

Socioeconomic Factors, Parenting Styles, Bullying, and Adolescent Mental Health in Surakarta, Central Java, Indonesia

Dwi Kurniawati¹⁾, Sri Mulyani²⁾, Okid Parama Astirin³⁾,
Setyo Sri Rahardjo⁴⁾, Ika Sumiyarsi Sukamto⁵⁾

¹⁾Master's Program in Public Health, Universitas Sebelas Maret

²⁾Diploma IV of Applied Nursing Anesthesiology, Vocational School, Universitas Sebelas Maret

³⁾Faculty of Mathematics and Science, Universitas Sebelas Maret

⁴⁾Faculty of Medicine, Universitas Sebelas Maret

⁵⁾Study Program of Professional Midwife Education, Faculty of Medicine, Universitas Sebelas Maret

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ABSTRACT

Background: According to the World Health Organization (WHO) in 2018, approximately 970 million people worldwide live with mental disorders, with anxiety and depression being the most prevalent. In Indonesia, mental health problems are particularly common among adolescents; the 2022 Indonesian Adolescent Mental Health Survey (I-NAMHS) reported that 34.9% experienced mental health issues in the past year. In Surakarta, 597 cases of mental health problems were recorded between January and June 2024, with adolescents aged over 15 years accounting for 5.51% of cases. This study examined the direct and indirect effects of socioeconomic status, parenting styles, and bullying on adolescent mental health in Surakarta.

Subjects and Method: A quantitative cross-sectional study was conducted on 200 respondents selected through multistage random sampling in three secondary schools. The independent variables were socioeconomic status, parenting styles, and bullying. The dependent variable was mental health. Data were collected using questionnaires and analyzed using simple logistic regression and path analysis.

Results: The risk of mental health problems decreased with higher socioeconomic status ($b = -1.59$; 95% CI = -2.63 to -0.55 ; $p = 0.003$), positive parenting practices ($b = -0.87$; 95% CI = -1.68 to -0.61 ; $p = 0.035$), and a lower frequency of bullying ($b = 1.77$; 95% CI = 1.02 to 2.51 ; $p < 0.001$).

Conclusion: This study concludes that mental health disorders decrease if adolescents have high socioeconomic status and good parenting patterns applied by their parents. Mental health disorders increase if adolescents experience high frequency of bullying. And this path analysis model shows good fit.

Keywords: Socioeconomic status, parenting patterns, bullying, mental health

Correspondence:

Sri Mulyani. Applied Nursing Anesthesiology, Vocational School, Universitas Sebelas Maret. Jl. Ir. Sutami 36A, Surakarta, Central Java, Indonesia. Email: srimulyani67@staff.uns.ac.id.

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BACKGROUND

According to the World Health Organization (WHO), approximately 970 million people worldwide live with mental disorders, with anxiety and depressive disorders being the most prevalent. The COVID-19 pandemic in 2020 led to a significant increase in mental health problems, with anxiety disorders rising by approximately 26% and depressive disorders by 28% (WHO, 2022). In Indonesia, mental health problems are more commonly experienced among adolescents. Findings from the Indonesian Adolescent Mental Health Survey indicate that approximately 34.9% of adolescents experienced various mental health problems within the past year. In addition, the survey reported that about 5.5% of Indonesian adolescents met the diagnostic criteria for at least one specific mental disorder, highlighting the urgent need for greater attention to mental health issues in Indonesia (Ministry of Women's Empowerment and Child Protection, 2024).

Based on data from the 2018 Indonesian Basic Health Research (Riset Kesehatan Das, the prevalence of emotional mental health problems among adolescents aged over 15 years—as indicated by symptoms of depression and anxiety—was estimated at approximately 11 million individuals, representing 9.8% of the Indonesian population. Furthermore, adolescents experiencing severe stress accounted for approximately 6.2% of this population (Ministry of Health of the Republic of Indonesia, 2019). These findings are supported by the 2022 National Survey of Adolescent Mental Health in Indonesia, which involved 5,664 adolescents and reported mental health problems including depression 5.3%; $n = 302$, anxiety 26.7%; $n = 1,504$, attention-related problems 10.6%; $n = 599$, and post-traumatic stress disorder

1.8%; $n = 104$ (Farkhah and Ginanjar, 2024).

In the first quarter of 2024, mental health cases in Central Java Province showed that 1,178 individuals suffered from anxiety disorders and 1,682 individuals experienced depression. Mental health problems in Central Java remain relatively high, with approximately 25% of the population experiencing mild mental disorders, while around 12,000 individuals are classified as having severe mental disorders (Provincial Health Office of Central Java, 2024).

Adolescents aged 15–24 years account for 6.2% of cases, and individuals with severe depressive disorders are at increased risk of self-harm and suicide. These conditions may be triggered by both internal and external conflicts, which are inherent in the process of identity formation during adolescence (Haniah, 2022). Moreover, adolescents commonly face various challenges, including bullying, family-related problems, and economic difficulties (Tyas et al., 2023).

Family economic conditions constitute a crucial factor influencing adolescent mental health (Replita, 2016). Previous studies have indicated that low socioeconomic status increases vulnerability to mental health disorders. Parents with higher socioeconomic status generally face fewer difficulties in fulfilling their children's needs, including education and other essential resources. In contrast, parents with lower socioeconomic status often struggle to meet these needs, leading to greater obstacles for their children (Taluke et al., 2021).

Parenting styles also influence various aspects of a child's life and development. Parenting practices that involve excessive restrictions, prohibitions, and continuous interrogation regarding children's activities

may negatively affect adolescent behavior. Parenting styles are commonly classified into three types: authoritarian, permissive, and democratic. A study by Ningrum (2023) found that adolescents raised under permissive and authoritarian parenting styles experienced fewer mental health problems compared to those raised under democratic parenting. This finding suggests that democratic parenting may not only produce positive outcomes but can also have negative effects, such as limited parental time with children and emotional instability in adolescents, which may lead to conflicts between parents and children.

In addition to economic factors and parenting styles, bullying in the social environment is also closely associated with adolescent mental health. Bullying behavior has existed in society for a long time and is not a new phenomenon. Such actions often affect adolescent development, both within school settings and in environments outside of school. In the context of harassment, perpetrators of intimidation or bullying frequently do not hesitate to criticize or behave aggressively toward their victims. Bullying is often perceived as a form of play or joking intended to publicly humiliate others, without consideration of the victims' feelings or thoughts. As a consequence, adolescents who experience bullying often suffer from persistent anxiety, prolonged psychological pressure, and mental and emotional health disturbances, which frequently lead to depression. These negative effects are commonly experienced by bullied adolescents, causing them to feel socially isolated from their surrounding environment (Abror and Faizal, 2025).

One notable bullying incident in Surakarta involved a physical assault carried out by eight adolescents against another adolescent. The Head of the National Commission for Women and Child

Protection in Surakarta reported an increase in bullying cases in the city in 2021. Previous research conducted in Surakarta has also indicated that bullying remains prevalent among secondary school students, with a relatively high prevalence rate of 37.1% (Hudiyah et al., 2016). Furthermore, in Surakarta, 597 cases of Persons with Mental Health Problems were reported within a six-month period from January to June 2024, while adolescents aged over 15 years accounted for 5.51% of mental disorder cases (Central Java Provincial Government, 2024). Based on these findings, this study aims to examine "The Influence of Socioeconomic Factors, Parenting Styles, and Bullying on Adolescent Mental Health in Surakarta."

SUBJECTS AND METHOD

1. Study Design

This was a cross-sectional study conducted at 2 senior high schools and 1 vocational high schools in Surakarta, Central Java, Indonesia, from September to October 2025.

2. Population and Sample

The population in this study comprised all adolescents aged 15–19 years who were enrolled in senior high schools and vocational high schools in Surakarta. The exact population size was not known. The sampling technique used in this study was multistage random sampling, with a sample size was 200 respondents determined based on Murti (2018) formula and adjusted according to Roscoe's theory.

The schools selected as the study sites represent typical secondary school conditions in Surakarta and were not chosen based on the presence of mental health or bullying prevention programs. Based on preliminary observations and confirmation with school authorities, no formal or structured adolescent mental health programs

were in place, and psychosocial issues were primarily addressed through guidance and counseling services. Bullying prevention efforts remained limited to passive educational measures, such as the display of anti-bullying posters, without systematic programs or regular evaluation. Therefore, this study aims to provide baseline evidence on adolescent mental health conditions as a foundation for the development of school-based programs.

3. Study Variables

The dependent variable was adolescent mental health. The independent variables were socioeconomic status, parenting styles, and bullying.

4. Operational Definition of Variables

Mental health refers to a person's psychological well-being and can include depression, stress, and anxiety. In this study, the mental health variable was measured using the standardized DASS-42 questionnaire.

Socioeconomic status was measured through questions related to family socioeconomic conditions, including household income based on the 2024 Surakarta City minimum wage, parental occupation, and parental education level. All of these indicators were then summed to form a composite score.

Parenting styles were assessed using a questionnaire and categorized into two groups: positive parenting and negative parenting. Positive parenting was characterized by parental attention and emotional support, open communication, reasonable supervision, and the consistent and rational implementation of rules, allowing adolescents to exercise responsible autonomy and participate in decision-making. In contrast, negative parenting was characterized by a lack of attention and emotional support, ineffective communication, excessive or overly lenient supervision, and inconsistent

rule enforcement, reflecting authoritarian or permissive parental behaviors and limited sensitivity to adolescents' emotional conditions.

Bullying was measured through questions assessing the frequency of bullying behaviors, defined as repeated acts of intimidation or aggression carried out by one or more individuals against another person.

5. Study Instruments

The instrument used in this study was a structured questionnaire consisting of 5 items for socioeconomic status, 30 items for parenting styles, 22 items for bullying, and 34 items for mental health. The questionnaire underwent validity testing using the product-moment correlation technique and reliability testing using Cronbach's alpha.

6. Data Analysis

Data analysis in this study was performed using Statversi 13. Univariate analysis was Data analysis was performed using Stata version 13. Univariate analysis was conducted to describe respondent characteristics, including frequency distributions and percentages for each variable. Bivariate analysis was performed using the chi-square test with a 95% confidence interval (CI) and a significance level of $p < 0.05$. Multivariate analysis was conducted using path analysis to examine the magnitude of both direct and indirect effects among variables. The path analysis procedures included model specification, model identification, model fit evaluation, parameter estimation, and model re-specification.

7. Research Ethics

Ethical considerations, including informed consent, anonymity, and data confidentiality, were strictly applied throughout the research process. Ethical approval for this study was obtained from the Research Ethics Committee of Dr. Moewardi Hospital, Surakarta, Central Java, Indone-

sia, on September 10, 2025, with approval number 1.967/IX/HREC/2025

RESULTS

1. Sample Characteristics

Based on respondent characteristics, the majority of respondents were 16 years old

90 students (45%), most were female 110 students (55%), the largest proportion resided in Jebres District 62 students (31%), and most attended SMA Negeri 8 Surakarta 69 students (34.5%). The detailed distribution of respondent characteristics is presented in Table 1.

Table 1. Univariate Results of Respondent Characteristics

Variables	Category	n	%
Age	15 years	75	37.50
	16 years	90	45
	17 years	35	17.50
Residence	Banjarsari	38	19
	Pasar Kliwon	40	20
	Serengan	24	12
	Laweyan	24	12
	Jebres	62	31
	Outside Surakarta	12	6
Gender	Male	90	45
	Female	110	55
School of Origin	SMAN 8 Surakarta	69	34.50
	SMKN 1 Surakarta	65	32.50
	SMA Muhammadiyah 2 Surakarta	66	33

Based on the descriptive analysis of continuous data, the mean socioeconomic score was 12.02, with a minimum score of 8 and a maximum score of 19. The parenting style variable had a mean score of 23.16, with a minimum score of 14 and a maximum score of 31. The mean bullying score was 72.63,

with a minimum score of 43 and a maximum score of 88. Meanwhile, the mental health variable showed a mean score of 104.26, with a minimum score of 34 and a maximum score of 134. The results of this analysis are presented in the table 2.

Table 2. Results of Univariate Research Variables

Variables	Mean	SD	Min.	Max.
Socioeconomic Status	12.02	2.02	8	19
Parenting Style	23.16	3.60	14	31
Bullying	72.63	9.08	43	88
Mental Health	104.26	16.95	34	134

2. Bivariate Analysis

The results of the bivariate analysis showed that socioeconomic status was statistically significantly associated with adolescent mental health. High socioeconomic status acted as a protective factor, whereby adolescents with a higher socioeconomic status had a lower risk of experiencing poor mental health or mental health disorders

compared with those from lower socioeconomic backgrounds (OR = 0.14; 95% CI= 0.054 to 0.38; $p < 0.001$). Parenting style was also significantly associated with adolescent mental health. Positive parenting was associated with a reduced risk of poor mental health or mental health disorders among adolescents (OR = 0.39; 95% CI= 0.18 to 0.80; $p = 0.010$), indicating

that positive parenting serves as a protective factor for adolescent mental health. Bullying demonstrated a very strong association with adolescent mental health. Lower levels of bullying were associated with a reduced risk of poor mental health or mental health disorders. In contrast,

adolescents who experienced high levels of bullying had a substantially greater risk of developing poor mental health or mental health disorders compared with those who rarely experienced bullying (OR = 8.15; 95% CI= 3.99 to 16.65; $p < 0.001$).

Table 3. Simple Logistic Regression Analysis of Socioeconomic Status, Parenting Styles, and Bullying on Adolescent Poor Mental Health in Surakarta

Independent Variables	OR	95% CI		P
		Lower limit	Upper limit	
High Socioeconomic Status	0.14	0.054	0.38	<0.001
Positive Parenting Style	0.39	0.18	0.80	0.010
Low Bullying Exposure	8.15	3.99	16.65	<0.001

3. Multivariate analysis

The results of the multivariate analysis indicate that high socioeconomic status has a direct, negative, and statistically significant effect on adolescent mental health ($b = -1.59$; 95% CI = -2.63 to -0.55 ; $p = 0.003$). This finding suggests that adolescents with a high socioeconomic status have a lower risk of experiencing poor mental health or mental health disorders compared with adolescents from a low socioeconomic background.

Positive parenting style also showed a direct, negative, and statistically significant effect on adolescent mental health ($b = -0.87$; 95% CI = -1.68 to -0.61 ; $p = 0.035$). This result indicates that adolescents who experience positive parenting are less likely to develop poor mental health or mental health disorders, highlighting supportive parenting as a protective factor for adolescent mental health.

Bullying showed a direct, positive, and statistically significant effect on adolescent mental health ($b = 1.77$; 95% CI = 1.02 to 2.51 ; $p < 0.001$). These findings indicate that higher levels of bullying significantly increase the risk of poor mental health or mental health disorders among adolescents, whereas lower levels of bullying are associated with a reduced risk.

Furthermore, socioeconomic status also exhibited a significant indirect effect on adolescent mental health through bullying ($b = -1.48$; 95% CI = -2.23 to -0.72 ; $p < 0.001$). Higher socioeconomic status was associated with lower levels of bullying, which in turn contributed to a reduced risk of poor mental health among adolescents. The results are illustrated in the path analysis model and presented in the following multivariate table5.

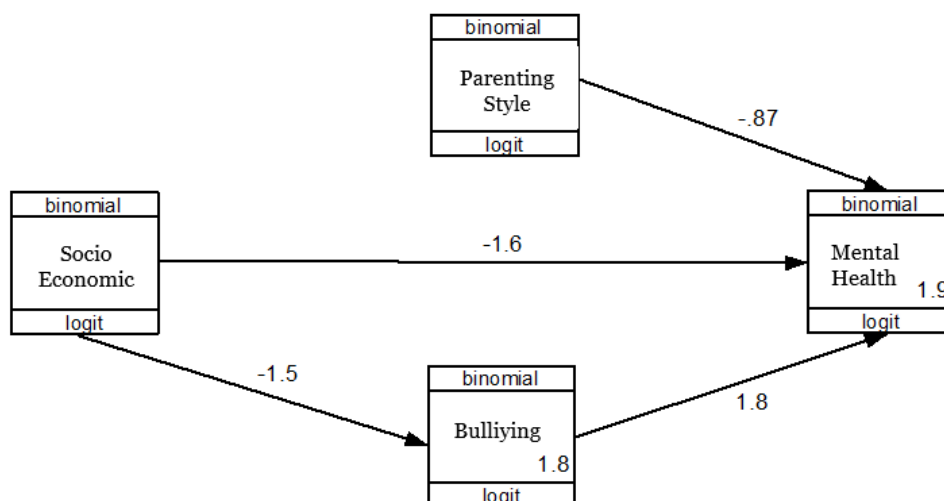


Figure 1. Structural path analysis model with estimates

Table 5. Path Analysis of the Effects of Socioeconomic Status, Parenting Styles, and Bullying on Adolescent Mental Health

Dependent Variables	Independent Variables	b	95% CI		p
			Lower Limit	Upper Limit	
Direct effect					
Mental Health	← Socioeconomic Status	-1.59	-2.63	-0.55	0.003
Mental Health	← Parenting Style	-0.87	-1.68	-0.61	0.035
Mental Health	← Bullying	1.77	1.02	2.51	<0.001
Indirect effect					
Bullying	← Socioeconomic Status	-1.48	-2.23	-0.72	<0.001
N observation = 200					
Log likelihood = -108.95					
AIC = 692.09					
BIC = 718.47					

DISCUSSION

Direct Effect of Socioeconomic Status on Adolescent Mental Health

The findings of this study indicate that socioeconomic status has a significant effect on adolescent mental health. Univariate analysis showed that most respondents came from families with high socioeconomic status; however, a proportion of adolescents still lived in low socioeconomic conditions due to low parental education, unstable employment, unemployment, and a high number of family dependents (Munir *et al.*, 2023). Bivariate and path analyses demonstrated that socioeconomic status was directly and significantly associated

with adolescent mental health, whereby adolescents from higher socioeconomic backgrounds had a lower risk of mental health disorders (OR= 0.14; 95% CI= 0.054 to 0.38; $p < 0.001$). These findings are consistent with previous studies highlighting the presence of a social gradient in adolescent mental health, in which economic disadvantage increases exposure to chronic stress, life insecurity, and family conflict, all of which contribute to anxiety, stress, and depression among adolescents (Yang *et al.*, 2022; Weinberg *et al.*, 2023). In contrast, economic stability enables families to meet basic and psychosocial needs and provides more optimal parental emotional support,

thereby protecting adolescent mental health.

Direct Effect of Parenting Style on Adolescent Mental Health

The results also demonstrate that parenting style has a significant effect on adolescent mental health. Univariate analysis revealed that 60.5% of adolescents experienced positive parenting, while 39.5% were exposed to negative parenting practices, including violence, neglect, and excessive control, which are often influenced by limited parental knowledge and access to information (Han and Yan, 2025). Bivariate analysis showed that positive parenting significantly reduced the risk of mental health problems (OR= 0.39; 95% CI= 0.18 to 0.80; $p= 0.010$), and path analysis confirmed a direct effect on adolescent mental health ($b= -0.87$; 95% CI= -1.68 to -0.61; $p= 0.035$). Positive parenting, characterized by emotional warmth, responsiveness, and effective communication, plays a crucial role in reducing stress, anxiety, and depression among adolescents, whereas negative parenting increases the risk of emotional and behavioral problems (Mardhiah and Karim, 2022). These findings are consistent with previous research emphasizing the importance of a supportive family environment in maintaining adolescent mental health (Azzahra et al., 2021). Therefore, adolescent mental health interventions should focus on enhancing parental capacity through education and the promotion of positive parenting practices within community-based programs (Ishak et al., 2025; Asri and Ernyasih, 2025).

Direct Effect of Bullying on Adolescent Mental Health

This study found that bullying has a significant effect on adolescent mental health. Univariate analysis showed that 32.5% of adolescents experienced high levels of bullying, while 67.5% experienced low

levels. Bullying commonly targets adolescents perceived as different and is influenced by uncondusive school environments, permissive peer group norms toward aggressive behavior, and a lack of family support (Putri, 2022). Bivariate analysis indicated that bullying significantly increased the risk of mental health disorders (OR= 8.15; 95% CI= 3.99 to 16.65; $p < 0.001$). Path analysis further demonstrated a direct effect of bullying on adolescent mental health ($b= 1.77$; 95% CI= 1.02 to 2.51; $p < 0.001$), indicating that adolescents who experience bullying are at a substantially higher risk of developing mental health problems. Repeated exposure to bullying leads to chronic stress, impaired emotional regulation, and increased anxiety and depression, which manifest as feelings of insecurity, social withdrawal, sleep disturbances, and decreased academic performance (Bokhari et al., 2022; Moore *et al.*, 2017). Therefore, comprehensive prevention strategies are needed, including the creation of safe and inclusive school environments, anti-bullying education, and the strengthening of guidance and counseling services to support adolescent mental health (Asri and Ernyasih, 2025).

Indirect Effect of Socioeconomic Status on Adolescent Mental Health through Bullying

Path analysis revealed a significant indirect effect of socioeconomic status on adolescent mental health through bullying behavior. Adolescents with higher socioeconomic status were less likely to experience bullying compared to those from lower socioeconomic backgrounds ($b= -1.48$; 95% CI= -2.23 to -0.72; $p < 0.001$). Adolescents from economically disadvantaged families are more vulnerable to social stigma, discrimination, and limited peer support, which increases their risk of becoming

victims of bullying and subsequently worsens their mental health (Tatiani, 2021). Conversely, adolescents from higher socioeconomic backgrounds generally benefit from stronger social protection through greater social acceptance and peer support. These findings underscore bullying as a key pathway mediating the relationship between socioeconomic status and adolescent mental health. Therefore, adolescent mental health interventions should prioritize reducing socioeconomic inequalities, strengthening social support systems, and implementing effective bullying prevention strategies in schools and communities to mitigate the risk of mental health disorders (Khadijah *et al.*, 2024; Ayu *et al.*, 2024).

AUTHOR CONTRIBUTION

DK contributed to the study conception and design, data collection, analysis and interpretation, and manuscript drafting. SM and OPA. contributed to study design, methodology, data interpretation, and critical revision of the manuscript. SSR and ISS contributed to critical review and intellectual input. All authors approved the final manuscript and are accountable for all aspects of the work.

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CONFLICT OF INTEREST

There are no conflicts of interest

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