

Mental Health Problems Among Adolescent Students

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Abstract

Concern for adolescents usually focuses on physical problems, such as reproductive health and nutrition, including anemia and obesity. Nowadays, adolescent mental health has been recognized as essential, particularly in low- and middle-income countries. Mental health problems that often occur in adolescents include anxiety, depression, and the risk of suicide. This study aimed to determine the prevalence of mental health problems and the risk of suicide among adolescent students in Bali Province, Indonesia. The sample consisted of 435 students from four junior high schools (Grades 7, 8, and 9) aged 12–15 years who were selected with a multistage sampling technique. This descriptive study applied the Indonesian version of the Pediatrics Symptom Checklist-Youth (PSC-Y) report. The results showed that 14.5% of adolescent students experienced mental health problems, and 6.7% had a risk of suicide. Screening for adolescent mental health, especially in school, is important to ensure normal development and detect mental health problems as early as possible.

Keywords: adolescent mental health, junior high school student, suicide risk

Abstrak

Masalah Kesehatan Jiwa pada Siswa Remaja. Dewasa ini, masalah fisik kerap menjadi perhatian pada remaja, seperti kesehatan reproduksi dan nutrisi (anemia dan obesitas), dan masih sangat sedikit orang yang memerhatikan masalah kesehatan jiwa. Padahal, kesehatan jiwa memiliki peran penting dalam tahap kehidupan remaja kedepannya. Belakangan ini, masalah kesehatan jiwa yang banyak ditemui pada remaja adalah ansietas, depresi, dan risiko bunuh diri. Kasus-kasus kejiwaan tersebut belum terdokumentasi dengan baik karena tidak ada deteksi dini terhadap masalah kesehatan jiwa di Bali. Penelitian ini bertujuan untuk mengetahui prevalensi masalah kesehatan jiwa dan risiko bunuh diri pada siswa remaja di Bali, Indonesia. Sampel dalam penelitian adalah 435 siswa remaja dari empat SMP di Kota Denpasar (Kelas 7, 8, dan 9) berusia 12 – 15 tahun yang dipilih berdasarkan teknik multistage simple random sampling. Penelitian ini menggunakan pendekatan studi deskriptif kuantitatif dan instrumen yang digunakan adalah kuesioner Pediatrics Symptom Checklist-Youth (PSC-Y) Report, yang diolah menggunakan SPSS dengan interval kepercayaan 95%. Hasil penelitian menunjukkan ada 14,5% siswa remaja mengalami masalah kesehatan jiwa dan 6,7% memiliki risiko bunuh diri. Skrining kesehatan mental remaja sangat penting, terutama dilakukan oleh sekolah, untuk menjaga tumbuh kembang remaja dengan jiwa yang sehat dengan mendeteksi sedini mungkin masalah kesehatan mental tersebut.

Kata Kunci: masalah kesehatan jiwa, remaja, risiko bunuh diri, sekolah menengah pertama

Introduction

Mental health problems and depression cases in Bali Province have experienced a surge in numbers (Ashrita & Ariani, 2019). Based on data from Baseline Health Research (2018), mental and emotional disturbances occurring in those aged 15 years and older have doubled from 4.4% to 8.4%, and depression cases were at 5.1% (the Ministry of Health Republic of Indonesia, 2019). Many factors have contributed to

this increase. Some information from the mass media has stated that the mental health of Balinese people requires special attention (Mustofa, 2019). Mental disorders do not have a fast onset, and may include predisposing factors or causes since childhood or events that occur within the two years prior. The World Health Organization (WHO) notes that most mental disorders begin at the age of 14 (WHO, 2019).

The term ‘adolescents’ refers to those between

12 and 21 years of age, which is a period of transition from childhood to adulthood (WHO, 2017). In adolescence, individuals experience rapid physical changes and socioemotional development (Batubara, 2016). These changes require adolescents to fulfill developmental tasks. Developmental tasks in adolescence include the search for self-identity and avoiding identity confusion which leads to some negative identities such as split self-image and the inability to build close relationships with others (Erikson, 2010). Adolescence is categorized by its characteristics according to three stages of the development process. The first stage is early adolescence (12 – 15 years), when adolescents are still confused about the physical and psychological changes that occur and the impulses that accompany this change. Cognitive development causes new thoughts, having a desire to engage in romantic and sexual relationships, and erotic arousal (Allen & Waterman, 2019). Teenagers are sensitive and find it difficult to control their strong emotions which often continue to drive their decisions impulsively. They often get into problems and are difficult for adults to understand.

Intermediate adolescents (15 – 18 years) are very close to peers who have the same characteristics as themselves. At this stage, adolescents are in a state of confusion because they have to make choices between being busy or alone, and being optimistic or pessimistic (Fatmawaty, 2017). The most prominent changes are experienced by male adolescents at this time because they begin to detach themselves from the Oedipus complex (feelings of the loving mother) and switch to liking friends of the opposite sex. Female adolescents still have an attachment to their fathers and try to find friends of the opposite sex who have similar characters as their fathers (Wulandari, 2014).

In late youth (18 – 21 years), adolescents are nearing adulthood but still under the supervision of their parents, yet they can live economically independently. This is marked by the achievement of interest in intellectual functi-

ons. The ego looks for opportunities to join others and have new experiences. The self and sexual identity that cannot change is formed, and youths start to think of others more than themselves (Fatmawaty, 2017; Flisher & Gerein, 2016).

The census results showed that the population of Indonesian adolescents in 2025 will reach 65.7 million (Statistics Indonesia et al., 2020). A large population requires special attention because adolescents are an asset of the nation and determine the development of a country, and adolescent mental health is particularly important. The impact of mental health problems that can often be seen in adolescents include the emergence of risky behaviors, such as consumption of alcohol, drug abuse, and free sexual activity (Papalia et al., 2015; Rimbawan, 2013). The Bali Provincial Health Office noted that during 2017, there was an increase in pregnancy rates in adolescents under 20 years of age, as well as STIs, HIV, smoking, and alcohol use. Wiguna et al., (2020) added that 14.2% of 113 adolescents in the study were at risk for difficulties in general; 38.1% were at risk for peer relationships, 28.3% for pro-social behavior issues, and 15% for conduct issues. Furthermore, research conducted by Patinus et al. (2013) and Sumara et al. (2017) showed that juvenile delinquency included being absent from school, getting involved in cases of theft, scribbling on public facilities, and leaving the house without permission. These problems can occur in teenagers who have mental health problems or mental-emotional disorders, and may lead to problems at a future stage in adulthood (Malfasari et al., 2020; Sriasih, 2015).

As many as 9.8% of adolescents in Bali experience emotional disturbances, and Buleleng is the highest district at 12.1% (Mustofa, 2019). It is possible that adolescents who live in urban areas, such as Denpasar City, also have a high risk of mental health problems. Adolescents are prone to mental health problems due to rapid physical and psychological changes. Mental health problems are divided into two groups:

mental-emotional disorders, such as anxiety and depression, and serious mental disorders, such as schizophrenia (the Ministry of Health Republik of Indonesia, 2019; Sari et al., 2019). Negative mental conditions that occur during adolescence in the face of various stressors include anxiety, depression, psychotic disorders, and substance or alcohol abuse (Sasmita, 2018). Depression is a common problem that can occur in adolescence (Stuart, 2013).

Severe mental health issues, such as depression, bipolar disorder, and schizophrenia, are linked to youth suicide (Febrianti & Husniawati, 2021; Kusumayanti et al., 2020). The higher the severity of depression, the greater the danger of committing suicide. Suicide is a deliberate act of self-harm that results in the loss of life. Suicide fatalities surpass 800,000 per year around the world, or once every 40 seconds (the Ministry of Health of Republic of Indonesia, 2017). According to basic Health Research conducted nationally by the Ministry of Health, Republic of Indonesia (2013), 722,329 respondents aged 15 and older had suicidal ideations, including 0.8% of men and 0.6% of women (the Ministry of Health Republik of Indonesia, 2013). Two districts in Bali Province, Bangli and Klungkung, have significant suicide rates (Suara Dewata, 2018). Every year, 18 people die by suicide in the Bangli region, and 2 – 5 people die by suicide in the Klungkung region. Every year, the number of people who commit suicide rises.

Suicide statistics include suicidal ideation, threats of suicide, suicide attempts, and suicide. Individuals with suicidal thoughts have present plans and suicidal aspirations but have not attempted suicide in the recent past (Pratiwi & Undarwati, 2014). Adolescents who were identified as being at risk of suicide had a six-fold higher likelihood of suicidal ideation than peers who were not identified as being at risk. Suicidal thoughts are a common precursor to suicide. Suicide is linked to psychiatric problems, psychosocial stressors, cognitive difficulties, and biological variables in children and adolescents (Zulaikha & Febriyana, 2018). Although

several studies on mental health problems have been conducted in Indonesia, Bali has received little to no attention in this matter. Since mental health problems in Bali lack detection and treatment, they can lead to more serious problems, such as suicide among adolescents.

Methods

This quantitative descriptive study was intended to describe and analyze a study outcome but will not be utilized to draw any general conclusions (Sugiyono, 2017). The population was junior high school adolescents in the city of Denpasar, who totaled 12,215 people from 61 schools. The sample in this study was 435 junior high school adolescents in the city. The inclusion criteria were ages 12 – 16 years without chronic metabolic disease.

The sampling technique used in this study was multistage random sampling involving three stages of grouping. The selection process was simple random selection by lottery. In the first stage, two sub-districts in Denpasar City were chosen: West Denpasar and South Denpasar. Then, in the second stage, two public junior high schools and two private junior high schools were selected in each sub-district. To avoid biased data, the locations of the four selected schools were not located near each other. The third stage was to select two classes from each level of junior high school from the selected public and private schools. Then, the students from the selected classes and levels were selected as the sample.

The instruments included demographic data, such as age, gender, grade of school, number of family members, and residence status. For mental health, the Pediatric Symptom Checklist for Youth (PSC-Y) instrument was used. The PSC-Y is a mental illness and suicide risk screening tool for identifying cognitive, emotional, and behavioral issues in children. This form consists of 31 statements focusing on problems of internalization, externalization, and attention, and an additional six statements related to sui-

cidal thought and suicide attempts. The researchers used a rating scale with values of 0 for never, 1 for sometimes, and 2 for frequently. In this study, a mental health problem was defined as a score of 30 on the PSC-Y out of a possible score of 74. Suicide risk can be determined by previous suicide attempts and suicidal ideation in the last three months (questions 36 and 37). The validity results were as follows: 0.683 above the r-count value (0.334), with an error level (α) of 5% and $DB = n-2$. The reliability test result was 0.926 for Cronbach's alpha; thus, consistent with the study of Eisingerich and Rubera (2010), it surpassed the minimum value of 0.70 (Polit & Beck, 2014). According to this result, the PSC-Y instrument was deemed valid and reliable. The results were categorized into positive and negative, with positive meaning that the respondent experienced mental health problems. The collected data were analyzed to obtain the distribution of frequencies of univariate data.

Data collection was carried out for one month. The research was conducted during a time of restrictions on community activities in Bali due to the COVID-19 pandemic, so data collection was done online through Google Forms. The objectivity of the researcher and the research subjects during the data collection process was guaranteed with a blind approach. We followed the research methodology for adolescent respondents by having the teacher as the instructor complete the questionnaires through the established WhatsApp group chat. This study was approved by the Research Ethics Commission of the Faculty of Medicine, Udayana University/Sanglah Central General Hospital Denpasar with the number 1981/UN14.2.2.VII.14/LT/2020.

Results

Respondent characteristics. The characteristics of the respondents were based on class, level,

Table 1. Demographic Data of Junior High School Adolescents in Denpasar City

Characteristics	Result		
	Mean \pm SD (Min-Max)	Frequency (n)	Percentage (%)
Class Level			
7		130	29.9
8		105	24.1
9		200	46.0
Age	13.34 \pm 0.931 (11 – 15)		
12 years		95	21.8
13 years		118	27.1
14 years		191	43.9
15 years		31	7.1
Gender			
Male		159	36.6
Female		276	63.4
Birth Order			
1		185	42.5
2		175	40.2
3		53	12.2
4		15	3.4
5		6	1.4
6		1	0.2
Residence status of respondents			
Parents		431	99.1
Grandparents		2	0.5
Other family		1	0.2
Alone (dormitory)		1	0.2

Table 2. Prevalence of Mental Health Problems Among Adolescent Students

Mental Health Problems	Frequency (n)	Percentage (%)
Positive (experiencing mental health problems)	64	14.7
Negative (not experiencing mental health problems)	371	85.3

Table 3. Prevalence of Suicide Risk Among Adolescent Students

Risk of Suicide	Frequency (n)	Percentage (%)
No risk	406	93.3
Risky	29	6.7
Total	435	100

gender, age, birth order, and residence status. Table 1 shows that the respondents were mostly in the 9th grade (45.5%), and the largest number of respondents was in the 14-year-old category, with a total of 191 students from 435 respondents (43.3%). A total of 278 respondents were female (63.2%). Most of the respondents were first children, for a total of 188 (42.7%), and almost all respondents were living with their parents (99.1%).

Prevalence of mental health problems and suicide risk. Table 2 shows that the majority of respondents (85.3%) did not have significant mental health problems and there were 64 (14.7%) respondents who experienced problems of mental health. This research indicates the likelihood that an adolescent is at risk for a significant mental health problem or suicide. Its results are not a diagnosis or a substitute for clinical evaluation. Adolescent mental health problems in schools include behavioral, emotional, educational, and relationship problems with teachers and peers. To determine a diagnosis, examination of the problem is needed.

It shows that junior high school adolescents in Denpasar City have a suicide risk of 6.7% or a total of 29 students (table 3). This study applied some parts of PSC-Y to detect the risk of suicide. In this instrument, six conditions were shown to indicate suicide risk: history of suicidal ideation, previous suicide attempts, wanting to be with parents more than before, taking un-

necessary risks, being hurt frequently, and being childish.

Discussion

The results of this study showed that many adolescents had mental health problems (14.7%). The magnitude of the incidence rate could be considered small, but it must be given attention because the future of Indonesia will be affected. Some predisposing factors or causes had occurred within the last two years, as well as factors of precipitation, which refer to a specific event triggering to the onset of the current problem, or mental disorders (Racine et al., 2016). This is in line with research conducted by Azizah et al. (2018) in the Kali Code area of Yogyakarta City, which is similar to Bali in terms of tourism, which shows that around 11.6% of adolescents in the Kali Code area of Yogyakarta City experience psychosocial problems. Yogyakarta is a tourism city. This figure is still low when compared to research conducted in several cities with similar instruments, such as those in Nepal and India. The incidence of adolescent psychosocial problems in Nepal is 20%, and 31.2% of Indian adolescent students (Bista et al., 2016). In a study by Bista et al. (2016), the mental health problems experienced by adolescents in Nepal and India were divided into three problems: problems of internalization, externalization, and attention. These categories were similar to the mental health problems examined in this study.

Most of the respondents were 14 years old and in the early adolescent stage (12 – 15 years), a time at which adolescents experience very rapid physical change and psychological and social development. Adolescents' psychosocial development refers to their ability to achieve their own identity; stimulation of this ability improves their achievement of self-identity (Agung, 2014). If they cannot achieve this, adolescents experience role confusion, which results in behavioral deviations. During the early adolescence period (12 – 15 years), the transition from childhood to young adulthood, adolescents' cognitive development is not matured enough to overcome the problems that occur, and they also do not have sufficient experience for coping (Lynne-Landsman et al., 2011; Wang et al., 2016). Thus, adolescents are very vulnerable to mental health problems. Mental health problems commonly experienced by adolescents include depression and anxiety.

The results of this study are also supported by research conducted by Wiguna et al. (2016), who reported that, according to parents accompanying their children to the mental health polyclinic of Cipto Mangunkusumo Hospital, 42.3% of teenagers experience emotional problems. Research conducted by the Association of Indonesia Family Planning (AIFP) of Bali Province found that 50.8% of 1,752 adolescents had experienced anxiety disturbance, 37% felt unhappiness that led to sleep pattern disturbances, and 33% felt sadness (Nissa & Anggraeni, 2019)

Many factors contribute to mental health problems in adolescents, such as the use of drugs and addictive substances, school environment, family, social factors, and factors related to AIDS (Pinto et al., 2014). Social factors contribute to influencing the lives of adolescents. A person spends a lot of time with the community and peers during adolescence, rather than with their family. According to Azizah et al. (2018), the education factor (school environment) makes a large contribution to creating psychosocial problems in adolescents. The manifestations of

adolescent behavior with psychosocial problems include truancy, quarrels, smoking, drinking alcohol, gambling, playing cards, fighting, and brawls (Prihantini, 2013). Another source mentioned that the problems that occurred in adolescent students were learning difficulties and building relationships with friends (Husaini et al., 2019). Learning difficulties are characterized by decreased learning achievement, difficulty concentrating, and frustration (Papalia et al., 2015). If problems go unnoticed, they could lead to more serious problems, such as the risk of suicide in adolescents.

This study also found that 6.7% of respondents had a risk of committing suicide, as shown in Table 3, which means that 6–7 out of 100 adolescent students are at risk of ending their lives. As the respondents mentioned in the questionnaire, this is characterized by a desire to be with parents more than ever, risky actions, being childlike, being frequently hurt, having suicidal thoughts, and having attempted suicide previously. The AIFP of Bali Province also found that as many as 25% of Bali adolescents had thoughts of self-harm (Nissa & Anggraeni, 2019). Similar results were also found in the research of Pratiwi and Undarwati (2014) in Semarang City, where one-third of 442 adolescents had had the idea of committing suicide. This figure might appear small, but the issue still requires attention because suicide is usually vague and the data that actually occurs in the community is more than reported. Suicide was the number two cause of death in adolescents aged 15–19 in a study in United States by Klonsky et al. (2016). Individuals did not open up and hide their suicidal thoughts. The research was conducted in the form of screening for the early detection of mental health problems, especially the risk of suicide, so that it would serve as a means of preventing suicide attempts. Another study suggested that talking about suicide could reduce suicidal ideation and could lead to improved mental health in a population seeking treatment (Dazzi et al., 2014).

Various data from the Child Protection Commis-

sion recorded that the youngest age to attempt suicide was 13. The youngling did not have any close friends, which can be an additional indicator of suicide attempt. There are many factors behind the incidence of suicide in adolescents, such as psychological problems, family problems, school problems, friends problems, self-concept, and biological factors (Holland et al., 2017; Miranda & Shaffer, 2013; Wasserman et al., 2012). Other studies have confirmed factors associated with attempted suicide, including poor socioeconomic status (the incidence of suicide attempts was common in low-income countries), a history of bullying, loneliness and anxiety, smoking and alcohol, and family and social relationship problems (Liu et al., 2018). The most dominant psychosocial factors that cause adolescents to commit suicide are depression, hopelessness, and mental health problems (Klonsky et al., 2016). Adolescents who are lonely and receive less attention from family and the environment have a high risk of suicidal ideation (Dewi & Hamidah, 2013).

The absence of research on teenage mental health problems in junior high school indicates the contribution of our study. This study is part of a larger study on teenage mental health that is being conducted in Bali. This study's findings can provide schools with data and input. The limitation of this research was that the impact of teenagers' life experiences was not observed, because the past experiences allow teens to have the ability to assess the forthcoming problems. Adolescents have a deep impression on their psychological emotional responses, thus affecting their stress levels (Perwitasari et al., 2016). Another limitation of this research was that it was conducted during the COVID-19 pandemic; thus, the questionnaire was disseminated indirectly to the respondents using Google Forms, it is impossible to determine whether the respondents' responses really reflect their actual experiences.

Conclusion

The state is responsible for maintaining the lives

of the nation; therefore, the maintenance of adolescent health is vital. Mental health is important, and problems often occur during adolescence. Based on these research findings, it could be concluded that most of the adolescents did not experience mental health problems or experienced only a few mental health problems, and a small number of respondents were at risk of suicide. This research was a pilot study and could serve as a part of future research, including a more extensive study of adolescents' mental health problems. Mental health problems in adolescents need to be detected early and receive proper treatment.

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References

- Agung, S.N. (2014). *Pengaruh stimulasi perkembangan psikososial pada remaja terhadap pencapaian identitas diri di SMPN 20 Semarang* [Undergraduate's Thesis, Universitas Islam Sultan Agung Semarang]. UNISSULA Institutional Repository. <http://repository.unissula.ac.id/2118/>
- Allen, B., & Waterman, H. (2019, March 28). *Stages of adolescence*. [healthychildren.org](https://www.healthychildren.org).
- Ashrita, I.A.M.N.P., & Ariani, N.K.P. (2019). Angka kejadian gejala depresi pada remaja di SMP Negeri 1 Denpasar dan faktor yang menyertainya. *Jurnal Medika Udayana*, 8 (5), 5–8.
- Azizah, U., Haryanti, F., & Wahyuni, B. (2018). Faktor-faktor yang berhubungan dengan masalah psikososial remaja di wilayah Bantaran Kali Code Kota Yogyakarta. *Berita Kedokteran Masyarakat*, 34 (7), 281–290.

- Batubara, J.R.L. (2010). Adolescent development (perkembangan remaja). *Sari Pediatri*, 12 (1), 21–29. doi: 10.14238/sp12.1.2010.21-9.
- Bista, B., Thapa, P., Sapkota, D., Singh, S.B., & Pokharel, P.K. (2016). Psychosocial problems among adolescent students: An exploratory study in the Central Region of Nepal. *Frontiers in Public Health*, 4, 1–7. doi: 10.3389/fpubh.2016.00158.
- Dazzi, T., Gribble, R., Wessely, S., & Fear, N.T. (2014). Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence? *Psychological Medicine*, 44 (16), 3361–3363. doi: 10.1017/S0033291714001299.
- Dewi, L.A.K., & Hamidah, H. (2013). Hubungan antara kesepian dengan ide bunuh diri pada remaja dengan orangtua yang bercerai. *Jurnal Psikologi Klinis dan Kesehatan Mental*, 2 (3), 24–33.
- Eisingerich, A.B., & Rubera, G. (2010). Drivers of brand commitment: A cross-national investigation. *Journal of International Marketing*, 18 (2). doi: 10.1509/jimk.18.2.6.
- Erikson, E.H. (2010). *Childhood and society*. Pustaka Pelajar.
- Fatmawaty, R. (2017). Memahami psikologi remaja. *Jurnal Reforma*, 2 (1), 55–65. doi: 10.30736/rfma.v6i2.33.
- Febrianti, D., & Husniawati, N. (2021). Hubungan tingkat depresi dan faktor resiko ide bunuh diri pada remaja SMPN. *Jurnal Ilmiah Kesehatan*, 13 (1), 85–94. doi: 10.37012/jik.v13i1.422.
- Flisher, A.J., & Gerein, N. (2016). Adolescents. In Quah, S.R. (Ed), *International Encyclopedia of Public Health* (pp. 10-15). Elsevier. doi: 10.1016/B978-0-12-803678-5.00006-0.
- Holland, K.M., Vivolo-Kantor, A.M., Logan, J.E., & Leemis, R.W. (2017). Antecedents of suicide among youth aged 11–15: A multistate mixed methods analysis. *Journal of Youth and Adolescence*, 46 (7), 1598–1610. doi: 10.1007/s10964-016-0610-3.
- Husaini, A., Lestari, S., & Purwanti, P. (2019). Studi kasus tentang siswa yang kesulitan bersosialisasi dengan teman sebaya. *Jurnal Pendidikan dan Pembelajaran Khatulistiwa*, 8 (3). 1–7.
- Infodatin Pusat Data dan Informasi. (2019). *Situasi dan pencegahan bunuh diri*. Ministry of Health Republic of Indonesia.
- Klonsky, E.D., May, A.M., & Saffer, B.Y. (2016). Suicide, suicide attempts, and suicidal ideation. *Annual Review of Clinical Psychology*, 12 (1), 307–330. doi: 10.1146/annurev-clinpsy-021815-093204.
- Kusumayanti, N.K.D.W., Swedarma, K. E., & Nurhesti, P. O. Y. (2020). Hubungan faktor psikologis dengan risiko bunuh diri pada remaja SMA dan SMK di Bangli dan Klungkung. *Community of Publishing In Nursing (COPING)*, 8 (2), 124–132. doi: 10.24843/coping.2020.v08.i02.p03.
- Liu, X., Huang, Y., & Liu, Y. (2018). Prevalence, distribution, and associated factors of suicide attempts in young adolescents: School-based data from 40 low-income and middle-income countries. *PLOS ONE*, 13 (12), e0207823. doi: 10.1371/journal.pone.0207823.
- Lynne-Landsman, S.D., Graber, J.A., Nichols, T.R., & Botvin, G.J. (2011). Is sensation seeking a stable trait or does it change over time? *Journal of Youth and Adolescence*, 40 (1), 48–58. doi: 10.1007/s10964-010-9529-2.
- Malfasari, E., Febtrina, R., Herniyanti, R., Timur, L.B., Sekaki, P., Tim, L.B., Kota, P., & Pekanbaru, K. (2020). Kondisi mental emosional pada remaja. *Jurnal Keperawatan Jiwa*, 8 (3), 241–246.
- Ministry of Health Republic of Indonesia. (2013). *Riset kesehatan dasar (Riskesdas) 2013*. Ministry of Health Republic of Indonesia.
- Ministry of Health of Republik Indonesia. (2019). *Profil kesehatan Indonesia 2018*. Ministry of Health of Republik Indonesia.
- Ministry of Health Republic of Indonesia. (2019). *Laporan Provinsi Bali RISKESDAS 2018*.

- Ministry of Health Republic of Indonesia.
- Miranda, R., & Shaffer, D. (2013). Understanding the suicidal moment in adolescence. *Annals of the New York Academy of Sciences, 1304* (1), 14–21. doi: 10.1111/nyas.12291.
- Mustofa, A. (2019, May 22). OMG! 9,8 persen remaja di Bali alami gangguan mental. *Radар Bali*.
- Nissa, R.S.I., & Anggraeni, S.P. (2019, October 30). Peduli kesehatan mental remaja, PBKI Bali teliti permasalahan generasi muda. *Suara Merdeka*.
- Nyoman, D.R.I. (2013). Kaum muda Bali: Harapan vs. kenyataan. *PIRAMIDA: Jurnal Kependudukan dan Pengembangan Sumber Daya Manusia, 9* (1), 24–33.
- Papalia, D.E., Feldman, R.D., & Martorell, G. (2015). *Experience human development*. McGraw-Hill Education.
- Patinus, P., Parwadi, R., & BSEP, D. (2013). Kenakalan remaja di kalangan siswa-siswi SMPN 07 Sengah Temila Kecamatan Sengah Temila Kabupaten Landak. *Jurnal Program Magister Ilmu Sosial Universitas Tanjungpura, 1* (1), 1–15.
- Perwitasari, D.T., Nurbeti, N., & Armyanti, I. (2016). Faktor-faktor yang mempengaruhi tingkatan stres pada tenaga kesehatan di RS Universitas Tanjungpura Pontianak Tahun 2015. *Jurnal Mahasiswa PSPD FK Universitas Tanjungpura, 2* (3), 553c561.
- Pinto, A.C.S., Luna, I.T., Silva, A.de A., Pinheiro, P.N.da C., Braga, V.A.B., & e Souza, Â.M.A. (2014). Risk factors associated with mental health issues in adolescents: A integrative review. *Revista Da Escola de Enfermagem, 48* (3), 555–564. doi: 10.1590/S0080-623420140000300022.
- Polit, D., & Beck, C.T. (2014). *Essentials of nursing research: Appraising evidence for nursing practice* (8th Ed.). Lippincott Williams & Wilkins.
- Pratiwi, J., & Undarwati, A. (2014). Suicide ideation pada remaja di Kota Semarang. *Developmental and Clinical Psychology, 3* (1), 24–34.
- Prihantini, D. (2013). *Problem psikososial pada remaja yang orang tuanya merantau* [Bachelor's Thesis, Universitas Muhammadiyah Surakarta]. Institutional Repository of Universitas Muhammadiyah Surakarta. <http://eprints.ums.ac.id/26791/>
- Racine, N.M., Riddell, R.R.P., Khan, M., Calic, M., Taddio, A., & Tablon, P. (2016). Systematic review: Predisposing, precipitating, perpetuating, and present factors predicting anticipatory distress to painful medical procedures in children. *Journal of Pediatric Psychology, 41* (2), 159–181. doi: 10.1093/jpepsy/jsv076.
- Sari, N.Y., Keliat, B.A., & Susanti, H. (2019). Cognitive behaviour therapy for anxiety in adolescent with early prodromal of psychosis at boarding school. *BMC Nursing, 18* (S1), 33. doi: 10.1186/s12912-019-0360-0.
- Sasmita, H. (2018). Peningkatan kesehatan jiwa remaja melalui Usaha Kesehatan Jiwa Sekolah (UKJS) di SMU 12 Kota Padang. *Menara Ilmu, XII* (6), 111–118. doi: 10.33559/mi.v12i6.835.
- Sriasih, N.G.K. (2015). *Permasalahan remaja dan penanggulangannya*. [Data Set]. <http://repository.poltekkes-denpasar.ac.id/6283/>
- Statistics Indonesia, Bappenas, & UNFPA. (2018). *Indonesian population projection 2015-2045*. Statistics Indonesia.
- Stuart, G.W. (2013). *Principles & practice of psychiatric nursing 10th ed* (10th Ed.). Elsevier Mosby.
- Suara Dewata. (2018, March 10). Berturut-turut kasus bunuh diri di Bangli, siswi SMP tewas gantung diri. *Suara Dewata*.
- Sugiyono. (2017). *Metode penelitian kuantitatif, kualitatif, dan R&D*. Alfabeta, CV.

- Sumara, D., Humaedi, S., & Santoso, M.B. (2017). Kenakalan remaja dan penanganannya. *Prosiding Penelitian dan Pengabdian Kepada Masyarakat*, 4 (2), 129–389. doi: 10.24198/jppm.v4i2.14393.
- Wang, B., Deveaux, L., Lunn, S., Dinaj-Koci, V., Li, X., & Stanton, B. (2016). The influence of sensation-seeking and parental and peer influences in early adolescence on risk involvement through middle adolescence. *Youth & Society*, 48 (2), 220–241. doi: 10.1177/0044118X13487228.
- Wasserman, C., Hoven, C.W., Wasserman, D., Carli, V., Sarchiapone, M., Al-Halabí, S., Apter, A., Balazs, J., Bobes, J., Cosman, D., Farkas, L., Feldman, D., Fischer, G., Graber, N., Haring, C., Herta, D.C., Iosue, M., Kahn, J-P., Keeley, H., . . . Poštuvan, V. (2012). Suicide prevention for youth - A mental health awareness program: Lessons learned from the Saving and Empowering Young Lives in Europe (SEYLE) intervention study. *BMC Public Health*, 776 (2012). doi: 10.1186/1471-2458-12-776.
- World Health Organization. (2017). WHO: Adolescents and mental health. *World Health Organization*.
- World Health Organization. (2019). Adolescent mental health: Time for action. *World Health Organization*.
- Wiguna, T., Anindyajati, G., Kaligis, F., Ismail, R.I., Minayati, K., Hanafi, E., Murtani, B.J., Wigantara, N. A., Putra, A.A., & Pradana, K. (2020). Brief research report on adolescent mental well-being and school closures during the COVID-19 Pandemic in Indonesia. *Frontiers In Psychiatry*, 11, 598756. doi: 10.3389/fpsy.2020.598756.
- Wiguna, T., Manengkei, P.S.K., Pamela, C., Rheza, A.M., & Hapsari, W.A. (2016). Masalah emosi dan perilaku pada anak dan remaja di Poliklinik Jiwa Anak dan Remaja RSUPN dr. Ciptomangunkusumo (RSCM), Jakarta. *Sari Pediatri*, 12 (4), 270. doi: 10.14238/sp12.4.2010.270-7.
- Wulandari, A. (2014). Karakteristik pertumbuhan perkembangan remaja dan implikasinya terhadap masalah kesehatan dan keperawatannya. *Jurnal Keperawatan Anak*, 2 (1), 39–43.
- Zulaikha, A., & Febriyana, N. (2018). Bunuh diri pada anak dan remaja. *Jurnal Psikiatri Surabaya*, 7 (2), 62–72. doi: 10.20473/jps.v7i2.19466.