

The Relationship between Family Support and Emotional Mental Disorders in Adolescents

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ABSTRACT

Adolescent emotional disorders are behaviors that are not in accordance with their age stages. The number of problems and deviant behaviors in adolescence shows that adolescents are a risk group for emotional mental disorders. The purpose of the study was to determine the relationship between family social support and emotional mental disorders in adolescents. This type of quantitative research has a cross-sectional design. The research sample is 288 respondents. The sampling technique uses stratified random sampling. Data collection was carried out using a social support questionnaire and a Strength and Difficulties Questionnaire (SDQ). The data was analyzed by the Chi square test. The results of the univariate analysis related to the characteristics of the respondents were almost all (94.8%) of the respondents were at the age of 12-15 years (early adolescence) as many as 273 people, and more than half (68.1%) of the respondents were female as many as 196 people. In terms of the frequency distribution of family support, half of the respondents did not get family support as many as 146 respondents (50.7%). Frequency distribution of the frequency of adolescent emotional mental disorders almost half of the respondents had emotional disorders in the borderline range as many as 123 respondents (42.7%). The results of the statistical test obtained p-value = 0.00 < 0.05 so that it can be concluded that there is a relationship between family support and adolescent mental disorders. There needs to be high family social support to prevent mental disorders in adolescents.

Keywords: family support, emotional mental disorders, adolescents

INTRODUCTION

Adolescents are those who are in a transition period from children to adults, adolescence is a dynamic phase of development and experiences many changes and problems in adolescent life (Devita, 2020). Adolescence begins at the age of 11 to 12 years until late adolescence, which is the beginning of the age of 20 (Prasetyo & Kunci, 2021). Adolescence is a period of rapid growth and development both physically, psychologically and intellectually which can cause the emergence of various problems such as depression (Aisyaroh et al., 2022). According to the World Health Organization (2022), adolescents have a larger population compared to the population of other age groups, the number of people in the world is around 7.2 billion people, more than 3 billion people are under 25 years old and 1.2 billion of the population are adolescents aged 10-19 years or equivalent to 18% of the world's population (WHO, 2021). Based on data (BPS, 2023) recorded the number of adolescents in Indonesia with an age range

of 10-19 years as many as 44.25 million people. The number of early adolescents aged 15-19 years in Riau Province is 568572 people with male gender amounting to 293 483 people and female gender amounting to 275089 people. The number of adolescents in Pekanbaru aged 15-19 years is 78412 people with 40171 males and 38241 females.

Early adolescence is the stage where adolescents are amazed at the changes that are happening and the impulses that follow them change is happening. Changes that occur in early adolescence include changes in psychological, physical, and genital maturity. Judging from the age limit group in early adolescence, which is between 12-15 years old, adolescents who experience early adolescence are those who attend elementary school late or sixth grade, and at the beginning of junior high school (Nurmaularni & Rahmi, 2023).

Adolescents will experience several stages of growth and development. At this stage of growth and development, there will be changes both in terms of physical, psychological, cultural and psychosocial relationships. The changes experienced by adolescents at the stage of growth and development are influenced by genetic and environmental factors. These changes make adolescents experience puberty, if adolescents cannot fulfill various tasks in the developmental stage, it will lead to juvenile delinquency (Devita, 2021b). Pressure on adolescents can come from family, school and society. An unpleasant family, a lack of communication within family members or economic difficulties experienced by the family often put pressure on teenagers. Pressure on adolescents in the school environment can arise due to stressors such as excessive homework, unpleasant teacher figures, or incompatibility with peers or peers that bring negative influences. Meanwhile, in the community, there are many incidents of impactful events such as bad habits carried out by adults in their environment, such as; dirty talking, smoking, getting drunk or fighting (Fitria & Maulida, 2018).

Adolescent health problems, in addition to having a physical impact, can also affect mental, emotional, economic and social well-being. Mental health problems are just as important as physical health problems. Psychological changes in adolescence include emotional changes, and intellectual development. These psychiatric changes often trigger the emergence of psychiatric problems such as mental emotional problems in adolescents. Adolescents who are unable to adapt to change will have difficulty making choices, doing behaviors that deviate from habits so that there are many unresolved problems that cause adolescents to feel disappointed, disrespect themselves and consider themselves as failures or incapable people. This condition, if it persists, can cause mental health disorders in adolescents (Rahmawati & Rahmayanti, 2019).

Mental health is a condition that can have an impact on the self-well-being of adolescents. Adolescents who are mentally healthy, have skills, are able to cope with stress are individuals who avoid complaints about normal life, are able to carry out activities and mental disorders in the form of productive neurosis, and can contribute to and psychosis. Mentally healthy people in the community and society (Amaniey & Harahap, 2022). Mental emotional problems that are not solved properly will have a negative impact on the development of the adolescent in the future, especially on the maturation of character and trigger disorders of mental and emotional development (Devita, 2019; Florensa et al., 2023).

The World Health Organization stated that the prevalence of people with emotional mental disorders in the world in the age range of 10-19 years mental health conditions account for 16% of the global burden of disease and injury. Based on data from the (BPS, 2023), the number of adolescents aged 10-19 years was 46,872,942 million people or around 18.33% of the total population of Indonesia in the same (Hartati et al., 2022) According to the Indonesian Ministry of Health in 2018, the prevalence of emotional mental disorders in the population aged 15-24 years in Indonesia amounted to 157,695 people. The prevalence of emotional mental disorders in the population aged >15 years in Riau Province is 17,165 people (Riskesdas, 2018).

Mental health is very important to support productivity and quality of physical health (Florensa et al., 2023). Basically, human beings are created as sentient beings, who have good emotions, psychological and social that will affect the way of thinking and behaving of every human being, a good mentality in a person when his mind is in a peaceful and calm state, so that it allows a person to enjoy daily life and can appreciate someone well (Mitra et al., 2024). The importance of maintaining mental health can have an impact on the welfare of the teenager himself. Adolescents who are mentally healthy are individuals who avoid complaints and mental disorders, both in the form of neurosis and psychosis. Mentally healthy people will always feel safe and happy in any condition, and will introspect on everything they do so that they will be able to control and control themselves Strong positive currents in mental health can develop the strength of adolescents in facing daily life (Amaniey & Harahap, 2022). Adolescents also have conflicts outside the family, those who are easily influenced by the outside environment such as friends, idols, and environmental habits often feel doubt in choosing their life path. Often adolescents also have problems in the field of education, because no one provides support, finally they have fallen into mistakes that make the teenager produce new problems that make him no longer able to regulate his emotions, therefore a way is needed

to improve the mental health of adolescents, one of which is family social support (Mitra et al., 2024)

Family is the primary source of support before support from friends, and significant other, this can be interpreted as family being the first source of social support received by adolescents. Therefore, adolescents and families have long-term relationships, which always provide support to adolescents (Pajarsari & Wilani, 2020). Family support essentially helps adolescents develop greater balance, strengthen during moments of helplessness and aid in the achievement of developmental tasks (Rahmawati & Rahmayanti, 2019). Positive support from parents is very helpful in adolescent self-adjustment and can reduce depression in adolescents. Family support that can be provided is in the form of information support, assessment support, instrumental support and emotional support. These supports provide the provision of infrastructure, services, information, attention, appreciation or appreciation as well as advice that is able to make the recipient feel pleased, safe, appreciated, and peaceful (Rahmawati & Rahmayanti, 2019).

Research conducted by Nurfaizah found that there was a relationship between family social support and early adolescent mental health at Karanganyar (Nurfaizah et al., 2024). In addition, research conducted by (Mitra et al., 2024) also found that there was an influence of family social support and religiosity on adolescent mental health at Bengkulu City was in the weak category, namely; 13.4%.

Data obtained from the (Kemendikbud, 2024), 2024 found that the number of junior high school students in Riau is 1295 junior high schools. The number of junior high school students in Pekanbaru is 164 junior high schools. The highest number of junior high school students is found in Marpoyan Damai District with the highest number of students in SMPN 8 which is 1034 students.

A preliminary survey conducted at SMP 8 Pekanbaru found that 3 out of 10 students said that they never communicated well with their parents because they were afraid of being scolded if they asked about something. 2 out of 10 teenagers said that their parents never responded because they were too busy with their work. 3 out of 10 teenagers said that they often feel anxious and stressed if there is a problem but do not know who to tell because they feel always scolded every time they talk about complaints at school. 2 out of 10 teenagers said that they experience anxiety and worry if there is a problem but can only keep the problem to themselves to make them dizzier. Para siswa mengatakan belum pernah ada yang melakuka penelitian

terkait disekolahnya. Based on this background description, the author is interested in taking the title "Family Support Relationship with Adolescent Mental Emotional Disorders" The purpose of the study was to determine the relationship between family social support and emotional mental disorders in adolescents.

METHODS

Study Design and Setting

This study used a descriptive correlational with a cross-sectional approach to examine subjects at one point in time. This study was conducted between May 2024 and August 2024 in the Junior High School 8 at Pekanbaru.

Samples

This research was conducted on student at Junior High School 8 Pekanbaru. The sampling technique used is simple random sampling. The most basic type of probability sampling use simple random sampling. The number of samples in this study was 288 students. The sample size for this study uses the Slovin formula. The Slovin Formula is used when research uses simple random sampling techniques. The error rate for research in the student scope is usually 5%.

Instruments

The instruments used in this study were the family support questionnaire and the Strenght and Difficulties Questionnaire (SDQ) questionnaire to assess mental emotional disorders in adolescents. The family support questionnaire was developed by Smeth in 1994. The scale method used, presented in the form of a statement. The scale used has four answer options, namely: SS (strongly agree), S (agree), TS (not appropriate), STS (strongly disagree). The Likert scale consists of two statements, namely favorable and unfavorable. The value of each option moves from 1 to 4, for the weight of the assessment of the favorable statement, which is SS=4. S=3, TS=2, STS=1. The weights of the unfavorable assessment are SS=1, S=2, TS=3, STS=4. The family social support scale is made in the form of a Likert scale. This scale is prepared based on the combination of social support dimensions proposed by Smeth pada tahun 1994, which is characterized by emotional support, award support, instrumental support, and informative support. This family social support scale consists of 20 items. The results of the realism of this questionnaire were 0.749. The results of the family support questionnaire were, Not supportive if median ≥ 49 and Supportive median < 49 . One of the instruments that can be used to capture adolescent emotional mental problems is the Strenght and Difficulties

Questionnaire (SDQ) (Burns, 2014). The SDQ is an instrument designed to provide a profile of the behavior, emotions, and social relationships of children and adolescents aged 3-17 years that is informative and useful for providing an overview of the behavior of children and adolescents that focuses on their strengths and difficulties. SDQ consists of 25 items that are divided into 5 parts, namely: emotional symptoms, behavioral problems, hyperactivity, problems with relationships with peers which are difficulties, and social behaviors which are strengths. Each of these sections consists of 5 questions. Each item is scored in a 3-point criterion, namely 0 = not true, 1 = somewhat correct, 2 = very correct. Each answer can be selected by the questionnaire filler by marking a checklist (√) on the appropriate statement. After the questionnaire is filled, the answers are scored according to their respective section groups according to the predetermined score. The scoring scale for answers: not true = 0, somewhat correct = 1, and true = 2, except for questions number 7, 11, 14, 21, 25, the opposite applies. Then the SDQ scores can be interpreted: normal (0-15), borderline (16-19), and abnormal (20-40).

Data Collection

Researchers who will conduct data collection. Research data was collected after approval by the school. The researcher collected data online by sharing a link to a google form that consisted of a brief explanation of the study, the purpose of the study, informed consent, and the contents of the questionnaire. The link also included the phone number and email of one of the research projects who could be contacted, in case the respondent had any questions. Online data collection is easy to reach, accessible, can be filled in anywhere, and can be arranged so that all statements must be filled in, so that no statements are left behind. Through online questionnaires, researchers can immediately evaluate, how many have collected it. This questionnaire does not use names, so the ethical principle of confidentiality is still carried out.

Data Analysis

This study uses bivariate analysis. Bivariate analysis is an analysis carried out on two variables that are suspected to be related or correlated. Bivariate analysis was carried out to see the relationship between the two variables. Bivariate analysis aims to help test causal and relationship hypotheses. Bivariate analysis in this study was used to see the relationship between family social support and adolescent emotional mental disorders using the Chi square statistical test (using SPSS) which is said to be meaningful if p-value ($p < 0.05$).

RESULTS

The results of the research are presented in the form of a table which can be seen as follows:

Table 1. Frequency Distribution of Adolescent Characteristics

Characteristics	Frequency (f)	Percentage (%)
Age		
Early Teens (12-15 Years)	273	94,8
Late Teens (16-18 years old)	15	5,2
Gender		
Man	92	31,9
Woman	196	68,1

The results of the univariate analysis showed that of the 288 respondents almost all (94.8%) were at the age of 12-15 years (early adolescence) as many as 273 people, and more than half (68.1%) of the respondents were female as many as 196 people.

Table 2. Family Support Frequency Distribution

Family Support	Frequency (f)	Percentage (%)
Support	142	49,3
Not Supported	146	50,7

The results of the univariate analysis showed that more than half of the respondents did not receive family support as many as 146 respondents (50.7%).

Table 3. Frequency Distribution of Adolescent Emotional Mental Disorders

Emotional Mental Disorders	Frequency (f)	Percentage (%)
Abnormal	55	19,1
Borderline	123	42,7
Normal	110	38,2

The results of the univariate analysis showed that almost half of the respondents had emotional mental disorders in the borderline category, which was 123 people (42.7%).

Table 4. The Relationship Between Family Support and Adolescent Emotional Mental Disorders

Family Support	Adolescent Emotional Mental Disorders								p-value
	Normal	%	Borderline	%	Abnormal	%	N	%	
Support	95	66,9	39	27,5	8	5,6	142	100	0,000
Not Supported	15	10,3	84	57,5	47	32,2	146	100	
Total	110	38,2	123	42,7	55	19,1		100	

The results of the bivariate analysis showed that as many as 95 respondents (66.9%) received family support with normal emotional disorders. Meanwhile, 47 respondents (32.2%) did not receive family support with emotional disturbances in the abnormal range and 84 respondents

(57.5%) had emotional disturbances in the borderline range. The results of the chi-square statistical test obtained a p value = $0.00 < 0.05$ which means that H_0 was rejected, so it can be concluded that there is a relationship between family support and adolescent mental disorders.

DISCUSSION

Analisa Univariat

Characteristic Respondents

Gender

Based on the gender characteristics of adolescents, it was found that more than half of the respondents were female (68.1%). This is in accordance with the opinion (Van Droogenbroeck et al., 2018) which states that women have higher scores on the incidence of psychological distress, anxiety and depression when compared to men. This is because men find it more difficult to admit their mental problems and tend to express them in the form of aggressive behavior, antisocial personality, and drug abuse. Meanwhile, women have a more sensitive emotional nature, and tend to internalize the problems experienced so that they are more prone to anxiety and depression.

According to Wilujeng et al. (2023) women's brains have a negative level of alert response to stress in women that triggers the release of certain hormones, thus giving rise to feelings of anxiety and fear. This states that women have higher scores on the incidence of psychological distress, anxiety and depression when compared to men. This is because men find it more difficult to admit their mental problems and tend to express them in the form of aggressive behavior, antisocial personality, and drug abuse.

This research is in line with research (Nurfaizah et al., 2024) on the relationship between family social support and early adolescent mental health, gender obtained showed that 9th grade students were dominated by women (60.5%). The results of this study are in line with Rufaida's (2021) research showing that most of the State Junior High School students in Sukabumi are female (78.8%). Gender is a major factor that can affect an individual's knowledge and attitude towards mental health.

According to the researcher's assumption, it is explained that women have emotions that are easier to recognize both verbally and expressively, for example, women can express their emotions in the form of crying. It is different in men who use more muscles or other aggressive behaviors. Adolescent girls have faster and more sensitive psychological changes than

adolescent boys where adolescent girls will make all things a burden and material for their thoughts and can be the forerunner of mental emotional disorders.

Age

Based on the results of the study, almost all respondents were at the age of 12-15 years (early adolescence) (94.8%). According to (Diananda, 2019). said that early adolescence has many changes in herself that are very rapid and reach its peak. In this phase, it can also be said to be a negative phase because many can be seen that behavior tends to be negative, social relationships begin to change to resemble young adults, teenagers often feel entitled to make their own decisions. In addition, in this phase, adolescents are also very difficult to establish communication relationships with both parents and family at home.

Early adolescence begins at the age of 12-15 years which occurs in junior high school students is a phase where students can release the emotions that are currently occurring and these emotions are great energy so that most are unable to control emotions well. If the student is unable to control the emotions that exist in him, it will result in the emergence of negative behaviors that can harm others. Junior high school students need emotional maturity so that they have the ability to control emotions well and are able to control the emotions that are currently in them so that students can think a second time in acting (Fariza, 2021).

This research is in line with the research Fitria dan Maulida (2019) about the relationship between family social support and adolescent mental health at SMPN Malang City, based on the results of the study, most of the ages of 12-15 years (87%), which at that age is a transition period from children to adults. During this transition period, there are many factors that affect adolescents both for physical health and mental health. Regarding mental health because psychologically adolescents are the age when a person is looking for their identity, so if during the transition period there is a failure to achieve developmental tasks in adolescence, it can cause mental health problems in adolescents (Fitria & Maulida, 2018).

According to the assumption of researchers aged 12-15 years in the early adolescent phase, adolescents are still confused about the changes that occur in them because adolescents still feel confused about the changes that occur and the impulses that accompany these changes. Adolescents now begin to express their freedom and the right to express their own opinions, therefore it can make adolescents uncomfortable and can cause tension, quarrels and can distance them from the family.

Family Support

Based on the results of the study, half of the respondents did not receive family support (50.7%). Family is the closest support system for teenagers. The family is the smallest unit of society consisting of the head of the family and several people who gather in one house with a state of dependence on each other (Nurfaizah et al., 2024) Parental support as one of the factors of the adolescent social environment is positively associated with students' self-efficacy and career planning. Parents who provide support will help teenagers in solving problems that occur at school, on the other hand, parents who neglect can cause learning problems in teenagers. In addition to parents, the school certainly has the potential to help teenagers/students who experience both academic and non-academic problems through counseling guidance programs (Devita, 2021a).

Adolescents who grow up with positive emotions from their parents will tend to open up to their parents because they feel that the relationship between the two is based on trust and acceptance, it is undeniable that along with the increase in peer conformity, the existence of parents is still important in the growth and development of adolescents. Teenagers still need the presence of parents as reliable figures (Mardhiah et al., 2022).

The results of this study are in line with research (Rosdiana & Laila, 2022) that the level of tendency to family support experienced by respondents in the poor category (32%). This is in line with the task of adolescent development to be able to make decisions more independently. Parents need to play the role of managers who are able to provide informational support, be a consideration in decision-making, and guide adolescents.

According to the researcher's assumption, family support is very important for adolescents, especially early adolescents, to be able to help deal with the causes of stress, manage physical and mental health so that children's mental health is maintained. Adolescents will find it easier to follow fun things according to their thoughts, so family support is needed as assistance so that adolescents are able to behave positively adaptively.

Mental Disorders

Based on the results of the study, almost half of the respondents had emotional disorders in the borderline range (42.7%). Adolescence is an important period for developing social and emotional habits that are essential for mental well-being. This includes adopting healthy sleep patterns; exercise regularly; develop problem-solving, problem-solving, and interpersonal skills; and learn to manage emotions. A protective and supportive environment in the family,

in schools, and in the wider community is important. The consequences of failing to address adolescent mental health conditions will extend into adulthood, adversely affecting physical and mental health, and limiting opportunities to live a fulfilling life in adulthood.

Adolescents who experience symptoms of mental emotional problems will also experience physiological changes in their body such as increased blood pressure and heart pumping ability, faster breathing, increased sweat production and increased blood sugar levels (Rosdiana & Laila, 2022) Preventing the occurrence of mental emotional problems is carried out skill development efforts so that it will reduce the risk of mental emotional problems in adolescents, both emotional skill development, cognitive skill development and behavior (Nurfaizah et al., 2024).

This research is in line with research (Fajariyah & Azzahrah, 2024) on the relationship between roles and communication patterns with emotional mental disorders in adolescents (56.9%) were found to have indicated emotional mental disorders. Too much pressure, lack of family support, deviant relationships and pressure and demands from school are some of the factors that cause mental emotional disorders in adolescents. Research Nurfaizah et al. (2024) states that to prosper adolescent mental health, the role of families is needed to protect, accompany and provide a sense of comfort to avoid mental health problems. Students' emotional mental health status cannot be separated from the influence of family and parental roles.

According to the researchers' assumptions, adolescents are at greater risk of mental health conditions due to their living conditions, stigma, discrimination or exclusion that usually comes from peers, or lack of family support. Almost all (85.4%) had problems with peers, respondents preferred to be alone rather than with people their age and respondents were often bullied or played with by other children or adolescents.

Bivariate Analysis

Based on the results of the study showing the relationship between family support and early adolescent emotional mental disorders at SMPN 8 Pekanbaru, there were 66.9% respondents who received family support with normal emotional disorders. Meanwhile, 32.2% did not receive family support with emotional disturbances in the abnormal range and 57.5% had emotional disturbances in the borderline range. The results of the chi-square statistical test obtained $p \text{ value} = 0.00 < 0.05$ which means that H_0 was rejected, so it can be concluded that there is a relationship between family support and early adolescent mental disorders.

One of the developments in adolescence is emotions that are still unstable. This will be a challenge for families in responding to the emotional changes of adolescents. Family attention, especially from parents in dealing with adolescent psychological changes, will help adolescents achieve emotional maturity. In addition, by paying attention to adolescent associations, it can minimize adolescents falling into bad associations (Fitria & Maulida, 2018).

This research is in line with research Devita (2020) which concludes that children's mental health is influenced by family support as well as the form of interaction between parents and children in the family. Research Mitra et al. (2024) states that family support has a very significant influence on children's mental health and if family support is lacking, this can be a serious start for mental health problems, especially on children's emotions. Family is the most important part, especially the attitude of parents in educating and nurturing their children. By implementing good family support, families can help adolescents to avoid emotional mental disorders. The results of this study are in line with Fajariyah and Azzahrah (2024) which states that there is a significant influence between optimal family support on children's mental and emotional health

According to the researcher's assumption, supportive family support is indispensable in dealing with adolescent psychological changes, especially to help adolescents achieve emotional maturity. In addition, by paying attention to adolescent associations, it can minimize adolescents falling into bad associations. Good relationships with peers can support normal socio-emotional development even if the teen receives less support from his or her family. One of the family supports that can be given to teenagers is communication. Parents are expected to often establish good communication with their teenagers. Parents can be close friends and good listeners for teenagers, that way, teenagers will feel close to their parents and avoid mental and emotional disorders because they have good support from the family.

CONCLUSION

Based on the research and the results of the study, conclusions can be drawn including the characteristics of the respondents, namely almost all (94.8%) respondents were at the age of 12-15 years (early adolescence) as many as 273 people, and more than half (68.1%) of the respondents were female as many as 196 people. Half of the respondents did not get family support as many as 146 respondents (50.7%). Almost half of the respondents had emotional disorders in the borderline range as many as 123 respondents (42.7%). The results of the study

showed that there was a significant relationship between family support and emotional mental disorders in adolescents.

LIMITATION

The limitation of this study is in terms of collecting respondents per class, this is because there are too many classes.

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