreciative Inquiry (AI). We found the ineffectiveness of mental health services of PKPR program for adolescents. Three issues that need to be underlined were the deficiency of mental health services by the healthcare profession, the lack of adequate service center infrastructure and the need for training for youth. Our recommendation was mental health consulting services should be the core need in the PKPR services

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ABSTRAK

Meningkatnya jumlah masalah kesehatan di kalangan remaja sebagian besar terkait dengan pernikahan dini, kesehatan reproduksi, penyakit menular seksual (HIV/AIDS) dan penyalahgunaan narkoba. Kami pilih topic ini karena untuk mengkaji aspek pelayanan konsultasi kesehatan jiwa dalam pelayanan kesehatan untuk program perawatan kesehatan remaja (PKPR) oleh Puskesmas dan menawarkan solusi. Penelitian ini menggunakan metode kualitatif dengan desain deskriptif. Responden penelitian berjumlah 4 orang yang berasal dari Jawa Timur, Aceh, Sulawesi Tengah dan Sumbawa. Kriteria inklusi adalah warga negara Indonesia yang sehat dan pernah mendengar istilah PKPR. Kriteria eksklusi adalah bukan WNI, orang sakit (fisik atau mental) dan belum pernah mendengar istilah PKPR. Instrumen yang digunakan adalah pertanyaan semi terstruktur. Data dianalisis dengan Analisis Tematik yang didukung oleh Appreciative Inquiry (AI). Kami menemukan ketidakefektifan pelayanan kesehatan jiwa program PKPR bagi remaja. Tiga isu yang perlu digaribawahi adalah kurangnya layanan kesehatan jiwa oleh profesi kesehatan, kurangnya infrastruktur pusat layanan yang memadai dan perlunya pelatihan bagi kaum muda. Rekomendasi kami adalah layanan konsultasi kesehatan jiwa harus menjadi kebutuhan inti dalam layanan PKPR

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INTRODUCTION

Promoting the health and well-being of youth with a population of around 46 million youth (10-19 years) is very important for Indonesia (BPS, 2020). Achieving this goal fully requires an integrated approach from Government programs (Purnama et al., 2021). Some of the health problems faced by adolescents include non-communicable diseases, tobacco use, mental health during the COVID-19 pandemic, sexually transmitted diseases (AIDS/HIV), drug abuse, early marriage, and reproductive health (Meredith et al., 2018; Pedro Dos Reis et al., 2021). At the global level, the problems faced by teenagers are broader, including marijuana use, overweight, anemia, increased suicide rates, and alcoholism (Mazur et al., 2018; WHO, 2017). At the Southeast Asian level, the problems faced by teenagers also include addiction to the use of the internet and games (Balhara et al., 2018). All of the above problems add to the complexity of adolescent problems in Indonesia. Through cross-ministerial efforts, the Government is trying to overcome this problem, for example, the Ministry of Health offers the Youth Care Health Service (PKPR) program (Avilla, 2019). The PKPR program is a program whose realization of program implementation is integrated with other Puskesmas programs (Dewi et al., 2020). Amid the program's nearly 20-year journey, there have been many studies that have explored this PKPR (Afrianti & Tahlil, 2017; Anisah, 2020; Esa Risi Suazini, 2019). What is striking are the empirical findings which state that there is no full support from the head of the Puskesmas, a clear division of job duties between the PKPR team, the unavailability of special PKPR rooms that hinder the operations of the workers, as well as the working hours of PKPR which coincide with school hours (Delita, Ayu, Rifai Achmad, 2020; Nugroho et al., 2018). Other research examines the absence of written cooperation (memorandum of understanding-MOU) and no less important is that PKPR is not the main program in the Puskesmas work program which has a long PKPR program reporting system (Utami, 2017). Geographically, the problem of achieving the PKPR target is exacerbated by the presence of minimal transportation facilities in remote areas such as Papua and the reach of the communication network (internet) which makes the program objectives cannot be optimally achieved (Januar, 2019).

Not all Puskesmas run the PKPR program (Utami, 2017). The condition needs to be used as one of the reasons why personal counseling for adolescents in the PKPR program is eligible to receive preferences. Research related to PKPR consulting services in several provinces such as Aceh, South Sumatra, and Sulawesi highlights the involvement of parents and educational factors, the role of cadres in PKPR, and the relationship between youth interest in visiting Posyandu has not been maximized (Esa Risi Suazini, 2019; Muliati & Yusuf, 2022; Novitriasti et al., 2020). The problems that have been revealed in previous studies were more focused on the intensity of counseling with the themes of early marriage and reproductive health. Those background make the gap in this study as well as distinguishes it from previous studies.

This study was prepared using a qualitative method with a descriptive design, taking samples of informants from four provinces, namely Aceh, East Java, Central Sulawesi, and West Nusa Tenggara. The objective was to identify the mental health consultation aspects in health care services for youth care (PKPR) conducted by the Puskesmas and offer solutions. The implications of this study will provide an overview of the importance of the role of mental health as the parent of all existing adolescent health problems. From

the public health nursing (PHN) view point, it is hoped that the results of this study are expected to contribute to the existing PKPR service system, and overcome some of the health and provide input for policyholders related to PKPR.

METHODS

This study used a qualitative method with a descriptive design based on the COREQ (Consolidated criteria for Reporting Qualitative research) Checklist. The checklist includes 3 domains, namely reflex team and reflexivity, study design and analysis, and findings (Jes et al., 2020). The method has been widely used in community nursing science research as an effective research method (Akkuş et al., 2021). The initial stage of this research was to observe the existing trends in PKPR, where our focus was on the mental health aspect of PKPR counseling. The study also used a descriptive design because it did not fully use data that was quantitatively processed and analyzed using numbers.

The second step was the data collection stage which included primary data obtained directly by interviewing 4 informants chosen randomly from 4 provinces (Aceh, East Java, Central Sulawesi, and West Nusa Tenggara), namely 2 professional nurses, one teenager, and one nursing student. The primary data collection was the database of this research which aimed to obtain the information needed to achieve the research objectives. The list of questions was semi-structured questions sourced from reliable researches. They were purposive, coded and aimed to obtain data according to the research objectives. The list of questions was divided into 5 themes according to the Appreciative Inquiry theory (define, discovery, dream, design and delivery phases). The secondary data was a triangulation of data sources, which helped us in discussing research materials, and research objectives. The secondary data was obtained through reputable journals and other relevant references related to PKPR in Indonesian and English for the last 5 years (2017-2022).

The third stage was the identification of problems in mental health aspects in counseling. They were screened from the results of semi-structured interviews (Table 1). The fourth stage was the preparation of problem solving. The problems were analyzed by thematic analysis where the main problems were described in the Discussion section of this article. The thematic analysis method was used because it allows us to flexibly interpret the data, and also allows approaching large data sets more easily by sorting them into broader themes.

RESULTS AND DISCUSSION

Below are the results of interviews conducted on 4 respondents, each 1 teenager (Fr from Situbondo, East Java), a nursing student (Fd from Palu, Central Sulawesi), and 2 nurses (Ra from Aceh and Af from Sumbawa Besar, West Nusa Tenggara). Interviews lasted between 30-45 minutes per informant. Interviews were conducted online, apart from distance constraints, as it was conducted during the Covid-19 pandemic where the Government recommended social distancing (Kusumawati, 2020). The results of the interviews were recorded in Indonesian language and returned to the respondents for correction if necessary. They were also given a code including the area, type of informant work or position,

and profession of the informant as well as topics according to the theme.

Theme 1: Define Aspect

The government compiles the PKPR National Standard in a written document containing various quality requirements for PKPR, which includes the quality requirements for input, process, and output (Anisah, 2020). The document was developed as a guide in directing and assessing the quality of PKPR as well as quality control guidelines used by health facilities in improving the quality of PKPR that has been carried out (Afrianti & Tahlil, 2017). The three key standards of PKPR at the Puskesmas that organize it are counseling for teenagers in need, the existence of one target school, and training ten peer counselors in the school (Dewi et al., 2020).

What do you know or have heard of the term PKPR program in your place of residence?

"I've heard about the term health counseling assistance to teenagers in our place, especially when there is a problem with teenage friends. But for the exact term, I don't know. What is clear is that the program is in the Puskesmas." (Fr)

"As a health care person, I know and of course heard the term. PKPR is at our place and running. I understand what it means because it was mentioned in college and we met during field practice." (Af).

"My exact term is not clear. However, there are health development programs from Puskesmas in many places in Aceh. In general, I understand because I heard about it when I was studying nursing a few years ago and it was mentioned a lot in discussions related to community nursing." (Ra).

"I have heard about it for a long time, the program is already running. However, I don't know how effective it is. Understanding in general I understand." (Fd).

In many findings, it is stated that the understanding of adolescents about an ongoing health program is very useful and helps the smooth running of the program. These findings are supported by various theories of organizational management in which an organization will run well when supported by personnel who understand the definition of an organization.

Theme 2: Discovery Aspect

As a program that has been running for a long time but is not a flagship program in the Puskesmas work program, maintaining the continuity and sustainability of PKPR is not an easy thing. Psychologically, officers who are given the authority to be in charge of the PKPR program will give priority to the core work program of the Puskesmas. The status of PKPR in Puskesmas that do not yet have adequate facilities and infrastructure is very understandable because only the work program of the Puskesmas is more in the spotlight, especially funds, so it is no longer effective (Utami, 2017).

What are some adolescent health problems that you have encountered where you live?

"In our place, there are many problems faced by our friends. Especially during the Covid-19 pandemic. The conspicuous health problems that occur are early marriage and smoking. Some of my friends were involved in the use of methamphetamine to overdose and needed to get treatment

from the health staff.at that time I understood because several times I had encountered in the field...mental problems too....such as being confused with work, not getting a decent income, or not knowing what to do.....some friends - friends are also involved in liquor..." (Fr).

"In our place, a very common problem in our area is early marriage among teenagers. I don't think there are any other diseases except for mild ones which are very common in nature. However, it is true that during the pandemic, teenagers' friends have mental health problems that need the help of health workers. I don't see this aspect going well....or am I not observant in seeing the field? Because I don't live there all the time....maybe it doesn't have a direct impact on health...but it is recognized that the average teenager is now addicted to mobile phones....." (Af).

According to a report entitled The State of the World's Children 2021; On My Mind: promoting, protecting, and caring for children's mental health, even before COVID-19, children and adolescents had already borne the burden of mental health without any significant investment in overcoming these problems. It is estimated that there are more than 1 in 7 adolescents aged 10-19 years in the world living with a mental disorder diagnosis (UNICEF Indonesia, 2021). Each year, suicide kills nearly 46,000 young people – it is one of the top five causes of death in that age group (Gerardus Gegen, 2021). There remains a large gap between the need to address mental health problems and the available funding.

"...Yes, we know all the health problems of teenagers in general in this day and age, drug abuse, tobacco is happening everywhere...also in our place....the problem of early marriage is one of them....establishment Inadequate employment, income, education add to the mental burden of teenagers." (Ra).

"It seems that our place is not much different from other areas in Indonesia....the problems faced by teenagers are more or less the same...early marriage, drug abuse, alcohol, smoking...that stands out though there are not many in our place...but it is enough to be a concern for health workers, especially when the troubled teenager needs the help of health workers, for example having to go to the Puskesmas or hospital....." (Fd).

Teenagers face new situations during a pandemic not only with disappointment but also with anxiety and a burdensome feeling of isolation, against the changing lives of the rapid outbreak. According to an analysis of data provided by UNICEF, as many as 99 percent of children and youth under 18 worldwide (2.34 billion) live in one of 186 countries with some form of movement restriction in place due to COVID-19 (UNICEF et al., 2021). As many as 60 percent of children live in one of the 82 countries with full (7 percent) or partial (53 percent) lockdown – which includes 1.4 billion young people (UNICEF Indonesia, 2021). When a teenager's mental health is depressed, the signs look like they are not excited, their appetite is reduced, their sleep pattern is disturbed/difficult to sleep, and also have excessive worry (Şahin et al., 2020).

Theme 3: Dream Aspect

The transition from childhood to adulthood poses risks to the health and well-being of young people. Riskesdas 2018 shows an increase in non-communicable diseases in the adolescent and young adult age groups (Dewanti et al.,

2019). Cancer, stroke, diabetes mellitus, and hypertension appear in the 15-24 year age group and continue to increase until the 35-44 year age group (Kemenkes, 2018). The proportion of injuries according to Riskesdas 2018 in the age group 15-24 years is increasing (12.2%) compared to Riskesdas 2013 (11.7%). If identified, chronic problems that need to be faced to maintain the continuity of the PKPR program are the clarity of the status of the program in the ongoing Puskesmas program, the linkage of PKPR with the Education and Culture Office in the form of MoUs, budgets and standard operational procedures (SOP) for counseling in PKPR (Utami, 2017).

What are your expectations of health workers in the PKPR program?

"I even hope that sometimes teenagers are given the deterrent effect of drug abuse, for example, so that they know. Even though mental health education is needed in schools..." (Fr).

"We should be concerned about the mental condition of teenagers during this pandemic. They face big problems that have a direct impact on their future and health indirectly. Therefore, we hope that the involvement of health workers in mental development is very important, especially in areas like ours in Sumbawa Besar in particular and West Nusa Tenggara in general..." (Af).

"What I know in Palu...youth who have this problem need private consultation...they need privacy and confidentiality about the problems they face...they need to be kept secret....the problem is for that we need requires not only sufficient human resources but also a separate consultation room, as well as time. Another obstacle is the time for this consultation if it coincides with their study hours at school... so when will they consult?" (Fd).

"We hope that health workers can proactively reach teenagers in troubled remote areas. The problem we realize is not easy. In addition to the availability of transportation facilities, infrastructure that is not yet well-established, communication technology is not evenly distributed, and the problem of funds is also a question that requires answers.... in Aceh, these problems occur in many places in areas where the reach of health services is not yet maximized. ..." (Ra).

The State of the World's Children 2021 calls on all governments and the public and private sectors to commit, promote and act to achieve mental health for all children, youth, and their caregivers, to protect groups in need of assistance, and to care for the most vulnerable groups (UNICEF Indonesia, 2021).

Theme 4: Design Aspect

Of the various problems faced by the existing youth, PKPR is present by not only identifying the existing problems. However, with all the advantages and disadvantages, PKPR is also prioritized. The priority problems include three aspects, namely reproductive health problems, sexually transmitted infections including HIV/AIDS, and drug and narcotic abuse (Avilla, 2019). The concrete response in handling adolescent health problems through this PKPR program from several studies provides recommendations by counseling (Novitriasti et al., 2020).

What do you think about youth involvement in the PKPR program to deal with their health problems?

"I agree that teenagers are involved in health programs not only as targets but also as perpetrators. The problem is that this teenager is in school when there are activities carried out by the Puskesmas on weekdays. So a dilemma....." (Af).

"I like being involved in various activities that give teenagers meaningful activities.....because being busy will make teenagers active and productive. The problem is, sometimes my friends don't always have extra money to take part in activities..." (Fr).

The complexity of adolescent health problems reinforces the urgency of innovative and comprehensive adolescent health efforts as one of the upstream priority interventions for health problems in society in general. The mandate regarding health efforts for school-age children and adolescents has been stated in the Minister of Health Regulation No. 25 of 2014 concerning Child Health Efforts which states that health services for school-age children and adolescents are at least carried out through School Health Efforts (UKS) and Youth Care Health Services (PKPR) (Dewi et al., 2020).

"...possible slowly they can be involved...for example through a pilot project...as in Palu, a certain Puskesmas can be taken so that it can be used as a pilot.....it's not easy but it can be done...by organizing short training for youth counselors in schools...recruit youth interested in the program..." (Fd).

"I agree that teenagers are involved... with a note that maybe the package has to be attractive...otherwise, especially in remote areas like ours in Aceh, it will be difficult to catch them..." (Ra).

Theme 5: Delivery Aspect

As the forefront of the public health service system, PKPR's response to adolescent problems in the community that is integrated with work programs at the Puskesmas certainly requires various facilities to support its smoothness and sustainability. Among them are facilities and infrastructure such as the availability of buildings, office facilities, communication networks, and human resources (Amieratunnisa & Indarjo, 2018).

After identifying the problem and preparing a response plan in the form of mental health counseling, how do you think it will be implemented for youth so that the goal is achieved?

".....Uhm...I can't answer that...because it's not easy to get teenagers who are willing to take part in programs like this that are free of charge...I mean, those who join the program if they don't get wages, it will be difficult to get participants.....unless you get pocket money..." (Fr).

"...It's a bit difficult to answer..... I think teenagers can be involved in mental health counseling in the form of coaching teenagers as counselors through training programs....youth are educated on how to provide counseling to their colleagues regarding early marriage, narcotics and abuse of drugs, alcohol, and transmission of venereal diseases for example...they should know the consequences of early marriage, drug abuse, or infection with AIDS/HIV. Thus, there is an impression that this program is a program from, by and for youth...." (Af).

The characteristics of PKPR are youth-friendly health services, appreciating the involvement and aspirations of adolescents in service delivery, meeting the needs of adolescents, and maintaining the confidentiality of information submitted by adolescents. Held in providing counseling in addition to medical clinical services and other referrals. The target of PKPR is all adolescents aged 10-18 years with the spearhead of service at the Puskesmas (Sari et al., 2017). Health services for adolescents can be provided inside the Puskesmas building, or outside the Puskesmas building (e.g. UKS, Youth Posyandu). It was recorded that in 2018 as many as 6,204 Puskesmas in 514 districts/cities have been able to provide Youth Care Health Services (PKPR) (Kemenkes RI, 2019).

"...I see it from several experiences that I know that it is not easy to get youth participants who are willing to voluntarily.... Even if there are I'm afraid that involving youth

in the program is temporary.....that's why it's important for me is how to maintain their participation in the program... not a few teenagers who when joining the program were studying in high school grade 3, then after graduating he had to go to college and move to a city in another province. The program can be operationally disrupted because the teenagers involved are no longer active in their homes..." (Fd).

"I have participated in several health programs while in college... health students should be involved in this PKPR...my reason is that first, they are studying for a fairly long term...secondly the knowledge and skills they acquire are adequate and relevant with the program. The only problem is that these students live in the city....so how to place them in the village while their residence is near campuses in big cities.....?"(Ra).

Table 1: Identified Problems Based on Appreciative Inquiry Theory

No	Phases	Findings from the Informants				Identified Problems
		Fr	Af	Ra	Fd	
1	Define	Unaware of the exact term 'PKPR'	-	Unaware of the term	Unaware of the term	1. Early marriage
2	Discovery	- Early marriage - Smoking - Overdose of drugs	- Ealy marriage	- Early marriage - Tobacco use	- Early marriage - Smoking	2. Smoking 3. Drugs 4. Lack of involvement in consultation
3	Dream	Need for mental health care	Need for individual consultation	A proactive approach from healthcare personnel	Need privacy of consultation	5. Far from healthcare facilities
4	Design	Timing during consultation	Lack of involvement	Training for adolescent	The consultation package is not interesting	6. Training needs 7. Funds
5	Delivery	Required financial reward to attract them	The adolescent needs adequate training	Far from the health care center	The way how to maintain their membership in the PKPR	

Analysis

The analysis of table 1 above projects that all informants agreed on mental health consulting services was the main aspects of needs that should be prioritized in PKPR services based on AI theory, i.e from Define, Discovery, Dream, Design to Delivery phases. The second problem was with the existence of healthcare facilities was the availability of private room (office) for consultation. The third was the training need to youth to involve them as young counselors of mental health.

Discussion

The three issues that need to be underlined in this article are mental health services by healthcare professionals, the availability of health service centers, and thirdly, training for adolescents. The results of this study proved that the four informants agreed about the ineffectiveness of mental health services for adolescents. Those are the reasons why health problems that occur in adolescents become more complex. Many studies have explored the issue, that the occurrence of early marriage, drugs, drinking of alcohol, smoking, and other lifestyle changes that lead to juvenile delinquency,

drug abuse, and sexual diseases (Althoff et al., 2019; Putri, 2021; Straatmann et al., 2020). Communication with parents and youth development related to mental health are the two most dominant causes (Meredith et al., 2018; Nash et al., 2019).

According to Health Law No. 36 of 2009, articles 136 and 137 states that efforts to maintain adolescent health to prepare them to become healthy and productive adults both socially and economically, including for adolescent reproduction, are carried out so that they are free from various health problems that can hinder the ability to live reproductive life properly (Novitriasti et al., 2020). Article 137 states that the Government is obliged to ensure that adolescents can obtain education, information, and services regarding adolescent health so that they can live healthy and responsible lives (Novitriasti et al., 2020). Ownership of facilities and infrastructure in the implementation of existing programs in PKPR is a way to achieve goals/targets. Every organization needs to have clear targets for the direction of the organization, especially health institutions such as Puskesmas (Hastuti, 2019). The researchers found that setting targets with the support of adequate facilities and infrastructure can help employees feel a greater connection with their organization. This not only contributes to

increased optimism in the workplace but also encourages better employee performance (Ćulibrk et al., 2018).

At the Puskesmas level, the targets to be achieved by the PKPR program include: counseling services for all adolescents who need counseling who are in contact with health workers; foster at least one school (public school; religion-based school) and conduct IEC twice a year; as well as training TRC/peer counselors for 10% of the students in the target schools (Afrianti & Tahlil, 2017). From those targets, it is clear that mental health consulting services deserve to be prioritized. The deficiency of mental health services for adolescents in the PKPR program requires improvement. The PKPR service system needs to be supported by professional and trained health workers, obtain supporting infrastructure facilities, and the preparation of programs with clear standard operating procedures (SOP) including training for adolescents. The perfection of the PKPR program related to mental health services also requires strong support from the government, cross-sectoral local officials, other relevant private parties, and the community. By involving all parties, it is hoped that the implementation of the program can minimize the magnitude of the existing challenges.

STUDY LIMITATIONS

The limitations of this qualitative research were the limited number of informants from different provinces. Secondly we did not involve officers or policymakers, more teenagers as targets, professional health workers, and other cross-sectoral officials. Previous research on PKPR that has been highlighted was mostly related to the influencing factors and problems faced in the implementation of PKPR (Ritonga et al., 2022). Aspects of mental health counseling are still rarely disclosed. In fact, according to many researchers, the mental health of adolescents is very helpful in directing their future more positively and helping readiness in dealing with their psychological conflicts (Lambie et al., 2019; Meredith et al., 2018).

CONCLUSION AND SUGGESTION

This research objective was to identify if any deficiency in delivering mental health consulting services for adolescent (PKPR) in the Puskesmas. Our research found the ineffectiveness of present mental health services for adolescents. Those were the reasons why health problems that occur in adolescents do not go away. The three underlined issues as the deficiency of mental health services by the healthcare profession were lack of mental health as one of the focused health care services, inadequate service center infrastructure, and the need for training of adolescent. The limitations of our research were the minimum number of informants, we did not involve officers or policymakers, more teenagers as targets, professional health workers, and other cross-sectoral officials. We recommended the deficiency of mental health services for adolescents in the PKPR program requires the support of professional health workers, infrastructure facilities, clear standard operating procedures, clear regulations from the government, and local official collaboration in the community. Therefore, in the future, we suggest further research related to mental health consulting services for the development of PKPR.

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ETHICAL CONSIDERATIONS

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The authors did not receive support from any organization for the submitted work.

Conflict of Interest

The authors do not have any conflict of interest to declare.

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