

Model of Social Support for Adolescent Mental Health with Disabilities

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Abstract

For adolescents, disability is more than a physical limitation. Discrimination, social stigma, and pressure from the environment can induce a social limitation that excludes them from social. The lack of support causes them to suffer from physical limitations that will affect their mental health, and worse will create not only physically disabled but also impact their life. This study aims to find an appropriate social support model for maintaining the mental health of adolescents with disabilities from examining the factors of adolescents' characteristics, family, peers, health workers, and community leaders. This research method used cross sectional study, a total of 100 adolescents with disabilities from Cerebral Palsy Center Jakarta and Surakarta special schools were involved in this observation. This research consisted of collecting data, conducting FGD with teachers, health workers, family, and processing data with Smart-PLS. The results was that the adolescent mental health with disabilities were formed by individual characteristics (such as age, gender, education), the role of family, friends and teachers. Support from family, friends, teachers, community leaders in their roles are needed in stabilizing emotions and maintaining mental health of adolescents with disabilities.

Keywords: adolescents; disabilities; support; social support model; mental health

Introduction

Children with special needs have physical disabilities, or intellectual disabilities: Autism, Down-Syndrome, low intelligence quotient deficiencies associated. This may be due to genetic errors, problems during pregnancy and birth or social conditions of living.¹ Young persons with disabilities are like young people everywhere: they have dreams and ambitions, interests and desires, also hopes for their futures.² Disabilities categorized into four health conditions, developmental disabilities (DD), mental health conditions (MH), physical disorders (PD)

and the fourth condition is a combination of the three.³

Worldwide, as many as more than 1 billion humans live in various form of disability.⁴ The number of people with disabilities live in our environment sometimes makes us feel that we 'know' them. However, understanding the meaning and impact of the disabilities they have in relation to their ability to be actively involved in social, political, cultural and economic matters is a challenge that can distort. Not only have physical challenges, millions of people with disabilities across the world still have to struggle with social and legal challenges that limit them in accessing education, physical and sexual health care, employment, recreational activities, and harmony in family life.⁵ Such obstacles are a serious challenge for persons with disabilities who are still adolescents.² In fact, adolescents with DD and MH cannot access health care facilities freely. A large proportion of children with DD have unmet preventive health and therapy services.⁶

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Krauss et al. found children with mental retardation and autism to have greater problems in specialty medical accessing care than children with other special needs.⁷ A growing body of research indicating that children with MH have poor health care access and extensive unmet needs.^{8,9} Kataoka et al. found that 80 percent of children who needed mental health services, did not receive those services.¹⁰

The most difficult constraints are social challenges stemming from discrimination, stigma, prejudice, and routine failure to include persons with disabilities in development policies and various designs on civil programs.² Physical, socio-economic, socio-cultural, and legal barriers continue to limit access to education, health care including SRH, employment, leisure activities, and family life for millions persons with disabilities worldwide, and violence against young persons with disabilities is widespread.¹¹ Persons with disabilities, including young persons with disabilities, are at greater risk of living in poverty than are their peers without disabilities.¹² They are more vulnerable to violence, including gender-based violence (GBV), and are less likely to attend school.² This also includes how children with special needs have the right access and support from their environment regarding information and adequate use of health services. Hence there are differences difficulties using health care services for Children with Special Health Care Needs (CSHCN) with different health conditions.¹³

Negative attitudes, a lack of understanding about disability, and stigma can have profound consequences for all persons with disabilities but especially for young persons with disabilities. These attitudes represent one of the greatest impediments of young persons with disabilities face in achieving inclusion. Children with disabilities are among the most marginalized and excluded groups of children.¹⁴ According to one report in Canada, 53 percent of children with disability reported having no or one close friend, and significant percentages said they were shunned or avoided at school.¹⁵ Children with disabilities are also facing risk of bullying, which can have long-term consequences for their social development and mental health.² In many cases, stigma against children with disabilities extends to family members and caregivers, as a result, this matter causes parents and families allow teenagers with disabilities to continue to stay at home with reasons to protect them from prejudice and violence.¹⁶ Discrimination is felt not only in form of limited restrictions of

facilities or infrastructure in various fields for children with disabilities. Today, peer pressure is in the form of *bullying* against children with disabilities is a thing that is rife. *Bullying* is a form of aggression in which there is an imbalance of power between the bully and the victim^{17,18} that occurs largely in the context of the peer group.^{19,20} Bullying, which may be indirect (eg, name-calling) or indirect (eg, gossip), covers a wide range of behaviors, from social exclusion to physical assault.^{21,22}

This research aims to analyze the influence of adolescent characteristics, parental characteristics, adolescent health status, family support, peer support, health worker support, teacher support, and support from community leaders on adolescent mental health with disability.

Method

This research used method uses cross sectional study in three stages. The first stage was named identification stage, begins with collecting data on the condition of young people with disabilities as exploration material. The next stage was conducting interviews with questionnaires as quantitative data collection followed by Focus Group Discussion (FGD) with teachers, health workers (Community Health Center) and family. Data was collected by mental health screening through Strength and Difficulties Questionnaire (SDQ). Data analysis was carried out with the help of Smart Partial Least Square (Smart-PLS) software. Data from the FGD results were analysed from a review of strategic issues and the concept of the solution to producing a model. The third stage was conducted by testing the model obtained through analysis of the appropriate model and continued by interpreting it.

Population in this research was adolescent with disabilities in Extraordinary School (SLB) for Disabled Children Education Foundation / Cerebral Palsy Center (CP Center) in Jakarta and Surakarta. The sample criteria were: 11-18 years old), teenagers were physically disabled or blind, willing to be a respondent. The sample size were 100. The sampling technique was multistage random sampling technique, with the stages of location determination, groups determination, sample determination, data collection, model formation. Data were analysed by Structural Equation Modeling .

Findings

The majority of adolescent were in 15-16 years old,

male, elementary school and have a normal condition. The majority of adolescents with disabilities have fathers with professions involved in the world of entrepreneurship and mothers as a house wife.

Table 1. The Path Coefficients in The Structural Model

No	Relationship Path	Path-Coefficient	T
1	Effect of adolescent characteristics on adolescent mental health	0.409677	5.788648
2	Effect of parental characteristics on adolescent mental health	0.375323	4.255468
3	Effect of health status on adolescent mental health	0.099224	1.518259
4	Effect of family support on adolescent mental health	- 0.027197	0.368035
5	Effect of peer support on adolescent mental health	- 0.142037	2.060303
6	Effect of health worker on adolescent mental health	0.027049	0.305939
7	Effect of teacher support on adolescent mental health	0.252390	3.455639
8	The influence of community leader support on adolescent mental health	0.049226	0.488571

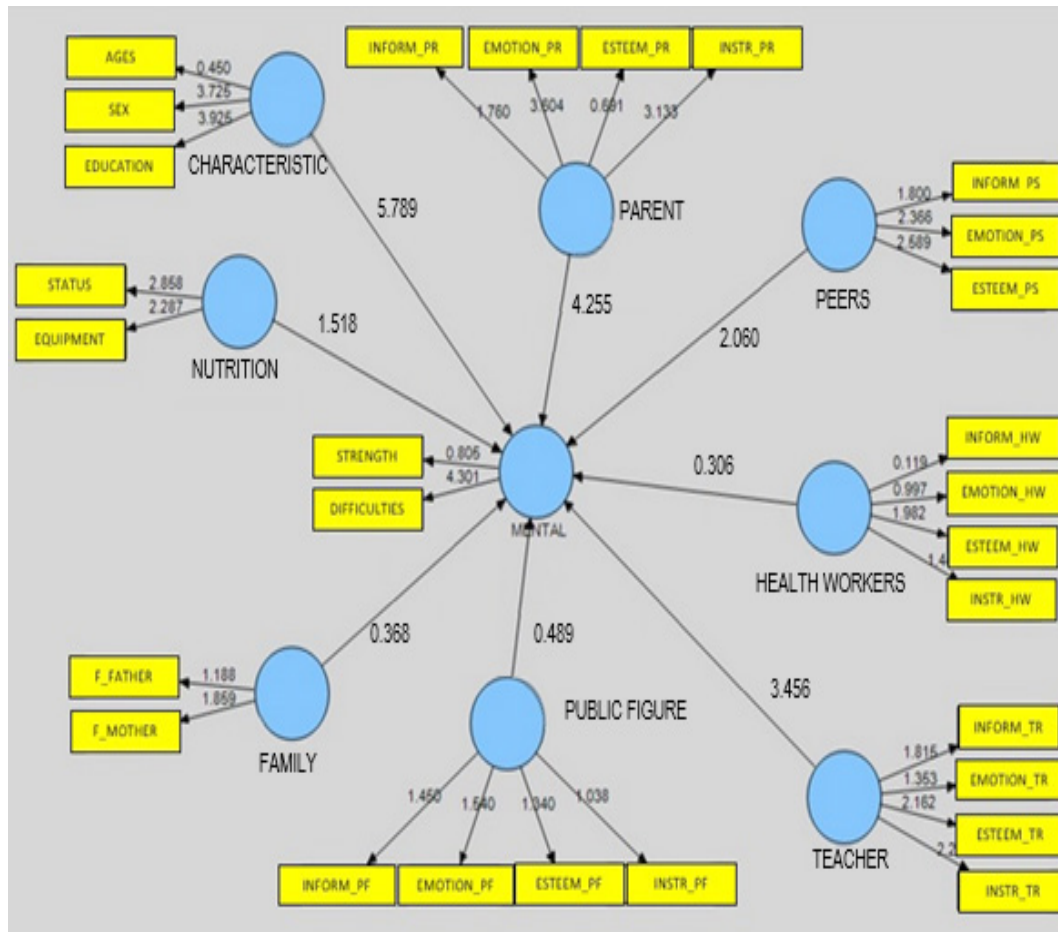


Figure 1. Social Support Model Analysis

There was a significant effect of adolescent characteristics, parental characteristics, health status, family support, peer support, health worker, teacher support, public figure on adolescent mental health (Table 1 and Figure 1).

Discussions

This can align with previous studies correlate that the result was the finding that family and school support are protective factors underscores the need to target the environment.^{28,29} Coordination is needed among school, home, and community because adults must intervene on behalf of children and youth with disabilities, in this context of children with Learning Disabilities (LD) who are bullied.^{22,30} School climate and community attitudes that tolerate bullying and promote negative attitudes toward students with LD must change. As the main source of difficulty is attributed to the student, an increased awareness of the impact of labels is needed.³¹ Therefore, more systemic interventions, such as changing schools and community orders to help children with friends and friends,^{32,33} are recommended and implemented. Effective strategies to include positive contact with children who have disabilities, along with indirect experience offered through information in books and discussions guided by adults. Such approaches should be incorporated into the curriculum to foster understanding of LD.

A mental health problem can be seen as a 'disturbance in functioning' in an area such as relationships, mood, behaviour or development. When a problem is particularly severe or persistent over time, or when a number of children are often described as having mental health disorders. Serious mental illness can lead to significant distress and disability that undermines quality of life.³⁴ This study is aligned with the statement that family and a close friend could decrease depression of adolescent with disabilities.^{35,36} Therefore, love and appreciate have a really significant value for them.^{37,38,39} Accordingly, there is a framework to resist mental illness for adolescent with special needs. Based on the results of hypothesis testing, there is a significant trajectory or path that describes the results of this study: (1)-Characteristics of adolescents (age, gender, and education) influence adolescents mental health (strength and difficulties); (2)-Support of friends (providing information, emotional support, esteem) influence adolescents mental health; (3)-Support parents (providing information, emotional support, appreciation, and instruments) influence

adolescents mental health; (4)-The support of friends (providing information, emotional support, respect) influence adolescents mental health.

Conclusion

This research study adds a new result in the world of science in the field of improving the emotional quality of adolescents with special needs or disabilities through a model framework that illustrates the need for fundamental and intense support from family, friends, teachers, community leaders in their role in stabilizing emotions and maintaining health mental adolescents with disabilities. Characteristics of adolescents also influence this condition, so a good emotional understanding of adolescents with disabilities is needed to convince them that they are matter and valuable.

Caring for a child with disability, depending on the type of disability, can result in physical health problems, mentally health problems, and time or financial burdens on parents.²⁴ Therefore, it is important for health professionals to focus on the mental health of a child with a disability in different family structures, and to assess their needs for psychological support. In particular, maternal mental health is important for both parents and children because poor maternal mental health is related to unfavourable parenting practices, child health problems, and poor school performance.

Many situations have proven, poor families provide inadequate nutritional support for their children with disabilities, and children with disabilities do not get the care and special care in accordance with their special needs from parents/family, and must feel miserable condition due to various limitations of the ability of poor families. Parent orientation is ultimately more priority on efforts to meet family survival, and ignoring the need for children with disabilities due to limited financial resources. Environmental support is a support system that can reduce the risk of depression and pressure on persons with physical disabilities.

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Conflict of Interests- No

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