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Building Mental Health Awareness Through the Stop Bullying Program at Setia Bakti School

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ABSTRACT

Background: Bullying in elementary schools may affect mental health, peer relationships, and stress-related physical complaints, but incidents often remain unrecognized or unreported.
Aims: This community service program aimed to strengthen bullying recognition, help-seeking behavior, and child protection awareness through an interdisciplinary medical, psychological, and legal approach.
Methods: The program was conducted at SDS Setia Bakti, Cipinang, East Jakarta, among seven students in grades 3–6 from 17 November to 25 December 2025. Participatory Action Learning was implemented through three structured sessions comprising screening, educational role-play, and medical-legal integration ("Tubuhku Otoritasku"), followed by a closing declaration and selection of Anti-Bullying Ambassadors. Evaluation used a one-group pretest–posttest design with an adapted Olweus Bullying Questionnaire.
Result: The mean verbal bullying score decreased from 1.43 to 0.75, while the mean physical bullying score decreased from 0.71 to 0.38. Reports of stomachache or headache declined from 71% to 50%, reported anxiety decreased from 43% to 0%, and reporting incidents to teachers increased from 0% to 50%. These findings suggest positive short-term changes, supporting the integration of interdisciplinary school-based interventions.

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1. Introduction

Bullying in elementary schools represents a critical school mental health concern worldwide. It is consistently associated with adverse psychological outcomes, including depression, anxiety disorders, post-traumatic stress symptoms, somatic complaints, and increased risk of self-harm or suicidal ideation (UNICEF, 2021; Center for Reproductive Health *et al.*, 2022; Kementerian Kesehatan Republik Indonesia, 2023). Beyond psychological distress, peer victimization directly impacts academic performance and social adaptation. Children who routinely experience bullying often demonstrate diminished perceptions of school safety, leading to chronic absenteeism and long-term emotional dysregulation (Atsiaris *et al.*, 2023; Ng *et al.*, 2022).

Vulnerability to peer victimization is particularly heightened among students with underlying mental health or neurodevelopmental conditions. Children with autism spectrum disorder, attention-deficit/hyperactivity disorder, and internalizing behavioral disorders experience significantly higher rates of peer rejection and intimidation compared to their typically developing peers (Øksendal *et al.*, 2019; Espelage *et al.*, 2023). In these vulnerable populations, chronic victimization exacerbates emotional instability, frequently manifesting as psychosomatic symptoms such as recurrent abdominal pain, tension headaches, and sleep disturbances (Armitage & Tsaousis, 2022; Vaillancourt *et al.*, 2021).

Systematic screening and early interdisciplinary intervention are essential to identify unreported peer violence. Bullying manifests in diverse forms, including direct physical aggression, verbal humiliation, social exclusion, and digital harassment (cyberbullying). Preventing peer violence requires an integrated approach combining psychological resilience, medical literacy on psychosomatic health, and legal awareness regarding child protection rights (Kementerian Pemberdayaan Perempuan dan Perlindungan Anak, 2023; KPAI, 2024; Foody *et al.*, 2020).

SDS Setia Bakti in Cipinang, East Jakarta, established in 1910, represents an old educational institution currently experiencing a severe decline in student enrollment. Initial situational analysis revealed that bullying behavior was prevalent and strongly tied to unreported psychological stress and bodily complaints. Baseline screening among participating students indicated that 100% had experienced verbal teasing, 71% suffered from stress-related headaches or stomachaches, 43% exhibited clinical anxiety, and 0% identified school teachers as their trusted reporting pathway.

To address these multifaceted challenges, an interdisciplinary team executed the "Stop Bullying School Program." This initiative leveraged Participatory Action Learning (PAL) combining medical education on body boundaries ("Tubuhku Otoritasku"), psychological empathy building, and legal child protection frameworks to establish a safer, supportive educational climate.

2. Methods

This community service program was conducted at SDS Setia Bakti, Cipinang, East Jakarta, from 17 November to 25 December 2025. The intervention targeted students in grades 3 to 6 (n = 7) and involved five school teaching personnel. The program utilized a Participatory Action Learning (PAL) design within the thematic community service framework of Universitas YARSI (Universitas YARSI, 2024). The interdisciplinary execution integrated medical, psychological, and legal perspectives to deliver a holistic anti-bullying educational model.

2.1 Program Execution Flowchart

The sequential methodology and operational stages of the community service program are structured as follows (Table 1).

Table 1. Program execution flowchart for the Stop Bullying School Program.

1	**SITUATIONAL ANALYSIS**	Identification of school context at SDS Setia Bakti; preliminary coordination with local government and school personnel.
2	**BASELINE SCREENING & PRE-TEST**	Administration of adapted Olweus Bullying Questionnaire (n=7); assessment of physical/verbal bullying and psychosomatic complaints.
3	**INTERDISCIPLINARY INTERVENTIONS**	Session 1: introduction and screening; Session 2: recognizing bullying and bystander role-play; Session 3: medical-legal integration "Tubuhku Otoritasku".
4	**SUSTAINABILITY & CLOSING DECLARATION**	Appointment and inauguration of Anti-Bullying Student Ambassadors; placement of educational posters and module distribution; joint anti-bullying commitment declaration.
5	**POST-TEST & PROGRAM EVALUATION**	Post-intervention quantitative evaluation; descriptive comparative analysis of outcome indicators.

2.2 Implementation Procedures and Evaluation

The educational intervention was divided into three core operational modules:

- Screening and Introduction Module: Baseline data collection regarding prior victimization, anxiety levels, and physical symptoms using an adapted version of the Olweus Bullying Questionnaire (Olweus, 2013). Facilitators conducted guided discussions to normalize help-seeking behaviors.
- Bullying Identification and Bystander Empowerment Module: Multi-media educational delivery on physical, verbal, social, and digital bullying. Controlled role-play scenarios trained students in transition from passive bystanders to active defenders.
- Medical and Legal Integration ("Tubuhku Otoritasku"): Medical facilitators instructed students on bodily autonomy, safe vs. unsafe physical touch, and the physiological connection between emotional stress and somatic symptoms (e.g., gut-brain axis responses). Legal facilitators presented child rights protection under Law No. 35 of 2014 in an accessible format.

Evaluation was carried out using a one-group pretest–posttest design. Outcome indicators—including mean verbal/physical bullying scores, prevalence of somatic complaints, anxiety symptoms, and willingness to report incidents to educators—were evaluated using descriptive percentage and mean comparisons.

3. Results and Discussion

3.1 Quantitative Outcomes and Behavioral Changes

Following the execution of the interdisciplinary program, substantial positive shifts were recorded across all primary evaluation metrics. Table 2 summarizes the baseline and post-intervention comparative data.

Table 2. Comparison of outcome indicators pre- and post-program execution.

Outcome Indicator	Pretest	Posttest	Observed Change / Interpretation
Mean Verbal Bullying Score	1.43	0.75	Decreased by 47%
Mean Physical Bullying Score	0.71	0.38	Decreased by 46%
Stomachache or Headache Complaints	71%	50%	Decreased by 21 percentage points
Reported Anxiety Symptoms	43%	0%	100% reduction in reported anxiety
Reporting Incidents to Teachers	0%	50%	Increased by 50 percentage points

The observed 47% decrease in verbal bullying scores and 46% reduction in physical bullying reflect enhanced behavioral self-regulation and improved peer awareness among participants. Furthermore, the increase in student reporting rates to teachers from 0% to 50% meets the predefined behavioral benchmark, demonstrating an emerging culture of trust and active help-seeking within the school ecosystem (Ttofi & Farrington, 2011; Gaffney *et al.*, 2021).

Psychosomatic manifestations, specifically recurrent headaches and stomachaches, dropped from 71% to 50%. Educating children on the physiological manifestations of psychological stress allowed students to better comprehend their internal state and communicate health distress to adults rather than internalizing trauma (Armitage & Tsaousis, 2022).

3.2 Program Documentation and Implementation Activity

The execution of the community service program, including interactive group education, media distribution, and community engagement, is documented in the original activity documentation. The source manuscript identifies two documentation figures: an educational session and ambassador recognition (Figure 1), and the closing ceremony with the joint anti-bullying commitment declaration and certificate presentation (Figure 2). The uploaded source manuscript did not contain the corresponding embedded photographs; therefore, the photographs should be inserted before submission.



Figure 1. Educational session on anti-bullying media ("Sekolah Sehat, Aman, dan Ceria Tanpa Bullying") and presentation of ambassador recognition to participating students at SDS Setia Bakti.



Figure 2. Closing ceremony, joint anti-bullying commitment declaration, and certificate presentation involving university facilitators, school teachers, and students.

3.3 Interdisciplinary Value and Sustainability

Integrating medical, psychological, and legal perspectives proved pivotal in addressing bullying comprehensively. While psychology provided empathy-building and bystander intervention tools, medicine offered vital insights into somatic symptom recognition and body integrity. Concurrently, legal literacy reinforced that protection from violence is a fundamental legal right (Republik Indonesia, 2014). Program sustainability was reinforced through the appointment of student Anti-Bullying Ambassadors and the establishment of structured educational posters within the school premises.

3.4 Interpretation, Sustainability, and Program Limitations

The short-term changes observed in this program should be interpreted in relation to the multidimensional design of the intervention. The program did not address bullying solely as a behavioral problem; instead, it linked recognition of bullying with emotional literacy, bodily autonomy, psychosomatic awareness, and knowledge of child protection. This combination was reflected in the simultaneous changes in behavioral indicators, physical complaints, anxiety reports, and willingness to report incidents to teachers. The results therefore provide an initial indication that school-based education can create a common language for students to recognize harmful peer interactions and seek adult assistance.

The increase in reporting incidents to teachers from 0% at baseline to 50% after the intervention is particularly relevant for school mental health. A reporting pathway is only useful when students understand what constitutes unacceptable behavior and perceive adults as appropriate sources of support. The intervention explicitly addressed this pathway through guided discussion, role-play, and the medical-legal session. The result should not be interpreted as evidence that all bullying incidents were resolved; rather, it indicates an observable change in students' stated willingness to involve teachers.

The decline in reported headache or stomachache complaints from 71% to 50% and the reduction in reported anxiety from 43% to 0% may indicate a short-term improvement in recognition or communication of distress following the educational sessions. Because the evaluation used descriptive pretest–posttest comparisons, these changes cannot establish that the intervention alone caused the observed differences. Somatic symptoms and anxiety can fluctuate for multiple reasons, and the small number of participants further limits the precision and generalizability of the findings.

Program sustainability was addressed through the appointment of Anti-Bullying Student Ambassadors, educational posters, distribution of learning materials, and a joint anti-bullying commitment declaration. These components provide a practical bridge from a one-time community service activity toward continued school-level awareness. Future implementation can strengthen this approach by involving teachers and parents more systematically, repeating screening at defined intervals, documenting referral pathways for students requiring further assessment, and conducting follow-up evaluation to determine whether behavioral and help-seeking changes are maintained.

The principal methodological limitations are the small participant group (n = 7), the absence of a comparison group, the short observation period, and the use of descriptive rather than inferential analysis. These limitations were inherent in the community service design described in the source manuscript and should be explicitly acknowledged when interpreting the findings. Subsequent programs could use larger participant groups, repeated follow-up measurements, and, where feasible, a comparison design to strengthen evidence regarding program effectiveness.

4. Conclusions

The "Stop Bullying School Program" at SDS Setia Bakti successfully improved bullying awareness, reduced reported verbal and physical peer victimization, attenuated stress-related somatic symptoms, and substantially boosted help-seeking reporting behaviors among elementary school students. Combining medical, psychological, and legal frameworks provided an integrated educational intervention. Future efforts should focus on institutionalizing permanent teacher training and parental involvement to maintain long-term school safety.

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6. Conflict of Interest Declaration

The authors declare no conflicts of interest. Artificial intelligence tools were utilized solely for language refinement and structural formatting. All contents were fully reviewed and verified by the authors.

7. Author Contribution Statement

All authors contributed equally to the conduct community service project, data analysis, and writing and preparation of this article.

8. References

Armitage, R., & Tsaousis, I. (2022). Peer victimization and somatic health problems in adolescents: A systematic review and meta-analysis. *Journal of Adolescent Health*, *70*(3), 365–377. https://doi.org/10.1016/j.jadohealth.2021.09.023.

Atsiaris, G., Charalampous, K., & Papastu, A. (2023). School climate, peer victimisation, and student well-being: A longitudinal mediation analysis. *Educational Psychology*, *43*(4), 412–430. https://doi.org/10.1080/01443410.2023.2185201.

Center for Reproductive Health, University of Queensland, & Johns Hopkins Bloomberg School of Public Health. (2022). *Indonesia–National Adolescent Mental Health Survey (I-NAMHS) report*. Center for Reproductive Health.

Espelage, D. L., Robinson, L. E., & Valido, A. (2023). Bullying prevention among neurodiverse youth: A comprehensive review of school-based interventions. *School Psychology Review*, *52*(2), 145–159. https://doi.org/10.1080/2372966X.2021.2018820.

Foody, R., Samara, M., & El Asam, W. (2020). Review of anti-bullying interventions in schools: A meta-analysis of cross-national programs. *Aggression and Violent Behavior*, *51*, 101382. https://doi.org/10.1016/j.avb.2020.101382.

Gaffney, H., Ttofi, M. M., & Farrington, D. P. (2021). Effectiveness of school-based programs to reduce bullying: A systematic and meta-analytic review. *Campbell Systematic Reviews*, *17*(2), e1156. https://doi.org/10.1002/cl2.1156.

Kementerian Kesehatan Republik Indonesia. (2023). *Laporan kesehatan jiwa remaja Indonesia*. Kementerian Kesehatan Republik Indonesia.

Kementerian Pemberdayaan Perempuan dan Perlindungan Anak. (2023). *Profil anak Indonesia 2023*. Kementerian Pemberdayaan Perempuan dan Perlindungan Anak.

Komisi Perlindungan Anak Indonesia. (2024). *Catatan pelanggaran hak anak tahun 2023: Laporan akhir tahun KPAI*. Komisi Perlindungan Anak Indonesia.

Ng, E. D., Soh, C. Y., & Tan, K. X. (2022). The impact of school bullying on adolescent mental health and academic achievement: A global perspective. *International Journal of Educational Research*, *112*, 101933. https://doi.org/10.1016/j.ijer.2022.101933.

Øksendal, E., Brandlistuen, R. E., Holte, A., & Wang, M. V. (2019). Peer-victimization of young children with developmental and behavioral difficulties—A population-based study. *Journal of Pediatric Psychology*, *44*(5), 589–600. https://doi.org/10.1093/jpepsy/jsy112.

Olweus, D. (2013). School bullying: Development and some important challenges. *Annual Review of Clinical Psychology*, *9*, 751–780.

Republik Indonesia. (2014). *Undang-Undang Nomor 35 Tahun 2014 tentang Perubahan atas Undang-Undang Nomor 23 Tahun 2002 tentang Perlindungan Anak*. Sekretariat Negara.

Ttofi, M. M., & Farrington, D. P. (2011). Effectiveness of school-based programs to reduce bullying: A systematic global review. *Journal of Experimental Criminology*, *7*(1), 27–56. https://doi.org/10.1007/s11292-010-9109-1.

UNICEF. (2021). *The state of the world's children 2021: On my mind—Promoting, protecting and caring for children's mental health*. UNICEF.

Universitas YARSI. (2024). *Buku pedoman Kuliah Kerja Nyata Tematik Universitas YARSI*. Universitas YARSI.

Vaillancourt, T., Brittain, H., & Krygsman, A. (2021). School bullying and somatic physical health complaints: A prospective longitudinal study. *Development and Psychopathology*, *33*(4), 1250–1262. https://doi.org/10.1017/S095457942000080X.