

Short Communication

Mental Health Problems in Indonesian Children: A Review Study

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Abstract

Objective: This study aims to review scientific literature about Mental Health Problems (MHP) in Indonesian population, especially children and important findings of the studies.

Materials & methods: Two methods of searching were conducted; English peer-reviewed literature from Pub Med and MEDLINE and the keywords included Mental Health Problems, children, Indonesia. Specifically, mood disorder, schizophrenia, anxiety, phobia, insomnia, ADHD and OCD were also included. Several related studies published in Bahasa (Indonesian Language) were searched in Indonesian version of Google with “masalahkehatanjiwa” and “anak” as the keywords.

Results & discussion: At least, there are eight studies conducted in Indonesia related to MHP in children both in national and international publications. The studies applied various instruments and revealed different results. The majority of the studies found that Indonesian children had risk for MHP, some factors such as academic competence, family relationship, and maternal parenting stress related to MHP, and some intervention-based researches reported to have effective result in this population, such as atypical antipsychotic in adolescents with schizophrenia, Stroop test in children with ADHD and Triple P-Positive Parenting Program in children with emotional and behavioral problems. More studies should be conducted to investigate factors related to MHP based on Indonesian population as well as interventions to minimize the impact of MHP in children in Indonesia.

Keywords

- Mental Health Problems
- Children
- Indonesia
- Review study

ABBREVIATIONS

MHP: Mental Health Problems

INTRODUCTION

MHP in Indonesian children population is not a new phenomenal issue, but related clinical and epidemiological studies are rarely to be conducted in Indonesia. In fact, the prevalence gradually increases every year, although the numbers cannot be properly specified. Unfortunately, many reports revealed that Indonesian children may be affected by MHP in various forms, both as abusers and victims [1,2]. Some studies found that MHP in children expose them to early criminal behaviors such as smoking, drug use and pornography, and psychiatric diseases, such as bipolar disorder and suicide [3-5]. Unlike MHP in adults, MHP in children is more difficult to detect because their inner world has not well developed yet. Therefore, it is important to conduct early detection of MHP in Indonesian children, so the number of MHP in adults can be reduced and avoided, because MHP in children predicted MHP in adult [6].

Even the impacts of MHP in children seem to be serious, but the literature about MHP in children population in Indonesia is still limited. This paper purposed to review scientific literatures

about MHP in Indonesian children population that were published nationally and internationally, including related factors as well as any intervention to minimize the impact of MHP in children

MATERIALS AND METHODS

There were two methods of searching conducted in this paper; English peer-reviewed literatures from Pub Med and MEDLINE and Indonesian literatures from Indonesian version of Google. The keywords for English publication included Mental Health Problem, children, Indonesia. Specifically, mood disorder, schizophrenia, anxiety, phobia, insomnia, ADHD and OCD were also included. Meanwhile, “masalahkehatanjiwa” and “anak” were the keywords included to search several related studies published in Bahasa (Indonesian Language). Any related articles including titles, abstracts and full articles were evaluated and reviewed

RESULTS AND DISCUSSION**English Publication studies**

In Pub Med publication, I found five studies that focus on MHP in Indonesian children population. The first study revealed that, mostly Acehnese (one of provinces in Indonesia) children at

school had emotional symptoms (37.8%) higher than any other MHP, such as peer problems, conduct problem, and hyperactivity. The study also found that three factors such as academic competence, family relationship, and maternal parenting stress related to MHP in school-aged children ($r = -0.177, -0.176$ and 0.173 $p < 0.05$ respectively). Furthermore, age related to peer problems negatively ($r = -0.162$ $p < 0.05$), and maternal parenting behavior had negative relationship with emotional symptoms ($r = -0.287$ $p < 0.05$) and positive relationship to both conduct problems and hyperactivity ($r = 0.162, 0.143$, $p < 0.05$ respectively). Maternal depression was also found to be related to emotional symptoms and hyperactivity ($r = 0.236$ and -0.158 , $p < 0.05$ respectively). The second study discussed that medication adherence of some children with schizophrenia is affected by parental relationship (24.4%). This study suggested parents to improve their relationship with schizophrenic children in order to increase medication adherence and avoid relapse [7,8].

In addition, the other three studies are intervention-based study. First study found that adolescents with schizophrenia who had atypical antipsychotic medication showed higher executive function. The adolescents were treated with risperidone,

aripripazole, olanzapine and clozapine for one to 36 months. Compared to controlled group, the adolescents showed higher for BRIEF T score such as on emotional state, initiate scale, monitor scale, and behavior regulation index (detail in Table 1). The study suggested taking atypical antipsychotic medication for adolescents with schizophrenia in order to maintain and improve their executive function [9]. The second study revealed that age may influence the result of Stroop test in children with ADHD. Compared to young school-aged children (children aged 6-9 years old), older school-aged children (children aged 10-13 years old) showed significantly delayed completion time for the CST and IST compared with controls of the same age. This study suggested that Stroop test may differentiate ADHD in older school-aged children or preadolescent children [10]. The third study discussed that the Triple P-Positive Parenting Program Seminar Series was effective to help parents of children with behavioral problems. The study involved 143 parents of children aged 2-12 years. It was reported that intervention group had a greater decrease in child behavioral problems ($d = 0.45$), dysfunctional parenting practices ($d = 0.69$), parental stress ($d = 0.44$), and a greater increase in parenting confidence ($d = 0.45$). It is suggested that the program was effective to improve parenting skill and control

Table 1: English and Bahasa published articles related to MHP in Indonesian children population.

No	Searching engine (language)	Authors (years) & research design	Samples & Instruments	Important Findings
1	Pub Med (English)	Saputra, Yunibhand&Sukratul (2017). A correlational study.	143 children aged 6-12 years old and their mothers. SDQ.	37.8% children had emotional symptoms. Factors such as academic competence, family relationship and maternal parenting stress related to MHP in school-aged children.
2.	Pub Med (English)	Wiguna et al. (2015) A descriptive study	180 children with schizophrenia and their parents. Indonesian version of FACES IV	75.6% parents of children with schizophrenia experienced a healthy parental relationship, a small number of Indonesian parents with schizophrenic children experienced an unhealthy parental relationship
3	Pub Med (English)	Wiguna et al. (2014) Cross sectional study with control group	45 adolescents with schizophrenia and 135 adolsecents in control group. Indonesian version BRIEF questionnaire.	Mean of age was 16.27 (standard deviation 1.86) year-old. Most of the case group (95%) has been treated with atypical antipsychotic such as risperidone, aripripazole, olanzapine, and clozapine for one to 36 months. The prevalence risk ratio on several clinical scales were higher in children with antipsychotic-treated schizophrenia compared to control group, such as on emotional state (PRR= 7.43, 95% confidence interval [CI]=2.38-23.15), initiate scale (PRR=6.32, 95% CI=2.51-15.95), monitor scale (PRR=8.11, 95% CI=2.0-32.86), and behavior regulation index (PRR=4.09, 95% CI=1.05-15.98)
4	Pub Med (English)	Thursina et al (2015) A quasi experiment study.	65 children with ADHD and 70 children in control group. ACTRS, ACPRS, WISC III, MMMSEC	As for the error rates of the CST and IST, ADHD and control children at 6-9 years old showed no difference. However, error rates of CST and IST in the ADHD children at 10-13 years were significantly higher than those of control of the same age.

5	Pub Med (English)	Sumargi, Sofronoff & Morawska (2015). A randomized-controlled trial.	A total 143 parents of children aged 2-12 years old; 72 parents in intervention group and 71 parents in control group. FBQ, CAPES, PAFAS, PAQ, PSS,	Parents in the intervention group reported a greater decrease in child behavioral problems ($d = 0.45$), dysfunctional parenting practices ($d = 0.69$), parental stress ($d = 0.44$), and a greater increase in parenting confidence ($d = 0.45$) in comparison to parents in the waitlist control group at post intervention
6.	Indonesian version of Google (Bahasa)	Warastuti&Otomo (2013) A descriptive study	31 children aged 6-12 years old, PSC.	74% of children have less risk for MHP and no need for further test, meanwhile other 26% children have higher risk for MHP and need for further test.
7.	Indonesian version of Google (Bahasa)	Isfandari&Suhardi (1997). A descriptive study	1000 children aged 5-14 years old, RQC.	10.2% children had MHP, but no specific problem reported.
8.	Indonesian version of Google (Bahasa)	Wiguna et al (2010). A descriptive study	161 children aged 6-12 years old, SDQ.	42.2% children had emotional problems, and other majority children (54.81%) exhibited peer problems.

Abbreviations: MHP: Mental Health Problems; SDQ:Strengths and Difficulties Questionnaire; BRIEF: Behavior Rating Inventory of Executive Function; ACTRS: Abbreviated Corner's Teachers Rating Scale; ACPRS:Abbreviated Corner's Parents Rating Scale;WISC: Wechsler Intelligence Scale, MMMSEC: Modified version of the Mini Mental State Examination for Children; FBQ:The Family Background Questionnaire; CAPES:The Child Adjustment and Parent Efficacy Scale; PAFAS: The Parenting and Family Adjustment Scale; PAQ:The Parent Acceptability Questionnaire; PSS: The Parent Satisfaction Survey;FACES IV: Family Adaptability and Cohesion Evaluation Scale IV; PSC: Pediatric Symptoms Checklist; RQC: Report Questionnaire for Children

behavioral problems of children [11].Unfortunately, no closely related articles were suggested in MEDLINE publication with the same key words.

Bahasa publication studies

Finding bahasa published studies; the author searched the related papers by using Indonesian version of Google. There were three studies published in Indonesian journal with concerned issue. First study focused on school-aged children (6 – 12 years old) and suggested to conduct initial assessment of MHP. The study found that 74% of children have lower risk for MHP and they were not referred to have further examination, but the other 26% have higher risk for MHP and suggested to have other examination [12]. Of 1000 children aged 5 – 14 years old in the second study, 10.2% children suffered from MHP. This study also found that there were no differences of MHP in gender, provinces or rural and urban area [13]. But, the weakness of the above studies is, no specific MHP is discuss because they only focus on initial screening of MHP, so other study was suggested to investigate the type of MHP in order to specify appropriate interventions. The last study stated specific MHP clearly. This hospital based study found that 42.2% of school-aged children have emotional symptoms and the other majority of children (54.81%) exhibited peer problems [14]. The detailed information about reviewed studies as mentioned in Table (1).

The implication of the studies

Both of English and bahasa publication studies revealed that children in Indonesia are suffering from MHP, but the number of related studies is still limited. Two studies conducted at school and hospital found the similar finding, that school-aged children in Indonesia have emotional symptoms more than other problems. Children with emotional problems tend to have higher risk for depression. Later on, if the depressed children are not treated appropriately, they will have higher risk for suicide [4]. The other interesting findings of the studies revealed that, some family

factors should increase the risk of MHP in children, the factors such as family relationship, maternal parenting stress, maternal parenting behavior and maternal depression is important to note in order to minimize the risk for MHP in children. In addition, some intervention-based studies found different facts such as atypical antipsychotic medications are effective to maintain executive function of adolescents with schizophrenia, Stroop test is effective to separate ADHD in preadolescent children and Triple P intervention is a helpful program for parents of children with behavioral problems in Indonesia

CONCLUSION

MHP have many consequences in later life of the children. Once when children become adults, undetected and untreated MHP increase the severity of MHP. Considering the serious impacts of MHP in children population in Indonesia, further researches are needed to fulfill the gap of knowledge of the related issue, because the study about MHP in Indonesian children population is still limited. The other researches are expected to focus more on interventions, especially family based intervention because some investigated factors of children with MHP related to family.

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