



## MENTAL AND EMOTIONAL PROBLEMS IN ADOLESCENTS

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### Abstract

**Objective:** This study aims to describe mental and emotional problems in junior high school (SMP) students. **Method:** This research design is descriptive. Respondents in this study were 182 junior high school students (SMPN 18) in Pekanbaru. Data were collected using the Strength and Difficulties Questionnaire (SDQ) and the Self-Injury Scale. Data analyzed using descriptive analysis. **Result:** A number of 135 respondents (74.2%) showed a normal emotional mentality. On the other hand, 32 students (17.6%) had a borderline disorder, and the other 15 students (8.2%) were abnormal. Furthermore, respondents with self-injurious behavior were 36 students (19.7%), one student (0.05%) had ever attempted suicide, 28 students (15.3%) had suicidal ideation, and one of the students made suicide threats. **Conclusions:** Identifying mental and emotional problems in adolescents is an important thing so that if a problem occurs, it can be treated quickly.

**Keywords:** Mental, Emotional, Self-Injury Scale, Strength and Difficulties Questionnaire (SDQ)

### Introduction

Mental and emotional problems often occur in the adolescent age group, including early adolescents, namely junior high school students. Mental and emotional problems are a condition in which those who experience it feel emotional changes and, if it continues, can develop into a pathological state <sup>1</sup>. Everyone can experience mental and emotional problems during certain conditions during their life cycle, but they can still be cured.

Mental and emotional problems may be related to prolonged stress due to particular situations or several events that occur continuously, genetic factors, brain biochemical imbalances, or a combination of all those factors<sup>2</sup>. Mental and emotional problems can impact oneself and others <sup>3</sup>. Those problems can directly or indirectly impact others, such as aggressive behavior, defiance, disobedience, lying, stealing, and loss of self-control. Meanwhile, the impacts on oneself are anxiety, depression, withdrawal from the social environment, eating disorders, and a tendency to injure oneself or even suicide. According to the World Health Organization <sup>4</sup>, one in five

children aged less than 16 years experiences mental-emotional problems. A total of 104 children out of 1000 children aged 4-15 years experience mental, emotional problems. Moreover, the result is higher in the age group of over 15 years, which is 140 out of 1000 children. The results of a survey by the Report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing in Australia in 2015 shows that nearly one in seven children (13.9%) aged 4-17 years had mental health problems. These problems include Attention Deficit Hyperactive Disorder (ADHD) as much as 7.4%, anxiety disorders at 6.9%, and emotional and behavioral disorders at 2.1% <sup>5</sup>

According to Basic Health Research (Riskesmas)<sup>6</sup>, Indonesia's mental-emotional disorders prevalence mostly happened to the age group of 15 years old and over. The prevalence from 2018 has increased compared to 2013, which rose from 1.7% to 7%, as indicated by anxiety and depression symptoms. Riau Province is in 17th place out of 34 provinces in Indonesia for mental-emotional disorders prevalence, and it has increased compared to 2013, which was from

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below 5% to above 10%. In Pekanbaru City, in October 2018, 56 State Junior High School students had cuts on their hands with negative urine test results on drugs and drinks containing hazardous substances. It indicates that the student's mental-emotional behavior was intentional.

Early detected mental-emotional problems are expected to get immediate action to prevent a more serious problem. Mental-emotional problems that are not appropriately resolved will have a negative impact on adolescents' development in the future, especially on their character maturation and will trigger more serious mental health<sup>7</sup> Mental-emotional problems that are not appropriately handled will negatively affect and cause serious symptoms in adolescents' development<sup>8</sup>.

Research conducted by Mubasyiroh et al. (2017)<sup>7</sup> on the determinants of emotional-mental symptoms of junior high school students in Indonesia shows that 60.1% of students experienced mental-emotional problems with symptoms of feeling lonely (47.54%), anxiety (40.75%), and suicidal ideation (7.33%). The results of a study by the Indonesian Pediatrician Association (IDAI) (2013) states that around 80% of adolescents aged 11-15 years old, as many as 65% showed smoking behavior, 82% of them had alcohol attempt, misbehavior at school, substance abuse, and anti-social behavior (stealing, fighting, and truancy), and 50% showed high-risk misbehavior such as drunk driving<sup>9</sup>.

Amalia's research (2019) finds that 19 out of 328 grade 7 students of SMPN 13 Surabaya did self-injury. Some of the reasons for this behavior were schoolwork stress, jealousy, parental pressure, and imitating friends who did the same thing to reduce stress. The YouGov Omnibus survey on mental health among Indonesians published in June 2019 shows that more than a third (the equivalent of 66.9 million) Indonesians have intentionally injured themselves<sup>10</sup>.

Two junior high school students who had a consultation at the Counseling Unit of the Unri Faculty of Nursing with a self-injury case stated that they started to harm themselves since in junior high school, especially when they feel anxious, stress about academic or school assignments, family condition (parents), relationship with friends, and other matters. The consultation result shows that several mental-emotional problems, both minor and severe, have occurred in individuals since junior high school. Therefore, researchers are interested in conducting research to determine the description of mental-emotional problems in junior high school students in Pekanbaru City.

**Method**

This study used a quantitative descriptive design with 182 respondents from junior high school (SMPN) 18 Pekanbaru. Data were collected using the Strength and Difficulties Questionnaire (SDQ) and Self-Injury Scale, which were given to respondents via the Google Forms' link for univariate data analysis (frequency and percentage).

**Results**

**Table 1**  
**Respondent Characteristics**

No	Respondent Characteristics	n	%
1.	<b>Age</b>		
	a. Early adolescence (10-13 years old)	101	55.5
	b. Middle youth adolescence (14-17 years old)	81	44.5
2.	<b>Gender</b>	60	33
	a. Male	122	67
	b. Female		
3.	<b>Grade</b>	73	40.1
	a. Grade 7	41	22.5
	b. Grade 8	68	37.4
	c. Grade 9		
	<b>Total</b>	182	100



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**Table 2**  
Respondents' mental-emotional problems

Mental-emotional problems	n	%
Normal	135	74.2
Borderline disorder	32	17.6
Abnormal	15	8.2
Total	182	100

**Table 3**  
Respondents' self-injury dimensions

Dimensions	Yes		No		Total	
	n	%	N	%	n	%
Self-harm	36	19.8	146	80.2	182	100
Self-harm with suicidal ideation	1	0.1	181	99.4	182	100
Self-harm without suicidal ideation	0	0	182	100	182	100
Self-harm with suicidal ideation	28	15.4	154	84.6	182	100

**Discussion**

There are real physical and hormonal changes in early adolescence, and adolescents still find it difficult to adjust to these changes. As a result, adolescents tend to be alone, so they feel isolated because emotional development makes them very sensitive and reactive towards various social events or situations<sup>11</sup>. The ability of adolescents to control emotions is influenced by their environment's socio-emotional conditions, especially the environment they live in and the environment of their peers<sup>9</sup>.

Symptoms of emotional problems in the Strength and Difficulties Questionnaire (SDQ) are almost the same as depression symptoms, which include somatic symptoms, anxiety, unhappiness, and lack of confidence<sup>7</sup>. In this study, as much as 8.2% of respondents with mental-emotional problems are in the abnormal category. Symptoms of mental-emotional problems with abnormal behavior are also one of the severe and long-term mental-emotional disorders. The symptoms of those mental-emotional disorders are such as depression, suicidal thoughts, hyperactivity, learning disorders, difficulty in concentrating,

anxiety disorders, tic disorders (movement disorders), and behavior disorders (dropping out of school, like starting a fight, stealing, lying, and being aggressive)<sup>12</sup>.

Based on the current study results, 19.78% of respondents took self-injury to cope with the problems at hand. Self-injury is a form of individual behavior to deal with emotional stress or emotional pain by hurting and harming oneself without intending to commit suicide<sup>13</sup>. A person with suicidal intent is likely to commit suicide after several self-injury episodes<sup>14</sup>. Moreover, unfortunately, it is known that 15.38% of the respondents in the current study had ever had suicidal ideas.

**Conclusion**

The results show that respondents who experienced mental-emotional problems with borderline and abnormal behavior were 17.6% and 8.2%, respectively. In addition, there were quite a number of respondents who had self-injury behavior (19.78%) to cope with their problems and 15.38% of respondents who have other mental-emotional behaviors in the form of suicidal attempts and suicide ideation. Early detection of mental-emotional problems in adolescents is important so that immediate actions to prevent further problems can be carried out earlier.

**Acknowledgments**

Hopefully, the school will monitor the students' behavior so that students who show mental and emotional problems can be detected and given appropriate action. Students in a state of stress and experiencing mental and emotional problems can meet and consult with counseling teachers at school or convey their family, parents, or friends.

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