

A COMMUNITY-BASED “CERIA” PROGRAM TO PREVENT BULLYING AND STRENGTHEN TEENAGERS' MENTAL RESILIENCE

N. K. P. Ariani^{1*}, N. K. S. Diniari¹, I G. A. I. Ardani¹, M. Degdeg², M. P. A. Kusuma³, R. F. Arief³

¹Departemen Psikiatri, Fakultas Kedokteran, Universitas Udayana, Denpasar, Indonesia

²Kepala Sekolah SMPN 5 Tembuku, Bangli, Indonesia

³Program Studi Spesialis Kedokteran Jiwa, Fakultas Kedokteran, Universitas Udayana, Denpasar, Indonesia

Correspondence

N. K. P. Ariani

Departemen Psikiatri, Fakultas Kedokteran, Universitas Udayana, Denpasar, Indonesia

E-mail: mahapavitra@yahoo.com

ABSTRACT

Background: The CERIA Program was developed to address bullying and adolescent mental health problems in Yangapi Village, an area with limited access to psychiatric services. The program aimed to identify bullying experiences and psychosocial difficulties among students, improve mental health literacy among students, teachers, and parents, and assess the feasibility of a school- and community-based intervention.

Methods: The program involved 46 students from SMP Negeri 5 Tembuku. Screening was conducted using the Self-Reporting Questionnaire (SRQ), Strengths and Difficulties Questionnaire (SDQ), and Olweus Bully Questionnaire. The intervention consisted of mental health education, resilience and social-skills training, relaxation exercises, and psychiatric support for students requiring further assessment.

Results: Based on the SRQ, 52.2% of students were classified as potential cases. Approximately 30–40% were categorized as borderline or abnormal in the emotional, conduct, and peer-problem domains of the SDQ. Verbal and social bullying were the most frequently reported forms, although most students demonstrated good prosocial behavior. The program also produced educational modules, videos, and posters.

Conclusion: The CERIA Program is feasible as an initial school–family–community intervention for identifying psychosocial difficulties, increasing awareness of bullying, and strengthening adolescent mental health support networks.

Keywords: bullying, adolescents, CERIA Program, resilience, community psychiatry.

INTRODUCTION

Adolescent mental health is an important issue because adolescence is a period of heightened vulnerability to anxiety, depression, and emotional distress, with a global prevalence of 10–20% and many cases remaining undetected ⁽¹⁾. Bullying is a significant risk factor; one in three students worldwide has experienced it ⁽²⁾, and its consequences include increased anxiety, depression, low self-esteem, and suicide risk. In Indonesia, bullying among junior high school students has been associated with emotional stress, anxiety, and impaired social functioning ⁽³⁾. The Ministry of Women's Empowerment and Child Protection reported in 2020 that 41% of school-aged children had experienced bullying, while teachers still had limited ability to recognize such cases ^(4,5).

Positive teacher–student relationships have been shown to protect students from behavioral problems ⁽⁶⁾. Victims of bullying also tend to experience negative automatic thoughts that increase the risk of depression ^(7,8). Bullying negatively affects emotional and academic well-being ⁽⁹⁾. Schools therefore play an important role in prevention through character education and the establishment of anti-bullying task forces ^(10,11).

Yangapi Village was selected as the implementation site for the CERIA Program because of the high risk of bullying, low mental health literacy, and limited access to psychosocial services. To address these needs, the Department of Psychiatry, Faculty of Medicine, Universitas Udayana, developed the CERIA Program, which includes early detection using the SDQ and Olweus questionnaire, mental health education, social-skills training,

relaxation, and psychiatric support. The program also produced educational modules, posters, and videos for intellectual property registration.

The limited availability of comprehensive interventions in rural areas provided the basis for developing the CERIA Program as a school- and community-based bullying prevention model.

This activity aimed to identify bullying experiences and psychosocial conditions among students at SMP Negeri 5 Tembuku, improve mental health literacy among students, teachers, and parents, strengthen students' resilience and social skills, and assess the feasibility of implementing the CERIA Program as an intervention model that could be replicated in other schools with similar characteristics.

METHODS

The CERIA Program was designed systematically to facilitate replication in other schools. The program used a mixed-methods approach combining a quantitative survey with qualitative information collection. The quantitative survey employed the Self-Reporting Questionnaire (SRQ), Strengths and Difficulties Questionnaire (SDQ), and Olweus Bully Questionnaire (OBQ), whereas qualitative information was obtained through activity observations, group discussions, participant feedback, and teachers' field notes.

The target population consisted of students at SMP Negeri 5 Tembuku, Yangapi Village, Bangli Regency. Participants were recruited using a total sampling technique, which included all students who met the eligibility criteria and were present during the program. The inclusion criteria were active enrollment at SMP Negeri 5 Tembuku, attendance during program implementation, parental or guardian consent, and willingness to participate in the full series of activities. Students who were absent, did not obtain parental or guardian consent, declined participation, or did not complete the instruments were excluded from the analysis. Based on this process, 46 students participated in the program and constituted the screening sample.

The preparation phase began with coordination among the school, school committee, and community leaders to determine the schedule, implementation mechanisms, participant recruitment process, and division of responsibilities. The implementation team also prepared the screening instruments and educational materials, including modules, presentations, videos, and anti-bullying campaign posters. Before the activities began, students and their parents or guardians received information regarding the objectives, procedures, benefits, confidentiality, and voluntary nature of participation.

The implementation phase began with screening of all participants using the SRQ, SDQ, and OBQ. The instruments were completed anonymously with assistance from the implementation team to ensure that each question was clearly understood. The SRQ was used to identify potential mental health problems, the SDQ to assess emotional and behavioral difficulties and prosocial behavior, and the OBQ to identify students' experiences of bullying.

Following screening, the intervention was delivered through interactive seminars, case discussions, and mental health

education involving students, teachers, and parents. The program continued with resilience workshops that included effective communication training, conflict management, empathy development, role-play of bullying situations, and relaxation and mindfulness exercises. Students whose screening results indicated psychosocial risk received initial support from the psychiatric team. Cases requiring further assessment and management were referred to mental health services through the school–primary health center–Faculty of Medicine, Universitas Udayana referral pathway. To support program sustainability, a Bullying-Free School Team involving teachers, students, and parents was established.

Program evaluation was conducted descriptively based on the distribution of screening findings, participant involvement, feedback from students, teachers, and parents, and field notes recorded during implementation. Quantitative data were presented as frequencies and percentages, whereas qualitative information was summarized narratively to identify participant acceptance, implementation barriers, and areas requiring improvement. Program outputs included educational modules, campaign posters, educational videos, a publication manuscript, and intellectual property registration.

To support sustainability, the school was encouraged to integrate the CERIA module into School Health Unit activities and character-building programs. The bullying-reporting system was also strengthened through complaint boxes and peer-reporting mechanisms. Periodic monitoring was conducted by the Bullying-Free School Team under the supervision of the implementation team so that the program could continue independently.

RESULTS

The CERIA Program, an Indonesian acronym referring to bullying prevention, community education, resilience and social skills, community-based intervention, and supportive action, was implemented at SMP Negeri 5 Tembuku, Yangapi Village, Bangli Regency, on August 1, 2025. The activity began with coordination with the school and the delivery of educational media, including modules, interactive videos, and anti-bullying campaign posters, to support continuous learning.

The core activities included interactive seminars, participatory discussions, role-play based on bullying case scenarios, and relaxation sessions aimed at strengthening students' emotional regulation. Teachers and parents also participated in educational activities to improve mental health literacy and their ability to monitor students' behavior at school and at home.

As part of the effort to map students' psychosocial conditions, initial screening was conducted using the Self-Reporting Questionnaire (SRQ), Strengths and Difficulties Questionnaire (SDQ), and Olweus Bully Questionnaire (OBQ). The screening results provided an overview of emotional distress, psychosocial difficulties, and patterns of bullying within the school environment. The main findings are summarized in Table 1 (SRQ distribution), Table 2 (SDQ distribution), and Table 3 (summary of OBQ items).

Tabel 1. Distribution of SRQ Categories

Category	Frequency	Percentage (%)
Non-case (<6)	22	47.8
Potential case (≥ 6)	24	52.2
Total	46	100.0

Tabel 2 Distribution of SDQ Categories

Domain	Normal (n, %)	Borderline (n, %)	Abnormal (n, %)	Total
Emotional symptoms	32 (69.6%)	8 (17.4%)	6 (13.0%)	46
Conduct problems	29 (63.0%)	10 (21.7%)	7 (15.3%)	46
Hyperactivity	39 (84.8%)	4 (8.7%)	3 (6.5%)	46
Peer problems	28 (60.9%)	12 (26.1%)	6 (13.0%)	46
Prosocial behavior	36 (78.3%)	5 (10.9%)	5 (10.9%)	46
Total difficulties	30 (65.2%)	9 (19.6%)	7 (15.2%)	46

Tabel 3 Summary of Olweus Bully Questionnaire Items

Bullying item	Never	Ever (≥ 1 time)
1. Humiliated in public	20	26
2. Called by an unwanted nickname	16	30
3. Gossiped about something negative	15	31
4. Excluded from a group	29	17
5. Mocked about family or appearance	24	22
6. Hit	36	10
7. Forced to give money (extorted)	37	9
8. Forced to do something unwanted (homework or cheating)	33	13
9. Socially excluded	28	18
10. Subjected to comments about race or skin color	41	5
11. Shouted at	30	16
12. Given hostile looks	27	19
13. Jeered at after answering incorrectly in class	26	20
14. Ignored by friends	31	15
15. Pushed for no clear reason	35	11
16. Teased to provoke anger	29	17
17. Kicked until hurt	38	8
18. Harassed via SMS/Facebook (threats or insults)	39	7
19. Forced to buy treats	42	4
20. Ridiculed (physical appearance, etc.)	30	16
21. Belongings damaged or taken by force	41	5
22. Pinched	33	13

DISCUSSION

The mental health screening results showed that some students exhibited signs of emotional distress and psychosocial difficulties. The SRQ distribution indicated a proportion of students who required further attention, while the SDQ results demonstrated variations in internalizing, externalizing, and peer-relationship problems. This pattern is consistent with the WHO report describing adolescents' high vulnerability to emotional disorders due to developmental changes, academic pressure, and complex social dynamics ⁽¹⁾.

The OBQ findings showed that verbal and social bullying were the most predominant forms. Relational aggression, including humiliation, gossip, exclusion, and non-physical extortion, was experienced more frequently

than physical violence. This phenomenon is consistent with the global pattern of bullying reported by UNESCO, which identified social aggression as the most common form of bullying among school-aged adolescents ⁽²⁾. Such bullying is often not detected by teachers because it occurs covertly and does not result in physical injury.

Several factors may explain this pattern. First, low mental health literacy among students, teachers, and parents may cause bullying to be perceived merely as joking or ordinary peer dynamics, as reported by Syajuananda and Tirtayani ⁽⁴⁾. Second, a socially homogeneous school environment may reinforce group pressure and make social exclusion more likely. Third, the absence of a structured bullying-reporting system may result in many cases not being followed up appropriately ^(3,5).

From a psychological perspective, exposure to bullying identified through the OBQ correlated with SDQ findings in the emotional and peer-problem domains. This is consistent with Khasanah et al., who reported that bullying experiences may trigger negative automatic thoughts that increase the risk of anxiety and depression ⁽⁷⁾. A meta-analysis by Zaen et al. also demonstrated a significant association between bullying and mental health problems, supporting the pattern observed in the CERIA Program screening findings ⁽⁸⁾.

In the context of intervention, the CERIA Program provided direct benefits through education, social-skills training, and relaxation activities aimed at strengthening students' resilience. This educational and participatory approach is consistent with literature recommending the strengthening of students' social-emotional functioning to reduce aggressive behavior and improve positive adaptation ⁽⁹⁾. In addition, Silawati and Hidayati emphasized the importance of teachers' role in character formation to prevent bullying from an early stage. The establishment of the Bullying-Free School Team also provided a structural foundation for program sustainability, in line with the recommendations of Siswati and Saputra) regarding the effectiveness of school anti-bullying task forces ^(10,11).

The practical implications of these findings are highly relevant to the school. Data from the SRQ, SDQ, and OBQ can serve as a basis for strengthening anti-bullying policies, developing counseling and psychosocial support services, improving mental health literacy across the school community, and implementing preventive and promotive programs more systematically in the future.

Overall, the activity findings indicate that bullying is an important determinant of adolescent mental health in Yangapi Village. The CERIA Program successfully provided education, problem mapping, and relevant initial support to improve students' psychological well-being. Through its comprehensive school-community approach, the program has the potential to be replicated as an adolescent mental health intervention model in other areas with similar characteristics.

CONCLUSION

The CERIA Program at SMP Negeri 5 Tembuku, Yangapi Village, Bangli, successfully improved students', teachers', and parents' understanding of bullying and adolescent mental health. Screening using the SDQ and Olweus questionnaire showed that some students were in the borderline–abnormal categories for emotional symptoms, conduct problems, and peer problems, and nearly half had experienced verbal or social bullying. Nevertheless, most students remained within the normal range and demonstrated good prosocial behavior. In addition to providing education and increasing collective awareness, the program generated important baseline data as a foundation for sustainable mental health prevention and intervention efforts.

ACKNOWLEDGMENTS

The authors would like to thank the Faculty of Medicine, Universitas Udayana; SMP Negeri 5 Tembuku; the teachers, parents, and students; and all team members who supported the implementation of the CERIA Program.

FUNDING

This activity was funded by the Lembaga Penelitian dan Pengabdian kepada Masyarakat (LPPM), Universitas Udayana, through the 2025 community service funding scheme.

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest related to this activity or the publication of this article.

ETHICAL CONSIDERATIONS

This activity received ethical approval from the Research Ethics Committee Unit, Faculty Of Medicine, Universitas Udayana, under approval number 1862/UN14.2.2.VII.14/LT/2025. Parental or guardian consent and student assent were obtained before implementation, and the confidentiality of participants' identities and screening results was maintained.

REFERENCES

1. WHO. Adolescent Mental Health [Internet]. Geneva: World Health Organization; 2021. Available from: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
2. UNESCO. Behind the Numbers: Ending School Violence and Bullying [Internet]. Paris: UNESCO; 2019. Available from: <https://unesdoc.unesco.org/ark:/48223/pf0000366483>
3. KPPAI. Data Kasus Perundungan di Sekolah. Jakarta: Kementerian Pemberdayaan Perempuan dan Perlindungan Anak Republik Indonesia; 2020.
4. Diannita A, Salsabela F, Wijati L, Putri AMS. Pengaruh Bullying terhadap Pelajar pada Tingkat Sekolah Menengah Pertama. *Journal of Education Research*. 2023;4(1):297–301. doi:10.37985/jer.v4i1.117
5. Syajuananda DP, Tirtayani LA. Survei Pengetahuan Guru Mengenai Tindakan Bullying di Taman Kanak-Kanak. *Jurnal Pendidikan Anak Usia Dini Undiksha*. 2022;10(2):245–54. doi:10.23887/paud.v10i2.48857
6. de Jong EM, Koomen HMY, Jellesma FC, Roorda DL. Teacher and child perceptions of relationship quality and ethnic minority children's behavioral adjustment in upper elementary school: A cross-lagged approach. *J Sch Psychol*. 2018;70:27–43. doi:10.1016/j.jsp.2018.06.003
7. Khasanah AN, Damayanti T, Sirodj DAN. Gambaran Negative Automatic Thoughts pada Remaja Korban Bullying di Sekolah Menengah Pertama Kota Bandung.

- Psympathic: Jurnal Ilmiah Psikologi. 2017;4(2):239–50. doi:10.15575/psy.v4i2.1698
8. Zaen NA, Nuha RU, Veibiani NA. Meta Analysis: The Effect of Bullying on Adolescents on Mental Health and Depression. *Journal of Epidemiology and Public Health*. 2022;7(1):104–19. doi:10.26911/jepublichealth.2022.07.01.09
9. Ballerina T, Immanuel AS. Menelisik Perilaku Perundungan pada Siswa SMP di Yogyakarta. *Jurnal Ilmu Perilaku*. 2019;3(1):18–31. doi:10.25077/jip.3.1.18-31.2019
10. Siswati Y, Saputra M. Peran Satuan Tugas Anti Bullying Sekolah dalam Mengatasi Fenomena Perundungan di Sekolah Menengah Atas. *De Cive: Jurnal Penelitian Pendidikan Pancasila dan Kewarganegaraan*. 2023;3(7):216–25. doi:10.56393/decive.v3i7.1656
11. Silawati S, Hidayati D. Peran Guru dalam Implementasi Pendidikan Karakter untuk Mengatasi Masalah Bullying di Madrasah Ibtidaiyah. *Academy of Education Journal*. 2024;15(1):753–64. doi:10.47200/aoej.v15i1.2305

