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Analysis of Factors Associated with Adolescent Mental Health in the School Environment

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ABSTRACT

Adolescence is an important transition phase from childhood to adulthood which is marked by physical, emotional and social changes. At this stage, teenagers are in the process of searching for their identity so they are very vulnerable to the influence of the environment, peers and social media. Lack of self-control, minimal understanding of the risks of dangerous behavior such as promiscuity, smoking and drug abuse, as well as weak parental attention and moral education further increase teenagers' vulnerability to risky behavior. Indonesian adolescent mental health data for 2024 shows that one in three adolescents, or around 15.5 million individuals, experienced mental health problems in the last 12 months, with anxiety disorders being the most common cases (28.2% of girls and 25.4% of boys). In addition, around 2.45 million teenagers experience at least one mental disorder. Factors such as academic pressure, family relationship dynamics, bullying, gadget addiction, and socio-economic conditions also influence their mental health conditions. This research on adolescent mental health aims to provide education and prevention efforts against risky behavior that can damage physical and mental health. Through this educational activity, it is hoped that teenagers will have a better understanding of the consequences of their actions, be able to maintain mental health, and build strong character to face future challenges positively.

1. Introduction

Adolescence is a transition period from childhood to adulthood which is marked by physical, emotional and social changes. At this stage, teenagers are looking for their identity and are very easily influenced by the surrounding environment, peers, and social media. Many teenagers lack self-control and insight into the risks of promiscuity, smoking and drug abuse. Lack of parental attention and weak moral education make teenagers fall easily into risky behavior.

Indonesian adolescent mental health data 2024 shows that one in three adolescents (around 15.5 million) have mental health problems, with anxiety disorders being the highest (28.2% of adolescent girls and 25.4% of adolescent boys). Factors such as academic pressure, relationships with parents, bullying, smartphone addiction, and socio-economic conditions can affect their mental health, where Mental health problems: Around 15.5 million Indonesian teenagers (1 in 3) have had at least one mental health problem in the last 12 months. Mental disorders: Around 2.45 million Indonesian teenagers (1 in 20) experienced a mental disorder in the last 12 months. Anxiety: The most common mental health problem, with anxiety levels higher in adolescent girls (28.2%) than boys (25.4%).

For this reason, mental health research aims to avoid pitfalls in adolescence and is carried out as an educational and preventive effort against behavior that can damage the physical and mental health of adolescents. Through this activity, it is hoped that teenagers will be able to understand the impact of their actions, maintain mental health, and build strong character to face a better future.

2. Literature Review

2.1 Definition of Mental Health

According to the World Health Organization (WHO, 2020), mental health is a state of well-being in which individuals are able to realize their potential, face the normal stresses of life, work productively, and contribute to their environment. Good mental health helps a person develop the ability to think positively, manage emotions, and establish healthy social relationships.

In the context of adolescents, mental health includes the ability to recognize and manage emotions, build self-confidence, and adapt to

rapid social and physical changes. Teenagers who have good mental health will be able to make wise decisions, resist negative pressure, and focus on achieving their life goals.

Mental health in the perspective of modern psychology is no longer understood simply as a condition free from mental illness, but rather as a state of overall well-being which includes a balance between an individual's ability to manage emotions, build positive social relationships, and function optimally in various domains of life. WHO (World Health Organization) emphasizes that mental health is a condition in which individuals are able to realize their potential, are able to overcome the stress of daily life, work productively, and contribute to their community? This understanding shows that mental health is dynamic, influenced by internal and external factors, and cannot be separated from the social context in which individuals exist. In psychology, a person's mental condition is closely related to the concepts of well-being, self-regulation, emotional development, and coping mechanisms in dealing with internal and external pressure. Therefore, mental health is not only related to the absence of clinical symptoms such as depression or anxiety, but also includes aspects such as optimism, adaptability, resilience, and harmonious interpersonal relationships.

2.2 Characteristics of Adolescent Development and Their Implications for Mental Health

Adolescence is generally understood as a transition period that occurs between childhood and adulthood, which usually occurs between the ages of 12 and 21, although this boundary can vary depending on cultural and social context. According to Santrock (2018), adolescence is characterized by various physical, hormonal, cognitive, emotional and social changes which can cause psychological tension if not balanced with adequate support.

Biologically, adolescence begins with the onset of puberty which triggers drastic hormonal changes, which then have an impact on physical changes such as rapid growth, changes in voice, sexual development, and often unstable emotional fluctuations. Changes in hormones such as estrogen, progesterone, and testosterone are closely related to mood swings, increased emotional sensitivity, and tendencies towards impulsive behavior. Apart from that, adolescent

brain development also shows that the prefrontal cortex—the part responsible for decision making, risk evaluation, and self-control—is not yet fully mature, while the limbic system—which regulates emotions and impulses—is more active. An imbalance between these two developmental systems often makes teenagers more vulnerable to emotional stress, internal conflict, and less controlled behavior.

Cognitively, according to Piaget's theory, adolescents have entered the formal operational stage, namely the stage where individuals begin to be able to think abstractly, logically, and consider various hypothetical possibilities. Even though this abstract thinking ability is developing, teenagers are not yet fully able to consider the long-term consequences of their actions, so they often focus more on immediate gratification or pressure from the social environment. In this context, the ability to make mature decisions still requires a supportive environmental stimulation.

From the aspect of psychosocial development, Erikson's (1950) theory explains that adolescents are at the identity versus role confusion stage, namely the stage where individuals try to determine their self-identity, values, interests and life goals. Success in forming a clear identity will give adolescents a sense of direction and emotional stability, whereas failure in this process can trigger role confusion, self-doubt, and an increased risk of mental disorders such as anxiety or depression. Adolescents at this stage are also increasingly sensitive to social acceptance and more susceptible to peer pressure, which if not managed can have a negative impact on their psychological health.

2.3 Factors Affecting Adolescent Mental Health

According to Papalia & Feldman (2017) and Soetjningsih (2010), several key factors influence adolescent mental health, including:

1. **Family Factors:** The family is the primary and primary environment for adolescents. Therefore, parenting styles, family dynamics, and the quality of family relationships significantly influence adolescents' mental health. Authoritarian parenting styles, prolonged family conflict, verbal and physical abuse, and a lack of emotional warmth have been shown to increase the risk of mental

disorders. Conversely, supportive, communicative, and affectionate families can serve as protective factors. Lack of affection, poor communication, or family conflict can reduce adolescents' emotional stability. Conversely, positive family support acts as a primary buffer against stress.

2. **School Factors:** The school environment is one of the most dominant contexts influencing adolescent mental health. Academic pressure, competition for achievement, relationships with teachers, and bullying can be significant sources of stress. Schools with a negative climate can increase anxiety, feelings of insecurity, and decrease motivation to learn. Academic pressure, bullying, and social relationships at school play a significant role in adolescents' psychological well-being.
3. **Environmental and Peer Factors:** Adolescents rely heavily on their peer group as a source of social identity and emotional support. Negative peer pressure can trigger risky behaviors such as smoking, substance abuse, or aggressive behavior, all of which contribute to mental health problems. However, good peer support can increase self-confidence and reduce the risk of stress. Peer influence often triggers risky behaviors, such as promiscuity, smoking, and drug abuse.
4. **Social Media Factors:** social media has a significant influence on adolescent psychology. On the one hand, social media can provide a space for self-expression and social interaction. However, excessive use can lead to addiction, insomnia, cyberbullying, unrealistic social comparisons, body shaming, and even an increased risk of depression and anxiety. Exposure to negative content and social pressure on the media can cause stress, anxiety, and even depression in adolescents.
5. **Psychological Factors:** Psychological factors such as self-esteem, emotional regulation skills, and coping styles play a significant role in determining adolescent mental health. Adolescents with low self-esteem tend to have a higher risk of depression, anxiety, or self-harm. Poor

emotional regulation skills also predict the emergence of aggressive behavior and other maladaptive behaviors. Personality, stress management skills, and self-confidence also determine how adolescents adapt to their environment.

6. **Biological and Genetic Factors:** Adolescent mental health is partly influenced by biological and genetic factors, where a predisposition to certain disorders such as depression, bipolar disorder, or anxiety can be inherited from parents. Additionally, imbalances in neurotransmitters such as serotonin, dopamine, and norepinephrine may contribute to adolescents' vulnerability to mood disorders.

2.4 Risky Behavior in Adolescents

According to the Indonesian Ministry of Health (2022), approximately 16% of Indonesian adolescents have engaged in risky behaviors, such as:

1. Promiscuity, which can damage morals and the future.
2. Smoking, which negatively impacts health and academic performance.
3. Drug abuse, which can destroy physical, mental, and social relationships.

These risky behaviors are generally caused by a lack of moral education, weak parental supervision, and adolescents' limited understanding of the consequences of their actions. Therefore, health promotion is an important strategy for providing knowledge, building awareness, and instilling positive values

2.5 The Importance of Social Support in Adolescent Mental Health

Social support from parents, teachers, and peers significantly influences adolescents' mental well-being. According to Sarafino (2011), social support can help individuals cope with stress and increase their sense of security. For adolescents, this support provides a sense of acceptance, appreciation, and understanding, thus preventing depression and deviant behavior.

3. Research Methodology

3.1 Research Types and Designs

This study employed a quantitative research method with a descriptive-analytical approach. This approach was chosen to describe

adolescents' mental health and analyze influencing factors, such as academic pressure, social media use, and family and environmental support. The study used a cross-sectional design, meaning data were collected at a specific point in time to obtain a snapshot of the respondents' condition.

3.2 Population and Sample

1. Research Population

The population in this study was all adolescents aged 15–17 years who lived in schools and youth communities in the research area.

2. Sampling Technique

The sampling technique used was purposive sampling, which selects respondents based on specific criteria that align with the research objectives.

3. Sample Size

The sample size for this study was 50 respondents, determined based on population size and data analysis needs.

3.3 Data Collection Techniques

Data collection was conducted using:

1. Mental Health Questionnaire (Mental Health Inventory/MHI-38)

This instrument was used to measure respondents' mental health levels, including aspects of anxiety, depression, emotional control, and psychological well-being.

2. Supporting Questionnaire

Containing demographic data (age, gender, education) and additional questions related to:

- a. Academic pressure
- b. Social media use
- c. Family and social support

3.4 Instrument Validity and Reliability

The instrument was first tested for validity using the Pearson Product Moment technique and for reliability using Cronbach's Alpha. The test results showed that all statement items had calculated r values $>$ table r , thus being valid for use. The instrument's reliability value was ≥ 0.70 , indicating high reliability.

3.5 Data Analysis Techniques

1. Univariate Analysis

Used to obtain an overview of the frequency distribution of each variable, such as anxiety levels, academic stress, and social support.

2. **Bivariate Analysis**
Used to examine the relationship between variables using the Chi-Square or Spearman Rank test, depending on the results of the data normality test.
2. **Interpretation of Results**
The results of the analysis are displayed in the form of distribution tables, percentages, and statistical values, which are then interpreted to answer the research problem formulation.

4. Results and Discussion

4.1 Presentation of Results

This study was conducted on 50 adolescent respondents aged 15–17 years old who live in schools and youth communities. The instruments used were the Mental Health Inventory (MHI-38) questionnaire and several additional questions related to environmental factors, social media use, and family support.

Table 1

Variables Studied	Category	Percentage
Mental health level	Good	28%
	Currently	49%
	Low / Risky	23%
Factor stress highest experienced	Pressure academic	41%
	Social media & comparison self	28%
	Conflict family	21%
	Connection friendship (bullying, 10% isolation social)	
Perceived support teenager	Tall	32%
	Currently	46%
	Low	22%

Based on the results of the table above, 23% of respondents showed symptoms of mild to moderate depression, while 18% experienced significant anxiety. Furthermore, 12% of respondents admitted to having engaged in self-harm, and 6% admitted to having had suicidal thoughts, although they did not act.

4.2 Discussion of Results

The results of the study indicate that the majority of adolescents are in the moderate mental health category, but a significant percentage (23%) are in the at-risk category. These findings demonstrate that adolescence is a critical phase in psychological development that requires serious attention from the family, school, and community. Academic pressure emerged as a major factor influencing adolescent mental health. This indicates high achievement demands from both school and family, leading adolescents to fear failure and lose self-confidence. This condition aligns with Erikson's theory of psychosocial developmental stages, where adolescents are in the identity versus role confusion phase, making them vulnerable to stress, identity confusion, and decreased adaptive abilities.

Social media use has also been shown to impact adolescents' mental health. As many as 28% of respondents reported frequently comparing themselves to others through social media, which lowers their self-esteem. This aligns with Social Comparison Theory, which states that individuals tend to evaluate themselves based on external social standards, leading to body image, appearance, and popularity becoming sources of emotional distress. The family environment also plays a significant role. Adolescents with high levels of emotional support from their families report better mental health than those experiencing family conflict or limited communication. This demonstrates that the family serves as a protective factor against the risk of depression, anxiety, and destructive behavior.

The findings regarding self-harm and suicidal ideation highlight the need for early intervention and stronger support systems, including school counseling services, systematic mental health education, and access to professional psychological services. Overall, this study confirms that adolescent mental health is influenced by a combination of internal and external factors, including academic pressure, family dynamics, technology use, social environment, and emotional regulation skills. Therefore, efforts to improve adolescent mental health must be comprehensive, encompassing educational, preventive, promotive, and curative approaches.

5. Conclusion

This research shows that adolescent

mental health still requires serious attention. Social environmental factors, education, digital media, and family support are interconnected in shaping adolescents' psychological well-being. If not addressed appropriately, this can impact risky behavior, decreased academic achievement, and quality of life in the future. Education about adolescent mental health has had a positive impact on students' knowledge and awareness. Several important conclusions can be drawn:

1. Adolescents need to strengthen moral values and self-control to avoid risky behavior.
2. Smoking and drug use are not symbols of maturity, but rather a sign of weak self-control.
3. Mental health education is crucial for developing character and a healthy, moral future.

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