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Application of Supportive Therapy Group for Mental-Emotional Problems of Adolescents

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ABSTRACT

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Mental health; Strengths and Difficulties Questionnaire; Teenager. Indonesia National Adolescent Mental Health Survey (I-NAMHS) shows that one in three adolescents aged 10-17 years in Indonesia had mental health problems in the last 12 months, equivalent to 15.5 million adolescents in the country and one in 20 adolescents aged 10-17 years in Indonesia also experience mental disorders equivalent to 2.45 million adolescents in the country. Of the 120 respondents, it was found that there were several emotional and mental problems, namely, the aspect of emotional problems in the high abnormal category. This study aims to determine the effect of implementing supportive therapy on adolescent mental problems. This study employs a quantitative, quasi-experimental pre-post-test design with a control group. The inclusion criteria are divided into class A and class B. The total sample used based on the screening results is 120 adolescents. 60 adolescents from class A were given the intervention group, and 60 adolescents from class B were made the control group and did not receive group supportive therapy. The sampling technique used in this study was the total sampling technique. The instrument used was the Strengths and Difficulties Questionnaire (SDQ). The results of the study obtained a range of mental and emotional problems of adolescents in the intervention group before therapy, namely emotional problems 48.3%, behavioral problems 26.7%, peer problems 12.5%, and hyperactivity 12.5%. after therapy, emotional problems were 45%, behavioral problems 16.6%, hyperactivity 3.33%, and peer problems 13.3%. This shows that there is a significant difference between the range of mental and emotional problems after being given supportive group therapy.



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INTRODUCTION

According to the latest report by the World Health Organization, mental health conditions are a significant burden of disease for adolescents globally (WHO, 2005). In 2019, it is estimated that 1 in 7 adolescents experienced mental disorders. Based on the results of the 2022 Indonesia National Adolescent Mental Health Survey (I-NAMHS), one in three adolescents aged 10-17 years in Indonesia had mental health problems in the last 12 months, equivalent to 15.5 million adolescents in the country and one in 20 adolescents aged 10-17 years in Indonesia also experienced mental disorders equivalent to 2.45 million adolescents in the country. In North Maluku Province, it was shown that adolescents who experienced mental and emotional problems were around 13% (Ministry of Health Republic Indonesia, 2019). Based on the screening results conducted on students at State High School 2, Ternate City. From 120 respondents, it was found that there were several mental and emotional problems, namely in the aspect of conduct problems (inappropriate behavior or attitudes), with a high proportion of borderline and abnormal values (Indonesia – National Adolescent Mental Health Survey Report, 2022).

The negative impacts on adolescents due to these mental problems include learning difficulties, difficulties in socializing, difficulties in relationships with family, as well as the emergence of rebellious behavior, restlessness, and unstable periods, which are characterized by

symptoms of depression, anxiety, withdrawn behavior, sadness, fear, feelings of guilt which can hinder academic success, relationships with peers, inability to solve problems, attention disorders, hyperactivity, and conflicting behavior not liking to be reprimanded or given positive input, not wanting to follow the rules (Mubasyiroh, R, 2017).

Changes in adolescent behavior in Indonesia are currently very concerning, which are categorized as risky behavior or deviant behavior. In addition, hyperactivity, which is one of the mental problems, can cause cognitive dysfunction and adolescent development disorders. Adolescents have been exposed to smoking habits, alcoholic beverages (liquor), drugs, violence, and mental health problems that will have an impact on the risk of suicide. The results of the 2018 Riskesdas stated that smoking habits increased to 9.1 %. In North Maluku province, around 11% of those categorized as excessive drinking of alcoholic beverages were 2.3%.

To address the mental health issues faced by adolescents, teachers at schools can provide adolescent health education and counseling guidance. In addition, several therapies can be administered to adolescents, including Cognitive Therapy (CT), Behavior Therapy (BT), Cognitive Behavior Therapy (CBT), Logotherapy, Therapeutic Group Therapy (TGT), and Supportive Therapy (Mutiara, 2017). Supportive therapy is a type of therapy provided to clients both individually and in groups. Supportive therapy aims to strengthen healthy psychological functions and adaptive behavioral patterns in clients. This supportive therapy can be used to improve the client's ability to cope with stress, help improve the client's understanding of their condition, help the client meet their expectations, improve adaptation, interpersonal function, emotional stability, resilience in overcoming problems, increase self-esteem, and is very useful for patients who are going through a period of crisis or transition. Therefore, the application of group supportive therapy is considered appropriate to help teenagers overcome the mental and emotional problems they face (Hidayati, 2012). So, researchers are interested in finding out more about the effect of implementing supportive therapy on adolescent mental problems.

METHOD

This study uses a quasi-experimental pre-post test with a control group research design. Give treatment to the independent variable and then see the effect of the treatment on the dependent variable. The treatment provided is group supportive therapy. This study was conducted to determine the impact of group supportive treatment on reducing the range of emotional and mental problems in adolescents at SMA Negeri 2 Ternate. To measure the difference in the range of emotional and mental problems among adolescents, the researcher conducted a pre-test before the intervention and a post-test after the intervention was implemented. The instrument used in this study was the Strengths and Difficulties Questionnaire (SDQ) (Kuesioner Kekuatan dan Kesulitan, 2010).

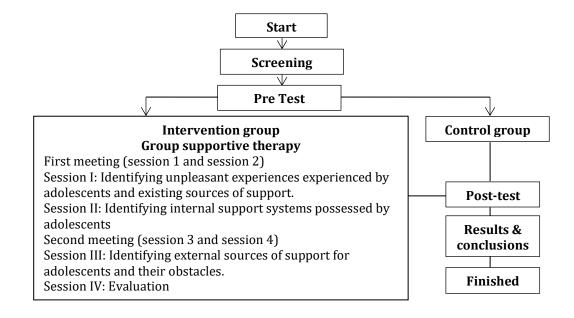


Figure 1. Diagram of research steps

The research was conducted and implemented at SMA Negeri 2 Ternate City. The object of research in this study was adolescents who met the inclusion criteria, namely the general characteristics of the research subjects in the population. The inclusion criteria for adolescents at SMA Negeri 2 Ternate were divided into classes A and B. The intervention group in this study was 1) adolescents aged 12-25 years, 2) screening results showed that adolescents were at risk of experiencing emotional problems, 3) willing to be respondents, and 4) willing to participate in group supportive therapy from the first session to the fourth session. The sampling technique used in this study was the total sampling technique. The total sample used in this study was based on the screening results, namely from 120 adolescents. 60 adolescents came from class A and were given the intervention group, and 60 adolescents came from class B as the control group and did not receive group supportive therapy. This research commenced with the processing of research permits, which received ethical approval number UM.02.03/6/473/2024.

This supportive therapy consists of four sessions combined into two meetings. Each meeting lasts 50-60 minutes. Respondents are grouped according to the mental problems experienced by adolescents who have 2 to 3 emotional and mental issues.

RESULTS

Based on the results of demographic data in this study, it can be seen in Table 1 that from 120 respondents before being given supportive group therapy, most of the adolescent mental health problems were in the emotional problem category with abnormal values of (48.3%). Then, in behavioral issues, abnormal values were 26.7%; for peer problems, abnormal values were 12.5%; and for hyperactivity problems, abnormal values were also 12.5%. This can be harmful to adolescent mental health and can have an impact on adolescent development and everyday life. Cognitive development disorders, learning difficulties due to the inability to concentrate on learning, and misbehaving in the school environment can increase the rate of delinquency and crime in adulthood. Emotional and behavioral problems can lead to persistent behavioral changes, such as dissocial and aggressive behavior. These emotional and behavioral problems often occur in adolescents and can trigger emotional and behavioral disorders.

Table 1. Distribution frequency and percentage of mental emotional problems in adolescents before the administration of the supportive therapy pre-test group

The mental health of teenagers		f	%
Emotional Problems	Normal	52	43.3
	Borderline	10	8.3
	Abnormal	58	48.3
Behavioral Problems	Normal	64	53.3
	Borderline	24	20
	Abnormal	32	26.7
Hyperactivity	Normal	104	86.7
	Borderline	8	6.7
	Abnormal	8	6.7
Peer Group	Normal	70	58.3
	Borderline	35	29.2
	Abnormal	15	12.5

Based on the results of demographic data in this study, it can be seen in Table 2 that from 60 respondents, after being given supportive group therapy, most of the mental and emotional problems had normal values of 50%. Then, for behavioral issues, the normal values were (56.6%); for peer problems, the normal values were (66.6%); and for hyperactivity problems, the normal values were (93.3%). Mental and emotional issues consist of emotional symptoms, behavioral problems, hyperactivity, and peer relationship problems. Based on research results, it turns out that the majority of teenagers do not experience only one of the four mental and emotional

problems. The results of this study are supported by research conducted by Fitri and Sasmita (2022), which states that most adolescents experience mental and emotional problems.

Table 2. Distribution frequency and percentage range mental emotional problems teenagers after giving supportive therapy group post-test

The mental health of teenagers			%
Emotional Problems	Normal	30	50
	Borderline	3	5
	Abnormal	27	45
Behavioral Problems	Normal	34	56.6
	Borderline	16	26.6
	Abnormal	10	16.6
Hyperactivity	Normal	56	93.3
	Borderline	2	3.33
	Abnormal	2	3.33
Peer Group	Normal	40	66.6
	Borderline	12	20
	Abnormal	8	13.3

Pre-test values on both groups (control and intervention) were the same, namely 49,358 with a p-value=0.000, indicating that before treatment, the level of emotional and mental problems in adolescents was relatively high and significant in both groups. After implementing a therapy-supportive group, there are significant declines in scores in both groups. In the control group (which did not receive intervention therapy), the post-test value decreased to 22,312. This suggests the presence of a factor, such as experience or other possible external influences, which may lead to a decline in emotional problems, although there is no specific treatment. In the group intervention, the value post-test decreased significantly to 16,975, indicating that the supportive therapy group has a more significant impact on lower emotional and mental problems.

The difference in decline between the control group and the intervention group was 27,046 vs. 32,383. Differences in this strengthen findings that a therapy-supportive group provides additional benefits in reducing emotional and mental problems compared to no intervention. A therapy-supportive group is effective in reducing emotional and mental problems in adolescents. The decline in higher scores in the group intervention compared to the control group shows that therapy can be made into an alternative for beneficial psychosocial handling.

Table 3. Range of emotional and mental problems between group intervention and group control before implementation of supportive therapy group

Variables	Value	p-value
Emotional mental problems	49.358	0.000

Table 4. Differences range from emotional to mental problems before and after the implementation of a supportive therapy group in a control group

,358 0.000
,312 0.000
,046

Table 5. Differences range from emotional to mental problems before and after the implementation of a supportive therapy group on intervention group

Variables	Value	p-value
Pre-test	49,358	0.000
Post-test	16,975	0.002
Difference	32,383	

Research results show that adolescents usually experience an improved sensitivity to emotions, so stimulation can cause an overflow of intense emotions, such as becoming easily angry or crying. Emotional sensitivity in rising teenagers often influences their behavior. Rising emotional sensitivity in teenagers can look like being alone, easily angry, restless, destructive, doodling, fighting, or even experiencing emotional or mental disorders. Increased emotional sensitivity in adolescents can be seen as being alone, easily angered, restless, destroying objects, scribbling, liking to fight, or even experiencing emotional and mental disorders. Other consequences of this emotional and mental problem are the use of illegal drugs and alcohol, physical assault (fights, brawls, throwing insults at each other, etc.), acting excessively at school (skipping school, not obeying rules, ignoring teachers and peers), running away from home, and theft (Diananta, G. S., 2021).

Based on univariate results analysis from a range of emotional and mental problems, teenagers show that before obtaining therapy and a supportive group, some teenagers are good at group intervention and also have control experiences with emotional and mental problems in borderline and abnormal ranges, which are pretty high. However, after being given therapy and supportive group intervention, the majority of teenagers with emotional and mental problems are in the normal range. The borderline category means that teenagers at risk experience emotional symptoms, conduct problems, hyperactivity, and peer problems, as well as have a chance to experience issues in psychosocial. If not handled well. Teenagers with emotional and mental problems, this abnormal category, have an opportunity to experience mental disorders. Based on the results given before the intervention, the emotionally disturbed teenager with an abnormal category was found to be 48.3% tall. After providing therapy to a teenager with emotional issues, the teenager experienced a change within the standard category of 50%. When the pre-test is good in group intervention and also group control, problem behavior and peer problems are emotional and mental problems, most of which are in the borderline and abnormal categories experienced by teenagers. Teenagers in this group intervention experience conduct problems as much as 20%. Mental and emotional problems, such as *conduct problems*, are as common in teenagers as peer problems, at 29.2%. This is also in line with research put forward by (Christ et al., 2017), which suggests that teenagers who are emotionally ignored by friends of the same age will experience an increased mental burden and depression in adolescents. Isolation from friends of the same age impacts teenagers more badly on psychological conditions than neglect by parents. The lack of social support received, including support from peers, indicates that peers are a significant factor influencing adolescent mental health (Qi et al., 2020).

Analysis results of emotional and mental problems of teenagers before implementation therapy supportive group on group intervention shows the average range of emotional and mental problems teenagers is in the borderline and abnormal category, which is relatively high. After being given therapy and supportive group intervention, the teenager obtained an average of mental and emotional problems and is in the normal category. From the results of the paired t-test, it was found that there is a significant difference between the range of emotional and mental problems of teenagers before and after giving therapy, a supportive group, and an intervention group.

After therapy and supportive group intervention, the conduct problems experienced by teenagers decreased compared to before treatment. Currently, the number of adolescents who experience conduct problems is 26.6%. The changes experienced by teenagers after therapy and a supportive group happen because of the stages of therapy and a supportive group. A therapy supportive group consisting of four sessions proves that therapy is effective for lower-range emotional and mental problems in teenagers. The ability of teenagers to manage their emotions effectively will enable them to act rationally and regulate the emotions they experience (Swastika & Prastuti, 2021).

When it is done post-test on the group control, it turns out to be an average range increase in emotional and mental problems. It means to improve the severity of emotional and cognitive problems experienced by teenagers who are not given therapy or a supportive group. This can happen because teenagers often struggle to overcome the issues they face. Teenager No knows that he owns internal and external sources of support that can be utilized to help him overcome

the problems he has faced. Besides that, no one can deny that the influence of friends and peers can also trigger the worst emotional and mental problems experienced by teenagers.

From the results, study data were obtained that after being given therapy and supportive group intervention, the teenager's emotional and mental problems fall within a normal range. Different from group control, which is not receiving treatment, after the post-test, the teenager still has a borderline range of emotional and mental problems and is still in the borderline category. From the results of the *independent t*-test, it was found that there is a meaningful difference between the range of emotional and mental problems in group interventions that have been given therapy, a supportive group, and a group control without treatment.

Group supportive therapy is a form of therapeutic intervention that utilizes several interpersonal relationship approaches, focusing on thoughts, emotional issues, and behavioral problems or disorders (Fitri & Sasmita, 2022). The research team provided group supportive therapy, consisting of four implementation sessions, in this study. In group supportive therapy, adolescents are guided to identify the problems they are experiencing. Sharing with peers regarding solutions that can be done to overcome the problems experienced. Teenagers are also guided to identify internal and external support sources that they have.

Then, discuss how to utilize existing support sources. The implementation of therapy carried out by the research team are in the first session, the research team and therapists (clinical psychologists) guided the adolescents in identifying problems or unpleasant experiences that they had experienced. In this session, the adolescents told the issues they experienced (which made them uncomfortable). In this session, several adolescents shared and told stories about their experiences. Then, it continued by discussing ways that adolescents can do to solve the problems they face. In this session, most adolescents could identify both internal and external sources of support.

In session two, the therapist guides the discussion of adolescents' positive abilities, such as problem-solving, motivation, and hope. Some adolescents convey ways to overcome problems by agreeing to utilize internal and external support sources, namely by talking with peers and parents and being motivated to become mentally healthy adolescents. Then, training adolescents to address the problems they face, namely by teaching them deep breathing relaxation and progressive muscle training. Teenagers report that deep breathing and progressive muscle relaxation can help alleviate mental stress, making them feel more relaxed.

In the third and fourth sessions, the teenagers learn about external support sources that can provide them with assistance when they experience problems. Most teenagers cite their parents, teachers, friends, and family as their primary sources of external support. Then, the therapist team trained the teenagers with positive thinking exercises that are useful for stopping disturbing thoughts, such as anxiety. Teenagers were very enthusiastic about following the positive thinking exercises. Then, the final session allows teenagers to express the experiences they gained during therapy.

The results of this study indicate that group supportive therapy can reduce the problems of emotional and mental disorders in adolescents. Teenagers are guided to identify the sources of support they have and understand prevention through exercises such as deep breathing, progressive muscle relaxation, and positive thinking. The benefits of supportive therapy for students, in addition to reducing anxiety, also increase self-efficacy by providing facilities that enable students to seek information and explore their potential. Furthermore, it helps minimize deviant behavior by increasing knowledge and fostering positive support from peer groups (Abdillah & Nurhayani, 2023; Nasyar & Ahmad, 2020). Positive support from the group is obtained because it turns out that there are similar feelings among group members, thus increasing sympathy and mutual support in facing the problem.

CONCLUSION

The results of the study showed that group supportive therapy was effective in reducing the level of emotional and mental problems in adolescents. This was evidenced by a significant decrease in scores in the intervention group after the implementation of therapy compared to the control group. The greater reduction in the intervention group indicated that this therapy contributed positively to the emotional and mental health of adolescents. It is recommended that group supportive therapy be integrated into student coaching and counseling programs to support adolescent mental health in a sustainable manner.

AUTHOR'S DECLARATION

Authors' contributions and responsibilities

AS: writing original draft, funding acquisition, conceptualization **rm:** writing original draft (supporting), funding acquisition; **AM:** validation (equal), funding acquisition, **TT, EP:** review and editing;

Availability of data and materials

All data are available from the authors.

Competing interests

The authors declare no competing interests.

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