

## Development of a basic literacy module for adolescent mental health in school settings

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**Abstract:** Adolescents are among the risk groups for mental health problems. The prevalence of these issues is rising annually. Delivering psychoeducation on mental health literacy, which addresses the ability to recognize mental health problems, as well as the referral mechanism for themselves and others when they have mental health problems, constitutes a way to prevent adolescents' mental health problems. The purpose of this study is to use expert's opinions to assess the content validity of primary mental health literacy modules. There are five modules: physical, emotional, cognitive, social, and mental health literacy. Five professionals, including clinical psychologists and teachers or staff at school, were involved in this study. The evaluation regarding modules' contents was gathered using expert judgment sheets. Data analysis was performed using Aiken's V. The results revealed a value range of 0.9-1.0, suggesting that experts acknowledged that all modules must be delivered to adolescents in school to promote their mental health. However, two comments must be considered in implementing this module, including inserting the reflection moment for students, improving the delivery method, and using popular language that adolescents frequently use.

**Keywords:** Adolescents; content validity; expert opinions; mental health promotion; school setting

### Introduction

Mental health is defined as a state of mental well-being that makes a person able to cope with the stresses of everyday life, realize their abilities, learn and work well and contribute to the community (Organization, n.d.). Globally, mental disorders are among the diseases that cause the highest number of years of life lost due to death or disability, including major depressive disorder and anxiety disorders (Collaborators, 2022). The impact of mental health problems is very diverse and broad, such as problems with social relations with family and friends, obstacles to school and work, and economic factors that will affect a person's life as a whole (Arias et al., 2022). Low mental health literacy and negative community attitudes regarding mental health issues contribute to the intention to seek help (Novianty & Hadjam, 2017).

The concept of mental health literacy was first expressed by Anthony F. Jorm, which includes individual recognition of symptoms of mental disorders, knowledge to seek mental health information, understanding of risk factors, causes, availability of help, and attitudes toward professional help (Jorm, 2000). A literature study (Chua et al., 2022) summarizes the development of a definition of mental health literacy from Jorm et al. in 1997, which includes the ability to recognize specific disorders, knowledge of factors and causes, attitudes towards recognizing appropriate help-seeking, knowledge about self-management themselves and available professionals, and know how to find mental health information. Meanwhile, Kutcher et al. in 2016 developed the concept of mental health literacy, which includes understanding mental disorders and their treatment, understanding how to obtain and maintain positive mental health, developing help-seeking efficacy (knowing when and where

to seek help and competence to maintain one's mental health themselves), as well as reducing the stigma associated with mental disorders.

Mental health literacy in several countries with minority or lower-middle socio-economic populations tends to be low (Chisholm et al., 2019; Huang et al., 2019; Syafitri, 2022). Most participants in Indonesia from various cultures/contexts had minimal knowledge regarding psychiatric labeling when given vignettes of symptoms of major depressive disorder and schizophrenia. Most participants believed that the causes of mental disorders came from personal, social and mystical factors. The type of help that is often accessed is informal help, such as talking to friends/parents, going to a religious leader, seeing a shaman or even looking for self-help strategies (Cuwandayani & Novianty, 2019; Fauziah & Novianty, 2019.; Santoso & Novianty, 2018; Saya & Novianty, 2022).

Based on the Indonesia – National Adolescent Mental Health Survey, one in three teenagers (34.9%) during the last 12 months had mental health problems (depression, anxiety, stress, behavioral problems, and problems with concentration and hyperactivity). Meanwhile, one in 20 teenagers (5.5%) experiences mental disorders (major depressive disorder, anxiety disorders, PTSD, and ADHD). Only 2.6% of teenagers with mental health problems access mental health services such as seeing a counselor/psychologist/psychiatrist. One in 50 teenagers (2%) have accessed mental health services in the last 12 months, and two-thirds of these teenagers (66.5%) have only accessed mental health services (counseling or psychological treatment) once and never returned. The services most frequently accessed (38.2%) based on reports from the main companions (parents/guardians) of adolescents are school staff (such as teachers, principals, counselors or other school staff) (Wahdi et al., 2022). Not only do mental health issues originate from conflict within the individual, but a study conducted by Juliansen et al. (2024) on Jambi students shows the prevalence of mental health issues related to body dysmorphia, bullying, internet addiction, suicidal thoughts, and self-harm. From this data, it can be seen that the role of schools regarding adolescent mental health issues is enormous because the majority of cases are referred, discovered or reported to the school.

Based on the results of assessments in schools conducted by Bertrand & Novianty (2023), several main issues faced by teachers and students were found, including changes in learning styles, difficulties in certain subjects, and personal issues of students in their families and friendships. The density of the academic agenda results in a need for more attention to these issues. According to school educators, psychoeducation is needed to prepare students to respond appropriately to the issues they are experiencing. The topics chosen for students are mental health conditions, understanding social influences and friendships, and understanding emotions (Bertrand & Novianty, 2023).

The high prevalence of mental health problems is one factor in the emergence of mental health promotion programs in school settings (Atilola et al., 2022; DiGirolamo et al., 2021). One form of promotional program is providing modules or curricula regarding mental health literacy through psychoeducation to adolescents, especially in school/campus settings (Atilola et al., 2022; Liang et al., 2023; Till et al., 2024). Schools' mental health programs positively impact, especially on knowledge, attitudes and help-seeking related to students' mental health at school (Ma et al., 2023; Ojio et al., 2015; Salerno, 2016). In Indonesia, there have been efforts to carry out psychoeducation regarding mental health. Rulanggi & Hastjarjo (2016)

conducted digital psychoeducation on school teachers, although the results showed no significant improvement between the group given psychoeducation and the control group. Meanwhile, other delivery methods, namely case studies, role-playing simulations for teenagers or virtual meetings with peer counselors, have shown significant results in increasing knowledge and attitudes related to mental health (Isni & Laila, 2022; Syafitri & Rahmah, 2021). The improvement notes that emerged in this intervention program were weaknesses in controlling pollutant variables, measuring instruments' accuracy and robust data analysis.

The concept of mental health often has a negative framework, which contrasts with the concept of well-being, which has a more positive framework. Although researchers often differentiate between the two concepts based on negative and positive frameworks, from the perspective of ordinary people, they do not differentiate between the two concepts (Chng et al., 2022). The implication is that mental health modules often emphasize the concept of mental health problems or an introduction to mental disorders only (Hassen et al., 2022; Till et al., 2024). Ahuvia et al. (2023) revealed that the more someone believes in general symptoms (signs of a depressed person from the perspective of ordinary people), the more severe the symptoms they experience, the more helpless and hopeless they are. Nam & Urbina-Johanson (2023) revealed that the increase in awareness programs related to mental health, which predominantly focus on the symptoms of mental disorders, allows for undesirable side effects, one of which is the interpretation of ordinary experiences of discomfort or distress in everyday life that being labeled as a symptom of a mental disorder that causes an increase in a person's symptoms and dysfunction due to the individual label they believe. Although the biomedical framework can provide an understanding that mental health is like physical health, which has objective causes and the availability of professional treatment and the opportunity for recovery, on the other hand, it also increases treatment options that only focus on pharmacology (drugs) rather than psychological treatment (Ahuvia et al., 2023; Nam & Urbina-Johanson, 2023).

The previous description became the basis for developing a primary mental health literacy module for adolescents in this study, namely not only using a mental health conceptual framework from a psychiatric perspective, namely an introduction to mental health problems and symptoms of mental disorders, but also using a developmental psychology perspective to understand the dynamics normal/ideal psychology in the stages of adolescent development and unnatural/abnormal in each physical, emotional, cognitive and social dimension. Specifically, this module aims:

1. Students understand the spectrum of individual mental health situations in their daily lives.
2. Students understand the challenges in their development process and healthy ways to face them.
3. Students learn how to promote and maintain their mental health.

Researchers tested content validity through expert judgment before testing it in the field. This article aims to explain the results of the content validation process by experts and what needs to be corrected and followed up before being tested in the field.

## Method

This research is part of the initial stage of module development, namely testing the validity of the module content. Module content validity is carried out to determine how much the module content can reflect the mental health concept to be measured. It is relevant to the situation in the field. The module was given to five experts to assess how essential and relevant the module's topics, materials and activities were through an expert judgment sheet.

The participants in this study were teachers involved with arranging the school's programs. The researcher gathered three counseling teachers and one school principal for this research. The teachers were incorporated in the initial assessment, implementation, and expert judgment process. To provide a complete overview of the module, the researcher included one clinical psychologist to make a general judgment.

**Table 1. Participant demographic data**

No	Criteria	n	%
1	GENDER		
	Male	2	40
	Female	3	60
2	JOB		
	Counsellor	3	60
	Principal	1	20
	Psychologist	1	20
3	EDUCATION		
	Bachelor's degrees	3	60
	Master's degrees	2	40

The process of collecting data through ratings from experts. The data collection instrument is a validation sheet for the basic adolescent mental health literacy module, which consists of an explanation of:

1. Who designed the module,
2. What is basic adolescent mental health literacy,
3. The purpose of developing the module,
4. Participants and module settings, and
5. The objectives of the expert judgment process.

The assessment sheet includes the module topic, outputs, training form, material form and assessment score. Assessment score 3 is "essential," where key topics, activities and materials are presented in the module and are helpful for students' mental health; assessment score 2 is "minor essential," where the topics, activities and materials are less significant and not very fundamental for students' mental health; and an assessment score of 1 "non-essential" where the topics, activities and materials are not substantive for students' mental health; and a comments column is available to provide suggestions for follow-up or the process of improving the module.

Data were collected through the expert module rating process. The instrument used is the "mental health literacy module validation paper," which consists of the explanations of a) Who designed the module, b) What is adolescents' mental health literacy, c) The aim of module development, d) The participants and module settings; and e) The aim of the expert judgment process. The validation paper includes the module's topics, outputs, activities, and assessment scores.

The expert assessment scores are then processed using Aiken's V formula. Each item with a coefficient equal to 1.00 is considered valid. Regarding the interpretation of the results, there are several views. The minimum value of the V index that can be adequate

depends on the number of raters and the number of assessment rating categories (Hendryadi, 2017). The Aiken's V coefficient value ranges from 0 - 1. The closer to 1, the more adequate the content validity of each item will be (Dewi & Paramastri, 2022; Widodo et al., 2022). In this study, with a total number of raters of 5 people and a range of assessment categories of 3, the minimum V requirement that can be said to be adequate is 0.9

## Results and Discussion

Based on Aiken's V analysis results, the module components with the highest ratings are the cognitive dimensions and mental health literacy (1.0); this shows that experts assess that an understanding of cognitive development in adolescents and an introduction to mental health situations is the basic literacy related to mental health that students need to have at school. Other components, including physical, emotional, social and spiritual dimensions, also get high scores (0.9) but below the cognitive and mental health literacy dimensions; this shows that these topics are also considered essential and valuable by experts as part of primary mental health literacy for students at school.

**Table 2. Results of Aiken's V Analysis Per Dimension**

Module Components	Rater 1	Rater 2	Rater 3	Rater 4	Rater 5	Total Aiken's V
<b>Module 1: Introspection and Reflection on the Physical Dimension</b>						
<u>Exercise</u>	2	3	3	3	3	0.9
1. Participants were asked to remember when they were in elementary school and compare which physical parts had changed.						
2. Participants were asked to recall and observe whether their friends also experienced these changes.						
3. Participants discuss which physical parts they like and do not like.						
<u>Material</u>						
a. The ideal form of dimensions of physical changes in adolescents.						
b. Participants' feelings about their physical changes and the responses they received						
c. The function of physical changes in adolescents						
d. Challenges of adolescent physical changes						
<b>Module 2: Introspection &amp; Reflection on Emotional Dimensions</b>						
<u>Exercise</u>	2	3	3	3	3	0.9
1. Participants were asked to remember the dominant emotions felt during the past week and explain what body reactions changed and were most felt.						
2. Each participant stated what he felt.						
3. Participants describe their most dominant emotions.						
<u>Material</u>						
a. Emotions from a psychological perspective.						
b. Emotions and emotional responses						
c. Judgment and emotion						
d. Managing emotions						

Module 3: Introspection & Reflection on Cognitive Dimensions						
<u>Exercise</u>	3	3	3	3	3	1.0
<ol style="list-style-type: none"> <li>Participants listen to the episode “Ada Mimpi di Semangkuk Ramen” on the Asah Character podcast or watch a video about Yume Wo Katare.</li> <li>Participants discussed the connection between eating a bowl of ramen and achieving dreams.</li> <li>Participants recorded their life goals in the next 1, 3 and 10 years (3 goals each).</li> </ol>						
<u>Material</u>						
<ol style="list-style-type: none"> <li>Three cognitive approaches: Nativism, Empiricism, and Constructivism.</li> <li>Piaget’s stages of cognitive development.</li> <li>Special cognitive characteristics of adolescents.</li> <li>Thinking about goals.</li> </ol>						
Module 4: Introspection & Reflection on Social Dimensions						
<u>Exercise</u>	2	3	3	3	3	0.9
<ol style="list-style-type: none"> <li>Participants were divided into two groups: the actor group and the observer group.</li> <li>Actor participants demonstrate themselves when they feel alone and when they are with other people in an activity; then, the group of observers will observe (this is done in turns)</li> <li>Participants explain the results of their observations of themselves and their friends.</li> </ol>						
<u>Material</u>						
<ol style="list-style-type: none"> <li>Group behaviour</li> <li>Social influence</li> <li>Social comparison</li> <li>Social presentation</li> </ol>						
Module 5: Introspection & Reflection on the Spiritual Dimension						
<u>Exercise</u>	2	3	3	3	3	0.9
<ol style="list-style-type: none"> <li>Participants are given a moral case and asked to discuss it in groups.</li> <li>Each group presents the results of their discussion, and the other groups check whether the answers are the same or different.</li> <li>Each group explains the origin of the reference for their moral judgment.</li> </ol>						
<u>Material</u>						
<ol style="list-style-type: none"> <li>Stages of moral development.</li> <li>Morals from a religious point of view.</li> </ol>						
Module 6: Mental Health Literacy						
<u>Exercise</u>	3	3	3	3	3	1.0
<ol style="list-style-type: none"> <li>Dear my stressor Participants were asked to recall what stress had arisen in their lives in the past week. Afterward, participants answered several reflective questions: a) what was the cause? b) who was there at the event?; c) how do the five senses react?; d) what thoughts</li> </ol>						

arise?; and e) what did the participants feel then?

- b. Reality check!  
After digesting the previous material, participants are asked to reread the answers to Activity 1. Then, they answer the following questions: a) What is the mental health situation of the participants in the story? b) What is the reason?
- c. All participants are invited to collect vocabulary that describes various mental health situations.

Material

- a. What is mental health literacy
- b. Stress
- c. Mental health problems
- d. Mental disorders

Apart from assessing the module content, there is a comments column where experts can write input that needs to be considered to improve the quality of the module. The suggestions from the experts are to add new themes to the module design, such as themes of self-acceptance, social skills, knowledge of mental health help and how to access it. The researchers should have followed up on suggestions that added module content because the maximum implementation duration for each dimension in this module was 90 minutes. Meanwhile, the busy school schedule creates technical obstacles for researchers and module implementers in the field when adding further material. Because the existing module content already has a value ranging from 0.9 – 1.0, the content is deemed sufficient to fulfill the module’s objectives.

**Table 3. Module material improvement themes based on expert comments**

Physique	Accepting your	Emotion	Cognitive	I Individuals in Groups	Spirituality	External Help
How to maintain physical hygiene	Self-acceptance techniques	Introduction to positive and negative emotions	How to respond or respond to cognitive changes	Recognition of responses when in a diverse group	The importance of spiritual growth at every stage of human development	Where should you go if teenagers experience things related to mental health?
Physical changes related to puberty (hormones, organs, reproduction, brain development)	Understanding self-acceptance	The time is right to manage emotional responses	How to develop cognitive concrete steps	Adjustment to social influence from a group		Forms of help from other people
		How to channel emotions appropriately	How to resolve cognitive-related conflicts due to	Consider points of view, ethics, and pros and cons of solving		

	social demands	problems
Physical reactions arising from emotions	Self-control & decision making	Changes in the focus of teenagers who tend to be friends rather than family
Inappropriate emotional response		Changes in social demands and self-acceptance amid the environment (social comparison)
Emotional coping strategies		
Stress coping strategies		

Meanwhile, regarding module delivery techniques, experts provide suggestions to add:

1. Moments of student reflection regarding their experiences on the topic being discussed;
2. Use of interactive media;
3. Select more popular and not scientific words so students can easily understand them.

**Table 4. Themes for improving module delivery techniques based on expert comments**

Self-reflection	Media
Participants reflect on their life goals	The teacher facilitates the video with translation so that participants who are passive in foreign languages can understand.
Participants present the results of their reflection	Participants utilized the emotion wheel to provide information related to labeling emotions. Teachers apply engaging and interactive data collection media.

Based on the validation results of this module, it is known that according to experts from schools and clinical psychologists, the content of adolescent mental and cognitive health situations is essential and valuable to include as a psychoeducation topic. Apart from these two topics, modules regarding understanding and managing emotional responses, social and spiritual development of adolescents, and understanding physical changes and body image are also considered essential and valuable for inclusion in adolescent mental health psychoeducation; this is in line with the results of previous studies regarding the concept of mental health literacy that mental health issues that only focus on recognizing symptoms of mental disorders can have undesirable consequences, namely labeling regular stressful events in daily life with diagnostic labels (Ahuvia et al., 2023; Nam & Urbina-Johanson, 2023). Efforts to ensure that awareness regarding mental health is balanced can include presenting a mental health perspective that is more than just a diagnostic label, one of which is an understanding of the physical, cognitive, social and emotional dimensions of individuals affected by the consequences of their self-identity development.



Mental health promotion programs based on academic settings in schools and campuses with an audience of children, teachers and even parents have been carried out in various forms, one of which is basic psychological help training (Liang et al., 2023), psychoeducation to increase mental health literacy (Atilola et al., 2022; DiGirolamo et al., 2021), seminars on stress management (Till et al., 2024), as well as psychoeducation regarding sexual violence (Dewi & Paramastri, 2022). All of these programs have the same goal, namely exposure to issues regarding mental health. The expansion of mental health psychoeducation content, which does not only emphasize recognizing symptoms and diagnostic labels, can also be seen in the results of recent studies, one of which is Krokos et al. (2024), who developed mental health literacy psychoeducation content in the form of education about physical, emotional intelligence, relationships with other people, life values/goals, stress, and situations around the individual. Laurenzi et al. (2024) also include content regarding emotional regulation, stress management, problem-solving, interpersonal skills, and assertive training on the issue of drug and alcohol abuse in mental health psychoeducation in schools.

Zhang et al. (2023) research on adolescents in China found that mental health literacy was negatively correlated with psychological distress, which was moderated by a person's psychological resilience. However, in adolescents who perceive themselves as having a low economic status, mental health literacy is closely related to their psychological resilience. This study shows that mental health literacy is not directly related to psychological distress; instead, there are resilience variables and economic factors; this indicates that psychoeducation regarding mental health issues is not enough to emphasize recognizing symptoms of mental disorders but also needs to introduce other aspects of mental health promotion.

The media used in this module uses a conventional approach: direct face-to-face meetings, lectures, group discussions, and games. Till et al. (2024) revealed that increasing knowledge and attitudes using face-to-face methods is more effective than online methods, which can only increase knowledge regarding mental health issues. However, a study by Hassen et al. (2022) shows that implementing a mental health curriculum using social media can also increase adolescent mental health literacy, even reaching a wider audience. Mental health psychoeducation that utilizes digital media has also been carried out in Indonesia in mental health promotion programs. The results showed that there was no significant increase between the group given psychoeducation and the control group (Rulangi & Hastjarjo, 2016), while the delivery method through case studies, role-playing simulations for teenagers or virtual meetings with peer counselors showed significant results in increasing knowledge and attitudes related to mental health (Isni & Laila, 2022; Syafitri & Rahmah, 2021).

Based on the results of the module content validation study, it is known that according to experts, the module content is considered adequate. However, regarding delivery techniques in the field, creative methods will need to be used by the resource person. Several limitations in this study need to be considered for follow-up, namely the limited profession and number of experts who are only represented by clinical psychologists, counseling teachers and school principals. School students have yet to present, and analysts have been repressing the module's content and method. Apart from that, there is still a need to develop measuring tools for each module dimension to determine its effectiveness. However, adequate validation results show that experts consider the module content sufficient to increase mental health literacy among students at school.

## **Conclusion**

The results of this study show that the primary mental health literacy module is considered content valid based on assessments from experts, namely school practitioners and clinical psychologists, with an Aiken's V score (0.9 – 1.0); this means that the module

content is essential and valuable for students to implement. The increasing prevalence of cases of mental disorders raises the urgency to understand mental health literacy. For teenagers, school is the initial setting in which they extend their social context and where they spend most of their time. Thus, psychoeducation related to mental health by experts/practitioners is essential and needs to be followed up.

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