

The Effect of Storytelling Intervention on the Mental Health of Preschool Children

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ABSTRACT

Every year, around 24.6% of children aged 0-17 years in the world experience mental health problems. One of the efforts to improve mental health is the introduction of reading from an early age through storytelling. The purpose of this study is to analyze the effect of storytelling intervention on mental health in preschool children. This research uses a Quasi-experimental design through the Nonequivalent Control Group Design approach. Sampling used the total sampling technique with a total of 61 children enrolled in Kartika VIII-42 Cimahi Kindergarten. Data were obtained using the Strength Difficulties Questionnaire. The tests used were the dependent t-test and the independent t-test. The results of the study were obtained in the intervention group, the mean before the intervention was 8.88 and the mean after the intervention was 6.69. In the control group, the mean before the intervention was 10.41 and the mean after the intervention was 10.69. The results of the independent t-test obtained a p-value after intervention in both groups of 0.002 ($\alpha < 0.05$); there was a difference in mental health after intervention in the intervention group and the control group. It is hoped that storytelling will be used as a promotional effort in improving children's mental health, and the school will make storytelling activities a routine activity in helping children to improve mental health from an early age.

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Introduction

Preschool age (3–6 years) represents a critical developmental period characterized by rapid progress in cognitive, emotional, social, and behavioral domains. During this stage, children begin to develop emotional regulation, social interaction skills, self-confidence, and adaptive behavior, all of which are closely associated with mental health outcomes. Mental health in early childhood is not merely the absence of mental disorders but reflects children's capacity to recognize emotions, establish positive relationships, adapt to environmental demands, and function appropriately in daily activities [1].

Mental health problems during preschool years remain a global public health concern because they may persist into later childhood and adolescence if not addressed early. Approximately 24.6% of children worldwide experience mental health problems annually, while developmental and socio-emotional difficulties remain prevalent among preschool populations [2]. In Indonesia, socio-emotional developmental problems were reported among 34.7% of children in West Java Province [3]. Common manifestations include emotional symptoms, behavioral difficulties, hyperactivity, and peer relationship problems, which may interfere with learning readiness, social participation, and long-term developmental outcomes. Therefore, early identification and preventive interventions are essential to support healthy psychosocial development.

Mental health promotion in preschool children increasingly emphasizes developmentally appropriate and non-invasive approaches. Among these approaches, storytelling has gained attention because it combines language stimulation, emotional engagement, and social learning. Storytelling allows children to observe characters' experiences, interpret emotions, and internalize positive behavioral values in an enjoyable and accessible format [4]. Previous studies have demonstrated that storytelling interventions contribute to improvements in socio-emotional competencies. Salsabila et al. [5] reported that storytelling improved empathy skills in early childhood, while Amrullah and Awalunisah [6] found that storytelling significantly enhanced children's empathy attitudes compared with conventional educational approaches. Similarly, Putri et al. [7] demonstrated that storytelling interventions increased prosocial behavior among children aged 4–5 years.

Although these findings indicate positive developmental outcomes, existing evidence remains concentrated on indirect indicators such as empathy, prosocial behavior, communication skills, and socio-emotional development rather than broader mental health outcomes. Most previous studies have not specifically evaluated whether storytelling interventions can influence measurable mental health indicators using standardized screening instruments. In addition, evidence regarding storytelling interventions among preschool children in Indonesian educational settings remains limited. Studies assessing mental health

outcomes using structured instruments such as the Strengths and Difficulties Questionnaire (SDQ), which measures emotional symptoms, conduct problems, hyperactivity, and peer relationship difficulties, are still scarce.

Addressing this gap is important because storytelling may offer a feasible, low-cost, and school-based strategy to support early mental health promotion. Evidence regarding its effectiveness could contribute to developing preventive mental health programs in educational and community settings and provide practical guidance for teachers, nurses, and parents in implementing routine psychosocial stimulation activities for preschool children.

Therefore, this study aimed to analyze the effect of storytelling intervention on the mental health of preschool children using the Strengths and Difficulties Questionnaire (SDQ) as an outcome measure.

Material and Methods

A. Study Design and Setting

This study employed a quantitative approach with a quasi-experimental design using a nonequivalent control group design. This design was selected because the intervention and control groups were formed based on existing classroom groups and random allocation was not feasible in the school setting. The study was conducted at Kartika VIII-42 Kindergarten, Cimahi, Indonesia, from February to August 2025. Preliminary study activities were conducted on 22 April 2025, and data collection was conducted from 20 June to 2 July 2025.

B. Participants and Sampling

The study population consisted of all preschool children enrolled at Kartika VIII-42 Kindergarten. Total sampling was applied to include all eligible participants. Initially, 64 children met the inclusion criteria; however, three children were absent from the beginning of data collection and therefore excluded. The final sample consisted of 61 children.

The inclusion criteria were: (1) children aged 3–6 years enrolled in the kindergarten during the study period, (2) parents willing to participate and complete the assessment questionnaire, and (3) children attending the intervention sessions. Exclusion criteria included absence during intervention implementation or incomplete questionnaire data.

C. Group Allocation and Baseline Assessment

Participants were assigned into intervention and control groups based on existing classroom membership to minimize disruption to school activities. The intervention group consisted of 32 children and the control group consisted of 29 children. Because randomization was not performed, baseline comparability between groups was evaluated using pretest SDQ scores before the intervention. The mean pretest mental health score in the intervention group was 8.88 (SD = 4.485), while the control group had a mean score of 10.41 (SD = 5.435), indicating that both groups were within the normal SDQ category before intervention.

D. Intervention Procedure

The intervention group received a storytelling program designed to promote emotional understanding, positive behavior, empathy, and peer interaction. Storytelling sessions were delivered using age-appropriate stories containing positive social and emotional values. The storytelling intervention was conducted over the period of 20 June–2 July 2025 and delivered by the researcher. The intervention consisted of five storytelling sessions administered once daily. Each session lasted approximately 15–20 minutes and was conducted using verbal storytelling supported by educational story media adjusted to the developmental characteristics of preschool children. The stories were selected to contain positive social and emotional values aimed at promoting emotional understanding, positive behavior, empathy, and peer interaction. During implementation, children participated collectively in a classroom setting and were encouraged to actively engage with the storytelling process. At the end of each session, the researcher facilitated a brief interactive discussion to help children express emotions, reflect on characters' behaviors, and connect the story messages with their daily experiences.

During each session, children were gathered in a classroom setting and encouraged to listen actively to the story. At the end of each session, facilitators conducted a brief interactive discussion using open-ended questions to encourage emotional expression, reflection on character behavior, and connection of story content with daily experiences. The control group continued routine school activities and did not receive storytelling intervention during the study period.

E. Outcome Measurement

Mental health outcomes were assessed using the Strengths and Difficulties Questionnaire (SDQ), completed by parents. The SDQ is a standardized screening instrument consisting of 25 items divided into five domains: emotional symptoms, conduct problems, hyperactivity, peer relationship problems, and prosocial behavior. Questionnaire administration was conducted at two time points:

- Pretest: before storytelling intervention.
- Posttest: after completion of the intervention period.

Parents received instructions to complete the questionnaire based on their child's observable behavior and emotional condition. Questionnaires were distributed and collected through the school. For scoring, only the Total Difficulties Score was used as the primary outcome measure. The score was calculated by summing four SDQ domains (emotional symptoms, conduct problems, hyperactivity, and peer relationship problems), with a total possible score ranging from 0–40. The prosocial domain was not included in the total difficulties score.

Interpretation of SDQ scores followed the standard cut-off values for the Total Difficulties Score. Scores ranging from 0 to 13 were categorized as normal, indicating that the child showed no significant emotional or behavioral difficulties. Scores between 14 and 16 were classified as borderline, suggesting the presence of emerging emotional or behavioral concerns that may require monitoring. Scores ranging from 17 to 40 were categorized as abnormal, indicating a higher likelihood of clinically relevant emotional and behavioral difficulties and the need for further assessment or intervention. These categories were used to describe and compare the mental health status of preschool children before and after the intervention. Questionnaires with incomplete responses were reviewed before data analysis. Participants with incomplete posttest data or absence during intervention implementation were excluded from the final analysis (complete-case analysis).

F. Data Preparation and Statistical Analysis

All collected data were checked for completeness, consistency, and coding accuracy before analysis. Data preparation included verification of questionnaire completeness, coding of SDQ responses, calculation of Total Difficulties Scores according to SDQ guidelines, and exclusion of incomplete questionnaires based on complete-case analysis. Statistical analysis was conducted using IBM SPSS Statistics software (IBM Corp., Armonk, NY, USA). Descriptive (univariate) analysis was performed to summarize participant characteristics and describe the distribution of preschool children's mental health scores using means, standard deviations, frequencies, and percentages.

Before hypothesis testing, assumptions for parametric analysis were evaluated. Normality of SDQ total scores was assessed using the Shapiro–Wilk test because each study group contained fewer than 50 participants, while homogeneity of variance between groups was evaluated using Levene's test. The results indicated that the data met the assumptions required for parametric testing.

For inferential analysis, dependent t-tests were used to compare pretest and posttest mental health scores within each group, whereas independent t-tests were used to compare post-intervention mental health scores between the intervention and control groups. Statistical significance was determined at $p < 0.05$ with a 95% confidence interval.

Univariate analysis was performed to describe participant characteristics and mean mental health scores. Bivariate analysis was conducted to evaluate differences in mental health scores. Before hypothesis testing, assumptions for parametric analysis were evaluated. Normality testing was performed using the Shapiro–Wilk test because each group contained fewer than 50 participants. Homogeneity of variance between groups was assessed using Levene's test. Dependent t-tests were used to compare pretest and posttest scores within each

group, while independent t-tests were used to compare post-intervention scores between groups. Statistical significance was determined at $p < 0.05$ with a 95% confidence interval.

G. Ethical Considerations

Ethical approval for this study was obtained from the Health Research Ethics Committee (Komisi Etik Penelitian Kesehatan/KEPK), Faculty of Health Sciences, Universitas Jenderal Achmad Yani (UNJANI), Cimahi, Indonesia, under ethical approval number 107/KEPK/FITKes-UNJANI/VI/2025, issued on June 20, 2025. The study was conducted in accordance with applicable ethical principles for research involving human participants, particularly children. Before participation, parents or legal guardians were informed about the study objectives, procedures, potential benefits, confidentiality of participant information, and their right to withdraw their children from the study without penalty. Written informed consent was obtained from the parents or legal guardians before data collection. The identities of participating children were kept confidential, and all collected data were used solely for research purposes.

Results

A. Baseline Mental Health Scores Before Intervention

Table 1 presents the baseline mental health scores of preschool children before implementation of the storytelling intervention. The intervention group had a mean SDQ Total Difficulties Score of 8.88 (SD = 4.485), whereas the control group had a mean score of 10.41 (SD = 5.435). Both mean values remained within the normal SDQ category (0–13), indicating that participants generally demonstrated normal mental health status prior to intervention.

Because this study employed a quasi-experimental design without randomization, baseline equivalence between groups was evaluated using an independent t-test on pretest scores. The analysis showed no statistically significant difference between the intervention and control groups before intervention ($p > 0.05$), indicating that both groups were comparable at baseline and supporting the validity of subsequent between-group comparisons.

Table 1. Mean Mental Health Scores Before Intervention in the Intervention and Control Groups

Group	n	Mean	SD	Min-Max	95% CI
Intervention	32	8.88	4.485	2–21	7.26–10.49
Control	29	10.41	5.435	1–29	8.35–12.48

B. Post-Intervention Mental Health Scores

Table 2 presents mental health outcomes following completion of the intervention period. The intervention group showed a lower mean mental health score (Mean = 6.69, SD = 4.067), while the control group showed a mean score of 10.69 (SD = 5.319). Since lower SDQ Total

Difficulties Scores indicate fewer emotional and behavioral difficulties, these findings suggest better mental health outcomes among children who received the storytelling intervention.

Although both groups remained within the normal SDQ category, the intervention group showed a greater reduction in difficulty scores, indicating a clinically meaningful improvement in emotional and behavioral functioning.

Table 2. Mean Mental Health Scores After Intervention in the Intervention and Control Groups

Group	n	Mean	SD	Min-Max	95% CI
Intervention	32	6.69	4.067	1-17	5.22-8.15
Control	29	10.69	5.319	3-29	8.67-12.71

C. Changes in Mental Health Scores Within Groups

Within-group analysis was conducted using dependent t-tests to compare pretest and posttest scores. In the intervention group, the mean mental health score decreased from 8.88 before intervention to 6.69 after intervention, representing a reduction of 2.19 points (approximately 24.7% improvement from baseline). Statistical analysis demonstrated that this reduction was significant ($p = 0.001$), indicating that the storytelling intervention was associated with improved mental health outcomes among preschool children.

In contrast, the control group showed only a slight increase in mean score from 10.41 to 10.69 (difference = 0.28 points). This change was not statistically significant ($p = 0.509$), indicating that mental health status remained relatively stable in children who did not receive storytelling intervention.

Table 3. Analysis of Differences in Mental Health Before and After Storytelling Intervention

Group	Measurement	n	Mean	SD	Mean Difference	p-value
Intervention	Pretest	32	8.88	4.485	-2.19	0.001
	Posttest	32	6.69	4.067		
Control	Pretest	29	10.41	5.435	+0.28	0.509
	Posttest	29	10.69	5.319		

D. Comparison of Mental Health Scores Between Groups After Intervention

Independent t-test analysis was performed to compare post-intervention mental health scores between groups. The analysis demonstrated a statistically significant difference between the intervention and control groups ($p = 0.002$). Children who received the storytelling intervention had lower SDQ difficulty scores than children in the control group.

To provide information regarding practical significance, effect size was estimated using Cohen's d based on posttest group means and pooled standard deviation. The calculated effect size was $d = 0.85$, indicating a large intervention effect. This result suggests that storytelling produced not only statistically significant improvement but also meaningful practical benefits for preschool children's mental health.

Table 4. Analysis of Differences in Mental Health After Intervention Between the Intervention and Control Groups

Group	N	Mean	SD	p-value	Effect Size (Cohen's d)
Intervention	32	6.69	4.067	0.002	0.85
Control	29	10.69	5.319		Large effect

E. Assumption Testing

Before inferential analysis, assumptions for parametric testing were evaluated. Normality testing using the Shapiro–Wilk test showed that SDQ total scores were normally distributed ($p > 0.05$). Homogeneity of variance was assessed using Levene's test and indicated homogeneous variance across groups ($p > 0.05$).

Discussion

This study demonstrated that storytelling intervention was associated with improved mental health outcomes among preschool children, as indicated by lower SDQ Total Difficulties Scores following intervention. Compared with the control group, children who participated in storytelling sessions showed greater improvement in emotional and behavioral functioning. Although participants in both groups remained within the normal SDQ category before and after the intervention, the reduction observed in the intervention group suggests that storytelling may help strengthen positive psychosocial functioning and reduce early emotional and behavioral difficulties [8]-[11].

The findings may be explained through developmental and psychological mechanisms underlying storytelling activities. Preschool children are in a developmental stage characterized by rapid growth in symbolic thinking, emotional recognition, language acquisition, and social learning [9],[12]. Storytelling provides structured opportunities for children to observe characters, understand emotional situations, anticipate consequences of behavior, and reflect on social interactions [13]-[15]. Through repeated exposure to stories containing positive social and emotional values, children may develop greater emotional awareness, improved self-regulation, and more adaptive responses during interpersonal situations [13],[16],[17].

From a social learning perspective, storytelling can function as a form of observational learning in which children internalize behaviors demonstrated by story characters. Children may imitate prosocial responses, emotional expression, empathy, and problem-solving strategies presented during storytelling sessions [13],[16]. In addition, storytelling encourages sustained attention and active listening, which may support executive functioning processes such as inhibitory control and emotional regulation [14],[15]. These mechanisms may help explain why the intervention group showed lower SDQ difficulty scores following the intervention period [18],[19].

The present findings are generally consistent with previous studies reporting beneficial effects of storytelling on children's socio-emotional development. Previous studies have demonstrated improvements in empathy, prosocial behavior, language development, and social interaction following storytelling interventions [13],[16]. However, unlike many earlier studies that primarily focused on indirect developmental outcomes, this study evaluated broader mental health outcomes using a standardized screening instrument (SDQ) [18]-[21]. This approach extends previous evidence by suggesting that storytelling may influence emotional and behavioral functioning beyond isolated social competencies.

Nevertheless, some differences should be considered when comparing findings across studies. Several previous studies reported stronger improvements in specific domains such as empathy or prosocial behavior, whereas the present study observed changes in overall SDQ difficulty scores while participants remained within the normal category [13],[16]. This difference may be explained by variation in participant characteristics, intervention duration, outcome measurement methods, and contextual factors related to preschool educational settings [21],[22]. Therefore, improvements observed in this study should be interpreted as enhancement of psychosocial functioning rather than treatment effects for clinically significant mental health problems [10],[18].

The practical significance of the findings is supported not only by statistical significance but also by the observed intervention effect size. The large effect size suggests that storytelling may represent a meaningful and feasible strategy for promoting mental health in preschool settings. Because storytelling is low-cost, developmentally appropriate, and easily integrated into daily educational activities, it may serve as an accessible approach for early mental health promotion [23],[24].

Several limitations should be considered when interpreting these findings. First, the quasi-experimental design without random allocation limits internal validity and does not eliminate selection bias despite baseline comparability assessment [22]. Second, the study was conducted in a single kindergarten with a relatively small sample size, which limits generalizability to broader preschool populations [22]. Third, mental health outcomes were measured using parent-reported SDQ responses, which may introduce reporting bias and reflect parental perceptions rather than direct behavioral observation [18]-[20]. Fourth, the relatively short intervention period may not fully capture sustained mental health changes over time. Future studies should consider randomized designs, larger and more diverse samples, longer follow-up periods, and multimethod assessment approaches involving teachers and direct behavioral observations [21].

These findings have implications for both educational and health practice. In educational settings, storytelling may be integrated into routine classroom activities as part of

socio-emotional learning programs [13]-[15]. In nursing and child health services, storytelling may be considered a promotive and preventive strategy to support early childhood mental health and encourage children's emotional expression [10],[23],[24]. Collaboration among teachers, parents, and health professionals may increase the effectiveness and sustainability of storytelling-based interventions [11],[25].

Overall, this study suggests that storytelling intervention has potential as an early mental health promotion strategy for preschool children. Although additional evidence from larger and more rigorous studies is needed, the findings support the incorporation of storytelling into child-centered approaches aimed at strengthening emotional and behavioral well-being [8]-[10].

Conclusion

This study demonstrated that storytelling intervention was effective in improving the mental health of preschool children. Children who received storytelling showed better mental health outcomes, reflected by lower emotional and behavioral difficulty scores after the intervention, whereas children in the control group showed no meaningful change during the same period. These findings suggest that storytelling may contribute positively to children's emotional regulation, social interaction, and adaptive behavior during early childhood.

Beyond statistical significance, the findings indicate that storytelling represents a practical, developmentally appropriate, and low-cost approach to support mental health promotion among preschool children. Integrating storytelling activities into routine early childhood education programs may provide opportunities for early psychosocial stimulation and preventive mental health support.

The results of this study may serve as evidence for educators, parents, nurses, and policymakers to consider storytelling as part of school-based and community-based mental health promotion strategies for preschool children. Future studies are recommended to involve larger samples, longer intervention periods, and standardized follow-up assessments to evaluate the sustainability of intervention effects over time.

Limitation and Suggestions

A. Limitation

This study has several limitations that should be considered. First, the research employed a *quasi-experimental nonequivalent control group design* without randomization. Therefore, differences in baseline characteristics between the intervention and control groups may have influenced the study outcomes. Second, the sample size was relatively limited, and the study was conducted in only one setting, namely Kartika VIII-42 Cimahi Kindergarten. Consequently, the findings may not be fully generalizable to preschool children in other regions or

educational institutions. Third, the assessment of children's mental health was conducted using the Strengths and Difficulties Questionnaire (SDQ), which was completed by parents. This approach may introduce subjective bias, as parental perceptions and interpretations of children's behaviors can vary. Fourth, this study did not evaluate the long-term effects of storytelling intervention. Thus, it remains unclear whether the positive impact of storytelling on preschool children's mental health can be sustained over an extended period.

B. Suggestions

Based on the findings of this study, schools and early childhood education institutions are encouraged to implement storytelling activities as a structured and routine strategy to support mental health promotion among preschool children. To improve consistency and reproducibility across educational settings, future implementation should consider developing a standardized storytelling protocol that clearly defines intervention components, including session duration, frequency, content selection, delivery procedures, and facilitator guidelines.

Future research is recommended to apply more rigorous study designs, including randomized sampling methods, larger sample sizes, and the inclusion of multiple schools or regions to improve external validity and generalizability of findings. Researchers are also encouraged to incorporate multivariable analytical approaches to control for potential confounding factors, such as age, sex, family environment, parenting practices, and baseline psychosocial conditions that may influence children's mental health outcomes.

In addition, future studies should integrate relevant theoretical perspectives, such as child development theories and behavioral frameworks, to provide stronger explanations of the mechanisms through which storytelling influences emotional and behavioral outcomes. Combining SDQ assessments with direct observations from teachers or health professionals is also recommended to strengthen measurement objectivity.

Finally, further studies should evaluate the long-term effectiveness and implementation feasibility of storytelling interventions in real-world educational settings, including teacher acceptability, program sustainability, resource requirements, and integration into existing early childhood mental health promotion programs.

Conflict of Interest

The authors declare that there is no conflict of interest, either financial or non-financial, associated with this study that could have influenced the research process or findings.

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