

The Relationship between Peer Roles and Adolescent Mental Health in Sapta Andika Junior High School Denpasar

Marsylia Tri Lutviana, Ni Komang Yuni Rahyani, Gusti Ayu Tirtawati

Poltekkes Kemenkes Denpasar, Indonesia

liamarselia33585@gmail.com; yunirahyani@yahoo.co.id

Submitted:	Revised:	Accepted:	Published:
Sep 11, 2026	Oct 10, 2026	Oct 21, 2026	Oct 26, 2026

Abstract

Adolescent mental health has important implications for psychological, social, and academic development, and its association with peer relationships warrants further examination. This study examined the relationship between peer roles and adolescent mental health at Sapta Andika Junior High School in Denpasar. A quantitative correlational design with a cross-sectional approach was employed, involving 68 eighth-grade students selected through proportionate stratified random sampling. Data were collected using a peer role questionnaire with established validity and reliability and the Self-Reporting Questionnaire-29 (SRQ-29). Associations were examined using chi-square tests. Respondents were evenly distributed between the low and high peer role categories (50% each). No statistically significant associations were found between peer roles and emotional mental disorders ($p = .808$), psychotic symptoms ($p = .332$), or post-traumatic stress disorder ($p = .223$). Thus, the study did not detect a significant association between peer roles and the assessed mental health outcomes in this sample. These findings provide contextual evidence on peer roles and adolescent mental health and may inform schools and healthcare professionals in planning mental health education, counselling services, and preventive initiatives to support adolescent psychological well-being.

Keywords: Peer Roles; Adolescent Mental Health; Mental Health Screening; Cross-Sectional Study; Junior High School

INTRODUCTION

Adolescence is a developmental period characterized by biological, psychological, social, and intellectual changes that shape identity formation and the ability to adapt to the surrounding environment (Sulhan et al., 2024). During this stage, academic demands, emotional changes, and interpersonal challenges may increase adolescents' vulnerability to psychological difficulties (Farrell et al., 2024). Mental health is therefore an essential component of adolescent development, as it influences individuals' ability to manage stress, recognize their potential, and maintain adaptive social functioning (Pardede et al., 2024). The World Health Organization (2021) emphasizes the importance of mental health during adolescence, when individuals experience substantial developmental transitions and increasing exposure to environmental risk factors.

The magnitude of this issue highlights the need for greater attention to adolescent mental health. The World Health Organization (2025) estimates that approximately one in seven adolescents aged 10–19 experiences a mental health condition. In Indonesia, the Indonesia National Adolescent Mental Health Survey reported that 34.9% of adolescents aged 10–17 experienced mental health problems, representing approximately 15.5 million individuals (I-NAMHS, 2022). Such conditions warrant attention because psychological difficulties may compromise adolescents' quality of life, learning concentration, and social participation (Maulidiya et al., 2024). Understanding the factors associated with adolescent mental health is consequently important for strengthening preventive strategies and developing more responsive adolescent health services.

Adolescent mental health is shaped not only by individual characteristics but also by the social environments in which young people interact. Parental support, peer relationships, teacher support, social media use, and individual resilience are among the factors associated with adolescents' psychological well-being (Currie & Morgan, 2020). In Indonesia, the Adolescent Care Health Services programme (Pelayanan Kesehatan Peduli Remaja, PKPR) provides promotive, preventive, and counselling services to address adolescent health concerns (Anisah, 2020). Psychosocial support is also facilitated through the Family Learning Centre (Pusat Pembelajaran Keluarga, PUSPAGA), which offers educational and counselling services for families (KPPAA, 2021). Nevertheless, peer relationships warrant specific investigation because interactions with peers constitute a substantial part of adolescents' everyday social experiences.

Peers are individuals of relatively similar age and developmental maturity who interact regularly and influence one another's social experiences (Maria et al., 2024). Within school settings, peer relationships can provide emotional support, social acceptance, and opportunities for interpersonal learning, helping adolescents navigate developmental challenges (Kurniawan & Sudrajat, 2018). Positive peer support may strengthen adolescents' capacity to manage stress and develop adaptive coping strategies. Mauliza et al. (2025) identified an association between peer social support and adolescent mental health. These findings suggest that peer relationships should be understood not merely as social interactions but also as an important context associated with psychological well-being.

However, peer influence is not invariably beneficial. Although friendships may foster belonging and emotional security, they can also involve social pressure, interpersonal conflict, exclusion, and distressing experiences. Carapeto et al. (2025) demonstrated that peer influence on adolescent mental health can operate through both supportive relationships and negative experiences, including bullying and social exclusion. Peer pressure has also been associated with adolescents' self-confidence, particularly when individuals feel compelled to conform to group expectations (Muhirshani & Muryono, 2024). Furthermore, the association between peer pressure and self-esteem highlights the importance of considering the potentially harmful aspects of peer relationships (Kinanti & Zikra, 2025). Accordingly, examining both peer support and peer pressure is necessary to capture the complexity of peer dynamics and their relationship with adolescent mental health.

Previous studies have investigated peer relationships and adolescent psychological outcomes from different perspectives. Anggarjita et al. (2025) examined the relationship between peer support and adolescent mental health, whereas Saputra et al. (2025) investigated the association between peer pressure and psychological well-being. Ruaidah et al. (2023) similarly described peer relationships as potential protective or risk factors for adolescent mental health. Although these studies provide an important empirical foundation, further investigation is needed to examine peer roles by considering supportive and pressuring interactions together and relating them to mental health within a specific school context.

The research gap addressed in this study concerns the absence of a context-specific empirical investigation into the relationship between peer roles—particularly peer support and peer pressure—and adolescent mental health at Sapta Andika Junior High School in

Denpasar, Indonesia. Previous research conducted at this school addressed educational interventions intended to increase adolescents' awareness of dating violence but did not specifically examine the relationship between these two variables and mental health (Rahyani et al., 2022). Preliminary interviews with six students indicated that five felt more comfortable discussing personal concerns with friends, while four reported sadness or distress associated with peer conflict or insufficient attention from friends. The school guidance and counselling teacher also highlighted adolescents' need for recognition and attention within friendship groups, suggesting that peer experiences may be relevant to students' emotional well-being.

The novelty of this study lies in examining the relationship between peer roles and adolescent mental health by considering peer support and peer pressure within the specific context of Sapta Andika Junior High School. This approach recognizes that peer relationships may provide psychosocial resources while simultaneously exposing adolescents to interpersonal pressures. Previous scholarship on peer roles and adolescent psychological outcomes provides the foundation for positioning this investigation within the existing body of knowledge (Halid, 2021). Mental health is assessed across four dimensions: emotional mental disorders, psychoactive substance use, psychotic symptoms, and post-traumatic stress symptoms, using the Self-Reporting Questionnaire-29 (SRQ-29) screening instrument (Tatius & Suprihartini, 2025).

This study aims to describe peer roles and adolescent mental health and to analyse the relationship between these variables among students at Sapta Andika Junior High School in 2026. Specifically, it seeks to establish an empirical account of how peer dynamics are associated with adolescent mental health in the school under investigation. The findings are expected to inform schools, healthcare professionals, and other relevant stakeholders in developing educational initiatives and adolescent support services that acknowledge the importance of peer relationships within young people's social environments.

METHODS

This study employed a quantitative correlational design with a cross-sectional approach to examine the relationship between peer roles as the independent variable and adolescent mental health as the dependent variable. A correlational design examines

associations between variables without introducing an intervention (Iting et al., 2024). The study was conducted at Sapta Andika Junior High School, Denpasar, Indonesia, in May 2026.

The study population comprised 306 eighth-grade students. A total of 68 students aged 13–15 years were selected using proportionate stratified random sampling. Eligible participants were actively enrolled students who provided informed consent, while students absent during data collection were excluded. The sample size was calculated using a correlation-based formula, with a significance level of 5%, statistical power of 80%, and an anticipated correlation coefficient of 0.354 derived from previous research (Dahlan, 2010; Agustina & Ansyah, 2023). The minimum sample requirement of 61 participants was increased by 10% to accommodate potential attrition or incomplete responses, resulting in a target sample of 68 students. Participants were allocated proportionally across nine eighth-grade classes, from VIII A to VIII I. Random selection was performed using the RANDBETWEEN function in Microsoft Excel.

Data were obtained from primary sources through questionnaires and secondary school records documenting student enrolment. Three instruments were used: a demographic questionnaire, a peer-role questionnaire, and the Self-Reporting Questionnaire-29 (SRQ-29). The demographic questionnaire recorded age, sex, and the number of close peers. The peer-role instrument was adapted from Rahyani (2014) and modified to address two dimensions: peer pressure and peer support. It comprised ten items measured using a seven-point semantic differential scale, yielding total scores ranging from 10 to 70. Adolescent mental health was assessed using the SRQ-29, covering emotional mental disorders (items 1–20), psychoactive substance use (item 21), psychotic symptoms (items 22–24), and post-traumatic stress symptoms (items 25–29). Each affirmative response received one point, whereas a negative response received zero. Screening thresholds followed the instrument's specified criteria for each domain.

The peer-role questionnaire was tested on 30 students at SMP Negeri 7 Denpasar before the main study. Item validity was examined using Pearson's product-moment correlation. All ten items achieved calculated correlation coefficients exceeding the critical value of 0.361. Internal consistency was assessed using Cronbach's alpha, yielding a coefficient of 0.750, above the minimum acceptable threshold of 0.70 (Setyawan, 2023).

Data collection involved ethical clearance, institutional permission, coordination with school representatives, and briefing two enumerators to standardize procedures. Information

sheets and informed consent forms were distributed on 5 May 2026, with signed forms collected on 9 May. Questionnaire administration took place on 12 May 2026 and required approximately 40 minutes.

Data processing involved editing, coding, entry, and cleaning before statistical analysis using SPSS. Univariate analysis summarized participant characteristics and variable distributions through frequencies and percentages. Normality was assessed using the Kolmogorov–Smirnov test; the peer-role score yielded $p = 0.001$, so the median of 60.5 was used for categorization. Bivariate associations between peer roles and mental health indicators were examined using the chi-square test at a significance level of ($\alpha = 0.05$) (Bakta, 2023). Ethical principles of respect for persons, beneficence, and justice were observed through informed consent, voluntary participation, and equitable treatment of respondents.

RESULTS

Overview of the Research Setting

This study was conducted at Sapta Andika Junior High School, located on Jalan Gunung Patuha Gang V No. 25, Tegalarum, West Denpasar, Bali, Indonesia. The school has 870 students, comprising 315 seventh-grade students, 306 eighth-grade students, and 249 ninth-grade students. In addition to academic activities, the school organizes a group meditation session every Saturday morning for approximately 30 minutes as part of its efforts to support students' well-being. Data were collected in May 2026 from 68 eighth-grade students who met the inclusion criteria. The instruments consisted of a peer role questionnaire and the Self-Reporting Questionnaire-29 (SRQ-29), which was used to assess indicators of the respondents' mental health.

Respondent Characteristics

The respondents' characteristics included age, sex, and the number of close peers. The frequency and percentage distributions for each characteristic are presented in Table 1.

Table 1. Respondent Characteristics by Age, Sex, and Number of Close Peers (n = 68)

Characteristic	Category	n	%
Age	13 years	6	8.8
	14 years	48	70.6
	15 years	14	20.6

Characteristic	Category	n	%
Sex	Male	33	48.5
	Female	35	51.5
Number of close peers	1 person	3	4.4
	2 people	6	8.8
	3 people	3	4.4
	More than 3 people	56	82.4

Source: Compiled by the researcher (2026)

Table 1. Respondent Characteristics by Age, Sex, and Number of Close Peers (n = 68) shows that the majority of respondents were 14 years old (48; 70.6%). Female students slightly outnumbered male students, accounting for 35 (51.5%) and 33 (48.5%) respondents, respectively. Regarding close peer relationships, most respondents reported having more than three close friends (56; 82.4%). These findings indicate that the sample predominantly comprised 14-year-old adolescents who reported having relatively extensive close-friend networks.

Distribution of Peer Roles and Mental Health Indicators

Univariate analysis was conducted to describe the distribution of peer roles and respondents' mental health status across four indicators: emotional mental disorders, psychoactive substance use, psychotic symptoms, and post-traumatic stress disorder (PTSD). The frequency and percentage distributions of these variables are presented in Table 2.

Table 2. Distribution of Peer Roles and Adolescent Mental Health Indicators (n = 68)

Variable	Category	n	%
Peer roles	Low	34	50.0
	High	34	50.0
Emotional mental disorders	Indicated	33	48.5
	Not indicated	35	51.5
Psychoactive substance use	Indicated	0	0.0
	Not indicated	68	100.0
Psychotic symptoms	Indicated	34	50.0
	Not indicated	34	50.0
PTSD	Indicated	37	54.4
	Not indicated	31	45.6

Source: Compiled by the researcher (2026)

Table 2. Distribution of Peer Roles and Adolescent Mental Health Indicators (n = 68) shows an equal distribution of respondents with low and high peer roles, with 34 students

(50.0%) in each category. Regarding emotional mental disorders, 35 respondents (51.5%) were not identified as having indications of these problems, whereas 33 (48.5%) were identified as having such indications. None of the respondents was identified as having indications of psychoactive substance use based on the instrument used. For psychotic symptoms, the numbers of respondents with and without indications were equal, at 34 (50.0%) each. Meanwhile, PTSD indications were identified in 37 respondents (54.4%), compared with 31 (45.6%) without such indications. These findings demonstrate variation in the mental health indicators examined, with PTSD indications occurring more frequently than the absence of such indications.

Relationship Between Peer Roles and Adolescent Mental Health

Bivariate analysis using the Chi-Square test was performed to examine the association between peer roles and adolescent mental health indicators. The analysis covered emotional mental disorders, psychotic symptoms, and PTSD, using a significance level of 0.05. The results, including frequency distributions, p-values, and 95% confidence intervals, are presented in Table 3.

Table 3. Association Between Peer Roles and Adolescent Mental Health Indicators (n = 68)

Mental health indikator	Peer roles	Indicated, n (%)	Not indicated, n (%)	p-value	95% CI
Emotional mental disorders	Low	17 (25.0)	17 (25.0)	0.808	0.434–2.913
	High	16 (23.5)	18 (26.5)		
Psychotic symptoms	Low	19 (27.9)	15 (22.1)	0.332	0.616–4.179
	High	15 (22.1)	19 (27.9)		
PTSD	Low	21 (30.9)	13 (19.1)	0.223	0.692–4.772
	High	16 (23.5)	18 (26.5)		

Source: Compiled by the researcher (2026)

Table 3. Association Between Peer Roles and Adolescent Mental Health Indicators (n = 68) shows no statistically significant associations between peer roles and any of the three mental health indicators examined. For emotional mental disorders, the low-peer-role group included 17 respondents (25.0%) with indications and 17 (25.0%) without indications. In the high-peer-role group, 16 respondents (23.5%) had indications, while 18 (26.5%) did not. The Chi-Square test yielded a p-value of 0.808.

For psychotic symptoms, 19 respondents (27.9%) in the low-peer-role group had indications, compared with 15 (22.1%) in the high-peer-role group. The corresponding p-value was 0.332. Regarding PTSD, indications were identified in 21 respondents (30.9%)

with low peer roles and 16 (23.5%) with high peer roles, yielding a p-value of 0.223. Since all p-values exceeded the 0.05 significance threshold, no statistically significant associations were found between peer roles and emotional mental disorders, psychotic symptoms, or PTSD among students at Sapta Andika Junior High School in Denpasar.

DISCUSSION

The findings indicate that peer roles among adolescents at SMP Sapta Andika Denpasar were equally distributed between the low and high categories, with 34 respondents (50%) in each group. This distribution reflects variation in adolescents' social experiences but does not necessarily indicate corresponding differences in their mental health. Peer relationships can provide emotional support, a sense of belonging, and opportunities to share personal experiences. However, they may also generate social pressure when adolescents feel compelled to conform to group expectations. Peer roles, therefore, encompass both peer support and peer pressure, which may have different psychological implications for individual adolescents. The overall peer-role classification should consequently be interpreted as a broad representation of peer experiences rather than a direct measure of relationship quality or psychological well-being.

The statistical analysis revealed no significant association between peer roles and overall mental health problems ($p = 0.808$). In the low peer-role group, 17 respondents (25%) were identified as having mental health problems, while another 17 (25%) were not. In the high peer-role group, 16 respondents (23.5%) were identified and 18 (26.5%) were not. These relatively balanced distributions indicate that the peer-role categories did not meaningfully differentiate respondents' mental health status. Nevertheless, the nonsignificant result should not be interpreted as evidence that peer relationships are irrelevant to adolescent psychological development. Rather, the present analysis did not provide sufficient statistical evidence to establish an association within the sample and context examined. Interpretation must therefore account for the multifaceted nature of adolescent mental health and the characteristics of the measurement approach.

A similar pattern emerged for psychotic symptoms. Thirty-four respondents (50%) screened positive, while the remaining 34 (50%) did not. Despite the proportion of respondents with psychotic-symptom indications, the association with peer roles was not statistically significant ($p = 0.332$). For post-traumatic stress disorder (PTSD), 37

respondents (54.4%) screened positive and 31 (45.6%) did not. The low peer-role group included 21 respondents with PTSD indications, compared with 16 in the high peer-role group. Although this difference in frequency may warrant further investigation into adolescents' social and psychological experiences, the association was not statistically significant ($p = 0.223$). These findings do not support the conclusion that low peer roles cause PTSD or increase the likelihood of its occurrence.

Regarding emotional mental health problems, 33 respondents (48.5%) screened positive, whereas 35 (51.5%) did not. None of the respondents screened positive for psychoactive substance use. This absence of positive indications should be interpreted within the characteristics of the sample and the screening process rather than as evidence that psychoactive substance use does not occur among adolescents more broadly. Because all respondents fell into the same category, the relationship between peer roles and psychoactive substance use could not be meaningfully examined statistically. Furthermore, SRQ-29 results indicate potential concerns requiring further assessment; they should not be treated as clinical diagnoses. Overall, the distribution of mental health indicators highlights the importance of adolescent psychological well-being, although this study did not establish significant associations between peer-role categories and the mental health indicators examined.

These findings can be interpreted through Bronfenbrenner's ecological perspective, which conceptualises individual development as the product of interactions among multiple social environments. Peer relationships form part of adolescents' immediate social system, but mental health is also associated with family circumstances, school environments, individual experiences, and broader social contexts. This perspective is consistent with Rahman (2025), cited in the thesis to explain that adolescent psychological well-being is shaped by interconnected environmental and individual factors. Consequently, positive peer relationships may not be sufficient to offset pressures arising from other environments, while adolescents classified as having low peer roles may not necessarily experience mental health problems if other sources of support and adaptive resources are available.

The findings are also consistent with Diana et al. (2024), who identified parenting practices, academic pressure, family circumstances, and the social environment as factors associated with emotional mental health problems among adolescents. Lubis and Mahendika (2023) similarly emphasised the importance of considering parenting style, self-esteem, and peer pressure together when examining adolescent mental health. These studies reinforce the

view that adolescent psychological well-being cannot be adequately explained by a single social variable. In addition, Lestiyadi et al. (2025) highlighted the relevance of social media and social environments to social pressure, anxiety, and social comparison. This literature broadens the interpretation of adolescents' social experiences by recognising that pressures may arise not only from direct interactions with school peers but also from digital environments and wider processes of social evaluation.

However, the present findings differ from those of Anggarjita et al. (2025), who reported an association between peer support and adolescent mental health. This discrepancy suggests that the relationship between peer experiences and mental health may vary according to participant characteristics, social context, operational definitions, and measurement instruments. The present study assessed peer roles through a broader construct encompassing both support and pressure. Consequently, the overall classification may combine social experiences that have different, or potentially opposing, psychological implications. Emotional support may help adolescents manage stress, whereas group pressure may contribute to conflict or anxiety. When these dimensions are assessed together, their specific associations with mental health may not be readily distinguishable. The difference from Anggarjita et al. (2025) therefore highlights the value of more differentiated measurement rather than providing grounds to dismiss the importance of peer support. Rahyani et al. (2018) also offer a relevant perspective by emphasising risk reduction, risk avoidance, health education, decision-making skills, and environmental support in understanding adolescent health-related behaviour.

Theoretically, this study contributes contextual evidence that an association between peer roles and adolescent mental health is not necessarily statistically detectable in every setting. The findings support a multidimensional approach to adolescent mental health and highlight the need to distinguish the specific contributions of peer support and peer pressure. In practical terms, the absence of a significant association should not lead schools to disregard peer relationships in their efforts to promote student well-being. Schools can continue to foster safe social environments, strengthen counselling services, provide education on healthy relationships, and establish accessible mechanisms for reporting bullying and social pressure. The proportions of respondents screening positive for emotional mental health problems, psychotic symptoms, and PTSD also underscore the importance of appropriate follow-up procedures that protect confidentiality and avoid stigmatising students. Positive screening results should prompt further assessment by

qualified professionals when appropriate rather than being used as a basis for independent clinical diagnosis.

Several limitations should be considered when interpreting these findings. The study examined peer roles as its principal explanatory variable, while other potentially relevant factors—including family support, parenting style, academic pressure, social media use, self-esteem, and individual resilience—were not analysed simultaneously. The relative contributions of these factors to respondents' mental health therefore remain unclear. The cross-sectional design also limits the ability to establish temporal relationships or causal pathways between the variables. Furthermore, the sample comprised 68 eighth-grade students from a single school, restricting the generalisability of the findings to adolescents in other educational and social contexts. Questionnaire-based measurement and screening instruments also have limitations because they cannot replace clinical assessment and may be influenced by respondents' understanding of the questions. Future studies should recruit participants from multiple schools, assess peer support and peer pressure separately, and incorporate family- and individual-level factors into multivariable analyses. Longitudinal or mixed-methods approaches could further clarify how peer experiences relate to changes in adolescent mental health over time.

CONCLUSION

This study examined the relationship between peer roles and adolescent mental health at Sapta Andika Junior High School in Denpasar. The findings revealed a relatively balanced distribution of adolescents reporting low and high levels of peer roles. Regarding mental health, most participants showed no indications of emotional mental disorders or problems associated with psychoactive substance use. However, indications of psychotic symptoms and post-traumatic stress disorder (PTSD) were still identified among some adolescents. The analysis found no statistically significant relationship between peer roles and any of the mental health dimensions examined, including emotional mental disorders, psychoactive substance use, psychotic symptoms, and PTSD. These findings address the research objectives by describing peer roles and mental health conditions and assessing the association between the two variables within the study setting. The absence of a significant association suggests that peer roles alone are insufficient to explain variations in adolescent mental health in this population.

Theoretically, this study contributes empirical evidence to the discussion of peer relationships and adolescent mental health in a junior high school context. Practically, the findings may inform school-based initiatives that promote mental health awareness, strengthen counselling services, and foster supportive peer environments. Adolescents should also be encouraged to develop emotional regulation, stress management, and interpersonal skills as part of broader mental health promotion efforts. Healthcare professionals may use these findings to support preventive education and the early identification of psychological concerns among adolescents. Future research should examine additional factors potentially associated with adolescent mental health, including family support, school climate, and coping strategies. Studies involving more diverse samples and longitudinal designs are also recommended to improve the generalisability of findings and clarify how peer relationships and mental health may interact over time. Such approaches could provide a more comprehensive basis for developing evidence-informed interventions tailored to adolescents' psychosocial needs.

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