

Dr. YENNI RIZAL M.PD

Artikel

 turnitin dosen Part 4 (Moodle TT)

 turnitin dosen (Moodle TT)

 Universitas PGRI Pontianak

Document Details

Submission ID

trn:oid::1:3128468866

Submission Date

Jan 13, 2025, 1:51 PM GMT+7

Download Date

Jan 13, 2025, 1:52 PM GMT+7

File Name

105620_Dr._YENNI_RIZAL_M.PD_Artikel_714_1677620644.docx

File Size

49.0 KB

12 Pages

4,529 Words

25,660 Characters

14% Overall Similarity

The combined total of all matches, including overlapping sources, for each database.

Filtered from the Report

- ▶ Bibliography
- ▶ Quoted Text

Match Groups

- **38 Not Cited or Quoted 11%**
 Matches with neither in-text citation nor quotation marks
- **15 Missing Quotations 3%**
 Matches that are still very similar to source material
- **0 Missing Citation 0%**
 Matches that have quotation marks, but no in-text citation
- **0 Cited and Quoted 0%**
 Matches with in-text citation present, but no quotation marks

Top Sources

- 9% Internet sources
- 10% Publications
- 0% Submitted works (Student Papers)

Integrity Flags

0 Integrity Flags for Review

No suspicious text manipulations found.

Our system's algorithms look deeply at a document for any inconsistencies that would set it apart from a normal submission. If we notice something strange, we flag it for you to review.

A Flag is not necessarily an indicator of a problem. However, we'd recommend you focus your attention there for further review.

Match Groups

- **38 Not Cited or Quoted 11%**
Matches with neither in-text citation nor quotation marks
- **15 Missing Quotations 3%**
Matches that are still very similar to source material
- **0 Missing Citation 0%**
Matches that have quotation marks, but no in-text citation
- **0 Cited and Quoted 0%**
Matches with in-text citation present, but no quotation marks

Top Sources

- 9% Internet sources
- 10% Publications
- 0% Submitted works (Student Papers)

Top Sources

The sources with the highest number of matches within the submission. Overlapping sources will not be displayed.

1	Internet	ijicc.net	1%
2	Publication	Olasumbo Kukoyi, Edidiong Orok, Funmilayo Oluwafemi, Tunrayo Oluwadare et a...	1%
3	Internet	www.mdpi.com	1%
4	Publication	Chambers Mary. "Psychiatric and mental health nursing - The craft of caring", CR...	1%
5	Internet	journal.staihubbulwathan.id	<1%
6	Publication	Atie Rachmiatie, Ike Junita Triwardhani, Alhamuddin, Cep Ubad Abdullah. "Islam, ...	<1%
7	Internet	www.ncbi.nlm.nih.gov	<1%
8	Internet	ejournal.radenintan.ac.id	<1%
9	Internet	www.aal-persona.org	<1%
10	Internet	scholar.sun.ac.za	<1%

11	Internet	link.springer.com	<1%
12	Internet	e-journal.uum.edu.my	<1%
13	Internet	ejournal.upi.edu	<1%
14	Publication	Ana Lozano-Sánchez, Enric Aragonès, Tomàs López-Jiménez, Matthew Bennett et ...	<1%
15	Publication	Sheena M. Belmonte, Jennifer H. Ciron, Reynalyn C. Nacario. "Exploring Mental He..."	<1%
16	Internet	ejournal.unisayogya.ac.id	<1%
17	Internet	ore.exeter.ac.uk	<1%
18	Publication	Augustus Osborne, Bright Opoku Ahinkorah. "The paternal influence on early chil..."	<1%
19	Publication	Katerina Michael, Glykeria Reppa, Louiza Ioannidou. "chapter 2 Applying Positive ..."	<1%
20	Internet	etda.libraries.psu.edu	<1%
21	Internet	ira.le.ac.uk	<1%
22	Publication	Michael Ayertey Nanor, Michael Poku-Boansi, Kwasi Kwafo Adarkwa. "Determina..."	<1%
23	Internet	pure.uva.nl	<1%
24	Publication	Jolanta Burke, Ilona Boniwell, Beth Frates, Liana S. Lianov, Ciaran A. O'Boyle. "Ro..."	<1%

25	Publication	Sulistiyono Sulistiyono, Andry Akhiruyanto, Nawan Primasoni, Fatkurahman Arju...	<1%
26	Internet	hrcak.srce.hr	<1%
27	Internet	journals.copmadrid.org	<1%
28	Internet	ojs.unm.ac.id	<1%
29	Internet	research.vu.nl	<1%
30	Internet	tpcjournal.nbcc.org	<1%
31	Internet	www.medrxiv.org	<1%
32	Publication	yuting zhan. "The Impact of Paternity-Maternity Matching on Suicide Risk Among...	<1%
33	Publication	Melanie Lang. "Routledge Handbook of Athlete Welfare", Routledge, 2020	<1%
34	Publication	Paul Demetriou. "Supporting the Mental Health and Wellbeing of Learners in Pos...	<1%
35	Internet	discovery.dundee.ac.uk	<1%

Abstract

This study aims to determine the prevalence of mental health of multiethnic teenagers in High School in West Kalimantan, in addition this study also examines how the prevalence of mental health of adolescents in each ethnicity, mental health in male and female adolescents and how the description of each aspect of their mental health. The ethnicities involved in this study were adolescents from the six majority ethnic groups in West Kalimantan, namely; Malay, Dayak, Chinese, Bugis, Madurese, and Javanese. This research method uses a quantitative approach with a descriptive method with a data analysis formula using a method that is dividing the number of participants in each interpretation category (ni) by the total number of participants (n) then the results are multiplied by 100. Based on the results of the study, it was found that mental health in multiethnic adolescents generally showed values with a tendency to the "high" category with the overall assumption of the six ethnicities that the prevalence of mental health is low in multiethnic adolescents, especially in High School (SMA) Negeri 1 Sungai Kakap, West Kalimantan Regency. When viewed in each of the four aspects of adolescent mental health consisting of physical, psychological, moral-religious, and social, the psychological aspect is identified as showing the lowest value among the other aspects, thus it can be assumed that of the four aspects of mental health, the psychological aspect is the one with the highest prevalence of mental health in multiethnic adolescents. The research findings conclude that efforts are still needed to improve adolescent mental health in order to further suppress the high prevalence of mental health in adolescents.

Keywords: Mental Health, Multiethnic Adolescents.

Prevalence Of Mental Health In Multiethnic Adolescents

Introduction

12
27
21
10
10
4
13
3
7

Mental health is an important aspect at every stage of life, from childhood, adolescence to adulthood. Mental health in adolescents refers to their emotional, psychological, and social well-being. Mental health in adolescents also involves avoiding mental health problems, such as anxiety disorders, depression, eating disorders, substance abuse, addictive behaviors, and other behavioral disorders. The definition of mental health in adolescents does not only include the absence of mental disorders, but also includes the ability to adapt and function well in everyday life. Nowadays, mental health in adolescents is very important because adolescence is a critical transition period in individual development. Adolescents experience significant physical, emotional, and social changes, which can impact their mental health. Mental health problems in adolescents can have serious long-term impacts, including decreased quality of life, risk of dangerous behavior, and increased risk of mental disorders that continue into adulthood (Astitene & Barkat, 2021; Gukguk, n.d.; Hutasuhut & Massayu, 2023; Lozano-sánchez et al., 2024). Mental health problems in adolescents can be caused by adolescents experiencing academic pressure, conflict in interpersonal relationships, hormonal changes, exposure to social media, and family environment. In addition, the stigma associated with mental health problems can also prevent adolescents from seeking help or support, in line with the results of research by NHS Digital, and Patalay & Fitzsimons which show a rapid increase in emotional disorders in adolescents (Stentiford et al., 2023).

WHO found that globally an estimated 1 in 7 (14%) children aged 10-19 years experience mental health disorders, and most of these conditions are still unknown and untreated. Furthermore, WHO also noted that 3.6% of children aged 10-14 and 4.6% of children aged 15-19 years experience anxiety disorders. An estimated 1.1% of adolescents aged 10-14 years and 2.8% of adolescents aged 15-19 years experience depression. Furthermore, it was found that around 20% of anxiety disorders, depression and rapid and unpredictable mood swings have some of the same symptoms (Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health, 2003; Lozano-sánchez et al., 2024). Mental symptoms that occur in adolescents greatly affect adolescent behavior in their environment, one of the impacts that occurs due to mental health problems in adolescents is withdrawal from socializing which can ultimately worsen isolation, anxiety and loneliness, even the worst is causing suicide in adolescents (Astitene & Barkat, 2021; Hutasuhut & Massayu, 2023; Ilmi & Harahap, 2024; O, 2017).

2 The prevalence of mental health problems or illnesses has continued to increase in recent years, with the majority of mental health problems occurring between the ages of 15 and 24. Studies on mental health problems in adolescents show that the majority of adolescents show substantial symptoms of mental health conditions such as depression, generalized anxiety disorder, and suicide. Furthermore, as many as 20 to 30% of mental health disorders begin to appear in adolescence or before they reach adulthood (Wile Schwarz, 2009). These mental health problems also affect adolescents in areas with different cultural backgrounds, multiethnic adolescents face unique challenges and opportunities related to their cultural identities. With the right support from family, school, and community, and access to culturally sensitive mental health services, multiethnic adolescents can develop strong and balanced identities, as well as positive mental well-being.

4 Mental health in multiethnic youth is a complex topic influenced by a variety of social, cultural, economic, and environmental factors, multiethnic youth mental health is influenced by a variety of interrelated factors, including cultural identity, experiences of discrimination, social support, economic factors, and access to mental health services (Arsita, 2022; Osborne & Ahinkorah, 2024). To support the mental well-being of multiethnic youth, a holistic and culturally sensitive approach is needed, which includes education, social support, tailored interventions, and increased access to mental health services.

Method

20 The prevalence of mental health research in this study uses quantitative research with descriptive methods. Descriptive analysis in this study is used to create a picture of the level of mental health of adolescents. The variable in this study is a single variable, namely; mental health in multiethnic adolescents in Pontianak.

1 Participants in this study were multiethnic adolescents consisting of adolescents from several ethnicities as students of SMA Negeri 1 Sungai Kakap in West Kalimantan, namely Dayak, Malay, Chinese, Javanese and Madurese. The determination of schools involved in this study was schools that had diverse ethnic backgrounds (multicultural) that had been determined. The distribution of samples for each ethnicity can be seen in table below.

Table as students of SMA Negeri 1 Sungai Kakap

Ethnic	Man	Women	Amount
Melay	42	40	82
Dayak	3	4	7
Chinese	4	5	9

Madura	2	3	5
Javanes	18	18	36
Bugis	27	36	63
Total	96	106	202

In the table it can be seen that there are six ethnicities consisting of Malay, Dayak, Chinese, Madurese, Javanese, Bugis, and Chinese. While for the gender distribution of samples in this study consisted of 106 female students and 96 male students. The analysis used in this study is descriptive analysis, the analysis was conducted to determine the prevalence level of adolescent mental health as a whole and based on ethnic and gender background by calculating the number of participants in each interpretation category and then calculating the percentage by dividing the number of participants in each interpretation category (n_i) by the total number of participants (n) then the result is multiplied by 100.

Result and Discussion

Based on the results of statistical analysis of the data processing that has been done, the research is described by considering the formulation of the problem that is the purpose of the research. Based on the purpose of this study, namely to determine the prevalence of mental health in adolescents in Pontianak.

1. Prevalence of adolescent mental health in multiethnic adolescents

The prevalence of mental health levels in adolescents in Pontianak generally reached a score of 3.28 with a "high" category. While for mental health aspects consisting of; physical aspects, psychological aspects, moral-religious aspects, and social aspects reached a score of 3 with a "high" category of 82%, although if categorized showing the same level, the psychological aspect of adolescent mental health showed the lowest score, namely 2.80. From the results of the study, it can be explained as follows; Description of mental health in adolescents at SMA Negeri 1 Sungai Kakap in West Kalimantan with a physical aspect with a score of 3.38 in the "high" category. This can be interpreted that adolescents feel healthy and most adolescents do not experience serious medical problems, adolescents feel fit so they have no obstacles to carrying out daily activities, adolescents are also aware of the importance of exercise and doing exercise even though it is not scheduled, which is no less important with this high category, adolescents are basically able to accept their physical condition or state. Mental health description of adolescents at SMA Negeri 1 Sungai Kakap in West Kalimantan with a psychological aspect with a score of 2.80 in the "high" category. The psychological aspect is the aspect that gets the lowest score from the other 3 aspects, namely physical, moral-spiritual and

social aspects. This can be interpreted that adolescents still do not fully feel comfortable or still feel anxious when in a crowd. In addition, adolescents are easily stressed when facing problems and experience anxiety that is not excessive, adolescents also find it rather difficult to concentrate and focus when receiving lessons at school, when facing exams adolescents are still nervous and give up in facing challenges in their lives, lack of self-confidence in certain situations, less able to control emotions and adolescents have feelings of dissatisfaction with their current situation. Mental health picture of adolescents at SMA Negeri 1 Sungai Kakap in West Kalimantan with moral-religious aspect with a score of 3.67 in the "high" category. This can be interpreted by finding that most adolescents currently uphold their beliefs by performing worship more punctually. Adolescents have obeyed school rules and participated in spiritual activities held at school or other religious assemblies, adolescents also feel more afraid if they make mistakes that they consider very fatal, always try to do good and be responsible if they make mistakes. Mental health picture of adolescents at SMA Negeri 1 Sungai Kakap in West Kalimantan with social aspect with score 3.49 in "high" category. This can be indicated by finding that they are able to have good relationship with their family and friends, but adolescents are able to distinguish which friends can be trusted and which cannot be trusted. In addition, adolescents are always active in participating in social activities in the community and adolescents are also able to adapt to new environment or existing environment, not only that adolescents also have feeling accepted by the environment, this indication shows that teenagers already have the characteristics of mentally healthy teenagers.

Mental health in multiethnic adolescents showed a score of 3.28 with a category of 'high' and with the same category in all ethnic groups that were the research sample, it can be assumed that the mental health of adolescents from six ethnic groups namely; Bugis, Dayak, Javanese, Madurese, Malay, and Chinese are at the same category level. This shows that ethnic background is not a determinant of mental health in adolescents, there are several possibilities that are predicted to determine mental health in multiethnic adolescents in West Kalimantan, one of which is the community environment and school environment has become increasingly conducive in creating and providing support for a safe environment or culture for the creation of mental health in adolescents, in line with the findings (Fitri et al., 2017), which show that the need for mental health services, health education, support from educational institutions, and effective interventions are expected to reduce the level of depression in high school adolescents. In addition, West Kalimantan, which used to often experience ethnic conflict, is now more conducive, inter-ethnic conflict rarely occurs, discrimination and social stigma based on ethnicity are also rare, social awareness of multi-ethnic identity reduces cultural stigma and discrimination, becoming one of the determinants in creating a sense of security for adolescent mental health and with the government program through the Regional Child Protection Commission (KPAD) together with schools which are

29
34
24
currently intensively carrying out bullying prevention programs among students, this is one way to reduce the prevalence of mental health in adolescents, considering that bullying is one of the main factors that causes the highest mental health that occurs in schools (Menesini & Salmivalli, 2017; Yuhanas & Subroto, 2024)(Clausen & Skokauskas, 2018; Hartanto et al., 2023).

11
19
4
14
16
18
23
33
9
The results of the study generally show that mental health in multiethnic adolescents reaches a high category score but not in every aspect, for the psychological aspect the average value shows the lowest score compared to the other three aspects, namely physical, moral-religious and social. This can be assumed that there are still adolescents who do not fully feel comfortable, in addition, adolescents are easily anxious and stressed when facing problems, adolescents also find it difficult to concentrate and lack focus when receiving lessons at school, and when facing exams adolescents are still nervous and give up easily in facing challenges in their lives, adolescents often feel less confident in certain situations, and are less able to control their emotions, and adolescents have feelings of dissatisfaction with their current state. Psychological state. Mental health, in the context of psychology, refers to the emotional, psychological, and social well-being of adolescents. This includes the individual's ability to manage stress, maintain healthy social relationships, and make rational and responsible decisions (Kobau et al., 2011; Scorsolini-Comin et al., 2013; Seligman & Csikszentmihalyi, 2000).

Emotional balance is one of the important dimensions in shaping mental health, the ability of adolescents to regulate emotions and deal with negative emotions such as sadness, anger and anxiety determines the prevalence of mental health in adolescents. The social environment is the most important thing in adolescent mental health where the social environment consisting of the home and school environment has a very determining role, this is in line with the results of research that states that the educational background of parents, family socio-economic and parenting patterns, and family educational support significantly influence the health of adolescents today (Seligman & Csikszentmihalyi, 2000; Smokowski et al., 2014; Waters et al., 2022). These differences are influenced by various factors, including social, cultural, economic conditions, and access to health services. In this context, it is important to understand how ethnicity affects adolescent mental health and what can be done to improve their well-being. The mental health of multiethnic adolescents is a complex and important issue, as it involves individuals with diverse and often overlapping cultural identities. Multiethnic adolescents, those who come from more than one ethnic or cultural background, face unique challenges that can affect their psychological well-being. These dual or even multiple identities can have positive or negative impacts on mental health, depending on various factors such as social support, environmental acceptance, and access to inclusive health services.

2. Prevalence of mental health among male and female adolescents

Adolescent mental health shows differences between boys and girls as a whole and based on mental health aspects, namely; physical, psychological, moral-spiritual and social. The score shows that male adolescents have higher mental health compared to female adolescents, although the difference in scores does not show a significant difference, namely 3.37 scores in male adolescents and 3.20 in female adolescents, results showing that there is a lower difference in the mental health of female adolescents compared to male adolescents were also found by Anderson et al, who stated that female adolescents were more likely to experience depression than male adolescents (Anderson et al., 2024).. The details of the results can be described as follows; Mental health in male adolescents showed an overall result of 3.23 with a "high" category. For the score of each aspect, namely the physical aspect with a score of 3.56, psychological score 2.93, moral-religious score 3.52, and social score 3.46. When viewed from the 4 aspects of mental health, the lowest score in the mental health aspect in male adolescents is psychological, namely 2.93 moderate. While for the other 3 aspects showed a score above 3. Mental health in female adolescents showed an overall result of 3.20 with a "high" category. For each aspect score, namely the physical aspect with a score of 3.25, psychological score 2.79, moral-religious score 3.40, and social score 3.44. When viewed from the 4 aspects of mental health, the lowest score in the mental health aspect in Bugis ethnic adolescents was 2.79 moderate. While for the other 3 aspects showed a score above 3.

The results of the study showed that mental health in multiethnic adolescents for male and female adolescents did not have significant differences. Although there was no difference in the level of mental health in male and female adolescents, but seen from the score, female adolescents had a lower value compared to male adolescents, namely 3.37 for males and 3.20 for females, this shows that female adolescents tend to experience mental health difficulties compared to male adolescents, in line with a survey conducted by the Department of Health and Social Care funded on mental health in children and adolescents, data revealed that women aged 17-19 years were almost 3 times more likely to experience emotional disorders than male adolescents of the same age (Stentiford et al., 2023).

3. Prevalence of adolescent mental health in each ethnic group

On the six ethnic groups, namely that the average score of adolescent happiness shows the same value, namely with an average score of 3 with the category "high". Although the six ethnic groups show the same category level, namely an average score of 3, the scores can be ranked from the highest to the lowest

ethnic groups. For the highest order, it is in Madurese ethnic groups, the second order is in Chinese ethnic groups, the third ethnic group is in Malay adolescents and the Bugis and Dayak ethnic groups show the same score. Although the four aspects of the six ethnic groups scored in the 'High' category, the four physical, psychological, moral-spiritual and social aspects showed that the psychological aspect scored below or did not reach 3, while the other 3 aspects, namely the physical, moral-religious and social aspects, showed an average score above 3. In detail, it can be explained for each ethnic group, including; Bugis ethnic adolescents showed mental health results with an overall score of 3.23 with a "high" category. For each aspect score, namely the physical aspect with a score of 3.4, psychological score 2.79, moral-religious score 3.46, and social score 3.44. When viewed from the 4 aspects of mental health, the lowest score in the mental health aspect in Bugis ethnic adolescents is psychic, namely 2.79. While the other 3 aspects show scores above 3. Dayak ethnic adolescents showed mental health results with an overall score of 3.23 with a "high" category. For each aspect score, namely the physical aspect with a score of 3.45, psychological score 2.58, moral-religious score 3.67, and social score 3.54. When viewed from the 4 aspects of mental health, the lowest score in the mental health aspect in Bugis ethnic adolescents is 2.58 moderate. While for the other 3 aspects show scores above 3. Java ethnic teenagers showed mental health results with an overall score of 3.18 with a "high" category. For each aspect score, namely the physical aspect with a score of 3.35, psychological score 2.78, moral-religious score 3.16, and social score 3.45. When viewed from the 4 aspects of mental health, the lowest score in the mental health aspect in Bugis ethnic teenagers is 2.78. While the other 3 aspects show scores above 3. Adolescents of Madurese ethnicity showed mental health results with an overall score of 3.36 with a "high" category. For each aspect score, namely the physical aspect with a score of 3.41, psychological score 2.73, moral-religious score 3.99, and social score 3.62. When viewed from the 4 aspects of mental health, the lowest score in the mental health aspect in Bugis ethnic adolescents was 2.73. While the other 3 aspects showed scores above 3. Madura Dayak ethnic teenagers showed mental health results with an overall score of 3.35 with a "high" category. For each aspect score, namely the physical aspect with a score of 3.39, psychological score 2.85, moral-religious score 3.50, and social score 3.44. When viewed from the 4 aspects of mental health, the lowest score in the mental health aspect in Bugis ethnic teenagers is 2.85. While for the other 3 aspects show scores above 3. China ethnic teenagers showed mental health results with an overall score of 3.35 with a "high" category. For each aspect score, namely the physical aspect with a score of 3.55, psychological score 2.87, moral-religious score 3.72, and social score 3.52. When viewed from the 4 aspects of mental health, the lowest score in the mental health aspect in Bugis ethnic teenagers was 2.87. While the other 3 aspects showed scores above 3.

The results of the next study are mental health in adolescents of six ethnicities, namely; Bugis, Dayak, Javanese, Madurese, Malay and Chinese in general show mental health results with the same category, namely at a high level and there is no significant difference in each ethnicity, these results indicate that ethnicity is not a determinant in the mental health of multiethnic adolescents. This is in contrast to the results of Patalay & Fitzsimons' study in the British Millennium Cohort study which stated that there were differences based on ethnicity and socioeconomic status, namely adolescents from lower economic classes had lower mental health compared to adolescents from higher economic classes and in other studies it was also found that black adolescents were more susceptible to symptoms of severe depression compared to white adolescents (Stentiford et al., 2023)(Aggarwal et al., 2023).

However, when viewed from the four aspects of mental health, namely; physical, psychological, moral-religious, and social, of the 4 aspects, the psychological aspect shows a score with an average value of 2. An average score of 2 on this psychological aspect was obtained in each ethnicity. This condition shows that the psychological aspect is the most common problem in mental health in adolescents, this also shows that psychological conditions have an impact on health in adolescents, in line with research that proves that the more positive the psychological condition of an individual, the more mental health increases and vice versa, the more negative the psychological condition, the higher the mental health in adolescents (Kobau et al., 2011).

Conclusion

35 The conclusion of the research on mental health in multiethnic adolescents is that in general mental health in multiethnic adolescents reaches a high category. This can be assumed in other words that the prevalence of mental health in multiethnic adolescents at SMA Kakap Pontianak Regency is relatively low. Specifically, the results of the study can be detailed as follows; Mental health between male and female adolescents at SMA Kakap Pontianak Regency does not show a difference in scores and with the same category, namely in the "high" category. Mental health in adolescents from six ethnic groups, namely; Bugis, Javanese, Madurese, Dayak, Malay, and Chinese also shows results that are not much different in each ethnic group. Health in adolescents, especially in the six ethnic groups, shows a "high" category. Although each ethnic group shows the same category of the four aspects of mental health studied, namely; physical, psychological, moral-religious, social, but not in the psychological aspect of health

References

- Aggarwal, S., Francis, K. L., Dashti, S. G., & Patton, G. (2023). Child marriage and the mental health of adolescent girls: a longitudinal cohort study from Uttar Pradesh and Bihar, India. *The Lancet Regional Health - Southeast Asia*, 8, 100102. <https://doi.org/10.1016/j.lansea.2022.100102>
- Anderson, N. W., Hassler, G. W., Ohana, E., Griffin, B. A., Sheftall, A. H., & Ayer, L. (2024). Preteen Suicidal Ideation and Adolescent Academic Well-Being Among Child Welfare-involved Youth. *School Mental Health*, 0123456789. <https://doi.org/10.1007/s12310-024-09726-x>
- Arsita, R. (2022). Faktor yang Mempengaruhi Kesehatan Mental Lansia Pada Masa Pandemi Covid-19 di Indonesia. *Jurnal Syntax Admiration*, 3(6), 843–853. <https://doi.org/10.46799/jsa.v3i6.449>
- Astitene, K., & Barkat, A. (2021). Prevalence of posttraumatic stress disorder among adolescents in school and its impact on their well-being: A cross-sectional study. *Pan African Medical Journal*, 39. <https://doi.org/10.11604/pamj.2021.39.54.27419>
- Clausen, C. E., & Skokauskas, N. (2018). Child and adolescent mental health: How can we help improve access to care? *Journal of Indian Association for Child and Adolescent Mental Health*, 14(1), 10–18. <https://doi.org/10.1177/0973134220180103>
- Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health, W. H. O. (2003). Investing in M E N T A L H E A L T H. *Investing in Mental Health*, 3–49.
- Fitri, K. F., Iskandar, S., & Achadiyahani, A. (2017). Mental Health Stakeholders' Perception Toward Mental Illness in West Java. *Jurnal Kedokteran Dan Kesehatan Indonesia*, 8(3), 146–153. <https://doi.org/10.20885/jkki.vol8.iss3.art2>
- Guk-guk, R. S. A. R. (n.d.). *KESEHATAN MENTAL ANAK-ANAK MENGATASI TANTANGAN DI MASA PERTUMBUHAN*. 1–13.
- Hartanto, D., Fauzia, M., Azhari, I., & ... (2023). Do Guidance and Counseling Teacher Know About Students Mental Health Problems?: A Qualitative Study. ... (*E-Journal*), 10(2), 171–182. <http://ejournal.radenintan.ac.id/index.php/konseli/article/view/19137>
- Hutasuhut, D. H., & Massayu, S. (2023). Kesehatan+Mental+pada+Remaja,+templat+crossknowledge[2].

International Journal of Cross Knowledge, 2(1), 130–135.

- Ilmi, N., & Harahap, P. S. (2024). MENTAL HEALTH , Seberapa Penting Mental Health Bagi Remaja ? *Pendidikan Tambusai*, 8(1), 577–582.
- Kobau, R., Seligman, M. E. P., Peterson, C., Diener, E., Zack, M. M., Chapman, D., & Thompson, W. (2011). Mental health promotion in public health: Perspectives and strategies from positive psychology. *American Journal of Public Health*, 101(8), 1–9. <https://doi.org/10.2105/AJPH.2010.300083>
- Lozano-sánchez, A., Aragonès, E., López-jiménez, T., & Bennett, M. (2024). *Temporal trends and social inequities in adolescent and young adult mental health disorders in Catalonia , Spain : a 2008 – 2022 primary care cohort study*. 2, 1–13.
- Menesini, E., & Salmivalli, C. (2017). Bullying in schools: the state of knowledge and effective interventions. *Psychology, Health and Medicine*, 22, 240–253. <https://doi.org/10.1080/13548506.2017.1279740>
- O, W. H. (2017). Mental Health Status of Adolescents in South-East Asia : Evidence for Action. In *Searo* (Issue April).
- Osborne, A., & Ahinkorah, B. O. (2024). The paternal influence on early childhood development in Africa: implications for child and adolescent mental health. *Child and Adolescent Psychiatry and Mental Health*, 18(1), 1–8. <https://doi.org/10.1186/s13034-024-00847-4>
- Scorsolini-Comin, F., Fontaine, A. M. G. V., Koller, S. H., & dos Santos, M. A. (2013). From authentic happiness to well-being: The flourishing of positive psychology. *Psicologia: Reflexao e Critica*, 26(4), 663–670. <https://doi.org/10.1590/S0102-79722013000400006>
- Seligman, M. E., & Csikszentmihalyi, M. (2000). Positive psychology. An introduction. *The American Psychologist*, 55(1), 5–14. <https://doi.org/10.1037/0003-066X.55.1.5>
- Smokowski, P. R., Bacallao, M. L., Cotter, K. L., & Evans, C. B. R. (2014). The Effects of Positive and Negative Parenting Practices on Adolescent Mental Health Outcomes in a Multicultural Sample of Rural Youth. *Child Psychiatry and Human Development*, 46(3), 333–345. <https://doi.org/10.1007/s10578-014-0474-2>
- Stentiford, L., Koutsouris, G., & Allan, A. (2023). Girls, mental health and academic achievement: a qualitative systematic review. *Educational Review*, 75(6), 1224–1254. <https://doi.org/10.1080/00131911.2021.2007052>
- Waters, L., Algoe, S. B., Dutton, J., Emmons, R., Fredrickson, B. L., Heaphy, E., Moskowitz, J. T., Neff, K., Niemiec, R., Pury, C., & Steger, M. (2022). Positive psychology in a pandemic: buffering, bolstering, and building mental health. *Journal of Positive Psychology*, 17(3), 303–323. <https://doi.org/10.1080/17439760.2021.1871945>

Wile Schwarz, S. (2009). Adolescent Mental Health in the United State. *National Center for Children in Poverty, June*.

Yuhanas, U. S., & Subroto, D. E. (2024). Kesehatan Mental dan Kesejahteraan pada Remaja Sekolah Menengah Atas di Indonesia (Tinjauan Literature). *Journal Of International Multidisciplinary Research Kesehatan, 2(3)*, 181–186.
<https://journal.banjaresepacific.com/index.php/jimr/article/view/314/277>