

## Mentoring the Development of Mental Health Systems in Schools

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### **Abstract.**

*This community service program aims to provide assistance to guidance and counseling teachers who are expected to become pioneers of the school mental health system. The emergence of increasingly complex mental health problems in schools cannot only be handled in responsive and curative ways but also need to be accompanied by preventive efforts from the school. By using the paradigm of positive psychology and positive education through the PROSPER model, guidance and counseling teachers and schools in general are able to collect resources to build a mental health system in schools. The PROSPER model consists of seven components, namely positivity, relationships, outcomes, strength, purpose, engagement, and resilience. The partners selected for this community service are guidance and counseling teachers at junior high schools in the Karanganyar area under the auspices of the Karanganyar Regency Education and Culture Office. The number of participants who attended was 30 guidance and counseling teachers from both private and public schools in this area. The assistance carried out was carried out over a period of 3 months starting with initial coordination, provision of materials, workshops and assistance and monitoring. Initial coordination was carried out through the WhatsApp group media, then the provision of materials was carried out offline. This material provision activity was then continued with a workshop on preparing SOPs for implementing the PROSPER model. It is hoped that after participating in this program, target partners will have the capacity to develop mental health systems and implement them independently and sustainably. The outputs in this community service include mandatory outputs, namely partner cooperation letters, IA scripts, print and social media publications, and community service posters.*

**Keywords:** Training, System Development, Mental Health, and community service.

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### **I. INTRODUCTION**

Guidance and counseling (GC) teachers play a strategic role in facilitating the process of student development in schools. Various challenges and problems that arise today make many students need adequate psychological support in order to develop well and be able to develop their potential optimally. Mental health issues in students are also getting more attention. The increasing public awareness of the importance of mental health is also correlated with student awareness of the importance of mental health. Schools are no longer only focused on developing academic programs but also developing activities that can contribute to mental health advocacy. In general, various problems that arise in students if not addressed properly can have a negative impact on academic performance and the emergence of various mental health disorders. Therefore, efforts to provide assistance to students who need support are the key to the success of student achievement both academically and non-academically. Related to mental health in particular, it is necessary to build a school mental health system, one of which can be initiated by the GC teacher. One mental health system that can be adopted by schools is the PROSPER model. The PROSPER model is a framework for implementing positive education into educational practices in the field (Hupert and So's, 2013). PROSPER is an acronym for seven key elements that contribute to happiness, namely: Positivity, relationships, outcomes, strength, purpose, engagement, and resilience.

This model is relevant to the development of a mental health system in schools according to the positive approach paradigm. The results of field observations of the situation in junior high schools in the Karanganyar area show that the level of understanding of mental health has increased well along with the movement of mental health campaigns on social media. However, the handling of problems in schools by GC teachers is still at the curative and responsive level. Furthermore, the system built by the school has not been specifically developed. Therefore, community service was designed which aims to assist the development of

a mental health system in schools with the PROSPER model. This community service will contain an explanation of information related to how to develop a PROSPER-based mental health system in schools which will then be continued with workshops and mentoring. The purpose of this activity is to provide practical provisions for GC teachers who are expected to become the initiators of the mental health system in schools. The situation found in junior high schools in Karanganyar, most of which still do not have a mental health system, is accompanied by the emergence of various mental health problems in schools in the form of bullying, anxiety, violence and behavior that leads to juvenile delinquency. The support provided by schools through GC teachers is still quite limited due to various factors such as limited GC service hours and facilities owned by schools to support such as certain media.

## **II. RESULT AND DISCUSSION**

### **2.1 Problem Solving Framework**

The solution offered to overcome the partner's problem of not having a school mental health system and not having a source of reference and training, the community service team proposes to provide assistance both in terms of knowledge and in terms of its implementation practices. This solution will be provided as follows:

#### **1. Analysis of junior high school needs in Karanganyar**

Needs analysis, although it has been done before this activity was designed, but when approaching implementation it will be carried out again to find out whether the design that was prepared needs to be modified. This is in the form of a survey of students' needs for support to maintain their mental health.

#### **2. Preparation of support materials**

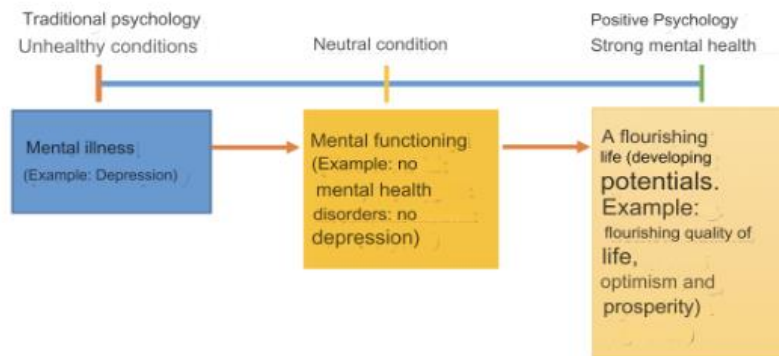
In general, the material is divided into 4 parts, namely:

- a. Material 1 on understanding PROSPER SOP and the PROSPER model related to positive psychology and positive education
- b. Material 2 on understanding the concept of mental health and forms of activity in the PROSPER model
- c. Material 3 basic counseling skills training
- d. Material 4 independent project preparation of PROSPER instruments and SOPs for each school

The school mental health system based on the PROSPER model is the result of research conducted by the community service team in 2019 (Sanyata, Izatty and Gunawan, 2019). This model is part of positive psychology and positive education. Here are some relevant studies:

##### **a. Positive Psychology**

The field of positive psychology at the subjective level includes subjective experiences of value such as: happiness, pleasure, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present) (Seligman, 2000). The goal of positive psychology is to provide conditions and processes that contribute to the full functioning of human beings as individuals, groups, and institutions (Gable and Haidt, 2005). Research on these aspects shows that improving quality of life can be achieved through the development of positive aspects of individuals (Daniel Kahneman, Edward Diener, and Schwarz (1999); Diener (2000); Massimini and Delle Fave (2000); Peterson (2000); Myers (2000); Ryan and Deci (2000); Taylor, et al., (2000)). In line with the understanding of mental health as a continuum, positive psychology organizes the individual side starting from the axis of the individual's healthy point where at that point no illness is experienced, as in the following illustration:



Sumber: From functioning to flourishing: Applying positive Psychology to Financial Planning  
(Asebedo, Sarah, dan Seay, 2015)

**Fig 1. Mental Health Continuum**

The development of this positive psychology view also opened the floodgates of studies or research on its application. According to the positive psychology view, contributions to the quality of human life are not always carried out with a curative approach, but can also be done in the form of development and prevention. One of the main goals of positive psychology is to help individuals achieve optimal quality of life. Optimal in question is achieving maximum growth or commonly known as flourishing beyond the condition of no psychological disorders or problems. Flourish is basically close to the meaning of self-actualization (Maslow), individuation (Jung), mental health (Jahoda), meaning acquisition (Frankl), personal development (Erikson), basic life tendencies (Buhler), executive processes of personality (Neugarten), maturity (Alport), and full personal function (Rogers). In addition, the meaning of flourishing can also be interpreted as happiness (Seligman, Kahneman) or subjective wellbeing (Diener, Veenhoven).

#### b. Positive Education

Positive education is an effort to combine the principles of positive psychology with educational activities in schools through various activities in them (Norrish, et al., 2013 p. 1). Furthermore, Hamilton & Hamilton, (2009) in (Norrish, et al., 2013 p. 1) explained that schools are a place for students to develop in their lives and can be a key source of skills and competencies that support their capacity to succeed in the future. Positive education aims to lead individuals to achieve higher levels of happiness through the development of potential, education actually also has a similar goal, namely an effort to realize all the potential they have. Achieving the peak of someone's self-actualization is a form of flourishing (Seligman, et al., 2009).

#### c. PROSPER Model

The PROSPER Model is a framework for implementing positive education into educational practices in the field. PROSPER is an acronym for seven key elements that contribute to happiness, namely: positivity, relationships, outcomes, strength, purpose, engagement, and resilience. Basically, the PROSPER framework has some similarities with the PERMA well-being model developed by Seligman (2011). However, the PROSPER model includes two important components, namely Strength and Resilience. According to the model developed by Hupert and So's (2013), resilience is seen as an important indicator of happiness or well-being.

## 2.2 Results of Community Service Implementation

This community service activity consists of 3 stages of implementation as follows:

### 1. Analysis of junior high school needs in Karanganyar

Prior to the implementation of the school mental health program training assistance, a needs analysis of junior high school students in Karanganyar was conducted. This analysis was conducted online, where GC teachers at Karanganyar Junior High Schools were invited to prepare an initial needs analysis of the mental health program in their respective schools. This activity is also a form of initial assistance before developing a mental health program based on the PROSPER model. In addition to the initial needs analysis, a pre-test was also conducted on teachers' understanding of the PROSPER model for mental health (April 30, 2024).

## 2. Preparation of support materials

The results of the initial coordination and mentoring of junior high school guidance and counseling teachers in Karanganyar through online modes were then followed up with the preparation of mentoring materials carried out offline by the community service team in figure 1 and 2. There were four materials presented in the offline session including 1) understanding the PROSPER SOP and the PROSPER model related to positive psychology and positive education presented by Dr. Sigit Sanyata, M. Pd., 2) understanding the concept of mental health and forms of activities in the PROSPER model consisting of positivity, relationships, outcomes, strengths, purposes, engagements, and resilience by Nanang Erma Gunawan, Ph. D., 3) basic counseling skills training by Dr. Suwarjo, M. Si., 4) independent project assignments facilitated by Natri Sutanti, M. A. At this stage, the community service team also prepared pre- and post-tests.



**Fig 1.** Delivering the community service



**Fig 2.** Guidance and Counseling Teacher as the attendances

## 3. Implementation of mentoring

Offline mentoring was carried out on May 4, 2024. This activity began with the opening and signing of a cooperation agreement in the form of an Implementation of Agreement (IA). The flow referred to is the delivery of initial material on understanding the PROSPER SOP and the PROSPER model related to positive psychology and positive education presented by Dr. Sigit Sanyata, M. Pd. This material is provided with the aim of providing an initial understanding of the PROSPER model in relation to positive psychology and positive education. Participants are expected to understand that the development of this mental health program is not far from the goals of positive education and positive psychology. After this material, it is continued with the delivery of the SOP for implementing the PROSPER model. The mentoring material was then continued by Nanang Erma Gunawan, Ph. D. who discussed the understanding of the concept of mental health and the form of activities in the PROSPER model consisting of positivity, relationships, outcomes, strengths, purposes, engagements, and resilience. In more detail, this session discusses how to apply each aspect of the PROSPER model.

This aspect is used to create a breakdown of activities in the school mental health program with objectives in accordance with PROSPER. In this section, participants are directed to use the need assessment that was carried out in the online session before the activity to create a plan for implementing the PROSPER model in their respective schools. The third material is in the form of strengthening counseling skills to support the implementation of the program created. This material was delivered by Dr. Suwarjo, M. Si. which includes basic counseling skills and how to find problems. This activity was closed with the provision of information and assignments which were then carried out online through WA group coordination until June 15, 2024. A post-test was also given at the end of this session. A total of 10 participants were asked to fill out a questionnaire on the satisfaction of the community service process that had been carried out as a form of evaluation of the implementation of the program at the university level. Meanwhile, the evaluation in the form of achieving the service target was measured by pre-test and post-test.

### 2.3 Discussion on Implementation of Community Service

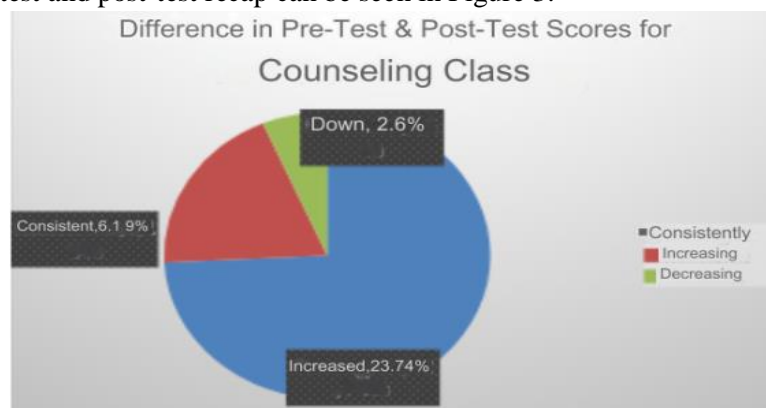
The mentoring material developed in this community service is designed to provide initial provisions for the development of mental health programs in schools. The model chosen is PROSPER, a framework for implementing positive education into educational practices in the field, where the word PROSPER is an acronym for positivity, relationships, outcomes, strength, purpose, engagement, and resilience. This model is a complete model that includes the model developed by Hupert and So's (2013), namely resilience, which is seen as an important indicator of happiness or well-being. In general, this concept was well received by the

participants of this community service mentoring. This can be seen from the existing process where all 31 participants participated in the activities from the beginning to the end. They have also completed the assignments as well as the pre-test and post-test provided by the service team. The most obvious obstacle in the implementation of this community service is when mentoring counseling skills and problem analysis. Many of the participants still have difficulty understanding the difference between symptoms of problems and core problems of the counselee. The basic skills training taught seems sufficient but will be more mature if given separate mentoring follow-up. Therefore, for future community service activities, the topic of strengthening basic counseling skills in supporting the implementation of the PROSPER model in schools can be raised. The context of positive psychology and positive education is also an interesting topic in this community service mentoring.

The reference used is Norrish, et al., which explains about positive education which is a combination of positive psychology principles with educational activities in schools through various activities in it. Through this understanding, participants are led to truly understand the conditions in their respective schools. This then becomes the basis for designing their respective PROSPER models. In the PROSPER design assignment, not all participants were able to design a comprehensive model of mental health programs in their respective schools. This is due to the clash of school regulations which caused the program that was formed to be less flexible even though it remained relevant. In general, previous research results show that improving the quality of life can be achieved through the development of positive aspects of individuals (Daniel Kahneman, Edward Diener, and Schwarz (1999); Diener (2000); Massimini and Delle Fave (2000); Peterson (2000); Myers (2000); Ryan and Deci (2000); Taylor, et al., (2000)). This is the basis and relevance of why the PROSPER model is suitable for the participants. The evaluation results also show that in general through a satisfaction questionnaire, 10 respondents stated that this activity has practical benefits that can be applied in their respective schools. This is also in line with the results of the pre-test and post-test evaluations and assignments which show an increase in understanding and skills of the mentoring participants consisting of 31 participants showing an increase from pre-test to post-test reaching more than 70% and as many as 80% of participants were able to design mental health programs. Therefore, community service with the model that has been described can be considered relevant and can be recommended for the next community service process.

#### 2.4 Activity Evaluation

Evaluation of the achievement of this community service program is measured using quantitative and qualitative assessments where the instruments are prepared by the community service team. Participants are asked to work on the pretest and posttest and prepare a mental health program plan at school. Questions on the pretest and posttest are prepared based on the material presented. Meanwhile, the mental health program plan is prepared independently by the participants based on the knowledge gained in the workshop. The targeted improvement standards in this service are 70% of participants showing improvement in the post-test and 70% of partners being able to implement the workshop results in the form of a mental health program plan at school. The results show that this community service target has been achieved with an increase from pretest to posttest reaching more than 70% and as many as 80% of participants being able to design a mental health program. The results of the pretest and post-test recap can be seen in Figure 3.



**Fig 3.** Results of pretest and posttest evaluation



## 2.5 Supporting and inhibiting factors for activities

In the community service that was carried out, there were several supporting factors for the implementation of this training, such as the high enthusiasm of participants in participating in the practice and the willingness of junior high school guidance and counseling teachers in the Karanganyar area as partners to prepare the activity. These supporting factors made the training process interactive. Meanwhile, the inhibiting factors in the implementation of this activity were more related to limited funding to duplicate materials or worksheets, so that they were anticipated by providing online materials and worksheets.

## III. CONCLUSION

Community service activities with the theme of developing a mental health system in schools for junior high school guidance and counseling teachers in the Karanganyar area took place on April 30, 2024-June 15, 2024. This activity went smoothly and was attended by 31 participants, namely junior high school guidance and counseling teachers in the Karanganyar area. The target for achieving community service can be achieved where an increase in understanding occurs in 70% of participants and more than 70% can design mental health programs in schools.

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