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Teachers' Confidence, Barriers, and Needs in Identifying Adolescent Mental Health Problems in Indonesia: A Qualitative Study

Young people's mental health problems and the school context

Studies found half of adult mental disorders have their first onset in childhood and adolescence (Kessler et al., 2007; Belfer, 2008). According to the World Health Organization (WHO, 2021), approximately 14% of children and adolescents worldwide have mental health problems. Globally, a meta-analysis of children and adolescent studies in 27 countries found the prevalence of mental disorders was 13.4%, with anxiety disorders having the highest rate of 6.5%, followed by disruptive disorders (5.7%), attention-deficit hyperactivity disorder (3.4%), and depressive disorders (2.6%) (Polanczyk et al., 2015). Nevertheless, based on Polanczyk et al.'s (2015) findings, few studies were conducted in the Asia region. The prevalence may be particularly high in Low- and Middle-Income Countries (LMICs) such as Indonesia. A recent national survey on adolescent mental health by the Center for Reproductive Health, University of Queensland, and Johns Hopkins Bloomberg School of Public Health (2022) found that approximately 34.9 % of Indonesian adolescents had suffered mental health problems in the past twelve months, with anxiety being the most prevalent. The survey further found substantial psychosocial impairments were related to the identified mental health problems, including self-harm and suicidal ideation. These results

highlight the urgent need for intervention in adolescent mental health problems.

However, the mental health resources for these youths, including facilities and mental health professionals (nurse, psychiatric, psychologist), are scarce, especially in LMICs (Juengsiragulwit, 2015; Morris et al., 2011; WHO, 2020). In addition, public and policymakers' awareness of children and adolescents' mental health problems has been reported to be low, meaning that governmental policies to address adolescent mental health are insufficient (Zhou et al., 2020).

This situation demands more accessible community-based services, including those based in schools (Morris et al., 2011). The school offers an ideal setting to promote health and well-being as children and adolescents spend substantial time there (Pulimeno et al., 2020). A number of studies indicate that teachers and parents agree that it is appropriate for schools to play a key role in supporting students' mental health, including identifying mental health problems (Graham et al., 2011; Maclean & Law, 2022; van Vulpen et al., 2018).

The role of teachers in identifying mental health problems

Regular interaction with students provides teachers with an appropriate viewpoint to identify their mental health problems. A number of studies have reported that teachers perceived themselves as being at the frontline in supporting student mental health, from identifying mental health problems to making referrals to more specialist services (Beames et al., 2020; Bowman et al., 2021; Ekornes, 2015). Many studies in High-Income Countries (HICs) have reported teachers' effectiveness in

identifying mental health problems (Green et al., 2022; Kalberg et al., 2011; Splett et al., 2019) and teachers' willingness to support students' mental health (Graham et al., 2011; Reinke et al., 2011). Nevertheless, teachers perceived barriers such as limited skill in addressing student mental health needs, a lack of mental health training, role conflict, large class sizes, and limited time (Mazzer & Rickwood, 2015; O'Farrell et al., 2023).

Several studies have investigated teachers' accuracy in identifying students' mental health problems using ad hoc teacher nominations. Research conducted in HICs has yielded diverse findings. For example, in Cunningham and Suldo's (2014) study, elementary school teachers in the USA were asked to nominate students exhibiting symptoms of anxiety and depression or both without discussing it with their colleagues. After comparison with students' self-reports, the study found that teachers accurately identified half of the students with depression and less than half with anxiety, suggesting some students were overlooked and some incorrectly identified as having mental health problems. In a similar study by Neil and Smith (2017), teachers in the UK described students with impairing anxiety as unable to regulate emotion (e.g., crying, short temper), lacking confidence, showing anxious cognition (e.g., constantly worrying, unable to focus), expressing physical symptoms, and showing anxiety in academic or peer context (e.g., anxious in math, isolating from others). Some of the indicators were not specific to anxiety disorders (Neil & Smith, 2017). Another study of middle school teachers found that many teachers made false positive identification and failed to identify students

with high-level depression symptoms (Auger, 2004). A study of high school teachers found that using teacher nomination was adequate for determining the presence or absence of mental health problems, and teachers were better at assessing externalizing problems compared to internalizing problems (Kalberg et al., 2011).

School-based mental health screening

An alternative to relying only on ad hoc referrals from teachers is to introduce whole-school screening to identify mental health problems (universal screening). This has been trialled in HICs using broad mental health screening instruments. For example, U.S. school studies found that universal screening effectively identified students at risk of mental health problems (Eklund & Dowdy, 2014; Husky et al., 2011). One of the screening instruments that has been translated to different languages and used in many countries is the Strengths and Difficulties Questionnaire (SDQ), a brief questionnaire measuring: hyperactivity, emotional problems, conduct problems, peer problems, and prosocial behaviour (Goodman, 1997). In Indonesia, the SDQ has been used in public health centres and hospitals (Oktaviana & Wimbarti, 2014; Wiguna et al., 2010). It would be possible for the SDQ to also be used in school-based universal screening in Indonesia, and teachers could provide this information as the teacher-report version of the SDQ is well-validated (Goodman et al., 2003).

Soneson et al.'s (2020) systematic review of thirty-three studies based in HICs found that mental health screening was in line with school priorities and preferred by parents and school staff. However, despite this acceptance, schools had concerns over delivering the screening, such as

the resources (financial, human, and material) involved and the time used in the screening process. The situation may differ in LMICs due to differences in resourcing, policy, and school structures. Therefore, exploring its feasibility in Indonesian schools before implementing mental health screening is essential.

Current study

In Indonesia, there has been no system or policy to support students' mental health in school (Kumara et al., 2017). Meanwhile, of all adolescents with mental health problems who accessed mental health services, 38.2% used services provided by school staff (Center for Reproductive Health, University of Queensland, & Johns Hopkins Bloomberg School of Public Health, 2022). Indonesian teachers play an essential role in recognising mental health problems in their students, but it is not known how effective teachers are in doing this. Efficacy may vary between different forms of psychopathology. For example, there is evidence from HICs that externalising problems (e.g., hyperactivity, conduct problems) may be more easily identified by teachers than internalising problems (e.g., anxiety, depression) (Soles et al., 2008; Zee & Rudasill, 2021). Understanding teachers' perceptions of their abilities to identify forms of psychopathology is important. If teachers appreciate which forms of psychopathology they are best able to identify, then this can facilitate their uptake of targeted training to aid the identification of forms of psychopathology where they require support. Furthermore, research has not previously explored Indonesian teachers' perceived barriers to identifying their students' mental health problems via ad hoc

referral or universal screening and the support they perceive they need to overcome them.

The present study addresses these gaps. A qualitative methodology explores the confidence, needs, and barriers of Indonesian teachers in identifying varying forms of mental health problems in their students, their opinions about the feasibility of mental health screening in schools using the SDQ and mental health training programs that aim to increase their ability to identify students' needs.

We focused on teachers in junior and senior high schools who teach adolescent students. This stage of development is critical, and characterized by significant changes in the body, social interactions, and cognitive abilities. Adolescents are also particularly susceptible to various issues, including risk-taking behaviours (Blakemore, 2019). Recent studies have identified numerous mental health challenges faced by adolescents, such as low subjective well-being, low life satisfaction, and high levels of sadness, as well as depression and anxiety (Katsantonis et al., 2022; Thapar et al., 2021).

Method

Participants and procedure

Ethical approval was granted by the Department of Psychology Research Ethics Committee University of Sheffield (number 036290) and the study was preregistered on the Open Science Framework (https://doi.org/10.17605/OSF.IO/7PK52). Participants were recruited from schools in Indonesia with the following inclusion criteria: teachers

permanently employed working in a junior (students aged 13-15 years) or senior high school (students aged 16-18 years).

We sent invitations via social media platforms to headteachers and teachers already known to the research team and asked them to share the invitation with other teachers. Written and verbal consent were obtained from all participants prior to interviews. We provided participants with a telephone voucher worth Rp. 100.000 (around £5 or $7) to compensate for the online data allowance that participants would have used during the online interview.

Thirty-four teachers responded, but only 33 teachers were interviewed and one participant was unavailable. The participants are identified by pseudonyms (see Appendix 1). Nineteen participants were female, and 14 were male. Their ages ranged from 23 – 56 years. They were from five junior high schools (n = 16) and six senior high schools (n = 17), with teaching experience ranging from 1.5 to 33 years. Teachers were based in four of Indonesia's 34 provinces: Riau (n = 2), East Kalimantan (n = 1), Banten (n = 1), and West Java (n = 29). Three participants were guidance and counselling teachers (who provide counselling services to students in need). The rest were subject teachers (who deliver specific subject teaching) and homeroom teachers (subject teachers with additional responsibilities in class management and administration, communicating with parents/students' guardians, and reporting students' learning progress).

Data Collection

A qualitative research methodology was utilised. We used semi-structured interviews to explore teachers' perceptions and experiences in identifying mental health problems. Due to COVID-19, we conducted the interviews online. Before the interview, we sent teachers a link to Qualtrics, an online platform (https://www.qualtrics.com), consisting of a survey of demographic information (age, gender, length of time being a teacher, and employment status) and the Indonesian version of the Strengths and Difficulties Questionnaire (SDQ). The SDQ is a 25 items questionnaire that rates children presented under five categories: 1) emotional problems; 2) conduct problems; 3) hyperactivity/inattention; 4) peer relationship problems; 5) pro-social behaviour. In the survey, participants were asked to consider their confidence in their ability to identify each item from 1 ("not confident at all") to 5 ("very confident"). Each participant completed the survey online and downloaded it so it was available for discussion during the interview.

Interviews were conducted individually via online video meetings in Indonesian, which was the first language of the teachers and the interviewer. The interviewer (ARS) initially explained the study objectives, read the informed consent, and asked for permission to record the interview. The interviews were based on a semi-structured topic guide (see Appendix 2) which contained key questions and suggested probes (e.g., "*Based on your experience, how do you usually recognize a problematic student?*"; "*How confident did you feel about your ability to recognize a student with mental health problems?*"). Interview duration ranged from 25 – 52 minutes (mean = 33). Interviews were audio and video

recorded, then transcribed by ARS. The recordings were deleted following data analysis. Transcripts with pseudonyms are available via the OSF (OSF web address to be added).

Trustworthiness

Nowell et al. (2017) suggested using Lincoln and Guba's (1985) criteria to ensure the trustworthiness of thematic analysis: credibility, transferability, dependability, and confirmability.

Credibility. This study involved three researchers in the data analysis process, utilising researcher triangulation. Each researcher analysed each dataset and made notes on the transcriptions before coding the data. Several meetings were held to discuss the coding and emerging themes. We acknowledged the potential biases of each researcher that could influence the data analysis in our meetings, emphasising the importance of reflexivity in our approach.

Transferability. We described the context, selection criteria for participants, demographics, and the sampling method (thick description) to help readers assess the transferability of this study's findings.

Dependability. We detailed our research design, data collection methods, and analytical techniques, and documented this information in the Open Science Framework (audit trail).

Confirmability. We employed researcher triangulation in our data analysis to reduce personal biases. Additionally, we engaged both of the main researcher's supervisors, who are experts in mental health, to review

and provide feedback on the coding process and the themes that emerged from the data. (peer debriefing).

Data Analysis

We conducted the six phases of thematic analysis recommended by Braun and Clarke (2006):

Phase 1. Familiarisation with data. ARS listened to the recording and transcribed the interview. The transcriptions were in Indonesian and analysed by ARS, WAH, and VAJ. ARS, WAH, and VAJ began their immersion in the data by (re)listening to the recording, highlighting some critical data, and adding notes to the transcription.

Phase 2. Generating initial codes. Open coding was performed using NVivo 12 Pro. Codes were assigned to information (sentences or paragraphs) focused on the semantic and latent meaning. A coding example is provided in Table 1. This coding was completed by ARS and reviewed by WAH and VAJ. The researchers produced a compiled list of codes from all transcriptions at the end of coding. The list of codes and interview citations were translated into English by ARS.

Table 1

Example of Coding

Data	Codes
"Difficulty to identify at the beginning. So, sometimes it needs time. Is it a health problem? Mental health problem? Or maybe it is just a bad mood, or maybe it is only a temporary problem. It needs time, and sometimes, I personally regret that I	-Difficulty in identifying mental health problems -Needed time to understand the problems -Teacher felt insensitive to recognising mental health problems

am not sensitive, so I cannot recognise that it is actually a mental health problem. (…)" (Opik)	

Phase 3 to 5. Developing themes. ARS examined the codes list and created initial themes by clustering codes with similar concepts or meanings related to the research questions. We used a flexible approach by continuously engaging with codes and data. After generating initial themes, ARS reviewed them and confirmed whether they worked well with codes, datasets, and research questions by (re)reading the transcriptions and codes. RR and AD then reviewed the themes.

Results

Seven themes were developed (see Table 2) concerning the research questions.

Table 2

Themes, Sub-themes, and Question Addressed

Themes	Sub-themes	Question addressed
Theme 1. Confident in assessing student mental health	1. Teachers are well-placed to identify students' mental health problems.	Teachers' confidence
	2. Teachers as 'parents' in school	Teachers' confidence
	3. Being confident is important.	Teachers' confidence
	4. Barriers to identifying mental health problems.	Teachers' barrier
Theme 2. Observable behaviours are easier to assess	5. Identification through student school performance.	Teachers' confidence
	6. Confident in assessing visible behaviour.	Teachers' confidence
	7. Time and space limitations.	Teachers' barrier
Theme 3. Teachers use a personal approach to identify mental health problems	8. Personal conversations.	Teachers' confidence

	9. Closeness with students contributes to confidence.	Teachers' confidence
	10. Need to improve communication skills.	Teachers' need
Theme 4. Teachers relied on personal experience to deal with students' mental health problems	11. Experience contributes to confidence.	Teachers' confidence
	12. Experience should be supported by knowledge.	Teachers' need
Theme 5. Teachers need social support	13. Informational support.	Teachers' need
	14. Suggestions from colleagues and professionals.	Teachers' need
Theme 6. A skill improvement program	15. Workshop with actual problem practice	Training program
	16. Program continuity	Training program
Theme 7. Mental health screening is feasible to be conducted in school	17. Teachers support mental health screening	Feasibility of mental health screening
	18. Benefits of mental health screening.	Feasibility of mental health screening
	19. Concerns about students' accuracy.	Feasibility of mental health screening
	20. Screening as the first phase.	Feasibility of mental health screening
	21. Parents' acceptance.	Feasibility of mental health screening

Theme 1. Confidence in assessing student mental health

Teachers are well-placed to identify students' mental health problems. Most participants thought teachers play an important role in preventing mental health problems due to their substantial time interacting with students. Moreover, subject teachers are well-placed to identify students' mental health problems because one of their tasks is to formally record a learning attitude assessment and an academic evaluation for each student every semester. One of the teachers mentioned keeping a journal to note students' learning attitudes. The journal has helped her to recognise students with problems.

"When I teach, I also make, uhm, an attitude assessment. There is an attitude assessment in the 2013 curriculum. I also pay attention to the attitude of the children at school in the classroom while studying. So, I usually make notes in the form of a journal about the development of their attitudes while studying. …. Actually, this guide is from the 2013 curriculum, where there is also an attitude assessment for grades on the report card. So, all subject teachers must also have a journal. It records the behaviour of children in both positive and negative terms… So, having a journal really helps me to identify my students with problems." (Brigitta)

Teachers as 'parents' in school. Many teachers perceived themselves as performing the role of parents in school. They cared for and treated their students as their own children. As described by one of the teachers, this included giving motivation, identifying students' problems, listening to their problems, or giving solutions to academic and personal problems.

"Teachers' role is important because teachers are second parents to the students. Of course, besides teaching, the teacher's role is important to give learning motivation for the students or give solutions to their problems in school and personal problems (laugh). Teachers are usually involved. "(Putri)

Some teachers felt they knew their students better than their parents. Some teachers reported that some parents had communication problems with their children. For example, children were not open about their problems and listened to the teachers more than their parents.

"There is a tendency, do not know why children listen to teachers' words more than parents' words. Parents said that. Some of them. So, sometimes parents also ask for help with their children's problem, (…) Or sometimes even parent ask for

help with things at home that is not school-related. Maybe because there is a tendency to listen to teachers more than parents." (Lukman)

Being confident is important. When reviewing the SDQ, many teachers felt confident in their ability to identify mental health problems. Some assumed confidence was important for teachers to do their tasks well. Apart from their capability, they felt the confidence energized them to give their best effort in managing the students' mental health problems. Some teachers believed that the effort was more important than the results.

"I am very confident. Because if we are not confident, how can we get involved in students' problems? So, as a teacher, confidence is needed and very important. If we are not confident, how can we handle the variety of children's problems? Mental health also has many types, so if we are not confident, we cannot handle problems to the root of it. "(Putri)

Barriers to identifying mental health problems. Teachers identified some barriers to identifying mental health problems. First, some teachers had time constraints due to the demands of their other duties, such as delivering the lessons and other academic tasks, resulting in late identification of their students' mental health challenges.

"(...) because there are many tasks to do and many other activities that need to be prioritized, sometimes we are late to identify the student." (Ian)

The second barrier was a lack of knowledge of mental health problems. Limitations in mental health knowledge meant teachers perceived that they needed more time to identify mental health problems because they had difficulties differentiating between typical adolescents' problems and mental health problems.

"Difficulty to identify at the beginning. So, sometimes it needs time. Is it a health problem? Mental health problem? Or maybe it is just a bad mood, or maybe it is only a temporary problem. It needs time, and sometimes, I personally regret that I am not sensitive, so I cannot recognise that it is actually a mental health problem. (…)" (Opik)

Theme 2. Observable behaviours are easier to assess

Identification through student school performance. Teachers identified students' mental health problems from their classroom observations. Most described the identification of mental health problems as developing over time. They first tended to notice students' difficulties in academic or school performance, including poor academic scores, not completing school tasks, and truancy. As mentioned below:

"First, I see it from academic scores, then attitude or their behaviour." (Putri)

"To identify? How to identify? First, from attendance, uhm, from students' attendance in my class. (…) Second, from the school tasks. Usually, the one with problems will be late or not attend school. The last is from behaviour; the student tends to withdraw in class, quieter. Then another behaviour, uhm, the children are often truant. Then from other behaviour: troublemaker, mischievous." (Karin)

The teachers believed that problems of this sort correlated with mental health problems.

"I am from the disciplinary division, so I know students' problems that happened in class or outside the class. We have a red or green card system, so every teacher will give a red card to students who violate it. (…) Most students who had problems, uhm, personality problems must have problems in disciplinary, mostly like that, it is usually like that. So, I can see it from that. I see the violation, then check the child." (Gani)

Teachers also identified students' mental health problems from negative changes in their behaviours.

"Usually, for students who are not first-year students, we see it, for example, from the behavioural change, or for example, what incident previously happened, usually like that, for example, the loss of a family member. Usually, there is a trigger, behavioural change in students. Later on, the change of behaviour will cause a problem, usually the negative change, for example, sudden withdrawal, or sudden bursts of emotion." (Lulu)

Confidence in assessing visible behaviour. Teachers felt more confident identifying problems that could be seen, for example, fidgeting or moving around in the class. Teachers tended to give more attention to active students and could more easily identify when these sorts of behaviours indicated that the student was experiencing mental health difficulties.

Based on the SDQ, teachers felt more confident assessing hyperactivity, prosocial behaviours, peer problems, and conduct problems than emotional problems.

"Uhm, more confident, probably this, restless, overactive, easily distracted. These are things that can be seen directly by teachers when they teach, for example. Then, what else. Rather solitary, it is obvious. Very visible in the class. That is where I am most confident. For me, it is very visible. "(Nana)

"Easier to assess were prosocial with the point on top, and peer problem also easy. But not as easy as prosocial. (…) Prosocial was behaviours toward others. So, without being asked, we can observe. Sometimes, in recess, uhm, look from afar, it can be seen, or for example, it is spontaneous sometimes, like helping

people. It is spontaneous, so it is easier to see than something related to their own feeling. It needs, needs more effort." (Cici)

Teachers felt that emotional problems were more difficult to assess because the symptoms were difficult to see. Teachers needed more effort to communicate further with the students. As explained by one participant, homeroom teachers responsible for managing students in the class were more likely to do that.

"(…) emotional problems are difficult to see with my eyes. It is more, for example, about fear (…) Uhm yes, many fears, easily scared. They were very difficult. It needs further communication. Uhm, I think homeroom teachers can explore that." (Edi)

Nevertheless, a few teachers felt emotional problems were the easiest to assess. They could be inferred from the students' facial expressions. As mentioned by Juna:

"For me, mostly number sixteen (often complains of headaches, stomach aches or sickness) and twenty (many fears, easily scared). I mean, it is obvious from how they behave daily in class. For example, in point eighteen: often unhappy, downhearted, and tearful. We saw that the child was gloomy in class or feeling down when getting a bad mark, or crying. Obvious from their facial expression. So, for me, point D (emotion problems) was easy to observe." (Juna)

Time and space limitations. Although school observation was convenient, teachers felt there were some restrictions on their opportunities to spot mental health problems. Teachers observed the students' interaction in school and gave more attention to students with distinctive behaviours or who behaved differently from others. With the

demands of academic tasks, teachers found it difficult to observe all students individually in class, given limited time.

"Oh, this, on hyperactivity problem. I felt less, what is it called, a little bit difficult to assess. Because these were too specific; restless, overactive, uhm, cannot stay still for long, uhm, these were very specific. So, to observe, uhm, these behaviours or child conditions needed special attention. For example, when we targeted one child to really see whether he was restless, overactive, then moving, or distracted. I usually gave little attention to class observation because it needs special time for one child, for example." (Heru)

Teachers could only observe students in school areas. Some students' behaviour problems were not seen in school. As described by participants, some students acted differently in school and at home. They thought that parents were responsible for giving information about their children to teachers.

"My difficulty in identifying students' mental health was maybe, uhm, sometimes, our students in school, some students in the school were different, at home they were different. "(Brigitta)

"... there should be information from the parents first because teachers have many limitations in knowing children in detail. Sometimes, we know the child from the class, and in the class, sometimes it is not apparent whether the child is good or not in mental health. It is the parents. ... parents have a responsibility to inform the teachers about things related to their child so that teachers can properly treat the child in the learning process. "(Candi)

Theme 3. Teachers use personal conversations to identify mental health problems

Personal conversations. Teachers reported that they tried to identify the rationale of students' behaviour to avoid misinterpreting problems. This was achieved by having personal conversations with students in formal or informal settings. Some teachers used formal school meetings, such as individual appointments, to discuss academic or personal issues. Other teachers preferred informal meetings, such as having lunch, watching movies, or playing sports. Although, some teachers felt opportunities for these activities were limited since they had to do their work and achieve a balance between work and family time.

"I usually ask them to eat. Eat, then once, twice, three times, usually when we eat, in a relaxed atmosphere, no tension, in the atmosphere not as formal as school, usually; students will be more at ease to tell me their problems or what is bothering them. Actually, it happens a lot to my students. Usually, when we eat, or for example, even when they have problems with their friends in class, it will pour out when we ask them to eat. We converse, relaxed. So, my approach is more like an approach that diverts them from the formality of school into a more relaxed situation. So, they can express their burden and let it out. "(Mulya)

Closeness with students contributes to confidence. A personal approach helped teachers to get closer to students. Teachers felt more confident identifying mental health problems when they know their students well. Frequent interaction made them closer to the students and helped them to understand their personalities. This helped them recognize when the students were having problems. As explained by a teacher:

"Well, factors that contribute, first, definitely our closeness with the children. So, if we are close with the child, we will immediately know, 'Oh, he is ok or not ok.' So, it is more about our closeness. If we come to a new class and do not know

them in daily life, then I cannot immediately know whether the child is having problems." (Ima)

Need to improve communication skills. However, teachers found that some students were not open, and some were reluctant to talk about their problems to teachers. Some participants perceived that this was related to trust. They said some students were concerned about confidentiality and worried the teachers would not take their side. Teachers felt they needed knowledge to communicate effectively with the students to overcome this barrier.

I am very cautious when I ask the children because some of them feel 'will be reported.' In fact, not everything I heard must be reported to homeroom teachers or guidance and counsellor teachers... If it is for me, I need to be close to the children. Of course, I need some kind of advice, knowledge to communicate smoothly with the children. So, I know, 'Oh, I have to ask this. When the children say this, probably because of this.' So, there are some probabilities. So, I can understand the children. I actually need the knowledge." (Mia)

Theme 4. Teachers relied on personal experience to deal with students' mental health problems

Experience contributes to confidence. Most of the teachers did not have formal training or education in mental health, and they were concerned about their lack of knowledge. Teachers felt this was a barrier that could lead to misinterpretation of problems. Thus, teachers informally studied mental health and relied on their experiences to identify mental health problems.

"*Uhm, difficulty, sometimes I got different information. Everyone had a different version. (…) sometimes my conclusion could be wrong or could be right. If it is wrong, it means that I made a wrong diagnosis. (…) So, sometimes because of the limitations of my knowledge, I made the wrong conclusion that led to the wrong diagnosis and wrongly took steps. That is what I am most afraid of.*" (Dian)

Teachers felt that the experience of interacting with the students contributed to their confidence. Teachers explained that the teaching length related to their interaction duration with the students. They could understand the students' behaviour. This experience helped them to identify problems in students that exhibited similar behaviour to previous students. The experience of successes or failures in handling students' problems also affected teachers' confidence. Teachers' personal experiences influenced how they perceived and understood students' problems. Learning from their own experiences made them empathetic to students' problems and treated students the way they wanted to be treated. One of the teachers mentioned that teachers' ways of handling students' problems were shaped by years of experience.

"The factors probably were several years of teaching experience, seeing the child's characters and the changes over time. (…) The main point is probably the experience of seeing children from time to time. The tendency, for example, last year, I saw a child who acted in a certain way, so probably this child is acting the same way. "(Bagus)

Experience should be supported by knowledge. Although teachers used their experience to identify mental health problems, they thought it should be accompanied by knowledge. Teachers thought that they needed

knowledge about the student's mental health. Thus, combining experience with knowledge could increase their confidence.

"Uhm, of course, experience. Experience, the experience that taught me a lot about many kinds of problems that I faced, especially with the students. Unfortunately, maybe this experience was not supported by the science (laugh) that I got. (...) Apparently, after I went through this, the knowledge about students was that I needed more. So, my confidence could increase, not only, not only experience that I got but also I should get the knowledge." (Putri)

Theme 5. Teachers need social support

Informational support. As summarised above, teachers faced several barriers in identifying mental health problems. They needed social support to overcome these. Most teachers felt their information about the students should be supported by information from other sources, namely parents, colleagues, and children's peers. The information that confirms their findings influenced their confidence.

"Uhm, besides that, the confidence may be because there were inputs from friends, the environment. From teachers or others. For example, when I had already assessed (a student), then there were similar responses from other teachers,' Oh, the assessment was the same.' Then,' Oh, right, with those characters, the child should be treated like this.' Uhm, from sharing with friends or other teachers." (Bagus)

Suggestions from colleagues and professionals. Some teachers needed suggestions from their colleagues. They discussed their students' problems with other teachers in regular meetings or in other settings. Attending these meetings gave them a new perspective on the problems and helped them find practical solutions.

"Yes, maybe I need to learn more. Sometimes, I like to converse with other homeroom teachers, especially at our Tuesday meeting. Usually, the homeroom teachers' meeting is on Tuesday. Usually, we confide there, for example, 'We have problem A with this student. Do you sense it in your class?' Sometimes, there were teachers who felt the same. Usually, from that discussion, there was an alternative solution. I usually think,' Oh yes, why didn't I think that way?' So, by conversing, ideas usually came up to deal with the problems. It is like that." (Mulya)

Teachers also needed professional support that could guide them to handle students' problems, such as input from psychologists.

"We really need a guide. It does not have to be the student who talks to the psychologist. However, maybe the homeroom teacher or teacher who knew the problems can consult with the psychologist or someone who can give suggestions." (Putri)

Theme 6. Skill improvement program

Workshop with actual problem practice. Previously, teachers mentioned several barriers to identifying mental health problems, including a lack of mental health knowledge and skills. When being asked about what program they considered effective to help them increase their ability to identify mental health problems in their students, most teachers preferred training programs involving workshops. Teachers suggested that workshops should be interactive with videos, discussion of real cases, role-playing, and real practices.

"Maybe a workshop, uhm, we try to recognize it with their friends, the teachers, maybe the closest one, then we practice in our own class. We must find one, two, three students that we must help, so not only training but also practice, to know

active children, help them uhm find their problems and find a solution for them, should be like that. So, first workshop, we are given the knowledge, then practice with colleagues, and then to the students directly. It is my opinion." (Femmy)

Program continuity. Some teachers suggested that the workshop should be a routine program for schools. Some suggested the continuity of the program through supervision. This would help them keep their motivation and maintain their skill.

"(...) Sometimes, people after a training or workshop were passionate, after a month or two, it disappeared (laugh). I do not need it to be long but hold it frequently, like a routine program. Either it is once every semester or twice every semester. Actually, the theory was good. It was just that sometimes the teachers often forgot, and the spirit was down, maybe for a lot of reasons. So, it does not have to be long, but frequent." (Brigitta)

Theme 7. Mental health screening can feasibly be conducted in schools

Teachers support mental health screening. Teachers agreed that it is feasible to screen for mental health problems in school using a questionnaire like the SDQ. Teachers would support and fill out the screening questionnaire. Teachers considered screening as the first phase in identifying mental health problems.

"The teachers will support. Because it is very helpful for early identification of children's conditions in their classes. " (Opik)

Benefits of mental health screening. Most teachers accepted mental health screening because of a number of benefits: (1) early identification of mental health problems, (2) facilitating students' expression of mental health problems, (3) as evidence for parents, (4) as additional information

for teachers, and (5) recording in a student archive. Teachers thought screening was an early identification of mental health problems that could indicate which students should be a priority for support.

"First step, because to specifically identify, we need to screen first. After the screening, we sort out because we do not have enough time to support all students to get the service. I am sure there are children who really need it, and the urgency is more than for other children. With this method, … it is necessary to sort out who will get the support first to recover soon." (Opik)

Teachers explained that some students were uncomfortable having a personal conversation with teachers about their problems. Teachers argued that using a questionnaire could facilitate children unable to communicate their problems directly to a teacher.

"It is good. We could know something that they could not express through words. There were children who did not feel comfortable having a one-on-one meeting with their teacher, and with this, maybe they could have written communication. Because it is a questionnaire, they might fill it in." (Lulu)

Teachers reported that some parents needed evidence that teachers had done something to ensure their children's mental health, such as screening for mental health problems.

"(…) It is a good form of early detection in one phase. And usually, parents will appreciate it when there is evidence. If, for example,' Mam, I have done one-to-one,' but sometimes they are not sure. But, for example, if the evidence is in physical form, for example, a questionnaire or something, the parents will say,' Oh, yes, it turned out there was a step that has been done at school.' The form is more real than a one-to-one meeting." (Lulu)

Due to the lack of mental health knowledge, teachers thought the questionnaire was a useful guide for identifying mental health problems.

"(...) For me, it is good. With the questionnaire, I know things that I previously did not know, so I know the indicators. We did not know many of the points or indicators. With the questionnaire, 'Oh, these are the indicators, these are the indicators.' So, it added to our knowledge." (Brigitta)

Teachers saw an opportunity to use the results of the questionnaire as a database to understand their students.

"It is very possible. I even encourage it. As a headteacher's policy, I want to have the screening in the early year. Uhm, we should have data about children's emotions so the teachers could get input to get to know their students closer. For me, I really, really need it. I approve of it." (Ovi)

Concerns about students' accuracy. Teachers predicted that students would be willing to fill in a self-report questionnaire because it would be a school program. However, some teachers had concerns about the accuracy of the results. First, they were worried about some students' honesty. Second, they worried that students' literacy skills would affect how they answered the questionnaire. They suggested using the questionnaire as a guide to converse with students with low literacy skills.

"The students, so far never, never questioned something new, especially if it related to educational activity, in our school. They will follow, but there was a concern about how the data will be answered based on their own honesty. We cannot guarantee 100 per cent that it can describe them. "(Opik)

"Use a questionnaire for students. To students, uhm, probably, to students, in my opinion, it is better if we talk to them directly. We hold the questionnaire, uhm, ... Especially to junior high school students; the questionnaire is not given

directly. Sometimes, as I did, uhm, sometimes the children may say, 'Oh, these are almost similar (the questions).' So, maybe it is confusing for them. If, for example, we communicate directly with them and explain it, that may be more effective. In my opinion." (Kiki)

Screening as a first step. Some teachers viewed the questionnaire as the first phase that should be followed up. They suggested accompanying the questionnaire with an interview to understand the students better.

"For me, it is ok. I think the questionnaire only assesses the surface. If only the questionnaire. In my opinion, it will be better if the questionnaire is accompanied by this conversation. If we converse, we can be deeper in telling. In the questionnaire, we can only choose from available options without explaining other things that are not represented by the options." (Mulya)

Parents' acceptance. When asked about the possibility of parents accepting screening, teachers predicted that parents would be supportive if they were given a proper explanation about the program. According to teachers, some parents did not really know their children's personalities, and they needed to understand their children from a different point of view.

"About parents, from us, so far, anything that we did and if it conveyed and given a good explanation about the program that we did, the parents were very supportive. Especially about this, that is really needed by the parents. Most of the students in our school, their parents really wanted to know about their children's condition personally, as personality." (Opik)

Discussion

This study explored teachers' confidence, needs, and barriers regarding identifying mental health problems, their opinion of the feasibility of mental health screening in schools, and a program to increase their ability to identify mental health problems in students. We highlight that teachers perceived a lack of mental health knowledge as a fundamental barrier and that the implementation of mental health screening in Indonesian schools would be acceptable.

Teachers' confidence

Similar to prior studies from the USA and Australia (Graham et al., 2011; Mazzer & Rickwood, 2015), teachers in this study were confident in supporting students' mental health. Our findings indicate that most teachers had medium to high confidence in their ability to identify mental health problems. Results suggest that the teacher's task of recording student learning behaviour makes the teacher familiar with observing student behaviour in class. Thus, supporting them in identifying students' mental health problems. In addition, teachers perceived themselves as fulfilling the role of parents for their students in school. This is consistent with Shelemy et al.'s (2019) finding that teachers in the UK showed parental-like caring and sympathy for students. As parents in the school, teachers in this study cared about their students and were willing to support them beyond their academic work, although they felt that they lacked mental health knowledge. Teachers in this study thought that regardless of their limited mental health knowledge, they must be confident in supporting their students, thus motivating them to do well in their tasks. Meanwhile, some teachers were reluctant to engage in

activities supporting students' mental health due to a lack of training, experience, and confidence, conflict with academic tasks, or concerns over their mental health (Graham et al., 2011; Kidger et al., 2010). These findings encourage incorporating teachers' parental-like caring into mental health training and encouraging teachers to support student mental health.

The teacher-student relationship has been considered important in supporting students' mental health (Krane et al., 2016; Mælan et al., 2018). In this study, teachers were more confident identifying mental health problems when they were close to and knew their students. Teachers used a personal approach to understand their students. In line with a prior study (Dimitropoulos et al., 2022), building strong and positive relationships with the students could help teachers to identify and respond to students' behavioural changes and open communication with the students.

This study found that teachers were more confident in assessing overt behaviour. As demonstrated when considering the SDQ sub-scales, teachers felt more confident identifying hyperactivity, prosocial behaviours, peer problems, and conduct problems than emotional problems. They recognized negative behavioural change among students as a sign of the onset of mental health problems. Teachers were more likely to observe students in a school setting and base indicators of mental health problems on their change of behaviours in addition to poor academic performance (Abidin et al., 2002; Dimitropoulos et al., 2022; Green et al., 2017).

In the current study, teachers reported that frequent interaction with the students, especially in handling students' problems, increased teachers' confidence in identifying mental health problems. Teachers used their personal experiences to deal with students' mental health problems. The accumulation of teachers' experiences shaped their perception of mental health problems and how to identify them. Nevertheless, teachers' personal experiences may differ from one another. This may lead to a different interpretation of the same behavioural cues. Moreover, we found that teachers needed more time to identify mental health problems without sufficient mental health knowledge. As many schools in Indonesia rely on teachers' nominations, further studies should be conducted to investigate teachers' effectiveness in identifying mental health problems.

Barriers and needs

The teachers reported that they faced several barriers when identifying mental health problems. We highlight the lack of mental health knowledge as a major barrier and the competing demands of teachers' academic tasks as another barrier. Most teachers in this study reported insufficient knowledge of mental health problems. They felt they were not equipped with mental health knowledge before becoming teachers, which made them worried about misinterpretation in identifying mental health problems. Many prior studies from other world regions reported insufficient preparation among teachers to deal with students' mental health and the importance of mental health training for teachers (Graham et al., 2011; Kidger et al., 2010; Reinke et al., 2011; Rothi et al., 2008; Shelemy et al., 2019). For example, teachers in Australia felt incompetent

in dealing with students' mental health problems due to limited mental health knowledge. They expressed the need for mental health training covering the symptoms of mental health problems (Graham et al., 2011).

Meanwhile, the teacher's primary responsibility to effectively deliver the lessons raised another barrier. In this study, teachers' focus on delivering lessons led to time constraints in observing students in school. This barrier was also found by Rothi et al. (2008) among teachers in England. The teachers felt unable to support students with mental health problems because of their teaching responsibilities. Moreover, teachers were limited to observing students in school settings during school hours. Without enough mental health knowledge, teachers preferred to gather information from the students as the primary source. However, teachers found that some students were reluctant to tell of their problems due to a lack of trust. This adds another barrier for teachers.

Teachers expressed the need for support and a program to overcome the barriers. More specifically, they needed information from parents, colleagues, and children's peers, input or suggestions from colleagues or mental health professionals, and guidance from mental health professionals. This study supports a Canadian study to endorse collaboration between teachers, parents, students, and school administrators (Dimitropoulos et al., 2022). These findings highlight the need for collaboration in managing students' mental health problems.

Teachers' improvement program

In this study, teachers recognised the usefulness of workshops to develop their mental health literacy and ability to identify mental health

problems. They suggested an interactive workshop with real cases and practice under expert supervision. They preferred a continuous routine program. The result is consistent with the findings from a systematic review emphasising the need for intensive training and ongoing supervision to ensure school staff's fidelity in delivering mental health services (Gee et al., 2021). Therefore, based on findings from the current study and those reported in the literature, an adequate program to enhance Indonesian teachers' skills and knowledge is suggested. This might cover child development, mental health and identifying mental health problems, interviewing students and their families (Juengsiragulwit, 2015), and effective communication with the students.

Feasibility of school-based mental health screening

In the current study, teachers indicated that mental health screening was feasible in schools. Teachers noted the benefits of using a screening questionnaire, such as early identification of mental health problems and facilitating children having difficulty communicating their problems. They suggested using a questionnaire such as the SDQ as the first phase of mental health problem identification, then continuing with a further assessment by the teachers. This highlights the use of a multiple-gating approach as an alternative to relying solely on teacher nominations for identifying students with mental health issues. The multiple-gating approach is a screening process where students who require further evaluation undergo more thorough assessments (Dowdy et al., 2016). Furthermore, integrating information from multiple assessments (referral letters, universal screening, structured assessment, clinician evaluation)

in a sequential manner could enhance the accuracy of diagnostics in child and adolescent clinical cases (Aydin et al., 2022).

One measurement that serves as a screening tool is the Strengths and Difficulties Questionnaire (SDQ). The SDQ is a widely recognised mental health screening tool used in both community and clinical settings, and it has been translated into more than 80 languages. Despite its practical and economical nature, the SDQ is effective in distinguishing between children with and without mental health problems and can identify various types of mental health problems (Becker et al., 2004). The SDQ can assess changes in mental health problems for individuals aged 7 to 16. However, it cannot be used to compare scores from earlier ages due to different manifestations of symptoms (Murray et al., 2022; Speyer et al., 2022). Thus, the SDQ is appropriate for use with school-age children.

Participants believed teachers, parents, and students would accept mental health screening in schools. However, despite its acceptance, the selection of informants for screening poses another issue. In a school setting, informants that are commonly used in mental health screening are teachers, students, and parents. However, using all three as multiple informants may be costly and time-consuming. Levitt et al. (2007) suggested that self-report provides a key perspective because adolescents are reliable sources for reporting their emotions and behaviours. In addition, self-report may be more efficient, especially in universal screening. However, some teachers in this study raised a concern about the validity of students' answers. The existing literature contains mixed findings on teachers and parents as better informants to predict child

psychopathology (Honkanen et al., 2014; Karlberg et al., 2011; Kuhn et al.,2017; Verhulst et al., 1997). Several studies have reported the efficacy of teacher reports, where teachers' assessments predict adolescent mental problems (Honkanen et al., 2014). Furthermore, compared with parent reports and self-reports, teacher reports were better at predicting the presence of internalizing problems and adolescents' need for help (Verhulst et al., 1997). In contrast, the teachers in this study felt more confident in assessing externalizing problems due to the visibility of the problems. Several studies found that teachers had less understanding of internalizing problems and suggested that they require further training (Taggart & McMullan, 2007; Trudgen & Lawn, 2011). Consistent with the result, students had better agreement with parents than with teachers, especially in identifying internalizing problems. This finding was consistent with Becker et al.'s (2004) study on German adolescents, where self-reports correlated more with parent reports than teacher reports. Teachers and parents have been found to have differing viewpoints on observing and reporting children's mental health issues, which leads to a low correlation between the two informants (Brown et al., 2006; Collishaw et al., 2019; Miner et al., 2008). One reason for this discrepancy may be that children behave differently in various situations or contexts, causing them to be perceived in different ways by each informant (Achenbach et al., 1987; Miner et al., 2008). Screening using teachers as the only informant may likely not identify students who seem to be at risk by other informants. Therefore, investigating the efficacy of combining multiple

ratings may provide a fruitful avenue for identifying an effective screening approach for Indonesian schools.

Strengths and limitations

To our knowledge, this is the first qualitative study exploring teachers' confidence, needs, and barriers in identifying mental health problems in Indonesia. Using a qualitative approach enabled us to gain more understanding of teachers' perceptions and experiences in managing mental health problems. Our findings can be used in the development of school-based mental health programs to increase teachers' competency in promoting students' mental health in Indonesia.

There are limitations to the current study. The nature of the qualitative method meant that the findings were based on teachers' introspection. This provides a unique perspective on the teachers' perceptions of identifying mental health problems in school children. This is an angle that must be considered to develop service provision. However, corroboration from quantitative studies, such as how well teacher identification of mental health problems relates to other informants and longitudinal studies on the long-term impact of proposed interventions and training, would be beneficial. The teachers who participated in this study were from four out of the 34 provinces in Indonesia, which may not fully represent the country's diversity. Thus, future research that includes teachers from all regions of Indonesia would be valuable for gaining a comprehensive understanding of their participation in mental health within schools.

Compliance with Ethical Standards

Conflicts of interest/Competing interests The authors have no conflicts of interest to declare that are relevant to the content of this article.

Consent to participate Written and verbal consents were obtained from all participants prior to interviews.

Consent for publication The participants have consented to the use of their data for publication

Availability of data and material

The interview transcript will be available in the Open Science Framework (OSF) repository ((https://doi.org/10.17605/OSF.IO/7PK52).

References

Abidin, R. R., & Robinson, L. L. (2002). Stress, Biases, or Professionalism: What Drives Teachers' Referral Judgments of Students with Challenging Behaviors? Journal of Emotional and Behavioral Disorders, 10(4), 204–212. https://doi.org/10.1177/10634266020100040201

Achenbach, T. M., McConaughy, S. H., & Howell, C. T. (1987). Child/Adolescent Behavioral and Emotional Problems. *Psychological Bulletin, 101*(2), 213–232. https://doi.org/10.1037/0033-2909.101.2.213

Auger, R. W. (2004). The accuracy of teacher reports in the identification of middle school students with depressive symptomatology.

Psychology in the Schools, 41(3), 379–389. https://doi.org/10.1002/pits.10164

Aydin, S., Siebelink, B. M., Crone, M. R., van Ginkel, J. R., Numans, M. E., Vermeiren, R. R., & Westenberg, P. M. (2022). The diagnostic process from primary care to child and adolescent mental healthcare services: the incremental value of information conveyed through referral letters, screening questionnaires and structured multi-informant assessment. *BJPsych Open, 8*(3), e81.

Beames, J. R., Johnston, L., O'Dea, B., Torok, M., Boydell, K., Christensen, H., & Werner-Seidler, A. (2022). Addressing the mental health of school students: Perspectives of secondary school teachers and counselors. *International Journal of School & Educational Psychology, 10*(1), 128–143. https://doi.org/10.1080/21683603.2020.1838367

Belfer M. L. (2008). Child and adolescent mental disorders: the magnitude of the problem across the globe. *Journal of child psychology and psychiatry,49*(3), 226–236. https://doi.org/10.1111/j.1469-7610.2007.01855.x

Becker, A., Hagenberg, N., Roessner, V., Woerner, W., & Rothenberger, A. (2004). Evaluation of the self-reported SDQ in a clinical setting: do self-reports tell us more than ratings by adult informants? *European child & adolescent psychiatry, 13*(2), ii17-ii24. https://doi.org/10.1007/s00787-004-2004-4

Blakemore, S.-J. (2019). Adolescence and mental health. *The Lancet, 393*(10185), 2030-2031. https://doi.org/10.1016/S0140-6736(19)31013-X

Bowman, S., McKinstry, C., Howie, L., Hepworth, G., & McGorry, P. (2022). Perceptions of rural high school teachers-on the frontline of youth suicide. *Australian Journal of Rural Health, 30*(5), 608–618. https://doi.org/10.1111/ajr.12894

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Brown, J. D., Wissow, L. S., Gadomski, A., Zachary, C., Bartlett, E., & Horn, I. (2006). Parent and teacher mental health ratings of children using primary-care services: interrater agreement and implications for mental health screening. *Ambulatory Pediatrics, 6*(6), 347-351.

Center for Reproductive Health, University of Queensland, & Johns Hopkins Bloomberg School of Public Health. (2022). *Indonesia – National Adolescent Mental Health Survey (I-NAMHS) Report*. Center for Reproductive Health. https://static1.squarespace.com/static/54431bbee4b0ba652295db6e/t/6387d7b252859e7624eca9b7/1669846969890/I-NAMHS+Report+English.pdf

Collishaw, S., Furzer, E., Thapar, A. K., & Sellers, R. (2019). Brief report: A comparison of child mental health inequalities in three UK population cohorts. European Child & *Adolescent Psychiatry, 28*(11), 1547-1549. https://doi.org/10.1007/s00787-019-01305-9

Cunningham, J. M., & Suldo, S. M. (2014). Accuracy of teachers in identifying elementary school students who report at-risk levels of anxiety and depression. School Mental Health, 6(4), 237-250. https://doi.org/10.1007/s12310-014-9125-9

Dimitropoulos, G., Cullen, E., Cullen, O., Pawluk, C., McLuckie, A., Patten, S., Bulloch, A., Wilcox, G., & Arnold, P. D. (2021). “Teachers often see the red flags first”: perceptions of school staff regarding their roles in supporting students with mental health concerns. *School Mental Health, 14*, 402–415. https://doi.org/10.1007/s12310-021-09475-1

Dowdy, E., Dever, B. V., Raines, T. C., & Moffa, K. (2016). A Preliminary Investigation Into the Added Value of Multiple Gates and Informants in Universal Screening for Behavioral and Emotional Risk. *Journal of Applied School Psychology, 32*(2), 178–198. https://doi.org/10.1080/15377903.2016.1165327

Eklund, K., & Dowdy, E. (2014). Screening for Behavioral and Emotional Risk Versus Traditional School Identification Methods. *School Mental Health, 6*(1), 40–49. https://doi.org/10.1007/s12310-013-9109-1

Ekornes, S. (2015). Teacher perspectives on their role and the challenges of inter-professional collaboration in mental health promotion. *School Mental Health, 7*(3), 193–211. https://doi.org/10.1007/s12310-015-9147-y

Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in school 1: mental health intervention in high-income

countries. *Lancet Psychiatry*, *1*(5), 377–387. https://doi.org/10.1016/S2215-0366(14)70312-8

Feiss, R., Dolinger, S.B., Merritt, M., Reiche, E., Martin, K., Yanes, J.A., Thomas, C.M., & Pangelinan, M. (2019). A Systematic Review and Meta-Analysis of School-Based Stress, Anxiety, and Depression Prevention Programs for Adolescents. *Journal of Youth and Adolescence*, *48*,1668–1685. https://doi.org/10.1007/s10964-019-01085-0

Gee, B., Wilson, J., Clarke, T., Farthing, S., Carroll, B., Jackson, C., King, K., Murdoch, J., Fonagy, P., & Notley, C. (2021). Review: Delivering mental health support within schools and colleges - a thematic synthesis of barriers and facilitators to implementation of indicated psychological interventions for adolescents. *Child and Adolescent Mental Health, 26*(1), 34–46. https://doi.org/10.1111/camh.12381

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry*, *38*, 581–586. https://doi.org/10.1111/j.1469-7610.1997.tb01545.x

Goodman, R., Ford, T., Simmons, H., Gatward, R., & Meltzer, H. (2003). Using the Strengths and Difficulties Questionnaire (SDQ) to screen for child psychiatric disorders in a community sample. *International Review of Psychiatry (Abingdon, England), 15*(1-2), 166–172. https://doi.org/10.1080/0954026021000046128

Graham, A., Phelps, R., Maddison, C., & Fitzgerald, R. (2011). Supporting children's mental health in schools: Teacher views. *Teachers and*

Teaching, *17*(4), 479-496. https://doi.org/10.1080/13540602.2011.580525

Green, J. G., Keenan, J. K., Guzmán, J., Vinnes, S., Holt, M., & Comer, J. S. (2017). Teacher perspectives on indicators of adolescent social and emotional problems. *Evidence-Based Practice in Child and Adolescent Mental Health,* *2*(2), 96–110. https://doi.org/10.1080/23794925.2017.1313099

Green, J. G., Oblath, R., & Holt, M. (2022). Teacher and school characteristics associated with the identification and referral of adolescent depression and oppositional defiant disorders by US teachers. *School Mental Health*, *14*, 1-16. https://doi.org/10.1007/s12310-021-09491-1

Honkanen, M., Määttä, H., Hurtig, T., Ebeling, H., Taanila, A., & Koivumaa-Honkanen, H. (2014). Teachers' assessments of children's mental problems with respect to adolescents' subsequent self-reported mental health. *The Journal of adolescent health: Official Publication of the Society for Adolescent Medicine*, *54*(1), 81–87. https://doi.org/10.1016/j.jadohealth.2013.07.041

Husky, M. M., Kaplan, A., McGuire, L., Flynn, L., Chrostowski, C., & Olfson, M. (2011). Identifying adolescents at risk through voluntary school-based mental health screening. *Journal of Adolescence*, *34*(3), 505–511. https://doi.org/10.1016/j.adolescence.2010.05.018

Juengsiragulwit D. (2015). Opportunities and obstacles in child and adolescent mental health services in low- and middle-income countries: A review of the literature. *WHO South-East Asia Journal*

of Public Health, *4*(2), 110–122. https://doi.org/10.4103/2224-3151.206680

Kalberg, J. R., Lane, K. L., Driscoll, S., & Wehby, J. (2011). Systematic Screening for Emotional and Behavioral Disorders at the High School Level: A Formidable and Necessary Task. *Remedial and Special Education,* *32*(6), 506–520. https://doi.org/10.1177/0741932510362508

Katsantonis, I., McLellan, R., & Marquez, J. (2022). Development of subjective well-being and its relationship with self-esteem in early adolescence. British Journal of Developmental Psychology, bjdp.12436. https://doi.org/10.1111/bjdp.12436

Kessler, R. C., Angermeyer, M., Anthony, J. C., De Graaf, R., Demyttenaere, K., Gasquet, I., De Girolamo, G., Gluzman, S., Gureje, O., Haro, J.M., Kawakami, N., Karam, A., Levinson, D., Mora, M.E.M., Browne, M.A.O., Posada-Villa, J., Stein, D.J., Tsang, C.A.H., Aguilar-Gaxiola, S., ... Üstün, T. B. (2007). Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. World Psychiatry, 6(3), 168.

Kidger, J., Gunnell, D., Biddle, L., Campbell, R., & Donovan, J. (2010). Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and well-being. *British Educational Research Journal*, 36 (6), 919–935. https://doi.org/10.1080/01411920903249308

Krane, V., Karlsson, B., Ness, O., & Binder, P. E. (2016). They need to be recognized as a person in everyday life: Teachers' and helpers'

experiences of teacher-student relationships in upper secondary school. *International Journal of Qualitative Studies on Health and Well-being*, *11*, 31634. https://doi.org/10.3402/qhw.v11.31634

Kuhn, C., Aebi, M., Jakobsen, H., Banaschewski, T., Poustka, L., Grimmer, Y., Goodman, R., & Steinhausen, H. C. (2017). Effective mental health screening in adolescents: should we collect data from youth, parents, or both? *Child Psychiatry and Human Development*, *48*(3), 385–392. https://doi.org/10.1007/s10578-016-0665-0

Kumara, A., Wimbarti, S., Susetyo, Y.F., & Kisriyani, A. (2017). The epidemiology of Indonesian children and adolescent school-based mental health: Validation of school-based mental health information system. *Universal Journal of Psychology*, *5*(3), 114-121. DOI: 10.13189/ujp.2017.050303.

Levitt, J. M., Saka, N., Romanelli, L. H., & Hoagwood, K. (2007). Early identification of mental health problems in schools: The status of instrumentation. *Journal of School Psychology*, *45*(2), 163–191. https://doi.org/10.1016/j.jsp.2006.11.005

Maclean, L., & Law, J. M. (2022). Supporting primary school students' mental health needs: Teachers' perceptions of roles, barriers, and abilities. *Psychology in the Schools, 59*(11), 2359-2377. https://doi.org/10.1002/pits.22648

Mælan, E.N., Tjomsland, H.E., Baklien, B., Samdal, O., & Thurston, M. (2018). Supporting pupils' mental health through everyday practices: a qualitative study of teachers and head teachers. *Pastoral*

Care in Education, *36*(1), 16-28. https://doi.org/10.1080/02643944.2017.1422005

Mazzer, K. R., & Rickwood, D. J. (2015). Teachers' role breadth and perceived efficacy in supporting student mental health. *Advances in School Mental Health Promotion, 8*(1), 29–41. https://doi.org/10.1080/1754730X.2014.978119

Miner, J. L., & Clarke-Stewart, K. A. (2008). Trajectories of externalizing behavior from age 2 to age 9: Relations with gender, temperament, ethnicity, parenting, and rater. *Developmental Psychology, 44*(3), 771-786. https://doi.org/10.1037/0012-1649.44.3.771

Murray, A. L., Speyer, L. G., Hall, H. A., Valdebenito, S., & Hughes, C. (2022). A Longitudinal and Gender Invariance Analysis of the Strengths and Difficulties Questionnaire Across Ages 3, 5, 7, 11, 14, and 17 in a Large U.K.-Representative Sample. *Assessment, 29*(6), 1248-1261. https://doi.org/10.1177/10731911211009312

Morris, J., Belfer, M., Daniels, A., Flisher, A., Villé, L., Lora, A., & Saxena, S. (2011). Treated prevalence of and mental health services received by children and adolescents in 42 low-and-middle-income countries. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *52*(12), 1239–1246. https:// doi:10.1111/j.1469-7610.2011.02409. x.

Neil, L., & Smith, M. (2017). Teachers’ recognition of anxiety and somatic symptoms in their pupils. Psychology in the Schools, 54(9), 1176–1188. https://doi.org/10.1002/pits.22055

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International*

journal of qualitative methods, 16(1), 1-13. https://doi.org/10.1177/1609406917733847.

O'Farrell, P., Wilson, C., & Shiel, G. (2023). Teachers' perceptions of the barriers to assessment of mental health in schools with implications for educational policy: A systematic review. *British Journal of Educational Psychology, 93*(1), 262-282. https://doi.org/10.1111/bjep.12553

Oktaviana, M. & Wimbarti, S. (2014). Validasi klinik strenghts and difficulties questionnaire (SDQ) sebagai instrumen skrining gangguan tingkah laku. *Jurnal Psikologi*, *41*(1), 101-114. DOI: 10.22146/jpsi.6961

Patalay, P., Gondek, D., Moltrecht, B., Giese, L., Curtin, C., Stanković, M., & Savka, N. (2017). Mental health provision in schools: approaches and interventions in 10 European countries. *Global mental health (Cambridge, England)*, *4*, e10. https://doi.org/10.1017/gmh.2017.6

Pulimeno, M., Piscitelli, P., Colazzo, S., Colao, A., & Miani, A. (2020). School as ideal setting to promote health and wellbeing among young people. *Health Promotion Perspectives*, *10*(4), 316–324. https://doi.org/10.34172/hpp.2020.50

Polanczyk, G. V., Salum, G. A., Sugaya, L. S., Caye, A., & Rohde, L. A. (2015). Annual research review: A meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. Journal of child psychology and psychiatry, 56(3), 345-365. https://doi.org/10.1111/jcpp.12381

QSR International Pty Ltd. (2018) NVivo (Version 12), https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home

Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, *26*(1), 1–13. https://doi.org/10.1037/a0022714

Rothì, D. M., Leavey, G., & Best, R. (2008). On the front-line: Teachers as active observers of pupils' mental health. *Teaching and Teacher Education*, *24*(5), 1217-1231. https://doi.org/10.1016/j.tate.2007.09.011

Shelemy, L., Harvey, K., & Waite, P. (2019). Supporting students' mental health in schools: what do teachers want and need? *Emotional and Behavioural Difficulties*, *24*(1),100-116. DOI: 10.1080/13632752.2019.1582742

Soles, T., Bloom, E. L., Heath, N. L., & Karagiannakis, A. (2008). An exploration of teachers' current perceptions of children with emotional and behavioural difficulties. Emotional and Behavioural Difficulties, 13(4), 275–290. https://doi.org/10.1080/13632750802442201

Soneson, E., Childs-Fegredo, J., Anderson, J. K., Stochl, J., Fazel, M., Ford, T., Humphrey, A., Jones, P.B., & Howarth, E. (2018). Acceptability of screening for mental health difficulties in primary schools: a survey of UK parents. *BMC Public Health, 18*(1), 1-12.

Soneson, E., Howarth, E., Ford, T., Humphrey, A., Jones, P. B., Thompson Coon, J., Rogers, M., & Anderson, J. K. (2020). Feasibility of school-based identification of children and adolescents experiencing, or at-risk of developing, mental health difficulties: a systematic review. *Prevention Science, 21*, 581-603. https://doi.org/10.1007/s11121-020-01095-6

Speyer, L. G., Auyeung, B., & Murray, A. L. (2022). Longitudinal Invariance of the Strengths and Difficulties Questionnaire Across Ages 4 to 16 in the ALSPAC Sample. Assessment, 10731911221128948. https://doi.org/10.1177/10731911221128948

Splett, J. W., Garzona, M., Gibson, N., Wojtalewicz, D., Raborn, A., & Reinke, W. M. (2019). Teacher recognition, concern, and referral of children's internalizing and externalizing behavior problems. *School Mental Health, 11*, 228-239. https://doi.org/10.1007/s12310-018-09303-z

Taggart, L., & McMullan, P. (2007). An exploratory study of teachers' knowledge about the symptoms of depression in young people with and without intellectual disabilities. *Journal of Intellectual Disabilities, 11*(2), 183–195. https://doi.org/10.1177/1744629507076931

Thapar, A., Stewart-Brown, S., & Harold, G. T. (2021). What has happened to children's wellbeing in the UK? *The Lancet Psychiatry, 8*(1), 5-6. https://doi.org/10.1016/S2215-0366(20)30481-8

Trudgen, M., & Lawn, S. (2011). What is the Threshold of Teachers' Recognition and Report of Concerns About Anxiety and Depression

in Students? An Exploratory Study with Teachers of Adolescents in Regional Australia. *Australian Journal of Guidance and Counselling, 21*(2), 126–141. https://doi.org/10.1375/ajgc.21.2.126

van Loon, A. W. G., Creemers, H. E., Beumer, W. Y., Okorn, A., Vogelaar, S., Saab, N., Miers, A. C., Westenberg, P. M., & Asscher, J. J. (2020). Can Schools Reduce Adolescent Psychological Stress? A Multilevel Meta-Analysis of the Effectiveness of School-Based Intervention Programs. *Journal of Youth and Adolescence, 49*(6), 1127–1145. https://doi.org/10.1007/s10964-020-01201-5

van Vulpen, K. S., Habegar, A., & Simmons, T. (2018). Rural school-based mental health services: Parent perceptions of needs and barriers. *Children & Schools, 40*(2), 104-111. https://doi.org/10.1093/cs/cdy002

Verhulst, F. C., Dekker, M. C., & Van der Ende, J. (1997). Parent, teacher and self-reports as predictors of signs of disturbance in adolescents: whose information carries the most weight? *Acta Psychiatrica Scandinavica*, *96*(1), 75–81. https://doi.org/10.1111/j.1600-0447.1997.tb09909.x

WHO (2011). Mental health: a state of well-being. Retrieved from http://www.who.int/features/factfiles/mental_health/en/ on Januari 2015.

Wiguna, T., Manengkei, P.S.K., Pamela, C., Rheza, A.M., & Hapsari, W.A. (2010). Masalah emosi dan perilaku pada anak dan remaja di poliklinik jiwa anak dan remaja RSPUN dr. Ciptomangunkusumo

(RSCM), Jakarta. *Sari Pediatri*, *12* (4), 270-277. DOI: http://dx.doi.org/10.14238/sp12.4.2010.270-7

Zee, M., & Rudasill, K. M. (2021). Catching sight of children with internalizing symptoms in upper elementary classrooms. *Journal of School Psychology, 87*, 1–17. https://doi.org/10.1016/j.jsp.2021.05.002

Zhou, W., Ouyang, F., Nergui, O.-E., Bangura, J. B., Acheampong, K., Massey, I. Y., & Xiao, S. (2020). Child and adolescent mental health policy in low- and middle-income countries: Challenges and lessons for policy development and implementation. *Frontiers in Psychiatry*, *11*, Article 150. https://doi.org/10.3389/fpsyt.2020.00150

Appendix

Table A1

Participants' demographics

Pseudonym	Sex	Age (In years)	School		Length of teaching (In years)	Province
1 Ami	Female	40	Senior school	high	12	East Kalimantan
2 Brigitta	Female	32	Junior school	high	16	Riau
3 Ardi	Male	23	Junior school	high	5	West Java
4 Cici	Female	27	Junior school	high	2	West Java
5 Bagus	Male	42	Junior school	high	16	West Java
6 Candi	Male	28	Junior school	high	4	West Java
7 Dion	Male	38	Senior school	high	13	West Java
8 Edi	Male	32	Junior school	high	4	West Java
9 Gani	Male	29	Senior school	high	7	West Java
10 Dian	Female	32	Senior school	high	11	West Java
11 Ema	Female	36	Senior school	high	10	West Java
12 Heru	Male	35	Senior school	high	10	West Java
13 Ian	Male	27	Senior school	high	5	West Java
14 Femmy	Female	31	Senior school	high	10	West Java
15 Gendis	Female	23	Junior school	high	1.5	West Java
16 Hani	Female	42	Junior school	high	17	West Java
17 Ima	Female	30	Senior school	high	9	West Java
18 Jelita	Female	27	Junior school	high	2	West Java
19 Juna	Male	27	Senior school	high	5	West Java
20 Karin	Female	41	Junior school	high	16	West Java
21 Kiki	Male	39	Junior school	high	12	West Java
22 Lulu	Female	31	Junior school	high	8	West Java

23	Mia	Female	31	Junior school	high	10	West Java
24	Lukman	Male	32	Junior school	high	7	West Java
25	Mulya	Male	30	Senior school	high	6	West Java
26	Nana	Female	31	Senior school	high	10	West Java
27	Nuh	Male	56	Senior school	high	33	West Java
28	Ovi	Female	44	Junior school	high	16	Riau
29	Putri	Female	32	Junior school	high	9	West Java
30	Opik	Male	29	Senior school	high	6	West Java
31	Qirana	Female	40	Senior school	high	12	West Java
32	Rully	Female	48	Senior school	high	20	West Java
33	Santika	Female	28	Senior school	high	6	Banten

Table A2

Interview schedule

1. What do you think about the teacher's role in preventing mental health problems in students? Who do you think should be responsible for preventing mental health problems in students?
2. Based on your experience, how do you usually recognize a problematic student? <Follow-up probes on the method used> How confident did you feel about your ability to recognize a

student with mental health problems? <Follow-up probes on factors influencing their confidence>

3. After completing the SDQ:

   a. How confident do you feel that you could complete the Strengths and Difficulties Questionnaire for the children in your class?

   <Follow-up probes on which statements in SDQ they feel more confident to assess than others and what factors contribute to that confidence>

   b. Do you think some sections of the SDQ would be easier to assess than others?

   <Follow-up probes on which items would be easier/more difficult within identified areas of the sections highlighted>

   c. Overall, do you think the SDQ addresses the key indicators of mental health problems you commonly see in your class? Do you think anything is irrelevant? Do you think anything is missing?

4. Based on your experience, what difficulties have you encountered when identifying mental health problems in your students? What do you need to overcome these difficulties?

5. What do you think about the feasibility and acceptance of conducting formal mental health screening (using questionnaires)?

   < Follow-up probes on how parents, students, respondents, and teachers generally would feel about it?>

6. If there was a program to increase teachers' ability to identify students' mental health problems, what would be the best way to deliver this program to teachers (mode of delivery, time, and length)?

Indonesian Teachers' Confidence, Barriers, and Needs in Identifying Mental Health Problems: A Qualitative Study

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Abstract

Teachers play an important role in identifying their students' mental health problems through their interaction in school. This study aimed to investigate teachers' confidence, barriers, and needs in identifying varying forms of mental health problems, their opinions about the feasibility of structured mental health screening in schools, and their opinions regarding training to improve their ability to identify difficulties. Thirty-three Indonesian Junior and Senior high school teachers participated in individual online semi-structured interviews. The data were analysed using

reflexive thematic analysis. Seven themes were developed: (1) confidence in assessing student mental health, (2) observable behaviours being easier to assess, (3) teachers use a personal approach to identify mental health problems, (4) reliance on personal experience to deal with students' mental health problems, (5) the need for social support, (6) the need for a skill improvement program, and (7) mental health screening would be feasible in schools. The findings provide an impetus for designing future training for school-based mental health problem identification for teachers.

Keywords: early identification, mental health problems, teachers, adolescent, qualitative study

Declarations

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Code availability None

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reviewed the coding, Ayu Riana Sari developed themes, Richard Rowe and Agata Debowska reviewed the themes; Writing - original draft preparation: Ayu Riana Sari; Writing - review and editing: all authors; Supervision: Richard Rowe, Agata Debowska.

Ethics approval Ethical approval was granted by Department of Psychology Research Ethics Committee University of Sheffield (number 036290).

Consent to participate Written and verbal consents were obtained from all participants prior to interviews.

Consent for publication The participants have consented to the use of their data for publication