

Strengthening Adolescent Mental Health through School-Based Education on Risky Interpersonal Relationships at SMA Negeri 1 Samarinda

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Abstract

Adolescent mental health is an increasingly urgent public health concern, with one in three Indonesian adolescents experiencing a mental health problem, while only a fraction access support services. Underrecognized risk factors include unhealthy interpersonal relationships, such as peer pressure, relational aggression, bullying, and unhealthy romantic dynamics, which are associated with depression, anxiety, and self-destructive behavior. Low mental health literacy further hinders early recognition and help-seeking. This community service program aimed to strengthen adolescent mental health literacy through school-based education on risky interpersonal relationships and their psychological consequences. The activity was conducted on February 3, 2026, at SMA Negeri 1 Samarinda, involving 26 student representatives. A multimodal approach included interactive lectures using PowerPoint presentations, instructional videos, guided discussions, and an educational storytelling game. Knowledge was assessed using a 10-item structured instrument in a pre-test and post-test design. The Shapiro–Wilk test indicated a non-normal distribution of scores ($W = 0.81$, $p < 0.001$); therefore, the Wilcoxon signed-rank test was used. Mean scores increased from 90.77 (SD = 10.93; median = 90; IQR = 10) at pre-test to 98.85 (SD = 4.31; median = 100; IQR = 0) at post-test ($p = 0.0008$). The narrow post-test spread suggests a ceiling effect due to high baseline knowledge. Despite the limitations of a one-group pretest–posttest design without a comparison group, the findings suggest that structured, multimodal school-based education may improve adolescents' understanding of risky interpersonal behaviors and strengthen mental health literacy in the East Kalimantan context.

Keywords: Adolescent mental health; Interpersonal relationships; Mental health literacy; School-based education.

How to Cite: Arfandi, M. A. et al. (2026). Strengthening Adolescent Mental Health through School-Based Education on Risky Interpersonal Relationships at SMA Negeri 1 Samarinda. *Abdi: Jurnal Pengabdian dan Pemberdayaan Masyarakat*, 8(3), 1037-1044.



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Introduction

Adolescence represents a pivotal transitional phase marked by profound physical, psychological, and social changes that render adolescents particularly susceptible to mental health challenges. The World Health Organization (WHO) estimates that 1 in 7 adolescents aged 10–19 years experiences a mental disorder, with these conditions collectively accounting for 13% of the global burden of disease in this age-group (World Health Organization, 2025). Depression, anxiety, and behavioral disorders are among the most prevalent conditions affecting adolescents worldwide, and most go undetected and untreated, creating a substantial public health concern (Solmi et al., 2022). Epidemiological evidence consistently demonstrates that the onset of most mental health disorders occurs before the age of 25, with a global peak onset age of 14.5 years across all mental disorder categories, underscoring the critical importance of early prevention and intervention during the adolescent years (Solmi et al., 2022; World Health Organization, 2025).

One of the most significant, yet often underrecognized, contributors to adolescent mental health problems is the quality of interpersonal relationships. During adolescence, peer relationships and romantic

relationships become increasingly central to identity formation and emotional development (Shah et al., 2024). However, these relationships also introduce considerable psychosocial risks. Negative peer pressure, relational aggression, social rejection, and involvement in unhealthy romantic dynamics have been consistently linked to a range of adverse mental health outcomes, including depression, anxiety, suicidal ideation, and self-destructive behavior (Allen, 2024; Radzilani, 2024). Social rejection by peers or romantic partners, in particular, is recognized as one of the leading psychosocial triggers of adolescent suicidal behavior and a key driver of clinical-level anxiety and depression (Allen et al., 2024). Furthermore, exposure to risky interpersonal dynamics during early adolescence has been shown to predict engagement in risky sexual behaviors, substance use, and delinquency in later adolescence (Allen, 2024). Despite the magnitude of these risks, adolescents frequently lack the knowledge and skills necessary to recognize unhealthy relationship patterns, understand their psychological consequences, or seek timely professional help (Brooks et al., 2022).

Mental health literacy (MHL) — defined as the knowledge and beliefs that enable the recognition, management, and prevention of mental disorders — has emerged as a critical determinant of adolescent mental health outcomes (Shah et al., 2024). Adequate MHL facilitates early recognition of psychological distress, reduces stigma, and promotes help-seeking behavior, all of which are essential for preventing the escalation of mental health problems (Kookal et al., 2026; Sun et al., 2025). However, MHL remains persistently low among adolescent populations, particularly in low- and middle-income countries (Kookal et al., 2026). School-based educational interventions have been identified as one of the most effective and scalable approaches to improving MHL among young people (Santre, 2022; Sun et al., 2025). A recent systematic review and meta-analysis found that MHL interventions delivered in school settings produce meaningful improvements in adolescents' knowledge, help-seeking attitudes, and stigma reduction, with multimodal approaches combining video and face-to-face interaction demonstrating the greatest effectiveness (Sun et al., 2025).

In Indonesia, the burden of adolescent mental health problems is considerable and growing. The Indonesia National Adolescent Mental Health Survey (I-NAMHS) conducted in 2021 found that one in three Indonesian adolescents experienced a mental health problem in the past 12 months, yet only 2% accessed mental health support services (Center for Reproductive Health et al., 2022). The Indonesia Health Survey (Survei Kesehatan Indonesia/SKI) 2023 reported that the prevalence of depression was highest among young people aged 15–24 years at 2%, while treatment-seeking in this group remained the lowest of all age groups at only 10.4% (Kementerian Kesehatan RI – Badan Kebijakan Pembangunan Kesehatan., 2024). A qualitative study of Indonesian adolescents further revealed that a lack of mental health literacy was a central barrier to help-seeking, with adolescents reporting difficulty identifying psychological distress symptoms and uncertainty about when and how to seek professional support (Yani et al., 2025). Evidence from school-based mental health programs in Indonesia similarly indicates that while structured educational interventions can improve students' knowledge and mental health-related behaviors, implementation remains uneven and context-sensitive, with limited coverage in regions outside major urban centers such as Jakarta (Suryaputri et al., 2024).

SMA Negeri 1 Samarinda represents an important context in which to examine and address adolescent mental health literacy needs. East Kalimantan, as a rapidly developing region with high urbanization rates and complex socioeconomic dynamics, presents unique challenges for adolescent well-being that have received limited research attention. A recent cross-sectional study conducted across six senior high schools in East Kalimantan found that stress was significantly associated with adolescents' self-description, underscoring the presence of mental health-related vulnerabilities among students in the region (Kholifah et al., 2025). However, evidence specifically addressing adolescent mental health literacy — as opposed to symptom prevalence — remains scarce in this regional context, highlighting the need for pilot, school-embedded interventions such as the present program. The program employed a multimodal approach incorporating PowerPoint presentations, educational videos, storytelling materials, and interactive educational games, delivered to 26 students using a pre-test and post-test design to evaluate its effectiveness in improving mental health literacy. The program aimed to: (1) improve students' understanding of risky interpersonal behaviors and their impact on mental health; (2) enhance students' ability to identify early signs of psychological distress; (3) promote awareness of the importance of early support; and (4) equip students with knowledge about appropriate pathways to seek professional help. The findings of this program are expected to contribute practical evidence for the development of community-based, school-embedded mental health literacy programs in East Kalimantan and similar regional contexts across Indonesia.

Method

This community service activity was conducted among 26 student representatives at SMA Negeri 1 Samarinda. Participants were selected by the school coordinator to represent different classes and student groups. They were adolescents in grades 10, aged 15 - 18 years, who participated in the full program and completed both assessments. The program began with the administration of a pre-test to assess students' baseline knowledge regarding risky interpersonal behaviors and adolescent mental health. Following the pre-test, participants received educational sessions on risky interpersonal behaviors delivered through an interactive lecture method supported by PowerPoint presentations. The session was followed by educational material on adolescent mental health presented through an instructional video, accompanied by guided discussion and mentoring. To reinforce understanding and promote active engagement, the activity concluded with an educational storytelling game related to the materials presented.

Participation was voluntary, with informed consent/assent obtained before the activity. Participant confidentiality was maintained throughout data collection and reporting. Students could decline participation or withdraw at any time. Any student experiencing distress or disclosing a mental health or safety concern was referred to the school counselor for appropriate follow-up.

The knowledge assessment instrument consisted of 10 structured questions covering the concept of psychological distress, the importance of addressing psychological wounds, individuals at risk within the school setting, contributing factors, emotional and physical signs of psychological distress, stages of psychological injury development, potential consequences if left untreated, and changes in sleep and eating patterns as indicators of psychological problems. Each item was equally weighted and scored 1 for a correct response and 0 for an incorrect response, yielding a total score of 0–10. Scores were converted to a 0–100 scale using $(\text{correct responses}/10) \times 100$. The items were developed based on the educational materials and relevant literature and were designed to cover key domains of adolescent mental health literacy addressed in the intervention.

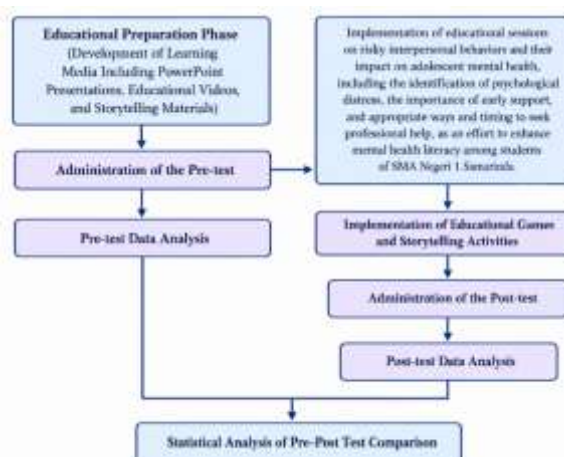


Figure 1. Implementation Framework of the Community Service Program

Data analysis was conducted in several stages. Descriptive analysis was used to examine the distribution of responses and to summarize baseline and post-intervention knowledge levels. Subsequently, comparative statistical analysis was performed to evaluate differences between pre-test and post-test scores. For the paired analysis, normality was assessed using the Shapiro–Wilk test on the difference scores (post-test minus pre-test). The selection of statistical tests was determined based on the results of the normality test. All statistical analyses were performed using RStudio version 2024.12.1+563.

Result and Discussion

As part of efforts to strengthen adolescent mental health through preventive and promotive strategies, a community-based educational program entitled “Education on Risky Interpersonal Relationships and Their Impact on Adolescent Mental Health” was conducted at SMA Negeri 1 Samarinda on Tuesday, February 3, 2026. The program aimed to enhance students' awareness, knowledge, and resilience in navigating interpersonal relationships in a healthy and responsible manner. The activity included an educational session on risky interpersonal relationships delivered by Rea Ariyanti, S.Tr.Keb., M.K.M., and a session on current adolescent mental health conditions presented by Muhamad Zakki Saefurrohim,

S.K.M., M.Kes. To reinforce understanding and encourage active participation, the program incorporated an interactive educational game in which students arranged sequenced images into narratives illustrating risky interpersonal behaviors and their potential mental health consequences. The activity was facilitated by Agustin Putri Rahayu, S.Gz., MPH, and Muh. Amri Arfandi, S.K.M., M.K.M., under the supervision of the school coordinator, Mrs. Hermawati, S.Pd.



Figure 2. Documentation of Community Service Activities

Table 1. Descriptive Analysis and Normality Test Results

Variable	N	Mean	SD	Minimum	Median	Maximum	Normality test		Median (IQR)
							W	p-value	
Pretest	26	90.77	10.93	60	90	100	0.8066	0.00023	90 (10)
Posttest	26	98.85	4.31	80	100	100			100 (0)

Note: W and p-values refer to the Shapiro–Wilk normality test applied to the difference scores (post-test minus pre-test).

Table 1 presents the results of the descriptive analysis, indicating that the mean pretest score was 90.77 (SD = 10.93), with a median of 90 (IQR = 10), while the mean posttest score increased to 98.85 (SD = 4.31), with a median of 100 (IQR = 0). The Shapiro–Wilk normality test revealed that the difference scores were not normally distributed ($W = 0.8066$; $p < 0.001$). Therefore, the Wilcoxon Signed-Rank Test was employed. The results demonstrated a statistically significant difference between the pretest and posttest scores ($V = 105$; $p = 0.0008$) (Figure 3). Accordingly, it can be concluded that there was a significant improvement in scores following the intervention.

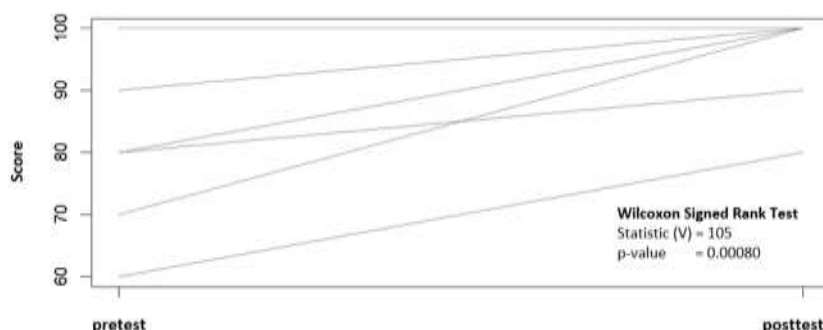


Figure 3. Graph of the Wilcoxon Signed-Rank Test Results

The descriptive analysis results indicate a highly significant increase in students' understanding at SMA Negeri 1 Samarinda, with the mean score rising from 90.77 to 98.85. Statistically, the Wilcoxon Signed-Rank Test confirms that this educational intervention had a tangible impact ($p = 0.0008$) on strengthening students' mental health knowledge. This improvement reflects a successful cognitive transfer of information regarding crucial aspects of interpersonal relationships that are often considered taboo or overlooked in the formal curriculum. The direct implication of these findings is the validation that a structured intervention can rapidly enhance adolescent understanding of social risks. In the context of public health, this success

signifies that promotive-preventive approaches in schools are efficient strategies for mitigating mental health crises at the upstream level before they escalate into psychological disorders requiring complex clinical intervention.

Adolescents represent a vulnerable population in the context of risky interpersonal relationships, particularly within the school environment. Risky interpersonal relationships refer to patterns of interaction that may generate adverse physical, emotional, and social consequences. These include unsafe dating behaviors, premarital sexual activity, dating violence, bullying and cyberbullying, as well as negative conformity driven by peer pressure (Bozzini et al., 2021; Foshee et al., 2016). Such relational risks do not emerge spontaneously but are shaped by multiple interacting factors. Internal factors include adolescents' psychological condition, self-control, self-esteem, and tendencies toward self-harming behaviors. External factors encompass peer influence, family support, and the broader social environment (Silva et al., 2025).

The educational focus on risky interpersonal relationships, such as unsafe dating behaviors and dating violence, is highly relevant to the social dynamics of today's adolescents, who are constantly exposed to unfiltered digital information. As explained by (Alm et al., 2021; Berger & Jammal-Abboud, 2025) poor relationships during adolescence can be the root of various long-term physical and emotional consequences that persist into adulthood. By providing this education, there is a strong protective implication for students to recognize that behaviors such as bullying, cyberbullying, and peer pressure are not merely normal social dynamics but serious threats to mental stability. The emphasis on internal factors like self-control and self-esteem implies the formation of independent character, ensuring that students possess a strong "moral compass" to reject negative conformity that could jeopardize their future (Irmansah et al., 2026; Subhan, 2025).

Furthermore, the integration of digital literacy within the context of interpersonal relationships is an essential implication of this program. In the era of ubiquitous social media, risky behaviors often transcend physical boundaries, manifesting as digital harassment or coercive online interactions (DeMarsico et al., 2022; Umar & Ardan, 2025). By educating students on how these virtual patterns impact their psychological well-being, the intervention provides a vital layer of protection against the modern stressors of the digital age. This empowers students to not only navigate face-to-face encounters but also to establish healthy digital boundaries, thereby reducing the risk of cyber-victimization and the subsequent mental health decline associated with online social pressures.

In addition to digital literacy, external factors such as family support and the social environment play a crucial role in shaping adolescent resilience against risky interpersonal relationships (Herrero Romero et al., 2025; Ningrum, 2023). Based on social-ecological theory, adolescents do not live in a vacuum; rather, they are influenced by the support received from their immediate environment (Tong & An, 2023). This program emphasizes that education is not solely the responsibility of the school but requires synergy with family support. The implication of involving the social environment is the creation of a system that encourages students to be open about the interpersonal challenges they face, allowing for earlier detection of toxic relationships by parents and educators alike.

The methodology, which combines expert lectures with interactive educational games, appear to have supported student engagement and information delivery. The use of a game involving the sequencing of narrative images regarding risky behaviors allowed for active learning, where students performed mental simulations of the real risks they might face. The implication of using this method is the creation of a learning environment that is low-stress yet high-challenge. This highlights the potential value of participatory methods over one-way approaches for sensitive issues like mental health. The success of this method provides a model for educators to adopt creative ways of delivering health messages so they are more relevant to the characteristics of Generation Z, who tend to be more visual and interactive.

The link between risky interpersonal relationships and adolescent mental health is the core of this intervention. Relationships characterized by violence or emotional manipulation are often primary triggers for anxiety disorders, depression, and even self-harming behaviors (Alini et al., 2025; Dokkedahl et al., 2022; Mazza et al., 2021). The preventive implication of this activity lies in its promotive value; through discussions and Q&A sessions, students became more sensitive to their own mental state and that of their peers. By involving speakers from cross-disciplinary backgrounds, the program successfully dissected how reproductive health and mental health are comprehensively intertwined. This provides a deep understanding that maintaining mental health begins with the courage to set firm boundaries, which indirectly contributes to a reduction in violence rates within the school environment.

Reflecting on the pretest results, which were already quite high (median 90), it can be concluded that students at SMA Negeri 1 Samarinda already had good access to information, though it may have been superficial. The margin of increase toward a near-perfect score (98.85) on the posttest indicates a process of clarifying misconceptions and reinforcing self-confidence. The social implication of this result is the creation of a new group norm, where risky behavior is no longer seen as "normal" but as a threat to collective well-

being. The achievement of the maximum score (100) by 25 out of 26 participants (96.3%) after the intervention signifies that key messages regarding resilience have been well-internalized. This is extremely useful for building a strong peer support system, where students can remind each other if a peer's behavior begins to drift toward toxic or dangerous patterns.

Beyond individual knowledge gains, the program carries a significant socio-ecological implication by fostering a supportive communal environment within the school. When adolescents are collectively educated, the burden of maintaining mental health shifts from the individual to the community, creating a shared language of empathy and accountability (Beket et al., 2025; Cooper et al., 2025). This collective awareness acts as a deterrent against the normalization of toxic interpersonal traits, as students are better prepared to offer mutual support and encouragement to their peers. Such an environment is fundamental for the long-term sustainability of mental health initiatives, as it transforms the school into a sanctuary for emotional growth rather than a source of interpersonal stress.

As a final follow-up step, the long-term implication of this program is its potential to serve as a basis for a holistic student wellbeing policy. These positive results provide empirical evidence for school authorities and stakeholders that community-based mental health education has high utility and urgently needs to be integrated periodically. Support from school counselors is essential to ensure that this increase in knowledge transforms into permanent behavioral change. Overall, this community service does not only provide momentary cognitive benefits but also makes a real contribution to the effort of creating a resilient, emotionally intelligent generation capable of fostering healthy interpersonal relationships for a better quality of life in the future.

Conclusion

The present community service program successfully achieved its primary objective of strengthening adolescent mental health literacy through targeted, school-based education on risky interpersonal relationships at SMA Negeri 1 Samarinda. As anticipated in the introduction, adolescents remain a highly vulnerable population in which low mental health literacy constitutes a critical barrier to early recognition of psychological distress and timely help-seeking behavior. The educational intervention addressed this gap by equipping students with knowledge regarding the nature of risky interpersonal behaviors, their psychological consequences, and appropriate pathways for seeking professional support.

The results and discussion indicate that the multimodal approach employed in this program, combining expert lectures, instructional videos, guided discussions, and interactive educational games, was associated with a statistically significant improvement in students' knowledge scores (pre-test median: 90, IQR = 10 and post-test median: 100; $p = 0.0008$), although the narrow post-test spread suggests a ceiling effect given already-high baseline scores. This finding suggests that participatory and experiential learning methods for delivering sensitive health topics to Generation Z adolescents. Whether these knowledge gains translate into greater awareness that risky interpersonal behaviors, including bullying, cyberbullying, dating violence, and negative peer conformity, represent genuine threats to mental well-being rather than normal social dynamics.

Looking ahead, future community service initiatives should consider expanding program delivery to a broader student population and incorporating parental and teacher engagement components to strengthen the socio-ecological support system surrounding adolescents. Longitudinal follow-up assessments are recommended to evaluate whether short-term knowledge gains translate into sustained behavioral changes. Furthermore, integration of this program into the formal school counseling curriculum and collaboration with local health authorities would enhance the scalability and sustainability of school-based mental health literacy initiatives across East Kalimantan and other regional contexts in Indonesia.

Author Declarations

Author Contributions

Muh. Amri Arfandi, Rea Ariyanti, Agustin Putru Rahayu, and Muhamad Zakkki Saefurrohm contributed to the conception and design of the program, data collection and analysis, manuscript preparation, and critical revision. All authors approved the final manuscript.

Conflict of Interest

The authors declare no conflict of interest.

Funding

No external funding was received for this study.

Use of AI

AI tools were used only for language editing and manuscript refinement. The authors take full responsibility for the content and accuracy of the manuscript.

Acknowledgements

The authors gratefully acknowledge the management and students of SMA Negeri 1 Samarinda for their enthusiastic participation and contribution to this community service program. The authors also extend sincere appreciation to the Department of Education and Culture of East Kalimantan Province and the Faculty of Public Health, Universitas Mulawarman, for providing the necessary institutional licensing and support throughout the implementation of this activity.

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