EXPLORING THE CONCEPT OF SCHOOL MENTAL HEALTH BASED ON THE PROSPER MODEL

Sigit Sanyata, Rita Eka Izzaty, Nanang Erma Gunawan

Faculty of Education, Yogyakarta State University

sanyatasigit@uny.ac.id, izzaty@uny.ac.id, nanang_eg@uny.ac.id

*Corresponding to sanyatasigit@uny.ac.id

Abstract: This research aims to explore the empirical data on the concept of school mental health through the PROSPER model in Indonesian schools, particularly those in Yogyakarta Special Region. This is preliminary research of a larger study that aims to develop a guidebook for positive mental health in school setting. There are five schools in one municipality and four regencies ranging from elementary to high schools involved in this research. Students filled the modified PROSPER model instrument while the teachers and principals were interviewed based on the model's dimensions. The obtained data were analyzed descriptively, and the results showed that most students agreed that their schools had met all the principles or indicators of the PROSPER model. Both the teachers and principals have administered the school policies based on merits and values which are in line with the PROSPER model. Although some elements embrace the dimensions, it seems that the implementation still has some obstacles, particularly in terms of the awareness on children's mental health, as well as the lack of resources to support the mental health system at school. This result may be used to develop a guidebook on how to formulate the school-based mental health system that plays a role in improving the psychological wellbeing of the students.

Keywords: school mental health; PROSPER Model; psychological wellbeing

1. Introduction

The study of mental health in Indonesian community has been progressively developing these years. It began since the mental health report published by the World Health Organization in [1]. Most research focus on epidemiology, assessment and primary care issues. However, research on the concept of mental health is still understudied.

Mental health is a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life [2]. Mental health involves not only the freedom from mental disorders, such as depression, anxiety, psychotic conditions, or personality problems, but also the regular experience of positive emotions, such as joy, wonder, happiness, resilience, satisfaction, meaning, purpose, and hope [3]; [4]. Mental Health is crucial to the overall well-being of individuals,societies and countries and must be universally regarded in a newlight [1]. It because mental health disorders contribute significantly to the global burden of non-communicable chronic disease [5].

Various research results show there are many factors that can affect a person's mental health condition, for example: good peer relationship, healthy school environment, nutrition and diet, religion, socio-demographic, mother's physical well-being, parent-child relationship, subjective financial well-being, one-parent household, lifestyle, organizational conditions (role conflict, role ambiguity, opportunities for professional development and social support), etc [6]; [7]; [2]; [8]; [9]; [10]; [11]; [12]; [13]; [3]; [14].

The Republic of Indonesia's Minister of Health Decree Number HK. 02.02/Menkes/52/2015 on the Ministry of Health's Strategic Plan Year 2015-2019 [15] states in the introduction that health development essentially refers to all the efforts made by each and every component of the nation of Indonesia which aims to improve the awareness, willingness, and the possibility of a healthy life for every citizen in order to achieve the highest degree of a healthy nation as a form of investment on socially and financially productive human resources development.

The statement implies that health, whether physical or mental wellbeing, is incredibly important to strengthen the quality future generation and produce highly-skilled human resources. The statement also emphasizes on how all elements of the nation must deliberately synergize and have a strong motivation to make an effort in developing the human resources and improving the nation's competitiveness.

In regards to the government's strategic plan, this research attempts to raise the awareness by focusing on mental health issues. Mainly, this research is possible due to the more open perspectives of the mental health study, as the field no longer limits the discussion on the issues of mental illness and other psychological disorders alone, allowing the variable to be studied from other disciplines. In the multidisciplinary point of view, mental health issues are in fact closely related to other fields besides psychology and psychiatry, such as education.

Since the 2000's there have been an increase in the number of theoretical and empirical studies which find the relationship between health and the process and result of education [16]; [17]; [18]; [19]; [20]; [21]; [22]; [23]; [24]; [25]; [26]. In addition, many international organizations have shown numerous attempts to develop and improve the learning process and health in schools. World Health Organization, for example, launched their Health-Promoting Schools initiative; while UNICEF focused on human rights issues through programs such as the Child-Friendly Educational Systems and Schools, Education for All (EFA), Focusing Resources for Effective School Health (FRESH) [27].

The programs done by these world organizations emphasize the importance of education practices as the strategic setting to develop mental health-based programs which aim to improve the wellbeing of the school community including the teaching staff, the students, as well as the education personnel. Moreover, in addition to being the learning setting, school also provides a space for children and adolescents to spend most of their time as students, which in turn contribute to the development of their psychosocial and emotional skills [28]; [29]; [30]; [31]; [32]. On the other hand, many studies on psychological education, psychological development, psychological personality, and clinical psychology point out that learning settings play an important role in reducing the risks of unfavorable mental disorders during the development of children and adolescents.

A survey of Basic Health Research conducted in 2013 [33] shows that in Indonesia, the prevalence of severe mental disorders was 1.7 people per mile or as many as 1,728 people of all respondents. Yogyakarta Special Region and Aceh are the two provinces with the highest number of people with mental disorders (2.7% respectively). Other provinces with considerable number of people with mental disorders are South Sulawesi, Bali, and Central Java. It is believed that the causes of severe mental disorders are due to the absence of immediate treatment and prevention when the early symptom of mental disorder was first spotted. In addition to severe mental disorders, 6% of Indonesian citizens (37.728 people out of all respondents) suffer emotional disorders. Central Sulawesi is the province with the highest prevalence of emotional disorders (11.6%). It is followed by South Sulawesi (9.3%), West Java (9.3%), Yogyakarta Special Region (8.1%), and East Nusa Tenggara (7.8%). This trend in high prevalence of mental health problems will probably increase if necessary steps are not taken.

There has been no known systematic measures taken as preventive and curative efforts for high prevalence of mental disorder. The official website of the Ministry of Health does not mention any specific and detailed information related to mental health. The efforts to treat mental disorders are still episodic or incidental undertaken by school, community, non-governmental organizations, or university. Based on the observation made by the researcher, there is no school from elementary school to high school that provides a thorough, integrated, and sustainable mental health care.

In psychology studies, positive psychology began to become a trusted trend to establish a good human quality because it helps to prosper of human beings in the face of adversity [34]. Studies on positive psychology have actually gone on for decades, long before Martin Seligman introduced positive psychology in 2000. Positive psychology departs from the concern that the positive psychiatric symptoms have not been intensively studied. In fact, it may be argued that the human psychological positive aspect is somewhat neglected. The traditional psychological view is more concerned with the mental disorder or mental illness and pathological aspects of human beings so that its usefulness is often limited to the curative actions of human psychological problems [35]; [36]; [27]; [37]; [34]; [38]. Thus, the goal of positive psychology is to provide conditions and processes that contribute to the optimal functioning of people, groups, and institutions [39].

A positive psychological perspective on the discipline of psychology (and, by extension, on other areas of scientific inquiry, such as economics, sociology, anthropology, and even the natural sciences) is that the focus of scientific research and interest should be on understanding the entire breadth of human experience, from loss, suffering, illness, and distress through connection, fulfilment, health, and well-being [40]. Hence, positive psychology has a powerful influence on psychology studies that it has also changed the way society views various issues. Before positive psychology emerged, conventional

2

perception is commonly used. Todays, more and more perception models lean toward positive view and strive to achieve the goal of positive psychology that is human flourishing [41]; [34].

Schools play a critical role in promoting well-being of children and adolescents [42]. When school has become a place to apply positive psychological view in countries such as the United States, European countries, and Australia; then the development of positive psychology has yielded new intervention models aiming at fostering mental health and promoting well-being in education [43]. As a role focus on material and cognitive aspects has shown weaknesses and threats to the humanitarian entity, education is slowly accommodating the positive psychological view in its practice. Some scholars believe that the school sector is a very strategic setting because of its role in human resource quality development [44]. By involving schools to improve the mental health of their students, the development of quality of life can be initiated, the prevention of minor to serious psychological problems can be prevented, addressed, and minimized.

In general, positive psychology is a study of conditions and processes to achieve optimal flourishing for individual, groups, and organizations. The recognition that school plays an important role in improving mental health prompts the creation of various models of positive psychology application in educational settings. One of the models is the PERMA model which is developed based on Seligman's Authentic Happiness and Flourish (2011), the Huppert and So Model (2013), and the PROSPER framework [45].

Developing awareness is important to build a positive education system. Taking into account this fact, the PROSPER framework model is considered applicable so that it can include parts of the school system that have not been the subjects to positive educational practice. The PROSPER framework has several similarities to Seligman's (2011) earlier PERMA model of wellbeing (Positive emotions, Engagement, Relationships, Meaning and Accomplishment), but specifically includes two additional significant components: Strengths and Resilience [46]. In Indonesia, the study on the PROSPER model has not been carried out yet. Thus, empirical studies are needed to see how this model can be implemented in Indonesian systems and contexts.

Considering the high number of people with mental disorder in Indonesia and the absence of the mental health model by the government implemented at schools, especially the Department of Health and schools, a school-based mental health system needs to be developed. The development of the school-based mental health model is aimed at minimizing the number of people with a severe mental illness or serious emotional disorder. Schools will be concerned not only with students' academic achievements but also with its strategic function to provide services and improve the quality of mental health positively.

This study aims at exploring both empirical data and theoretical analysis by testing the fitness of PROSPER Model as a school-based mental health system with Indonesian culture and social value.

This research shows the empirical models and its compatibility with theoretical concepts and the concepts of mental health at schools. Furthermore, the research findings can be used as a reference to develop the concepts of policies written in a mental health guideline that is appropriate to be implemented at schools.

Positive psychology

Positive psychology study has been started since a long time ago. It was long before Martin Seligman introduced the theory of positive psychology in 2000. Nevertheless, the studies on psychiatric symptoms are dispersed and are not intensively analyzed. In fact, it can be stated that the aspects of positive psychology are somewhat neglected. The traditional psychology perspective focuses on pathological aspects of human beings, so its benefits are often limited to the solution to human psychological problems [34]; [38]. The objective of positive psychology is to provide a condition and to process that can contribute to the human as an individual, a group, and an institution [39].

Positive Psychology is concerned with the pleasant life, the engaged life, and the meaningful life. These three orientations to happiness are associated with well-being." [47]. Positive psychology does not intend to supplant psychology as usual but to become an important adjunct to it: "positive psychology is intended as a supplement, another arrow in the quiver, and not a replacement for this endeavor" [48]. Positive psychology at the subjective level includes valuable individual experiences i.e. happiness, joy, and satisfaction (of the past); hope and optimism (of the future); as well as flow and

happiness (of the present). At the individual level, it is about positive individual traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom. At the group level, it is about the civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic [34].

The introduction of the positive psychology perspective was enthusiastically welcomed by the scientists and psychology practitioners as well as the counselors. Although it has been long known in the psychology field, the term "positive psychology" was popular as wellness counseling [49].

The varieties of research analyzing human positive aspects have increased, such as the ones that focus on personal happiness, psychological wellbeing, gratitude, and forgiveness. Some topics were analyzed in details by some experts such as [50] who focus on the quality of hedonism [51] deals with the subjective well-being, [52] focus on the optimum experience, [53] examines the optimism, [54] deals with happiness, as well as [55] who focus on self-determination. Meanwhile, other experts conclude that there is a relationship between positive emotions and physical health [56]. The analyzed aspects above prove that human potential aspects are beneficial if they are examined. The findings of the studies above show that the life quality improvement can be achieved through the developments of individual positive aspects.

Although positive psychology has evolved and is enthusiastically welcomed by many groups, it has attracted criticism from scientists. One of the frequent questions is whether negative psychology exists. The terms "positive" and "negative" are relational dialectics. However, in the psychology field, positive psychology refers to one of the branches of psychology that analyses the human characteristics and positive aspects. It is different from other studies that deal with individual weaknesses and individual pathological aspect. In accordance with the agreed theory about mental health that is continuum, positive psychology analyses individual aspects from the point where he/she is mentally healthy. The point of every individual does not suffer from any mental illness. Below is the illustration of the stated condition.

The increase of positive psychology perspectives supports the number of interests in the analysis and study of its application. According to the positive psychology perspective, contribution to human life quality is not necessarily done by using curative approach, but it can also be done by developing and doing preventive actions that are illustrated in the spectrum below.

Regarding the illustration of the spectrum of managing mental health, it can be seen that the bow is generally divided into five sections which include actions of mental health improvement, prevention, early handling, treatment, and further care. The section of mental health improvement gets the most dominant part because it covers individuals who have no indication or signs of a particular mental health problem. While the prevention focuses on those with signs of psychological health problems, as well as the early handling, further treatments and cares that require more specifically professional attention to deal with the problems experienced.

The section of mental health improvement becomes a part instituting half of the circle below half of the circle divided above. Basically, the ratio of the number of people with the characteristics of mental health varies, and enhancement measures can provide a positive impact for a long period. It is an illustration of the ratio of the number of individuals (population) with various characteristics of mental health levels or psychological resources:

Positive-psychological science seeks to understand and to intervene, with the objective of improving the life satisfaction and happiness of both well and clinical populations [57]. That statement implies that one of the main goals of positive psychology is helping individuals to achieve an optimal quality of life.

Being optimal refers to the experience of life going well and equates with a high level of wellbeing and it epitomises mental health or to achieve maximum growth that commonly known as flourishing beyond the condition no mental disorders or psychological problem [58]; [59]; [60]; [61]; [62]; [63]. Flourishing is basically close to the meaning of self-actualization (Maslow), individuation (Jung), mental health (Jahoda), acquisition of meaning (Frankl), personal development (Erikson), basic life tendency (Buhler), personality executive process (Neugarten), maturity (Alport), and fully functioning person (Rogers). In addition, the meaning of flourishing can also be interpreted as happiness (Seligman, Kahneman) or subjective wellbeing (Diener, Veenhoven).

Positive Education

Positive education is an effort to integrate positive psychological principles with educational activities at school through various activities in order to enhance not only accademic achievement but also well being, happiness and optimal functioning [64]. Furthermore, Hamilton and Hamilton (2009) in Norrish, et al. [64] explain that schools are places for students to grow and can be a key source of skills and competencies that support the students' capacity to be successful in the future.

Positive education presents a new paradigm and emphasizes positive emotions, positive character traits, the meaning and purpose of studying, and the personalized motivation to promote learning, in order to provide students with the tools to live a full life, within the academic environment and beyond it [65]. Like positive psychology that aims to help individuals achieve a higher level of happiness through the potential development, truly education also has a similar goal, that is to promote flourishing or positive mental health within the school community and achieving an optimal self-actualization is as a form of flourishing [64]; [66].

PROSPER Model

The PROSPER model is a framework for implementing positive education into educational practices in the field. PROSPER is an acronym of seven key elements that contribute to happiness: positivity, relationship, outcomes, strength, purpose, engagement, and resilience [67]; [45]; [46]. These elements are further described as follows.

Positivity. Positivity can be defined simply 'as the state of being positive' (Noble & McGrath, 2015[46]). For students, positivity means experiencing positive emotions at school such as feeling secure, belonged, interested, happy, cheerful, and comfortable [45]. In addition, gratitude and appreciation as positive thoughts are included in the capacity for awareness and skill in optimistic thinking.

Relationship. In school, a focus on relationships means that school staff strategic steps to intentionally build positive relationships such as peer relationships, teacher-student relationships, staff relationships and parent-school relationships [46]. In this aspect, it focuses on building positive and meaningful relationships to teach the prosocial values and social skills that enable the teachers to identify and implement school-based structures that facilitate the students [45].

Outcomes. Outcomes include progresses in goals, a feeling of being able to carry out schoolwork, understanding that achievement depends on hard work and effort, diligence, and growing mind, awareness to reach certain mastery and achievement [45]. When the student achieve an outcomes, it can contribute significantly to their sense of mastery, competence and accomplishment, a basic psychological need for wellbeing [69]. For teaching activities, the focus of this outcome is on attitudes and skills. Teachers use evidence-based teaching strategies that can facilitate school-based positive outcomes both academically and co-curricularly.

Strengths. A 'strength' has been defined as ways of behaving, thinking or feeling that an individual has a natural capacity for, enjoys doing and which allows the individual to achieve optimal functioning while they pursue valued outcomes [71]. Strengths include knowledge of self-characteristics, capabilities, and understanding of how to apply them in different contexts [45]. At school, there is an activity that really helps the students to recognize, develop, and find the best way to apply their strengths.

Purpose. Students have a sense of 'purpose' when they perceive that their goals are worthwhile [46]. In school context, purpose comprises believing what the students have learned as valuable and associating their feeling with someting bigger or wider than just themselves. Besides, focuses on services to school community members, to wider society members, and to the needs are also included [45].

Engagement. Engagement is a critical concept in education because it is a good predictor of academic outcomes [45]. This component refers to the psychological relationships of students with learning activities and with school, (e.g. enjoying learning, and staying connected, interested, and engaged in learning activities and in school life). In addition, there is also a focus on the effective strategies and evidence-based teaching to increase student engagement [45]. [72] and [73] have suggested that engagement can be behavioural, social, emotional and cognitive engagement.

Resilience. This includes not only having the capacity to revive after being down, making error, being in difficulties, and dare to face challenging situations; but also helpfull and rational thinking skills,

adaptive distancing skills, using humour, optimistic thinking skills, and seeking assistance when needed [45]; [74]. Students who demonstrate resilience in the face of adversity perform better at school, experience greater wellbeing as compared to those who simply give up and are not resilient, under similar circumstances [75].

Basically, the PROSPER framework has some similarities to the well-being PERMA model developed by Seligman (2011[41]). However, this PROSPER model includes two important components: Strength and Resilience. According to the model developed by [58], resilience is an important indicator of happiness or well-being.

To identify positive education practices at schools based on the PROSPER framework, the following is an example of a checklist to find out how far the school has implemented the essential elements of positive education according to the PROSPER model.

RESEARCH METHOD

This research uses a quantitative approach with exploratory research type, where this exploratory research is a preliminary research.

The population of this study was all elementary schools located in Yogyakarta Special Region (DIY) spread in five regions (four regencies: Bantul, Gunung Kidul, Kulon Progo, and Sleman; and one municipality: the city of Yogyakarta). Based on the data from www.pendidikan-diy.go.id, the number of elementary schools in DIY reaches 2,001 units.

Given the large population size, it was very unlikely that the researchers examined the entire population. They determined the sample that represented the population. The sample should represented five research locations. The research respondents from each regency are listed as follows. (1) one person from the Department of Education and Culture, (2) one elementary school consisting of one teacher, one principal, and grades 3 and 5 students. The total subjects of the study as a whole were (1) 5 principals, 10 teachers (Grades 3 and 5), and about 350 students of the 3rd and 5th grades.

The sample was established by using the simple random sampling technique. This technique allows each member of the population to be selected as a sample. The researchers conducted a simple random sampling with the help of Microsoft Excel 2013 software to choose one elementary school to represent each regency and Yogyakarta municipality.

The sampling procedure in details was as follows: (1) running RANDBETWEN function (..; ..), (2) completing the RANDBETWEEN function by entering the number of sample to be taken from the population. For example, in determining the elementary school sample in Bantul with a population of 390, to take one sample, enter figure "1" into the RANDBETWEEN function, so that the function is: RANDBETWEEN (1; ..), (3) completing the function by entering the total population (1; 390), (4) then, a number would show the selected school result to be sampled. These steps were also carried out in selecting the sample in other regencies or cities. For more details, the following chart describes the sample of each regency and city.

This study was carried out in Yogyakarta Special Region, consisting of one municipality and four regencies. In the meantime, the data collection for the elementary schools was only conducted in two regencies: Bantul and Kulon Progo. Bantul was represented by MI Al Muhsin I, while Kulon Progo was represented by State Elementary School (SD 3 Sentolo).

The data were collected on August 25, 2017 starting from 07.30 to 11:40 a.m. in two primary schools, namely MI Al Muhsin I and SD N 3 Sentolo. The data were collected through (1) interviews with the school principal, in which each principal was given a set of open-ended questions related to how schools fostered positive feelings and characters, how schools taught students to recognize their potentials and interests, and how learning was done to foster students' critical and creative thinking; (2) a questionnaire administered to the 3rd and 5th graders, concerning the mental health concept of the school viewed from the students' perspectives, and it was divided into two sections: the first section consisting of 34 items, based on the PROSPER model, while the second one with 23 items based on the PERMA model; (3) interviews with the homeroom teachers of the 3rd and 5th grades, which used the instrument similar to the one used with the principals. The data that has been collected will be analyzed descriptively.

DISCUSSION

Fifty-seven students of the 3rd and 5th grades of MI Al Muhsin (29 and 28 respectively) were involved as the research subjects, and were given the questionnaire. However, one student did not return the questionnaire and, thus, there were only 56 that could be analyzed.

The data were analyzed using Microsoft Excel 2013 program. The finding shows that 90.13% and 96.64% students of MI Al Muhsin (3rd and 5th grades respectively) found that their school had implemented positive education practices that supported mental health at school based on the PROSPER model. On average, 93.38% of MI Al Muhsin students agreed that their school had implemented positive education practices that promoted mental health at school.

Meanwhile, based on the PERMA model, 78.46% of the 3rd grade students of MI Al Muhsin perceived their school to have implemented positive education practices that supported mental health at school and 83.80% of the 5th graders shared the same view. Thus, as many as 81.13% of MI Al Muhsin students stated that the school had performed positive education practices that supported mental health at school.

This discussion is based on the data obtained from one school only because the data from the other school are still being collected. However, this discussion will be kept objective and be expanded and sharpened when the data from the other school have been collected in the near future.

In general, either the 3rd or 5th grade students determined that their school had implemented a positive education with a very high percentage. This means that the school has been managed in accordance with the principles of positive education which in this study is viewed with the PROSPER model.

This high appraisal of the positive education implemented in that school shows that the school had enforced a variety of programs and school activities that had led to the mental health formation of the students or school community members. In this case, the school as the organizer of educational activities had designed its educational aspects based on the needs of the students, parents, and surrounding community. The followings will discuss each dimension of the PROSPER model based on the data already obtained.

a) Effort to increase positivity

Based on the data, the efforts to increase positivity among students, among others, were in the form of giving students more freedom to think and to give opinions, building their motivation, as well as conducting outbound, swimming, hajj (Islamic Pilgrimage) ritual, and extracurricular activities (e.g. *qira'ah* [Quran recitation], *hadroh* [a form of Islamic music], dance, badminton, chess, *pencak silat* [Indonesian martial arts]). To cultivate positive thinking among students in everyday life, principals and teachers used the lecture and advice method based on Islamic religious values.

To cultivate positive thinking among students, teachers related the subject matter with daily life and related the lesson with positive values rooted in religious knowledge (e.g. *hadith*). As an effort to form a positive character among students, schools conducted activities such as *Dhuha* [forenoon] prayer, *takziyah* [mourning] prayer, scouting, and flag ceremonies. Furthermore, rewards and punishments were also applied. Had emotional issues occured among students, teachers helped them build more positive emotion by approaching, guiding, and advising them.

b) Supporting students to develop social skills and underlying prosocial values and building positive relationships within the school environment

To achieve a school that was physically and psychologically secure, there were several things that the school did. Physically, teachers and principals tried to keep students under control until all of them went home from school. Psychically, schools tried to create a fun learning environment. A fun atmosphere in the classroom will make children feel safe. In addition, schools also held programs involving parents such as *mujahaddah* (joint *dhikr*), *qurbani* (the sacrifice of a livestock animal), school budgeting, recitation, and donation.

Schools taught social skills and prosocial values to students by means of lectures, advice, and concrete steps in the form of behavioral examples. Special training to develop students' social skills had not been initiated. Meanwhile, the sense of togetherness in the students was cultivated through congregational *Zuhr* prayer and having meals together. Special programs involving the surrounding

community were conducted with activities such as distributing the *qurbani* meat to the surrounding community or inviting community leaders to give a speech during Islamic holidays.

c) Facilitating Outcomes

Students were encouraged to improve their achievements by teaching them how to solve daily problems through problem-solving learning method. Prophet stories were used to model children how to make good decisions. To improve the students' skills, various extracurricular activities such as *qira'ah* (Quran recitation), *hadroh* (a form of Islamic music), dance, badminton, chess, and *pencak silat* (Indonesian martial arts) were held. Those extracurricular activities were chosen because they suited the needs of the students (based on the questionnaire analysis). In addition, those activities were also similar to those in the Inter-madrassa Olympiad and the usual branches contested in school competitions (looking at available opportunities and tailoring them to their needs).

d) Introduction, development, and application of potentials (Strengths)

The students' talents and interests were developed through extracurricular activities and coaching activities prior to the competition. The teachers taught them how to think more deeply by using cause-and-effect questions especially in Mathematics and Natural Science subjects. Outside the classroom, the students were also taught how to think deeply. For example, when a student had a fight with another student, the teacher later invited them to think about the cause and effect of their actions. There were also some school programs that encouraged the spirituality of the students such as practicing hajj *manasik*, *takziyah*, *dhuha* prayer, and *zuhr* prayer in congregation.

e) Raising awareness of the purpose

Teachers provided opportunities for students to participate in group work activities organized by teachers themselves. In addition, the school conducted community service programs in the form of giving *zakat al fitr* (charitable contributions) to the orphanage in need of donations. Schools also provided an opportunity for students to contribute to the school by giving feedback delivered through the homeroom teachers. Students were also involved in decision-making about the learning contract, where students were actively engaged in formulating the rules. Schools facilitated students through the role of peer-mentoring or peer-supporting by means of peer-teaching method and congregational prayer activities. The role of the teacher leadership in supporting students' potential was to tell inspirational stories to enhance their motivation.

f) Teaching Resilience

An exemplary action to teach resilience to the students was shown by the teachers through motivation enhancement during lectures. The students were taught to be brave in admitting mistakes.

Rewards were given to build and develop students' courage in expressing and sharing their opinion. For example, a student who was able to answer a question would get money as the reward. While in teaching persistence, the teacher gave positive motivations based on Islamic values (spiritual principles). Self-management was taught through an obligation to wash their own dishes after having meals together. Independence was trained through the habituation of simple obligations, such as carrying out cleaning activities, *dhuha* prayer, and cleaning their dishes after meals. The key was discipline in time and in other things, so that the students could manage themselves and be independent. On the other hand, self-management-related training had not yet been done.

At MI Al Muhsin that focused on religious values, efforts attempted to realize the mental health program at school were done by improving the students' positive emotion, for example by granting freedom in thinking and expressing opinions, enhancing motivation through prophet and inspirational stories, conducting *manasik hajj* and extracurricular activities, and giving lectures and advices. To build students' positivity, the teacher often related the learning materials to the students' daily activities and to the moral values found in religion principles (e.g. *hadith*). Another way used by the school in building students' positive character was through the habituation of many worship activities, such as carrying out *dhuha* prayer, or *janazah* (funeral) prayer in *takziyah*.

School programs that involved parents in developing students' social skills and pro-social values were done through activities such as *mujahaddah* (congregational *dhikr*), *qurbani*, and recitation. Other than those activities mentioned earlier, the school also gave lectures, advice, and tangible actions

performed as exemplary actions. As for the togetherness aspect, it was taught to the students through activities like *zuhr* prayer in congregation and having meals together. The school also involved the surrounding community in activities like *qurbani* and invited local public figures as a speaker in Islamic religious holiday celebration.

With regard to the efforts of giving the optimal learning environment and chances to learn specific skills which might improve learning outcome and achievement, the school also taught the students how to solve daily life problems through problem solving procedures. For example, storytelling (prophet stories) was to give examples to the students on how to make a good decision. The goal of extracurricular and counseling activities was to develop students' skills. The teacher also actively engaged students to think about causalities in many cases and supported spirituality by carrying out congregational *zuhr* prayer, *takziyah*, *dhuha* prayer, and *janazah* prayer.

In order to support the development of students' awareness of the purpose and meaning, the teacher gave opportunities to the students to participate in group tasks and discussions. In addition, the students were involved in the process of structuring their learning contract, where they actively expressed their opinion while making the contract. The school also facilitated the students' learning through peer teaching.

In teaching resilience (flexibility), teachers were to provide motivation through lectures. The students were taught to dare to admit mistakes. To grow their courage, rewards were usually given to encourage their assertiveness. While in teaching persistence, the teacher motivated and encouraged the students based on the Islamic (spiritual) values. Self-management was taught through school rules by requiring the students to come at 6.30 a.m. and wash dishes after meals. Meanwhile, to develop the students' independence character, they were required to do their cleaning duty, perform *dhuha* prayer, and wash dishes after meals. The underpinning key principle that the school held was discipline, both in time and in other things, so that the students could be autonomous and independent.

In general, the schools have implemented positive principles through programs that lead to the optimization of the students' potential by referring to religious teachings. As carried out by MI Al Muhsin, religiosity became the foundation of any activity or program aimed at developing the students both academically and non-academically. The results of this study is in line with [76], that showed the independent contributions of religious to positive psychological functioning, suggested that believing in God is helpful for living a good, fully functioning life.

Other studies have also shown that a person who is more spiritual, more happy and satisfied also he or she is. Its because a spiritual person has a purpose and meaning of his or her life, feel connected to a broader eternal power believe in equality and has a self and other acceptance also and these things determine the happiness [77]. Spirituality makes a person more open to positive emotions and feelings. So, it could be concluded that it is important to place spirituality aspect as the central function of the student as an individual and as a part of the social environment, to make life tasks fully functional, and to support the mental health of the individual [78].

Based on the data obtained at MI Al Muhsin, school programs intended to grow positivity in a person through the extracurricular method led to the optimization of students' potential that was not always academic. Participation in extracurricular activities provides important opportunities for social, emotional, and civic development during adolescence [79]. If the students can achieve their potential actualization through school activities, then they can get satisfaction that leads to happiness as they have managed to develop their potential. The feeling of happiness gained in this way is often called eudaimonic happiness, or ones' happiness gained by achieving the meaning of their potential development [80].

Beside optimizing students' potential, through the inculcation of religious values, the schools tried to develop the spirituality sides of the students that were then perceived to support students' positivity. Spirituality has long been central to a healthy mentality or which by [78] is depicted in a wellness wheel. Wellness is understood as a healthy condition in a person that is seen not merely from the physical illness perspective but from the positive one.

Through social activities of religious nuance, the students reinforced their social aspects that were important for mental health. According to the World Health Organization (WHO), mental health is not merely seen from the absence of disease in a person. It is a state in which an individual realizes his or her potential, can solve daily problems, can work productively and achieve success, and is able to make a contribution to others [27]. This basis adequately explains how the achievement of good mental health

can be obtained through performing social functions. In addition to religious functions, social activity is also a form of human purpose or social interest [81].

Viewed from the spectrum of intervention model for mental health problems and mental disorders [79], the majority of school activities and programs can be categorized into mental health promotion. The development of mental health is part of a spectrum that includes activities to prevent and care for the quality of mental status of an individual.

School programs that have been assessed in accordance with the principles of the PROSPER model should at least be parts of general prevention against the students' hampered potential development while providing room for capacity or potential building in academic, non-academic, and social fields to achieve flourishing or potential growth [82].

REFERENCES

[1] World Health Organization. 2001. *Mental health: New understanding, new hope (The World Health Report)*. Geneva, Switzerland: World Health Organization.

[2] Kumari, P.L. 2012. Influencing factors of mental health of adolescents at school level. *Journal of Humanities and Social Science*, 5(4), 48-56.

[3] Cohen & Koenig. 2013. Religion & mental health. *Encyclopedia of Applied Psychology*, 3, 255-258.

[4] World Health Organization. 2004. *Promoting mental health, concepts, emerging evidence, practice (Summary Report)*. Geneva, Switzerland: World Health Organization.

[5] Travasso, S.M., Rajaraman, D., & Heymann, S. 2014. A qualitative study of factors affecting mental health amongst low-income working mothers in Bangalore, India. *BMC Women's Health*,14(22), 1-11. doi: 10.1186/1472-6874-14-22.

[6] Lok, N., Bademll, K., & Canbaz, M. 2017. Factors affecting adolescent mental health. *Journal of Depression and Anxiety*, 6(4), 1-3. doi: 10.4172/2167-1044.1000283.

[7] Velten, J., Lavallee, K.L., Scholten, S., Meyer, A.H., Chi Zhiang, X., Schneider, S., & Margraf, J. 2014. Lifestyle choices and mental health: a representative population survey. *BMC Psychology*, 2(58), 1-11. doi: 10.1186/s40359-014-0055-y.

[8] Walsh, R. (2011). Lifesyle and mental health. *American Psychologist*, 66(7), 579-592. doi: 10.1037/a0021769.

[9] Kazem Naisi, A., Goodarzi, A.M., & Nezhad, M.Z. 2009. Study of factors affecting mental health. *Journal of Applied Sciences*, 9(10), 1956-1961. doi: 10.3923/jas.2009.1956.1961.

[10] Go´mez-Pinilla, F. 2008. Brainfoods: The effect of nutrients on brain function. *Nature Reviews Neuroscience*, 9, 568 –578. doi:10.1038/ nrn2421.

[11] McKeown, K, & Haase, T. 2006. *The mental health of children and the factors which influence it: A study of families in ballymun (Summary Report)*. Dublin: Ballymun Development Group for Children and Young People (BDGCYP).

[12] Shen, Y. 2005. *A meta analysis of role ambiguity and role conflict on IS professional job satisfaction*. Proceeding of the 38th Hawaii International Conference on System Sciences, January 03-06, Washington DC, USA. pp: 263.2-263.3.

[13] Acker, G.M. 2004. The effect of organizational conditions (role conflict, role ambiguity, opportunities and social support) on job satisfaction and intention to leave among social workers in mental health care. *Community Ment. Health J*, 40, 322-336.

[14] Baba, V.V., Galperin, B.L., & Lituchy, T.R. 1999. Occupational mental health: a study work-related depression among nurses in the Caribbean. *J. Nurs. Stud*, 2, 163-169.

[15] The Republic of Indonesia's Minister of Health Decree Number HK. 02.02/Menkes/52/2015 on the Ministry of Health's Strategic Plan Year 2015-2019.

[16] Hahn, R.A., & Truman, B.I. 2015. Education improves public health and promotes health equity. *Int J Health Serv*, 45(4), 657–678. doi: 10.1177/0020731415585986.

[17] Shaw, S.R., Gomes, P., Polotskaia, A., & Jankowska, A.M. 2015. The relationship between student health and academic performance: implications for school pyschologist. *School Psychologist International*, 36(2), 115-134. doi: 10.1177/0143034314565425.

[18] Roberts, C.K., Freed, B., & McCarthy, W.J. 2010. Low aerobic fitness and obesity are associated with lower standardized test scores in children. *The Journal of Pediatrics*, 156, 711–718. doi: 10.1016/j.jpeds.2009.11.039.

[19] Higgins, C., Lavin, T., & Metcalfe, O. 2008. *Health impacts of education: a review*. Dublin: The Institute of Public Health in Ireland.

[20] Mackenbach, J. P., Stirbu, I., Roskam, A. J., Schaap, M. M., Menvielle, G., Leinsalu, M., & Kunst, A. E. 2008. Socioeconomic inequalities in health in 22 European countries. *New England Journal of Medicine*, 358, 2468–2481. doi: 10.1056/NEJMsa0707519.

[21] Sigfu´sdo´ttir, I.D., Kristja´ansson, A´. L., & Allegrante, J.P. 2007. Health behavior and academic achievement in Icelandic school children. *Health Education Research*, 22, 70–80.

[22] Kunst, A. E., Bos, V., Lahelma, E., Bartley, M., Lissau, I., Regidor, E. Mielck, A., Cardano, M., Dalstra, J.A.A., Helmert, J.J.M.G.U., Lennartsson, C., Ramm, J., Spadea, T., Stronegger, W.J., & Mackenbach, J. P. (2005). Trends in socioeconomic inequalities in self-assessed health in 10 European countries. *International Journal of Epidemiology*, 34(2), 295–305. doi: 10.1093/ije/dyh342.

[23] Taras, H., & Potts-Datema, W. 2005. Obesity and student performance at school. *Journal of School Health*, 75, 291–295.

[24] Adler, N. E., & Newman, K. 2002. Socioeconomic disparities in health: pathways and policies. Health Affairs, 21(2), 60–76.

[25] Marmot, M., Allen, J., Bell, R., Bloomer, E., & Goldblatt, P., 2012. WHO European review of social determinants of health and the health divide. *The Lancet*, 380(9846), 1011–1029. doi: 10.1016/S0140-6736(12)61228-8.

[26] Telford, R.D., Cunningham, R.B., Fitzgerald, R., Olive, L.S., Prosser, L., Jiang, X., & Telford, R.M. 2012. Physical education, obesity, and academic achievement: A 2-year longitudinal investigation of Australian elementary school children. *American Journal of Public Health*, 102, 368–374. doi: 10.2105/AJPH.2011.300220.

[27] World Health Organization. 2005. *Atlas: Child and adolescent mental health resources*. Geneva, Switzerland: World Health Organization.

[28] Glennie, E.J., Rosen, J.A., Snyder, R., Woods-Murphy, M., & Bassett, K. 2017. *Student social and emotional development and accountability: Perspective of teachers*. Arlington, VA: National Network of State Teachers Of the Year (NNSTOY).

[29] Cristovao, A.M., Candeias, A.A., & Verdasca, J. 2017. Social and emotional learning and academic achievement in portuguese schools: A bibliometric study. *Front. Psychol*, 8(1913), 1-12. doi: 10.3389/fpsyg.2017.01913.

[30] Barry, M.M., & Dowling, K. 2015. A Review of the Evidence on Enhancing Psychosocial Skills Development in Children and Young People. HPRC, National University of Ireland, Galway. doi: 10.13025/S8001V.

[31] Miyamoto, K., Huerta, M.C., & Kubacka, K. 2015. Fostering social and emotional skills for well-being and social progress. *European Journal of Education*, 50(2), 147-159. doi: 10.1111/ejed.12118.

[32] Zins, J. E., Weissberg, R. P., Wang, M. C., & Walberg, H. J. (Eds.). (2004). *Building academic success on social and emotional learning: What does the research say?*. New York: Teachers College Press.

[33] RI, K. K. (2013). Report of Primary Health Research (Riset Kesehatan Dasar) 2013. *Jakarta: Ministry of Health of the Republic Indonesia*.

[34] Seligman, M., & Csikszentmihalyi, M. 2000. Positive psychology: An introduction. *American Psychologist*, 55, 5-14.

[35] Meyers, M.C., van Woerkom, M., & Bakker, A.B. 2013. The added value of the positive: A literature review of positive psychology interventions in organizations. *European Journal of Work and Organizational Psychology*, 22(5), 618-632. doi: 10.1080/1359432X.2012.6.

[36] Farbstein, I., Mansbach-Kleinfeld, I., Levinson, D., Goodman, R., Levav, I., Vograft, I., Kanaaneh, R., Ponizovsky, A.M., Brent, D.A., & Apter, A. 2010. Prevalence and correlates of mental disorders in Israeli adolescents: Results from a national mental health survey. *Journal of Child Psychology and Psychiatry*, 51(5), 630–639. doi:10.1111/j.1469-7610.2009.02188.x.

[37] Costello, E.J., Mustillo, S., Keller, G., & Angold, A. 2004. Prevalence of psychiatric disorders in childhood and adolescence. In B.L. Levin, J. Petrila, & K.D. Hennessy (Eds.), *Mental health services: A public health perspective* (pp. 111–128). Oxford: Oxford University Press.

[38] Sheldon, K.M., & King, L. 2001. Why positive psychology is necessary. *American psychologist*, 56(3), 216.

[39] Gable, S.L., & Haidt, J. 2005. What (and why) is positive psychology?. *Review of general psychology*, 9(2), 103. doi: 10.1037/1089-2680.9.2.103

[40] Linley, Joseph, Harrington, & Wood, 2006. Positive psychology: Past, present, and (possible) future. The Journal of Positive Psychology, 1(1), 3–16. doi: 10.1080/17439760500372796.

[41] Seligman, M. 2011. *Flourish: A new understanding of happiness, well-being-and how to achieve them*. Nicholas Brealey Pub.

[42] Dulagil, A., Green, S., & Ahern, M. 2016. Evidence-based coaching to enhance senior students' wellbeing and academic striving. *International Journal of Wellbeing*, 6(3), 131-149. doi:10.5502/ijw.v6i3.6.

[43] Shankland, R., & Rosset, E. 2017. Review of Brief School-Based Positive Psychological Interventions: a Taster for Teachers and Educators. *Educ Psychol Rev*, 29(2), 363-392. doi: 10.1007/s10648-016-9357-3.

[44] Morrison, W., & Kirby, P. 2012. Schools as a setting for promoting positive mental health: better practices and perspectives. Summerside, PEI: The Joint Consortium for School Health; 2010.

[45] Noble, T., & McGrath, H. 2016. The Prosper Framework for Student Wellbeing. In *The PROSPER School Pathways for Student Wellbeing* (pp. 25-95). Springer International Publishing.

[46] Noble, T., & McGrath, H. 2015. *The PROSPER School Pathways for Student Wellbeing: Policy and Practices*. Springer.

[47] Carr, A. 2011. *Positive Psychology: The science of happines and human strengths (2nd Ed.)*. London: Routledge, Taylor & Francis.

[48] Seligman, M.E.P., & Pawelski, J.O. 2003. Positive psychology: FAQs. Psychological Inquiry, 14(2):159-163.

[49] Myers, J. E., & Sweeney, T. J. (Eds.). 2005. *Counseling for wellness: Theory, research, and practice*. Amer Counseling Assn

[50] Kahneman, D., Diener, E., & Schwarz, N. (Eds.). 1999. *Well-Being: Foundations of Hedonic Psychology: Foundations of Hedonic Psychology*. Russell Sage Foundation.

[51] Diener, E. 2000. Subjective well-being: The science of happiness and a proposal for a national index. *American psychologist*, 55(1), 34.

[52] Massimini, F., & Delle Fave, A. 2000. Individual development in a bio-cultural perspective. *American Psychologist*, 55(1), 24.

[53] Peterson, C. 2000. The future of optimism. *American psychologist*, 55(1), 44.

[54] Myers, D.G. 2000. *Hope and happiness* (pp. pp-323). The science of optimism and hope. Philadelphia: Templeton Foundation Press.

[55] Ryan, R.M., & Deci, E.L. 2000. Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American psychologist*, 55(1), 68.

[56] Taylor, S. E., Kemeny, M. E., Reed, G. M., Bower, J. E., & Gruenewald, T. L. 2000. Psychological resources, positive illusions, and health. *American psychologist*, 55(1), 99.

[57] Krentzman, 2013. Review of the Application of Positive Psychology to Substance Use, Addiction, and Recovery Research. *Psychol Addict Behav*, 27(1), 151–165. doi:10.1037/a0029897.

[58] Huppert, F.A., & So, T.T.C. 2013. Flourishing across Europe: application of a new conceptual framework for defining well-being. *Soc Indic Res*, 110(3), 837–861. doi: 10.1007/s11205-011-9966-7.

[59] Westerhof, G.J., & Keyes, C.L.M. 2010. Mental illness and mental health: The two continua model across the lifespan. *J Adult Dev*, 17, 110–119. doi: 10.1007/s10804-009-9082-y.

[60] Keyes, C.L.M. 2007. Promoting and protecting mental health as flourishing: a complementary strategy for improving national mental health. *American Psychologist*, 62(2), 95–108. doi: 10.1037/0003-066X.62.2.95.

[61] Keyes, C.L.M. 2005. Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, 73(3), 539 –548. doi: 10.1037/0022-006X.73.3.539.

[62] Keyes, C.L.M. 2002. The mental health continuum: from languishing to flourishing in life. *Journal of Health and Social Behavior*, 43(2), 207–222.

[63] Ryff, C.D., & Singer, B. 1998. The contours of positive human health. *Psychological Inquiry*, 9(1), 1–28. doi: 10.1207/s15327965pli0901_1.

[66] Norrish, J.M., Williams, P., O'Connor, M., & Robinson, J. 2013. An applied framework for positive education. *International Journal of Wellbeing*, 3(2), 147-161. doi:10.5502/ijw.v3i2.2.

[67] Adler, A. 2017. Positive education: Educating for academic succes and for a fulfilling. *Psychologist Papers*, 38(1), 50-57. doi: 10.23923/pap.psicol2017.2821.

[68] Seligman, M. E., Ernst, R. M., Gillham, J., Reivich, K., & Linkins, M. 2009. Positive education: Positive psychology and classroom interventions. *Oxford review of education*, 35(3), 293-311.

[69] Bas, A.U., & Firat, N.S. 2017. The Views and Opinions of School Principals and Teachers on Positive Education. *Journal of Education and Training Studies*, 5(2), 85-92.

[70] Niemiec, C. P., & Ryan, R. M. 2009. Autonomy, competence, and relatedness in the classroom: Applying self-determination theory to educational practice. *Theory and Research in Education*, 7(2), 133–144. doi: 10.1177/1477878509104318.

[71] Govindji, R., & Linley, P.A. 2007. Strengths use, self-concordance and well-being: Implications for strengths coaching and coaching psychologists. *International Coaching Psychology Review*, 2, 143-153.

[72] Fredericks, J.A., Blumenfeld, P.C., & Paris, A.H. 2004. School engagement: Potential of the concept, state of the evidence. *Review of Educational Research*, 74(1), 59–109.

[73] McGrath, H., & Noble, T. 2010. *HITS and HOTS: Teaching + thinking + social skills*. Pearson Education: Melbourne.

[74] McGrath, H. & Noble, T. 2011. *BOUNCE BACK! A wellbeing and resilience program (lower primary k-2; middle primary: yrs 3-4; upper primary/junior secondary: yrs 5-8).* Melbourne: Pearson Education.

[75] Agarwal, S., & Mishra, P.C. 2017. Strategies to enhance student well-being in a school environment. *Remarking an Analisation*, 2(4), 158-164.

[76] Aghababaei, N. 2017. Scientific faith and positive psychological functioning. *Mental health, religion & culture*, 19, 734-741. doi: 10.1080/13674676.2016.1256383.

[77] Sharma, S.K., & Sharma, O.P. 2016. Spirituality leads to happiness: A correlative study. *The International Journal of Indian Psychology*, 3(2), 50-54.

[78] Myers, J. E., & Sweeney, T. J. (Eds.). 2005. *Counseling for wellness: Theory, research, and practice*. Amer Counseling Assn

[79] Mahoney, J.L., Larson, R., Eccles, J.S., & Lord, H. 2005. Organized activities as developmental contexts for children and adolescents. In J.L. Mahoney, R. Larson & J.S. Eccles (Eds.), *Organized Activities as Contexts of Development: Extracurricular Activities, After-School and Community Programs* (pp. 3-22) . Mahwah, New Jersey: Erlbaum

[79] Mrazek, P. J., & Haggerty, R. J. Committee on Prevention of Mental Disorders, Institute of Medicine.(1994). *Reducing risks for mental disorders: Frontiers for prevention intervention research.*

[80] Ryff C.D., & Singer B.H. 2013 Know Thyself and Become What You are: A Eudaimonic Approach to Psychological Well-Being. In: Delle Fave A. (eds) The Exploration of Happiness. Happiness Studies Book Series. Springer, Dordrecht.

[81] Sweeney, T.J. 1998. *Adlerian counseling: A practitioner's approach*. Taylor & Francis.

[82] Keyes, C.L. 2015. Human flourishing and salutogenetics. *Genetics of psychological well-being: The role of heritability and genetics in positive psychology*, 3-19.

[33] Kementrian Kesehatan. 2013. *Riset Kesehatan Dasar (Riskesdas) 2013*. Jakarta: Badan Penelitian dan Pengembangan Kesehatan, Kemenkes.