



INTERVENTION OF DEPRESSION MANAGEMENT AMONG ADOLESCENTS AS THE VICTIMS OF BULLYING: A LITERATURE REVIEW

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ABSTRACT

Introduction: Bullying can cause various symptoms in psychological, physical and emotional. Bullying behavior can cause depression, anxiety and low self-esteem on victims of bullying. Interventions to overcome depression in adolescents victims of bullying consist of individual interventions and group interventions. This study aims to explain the interventions or program that can be done to overcome depression in adolescents victims of bullying.

Method: Searching articles used Medical Subject Heading (MeSH) with keywords of Intervention OR Program AND Depression OR Depressive Symptoms AND Bullying OR Cyberbullying AND Adolescents OR Teenagers OR Young Adult OR Junevile. This research used academic databases including: Scopus, CINAHL, ScienceDirect with inclusion criteria include: adolescents aged 12-21 who are victims of bullying, articles published in 2011-2021 using experimental studies and in English and using *The Joanna Briggs Institute (JBI) Critical Appraisal* method.

Results: A total of 10 articles were analyzed in this research. Findings articles were divided into two sections, namely individual interventions (n=2) and group interventions (n=8).

Conclusions: This research showed that several interventions or programs that have been studied effectively can overcome depression or depressive symptoms in adolescents who have been victims of bullying. It is expected to educate adolescents on how to cope with depression or depressive symptoms of adolescents victims of bullying.

Keywords: Intervention, Depression, Bullying, Adolescents

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INTRODUCTION

Bullying behavior is a very concerning phenomenon, especially for teenagers in Indonesia. Olweus (1999) explains bullying behavior as a psychosocial problem that is carried out by insulting and demeaning others which can cause negative impacts and is carried out consciously and repeatedly (Darmayanti et al., 2019). Bullying behavior can cause various psychological, physical, and emotional symptoms (Liu & Graves, 2011). Some of the bullies

done to teenagers in Indonesia are intimidation, exclusion, humiliation, theft of goods, threats, and the spread of bad news (Jayani, 2019). In addition to bullying that is carried out directly or directly with the victim, then verbally or through physical contact, currently bullying also often occurs in cyberspace or cyber. Bullying that is done over the internet is known as cyberbullying. This cyberbullying behavior often happens on social media where most of the users are

teenagers aged 15-19 years (Utami, 2014). Characteristics of bullying include having a positive attitude towards violence, being impulsive, wanting to dominate others, and lacking a sense of empathy (Solberg & Olweus, 2003). Bullying behavior can cause psychological, physical, and emotional symptoms (Liu & Graves, 2011). If the behavior is carried out in the short or long term, it will cause depression, anxiety, and low self-esteem (King et al., 2013).

Internationally, depression is the number one cause of mental problems in adolescents aged 12-24 years (WHO, 2014). More than 350 million people in the world experience depression (Marcus et al., 2012). Research that has been done reveals that 50% of all people with mental disorders have their first symptoms at the age of 14 years (WHO, 2014). The adverse effects that can be caused by bullying behavior are numerous. Depression in victims of bullying is one of the most significant factors that cause victims to find it hard to go to school (Kowalski & Limber, 2013). Based on the many negative impacts that occur due to bullying behavior, it is necessary to take action or intervention to overcome and reduce the impact that has occurred on the victim.

One of the interventions that can reduce the impact of depression and anxiety on victims of bullying is cognitive therapy. According to Gavino,

METHOD

This study uses a literature review method. The literature search was carried out using three stages, namely: planning, conducting, and reporting. The literature search was conducted using keywords (Intervention OR Program AND Depression OR Depressive Symptoms AND Bullying OR Cyberbullying AND Adolescents OR Teenagers OR Young Adult OR Junevile) and boolean operators (AND, OR, NOT or AND NOT). The literature search was conducted in February 2021.

This study uses academic databases of high and medium reputation, including Scopus, CINAHL, and ScienceDirect with inclusion criteria for adolescents aged 12-21 years who are victims of bullying, articles published in 2011-2021, and studies analyzing interventions using experimental or non-observational studies. Who uses English. Inclusion criteria are adolescents beyond the age of 12-21 years who are not victims of bullying and studies with a narrative review design. The assessment was carried out based on The Joanna Briggs Institute (JBI) Critical Appraisal on the inclusion and exclusion criteria of 10 articles used in the literature review.

(2013), Cognitive therapy is a therapy that can identify harmful and destructive thoughts that lead to more severe depression. Cognitive therapy can help stop negative thoughts and help victims fight these thoughts, and the therapy aims to change negative thoughts into positive ones and control themselves (Ingul et al., 2014). Then, in addition to cognitive therapy, several treatments such as group cognitive behavioral therapy, mediating school climate, and initiating healthy relationships for group-based interventions can also receive social support and the use of antidepressants for individual-based interventions. So far, the use of antidepressants is one of the best options for treating depression that has been studied. However, treatment using psychotherapy, exercise therapy, and electroconvulsive therapy may also be effective. However, antidepressants are one of the most effective options for treating depression, and antidepressants also tend to cause more side effects, especially in individuals with comorbidities (Kok & Reynolds, 2017). Other interventions to reduce depression in adolescents who are victims of bullying need to be known to find effective interventions. Therefore, researchers conducted a literature review to find out various forms of intervention to reduce depression in adolescents who are victims of bullying.

RESULT

After browsing several databases, it was found several interventions to overcome depression in adolescent victims of bullying, including:

School Climate Mediation

The study (Singla et al., 2020) conducted a SEHER (Strengthening Evidence base on school-based intervention for promoting adolescent health programs) trial on 5,539 adolescents with an average age of 13. This study examines the potential mediating effects of school climate and its subcomponents. SEHER was evaluated in a two-year Randomized Control Trial (RCT) at a secondary school in Bihar, India. The intervention strategy is divided into three levels, namely: whole school, group, and individual. For the whole school level, create a school Health promotion committee with student representatives, organize competitions on implemented interventions, provide a platform for students to raise their concerns about complaints and suggestions anonymously through a suggestion box, create a monthly wall magazine to display notes,

poems and pictures and develop and implement healthy school policies.

Group Cognitive Behavior Therapy

The study (Rajabi et al., 2017) was conducted on 30 adolescents in Zahedan, Iran, who obtained the highest score on the questionnaire and were randomly assigned to either the experimental group or the control group. In the experimental group, they were given 12 sessions of cognitive-behavioral therapy in groups for 90 minutes in each session. While the control group was not given intervention, it was given to the two groups at the end of the post-test session. The results showed that cognitive-behavioral therapy conducted in groups could reduce anxiety, depression, and physical complaints.

PROMISE

A study by Paul Stallard and Buck, 2013 used (PROMISE) or Promote Mental Health in Schools Through Education, to evaluate the effectiveness of a school-based depression program in 846 adolescents aged 12-16 years. This evaluation focused on testing the program's effectiveness for students who had persistent depression and whose symptoms were increasing with a score of 5 or more on the SMFQ questionnaire, which was completed twice in two

separate weeks. This PROMISE study is a study that uses a randomized controlled trial research design by dividing participants into three groups, namely Resourceful Adolescent Programme (RAP), Attention Control Group and Usual, and Personal, Social, Health and Economic education (PSHE).

Preventive Program

Research conducted by Kelly et al., 2020 aimed to examine the secondary effects of targeted interventions on victims of bullying and their harm among adolescent victims of bullying and bullies. A total of 2190 adolescents in this study were divided into two groups, namely the preventive and the group receiving cognitive therapy-based interventions for adolescents with 'high risk' personality types (desperate, anxious, impulsive, sensation-seeking) and the control group receiving health education such as in general. This study did not show a significant effect for victims of bullying and bullying in the total sample. The mixed models sub-sample showed decreases in bullying (b = -0.208, 95% CI -0.4104 to -0.002, p<0.05) and depression (b = -0.263, 95% CI -0.466 to -0.061, p< 0.05) among 'high risk' victims.

P.E.A.C.E

P.E.A.C.E or Preparation, Education. Action, Coping, Evaluation is a framework and intervention

Table 1. Study characteristics

Category	N	%
Publication Year		
2011	1	10
2012	1	10
2013	1	10
2016	1	10
2017	1	10
2019	3	30
2020	2	20
Total	10	100
Database		
Scopus	5	50
CINAHL	2	20
ScienceDirect	3	30
Total	10	100
Research Design		
Randomized Control Trial	3	30
Quasi-experimental Study	3	30
Pre-post Design	3	30
Prospective Study	1	10
Total	10	100
Location		
Australia	1	10
Inggris	2	20
Finlandia	1	10

program that addresses bullying and promotes well-

being in schools. It presents school-based strategies that have been shown to reduce bullying and its effects in schools. The study (Guarini et al., 2020) examined the effectiveness of the P.E.A.C.E program involving 551 high school adolescents aged 13-14 years in Italy who had completed questionnaires on bullying, self-efficacy, and bystander behavior. The students were divided into three groups: students who were not involved, students who were occasionally involved, and students who were always involved.

Healthy Relationship Program

Lapshina (2019) conducted an HRPP or Healthy Relationships Plus Program intervention that aims to promote and develop resilience factors (connections with others, communication, self-confidence, competence, and commitment) and equip students with the skills they need to build healthy relationships and help themselves and their families peers to reduce risky behavior. This program consists of 15 sessions attended by 722 teenagers aged 12-21 years divided into 74 groups. Participants attend a full-day face-to-face training program to learn background information and specific teaching strategies for each session. Each training participant received a binder containing HRPP lesson plans and other supporting materials. After attending the training, the participants filled out a questionnaire regarding bullying and mental health at pre and post-intervention.

Support Models

Research conducted by (Rothon et al., 2011) examines how social support can affect the detrimental effects of bullying on achievement and mental health in schools. The study examined 2790 high school youth in three east London areas aged 12-14 years. Adolescent victims of bullying are less likely to achieve academic achievement benchmarks appropriate for their adolescent age, and male victims of bullying are more likely to show symptoms of depression. A high level of social support from the family is significant and necessary to improve mental health. Symptoms of depression were measured using the SMFQ questionnaire, while social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS).

KiVa Program

Research (Williford et al., 2012) examined the effects of the KiVa anti-bullying program on anxiety, depression, and peer perception. Followed by 7,741 students from 78 schools aged 12-13 years,

participants were randomized and divided into two groups: the intervention and control groups. The cross-lagged panel model is used so that the KiVa program effectively reduces internalizing problems for students and increases peer group perceptions of students.

NoTrap! Program

NoTrap! program is an evidence-based intervention that can reduce victimization, bullying, cyberbullying, and cyber victimization. The goal of this study is to examine if the NoTrap! program can minimize internalizing symptoms by decreasing victimization and cyber victimization. Research by (Palladino et al., 2019) followed by 622 adolescents aged 14-15 years from eight high schools in Tuscany. The participants were divided into two groups, those are an experimental group of 451 people and a control group of 171 people. NoTrap! program was carried out by initial evaluation, training for teachers, starting and developing programs, selecting peer educators, training for peer educators, middle evaluation, face-to-face activities with peer educators in each class, final evaluation, and main conference.

UTalk Program

The UTalk intervention was created as a result of research done by (La Greca et al., 2016). UTalk is a group-based preventive intervention derived from Interpersonal Psychotherapy Adolescent Skills Training (IPT-AST) for adolescent depression that is modified and extended to address social anxiety symptoms and focus on peer relationship problems. UTalk educates adolescents about the connections between mood, social, anxiety, and interpersonal situations in their life. The UTalk intervention consisted of three individual sessions and 10 weekly group sessions with one group of seven adolescents in each of the two participating schools. This research examined 14 adolescents between the ages of 14 and 18.

DISCUSSION

Interventions to overcome depression in adolescent victims of bullying are divided into two, specifically:

A. Individual Intervention Prevention Program

The results of this study did not indicate a significant influence on bullying victims or the overall sample of bullying. The mixed models sub-sample showed a reduction in bullying and depression among

'high-risk' victims. The context of bullying is important to review the socio-cognitive and affective reactions of any bullying that occurs in students, this will make it easier to identify causal factors and possible prevention (Knauf et al., 2018). Specific screening for high-risk groups can help with the intervention process. According to a recent study, risk behavior screening has a substantial impact on identifying behaviors and recognizing the need for intervention (Kaess et al., 2014).

In Indonesia, the handling of bullying cases is very diverse, and there is no main program that is generally implemented in every school. The existence of a school health program to prevent juvenile delinquency cases through UKS. The implementation of UKS has not added the concept of preventing juvenile delinquency through identification based on personality type (Nurhana et al., 2018). Identification is very important in terms of handling bullying because the level and type of bullying will affect the interventions that will be developed to suppress various negative impacts, such as chronic stress that leads to depression and thoughts of suicide.

Social Support

Social support is information or feedback from others that show that a person could be loved, cared for, appreciated, and respected, as well as be a part of communication networks (Tarigan, 2013). This research conducted by (Rothon et al., 2011) aims to find information about the extent to which social support can affect individuals exposed to bullying behavior. The intervention, which was carried out on 2790 adolescents in east London, revealed that social support from friends and family can help adolescents avoid depressed symptoms.

B. Group Intervention

School Climate Mediation

The key of this research is based on the socio-ecological model, which attempts to modify teenage behavior patterns by using an approach that starts at the personal level, then moves to the relationship level, and finally to the community level to understand the variables that impact adolescent behavior. The individual-level focuses on self and community management, involving the environment around the youth. Prevention of bullying at the individual level is important and needs to be followed up immediately. The value achieved at the individual level is how they are able to increase self-awareness, responsibility, and relationship skills. According to a recent study, individuals' perceptions of responsibility are crucial in the process of connecting conclusions about causality and control to emotional

and behavioral consequences (Rise & Halkjelsvik, 2019).

This school-based concept is consistent with the holistic educational framework, which is defined as education that develops all of a student's potential in a balanced manner, including intellectual, emotional, physical, social, and spiritual potential (Musfah, 2012). This learning has the basics of how to build relationships with others, how to maintain responsibility, and respect each individual. In Indonesia, several efforts have been made by the government through this school-based approach, one of which is by promoting the "Stop Bullying!" slogan and ensuring a healthy school atmosphere (Kementerian Kesehatan Republik Indonesia, 2017).

Group Cognitive Behavioral Therapy

Students who are victims of bullying can experience various psychological problems such as feelings of insecurity, academic failure, isolation, not attending school and even dropping out of school (Rajabi et al., 2017). The prevalence of depressive disorders affects 2,8% and 5,6% of children and adolescents in the United Kingdom, respectively. This disorder occurs because of the significant negative impact on bullying behavior in the school and family environment which can raise the risk of suicide and drug misuse in young adults (Parquet, 2017). Depressive disorders persist over time and there is continuity between depression in adolescents and depression in adults. As many as 70% of adolescents with depression experience frequent relapses or depressive episodes within five years. A randomized controlled trial has shown that this intervention is effective and available for treating depression in adolescence at least in the short term (P Stallard & Buck, 2013).

Research conducted by (Rajabi et al., 2017) on 30 adolescents in Iran proved that cognitive behavioral therapy conducted in groups was effective in reducing anxiety, depression and physical symptoms among teenage victims of bullying. Then the research (Paul Stallard & Buck, 2013) that used PROMISE formula to evaluate the effectiveness of a school-based depression program in 846 adolescents aged 12-16 years was shown to show changes in depression in each group that was applied to the program. The program is built on a well-organized proposal that involves all members of the educational community in the intervention and development of a specific set of materials and activities that can be adapted to the needs and context of the school. The program places a lot of emphasis on informal tutorials, which are considered an important element

for achieving intervention goals by generating real and informal support networks between students (Ferrer-Cascales et al., 2019).

Healthy Promotion Attitudes

The program offers school-based strategies that are provided separately from teacher-led sessions in the classroom and have been proven to reduce bullying in schools (Slee & Skrzypiec, 2016). The program which involved 551 high school adolescents aged 13-14 years in Italy showed a decrease in the frequency of aggressive episodes in bullies and showed a decrease in symptoms of depression in victims who were always involved in bullying. Repeated incidents of bullying in the long term can affect students' self-efficacy to overcome various problems, both in social and academic environments. Improving self-efficacy in dealing with bullying in severely traumatized adolescents might help them develop crucial protective characteristics like resilience. According to recent studies, resilience is crucial in mediating and moderating the link between bullying victims and mental health issues, notably depression (Brighi et al., 2019).

Healthy Relationship Program

The HRPP program, or known as the Healthy Relationships Plus Program, is being used in this research to promote and develop resilience characteristics in order to build healthy relationships and minimize risky behavior (Lapshina et al., 2019). In adolescents with stable classes, this 15-session program effectively showed a reduction in depression after the program ended.

Anti-Bullying Program

KiVa is an anti-bullying program developed with funding from the Ministry of Education and Culture at the University of Turku in Finland. The effectiveness of KiVa has been scientifically proved, therefore this program is evidence-based. KiVa offers a variety of concrete tools and materials for schools to tackle bullying. Research conducted by (Williford et al., 2012) which was followed by 7.741 students from 78 schools proved effective by finding significant changes in anxiety before and after the intervention and showing a decrease in depression after following the KiVa program.

Research is done by (Palladino et al., 2019) which was followed by 622 adolescents to reduce internalizing symptoms proved to be effective. A total of 451 adolescents were grouped into the experimental group who were given the NoTrap! shows that this

program can significantly reduce internalizing symptoms.

Interpersonal Psychotherapy

Interpersonal psychotherapy (IPT) is the most frequent type of psychotherapy or is commonly used to treat dysthymia (depression that is persistent but not excessively high or severe). Basically, this therapy involves communication between individuals so that it is effective for overcoming depression. This therapy can also help sufferers to be able to interact with other individuals. IPT can assist patients in identifying emotional issues and the factors that cause them (Kurniawan & Noviza, 2018). The UTalk intervention is a group-based preventive intervention derived from the Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST) for adolescent depression that was modified and expanded to address symptoms of social anxiety and focus on peer relationship problems. The intervention developed by (La Greca et al., 2016) studied 14 adolescents aged 14-18 years. The intervention consisted of three individual sessions and 10 group sessions. This intervention proved to be effective because it showed a significant reduction in symptoms of social anxiety and depression in adolescents.

CONCLUSION

Bullying can happen to anyone and anywhere, especially in the school environment and to individuals who have different physical conditions or other conditions from each people. An effective approach to overcome the impact of bullying cannot be done independently by individuals, some of these interventions involve collaboration from multiple parties or factors in the surrounding environment. The results of this literature review show several interventions that have shown effective results to treat depression in adolescents, including in groups such as school climate mediation, group cognitive behavioral therapy, PROMISE, P.E.A.C.E, healthy relationships program, KiVa program, NoTrap!, and UTalk also intervene in individual ways such as prevention programs and social support.

The implementation of handling depression in adolescent victims of bullying in Indonesia uses recovery or social rehabilitation interventions. The recovery approach is carried out by reintegrating students who are victims of bullying and students who have committed acts of bullying together with other student communities into the school community. By implementing some of the above-mentioned interventions, victims of bullying can

overcome the negative impacts of bullying, such as depression. This is believed to relieve depression and make the atmosphere more conducive.

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