

TRENDS IN INCREASING CASES OF MENTAL DISORDERS IN ADOLESCENTS: A CASE STUDY IN PONOROGO REGENCY

Niswa Asmi Zameilani¹, Asmahan Luthfi Rahmadani², Nur Muhammad³, Andhita Risiko Faristiana⁴, Dony Rano Virdaus⁵

¹²³Jurusan Sejarah Peradaban Islam, Fakultas Ushuluddin Adab dan Dakwah, UIN Kiai Ageng Muhammad Besari, Ponorogo, Indonesia

⁴⁵Jurusan Komunikasi dan Penyiaran Islam, Fakultas Ushuluddin Adab dan Dakwah, UIN Kiai Ageng Muhammad Besari, Ponorogo, Indonesia

Correspondence Email: niswazmii@gmail.com

ABSTRACT

This study aims to understand the patterns causing an increase in mental disorders among adolescents in Ponorogo Regency, as well as to identify the contributing factors and appropriate treatment strategies in the local socio-cultural context. The background of this study is based on the increasing number of cases of mental disorders among adolescents in East Java, including Ponorogo, as recorded in the 2022 Riskesdas (Basic Health Research) that 5.5% of Indonesian adolescents experience mental health problems. The study used a qualitative method with a case study design in Danyang Hamlet and Paringan Village. Data was obtained through in-depth interviews, observations, and documentation of families of adolescents with mental disorders, community leaders, and managers of the Margo Widodo Mental Health Therapy Centre. The results of the study show that the emergence of mental disorders in adolescents follows a pattern that begins with mild psychological symptoms, which are exacerbated by emotional pressure, family conflicts, economic problems, and bullying in school or boarding school environments. An unsupportive social environment exacerbates the condition, leading to severe disorders and even suicide. The study concludes that the increase in mental disorders cases among adolescents is influenced by a combination of personal vulnerability and environmental pressures, so effective prevention needs to be based on the family, strengthening emotional literacy, providing alternative activities, and support from others.

Keywords: adolescents, depression, mental disorders.

INTRODUCTION

Adolescence is a period of intellectual, physical, and psychological growth and development. According to Indonesian Health Regulation No. 25 of 2014, adolescence is defined as the period between the ages of 10 and 18, which is a significant age group, accounting for 27.94% of Indonesia's total population. During this period, adolescents begin to build their own identities and form the values they believe in to prepare themselves for adulthood. These changes cause adolescents to have a broad sense of curiosity, enjoy challenges, and dare to make decisions without careful consideration (Aisyaroh et al., 2022). This makes adolescents vulnerable to various problems, such as fear of the future, bullying that can interfere with their mental health, and even the desire to harm themselves.

Mental health is a state in which a person feels comfortable in their mind, body, and soul, enabling them to cope with various pressures in life. According to the World Health Organization (WHO), approximately 1 in 7 adolescents aged 10 to 19 experience mental disorders such as depression, anxiety, or physical conditions that can develop into psychosocial disabilities. In a 2022 survey on adolescent mental health in Indonesia conducted by the Ministry of Health, it was found that 5.5% of adolescents aged 10 to 17 experienced mental disorders. Of this number, 1% experienced depression, 3.7% experienced anxiety, 0.9% experienced post-traumatic stress disorder (PTSD), and 0.5% experienced attention deficit/hyperactivity disorder (ADHD). According to the 2023 Indonesian Health Survey (SKI), depression rates tend to be higher among young people aged 15 to 24, known as Generation Z and the strawberry generation.

Depression cases among adolescents aged 15 to 24 years reached 6.2 percent, with varying levels. Adolescents experiencing severe depression tend to have a tendency to self-harm and are potentially suicidal. According to 2023 Ministry of Health data, nearly 61 percent of adolescents experience depression and anxiety to the point of having suicidal thoughts. Data from the National Research and Innovation Agency (BRIN) shows that the highest number of suicides occurred in East Java Province and parts of West Java (Humas BRIN, 2023). Meanwhile, the most common reasons for suicide are personal issues that others cannot understand and romantic problems. When someone feels unloved and their needs are not met, stress can build up and lead to suicide.

The triggers for depression are anxiety and stress, which can hinder activities and reduce physical quality. This can be prevented by managing stress, pursuing hobbies, engaging in outdoor activities, connecting with spirituality, and reducing burdens by talking to others. The courage to be open with others, regardless of stigma, is also a preventive measure (Hidayat et al., 2024). Public understanding and knowledge of mental health remains low. This is evident in the continued shackling of people with mental disorders and parents who put emotional pressure on their children. On the other hand, 91% of people with mental disorders in Indonesia remain untreated, with only 9% receiving treatment. This results in mental disorders not being properly managed and receiving negative stigma from the community (Budi et al., 2024). People with mental disorders tend to be reluctant to seek treatment and become more depressed because of the stigma they receive.

From the results of observations of mental disorders in Ponorogo Regency, cases of mental disorders have increased from year to year. Based on data from the Ponorogo Health Office in 2024, there were 1,830 people with mental disorders, including 1,979 people diagnosed with schizophrenia and 25 people detected with acute psychosis (Dinas Kesehatan & Kabupaten Ponorogo, 2024). According to the 2024 Ponorogo Regency health profile data, among the 14-year-old age group, 10 individuals were detected with schizophrenia, including 2 individuals from Bungkal District, 2 individuals from Sambit District, and 6 individuals from Siman District. These cases are influenced by various factors, such as genetics and psychological and social pressures arising from economic conditions and family problems. However, the Health Office also emphasizes that the approach to mental health is now broader.

The increasing trend of mental disorders among adolescents in Ponorogo is a serious concern. Although there are no official government reports that explicitly mention the number of adolescents, several social institutions have reported that more and more adolescents are showing serious symptoms that are then categorized as mental disorders. Family economic pressures, an unsupportive social environment, and uncontrolled exposure to digital media are strong triggers. Additionally, Islamic boarding schools have also contributed to the rise in mental health disorders due to parental pressure to send their children to boarding school, strict boarding school rules, and the influence of peers with varying personalities and characters.

Given these conditions, research on the increasing trend of mental disorders among adolescents in Ponorogo is important. This study seeks to understand the pattern of increase in

adolescent mental disorders cases, the factors causing the increase, and to assess the effectiveness of adolescent mental health care in Ponorogo. The study also focuses on the socio-cultural dynamics of the Ponorogo community, which contribute to shaping the patterns of acceptance and treatment of mental disorders within families and villages.

RESEARCH METHODS

This study uses a qualitative approach with the help of case studies to explore in depth the phenomenon of increasing mental disorders among adolescents in Ponorogo. This approach was chosen because it allows researchers to explore the complexities of adolescence, family dynamics, environmental pressures, and the culture that shapes the emergence of symptoms of mental disorders. The researcher also understands the mental changes in adolescents from the early stages to the development of more severe conditions, and observes the family's response to the increasing number of mental disorder cases.

This study combines three main theoretical frameworks to strengthen the analysis. First, the stress vulnerability model by Zubin and Spring, which is used to examine internal mental vulnerability when faced with external pressures such as family conflict, educational pressure, and bullying, which can lead to mental disorders. Second, Becker's labelling theory, which is used to understand social stigma, including negative perceptions, which can worsen mental health conditions and cause individuals to refuse to seek help. Third, Bronfenbrenner's ecological theory is used to help explain individual development as influenced by various layers of the environmental system, such as family, school, boarding school, friends, and the economy, which are interconnected in adolescent mental development.

Data collection was conducted from September to November 2025 through in-depth interviews, participatory observation, and documentation. The research took place in two locations, namely in Danyang Hamlet, Babadan Subdistrict, and Paringan Village, Jenangan Subdistrict. In Danyang, researchers focused on cases of mental disorders in mothers and children and interviewed two families and the head of the neighbour association who manages related mental health assistance. In Paringan, the researchers interviewed the owner of the Margo Widodo Mental Health Therapy House, which currently has five patients, and shared his experiences regarding common symptoms, trends among adolescent patients, and social patterns. Informants were selected using purposive sampling techniques, taking into account their direct knowledge of mental disorders cases in their surroundings.

RESULTS AND DISCUSSION

Patterns of Causes of Increased Mental Disorders in Adolescents

The increase in mental health disorders among adolescents is not a new phenomenon. Based on field findings, this upward trend follows three interrelated phases, namely (1) the prodromal phase/early signs that are often considered trivial, (2) the stress accumulation phase due to mounting mental pressure, and (3) the crisis phase that eventually leads to severe disorders. This pattern is consistent with the stress vulnerability model, which emphasizes the interaction between innate vulnerability and environmental stress as triggers for severe symptoms (Demke, 2022).

Prodromal Phase

In the observed cases, the initial changes in adolescents were not very noticeable, such as loss of interest in daily activities, social withdrawal, emotional instability, and decline in school grades. This is because these signs overlap with behaviours commonly exhibited by adolescents. Broader findings indicate a low level of literacy about the early symptoms of mental disorders, which results in delayed early detection. The case of mental disorders in Danyang was similar. The family was unaware of the symptoms of mental disorder, so he did not advance to the next grade for two years in the fourth grade of elementary school. In addition, he experienced economic pressure and family problems. At that time, his father died while cutting down a tree, and his mother suffered from stress, so the teenager also experienced mental pressure. This pattern is part of what is not identified for early intervention. This delay resulted in continuous stress factors and had a major effect on the teenager's emotional range. This vulnerability led to the development of clinical vulnerability (Demke, 2022).

Accumulation Phase

At this stage, adolescents experience an accumulation of psychosocial pressure due to early signs not being immediately addressed. According to Mr. Widodo, adolescents come to therapy centres because of family conflicts, economic burdens, academic demands, bullying, and the pressure of boarding school rules. The reasons emphasized are institutional pressures such as very strict boarding school rules, being forced to attend boarding school by parents, boarding school caregivers who pressure them to always stay at the boarding school, and unreasonable boarding school punishments, which cause recurring stress that exacerbates the emotional condition of adolescents (Zulaikhah Sri Utami & Diyan Yuli Wijayanti, 2011).

This accumulation of stress drives adolescents from simply experiencing negative emotions to more persistent cognitive/affective dysfunction. Without support emotional support and strong family supervision can increase recurring stress and lead to decompensation. In addition to the family, the school or boarding school environment needs to provide counsellors and good supervision so that the focus is not only on discipline but also on mental health.

Crisis Phase

If pressure builds up without intervention, adolescents may show clinical decompensation in the form of hallucinations, delusions, aggressiveness, disorganized thinking, or self-harming behaviour. The emergence of severe symptoms at the crisis stage confirms the diathesis-stress model, namely the interaction of genetic factors, temperament, and environmental stress that triggers severe disorders. Based on observations of adolescents in the crisis phase, researchers found cases of suicide during teaching and learning activities at boarding schools. This was also due to stress from family conflicts amid the busy activities at the boarding school. Therefore, labelling theory explains the social dimension after the crisis, namely that society stigmatizes and then hinders access to further treatment.

Repeated Mechanisms and Factors Reinforcing Patterns

The accumulation of stress experienced by young people over a long period of time has been proven to be a major trigger for severe mental health problems. At first, they tend to only show mild symptoms such as sadness, irritability, restlessness, or laziness in doing routine activities. However, if this burden continues without a solution, young people's mental abilities begin to become overwhelmed by their problems. This condition affects the way they think, such as their focus, decision-making, and mind control, as well as their emotional stability. This shift is called emotional cognitive dysfunction, where teenagers have failed to manage pressure properly and begin to show unhealthy signs. At this stage, young people become withdrawn, have negative thoughts, become suspicious of those around them, and experience prolonged sleep problems. If this pressure increases without help, total failure will occur, which is when a person's ability to maintain a balanced mental state is completely destroyed, resulting in symptoms of mental illness such as seeing things that are not there, aggressive behaviour, or becoming increasingly unsociable.

The family can actually be the first line of defence in preventing stress from escalating. Emotional support, friendly conversation, appropriate attention, and family sensitivity in detecting changes in young people's behaviour can be an important shield to prevent the situation from worsening. However, the reality on the ground shows that this ability is often not maximized, especially in places like Ponorogo, where parents are busy with activities, domestic conflicts, financial constraints, and a lack of understanding about mental health greatly hinder a swift response. Most families simply view changes in teenagers as a "phase of adolescence" or "normal," so they do not immediately seek professional help. In this context, the concept of Stress Vulnerability explains that adolescents with certain emotional sensitivities are more prone to mental health issues when living in unsupportive environments.

On the contrary, educational institutions such as schools and Islamic boarding schools, which should be supporting these programs, often lack adequate socialization. Many factors, such as pressure from schoolwork, strict rules, and bullying among students, exacerbate the situation for adolescents. The lack of counsellors, the unavailability of psychological services, and the norm of not being open about problems in Islamic boarding schools mean that mental health issues among adolescents are rarely identified at an early stage. This situation is exacerbated by the general view in villages that still considers mental health problems to be a disgrace, a sign of possession, or the result of insufficient worship. This negative label causes families to worry about taking their children to health facilities for fear of becoming the subject of gossip among villagers. Studies on negative labels, oppression, and emotional fragility in adolescents show a common pattern: continuous

pressure, lack of support, and significant stigma are associated with an increased potential for mental health issues in adolescents.

Factors Contributing to the Increase in Mental Disorders among Adolescents

The phenomenon of increasing mental disorders among adolescents in Ponorogo does not stem from a single factor, but is the result of a complex interaction between psychological, emotional, family, social environment, school and boarding school experiences, and economic pressures. Psychologically, adolescents are in a turbulent period of identity search, making them vulnerable to severe stress when faced with loss, academic demands, or family conflicts. This condition is consistent with the findings of a national study which explains that adolescents who experience chronic stress will show a decrease in emotional control, persistent anxiety, and social dysfunction which can develop into severe mental disorders if not treated early (Sri Hardianti et al., 2025). In the context of this study, some adolescents showed behavioural changes such as emotional instability, withdrawal, and decreased school functioning which were not recognized as early signs of disorder.

Family factors were one of the main triggers found at the research site, especially in the case of mental disorders in Danyang Hamlet. The family did not realize the early symptoms of mental disorders that had appeared since childhood, so that the teenager experienced educational stagnation and did not move up a grade for two years while in the 4th grade of elementary school. The difficult family circumstances exacerbated the situation, including the sudden death of the father while working as a tree cutter and the emotional stress experienced by the mother due to prolonged stress. This situation created an emotionally unstable environment, causing the teenager to absorb the psychological burden without any guidance. Previous studies have shown that poor parenting, lack of emotional support, and economic pressure on families are the dominant factors that accelerate the development of mental disorders in adolescents, especially in rural areas (Ririn Nasriati, 2017). These findings are consistent with the "family stress model" theory, which states that economic burdens and emotional conflicts at home can trigger psychological dysfunction in children and adolescents.

In addition to family factors, the social environment also plays a significant role. Limited access to mental health services, low public literacy, and strong stigma against mental disorders cause many adolescents to not receive timely assistance. This stigma causes families to be reluctant to take their children to health care facilities for fear of becoming the subject of gossip in the village community. Previous studies have shown that stigma and negative labelling from the community worsen the mental condition of sufferers, hinder the recovery process, and increase the likelihood of recurrence or crisis (M Arsyad Subu et al., 2018). This was also evident in the case in Danyang, where families preferred to keep quiet and let their children's condition "improve on its own," allowing the symptoms to develop without intervention.

Bullying was a dominant factor at the second research location, the Margo Widodo Mental Health Therapy Centre in Paringan. According to the owner of the therapy centre, most of the adolescents who came there had a history of bullying, both at school and at Islamic boarding schools. The forms of bullying varied, ranging from teasing, social exclusion, verbal threats, to mild physical violence. Repeated bullying has been shown to cause anxiety, depression, decreased self-esteem, and in some cases, psychotic symptoms due to excessive emotional pressure (Sri Hardianti et al., 2025). Another study on boarding school students also showed that bullying is a factor that directly disrupts the mental stability of adolescents, especially when there is no safe place to report it or get support (Wahyuni & Sitti Ernawati, 2022). The owner of the therapy house explained that many adolescent victims of bullying arrive in a state of severe panic, lack of confidence, and even extreme behavioural changes.

In addition to bullying, the intense activities at Islamic boarding schools also pose significant stressors for certain adolescents. Strict routines, high discipline, strict time management, and the demands of adjusting to the personalities of peers require strong mental preparedness. For some adolescents, especially those who did not have good emotional regulation from the start or came from problematic families, this burden triggers the emergence of mental disorder symptoms. Research on the mental health of santri confirms that emotional unpreparedness for the boarding school lifestyle, coupled with academic and social pressures, can increase the risk of severe stress and psychological disorders (Himawan Sutanto, 2025). Findings in Paringan reinforce this, where some adolescents enter boarding schools not of their own volition, but because of parental coercion, causing them to experience double pressure: academic burdens and family pressure.

Overall, the combination of psychological, emotional, family, economic, bullying, and boarding school environmental pressures creates conditions of vulnerability that increase the risk of

adolescents experiencing mental disorders. The interaction of these factors is consistent with the stress vulnerability model framework, in which mental disorders arise when biological and emotional vulnerabilities encounter continuous environmental pressures without adequate social support (Demke, 2022). This study shows that preventing mental disorders in adolescents requires more than just health education; it requires a multi-layered approach involving families, schools, boarding schools, villages, and health facilities.

Strategies to Address the Increase in Mental Disorders among Adolescents

Efforts to address the increase in cases of mental disorders among adolescents in Ponorogo require a realistic, gradual approach that involves families, communities, health institutions, educational institutions, and Islamic boarding schools. Field observations show that each case of mental disorders among adolescents has a different background, ranging from family burdens, experiences of violence, economic factors, to the pressures of the boarding school environment. Therefore, interventions cannot be generalized but must prioritize recovery based on the needs of adolescents and their socio-cultural conditions. The most appropriate intervention model follows the principles of a social ecological approach, which is a strategy that involves interventions at the individual, family, community, and institutional levels (Demke, 2022).

One strategy that has proven to be important is strengthening family support. The case of a teenager with mental disorders in Danyang Hamlet shows that the family's lack of awareness of the early symptoms caused the teenager's condition to worsen over the years. The mother's ignorance about mental disorders, economic pressures, and trauma after losing her husband were factors that exacerbated the child's psychological condition. Therefore, the handling strategy must begin with improving the family's mental health literacy, especially in recognizing early signs of disorders such as withdrawal, drastic behavioural changes, decline in school performance, or excessive fear without cause. Family education programs have been proven to reduce recurrence and improve the quality of life of people with mental disorders (Dewi Rahmawati et al., 2025).

In addition to education, families need to be encouraged to create a stable emotional environment. A family environment full of conflict, economic pressure, and minimal emotional support has been proven to be a strong stressor for adolescents. Interventions such as family counselling, communication therapy, and social support need to be provided so that families are not only caregivers, but also active agents of recovery. Research shows that emotional support from families significantly accelerates the recovery process and reduces the risk of relapse (Ririn Nasriati, 2017). Programs such as the Mental Health Integrated Service Post (*Posyandu*) in Sukosari prove that a community-based approach can enhance the role of families in caring for family members with mental disorders. However, the program still requires improvement in the sustainability of support so that it does not stop at initial counselling. The next strategy is to empower stable mental disorders youth through occupational activities or productive work. Observations at the Margo Widodo mental disorders Therapy House indicate that most stable patients do not receive adequate occupational therapy. As a result, they prefer to stay at the therapy house rather than return to society because they lack the skills or confidence to live independently. Empowerment through productive activities such as gardening, animal husbandry, arts, or job training not only improves the social skills of adolescents but also builds a positive self-identity. Psychosocial research shows that occupational therapy can accelerate functional recovery and improve mental disorders self-esteem (Sugeng Mashudi et al., 2021).

In addition, interventions must also target the social environment, especially villages with high levels of stigma. Stigma has been proven to be the biggest barrier for families seeking medical assistance. Cases of sexual violence against mothers and children with mental disorders in Danyang show that villages do not have adequate reporting, protection, and assistance systems. This situation highlights the need for village mechanisms that are responsive to cases of mental vulnerability and violence. The involvement of community leaders, neighbour association heads, health cadres, and village officials is crucial to reducing stigma and improving access to assistance. Studies on stigma against mental disorders in Indonesia show that community-based interventions able to improve social acceptance and strengthen support networks for patients (M Arsyad Subu et al., 2018).

The next factor is intervention in the school and Islamic boarding school environment, given that many adolescents experience mental disorders due to bullying, conflicts between students, and academic pressure. Based on interviews with Margo Widodo Therapy Centre, several adolescents undergoing treatment showed a history of severe bullying at boarding schools and schools. Repeated bullying significantly increases the risk of depression, anxiety, and even psychotic symptoms in

adolescents. Management strategies should include the formation of school counselling teams, teacher training on mental health, and a safe and confidential bullying reporting system. Studies in Islamic boarding schools have proven that mental hygiene interventions, mentoring of new students, and mentoring programs can reduce psychological pressure and improve student adaptation (Wahyuni & Sitti Ernawati, 2022).

In addition to addressing bullying, Islamic boarding schools need to pay attention to the mental readiness of students before accepting new students. Many students enter boarding schools not because of their own choice, but because of parental coercion. This condition creates double pressure that can lead to mental health issues later on. Boarding schools need to conduct initial assessments of adaptability, provide regular counselling services, and create an environment that focuses not only on discipline but also on the emotional well-being of students. A mentally friendly boarding school environment has been proven to reduce stress levels and strengthen the psychological resilience of adolescents (Himawan Sutanto, 2025).

The next strategy is to strengthen primary mental health services, especially mental health centres such as the one in Paringan. Although this centre has been established, the number of cases of people with mental disorders remains high because the services do not include regular assistance and continuous case tracking. The centre needs to implement home visit programs, medication monitoring, family assistance, and integration of trained psychologists or counsellors. Public health studies confirm that consistent primary-based mental health services can reduce recurrence rates and increase rehabilitation success (Naila Darojatil Ulya, 2024).

Overall, strategies for addressing adolescent mental disorders must include three layers of intervention: (1) strengthening family support and the emotional environment; (2) expanding educational, boarding school, and community services; (3) improving access to sustainable mental health services. These three strategies are interrelated and inseparable. Their implementation requires adapted to the local conditions of Ponorogo, including village characteristics, Islamic boarding school (*pesantren*) dynamics, and health facility limitations. A comprehensive and collaborative approach is expected to break the cycle of increasing mental disorders among adolescents and create a more humane and sustainable mental health support system.

CONCLUSIONS

This study shows an increasing trend in cases of mental disorders among adolescents in Ponorogo. These cases occur gradually and are influenced by a combination of psychological factors, social pressures, and cultural environments. The pattern of increase follows three main phases, namely the prodromal phase, the stress accumulation phase, and the crisis phase, which are interrelated but often overlooked. Early symptoms such as withdrawal, emotional instability, and decreased academic performance are considered normal adolescent behaviour and therefore do not receive timely treatment. As a result, unaddressed pressures ranging from family conflicts, economic burdens, bullying, to strict rules in Islamic boarding schools accumulate and exacerbate the emotional condition of adolescents, causing permanent cognitive dysfunction. In addition to internal factors, an unsupportive social environment and negative stigma from the community have been shown to worsen conditions, leading to the development of severe disorders. Analysis using vulnerability and labelling theory shows that the combination of an individual's mental vulnerability with severe external pressure, coupled with a negative label from the environment, prevents families from accessing medical care due to feelings of shame. The community's lack of understanding of mental health and the lack of family support cause adolescents to lose their sense of identity, which then triggers a crisis phase characterized by aggression, hallucinations, and even suicide. Based on the results of this study, it is recommended that prevention and treatment strategies be carried out comprehensively by involving families, educational institutions, and the wider community. Families need to strengthen their emotional literacy and sensitivity to changes in adolescent behaviour as a first line of defence, while the environment balances discipline with mental health supervision. Additionally, massive efforts are needed to eliminate negative stigma in society so that sufferers are more open to seeking treatment, as well as providing occupational therapy programs for stable patients to support effective recovery and social reintegration.

BIBLIOGRAPHY

- Aisyaroh, N., Hudaya, I., & Supradewi, R. (2022). Trend Penelitian Kesehatan Mental Remaja Di Indonesia Dan Faktor Yang Mempengaruhi: Literature Review. *Scientific Proceedings of Islamic and Complementary Medicine*, 1(1), 41–51. <https://doi.org/10.55116/SPICM.V1I1.6>
- Budi, Y. S., Yuli Fitria, & Fransiska Erna Damayanti. (2024). Upaya Peningkatan Kesehatan Mental pada Usia Remaja. *Jurnal Pengabdian Masyarakat (JUDIMAS)*, 3(1), 17–24. <https://doi.org/10.54832/judimas.v3i1.380>
- Demke, E. (2022). The Vulnerability-Stress-Model—Holding Up the Construct of the Faulty Individual in the Light of Challenges to the Medical Model of Mental Distress. *Frontiers in Sociology*, 7, 833987. <https://doi.org/10.3389/fsoc.2022.833987>
- Dewi Rahmawati, Soffia Dwi Anjani, Yani Ambari, Arista Wahyu Ningsih, Bella Fevi Aristia, Ivan Charles Seran Klau, & Eka Putri Nurhidayah. (2025). *Mental Health Counseling to Improve the Role of the Family in Care for in Sumberwaru Village, Eastjava*. *Jurnal Layanan Masyarakat (Journal of Public Services)*, Vol.9No.2Tahun 2025, halaman 308–315. <https://doi.org/10.20473/.v9i2.2025.308-315>
- Dinas Kesehatan & Kabupaten Ponorogo. (2024). *Profil Kesehatan Kabupaten Ponorogo Tahun 2024*. https://dinkes.ponorogo.go.id/download/file/Profil_Kesehatan_2024_FIX.pdf
- Hidayat, M.-, Hesty, H.-, Indrawati, I. I.-, & Suri, M.-. (2024). Identifikasi Faktor-Faktor Penyebab Gangguan Jiwa pada Remaja di Rumah Sakit Jiwa. *Jurnal Akademika Baiturrahim Jambi*, 13(2), 338–348. <https://doi.org/10.36565/jab.v13i2.844>
- Himawan Sutanto. (2025). *Building Mental Health of Santri in the Millennial Era*. Vol. 4 No. 1 (2025): *Aswaja: Jurnal Pendidikan dan Keislaman*.
- Humas BRIN. (2023, November 21). BRIN Bahas Kondisi Kesehatan Jiwa Remaja Indonesia dari Aspek Psikososial. *BRIN*. <https://www.brin.go.id/news/116807/brin-bahas-kondisi-kesehatan-jiwa-remaja-indonesia-dari-aspek-psikososial>
- M Arsyad Subu, Imam Waluyo, Adnil Edwin N, Vetty Priscilla, & Tilawaty Aprina. (2018). Stigma, Stigmatisasi, Perilaku Kekerasan dan Ketakutan diantara Orang engan Gangguan Jiwa d (ODGJ) di Indonesia: Penelitian Constructivist Grounded theory. *Jurnal Kedokteran Brawijaya* Vol. 30, No. 1, Pp. 53-60.
- Naila Darojatil `Ulya. (2024). *Pemberdayaan Masyarakat ODGJ melalui Optimalisasi Pelayanan Posyandu Kesehatan jiwa (PONKESWA) di wilayah kerja Puskesmas Sukosari Kecamatan Babadan Kabupaten Ponorogo* [Universitas Muhammadiyah Ponorogo]. <https://eprints.umpo.ac.id/15180/>
- Ririn Nasriati. (2017). Stigma Dan Dukungan Keluarga Dalam Merawat Orang Dengan Gangguan Jiwa (odgj). *MEDISAINS: Jurnal Ilmiah Ilmu-Ilmu Kesehatan*, Vol 15 No 1.
- Sri Hardianti, Muji Sulistyowati, Moh. Wahyu Firmansyah, & Yuliana Purnamasari Min. (2025). Dampak Bullying pada Kesehatan Mental Remaja: Literature Review. *Jurnal Ilmu Kesehatan Masyarakat (The Public Health Science Journal)*, 14, 75–82. <https://doi.org/10.33221/jikm.v14i02.3462>
- Sugeng Mashudi, Ririn Nasriati, & Eky Okyana Armyati. (2021). Memberdayakan Penderita Gangguan Jiwa. *JurnalPengabdianMasyarakat ADIMAS 2021*, Vol. 5 No. 2 (2021): September. <https://doi.org/10.24269/adi.v5i2.2104>
- Wahyuni & Sitti Ernawati. (2022). Bullying dan Mental Hygiene Santri di Pondok Pesantren Jember. *Jurnal Educazione : Jurnal Pendidikan, Pembelajaran Dan Bimbingan Dan Konseling*, Vol. 10 No. 2.
- Zulaikhah Sri Utami & Diyan Yuli Wijayanti. (2011). Masalah Kesehatan Mental pada Remaja Putri Di Pondok Pesantren Miftahut Huda. *Proseding Sentinar Nasional Keperatvcttan PPNI Jawa Tengah*. <https://jurnal.unimus.ac.id/index.php/psn12012010/article/view/340?utm>