

Research article

The Challenges Faced by Guidance and Counseling Teachers in Developing Mental Health Literacy

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Guidance and counseling teachers are mandated to improve the mental health of learners. This research explores the challenges encountered by guidance and counseling teachers in developing mental health literacy. The study involved 179 guidance and counseling teachers. Questionnaires with open questions were distributed to the participants via Google Form. The data analysis was descriptive. The results showed that the encountered challenges were a lack of related knowledge about mental health, the existing stigma, and the social support received by the teachers.

Keywords: challenges, guidance and counseling, teachers, mental health literacy

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1. Introduction

The requirements of the teachers, based on the Ministerial Regulation number 111, the year 2014, are academically qualified with a bachelor degree in guidance and counseling and having competence of guidance and counseling [1]. The guidance and counseling teachers have jobs, such as : a) conducting fit and proper test and *need assessment* service, b) planning the guidance and counseling program for certain units either daily, monthly, twice a year, or annually, c) Promoting the guidance and counseling service, d) assessing the process and the guidance and counseling promotion, e) analyzing the service assessment results, f) following up the guidance and counseling assessment results, g) administering the service program, h) taking the responsibility of the program and service toward the coordinator and the principal, i) preparing, accepting, and actively participating in supervising activities promoted by the supervisory board of schools, and j) collaborating with the subject teachers, home class teachers, and related parties while promoting the program.

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Guidance and counseling teachers are determinant factors for the healthy personality development of learners. These teachers are the front line of providing mental health service. They must interact with their learners and are expected to prevent and identify anything related to the mental health problems of the school learners. The skills to identify and prevent various mental health problems are the concepts of mental health literacy.

The mental health literacy concept was firstly proposed by Jorm in 1997. The mental health literacy concept is a mental health movement of effective mental problem prevention acknowledgment and mental health care provision based on evidence [2-3]. Jorm divides the mental health components into six dimensions. They are (1) skills in recognizing the specific disorder or differences from a certain psychological distress type, (2) having knowledge and belief about the risk and causal factors, (3) having knowledge and understanding about personal-self assistance intervention, (4) knowledge and belief about professional assistance availability, (5) having well-planned attitudes to seek the accurate help, and (6) having knowledge of how to find information about mental health [4].

The guidance and counseling teachers attempt many things to help various problems of the learners. Therefore, they need sufficient knowledge to help the learners finding help once the learners encounter mental-health-related problems [5]. These teachers must have mental health literacy skills and beliefs [6]. Teachers with higher mental health literacy could provide many benefits for the learners, the school environment, and themselves.

In reality, both teachers or guidance and counseling teachers have rare resources to promote mental health literacy [7]. When the teachers are not involved in a mental-health literacy program, it influences their competencies in providing a mental-health literacy program. The teachers, guidance and counseling teachers, are the formal help or assistance sources that are mostly perceived as able to help the learners.

The reality of some countries, concerning mental health literacy for teachers, shows a percentage of 40% of teachers could not easily identify the learner that lived with parents with mental health disorders [8]. In Indonesia, a study on guidance and counseling teachers to detect the family condition and its relationship toward the learners' problems showed that the teachers did a home visit. However, the teachers in JHS and SHS in Payakumbuh, Western Sumatra, still had hindrances to promote home visits [9].

These facts encouraged the researchers to develop and implement mental health literacy program because it is a priority. Therefore, there is a need of preparing mental health literacy programs for guidance and counseling teachers. It is important because

teachers with excellent mental health literacy have the roles to keep the educational system advanced inclusive and effective [10].

At the present day, mental health literacy studies around the world have been developing [2, 11-14]. Thus, the next studies about mental health literacy also develop in the educational domain. However, based on the literature review that the researcher did, the mental health literacy of the teachers was not completely done. Therefore, based on the background, the researchers wanted to find out what challenges the guidance and counseling teachers encountered while establishing mental health literacy.

2. Method

This research was done from May until June 2020. The respondents' criteria of this research were guidance and counseling teachers at JHS/IJHS, permanent teachers, or honorary teachers. The researchers distributed the questions via link assisted by Google Form to colleagues.

The researchers arranged the instruments to collect the data. They were based The instruments were *informed consent*, respondent identity sheet, and questionnaire. The obtained responses were analyzed qualitatively.

3. Results

Based on the results, 179 respondents out of 200 respondents shared their voluntarily to participate in the research. Thus, their answers were accepted. The survey results showed 64 guidance and counseling teachers at JHS or IJHS and 115 respondents of SHS/VHS/ISHS. Here are the complete data (Table 1). The teachers' responses

TABLE 1: The guidance and counseling teacher respondents.

No.	Teachers	Total
1.	The guidance and counseling teachers of JHS/IJHS	64
2.	The guidance and counseling teachers of SHS/ISHS/VHS	115

Based on the school statuses, the Public Junior High Schools consisted of 39 schools while the Private Junior High Schools were 25. On the other hand, the Public

SHS/ISHS/VHS was 80 while the private SHS/ISHS/VHS was 35. Here are the results (Table 2).

TABLE 2: School Statuses.

School Names	School Statuses	Total
JHS/IJHS	Public	39
	Private	25
SHS/VHS/ISHS	Public	80
	Private	35

64 guidance and counseling teachers of JHS/IJHS were from some of Indonesia's regions, such as Central Java with 38 respondents (59.37%), East Java with 18 respondents (28.12%), East Nusa Tenggara with 5 respondents (7.81%), West Java with 1 respondent (1.56%), West Sumatra with 1 respondent (1.56%), and South Borneo with 1 respondent (1.56%). Here are the data are shown in Table 2. The distribution of the JHS guidance and counseling teachers.

TABLE 3: The distribution of JHS guidance and counseling teachers as the respondents.

Region	Percentage (%)	Total
Central Java	59,37%	38
East Java	28,12%	18
West Java	1,56%	1
East Nusa Tenggara	7,81%	5
West Sumatra	1,56%	1
South Borneo	1,56%	1

The distributions of the SHS/ISHS/VHS guidance and counseling teachers are East Java with 53 respondents (46,08%), Central Java with 48 respondents (41,73%), South Borneo with 3 respondents (2,60%), West Java with 7 respondents (6,08%), East Nusa Tenggara with 3 respondents (2,60%), and Riau with 1 respondent (8,86%). Here are the data are shown in Table 4. The distribution of the SHS guidance and counseling teachers.

TABLE 4: The distribution of SHS/ISHS/VHS guidance and counseling teachers as the respondents.

Region	Percentage (%)	Total
East Java	46,08%	53
Central Java	41,73%	48
South Borneo	2,60%	3
West Java East Nusa Tenggara Riau	6,08% 2,60% 0,86%	7 3 1

The data of the teachers' years of service show 64 teachers at the IJHS/JHS level. Most respondents had years of service from 0 until 5 years, consisting of 33 respondents. Then, only a respondent that had the longest years of service, 35 years. On the other hand, from 115 teachers at SHS/ISHS/VHS levels, most respondents had years of service from 0 until 5 years, consisting of 37 respondents. Then, only a teacher had the longest years of service, 36-40 years. Thus, the most dominating years of service category was the 0-5 year of service category with 70 respondents. The next one was the category of 6-10 years of service with 23 respondents. The last category was only one respondent with the longest year of service, 36-40.

TABLE 5: The year of service data of the guidance and counseling teachers of JHS and SHS.

Years of Service	The IJHS/SHS teachers	The SHS/VHS/ISHS
0 – 5	33	37
6 – 10	8	23
11 - 15	8	23
16 – 20	5	9
21- 25	6	6
26-30	3	10
31-35	1	6
36 – 40	0	1

The teachers of JHS had various responses. The responses showed that the teachers encountered challenges in establishing mental health literacy. They were such as lack of knowledge about mental health (24 respondents), lack of peer supports (13 respondents), and the existing stigma (11 respondents).

Based on the teaching regions of the teachers, the problems encountered in East Java dealt with lack of knowledge about mental health literacy (8 respondents), lack of parental cooperation (3 respondents), lack of government support (2 respondents), lack of principal support (3 respondents), job overload (2 respondents), and low interest to learn new things (2 respondents). In Central Java, the encountered problems dealt with lack of teachers' knowledge about mental health literacy (10 respondents), lack of learning new things (1 respondent), lack of principal support (3 respondent), lack of peer support (13 respondents), and the stigma (10 respondents). West Sumatra and South Borneo encountered challenges, such as lack of mental health literacy (1 respondent for each province). East Nusa Tenggara province encountered a problem of lack of parental cooperation (1 respondent), having no specific time (1 respondent), the stigma (1 respondent), and lack of related mental health knowledge (2 respondents). Here are the

complete data (Table 6). The encountered challenges of JHS guidance and counseling teachers.

TABLE 6: The challenges of IJHS/JHS counseling teachers in establishing the Mental Health Literacy.

The challenges encountered by the teachers in establishing the mental health literacy	Total
Lack of related mental health literacy knowledge	24
Lack of peer supports	13
Stigma	11
Having no specific time	1
Lack of parental cooperation	4
Lack of principal support	6
Lack of readiness to learn new things	3
Lack of government supports	2

The SHS guidance and counseling teachers encountered challenges, such as the intense stigma (40 respondents), lack of related mental health literacy knowledge (38 teachers), and lack of parental cooperation (19 respondents). Therefore, the SHS teachers had external factor determinants, such as the stigma and lack of parental supports. On the other hand, the internal factor was such as lack of related mental health knowledge. Here is the complete data

TABLE 7: The encountered challenges of SHS/VHS/ISHS guidance and counseling teachers to establish mental health literacy.

The encountered challenges by the teachers.	Total
Lack of related mental health literacy knowledge	38
Feeling exhausted due to workload	6
Lack of interest to learn new things	8
Having no license	1
Lack of learners' transparency	1
The stigma	40
Lack of parental cooperation	19
Lack of infrastructures and facilities	2

Based on the region, the guidance and counseling teachers in Central Java encountered challenges, such as lack of related mental health literacy (15 respondents), the stigma (25 respondents), and lack of parental cooperation (7 respondents). The East

Java province encountered challenges, such as lack of related mental health literacy (15 respondents), feeling exhausted due to the workload (5 respondents), lack of interest to learn new things (6 respondents), having no license (1 respondent), the stigma (12 respondents), lack of parental cooperation (12 respondents), and lack of infrastructures and facilities (1 respondent). In South Borneo, the encountered problems were lack of related mental health literacy (2 respondents). Then, in East Borneo, the problem dealt with a lack of interest to learn new things (2 respondents). In Western Java, the encountered problem was the stigma (3 respondents). In East Nusa Tenggara and Riau, the encountered problem was a lack of related mental health literacy (1 respondent).

4. Discussion

Based on the respondents' demography, most respondents were from East Java and Central Java before the other provinces, such as East Nusa Tenggara, Borneo, and West Sumatra. Java Island is the densest Island in Indonesia. It has 141 million population. It is the most populated island in Indonesia and the center of growth in Indonesia [15]. Thus, the combination of the growth speed and the limitation leads to a certain new place characteristic with various significant differences than the other conditions in Indonesia [15].

Of 179 respondents, 62 respondents had one year of service while one respondent had the longest year of service, 36 years. Teachers with shorter years of services were undergoing the development and growth stages in terms of teacher effectiveness. It has three phases of a teacher's growth. The first stage deals with attention and effort to survive the days by promoting the classroom activities. The second stage deals with teaching tasks, anxiety, and requirements, such as teaching design, plan, behavioral strategy, classroom assessment, etc. Then, the last stage deals with related problems with learners and the learning.

Besides that, the years of service were also correlated with salary, professionalism, and productivity. For some decades, the teaching profession has been applying a single-sum salary schedule to determine the main salary. The salary was criticized because it did not benefit the teacher's competence. At this moment, the salary program is developed with a focus on competence. It is important to determine the increased salary. This program is also crucial to improve the teachers' quality [16].

Based on the findings, the teachers with shorter/longer years of service had various challenges to establish mental health literacy. A teacher with longer years of service should have a higher mental health literacy level. It was because, during his tasks, the

teacher had also undergone the learning process. However, the years of service were not the determinant factor that caused teachers to fail to improve their professionalism or success. Teaching experience cannot be measured with the years of teaching. It should be measured from the effectiveness and the teaching process assessment [17].

The encountered challenges by both JHS levels were strongly correlated with the challenges of establishing mental health literacy, such as lack of related mental health knowledge. It was because the mental health domain, mental health literacy was a relatively new research field and intervention. The most frequently cited challenges were lack of related mental health literacy and relevant learning opportunity of pre-service education and professional development [18].

Mental health literacy is considered a new concept. It is expected to be capable of making the guidance and counseling teachers understand the mental health concept. It is important because guidance and counseling teachers with an excellent understanding of mental health tend to feel comfortable with the encountered topic to deal with mental health. Thus, it will also influence mental health literacy found that knowledge was the center or the principle of self-efficacy development and readiness feeling. Besides that, with his confidence and attitudes, teachers significantly could influence their decision making to engage with the learners' difficulties.

Lack of knowledge dealing with mental health literacy could lead to the stigma of seeking help for mental illness [19]. Besides that, it also influenced the limited mental health knowledge [20], unreadiness, and lack of skills to support the mental health of the learners. They scientifically contributed to the low self-efficacy and unresponsiveness. Thus, lack of information negatively influenced mental health competence if there was no support in the form of mental health training [21].

The second factor was the stigma. It was commonly addressed for the teachers that provided mental health care. However, this stigma could also appear from the teachers toward mental health disorders [22]. The self-stigma had the more critical roles and proximal roles in the attempts of seeking help [3-24]. Besides that, the teachers still had stigmatized attitudes toward [22, 25].

The lack of support of the teachers also influenced the mental health literacy program success. Wallston, Wills, and Fegan define social supports as a comfortable feeling due to the gift, reward, and assistance received by an individual from other individuals or groups. Social support can be super-ordinates, peers, learners, or parents' supports [26].

Superordinate supports refer to a feeling in which the employees, such as the teachers, feel the super-ordinates have awareness of their wellbeing, contribution, and

support provision [23]. On the other hand, peer supports referred to how an employee trusted his peers to assist while carrying out the tasks [27]. Peer supports positively and effectively influenced the employees that were exhausted that could emotionally influence the job stress [28]. It was relevant to the guidance and counseling teachers experienced. They had to deal with learners that brought various challenges and problems. Besides that, the role of participation of parents became the successful key to be centralized in education and the important component of the schools' efforts to improve the education quality [29].

5. Conclusion

This research concluded that generally both JHS and SHS guidance and counseling teachers encountered challenges in developing mental health literacy internally and externally. The external challenges dominated the challenges compared to the internal challenges. The external challenges were stigma, parental support, and peer support. The JHS guidance and counseling teachers admitted the determinant factors of mental health literacy were: lack of related information about mental health literacy, stigma, and lack of peer supports. Based on the problem percentage of the JHS guidance and counseling teachers, the external challenges dominated. For the SHS guidance and counseling teachers, the related problems of mental health literacy were the high stigma, lack of related mental health knowledge, and lack of principal support. Their challenges were dominated by external challenges than internal challenges.

The research was limited in terms of the data distribution around Indonesia regions. This research could only reveal data from 179 respondents from 8 regions while the numbers of the province in Indonesia were 34 provinces (Badan Pusat Statistik, 2019). This research recommends further researchers to broadly distribute the data.

Authors' Contributions

Author 1, 2 and 3 contribute to the design and implementation of the research, to the analysis of the result and to the writing of the manuscript.

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