

## Exploring Mental Health Prevalence Among Multiethnic High School Adolescents in West Kalimantan

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### ABSTRACT

Mental health among adolescents is a growing concern, particularly in culturally diverse regions. This study investigates the mental health status of multiethnic adolescents at State Senior High School 1 Sungai Kakap, West Kalimantan, Indonesia, focusing on six major ethnic groups: Malay, Dayak, Chinese, Bugis, Madurese, and Javanese. A quantitative, descriptive research design was employed. Data were collected through a mental health assessment and analyzed using percentage calculations. Each participant's score was categorized, and the proportion of individuals in each category was computed by dividing the frequency (ni) by the total number of participants (n), then multiplied by 100. Findings indicate that, overall, the mental health of multiethnic adolescents falls within the "high" category. However, some variations emerged across ethnic groups, with certain students—particularly at State Senior High School 1 Sungai Kakap—showing lower mental health scores. Among the four dimensions assessed—physical, psychological, moral-religious, and social—the psychological aspect scored the lowest, suggesting it is the most vulnerable area. The lower scores in psychological well-being highlight a pressing need for targeted interventions. Cultural diversity may contribute to unique stressors that affect adolescents' psychological health more than other domains. This study underscores the importance of enhancing adolescent mental health, particularly the psychological dimension, in multiethnic contexts. School-based guidance and counseling programs, alongside strong family and community support, are recommended to foster better mental health outcomes.

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## 1. INTRODUCTION

Mental health is an important aspect at every stage of life, from childhood, adolescence to adulthood. Mental health in adolescents refers to their emotional, psychological, and social well-being. Mental health in adolescents also involves avoiding mental health problems, such as anxiety disorders, depression, eating disorders, substance abuse, addictive behaviors, and other behavioral disorders. The definition of mental health in adolescents not only includes the absence of mental disorders, but also includes the ability to adapt and function well in everyday life. Nowadays, mental health in adolescents is very important because adolescence is a critical transition period in individual development. Adolescents experience significant physical, emotional, and social changes, which can impact their mental health. Mental health problems in adolescents can have serious long-term impacts, including decreased quality of life, risk of dangerous behavior, and increased risk of mental disorders that continue into adulthood (Astitene & Barkat, 2021; Guk-guk, n.d.). Mental health problems in adolescents can be caused by adolescents experiencing academic pressure, conflict in interpersonal relationships, hormonal changes, exposure to social media, and family environment. In addition, the stigma associated with mental health problems can also prevent adolescents from seeking help or support, in line with the results of research by NHS Digital, and Patalay & Fitzsimons which show a rapid increase in emotional disorders in adolescents (Stentiford, Koutsouris, & Allan, 2023).

WHO found that globally, an estimated 1 in 7 (14%) children aged 10-19 years experience mental health disorders, and most of these conditions are still unknown and untreated. Furthermore, WHO also noted that 3.6% of children aged 10-14 and 4.6% of children aged 15-19 years experience anxiety disorders. An estimated 1.1% of adolescents aged 10-14 years and 2.8% of adolescents aged 15-19 years experience depression. Furthermore, it was found that around 20% of anxiety disorders, depression, and rapid and unpredictable mood swings have some of the same symptoms (Fakhriani, 2019; Lozano-sánchez, Aragonès, López-jiménez, & Bennett, 2024). Mental symptoms that occur in adolescents greatly affect adolescent behavior in their environment, one of the impacts that occurs due to mental health problems in adolescents is withdrawal from socializing which can ultimately worsen isolation, anxiety and loneliness, even the worst is causing suicide in adolescents (Astitene & Barkat, 2021; Hutasuhut & Massayu, 2023; Ilmi & Harahap, 2024; O, 2017).

The prevalence of mental health problems or illnesses has continued to increase in recent years, with the majority of mental health problems occurring between the ages of 15 and 24. Studies on mental health problems in adolescents show that the majority of adolescents show substantial symptoms of mental health conditions such as depression, generalized anxiety disorder, and suicide. Furthermore, as many as 20 to 30% of mental health disorders begin to appear in adolescence or before they reach adulthood (Wile Schwarz, 2009). These mental health problems also affect adolescents in areas with different cultural backgrounds, multiethnic adolescents face unique challenges and opportunities related to their cultural identities. With the right support from family, school, and community, and access to culturally sensitive mental health services, multiethnic adolescents can develop strong and balanced identities, as well as positive mental well-being.

Mental health in multiethnic youth is a complex topic influenced by a variety of social, cultural, economic, and environmental factors, multiethnic youth mental health is influenced by a variety of interrelated factors, including cultural identity, experiences of discrimination, social support, economic factors, and access to mental health services (Arsita, 2022; Osborne & Ahinkorah, 2024). To support the mental well-being of multiethnic youth, a holistic and culturally sensitive approach is needed, which includes education, social support, tailored interventions, and increased access to mental health services.

## 2. METHODS

Mental health research in this study uses a quantitative approach with a descriptive analysis method. Descriptive analysis is conducted to collect data accurately and systematically regarding the mental health of multiethnic adolescents at SMA Negeri 1 Sungai Kakap, West Kalimantan. This study has a single variable, namely the mental health of multiethnic adolescents in Pontianak.

The mental health instrument used in this study is an adaptation of The Arabic Scale of Mental Health (ASMH) which has been modified based on the findings of previous mental health research conducted by Dody and friends (Dody Hartanto et al., 2024). Validation of the research instrument was carried out using the SPSS program, with a product-moment or correlation validity test technique, using 30 participants. The validation results showed that the calculated  $r$  value (0.374)  $>$   $r$  table (0.209), so this instrument was declared valid. Meanwhile, reliability was measured using Cronbach's Alpha ( $\alpha$ ), where the  $\alpha$  value  $>$  0.7 indicated that this instrument had good reliability.

Participants in this study were multiethnic adolescents consisting of five ethnicities at SMA Negeri 1 Sungai Kakap, namely Malay, Dayak, Chinese, Javanese, and Madurese. The selection of the school as the location of the study was based on the diversity of ethnic (multicultural) backgrounds that the school has. The distribution of samples from each ethnicity can be seen in the table below.

**Table 1.** Students' ethnic of SMA Negeri 1 Sungai Kakap

<b>Ethnic</b>	<b>Man</b>	<b>Women</b>	<b>Amount</b>
Melay	42	40	82
Dayak	3	4	7
Chinese	4	5	9
Madura	2	3	5
Javanes	18	18	36
Bugis	27	36	63
<b>Total</b>	<b>96</b>	<b>106</b>	<b>202</b>

In the table, it can be seen that there are six ethnicities consisting of Malay, Dayak, Chinese, Madurese, Javanese, Bugis, and Chinese. The gender distribution of samples in this study consisted of 106 female students and 96 male students. The analysis used in this study is descriptive analysis, the analysis was conducted to determine the prevalence level of adolescent mental health as a whole and based on ethnic and gender background by calculating the number of participants in each interpretation category and then calculating the percentage by dividing the number of participants in each interpretation category ( $n_i$ ) by the total number of participants ( $n$ ) then the result is multiplied by 100. The categories for determining multiethnic adolescent mental health scores are as follows:

**Table 2.** Score Category Mental Health

<b>Score</b>	<b>Category</b>
3.51 $>$	Very high
2.51–3.51	High
1.51–2.51	Average
$<$ 1	Low

### 3. FINDINGS AND DISCUSSION

Based on the results of statistical analysis of the data processing that has been done, the research is described by considering the formulation of the problem that is the purpose of the research. Based on the purpose of this study, namely to determine the prevalence of mental health in adolescents in Pontianak.

#### 3.1. Mental health of multiethnic adolescents

Based on the analysis of research data, the level of mental health of multiethnic adolescents was found as shown in the table below:

**Table 3.** Adolescent Mental Health

No	Aspect	Interval	Category
1	Physical	3.42	High
2	Psychological	2.80	High
3	Moral-Religious	3.67	High
4	Social	3.49	High

The results of the study showed that mental health in adolescents at SMA Negeri 1 Sungai Kakap West Kalimantan, reached a score of 3.28, which is included in the "high" category. Meanwhile, the mental health aspect, consisting of physical, psychological, moral-religious, and social aspects obtained an average score of 3.00, which is also included in the "high" category. However, the psychological aspect showed the lowest score, which was 2.80. Furthermore, the results of the study also showed that the physical aspect obtained a score of 3.38, which is included in the "high" category. This shows that adolescents feel healthy, most do not experience serious medical problems, and have sufficient fitness to carry out daily activities. In addition, adolescents also realize the importance of exercise and continue to do it even though it is not scheduled. No less important, adolescents are generally able to accept their physical condition.

The psychological aspect received a score of 2.80, placing it in the "high" category, although it is the lowest among all assessed areas. This suggests that adolescents still struggle with emotional regulation and mental well-being. They often feel uncomfortable in crowded environments and experience mild but persistent anxiety. Many also report high stress levels when facing problems, difficulty concentrating during lessons, and nervousness during exams. A lack of confidence in certain situations, challenges in managing emotions, and dissatisfaction with their current condition are also common. In contrast, the moral-religious aspect scored 3.67, also in the "high" category. This indicates that most adolescents maintain strong moral and religious values. They demonstrate discipline in religious practices, comply with school rules, engage in spiritual activities both in and outside school, and express fear of committing serious moral transgressions. Furthermore, they strive to do good and take responsibility for their actions. The social aspect, with a score of 3.49, also falls within the "high" category. This reflects adolescents' ability to build positive relationships with family and peers, distinguish trustworthy friends, and actively participate in community activities. They are generally adaptable to both familiar and new environments and feel accepted by those around them—an important indicator of healthy mental and social development.

Mental health in multiethnic adolescents showed a score of 3.28 with a "high" category. With the same category in all ethnic groups that were the study samples, it can be assumed that the mental health

of adolescents from six ethnic groups; namely Bugis, Dayak, Javanese, Madurese, Malay, and Chinese are at the same level. This shows that ethnic background is not a determinant factor in adolescent mental health. There are several possibilities that can affect the mental health of multiethnic adolescents in West Kalimantan. One of them is the increasingly conducive community and school environment in creating and providing support for a safe environment or culture for adolescent mental health. This finding is in line with the results of research by Fitri et al. (2017), which emphasizes the importance of mental health services, health education, support from educational institutions, and effective interventions to reduce depression levels in high school adolescents. In addition, West Kalimantan, which used to often experience ethnic conflict, has now become more conducive. Inter-ethnic conflict is rare, as is discrimination and ethnic-based social stigma. Social awareness of multiethnic identities plays a role in reducing cultural stigma and discrimination, thus creating a sense of security that contributes to adolescent mental health. In addition to these social factors, the government also plays an active role in maintaining adolescent mental health through programs run by the Regional Child Protection Commission (KPAD) and schools. One of the programs that is currently being intensively carried out is the prevention of bullying among students. This program is one of the efforts to reduce the prevalence of mental health problems in adolescents, considering that bullying is one of the main factors contributing to mental health disorders in schools (Clausen & Skokauskas, 2018; D. Hartanto, Fauzia, Azhari, & ..., 2023; Menesini & Salmivalli, 2017; Yuhanas & Subroto, 2024).

The results of the study showed that the mental health of multiethnic adolescents at SMA Negeri 1 Kakap, West Kalimantan, was in the high category in every aspect. However, among the four aspects of mental health, the psychological aspect showed the lowest score compared to the other three aspects, namely physical, moral-religious, and social. This finding indicates that there are still adolescents who do not feel completely comfortable. In addition, they tend to experience anxiety and stress when facing problems. Adolescents also have difficulty concentrating and lack focus when receiving lessons at school. When facing exams, they often feel nervous and give up easily in facing life's challenges. In addition, many adolescents feel less confident in certain situations, are less able to control their emotions, and have feelings of dissatisfaction with their current condition. In the context of psychology, mental health includes the emotional, psychological, and social well-being of adolescents. This includes an individual's ability to manage stress, maintain healthy social relationships, and make rational and responsible decisions (Kobau et al., 2011; Scorsolini-Comin, Fontaine, Koller, & dos Santos, 2013).

Emotional balance is an important dimension in shaping mental health. Adolescents' ability to regulate emotions and deal with negative emotions, such as sadness, anger, and anxiety, plays a role in determining their level of mental health. The social environment is also a crucial factor in adolescent mental health. The social environment, which includes the home and school environments, plays a very important role. This is in line with research results stating that parental educational background, family socioeconomic status, parental parenting patterns, and family educational support have a significant effect on adolescent mental health (Kobau et al., 2011; Seligman & Csikszentmihalyi, 2000; Smokowski, Bacallao, Cotter, & Evans, 2014; Waters et al., 2022). Differences in adolescent mental health are influenced by various factors, including social, cultural, economic conditions, and access to health services. In this context, it is important to understand how ethnicity affects adolescent mental health and the efforts that can be made to improve their well-being. Multiethnic youth mental health is a complex and important issue, involving individuals with multiple and often overlapping cultural identities. Multiethnic youth, those who come from more than one ethnic or cultural background, face unique challenges that can impact their psychological well-being. These multiple or even layered identities can have both positive and negative impacts on mental health, depending on factors such as social support, environmental acceptance, and access to inclusive health services.

### 3.2. Prevalence of mental health among male and female adolescents

The results of this study indicate that there are differences in mental health between male and female adolescents, both overall and based on aspects of mental health including physical, psychological, moral-religious, and social. In general, male adolescents have higher mental health scores compared to female adolescents. However, the difference is not significant, with an average score of 3.37 in male adolescents and 3.20 in female adolescents. This finding is in line with the findings of other studies which state that female adolescents tend to have lower levels of mental health and are more susceptible to psychological disorders, such as anxiety and depression, compared to male adolescents (Anderson et al., 2024; Houghton & Anderson, 2017).

To further understand the differences in mental health between male and female adolescents, this study analyzed four aspects of mental health, namely physical, psychological, moral-religious, and social. Details of the research results are presented in the Table below:

**Table 4.** Mental Health According to Gender

Gender	Aspect				Score	Category
	Physical	Psychological	Moral-Religious	Social		
Male	3.56	2.93	3.52	3.46	3.37	High
Female	3.25	2.79	3.40	3.44	3.20	High

From the table, it can be concluded that; The physical aspect shows that male adolescents have higher scores than female adolescents, the psychological aspect has the lowest score compared to other aspects, both in male and female adolescents, the moral-religious aspect shows that male adolescents have higher scores than female adolescents and the social aspect shows a relatively balanced score between male and female adolescents. Based on the results of the study, there are several important findings that need to be considered; the psychological aspect has the lowest score among all aspects of mental health in both groups, indicating that adolescents, both boys and girls, still face challenges in managing emotions, coping with stress, and maintaining optimal mental well-being. Adolescent girls tend to have lower scores compared to adolescent boys, especially in the physical and psychological aspects. This suggests that girls may be more vulnerable to psychological stress, which can contribute to higher levels of anxiety and depression. Furthermore, the social aspect has almost the same score between adolescent boys and girls, indicating that their social interactions are relatively stable and do not show any striking differences.

The results of the study showed that mental health in multiethnic adolescents for adolescent boys and girls did not differ significantly. Although there is no difference in the level of mental health between male and female adolescents, when viewed from the scores, female adolescents have lower scores compared to male adolescents in each aspect, this shows that female adolescents are more likely to experience mental health difficulties compared to male adolescents, in line with a survey conducted by the Department of Health and Social Care funded on mental health in children and young people, data revealed that girls aged 17-19 years were almost 3 times more likely to experience emotional disorders than boys of the same age (Stentiford et al., 2023).

### 3.3. Prevalence of adolescent mental health in each ethnic group

The results showed that the average happiness score of adolescents from the six ethnic groups analyzed was in the "high" category. However, there were variations in scores among these ethnic groups. When ranked from the highest to the lowest score, the ethnic group with the highest level of

happiness was Madurese, followed by Chinese, Malay, Bugis, and Dayak, while the Javanese ethnic group had the lowest score. Although all aspects of mental health in the six ethnic groups were generally in the "high" category, further analysis showed that there were differences in each aspect measured, namely physical, psychological, moral-religious, and social. Of the four aspects, the psychological aspect had a score below the average of 3, indicating that adolescents from various ethnic groups still face challenges in their psychological well-being. In contrast, the physical, moral-religious, and social aspects had scores above the average of 3, indicating that these three aspects were relatively better than the psychological aspect. Below is a table of mental health for all aspects of each ethnic group.

**Table 5.** Mental Health In Ethnic Groups

Ethnic	Mental Health Aspects			
	Physical	Psychological	Moral-Religious	Social
Malay	3.39	2.85	3.50	3.44
Dayak	3.45	2.58	3.67	3.45
Chinese	3.55	2.87	3.72	3.52
Javanese	3.35	2.78	3.16	3.45
Bugis	3.34	2.79	3.46	3.44
Madurese	3.41	2.73	3.99	3.62

Based on the mental health table in ethnic groups, it can be described as follows; analysis of adolescent happiness scores based on mental health aspects in various ethnicities shows that the average happiness of adolescents from the six ethnic groups analyzed is in the "high" category. However, there are variations in scores between aspects of mental health, namely physical, psychological, moral-religious, and social. When sorted by overall happiness score, the Chinese ethnic group has the highest score in the moral-religious (3.72) and social (3.52) aspects, while the Madurese ethnic group has the highest score in the moral-religious (3.99) and social (3.62) aspects. Conversely, the Javanese ethnic group showed the lowest score in the moral-religious (3.16) and psychological (2.78) aspects, indicating a lower level of psychological well-being compared to other ethnicities. Of the four aspects analyzed, the psychological aspect had the lowest average score in all ethnicities. The Dayak ethnic group recorded the lowest psychological score (2.58), followed by Madurese (2.73), Javanese (2.78), Bugis (2.79), Malay (2.85), and Chinese (2.87). These results indicate that adolescents from various ethnic groups still face challenges in their psychological well-being, although the scores for other aspects show relatively better results. In contrast, the moral-religious aspect has the highest score compared to other aspects across ethnic groups, with the highest scores in the Madurese (3.99) and Chinese (3.72) ethnic groups. The social aspect also shows a fairly high score across all ethnic groups, with the highest scores in the Madurese (3.62) and Chinese (3.52) ethnic groups.

These findings highlight the importance of special attention to the psychological well-being of adolescents from various ethnic backgrounds. More specific interventions, especially in the psychological aspect, are needed to improve the overall mental well-being of multi ethnic adolescent populations. Further research results showed that the mental health of adolescents from the six ethnicities analyzed, namely Bugis, Dayak, Javanese, Madurese, Malay, and Chinese, had the same mental health category, namely at the "high" level, with no significant differences between ethnicities. This finding indicates that ethnicity is not a major determinant factor in the mental health of multi-ethnic adolescents. These results differ from research conducted by Patalay & Fitzsimons in the British Millennium Cohort study, which found that there were differences in mental health based on ethnicity and socioeconomic status factors. The study showed that adolescents from lower economic classes had lower levels of mental health compared to adolescents from upper economic classes. In addition, other studies have also revealed that black adolescents are more susceptible to experiencing severe

depressive symptoms compared to white adolescents (Aggarwal, Francis, Dashti, & Patton, 2023; Stentiford et al., 2023).

This condition shows that the psychological aspect is the most dominant problem in adolescent mental health. This finding also indicates that psychological well-being has a significant impact on overall mental health. This is in line with previous research which proves that the more positive an individual's psychological condition is, the better their mental health is. Conversely, the more negative a person's psychological condition is, the more their mental health tends to decline (O, 2017). These differences in findings may be due to a variety of factors, including social conditions, culture, access to mental health services, and support systems available in each community. Therefore, although the results of this study indicate that ethnicity does not have a significant effect on the mental health of multiethnic adolescents, a holistic approach that considers socioeconomic factors, environment, and accessibility of mental health services is still needed to understand adolescent mental well-being in more depth. These findings confirm that although the overall level of adolescent happiness is relatively high, there are challenges in psychological aspects that need special attention. Therefore, more specific interventions are needed to improve the psychological well-being of adolescents from various ethnic groups, especially for groups with the lowest scores in this aspect.

#### 4. CONCLUSION

The results of this study indicate that the mental health of multiethnic adolescents is generally in the "high" category. There is no significant difference in the level of mental health between male and female adolescents at SMA Kakap, Pontianak Regency, with both being in the same category. This indicates that gender factors do not directly affect the mental health of adolescents at this school. In addition, adolescents from six ethnicities—Bugis, Javanese, Madurese, Dayak, Malay, and Chinese—also showed mental health results in the "high" category. Although there is variation in scores between ethnicities, this difference is not significant enough to indicate that ethnicity is the main factor in determining adolescent mental health. In other words, ethnicity is not the main determinant in the level of mental health of multiethnic adolescents in this region. However, the psychological aspect has the lowest score compared to the physical, moral-religious, and social aspects, indicating that psychological well-being is still a major challenge for multiethnic adolescents. Low scores on the psychological aspect can be caused by various factors, such as academic pressure, identity problems, social stress, and lack of emotional support. This condition confirms that the psychological aspect is an area that requires more attention in efforts to improve adolescent mental health.

These findings indicate that although overall adolescent mental health is in the high category, further interventions are needed, especially in improving their psychological well-being. School counseling programs, social support from families, and community-based approaches can be effective strategies to strengthen adolescent mental resilience. Thus, efforts to improve adolescent mental health should be more focused on strengthening psychological aspects in order to create a younger generation that is more resilient, mentally healthy, and ready to face life's challenges.

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**Conflicts of Interest:** The author declares that there is no conflict of interest in this study. The entire research process, from planning, data collection, analysis, to report preparation, was carried out independently and based on the principle of scientific objectivity. There was no intervention from external parties that could influence the research results or data interpretation. The results of this study indicate that the mental health of multiethnic adolescents is generally in the high category, with no significant differences based on gender or ethnic background. This finding suggests that ethnicity is not the main factor determining adolescent mental health, but psychological aspects remain a concern because they have the lowest scores compared to other aspects. In this regard, the author asserts that there are no commercial, financial, or personal interests that could bias the findings and conclusions of the study. All results obtained are based on empirical data and analyzed transparently in accordance with applicable scientific principles. Thus, this study is expected to provide an objective contribution to understanding the mental health of multiethnic adolescents and become a basis for efforts to improve their psychological well-being.

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