



# Implementation of cross-sectoral roles in promoting adolescent mental health: a case study

Lina Eta Safitri <sup>a\*</sup>, Ovi Sofiya <sup>b</sup>, Fitri Setyaningsih <sup>a</sup>

<sup>a</sup> Department of Public Health, Griya Husada Sumbawa College of Health Sciences, West Nusa Tenggara, Indonesia

<sup>b</sup> Heavy Equipment Technology, Olat Maras Sumbawa Community College, Sumbawa, West Nusa Tenggara, Indonesia

\* Corresponding author: [linaetasafitrisister@gmail.com](mailto:linaetasafitrisister@gmail.com)

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## ABSTRACT

Mental health promotion requires collaboration across schools, families, health services, and communities to support adolescent psychosocial development. This study explored cross-sectoral roles in promoting adolescent mental health among teenagers in Sumbawa Regency. A descriptive qualitative design was employed, involving four informants. Data were collected through in-depth interviews and analyzed using content analysis, with triangulation to ensure validity. The study focused on early detection, mental health promotion activities, and peer-based cadre development. Findings indicate that collaboration among the school, the Community Health Center, and National Population and Family Planning Agency (BKKBN) supports promotive and preventive efforts. Early detection is conducted through periodic screening by the Community Health Center remains limited in coverage and not yet integrated into a continuous school-based system. Mental health promotion involves multiple stakeholders, including community leaders, but is largely event-based with limited monitoring and evaluation. Peer cadre development through the PIK-R program facilitates peer support and early identification, although its implementation remains informal and restricted to certain student groups. In conclusion, cross-sector collaboration strengthens school-based mental health promotion through integrated screening, outreach, and peer-based approaches. However, its sustainability depends on consistent coordination and institutional support.

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## 1. Introduction

Adolescent mental health has become a critical global public health concern. The World Health Organization reports that approximately one in seven adolescents aged 10–19 years experiences a mental disorder, accounting for nearly 14% of the global burden of disease in this age group. Depression, anxiety, and behavioral disorders are among the leading contributors to adolescent disability worldwide, and suicide remains one of the leading causes of death among young people. These findings highlight the urgency of strengthening preventive and promotive mental health strategies targeting adolescents [1].

In Indonesia, national data also indicate increasing concerns regarding adolescent mental health. Based on the Basic Health Survey of Indonesia (RISKESDAS) in 2018, a significant proportion of adolescents reported experiencing symptoms of emotional and mental disorders, particularly anxiety and depression. More recent studies in Indonesian school settings confirm that emotional and behavioral problems among adolescents remain prevalent and often under-detected [2]. Despite these



findings, school-based mental health services are still largely limited to curative or case-based responses, with insufficient emphasis on early detection and structured cross-sectoral collaboration.

From a theoretical perspective, adolescent mental health is influenced by multidimensional and interconnected factors. The Socio-Ecological Framework developed by Urie Bronfenbrenner emphasizes that adolescent development is shaped by interactions across multiple levels, including individual, interpersonal, institutional, community, and policy environments. In line with this framework, the World Health Organization promotes the Health Promoting Schools (HPS) model, which integrates health into school policies, learning processes, social environments, and community partnerships [2]. This model underscores the importance of collaboration among schools, health services, families, and community stakeholders to promote adolescent well-being.

Empirical studies have shown that cross-sector collaboration enhances early detection, improves service coordination, and strengthens preventive mental health strategies among adolescents [3,4]. Additionally, peer-based programs such as PIK-R (Youth Information and Counseling Centers) have demonstrated potential in supporting early identification of psychosocial problems and strengthening adolescent resilience [5,6]. However, most existing studies focus on program effectiveness or intervention outcomes, rather than exploring how cross-sectoral roles are structured, coordinated, and operationalized within specific school contexts—particularly in district or non-urban settings.

Therefore, a research gap remains in understanding how cross-sector collaboration is implemented at the school level in promoting adolescent mental health, especially in rural or semi-rural areas where institutional resources may be limited. SMPN 1 Moyo Hulu, located in Sumbawa Regency, provides a relevant case study to explore how schools, Community Health Centers (Puskesmas), and population agencies collaborate in early detection, mental health promotion, and peer-to-peer cadre development [7]. Based on the above, the researcher is interested in conducting a case study on the implementation of cross-sectoral roles to promote adolescent mental health at SMPN 1 Moyo Hulu. This research seeks to answer the following question: How are cross-sectoral roles organized and implemented in early detection, mental health promotion activities, and peer-based initiatives within the school setting?.

## **2. Method**

This study employed a qualitative research design to gather in-depth information on cross-sector collaboration to promote adolescent mental health. This research was conducted at SMPN 1 Moyo Hulu, Sumbawa Regency, West Nusa Tenggara. The In-depth interview consisted of four stages with four informants, averaging 40-50 minutes. The study involved four informants recruited using purposive sampling. Informants are 1) counseling teachers (BK); 2) health promotion officers at Puskesmas Moyo Hulu; 3) the headmaster; 4) the homeroom teacher. While the research instrument is the researcher himself, who completes it with research aids such as interview recorders, interview guides, and field notes.

**Study Variables:** the variables of this research are early detection of adolescent mental health, mental health promotion activities, and Peer-to-peer cadre development. **Study Instruments:** Primary data were collected through direct interviews with informants and key informants, using established interview guidelines. Meanwhile, secondary data were obtained from relevant institutions for this research, namely the Moyo Hulu Community Health Center and SMPN 1 Moyo Hulu, Sumbawa Regency.

Data were analyzed using qualitative content analysis. The analysis began with a verbatim transcription of interview recordings, followed by repeated reading to achieve data familiarization. Open coding was then conducted to identify meaningful units and assign initial codes. Similar codes

were grouped into categories reflecting patterns of collaboration and sectoral roles. These categories were subsequently synthesized into broader themes, namely: early detection of adolescent mental health, mental health promotion activities, and peer-to-peer cadre development. Interpretation of themes was carried out by linking empirical findings with relevant theoretical frameworks and previous research. To enhance analytical rigor, coding and theme development were discussed among research team members to reach consensus. Data collection reliability was ensured through triangulation of researcher observations and self-reports.

### 3. Results and Discussion

#### 3.1. Results

This research was conducted at SMPN 1 Moyo Hulu, Sumbawa Regency, from December 2025 to January 2026. This research was conducted by interviewing several informants: 1) informant S is a Counseling Teacher (BK); 2) Informant G is a health promotion officer at Puskesmas Moyo Hulu; 3) informant N is the headmaster; 4) informant D homeroom teacher.

#### Early Detection of Adolescent Mental Health

The following are the results of interviews with informants regarding early detection activities. Early detection related to adolescent mental health at SMPN 1 Moyo Hulu is conducted annually by the school in partnership with the Moyo Hulu Community Health Center. This was conveyed by informant S (BK teacher):

*"...just last week there was a visit from the community health center for mental health, and also to ensure that physical and spiritual health is always there, the community health center holds this at least once a year..."*

The same results were also conveyed by informant G (Health Center Officer):

*"... Free health checks for school children, health workers conduct mental health screenings, TB screenings and other health screenings. Early detection activities for junior high school students..."*

*"...we are distributing the latest questionnaires, namely the Anxiety Domain and Depression Domain from the Ministry of Health. Previously, we used the SRQ for psychiatric screening..."*

Early detection of adolescent mental health is also carried out by schools in partnership with the National Population and Family Planning Board (BKKBN) at the Moyo Hulu District level. This was conveyed by informant N (headmaster):

*"...There are BKKBN officers in the sub-district who carry out early detection, but only children who are members of PIK-R..."*

This was also conveyed by informant D (homeroom teacher):

*"..... Conducted screening and apparently there is also a name PIKR (Youth Information Center) and it is usually done once every 3 months and everyone is checked for mental health etc...."*

The cross-sectoral role in early detection of adolescent health is carried out by schools in collaboration with community health centers and the National Population and Family Planning Agency (BKKBN) at the sub-district level. The results presented by informants were all supported by documented evidence of the activities published on the social media accounts of the Moyo Hulu Community Health Center and SMPN 1 Moyo Hulu.

#### Mental Health Promotion Activities

Mental health promotion activities at SMPN 1 Moyo Hulu involved cross-sector collaboration, including the police, BHABINSAH (National Police), BHABINKAMTIBMAS (Community Security and Public Order), the village head, and the Moyo Hulu Community Health Center. These

activities included child-friendly schools, anti-bullying schools, health education, and mental health counseling. This activity was described by informant S:

*"... child-friendly school and anti-bullying school programs and we have collaborated with the POLICE, BHABINSA, BHABINKAMTIBMAS and COMMUNITY HEALTH CENTER..."*

The same results were also conveyed by informant S:

*"...the village head supports SMPN 1 Moyo Hulu and there are 5 supporting villages, namely Semabung, Sebasang, Markatria and Mokong, Madima....."*

*"... The partnership process is carried out in which, in addition to the health center and village head, they also collaborate with the police (police chief) ..."*

Counseling on adolescent mental health was conducted by the Moyo Hulu Community Health Center. These results were conveyed by informant G:

*"... we carry out IEC, educate and students are assisted by BP teachers..."*

*"... What the Community Health Center can provide is only counseling...."*

Counseling activities were carried out by guidance counselors in the classrooms. These results were conveyed by informant S:

*"... We immediately conducted counseling to find out what was wrong and why..."*

The same results were also conveyed by informants D and N:

*"...counseling is usually done by going down to each student and asking them about their mental state, such as whether they have been bullied, or called names by their friends or their parents...."*  
(D)

*"...teacher sir will handle it if it is difficult to handle later sir will call the parents...."* (N).

### **Peer-to-peer cadre development**

Cross-collaboration in peer development activities involved schools and the National Population and Family Planning Agency (BKKBN) at the Moyo Hulu sub-district level. These results were conveyed by informant N:

*"...The BKKBN at the sub-district office already helps children in their development, but they only go to members. PIK-R and usually involves PMR but rarely...."*

The same results were also conveyed by informant S:

*"... so regarding student involvement, the school also involves students in terms of being advisors to their friends...."*

### **3.2. Discussion**

This study examined how cross-sectoral collaboration is operationalized in promoting adolescent mental health at SMPN 1 Moyo Hulu, a semi-rural school in Indonesia. The findings indicate that collaboration among the school, Community Health Center (Puskesmas), and BKKBN has enabled mental health screening, preventive education, and peer-based initiatives. However, the structure of collaboration reveals important contextual nuances that extend beyond existing literature.

#### **Early Detection of Adolescent Mental Health**

Early detection of mental health issues among adolescents in schools has been shown to be improved through structured cross-sector collaboration. School-based screening is widely recognized as a critical preventive strategy for early identification of adolescent emotional and behavioral problems, highlighting that systematic screening improves early referral pathways but

requires structured follow-up systems to ensure impact [8]. Demonstrate that emotional problems among Indonesian adolescents remain prevalent and under-detected in school settings [9].

Studies indicate that implementing a learning collaborative model can significantly increase screening coverage, from 0% to an average of 22% over a 15-month period [10]. This is reinforced by findings that multidisciplinary team collaboration with a high degree of interdependence in tasks and team functions contributes to improved implementation outcomes, including program reach and acceptance [11]. However, the effectiveness of early detection still faces barriers such as inefficient communication and a lack of organizational support, necessitating routine coordination and formal agreements across sectors to ensure program sustainability [4,12].

While the present findings align with the importance of screening, this case differs in its level of institutional integration. Screening at SMPN 1 Moyo Hulu is conducted annually through external visits from the Puskesmas rather than embedded within a school-owned monitoring system. In contrast, cross-sector collaboration models described emphasize formalized coordination structures and continuous inter-agency communication mechanisms. The current study reveals a more relational and program-driven model, in which sustainability depends heavily on external agency initiatives [4]. Moreover, although BKKBN Involvement through PIK-R supports early identification, screening coverage is limited primarily to PIK-R members. PIK-R cadres can strengthen early detection by engaging peers. However, unlike the broader community-based model described in that study, implementation in this school remains selective and not yet comprehensive. This partial institutionalization represents a key structural gap [5].

Theoretically, these findings support the Socio-Ecological Framework by demonstrating interactions among the institutional (school), community (health center), and policy-linked (BKKBN) levels. However, the study extends the framework by showing that ecological alignment does not automatically produce systemic integration. In resource-limited contexts, collaboration may function as periodic coordination rather than sustained structural embedding.

### **Mental Health Promotion Activities**

Mental health promotion activities at SMPN 1 Moyo Hulu involve not only education and health sectors but also local governance actors such as village heads and security officers. Such multi-actor engagement resonates with the Health Promoting Schools (HPS) model, which emphasizes whole-school and community participation. Highlight that effective school mental health promotion requires advocacy and sustained partnership between schools and primary health services [13].

However, compared to structured programmatic models in previous research, activities in this context are largely event-based (e.g., anti-bullying campaigns, counseling sessions) without clearly defined monitoring indicators. Studies on anti-bullying interventions demonstrate measurable reductions in anxiety and psychosocial distress when programs are systematically evaluated. In contrast, this study identifies strong partnership breadth but limited evaluative mechanisms, suggesting that collaboration intensity does not necessarily equate to outcome accountability [14].

A distinctive contribution of this case lies in its focus on rural governance structures. Unlike many school-based mental health studies that focus primarily on health-education partnerships, this research shows that community authority figures play an active role in shaping school mental health environments. This contextual adaptation may enhance cultural legitimacy and collective responsibility. However, it also introduces potential dependency on informal coordination rather than formal institutional frameworks [15,16].

Implementation challenges are evident. First, counseling services are largely managed by guidance teachers without on-site mental health professionals. Second, referral pathways following screening are not standardized. Third, monitoring of promotional outcomes remains underdeveloped.

These limitations reflect findings that note that psychosocial and environmental determinants of adolescent mental health often exceed the capacity of school-based counseling alone [17].

The research findings revealed that when psychological problems are difficult for guidance counselors to address, parental involvement becomes the next step in the child's support system. The integration of family support into the mental health promotion approach reflects similar strategies in the literature that suggest parental and family involvement as a powerful protective factor in improving adolescent mental health [14]. School-based mental health promotion activities demonstrate consistent positive impacts, particularly when implemented comprehensively and across sectors. Universal interventions such as life-skills programs have been shown to improve social and emotional skills and reduce problematic behaviors among adolescents in various developing countries [18]. Additionally, collaborative learning models involving educators and the health sector can enhance teachers' knowledge, skills, and confidence in supporting students' mental health [19]. Policy-based approaches also emphasize the importance of integrating promotive, preventive, and supportive aspects within a comprehensive school health framework [20]. Effective implementation requires leadership support, stakeholder engagement, and sustainable monitoring and evaluation mechanisms [21,22].

### **Peer-To-Peer Cadre Development**

Cross-sector collaboration in peer development activities at SMPN 1 Moyo Hulu involved the school and the National Population and Family Planning Agency (BKKBN) at the Moyo Hulu District level, particularly through the Youth Information and Counseling Center (PIK-R) program. BKKBN's involvement in youth development demonstrates the synergy between the education and population sectors in supporting adolescent mental and psychosocial health.

There is involvement of peers related to adolescent mental health at school, which is very good. This result is in line with research showing that school-based peer counseling programs (peer support) have strong potential in the promotion of adolescent mental health, because adolescents tend to feel more comfortable and trust their peers than adults when discussing their emotional experiences or psychosocial issues. For example, quasi-experimental research shows that school-based peer support can improve adolescent mental health indicators through mutual support and shared experiences in a familiar environment [6,23].

The results of this study utilize peer interaction relationships as a promotional strategy. Consistent with studies assessing the role of peer support in Indonesia's collectivist culture, peer support not only strengthens psychological help-seeking but can also amplify its positive effects on adolescents' psychological well-being. These findings suggest that the higher the peer support, the stronger the relationship between help-seeking and adolescents' psychological well-being [24,25].

Nevertheless, unlike the structured peer counselor training models, peer initiatives in this case remain informal and lack standardized competency frameworks. Peer roles function as supportive facilitators rather than trained mental health mediators. Without systematic supervision and evaluation, such programs risk becoming symbolic rather than transformative. The unique contribution of this study lies in documenting how peer initiatives are embedded within cross-sector collaboration rather than operating solely as school-driven programs. This integration between education and population-sector youth programs represents an underexplored configuration in school mental health research [26,27]. In the context of cross-collaboration, schools' involvement as formal educational institutions has proven a key factor in expanding the reach of peer-based cadre programs. Peer-based interventions implemented in schools have become popular because adolescents are more likely to seek support and information from peers than from adults or professionals [28].

The development of peer leaders is a key strategy for expanding the reach of mental health promotion in schools. Task-sharing approaches, such as those implemented in the treat interact intervention in Uganda, demonstrate that actively involving teachers and students can enhance intervention effectiveness through local adaptation and direct engagement of the school community [29]. Adolescent involvement in programs has also been shown to increase acceptance and relevance of interventions, particularly when tailored to the local cultural context. The success of peer-based programs is significantly influenced by cross-sectoral collaboration factors, including clarity of roles, effective communication, and shared commitment among institutions [30,31]. Thus, developing peer leaders not only strengthens the promotive aspects but also supports program sustainability through active adolescent participation.

#### **4. Conclusion**

This study concludes that there is cross-sector collaboration related to mental health promotion involving schools, the Moyo Hulu Community Health Center, and the National Population and Family Planning Agency (BKKBN) at the Moyo Hulu District level. By revealing that partnerships between schools, primary health services, and youth population agencies often operate through relational and program-based mechanisms rather than formalized systems, this research refines socio-ecological and cross-sector collaboration models, emphasizing the necessity of clear referral pathways, standardized monitoring mechanisms, and capacity strengthening to ensure long-term impact.

The findings imply that policy-level formalization of intersectoral agreements and integration of routine mental health screening into school operational plans are essential, alongside structured training for guidance teachers and peer facilitators. Nevertheless, the single-site qualitative design and limited stakeholder representation constrain generalizability, highlighting the need for future multi-site and mixed-method research to evaluate sustainability, contextual variation, and measurable outcomes of collaborative school-based mental health systems.

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#### **Author Contributions**

L.E.S was the main researcher who chose the topic. O.S is looking for, collecting research data, and writing guides for articles. F.S conducted data analysis and reviewed research documents.

#### **Conflict of Interest**

There is no conflict of interest in this study.

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