Vol. 1 No. 1 (2023): June

Calming Corner Therapy in An Effort to Increase Mental Resilience in Adolescents

M.Elyas Arif Budiman¹, Zidni Nuris Yuhbaba¹, Hendra Dwi Cahyono¹

¹Fakultas Ilmu Kesehatan, Universitas dr. Soebandi, Jember, Indonesia **Email:** elyasarifbudiman@uds.ac.id

Abstract

Mental health issues have reflected an important role in various aspects of adolescent life including their ability to be involved in education, engage in constructive family relationships and friendships and develop independence. Therefore, prevention, care and support are a fundamental part of the services to be provided to the adolescent population. The purpose of this community service activity is to organize activities that can be used as an effort to improve mental health in adolescents through the Calming Corner Therapy program. Calming corner therapy activities are carried out for 4 weeks where for 4 weeks one meeting is held a week for 60-80 minutes. Calming Corner Therapy provides a guidance process for various interventions that can be applied independently by adolescents and jointly explore various approaches to find the right combinations and solutions for adolescents experiencing mental health problems. The results of the calculations show that of the 50 adolescents who take part in community service activities in calming corner therapy in an effort to increase mental resilience in adolescents, 86% have positive resilience and 14% have negative resilience. Calming Corner Therapy is one of the activities that can help students improve their mental resilience. Therefore community service activities in schools need to be developed in a sustainable manner.

Keywords: Calming Corner Therapy, Adolescents, Resilience

Introduction

Mental health problems are one of the leading causes of health-related disability among children and adolescents worldwide (Kieling et al., 2011). The prevalence of mental health disorders has been reported to increase in adolescence. Worldwide, estimates suggest that up to 20% of children and adolescents have a mental health disorder, accounting for the majority of global mental illness. Emotional disorders such as anxiety and depression were found to be the most common mental disorders experienced by young people (Clarke et al., 2020).

The Indonesia National Adolescent Mental Health Survey (I-NAMHS), the first national mental health survey to measure the incidence of mental disorders in adolescents aged 10 – 17 years in Indonesia, shows that one in three Indonesian adolescents has mental health problems while one in twenty Indonesian adolescents have had a mental disorder in the last 12 months. This figure is equivalent to 15.5 million and 2.45 million teenagers. Adolescents in this group are adolescents diagnosed with mental disorders according to the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5), which is a guide for diagnosing mental disorders in Indonesia. While the government has increased access to various health facilities,

Open Acces ©Budiman
Published by **The Blambangan Scholar**© ① ①
This work is licensed under the Creative Commons Attribution 4.0

few teenagers seek professional help for their mental health problems. Almost 20% of Indonesia's total population is in the age range of 10 – 19 years, so the teenage population can be said to have an important role in Indonesia's development and around 2.6% of teenagers who have mental health problems use mental health facilities or counseling to help them overcome their emotional and behavioral problems in the last 12 months (Indonesia - National Adolescent Mental Health (I-NAMHS), 2022).

Several factors have been identified to influence mental health among adolescents, including bullying, discrimination, low socioeconomic status, low physical activity, smoking, and drinking alcohol (McLaughlin et al., 2011). Poor family functioning has also been reported in the literature to be strongly associated with poor adolescent mental health (Laird & Kuhn, 2014). The literature shows that adolescent mental health is influenced by individual attributes and the daily life context in which adolescents grow up, including school, which is the primary developmental setting (Cefai & Cavioni, 2015). Students who experience mental health difficulties at school tend to exhibit poor school adjustment, reduced concentration, low achievement, problematic social relationships and higher levels of health risk behaviours, such as drug use, dropping out of school and resulting in expulsion (Farina et al., 2021).

Mental health problems have important implications on various aspects of adolescents' lives including their ability to engage in education, engage in constructive family relationships, and make friends and develop independence. Therefore, detection, treatment and support are fundamental parts of the services to be provided to the adolescent population (Twenge & Joiner, 2020). Despite increasing recognition of the existing burden and negative impact of mental health disorders among adolescents, global challenges remain in terms of the capacity to collect consistent epidemiological information on this issue (Choi & Easterlin, 2018). It is important to provide context to understand the magnitude of this clinical problem, which in turn will allow identification of gaps in services to support youth mental health, quantification of child and youth mental disorders, economic costs of impairment, or lost potential for individuals or society (Kieling et al., 2011).

Schools, as educational institutions, need to make efforts to help improve the mental health welfare of teenagers, so that they are able to become resilient teenagers in situations and living environments that are full of temptation and stress. These life skills can be taught in school in many ways. One way is to use an activity that accommodates a place and place for students to

express what is on their minds through Calming Corner Therapy activities at school. Calming Corner Therapy activities will provide a guidance process for various interventions that can be applied independently by teenagers and jointly explore various approaches to find the right combination and solution for teenagers who experience mental health problems. The partner in this research is MAN 2 Jember, where the school has youth characteristics that are in line with the targets of community service and this activity is a form of implication of the results of the research that has been carried out.

Identification of Problems

The rapid development of technology opens up new opportunities and ways to do many things, including developing the world of education. Currently, various technologies have been developed that can be used to develop the world of education, including to support learning. One of the learning media that is currently developing so rapidly is smartphones with various relevant application features.

One activity program that can be used as an effort to improve mental health in teenagers is through the Calming Corner Therapy program. Calming Corner Therapy is a platform that is used to provide support with the aim of helping teenagers learn skills and tools that can be used to overcome the symptoms of mental health problems they are facing. Calming Corner Therapy activities will provide a guidance process for various interventions that can be applied independently by teenagers and jointly explore various approaches to find the right combination and solution for teenagers who experience mental health problems. In each session, teenagers will be grouped according to the intervention options chosen to improve mental health and will be guided by one facilitator.

The partner school, namely: MAN 2 Jember has many very adequate students. Utilizing the Calming Corner Therapy activity is one of the activities that can help students improve the mental resilience of teenagers. Therefore, community service activities at this school are very appropriate. This is in the context of socializing, introducing and strengthening adolescent health which is packaged in a creative and fun way and helps visualize mental health problems in adolescents. Partner schools, especially guidance and counseling teachers, will be given health modules and the formation of mental health cadres for students.

Implementation Methodology

Calming Corner Therapy is a platform that is used to provide support with the aim of helping teenagers learn skills and tools that can be used to overcome the symptoms of mental health problems they face (Thompson, 2021). Calming Corner Therapy will provide a guidance process for various interventions that can be applied independently by teenagers and jointly explore various approaches to find the right combination and solution for teenagers who experience mental health problems. This method is used so that teenagers as program targets not only understand and comprehend, but also play an active role by practicing what they already know in this activity.

The series of community service activities are ongoing activities carried out at MAN 2 Jember as a form of implication of the results of research that has been carried out. Apart from that, the series before the activity took place, such as the introduction of the program and event concept, was carried out using socialization and survey methods. The socialization method is carried out in a persuasive way so that the target is enthusiastic about the program. Meanwhile, the survey method is carried out by filling out a questionnaire regarding the choice of various therapies that teenagers want to participate in according to their wishes, so as to obtain informative answers and make it easier to filter targets that will be included in the implementation of the Calming Corner Therapy program.

The calming corner therapy activity was carried out for 4 weeks, where for 4 weeks there was one meeting a week for 60-80 minutes. Calming Corner Therapy provides a guidance process for various interventions that can be applied independently by teenagers and jointly explore various approaches to find the right combination and solution for teenagers who experience mental health problems. In each session, teenagers will be grouped according to the intervention options chosen to improve mental health and will be guided by one facilitator.

Results and Discussion

The analysis was carried out to get an overview of the calming corner therapy community training program in an effort to increase mental resilience in teenagers. The results of community service activities that have been carried out on 50 teenagers can be presented in the following table:

Table 1.1 Results Description of Frequency of Adolescents Participating in Community Service Activities

Characteristic Responden	Amount	Persentase
Men	25	50.0
Women	25	50.0
Total	50	100.0

The calculation results show that of the 50 teenagers who took part in the calming corner therapy community service activity in an effort to increase mental resilience in teenagers, 50% were men and 50% were women.

Table 1.2 Results Description of Class Origin Frequency in Community Service Activities

Class	Frequency	Percentage
11-Science	16	32.0
11-Social	19	38.0
11-Religious	15	30.0
Total	50	100.0

The calculation results show that of the 50 teenagers who took part in calming corner therapy community service activities in an effort to increase mental resilience in teenagers, 38% were from class 11 social studies, 32% from class 11 science and 30% from class 11 religion.

Table 1.3 Data Frequency Description Results Based on the Level of Adolescent Interest in the Program

Interest	Frequency	Percentage
Interested	27	54.0
Quite Interested	17	34.0
Not interested	6	12.0
Total	50	100.0

The calculation results show that of the 50 teenagers who took part in the calming corner therapy community service activity in an effort to increase mental resilience in teenagers, 54% were interested in the program, 34% were quite interested and 12% were not interested in the program.

Table 1.4 Results of Frequency Description of Adolescent Pretest Data Regarding Mental Resilience

Knowledge	Frequency	Percentage
Good Knowledge	4	8.0
Sufficient Knowledge	31	62.0
Lack of Knowledge	15	30.0
Total	50	100.0

The calculation results show that of the 50 teenagers who took part in the calming corner therapy community service activity in an effort to increase mental resilience in teenagers, 62% had sufficient knowledge, 30% had poor knowledge and 8% had good knowledge.

Table 1.5 Results of Frequency Description of Adolescent Posttest Data Regarding Mental Resilience

Knowledge	Frequency	Percentage
Good Knowledge	35	70.0
Sufficient Knowledge	13	26.0
Lack of Knowledge	2	4.0
Total	50	100.0

The calculation results show that of the 50 teenagers who took part in the calming corner therapy community service activity in an effort to increase mental resilience in teenagers, 70% had good knowledge, 26% had sufficient knowledge and 4% had poor knowledge.

Table 1.6 Results of Data Frequency Description Based on Level of Resilience in Adolescents After Activities

Resilience Level	Frequency	Percentage
Positive Resilience	43	86.0
Negative Resilience	7	14.0
Total	50	100.0

The calculation results show that of the 50 teenagers who took part in the calming corner therapy community service activity in an effort to increase mental resilience in teenagers, 86% had positive resilience and 14% had negative resilience.

Research on resilience has become a major theme in developmental psychopathology focusing on the question of why some children and adolescents maintain positive adaptation despite experiencing "distressing and socially demanding life conditions" such as bullying, impaired self-concept, stress, trauma, and anxiety (Listiyandini, 2018).

Resilience as an indicator of positive youth development means that positive youth development is a necessary condition for resilience, and resilience needs to reflect positive youth development (Vostanis, 2016). The adaptation model argues that adaptation to various developmental tasks is essential for positive youth development and that adaptation produces competencies that promote resilience (W. Stuart, 2013). These competencies consist of the ability to maintain a positive self-image, self-control, decision making, moral reasoning, and social connectedness.

Resilience as a capacity refers to an individual's capacity to adapt to change and stressful events in a healthy way (Masten & Barnes, 2018). Resilience as a process is considered a process of reintegration and returning to normal functioning with the support of protective factors after facing severe stressors (Masten & Barnes, 2018). Resilience as an outcome is defined as a positive and beneficial outcome that results from successfully navigating a stressful event (Chmitorz et al., 2018). Resilience has been defined as a construct multidimensional in its operational characteristics, and a key variable in predicting positive outcomes in the face of adversity.

School facilities and support that focus on increasing adolescent resilience are very important for adolescents to facilitate and maintain healthy adolescent development. Additionally, resilience-focused groups can be used for students who require more intensive intervention due to the severity of the difficulties (Steinhardt & Dolbier, 2008). Additionally, specific intervention programs such as adventure-based counseling may be used (Steinhardt & Dolbier, 2008). One effort that can be developed to increase the mental resilience of teenagers is through Calming Corner Therapy activities. Calming Corner Therapy is a platform that is used to overcome the symptoms of mental health problems they face (Thompson, 2021). Calming Corner Therapy provides a guidance process for various interventions that can be applied independently by teenagers and jointly explore various approaches to find the right combination and solution for teenagers who experience mental health problems.

Conclusion

School facilities and support that focus on increasing adolescent resilience are very important for adolescents to facilitate and maintain healthy adolescent development. Calming Corner Therapy activities will provide a guidance process for various interventions that can be applied independently by teenagers and jointly explore various approaches to find the right combination and solution for teenagers who experience mental health problems. Utilizing the Calming Corner Therapy activity is one of the activities that can help students improve the mental resilience of teenagers.

Acknowledgments

The author would like to thank the University of dr. Soebandi who has provided financial support for the implementation of this activity.

References

- Cefai, C., & Cavioni, V. (2015). Beyond PISA: Schools as Contexts for the Promotion of Children's Mental Health and Well-Being. *Contemporary School Psychology*, 19(4), 233–242. https://doi.org/10.1007/s40688-015-0065-7
- Chmitorz, A., Kunzler, A., Helmreich, I., Tüscher, O., Kalisch, R., Kubiak, T., Wessa, M., & Lieb, K. (2018). Intervention studies to foster resilience A systematic review and proposal for a resilience framework in future intervention studies. *Clinical Psychology Review*, 59, 78–100. https://doi.org/10.1016/j.cpr.2017.11.002
- Choi, K. R., & Easterlin, M. C. (2018). Intervention models for increasing access to behavioral health services among youth: A systematic review. *Journal of Developmental and Behavioral Pediatrics*, 39(9), 754–762. https://doi.org/10.1016/j.jadohealth.2016.06.020
- Clarke, A., Pote, I., & Sorgenfrei, M. (2020). Adolescent mental health evidence brief 1: Prevalence of disorders. *Early Intervention Foundation Adolescence: Mental Health Evidence (Brief 1), October 2020*, 1–9. https://www.eif.org.uk/report/adolescent-mental-health-evidence-brief-1-prevalence-of-disorders
- Farina, N., Williams, A., Clarke, K., Hughes, L. J., Thomas, S., Lowry, R. G., & Banerjee, S. (2021). Barriers, motivators and facilitators of physical activity in people with dementia and their family carers in England: dyadic interviews. *Aging and Mental Health*, 25(6), 1115–1124. https://doi.org/10.1080/13607863.2020.1727852
- Indonesia National Adolescent Mental Health (I-NAMHS). (2022). *Remaja Indonesia Memiliki Masalah Kesehatan Mental*. Universitas Gadjah Mada. https://pkr.fk.ugm.ac.id/penelitian/indonesia-national-adolescent-mental-health/
- Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., Rohde, L. A., Srinath, S., Ulkuer, N., & Rahman, A. (2011). Child and adolescent mental health worldwide: Evidence for action. *The Lancet*, 378(9801), 1515–1525. https://doi.org/10.1016/S0140-6736(11)60827-1
- Listiyandini, R. A. (2018). The Influence of Gratitude on Psychological Resilience of Adolescence Living in Youth Social Care Institutions. *Journal of Educational, Health and Community Psychology*, 7(3), 197. https://doi.org/10.12928/jehcp.v7i3.10894
- Masten, A. S., & Barnes, A. J. (2018). Resilience in children: Developmental perspectives.

- Children, 5(7), 1–16. https://doi.org/10.3390/children5070098
- McLaughlin, K. A., Breslau, J., Green, J. G., Lakoma, M. D., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2011). Childhood socio-economic status and the onset, persistence, and severity of DSM-IV mental disorders in a US national sample. *Social Science and Medicine*, 73(7), 1088–1096. https://doi.org/10.1016/j.socscimed.2011.06.011
- Steinhardt, M., & Dolbier, C. (2008). Evaluation of a resilience intervention to enhance coping strategies and protective factors and decrease symptomatology. *Journal of American College Health*, *56*(4), 445–453. https://doi.org/10.3200/JACH.56.44.445-454
- Thompson, C. (2021). *The Impact of a Classroom Calm Down Corner in a Primary Classroom*. https://nwcommons.nwciowa.edu/education_masters/302/%0Ahttps://nwcommons.nwciowa.edu/cgi/viewcontent.cgi?article=1304&context=education_masters
- Twenge, J. M., & Joiner, T. E. (2020). Mental distress among U.S. adults during the COVID-19 pandemic. *Journal of Clinical Psychology*, 76(12), 2170–2182. https://doi.org/10.1002/jclp.23064
- Vostanis, P. (2016). New approaches to interventions for refugee children. *World Psychiatry*, 15(1), 75–77. https://doi.org/10.1002/wps.20280
- W.Stuart, G. (2013). Psychiatric (10 (ed.)). ELSEVIER.