

Therapeutic Impact of Fun Learning on Depression Level Among Students at Selected School in Hospital

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Abstract: The purpose of this study is to look at the effectiveness of therapeutic use of amusement on Depression In School In The Hospital. This study aimed to identify levels of depression among SDH students through behavioural observation using the DSM-5 scale and to explain the therapeutic impact of the amusement-based approach on depression of SDH students using the Child Depression Inventory. This study used a qualitative approach to collect data. Therefore, this study uses approaches such as observations and interviews. The study population was SDH students / patients at the University of Malaya Medical Centre. The sample consisted of 24 SDH students selected for purposive sampling. Two research instruments used in this study were DSM - 5 and Child Depression Inventory. The results of this study show that the therapeutic effect of education has been successful in reducing the depression of School In hospital students. Overall, this study shows that the effect of therapeutic use on entertainment is an appropriate and effective form of intervention.

Keywords: therapeutic fun learning; depression; patients; school in the hospital.

INTRODUCTION

The Education Development Master Plan (2013-2025) outlined the aspiration of the Ministry of Education Malaysia to bridge the educational gap between location, socioeconomic level, and capacity of students through ongoing efforts and cooperation with relevant departments and agencies in creating the best education system and equipping facilities enabling students to explore every opportunity for their future benefit. The initiative promotes equality of access, equity and quality of education for all students regardless of their background, in line with the United Nations Educational, Scientific and Cultural Organization's (UNESCO) recommendation for equal education opportunities for all, including normal and disabled students.

Students with disabilities belong to a special needs group of students. This is because health problems often interfere with their daily activities, including schooling. They are often absent from school due to symptoms of illness, side effects of medication and the need to stay in the ward for further, repeated or follow up treatment. This causes them to miss the perfect teaching and learning process in the school like the other students. As these conditions continue for a long time, the interest and motivation for learning among these students with disabilities will diminish, and they will also face dropout problems if they fail to help. In addition to minimal academic achievement, students with mental health problems are also exposed to emotional distress because they are often depressed by negative emotions such as sadness and inferiority due to their less normal self-esteem like their family members or friends. If left unchecked, such emotional disorders can lead to more serious problems of depression. This is a challenge that not

only has to be borne by the students; it also involves family, friends, teachers, the school and the Ministry of Education in general.

In response to this concern, the Ministry of Education in collaboration with the Ministry of Health has set up a 'School In Hospital' (SDH) facility to provide educational opportunities to students with learning disabilities who are required to stay in the hospital for long periods of time for treatment. . The existence of SDH enables students to continuously learn through the process of teaching and learning that is tailored to their physical condition and mental capacity. SDH began operations in 2011 at the Kuala Lumpur Hospital, Ampang Hospital and Serdang Hospital. To date, there are 15 SDHs throughout the country including Sabah and Sarawak that ensure continued educational opportunities for students with disabilities, as well as serve as a vehicle for human capital development outside the context of conventional education. Therefore, the structure of education at SDH is based on the willingness of students to learn with a relaxed, flexible and entertaining approach. Therefore, teaching and learning in SDH is not only aimed at reducing dropout, but also with the aim of using education as a form of therapy to address the problem of emotional disorders such as depression among students.

Study Background

SDH in Malaysia is an adaptation of several SDH models operating in Australia, such as The Children's Hospital, Royal North Shore Hospital and Sydney Children's Hospital. Teaching and learning at SDH is in line with the entertainment learning approach where teachers act as facilitators to help students who are certified by medical professionals to have the readiness to learn and to obtain written permission from their parents.

Highlights of previous studies show that basic components of entertainment such as singing, acting, storytelling and poetry have been used to enhance students' learning motivation, especially in teaching and learning the Language. Elements such as humor, games and aesthetics contained in the entertainment discipline enable the students' imagination and interest to learn. Entertainment sessions are also interactive and fun. Therefore, students are free to express themselves, express themselves or move in a controlled and relaxed manner during their learning. Entertainment provides opportunities for students to learn in a lively learning environment. As such, the entertainment learning approach is expected to increase the focus and engagement of SDH students and help them overcome negative feelings while reducing the level of depression they experience.

Problem Statement

Although generally healthy students have the same level of intelligence as healthy students, the symptoms of illness and the side effects of the medications taken may affect brain function and cause them to become tired and helpless. This results in a lack of focus and understanding of the lesson. Due to the often disrupted learning process, the academic achievement of these students is usually at a minimum. This situation is worsening for students who need to be in hospital wards for long-term treatment. As a result, they lose interest in learning and deal with the problem of dropout.

In addition to unsatisfactory academic achievement, students with health problems also face a variety of emotional disorders. The health problems they face limit their daily activities, causing them to become depressed. They often feel sad, inferior, marginalized, and less confident because they are no longer able to manage themselves. They also had to go through boring and painful days in the hospital without the presence of family and peers. This situation becomes more complicated as their health deteriorates despite various treatments. Unfortunately, students with disabilities who are hospitalized often suffer from depression.

The ministry's initiative to establish school facilities in the hospital (SDH) in collaboration with MOH is seen as the best effort to address the dropout of students with disabilities who are categorized as special needs students. Not only does this program realize the aspirations of the nation to provide equal educational opportunities to all students regardless of their background, it can also serve as a form of therapy implemented through a variety of teaching approaches. This is clearly stated in the Malaysian Education Development Plan (2013-2025). Therefore, the teachers involved should be wise to diversify their teaching methods to make it more accessible to students with health problems. In line with this, the entertainment learning approach has been described as one of the most effective teaching and learning methods for SDH students.

Highlights of previous studies have shown that the entertainment learning approach can reduce the emotional stress of students with disabilities. The humorous, seductive and aesthetic elements contained in the entertainment discipline help to reduce the negative emotions of the students and make their learning sessions more relaxing in a fun environment. An entertaining learning approach is expected to

attract the engagement of SDH students and serve as a form of therapy for the common depression problems they experience.

Objectives of the Study

The research being conducted is intended for

1. Identify levels of depression among SDH students through behavioral observation using the DSM-5 scale
2. Describe the therapeutic impact of an educative approach on depression of SDH students using the Child Depression Inventory

Study Questions

The research conducted is based on the following research questions (SK):

SK1: What is the level of depression among SDH students?

SK2: What is the therapeutic impact of the teacher-led approach to depression among SDH students?

Study Hypothesis

The study was based on the following hypothesis:

Ho1: SDH students do not suffer from depression

Ho2: The entertainment approach does not affect the depression of SDH students

Signature of the study

The entertainment learning approach is gaining the attention of teachers in designing more relaxing and effective teaching and learning activities. In addition to stimulating learning, this fun approach can also help students overcome the negative emotions they experience for a variety of reasons, thus helping to increase their motivation and participation in the classroom. The same implications are expected when the entertainment learning approach is used among SDH students to reduce their depression levels as a result of their health problems. As such, this study is expected to benefit a number of stakeholders, especially students and teachers of SDH and the Ministry of Education.

For SDH students, this study provides an opportunity for them to continue their schooling sessions in a more enjoyable setting. The entertainment-based approach will provide the opportunity and opportunity for them to actively engage in relaxing learning activities and not stress the physical, mental and emotional well-being of those who are already distracted by the health problems. This is expected to reduce the level of depression that these students experience.

For SDH teachers, the findings of this study will provide a more detailed explanation of the potential of educating students to address student depression, particularly the method of using the elements of entertainment in teaching and learning sessions. This will help teachers design activities that meet the needs and abilities of SDH students.

For the ministry, the findings of this study will serve as a reference point for designing support programs for special needs students, especially those with health problems, by considering entertainment education as one of the main teaching and learning methods.

Operational Definitions

Therapeutic effects

In the context of this study, the therapeutic effect refers to the peace of mind experienced by SDH students as a result of the teaching and learning process carried out through the entertainment learning approach.

Entertainment

Entertainment learns about teaching and learning approaches that are relaxed and fun with elements of humor, aesthetics and games. In the context of this study, entertainment learners represent teaching and learning sessions using the gamification method.

Depression

Depression in this study refers to sadness as well as physical and emotional disorders such as lack of interest, lack of energy, difficulty concentrating and eating and sleeping disorders experienced by students with disabilities.

School In Hospital

School In Hospital (SDH) is a school established in the hospital to provide continuing education for students with disabilities who have to stay in the ward for treatment. In the context of this study, SDH refers to SDH Hospital of the National University of Malaysia.

LITERATURE REVIEW

This chapter will discuss the background of students with health problems, their emotional and learning problems and the School of Hospitalization in Malaysia. The key concepts in this study including depression and entertainment education are also explained in detail in this chapter, based on the findings and findings of previous relevant studies.

Students with Health Problems

According to Oberstein (2012), a child has to show certain criteria to be categorized as a student with a disability; these include having an acute or chronic illness. In addition, the illness itself must also cause the child to have limited response and intelligence to the learning environment that is detrimental to his academic achievement. More importantly, the illness must create a special educational need for the child. Students with health problems often have limited energy, ability and response to the stimuli from their environment due to ailments (such as asthma, diabetes, seizures, heart disease, haemophilia, kidney damage, cancer and so on) that negatively impact achievement their lessons (Disability Fact Sheet, 2012)

Emotional Problems of Students with Health Problems

The overnight stay at the hospital is not only pleasant for the children, but also their parents. These children had to leave their loved ones home to stay in the hospital ward for treatment. This invites sadness and discomfort within them. For students who are forced to go in and out of hospital repeatedly, this can lead to disturbed emotional and mental disorders and a decline in self-esteem (Boucher et al., 2014)

The scary hospital environment causes health-conscious people to suffer from stress and anxiety, especially if they have serious, chronic, and life-threatening illnesses. The common fear of these students stems from anxiety about examinations and reports of health, pain, death, parental separation and insecurity (Svavarsdottir, 2005). Hospital environments and medical procedures that are so foreign to them cause students with health problems to feel angry, restless and helpless (Fernandes & Arriaga, 2010).

In addition, they are exposed to many negative emotions because they do not understand why they need to stay in the hospital. They are confused about the state of health and the health procedures performed on them due to lack of information or because information is not being properly disposed of. Parents often hide the health status of these students because they are afraid that they will not be able to accept the fact and feel sad. As a result, students with health problems often misunderstand and experience extreme shock. This condition if not managed properly can lead to mental disorders and depression among them.

Students with health problems also find themselves weak and helpless. This is because they are often unable to actively participate in physical activity due to the severity of the illness. This made them anxious and refused to take food and medicine. In addition, there are students who behave out of control, such as refusing to honor or listen to family members. This happened because they could not control their sadness and were disappointed to be left alone in the hospital ward. There are even those who do this because they feel their personal space has been compromised because they have to share the ward room with other patients.

In addition, students with health problems also often suffer from emotional distress because they miss their siblings and close friends. They feel lonely because they don't have friends to share stories and play. These makes them want to go home soon and are not interested in the healing process. This condition may result in them not providing the necessary cooperation in the treatment process. Most sadly, many students with mental health problems suffer from fear of death. They often assume that

children who stay long in the hospital ward will usually not recover and eventually die. This is a negative perception that should be avoided as it is the main cause of these negative emotions (Memaj, 2014)

Student Learning Problems with Health Problems

Although in general, students with health problems have a normal level of intelligence, however, the symptoms of illness and the side effects of drugs interfere with brain function making them difficult to concentrate, lack of understanding and slow thinking. They are often tired, sleepy, powerless and asleep in class. As a result, they are not comfortable with the learning process and can only show moderate or low academic achievement. This is in addition to the lack of attendance at the school that left them missing out on lessons. Furthermore, as their health deteriorated, these students lost interest in learning.

According to Filce and LaVergne (2015), students with health problems often face a variety of learning-related issues due to the short-term and long-term effects of the illness that also affect their ability to learn. Although the best option to save lives is to stay in hospital for treatment intensive, but these students had to compromise on the risk of dropout because they could no longer concentrate. This is coupled with high levels of fatigue and poor memory and reasoning (Thies, 1999).

School In Hospital (SDH)

Children who are hospitalized due to illness usually cannot attend school sessions, especially if their health problems require prolonged treatment. This causes them to miss out on lessons and fail to achieve academic excellence like other normal children, even many who are left out.

According to Gabbay et al., (2000), one of the mechanisms for addressing dropout issues is to help children with disabilities attend regular schooling sessions and if they have to leave, they should be immediately 'returned' to school. Therefore, it is important to ensure that these children have the opportunity to learn and participate in social activities in the hospital, as is often practiced in schools. In addition to establishing continuity in the schooling process and helping to smooth the process of return to school after recovery, such opportunities also create a feeling that they can also learn as normal children (Arroyos-Jurado et al., 2000).

As a result, the establishment of Schools in the Hospital (SDH) in collaboration with the Ministry of Education Malaysia (MOE), Ministry of Health Malaysia (MOH) and the affected hospitals is seen as an opportunity to provide continuing education opportunities for students who have to stay in hospital ward for a long time but have a willingness to learn. The teaching and learning process at SDH is flexible and emphasizes the concept of entertainment. This is to create a conducive environment for children to learn without stress. In addition to ensuring the continuity of human capital development outside the context of conventional schooling, the entertainment learning approach is also expected to function as a form of therapy for students indirectly. This is expected to slightly increase the healing process (Ministry of Health Malaysia, 2017)

The establishment of SDH is in line with UNESCO's goal of championing the idea of 'Education For All' which is education for all and 'Continuous Learning' of continuous learning. SDH was already practiced in several developed countries such as Australia, Canada, the United States and the United Kingdom before the same initiative was adopted by Malaysia. SDH is organized according to the SDH model in Australia namely The Children's Hospital in Westmead, Royal North Shore Hospital and Sydney Children's Hospital in Randwick, based on concepts that have been modified to meet the needs of students in Malaysia.

In addition to ensuring access to formal education to children with disabilities, the objectives of implementing SDH are, among other things, to stimulate them to continue their education while undergoing treatment. This commitment is also reflected in SDH's mission statement to support the development of the self-esteem of SDH students through their individual readiness and ability to use the entertainment learning approach. SDH teachers typically receive clinical training through courses organized by the Teacher Education Division, can teach a variety of subjects (multilevel) as well as a variety of subjects (multi-subjects) as well as creative and engaging students.

Entertainment Learning Approaches

The Ministry of Education Malaysia (MOE) has introduced an entertainment approach to schools, especially primary schools, to support efforts to transform the teaching and learning process in the classroom in line with the aspirations of the Education Development Master Plan (2013-2025) that emphasize the mastery of 21st century skills. This includes significant paradigm shifts in conventional teaching and learning (PdP) to a more creative and dynamic teaching and learning method (PdPc) that is in line with current developments.

The introduction of the concept of 'fun learning' is in line with the implementation of the Primary School Curriculum which emphasizes student-centered and interactive teaching and learning processes. Through the entertainment learning approach, teacher teaching becomes more attractive for students as learning sessions become more enjoyable and filled with elements of humor, aesthetics, games, music and acting (Zalilah, 2012). The entertainment learning approach also provides the opportunity for students to translate the concepts learned in the process into fun activities. This stimulates student engagement (Tay, 2015) and helps develop their intellectual, emotional and spiritual potential, as stated in the National Philosophy goals.

Effective Pdp processes should take into account the psychological and emotional aspects of students, as well as the ease and enjoyment of their learning. Therefore, a more relaxed approach such as entertainment education is seen as more relevant to the development of the current educational world (Roselan, 2006). This is because the entertainment learning approach can still help teachers achieve the planned Pdp objectives without boring the students (Shamsudin & Abdul Rasid, 2013). The relaxing and entertaining approach to the entertainment learning method enhances the bond between teachers and students, creating a positive and anticipated learning environment. Pdp sessions filled with a variety of interesting activities such as role play, singing, games and acting are focused on student-centered learning (Deen jack, 2012) that is the essence of 21st century learning. When students engage in entertainment learning activities such as singing, it indirectly helps them to express emotions as well as boost their self-confidence. Entertainment genres used in entertainment learning approaches such as music, song, drama, cartoon and comedy can be used to stimulate social change in a more positive way.

Functional Learning Features

The aesthetics, humor, charm, music and entertainment contained in the entertainment discipline can reduce student discomfort while learning. This is because the entertainment learning approach reduces the level of fear and anxiety they have toward teachers. This is especially important for elementary students in SDH, as it has to deal with the learning environment and the unfamiliar teachers. Having the teacher's efforts to implement learning as little as possible helps these students adapt and prepare for learning. Entertainment also creates a relaxed environment for students to learn, and this is especially important to reduce stress in them. Students can easily learn lessons taught because of a conducive learning environment and appropriate to their health.

Students can participate in entertainment activities such as singing and acting while entertaining because there are no such elements as wrong or right, losing or winning, reward or reward practiced by the teacher in the teaching and learning process. In addition, entertainment learning activities also stimulate student engagement. This gives students an opportunity to interact with one another and build new friendships. This kind of relationship is important for SDH students to avoid feeling bored and lonely during the hospital stay, thus preventing depression. Group entertainment activities can enhance teamwork, cooperation and tolerance among students. They are free to move around, express their opinions and speak out for success with their classmates. This directly helps them improve their self-confidence.

Learn Entertainment as a Form of Therapy

Therapy is usually used to correct the shortcomings in medical treatment to resolve the physical, emotional, and psychological problems. According to Djohan (2006), therapy refers to the process of healing or recovery of emotional and psychological aspects. In the context of SDH, entertainment-based educational processes are also considered as a form of therapy. According to Aida (2014), entertainment education that has been established as a teaching and learning approach in SDH (KPM, 2012) has been used indirectly as a therapy to aid the healing process of students with health problems (Aida 2014). This is because education in SDH has been modified carefully to meet the needs of students who face various obstacles due to their health problems.

In this context, teachers are expected to diversify their teaching methods, to suit their students' physical and mental abilities, and to take into account their current health and readiness to learn. Teachers also need to consider the factors of interest, talent and classroom environment before preparing to teach students with disabilities. In line with mainstream education, teaching and learning at SDH is also implemented with an interactive and student-centered approach with fun elements.

The entertainment learning approach helps to stimulate learning, and serves as a form of therapy for students in SDH in forgetting their pain and boredom. In addition, entertainment also helps students improve their psychomotor skills as well as highlight their creativity (Siti Salmiah, 2014). Students in SDH typically have a variety of emotional problems and difficulty concentrating (Au, 2014) due to health

problems. They often feel uneasy and unprepared for learning, especially if the teachers who teach are unable to engage them in interesting activities. Therefore, it is important for teachers in SDH to consider students' emotional, psychomotor and cognitive readiness in formulating and implementing PdP activities especially in the ward to give positive impact to SDH students (Normah & Ruhaiza 2014).

In essence, teachers should play an important role in reducing the discomfort and emotional problems of SDH students by adopting relaxing teaching and learning strategies such as entertainment. Siti Fatimah (2016) has stated that entertainment learning has a positive impact on children's emotional development as it stimulates their happiness and interactions with one another. This feeling of happiness in turn influences the students' performance in their lessons (Tay, 2015). According to Noraini (2003), the rhythm of a particular song can help students improve their memory and reduce boredom. The information conveyed through the song is also easier to understand and to remember as it is accompanied by the happy emotions of the students. This is because the more interesting a piece of information is to someone, the easier it is for them to remember. In addition, music elements in entertainment activities also serve as psychiatric therapy for students with disabilities; The music gives them peace of mind and soothes those who are often disturbed by the illness. This can help reduce the symptoms of depression.

Depression

Marcus et al., (2012) states that depression is a global burden of disease affecting people in many countries, with 350 million people believed to be suffering from mental illness. In the 'The World Mental Health Survey' conducted in 17 countries, it was found that one in 20 people had symptoms of depression; while the National Health and Morbidity Survey (NHMS, 2017) statistics show that one in every five teenagers in Malaysia suffers from depression.

Definition of Depression

According to the American Psychiatric Association, depression is a serious mental illness and can affect one's thinking and behavior. Depression causes sadness and loss of interest in activities that were previously favored. One can get caught up in a variety of emotional and physical problems as a result of depression, including the inability to function normally at home, school or work.

It is common for a person to experience a period of sadness / stress for several days due to certain factors, but if such negative feelings persist for several weeks or months, then the person is likely to suffer from depression.

According to the World Health Organization (WHO, 2012), depression is a form of mental disorder characterized by depression, loss of interest, lack of energy, guilt and helplessness, sleep disturbance, loss of appetite and difficulty concentrating. These symptoms are often accompanied by anxiety disorders. If these problems occur repeatedly or become chronic and affect the ability of the individual to take on a day-to-day responsibility, then the person may be considered depressed. At worst, depression can cause a person to become involved in activities that are thought to be harmful or cause them to die, such as substance abuse and suicide attempts.

The Malaysian Ministry of Health (MOH) defines depression as a mood disorder that causes a person to experience chronic depression, fatigue and lack of energy, irritability and loss of interest in daily activities that last for at least 2 weeks. According to MOH, there is widespread misunderstanding of depression; although depression cannot be treated, it is not necessary to treat it as it can be lost on its own. Depression is also considered a shame because it is associated with mental disorders; many fail to appear for proper treatment for fear of being labelled 'insane' or 'crazy.' In fact, there are some who associate depression with poor mood and mood. It is even worse when individuals suffering from depression are associated with religion and beliefs, for example labelled as 'lacking faith' and so on. Indeed, such misunderstandings should be avoided so that individuals with depression can be helped as soon as possible before things get worse.

Health and Depression Factors

Individuals with chronic illnesses are at increased risk for depression. This is because chronic illnesses often cause symptoms and pain that persists for a long period of time and cannot be completely restored (Norhayati et al., 2015). Individuals who are diagnosed with chronic diseases should know how to adapt to the condition they are experiencing and the treatment they need to take. If the patient fails to get proper treatment and does not receive emotional, social and financial support, depression may occur. People with health problems such as heart disease, diabetes, cancer, Alzheimer's and stroke typically experience various forms of trauma to the brain, which can lead to depression (Hanidah, 2013). In addition, the long-term use of medications such as sleeping pills, contraceptives, high blood pressure and

steroids can also cause depression. Linden et al, (2012) have reported that cancer patients are at increased risk for depression, three times higher than those with other health problems. This may be due to the rapid dissemination of cancer cells, the poor chance of a successful form of treatment as well as the side effects of treatment / medication (Spiegel, 1996).

Conclusion

The discussion on the learning and emotional problems of SDH students and the concepts and characteristics of entertainment in this chapter indicate that the entertainment learning approach has the potential to reduce the levels of depression in SDH students.

METHODOLOGY

This chapter discusses the research methodology used in conducting this study. This chapter provides an overview of the study design, population and sample studies, sampling methods, research instruments, data collection, data analysis and research procedures.

Study Design

The study was conducted using qualitative research design. According to Taylor & Bogdan (1984), qualitative data are descriptive, such as verbal expressions from interviews or written observations of human behavior. Qualitative studies use natural approaches to understand situations / situations / phenomena in a specific context. This means that qualitative research does not manipulate any study variables (Patton, 2002). Consequently, qualitative studies typically do not use research procedures that can produce findings of numerical or statistical form (Strauss & Corbin, 1990), instead using approaches such as observations and interviews.

Population and Sample

The population of this study was 250 of SDH students at the National University Hospital of Malaysia. The sample consisted of 24 SDH students selected for purposive sampling.

The purposive sampling method was used in this study because the researcher had to select a specific sample to meet the objectives of the study outlined. Purposive sampling helps researchers focus on the specific characteristics they want to study in a population. Purposive sampling also helps the researcher answer the research question more precisely. Although these sampling methods may not represent the study population well, for qualitative studies, purposive sampling is one of the best methods for obtaining isolated samples that correspond to the objectives of the study to be achieved.

Research Instruments

Two research instruments were used in this study, namely DSM -5 and Child Depression Inventory. The DSM-5 is an instrument in the form of a checklist that is useful for assessing the level of depression of individuals ages 7 to 17 based on observations of the main symptoms commonly exhibited by patients, while the Child Depression Inventory is a questionnaire-based instrument that can be answered by most individuals including those with poor academic achievement for using language and sentences that are easy to understand. These instruments have been developed in English, then in order to meet the objectives of the study, both of which will be translated into English before use.

DSM Instruments -5

DSM-5 stands for Diagnostic and Statistical Manual for Mental Disorders The 5th edition was updated in 2013. This manual was published by the American Psychiatric Association (APA) in 1994 and is an important reference source in the diagnosis of various forms Mental problems such as autism spectrum, schizophrenia, bipolar disorder, depression, eating disorders and so on. There are nine symptoms listed by the DSM-5, namely, depression (irritability, irritability, sadness, crying); lack of interest / pleasure in doing something; significant weight changes (5% increase or decrease) or changes in appetite; changes in sleep patterns (insomnia, excessive sleep), changes in psychomotor activity (stunted or overactive physical activity; guilt and helplessness; difficulty in thinking, concentrating and making decisions; and showing a tendency to injure or commit suicide. (2013), five or more of the symptoms listed in the DSM-5 should be detected in an individual for at least two weeks before being categorized as depressed, with one of them being 'depressed' or 'lacking interest'. The degree of

depression experienced at a given time is determined by looking at the number of symptoms identified in the patient.

Symptom Group A	Symptom Group B
Depression	Feeling guilty / useless
Lack of interest / excitement	Sleep changes
Fatigue and energy deprivation	Eating / weight loss
	The tendency to self-harm
	Difficulty concentrating

Depression levels are determined by the following estimates:

Low:> 1 from group A symptoms, as well as 1 to 2 from group B symptoms

Moderate:> 1 from group A symptoms, as well as 2 to 3 from group B symptoms

Bad: All of the symptoms are from A, as well as > 3 of group B symptoms

Infant Depression Inventory

The Children's Depression Inventory (CDI) is a psychological assessment that can be used to determine the severity of depression-related symptoms. CDI was developed by Kovacs in 1979 using the Beck Depression

Inventory (for adult depression diagnosis) as a guide. The CDI contains 27 items that can be evaluated by the patient based on what they think or feel about the symptoms, from a score of 0 to 2. The CDI items are classified into five main aspects, namely, 'negative perception', 'interpersonal problems', 'inefficiencies', 'lack of interest/pleasure' and 'lack of confidence'. The total score given was calculated to assess the level of depression of the patient; the higher the score the higher the depression level.

Data Collection

Techniques of data collection typically need to be considered for a number of factors such as information adequacy, methods used and ethical issues (Zelditch, 1979). Researchers need to ensure that the techniques used can provide sufficient and accurate information / data (use time, energy and minimal cost) and do not interfere with the sample's privacy and privacy or place themselves at risk or risk during the process information collection is performed.

To find out the extent of pupil depression in this study, data were collected through observations based on the symptoms listed in the DSM-5. Observations are carried out by researchers in the ward and the classroom, with the help of on-duty nurses. Nursing assistance may be required to obtain information on pupil 'sleep problems' such as insomnia and excessive sleep because the researcher may not be in the ward all the time (especially at night) to observe this aspect. Nursing assistance is also required to collect data on student 'appetite / weight change'. In order to determine the effect of entertainment on student depression, data collection was conducted by distributing the CDI questionnaire to students, giving them the instructions they needed and then re-collecting the form for analysis. The process of collecting data via CDI is carried out twice; before and after the researcher conducts the learning of entertainment. The time period between these two data collection processes is set as one week, or after 3 sessions of entertainment.

Data Analysis

Checklists to assess students' depression levels were analyzed using the guidelines discussed in section 3.3.1. Sample depression levels were defined and analyzed descriptively to determine the frequency and percentage of samples experiencing low, medium and severe depression levels.

Scores obtained from the CDI were analyzed based on the guidelines discussed in section 3.3.2. The effect of entertainment on depression was determined by the change in scores given by students to the symptoms they experienced, before and after they were exposed to the entertainment learning session.

Study Procedures

Prior to the review, written informed consent was obtained from the Special Education Division, Ministry of Education Malaysia. After obtaining permission from the ministry, permission to conduct the study in SDH was obtained through the Hospital Director. Permission to conduct the study in the ward

was obtained from the Head Nurse and the heads of the relevant units. After obtaining permission from these parties, the researcher subsequently requested the written consent of the parent or student heir to use them as the subject of the study.

Conclusion

This chapter discusses the study design, population, sample and sampling method selected. The research institutes used are DSM-5 and CDI also detailed in this chapter. The process of collecting and analyzing the data and the research procedure are also described at the end of this chapter.

FINDINGS

Introduction

The present study was to find out more about the degree of depression among School-In-School (SDH) students through behavioral observation using the 5th Edition Diagnostic and Statistical Manual for Mental Disorders (DSM-5) as well as therapeutic effects. an educative approach to depression of SDH students using the Child Depression Inventory.

The methods used in this study are qualitative. A total of twenty four (24) respondents were assigned to this study. The respondents were students who were in the School of Hospital (SDH) for a long time. This chapter will discuss their level of depression as well as the therapeutic effects of entertainment on depression in School In Hospital (SDH) students.

Research Findings

This study is divided into two sections, the first section to look at the levels of depression in School In Hospital (SDH) students through the observation of ten days (10) before and after teaching. The second part is to find out the therapeutic effect of using an educative approach to the Depression in School In Hospital (SDH) students. Child depression inventory was provided to respondents to be answered before and after entertainment classes.

Levels of Depression In School Children (SDH) students by observation had nine symptoms that could be classified as:

- Depression (Symptom 1)
- Lack of interest or excitement (Symptom 2)
- Changes in appetite / Significant changes in weight (Symptom 3)
- Exhaustion and energy deficiency (Symptom 4)
- Changes in psychomotor activity (Symptom 5)
- Sleep pattern changes (Symptoms 6)
- Feeling guilty and useless (Symptom 7)
- Difficulty in thinking, concentrating and making decisions (Symptoms 8)
- Shows a tendency to injure or commit suicide (Symptom 9)

For each symptom that occurs it will be evaluated using the DSM-5 scale. Each act for 'Yes' will be categorized as rare, sometimes, frequently. While for 'No' it will be interpreted as not.

In this study, observing the behavior of School In Hospital (SDH) students' each 'Yes' behavior was categorized as Rarely = 1, Occasionally = 2, Frequency = 3 and No = 0. Additionally, to detect therapeutic effects Entertainment education is categorized in the form of a = 0, b = 1 and c = 2. It aims to facilitate the classification of depression levels in the School of Hospital (SDH) students before and after the observation of behavior as well as the therapeutic effects of entertainment learning. to students in the School of Hospital (SDH) before and after.

In order to obtain data consistency, this study took ten days (10) before and after behavioral observation as well as the therapeutic effects of entertainment learning on School In Hospital (SDH) students.

Behavior Observations

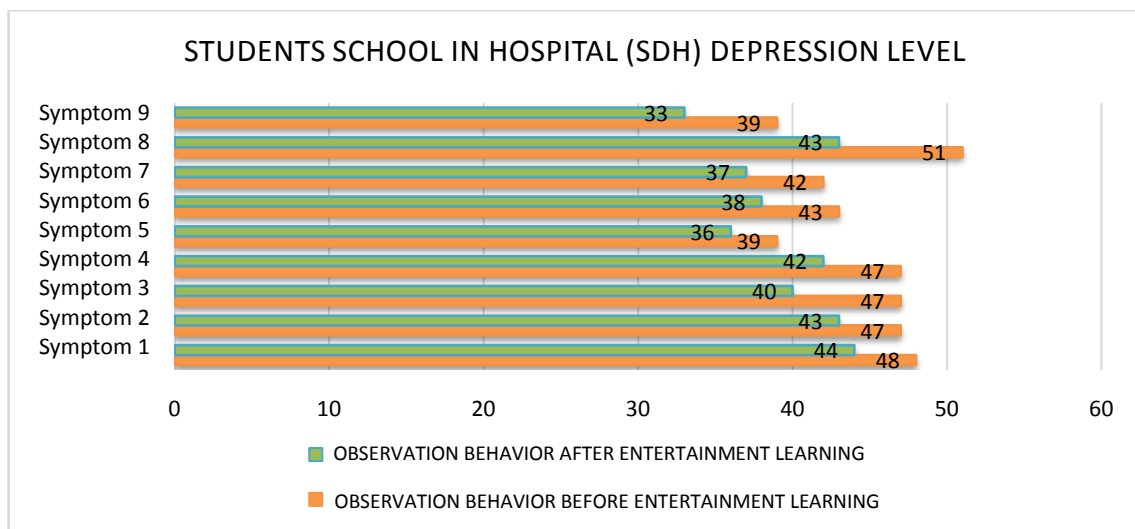


Figure 1: Depression Scale of In-School Students (SDH)

The plotted graph uses the sum of the scales from the survey results of the respondents' group. According to the diagram above, the highest levels of depression before the observation of behavior are Symptoms 8 which is difficult to think, concentrate and make decisions of 51 while after observation the number decreases to 43. In addition, the symptoms of significant decline after school amulets were Symptoms 5 (Changes in Psychomotor Activity) and Symptoms 9 (Indicative of Self-Injury or Suicide), respectively, of 39 while after observation were decreased by 36 and 33.

Depression Scale of Behavioral Behavior After and Before Education

0 – 24	Low
25 - 48	Medium
49 - 72	Poor

Table 1: Depression Level Type

	SYMPTOM 1	SYMPTOM 2	SYMPTOM 3	SYMPTOM 4	SYMPTOM 5	SYMPTOM 6	SYMPTOM 7	SYMPTOM 8	SYMPTOM 9
Observation of Behavior Before Learning	48	47	47	47	39	43	42	51	39
Observation of Behavior After Learning	44	43	40	42	36	38	37	43	33

Table 2: Depression After and Before Pupil Depression

Depression levels in the School of Hospital (SDH) students were assessed on several levels: Low (0 - 24), Medium (25 - 48) and Poor (49 - 72). According to the table above, the severity of depression observed during pre-school entertainment was in Symptoms 8 (51) but after observation of the pupil behavior was observed the depression level of students in the School of Hospital (SDH) showed a decrease of 43. Students in the School of Hospital (SDH) conducted before and after did not show that their levels of depression were low. Observations of learners' behaviors conducted before and after showed no significant decline but in order to measure the students' level of depression they were on a moderate level.

Therapeutic Effects Using Entertainment Approach

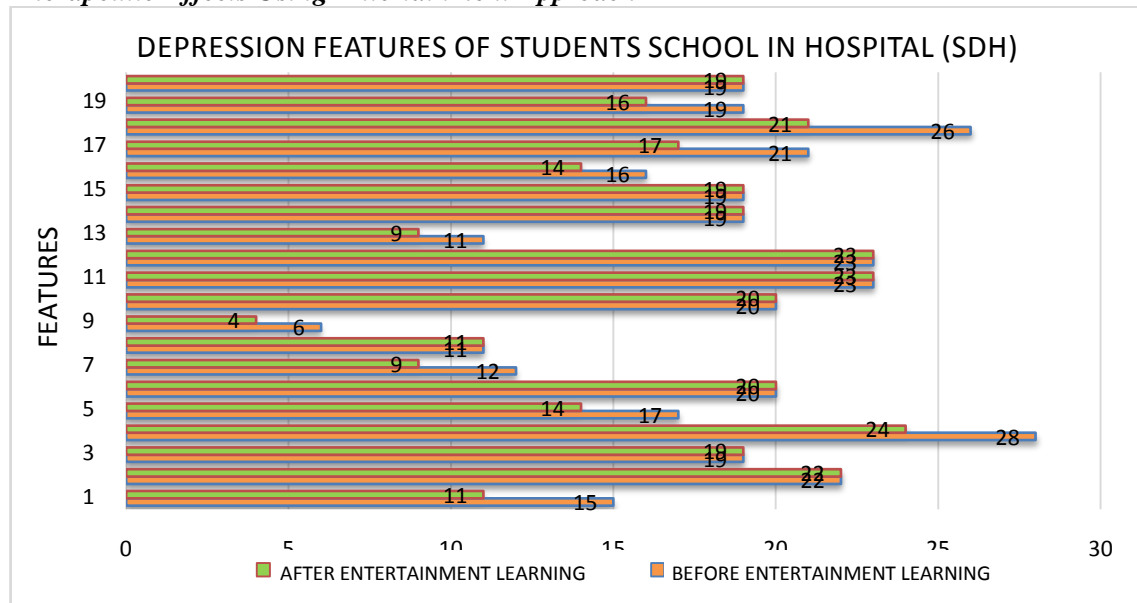


Figure 2: Graph of Depression Characteristics of School In Hospital Students (SDH)

The plotted graph uses the sum of the scales from the survey results of the respondents' group. Based on the diagram above, Characteristics 4 were highest (28) before the amusement technique used for the School In Hospital (SDH) learning session and after the amusement learning technique was used for the students it showed a decrease of 24. In addition, the lowest depression characteristics before the learning technique of entertainment learning were Characteristics 9 (6) but after the entertainment learning technique the depression characteristics decreased to 4.

Levels of Depression Characteristics Using Entertainment Learning Approaches

0 – 24	Low
25 - 48	Medium
49 - 72	Poor

Table 3: Depression Level Type

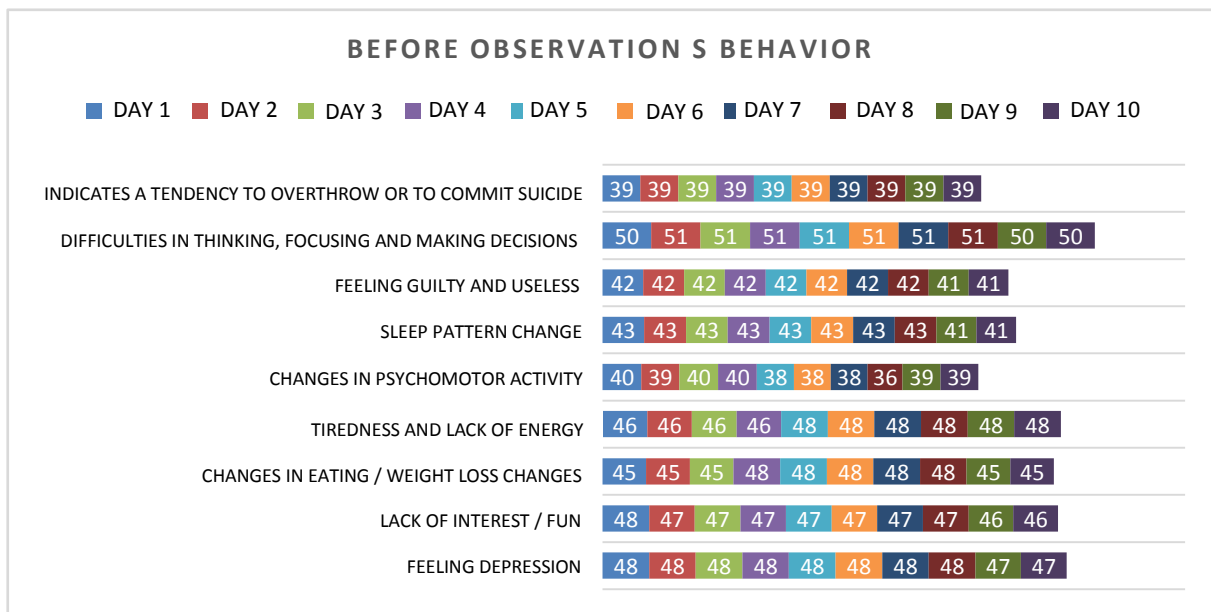
Sample	Features																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Before Entertainment Learning	15	22	19	28	17	20	12	11	6	20	23	23	11	19	19	16	21	26	19	19
After Entertainment Learning	11	22	19	24	14	20	9	11	4	20	23	23	9	19	19	14	17	21	16	9

Table 4: Levels of Depression Characteristics Using Entertainment Learning Approaches

Levels of depression characteristics using the entertainment learning approach were measured using the Low (0-12), Medium (13 - 26) and Poor (27 - 40) scales. Based on the table above, Characteristics 4 (28) shows the severity of depression before entertainment learning techniques are used in the learning of School In Hospital (SDH) students. However, after the amusement approach was used it decreased to 24. Characteristics 9 showed a low level of depression (6) before using the amphibious technique while thereafter it decreased to 4.

Before Observations Behavior of Students School In Hospital (SDH) by Day

BEFORE OBSERVATIONS BEHAVIOR									
DAY OF STUDY	Feeling Depression	Lack of Interest / Fun	Changes in Eating / Weight Loss Changes	Tiredness and Lack of Energy	Changes in Psychomotor Activity	Sleep Pattern Change	Feeling guilty and useless	Difficulties in Thinking, Focusing and Making Decisions	Indicates a tendency to overthrow or to commit suicide
Day 1	48	48	45	46	40	43	42	50	39
Day 2	48	47	45	46	39	43	42	51	39
Day 3	48	47	45	46	40	43	42	51	39
Day 4	48	47	48	46	40	43	42	51	39
Day 5	48	47	48	48	38	43	42	51	39
Day 6	48	47	48	48	38	43	42	51	39
Day 7	48	47	48	48	38	43	42	51	39
Day 8	48	47	48	48	36	43	42	51	39
Day 9	47	46	45	48	39	41	41	50	39
Day 10	47	46	45	48	39	41	41	50	39

Table 5: Pre-Behavioral Observations of the Students Before the Learning of Entertainment Made by Day*Figure 3: Observation Graphs of Students' Behavior Prior to the Entertainment*

The graph above shows the change in behavior observed in the School of Hospital (SDH) students before the Entertainment Day was created. On the first day of observation prior to Learning Entertainment performed the highest Symptoms showed Symptoms 8 - difficulty in thinking, concentrating and making 50 decisions compared to other Symptoms. However, it increased to 51 from the second to the eighth day and showed a decrease to 50 on the ninth and tenth days.

In addition, pre-Entertainment Observations showed the lowest number of Symptoms 9 to indicate a tendency to injure or commit suicide by 39. The amount shown was consistent and no change was shown from the first day until the tenth day of behavioral observation.

After Observations Behavior of Students School in Hospital (SDH) by Day

AFTER OBSERVATIONS BEHAVIOR									
DAY OF STUDY	Feeling Depression	Lack of Interest / Fun	Changes in Eating / Weight Loss Changes	Tiredness and Lack of Energy	Changes in Psychomotor Activity	Sleep Pattern Change	Feeling guilty and useless	Difficulties in Thinking, Focusing and Making Decisions	Indicates a tendency to overthrow or to commit suicide
Day 1	44	44	40	43	36	38	38	44	34
Day 2	44	44	40	43	36	38	38	44	34
Day 3	44	44	40	43	36	38	38	44	34
Day 4	44	44	40	43	36	38	38	44	34
Day 5	44	44	40	43	36	38	38	44	34
Day 6	44	44	40	43	36	38	38	44	34
Day 7	43	42	40	41	36	37	36	42	32
Day 8	43	42	40	41	36	37	36	42	32
Day 9	43	42	40	41	36	37	36	42	32
Day 10	43	42	40	41	36	37	36	42	32

Table 6: Observations on Behavior of Students After the Entertainment Made by Day

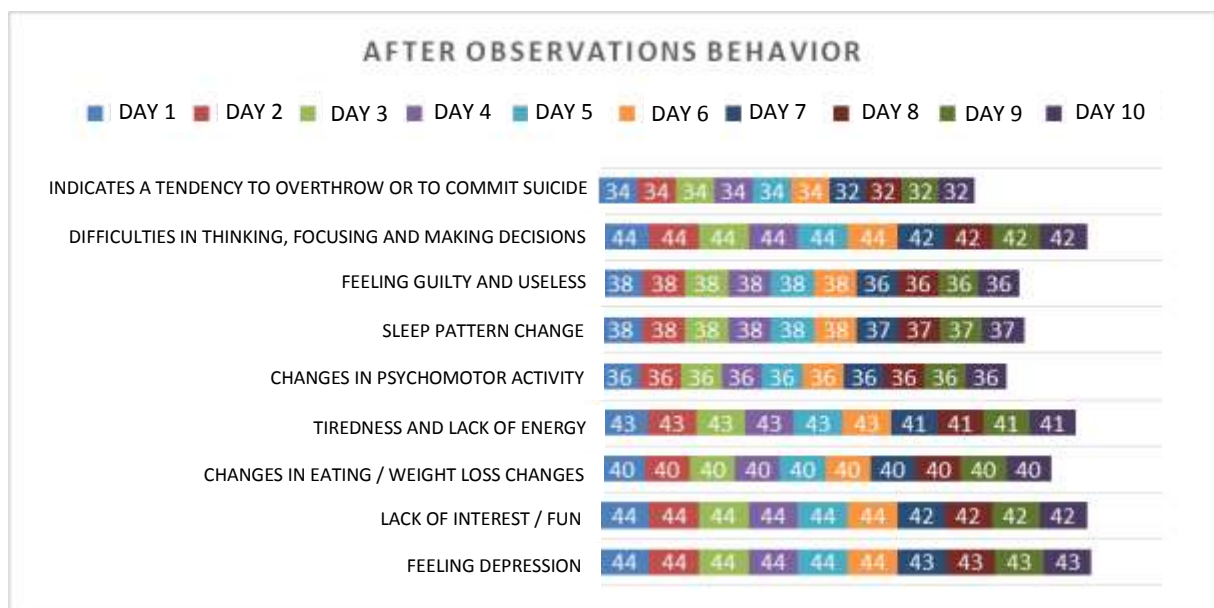


Figure 4: Observation Graphs of Students' Behavior After Entertainment Learning

BEFORE OBSERVATIONS BEHAVIOR										AFTER OBSERVATIONS BEHAVIOR									
DAY OF STUDY	Feeling Depression	Lack of Interest / Fun	Changes in Eating / Weight Loss Changes	Tiredness and Lack of Energy	Changes in Psychomotor Activity	Sleep Pattern Change	Feeling guilty and useless	Difficulties in Thinking, Focusing and Making Decisions	Indicates a tendency to overthrow or to commit suicide	DAY OF STUDY	Feeling Depression	Lack of Interest / Fun	Changes in Eating / Weight Loss Changes	Tiredness and Lack of Energy	Changes in Psychomotor Activity	Sleep Pattern Change	Feeling guilty and useless	Difficulties in Thinking, Focusing and Making Decisions	Indicates a tendency to overthrow or to commit suicide
Day 1	48	48	45	46	40	43	42	50	39	Day 1	44	44	40	43	36	38	38	44	34
Day 2	48	47	45	46	39	43	42	51	39	Day 2	44	44	40	43	36	38	38	44	34
Day 3	48	47	45	46	40	43	42	51	39	Day 3	44	44	40	43	36	38	38	44	34
Day 4	48	47	48	46	40	43	42	51	39	Day 4	44	44	40	43	36	38	38	44	34
Day 5	48	47	48	48	38	43	42	51	39	Day 5	44	44	40	43	36	38	38	44	34
Day 6	48	47	48	48	38	43	42	51	39	Day 6	44	44	40	43	36	38	38	44	34
Day 7	48	47	48	48	38	43	42	51	39	Day 7	43	42	40	41	36	37	36	42	32
Day 8	48	47	48	48	36	43	42	51	39	Day 8	43	42	40	41	36	37	36	42	32
Day 9	47	46	45	48	39	41	41	50	39	Day 9	43	42	40	41	36	37	36	42	32
Day 10	47	46	45	48	39	41	41	50	39	Day 10	43	42	40	41	36	37	36	42	32

Table 7: Differences Before and After Behavior of Students School In Hospital (SDH) by Day

Based on the graph above, there are differences that can be made before and after the behavior of School In Hospital (SDH) students by day. Symptom 8 (Difficulty in Thinking, Focusing and Making Decisions) showed the highest number of behavioral observations before the Entertainment was conducted for students in the School of Hospital (SDH) whereas after the behavior was reduced it decreased from day one to day ten.

In addition, Symptoms 9 (Indicative of Self-Injury or Suicide) were among the lowest of the Symptoms that existed prior to the observation of behavior in the School of Hospital (SDH) students. However, after observing the behavior of the students, it showed a decrease from 39 to 34.

From the graph, Symptom 5, which is a change in psychomotor activity from the first day to the tenth day before the behavioral observation was done in the School of Hospital (SDH) students, showed an increase in the number between 36 and 40. After the behavioral observation was made to students in the School of Hospital (SDH) were shown to be consistently 36 from the first day to the tenth.

CONCLUSION

Introduction

This chapter delves deeper into the research that has been conducted. The main findings of this study are discussed including the implications of the current study. Children's emotions at preschool are at a more mature level especially in the context of social emotions (Sohaimi Abdul Aziz, 1998).

This study was conducted to further identify the degree of depression in the School of Hospital (SDH) students and the entertainment learning techniques used to enhance their motivation to learn even in the midst of their illness and need of treatment.

The learning environment in the hospital area is different from the atmosphere learning in ordinary schools and this can be stressful student. Entertainment is defined as a way of teaching and learning that leads to a sense of fun and a lack of serious learning environment (Wan Malini et al., 2015). In addition, entertainment learning refers to learning content that enables students to enjoy learning, such as playing games. These therapeutic therapies can reduce stress and facilitate learning

Recommendations for Future Research

This study does not clearly explain the respondent's age. The number of respondents in each age group was not clearly stated. Future studies should also continue to be improved through the methodology

used in the study area. The qualitative study of the respondents using the sample but chose different characteristics from those used in this study, for example, respondents with no parents / family. It will show different types of individual stress depending on their background.

In addition to their personalities, they are also influenced by their peers. Although families are with them, they feel more energized and inspired by the people around them and begin to take an interest in learning.

In this study, due to time constraints and resources were conducted only in one hospital. For future research, respondents from other regions also need to be recruited to represent the entire country. In addition, the number of respondents is also a factor to consider. In the future, the number of respondents may be increased to find out more about respondents' results.

In addition, this study is a survey-only and student-only study. Teachers also need to pay attention because the different ways of presenting it will impact the students. Quality teaching delivery emphasizes teaching characterized by coherent presentation and sequential materials, adequate opportunities for student engagement in integrated training, regular and regular use of measurement and constructive feedback to students (Muhamad Suhaimi, 2012). Further studies can be performed qualitatively in order to obtain useful information for purposes of improvement over time.

Conclusion

Based on the findings of this study, it has been shown that the entertainment element is very suitable for teaching and learning for students in learning at School In Hospital. Learning through games can make the learning process more relaxed, stress-free, and fun. Students also actively and enthusiastically engaged in a stress-free learning process that will facilitate students to understand a lesson.

Overall, based on the monitoring of depression levels, it was shown that Symptoms 8 (Difficulty in Thinking, Focusing and Making Decisions) had a significant decrease. According to the DSM-5, the depression level determined by the calculations indicates that the group of respondents or students is on the Medium scale but this level of depression decreases after the therapeutic technique has been applied. The results can be seen through the findings of the Child Depression Inventory (IKKK) where the 4th and 18th features of the self-esteem feature experienced significant decline. The learning approach through play is seen as a priority in the process of teaching and learning for children as play is a natural feature of children that can act as an intermediary and help improve children's learning to an optimal level (Haslinda, Lilia & Zanaton, 2015).

For students participating in the SDH program, the entertainment learning approach is not only interesting for them to learn, it can also be a form of therapy in reducing boredom, alleviating pain as well as training their psychomotor and creative skills (Siti Salmiah, 2014). This is reflected in the results of the study in which Symptoms 5 (Changes in Psychomotor Activity) decreased with the use of entertainment in SDH learning.

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