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The Role of School Mental Health Resources and the Implementation of Anti-Bullying Policies in Adolescents

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ABSTRACT
Adolescent mental health is an important aspect of individual development but is vulnerable to challenges such as academic pressure, social problems, and bullying. Schools have a strategic role in supporting adolescent mental health through the availability of mental health services and the implementation of anti-bullying policies. However, evidence regarding the relationship between these factors and students' mental health at the local vocational school level remains limited. This study aimed to analyze the relationship between school mental health service resources and the implementation of anti-bullying policies with students' mental health at SMK Muhammadiyah 1 Samarinda City. This quantitative study used a cross-sectional design involving 125 students. Data were collected using questionnaires assessing mental health service resources, anti-bullying policy implementation, and students' mental health measured by the General Health Questionnaire-12 (GHQ-12). Data were analyzed using multiple linear regression. The results showed that school mental health service resources (p=0.01) and anti-bullying policy implementation (p=0.0001) were significantly associated with students' mental health. The regression model explained 21.6% of the variation in students' mental health (R^2=0.216), while the remaining variation was associated with other factors. This study provides local evidence on the role of school-based mental health resources and anti-bullying policies in supporting adolescent psychological well-being, particularly in a vocational school setting. Strengthening mental health services and consistently implementing anti-bullying policies may support the development of safer and more supportive learning environments.

Keywords: Adolescent Mental Health, School Bullying, Anti-Bullying Policy, Mental Health Services, Students' Well-Being.

ABSTRAK
Kesehatan mental remaja merupakan aspek penting dalam perkembangan individu, tetapi rentan terhadap berbagai tantangan seperti tekanan akademik, masalah sosial, dan perundungan (bullying). Sekolah memiliki peran strategis dalam mendukung kesehatan mental remaja melalui ketersediaan layanan kesehatan mental dan penerapan kebijakan anti-perundungan. Namun, bukti mengenai hubungan antara faktor-faktor tersebut dan kesehatan mental siswa pada tingkat sekolah menengah kejuruan (SMK) masih terbatas. Penelitian ini bertujuan untuk menganalisis hubungan antara sumber daya layanan kesehatan mental sekolah dan penerapan kebijakan anti-perundungan dengan kesehatan mental siswa di SMK Muhammadiyah 1 Kota Samarinda. Penelitian kuantitatif ini menggunakan desain cross-sectional dengan melibatkan 125 siswa. Data dikumpulkan menggunakan kuesioner yang menilai sumber daya layanan kesehatan mental, penerapan kebijakan anti-perundungan, dan kesehatan mental siswa yang diukur menggunakan General Health Questionnaire-12 (GHQ-12). Data dianalisis menggunakan regresi linear berganda. Hasil penelitian menunjukkan bahwa sumber daya layanan kesehatan mental sekolah (p=0,01) dan penerapan kebijakan anti-perundungan (p=0,0001) berhubungan secara signifikan dengan kesehatan mental siswa. Model regresi menjelaskan 21,6% variasi kesehatan mental siswa (R^2=0,216), sedangkan variasi lainnya berkaitan dengan faktor-faktor lain. Penelitian ini memberikan bukti lokal mengenai peran sumber daya kesehatan mental berbasis sekolah dan kebijakan anti-perundungan dalam mendukung kesejahteraan psikologis remaja, khususnya di lingkungan sekolah menengah kejuruan. Penguatan layanan kesehatan mental dan penerapan kebijakan anti-perundungan secara konsisten dapat mendukung terciptanya lingkungan pembelajaran yang lebih aman dan suportif.

Kata Kunci: Kesehatan Mental Remaja, Perundungan Di Sekolah, Kebijakan Anti-Perundungan, Layanan Kesehatan Mental, Kesejahteraan Siswa.

INTRODUCTION

Mental health is an essential component of overall health and well-being, influencing an individual's ability to cope with stress, develop personal potential, and participate effectively in social environments. During adolescence, mental health becomes particularly important because this developmental stage involves significant biological, psychological, and social transitions. However, adolescents are vulnerable to psychological problems due to academic pressure, social challenges, family conflicts, and negative experiences within their environment, including bullying (Arifin et al., 2022).

Bullying remains one of the major challenges in school environments because it affects not only social relationships but also students' psychological well-being. Bullying is characterized by intentional and repeated aggressive behavior involving an imbalance of power between individuals. Previous studies have demonstrated that exposure to bullying is associated with increased risks of anxiety, stress, depression, reduced self-esteem, and decreased academic engagement among adolescents (Arrohmati et al., 2024; Widyaningtyas et al., 2023). Therefore, addressing bullying requires more than disciplinary action; it requires a comprehensive school-based approach that integrates prevention strategies and psychological support.

Schools represent an important setting for adolescent mental health promotion because students spend a significant proportion of their time within the school environment. From the perspective of Bronfenbrenner's ecological systems theory, schools function as part of the microsystem that directly influences adolescent development through daily interactions, social relationships, and institutional practices (Bronfenbrenner, 1979). Within this framework, mental health service resources and anti-bullying policies represent important environmental factors that can shape students' psychological well-being. Mental health services provide promotive, preventive, and supportive interventions through counseling, early identification, and psychosocial assistance, whereas anti-bullying policies establish structural mechanisms to prevent violence and create safer social norms within schools. Previous studies have shown that school-based mental health services are associated with improved psychological support and early detection of students experiencing emotional difficulties. Access to counselors, supportive counseling environments, and mental health education programs can strengthen students' coping abilities and emotional resilience (Bjørnsen et al., 2019; Suswati et al., 2023). Similarly, research on anti-bullying interventions indicates that effective implementation involving teachers, students, and parents can reduce bullying behaviors and improve students' sense of safety within schools (Gaffney et al., 2021; Widyaningtyas & Mustofa, 2023). However, these studies generally examine mental health services or anti-bullying programs separately, while limited evidence has examined how both factors are simultaneously associated with adolescent mental health, particularly within vocational school settings.

The issue of adolescent mental health has become a growing concern globally and nationally (Ningrum, Khusniyati, & Ni'mah, 2022; Sarmini et al., 2023). The World Health Organization and UNICEF have highlighted that mental health problems among adolescents represent a significant public health challenge (UNICEF, 2021; World Health Organization, 2021). In Indonesia, adolescent mental health problems remain substantial, with many young people experiencing psychological distress related to academic, social, and environmental pressures (Shalahuddin et al., 2024). At the regional level, Samarinda City has also experienced an increase in mental health disorder prevalence, indicating the need for strengthened preventive and supportive systems for adolescents (Monit et al., 2019).

The Indonesian government has emphasized the importance of creating safe educational environments through policies such as Minister of Education and Culture Regulation No. 82 of 2015 concerning the Prevention and Handling of Violence in Educational Units. This regulation encourages schools to establish violence prevention mechanisms, reporting systems, and support services for affected students. Nevertheless, policy implementation remains challenging, particularly regarding consistent application at the school level, formation of prevention teams, and integration with student mental health support systems (Ramadhani et al., 2023). Therefore, evaluating how school-level implementation relates to adolescent mental health is necessary.

SMK Muhammadiyah 1 Samarinda City represents an important context for examining these issues because vocational school students experience unique academic and developmental challenges while preparing for future employment. Despite the importance of

school-based mental health support, empirical evidence regarding the relationship between mental health service resources, anti-bullying policy implementation, and students' mental health in this setting remains limited. Previous studies have provided evidence regarding counseling services and bullying prevention programs, but comprehensive analysis integrating both school factors within a local vocational school context is still lacking.

Therefore, this study aimed to analyze the relationship between the availability of mental health service resources and the implementation of anti-bullying policies with students' mental health at SMK Muhammadiyah 1 Samarinda City. By integrating the ecological perspective of adolescent development with empirical analysis of school-based interventions, this study provides local evidence that may support the improvement of school mental health programs and the implementation of violence prevention policies.

RESEARCH METHODS

This study employed a quantitative approach with a cross-sectional design to analyze the relationship between school mental health service resources, the implementation of anti-bullying policies, and students' mental health. The study population consisted of 185 students of SMK Muhammadiyah 1 Samarinda City. The sample size was calculated using the Lemeshow formula, resulting in 125 respondents. Participants were selected using proportionate stratified random sampling to ensure proportional representation from different grades and study programs. The inclusion criteria were students enrolled in grades X–XII who were actively attending school and willing to participate in the study. Students who were inactive during the study period or declined participation were excluded.

The dependent variable in this study was students' mental health, while the independent variables were school mental health service resources and the implementation of anti-bullying policies. Student mental health was defined as the psychological condition of students measured using the General Health Questionnaire-12 (GHQ-12). The GHQ-12 consists of 12 items assessing psychological distress and positive functioning. Each item was scored using a four-point Likert scale (0–3), with higher scores indicating greater psychological difficulties.

School mental health service resources were defined as the availability and accessibility of school-based psychological support systems, including counseling facilities, counselors, confidentiality, accessibility of services, and institutional support. This variable was measured using a 10-item questionnaire with a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5). The implementation of anti-bullying policies was defined as the extent to which school policies, prevention programs, reporting mechanisms, teacher involvement, and student protection procedures were implemented. This variable was measured using a 10-item questionnaire with a five-point Likert scale. Data collection was conducted in February 2025 using a structured online questionnaire distributed through Google Forms during school hours. Respondents completed the questionnaire under researcher and teacher supervision to ensure understanding of the instructions and completeness of responses.

The questionnaire consisted of three sections: school mental health service resources (10 items), anti-bullying policy implementation (10 items), and student mental health measured using GHQ-12 (12 items). The total number of questionnaire items was 32. The validity of the researcher-developed instruments for mental health service resources and anti-bullying policy implementation was assessed using Pearson Product-Moment correlation among 30 pilot respondents (Meivira, Dewi, & Puspitasari, 2022). Items were considered valid if the correlation coefficient exceeded the critical value of r-table (0.361) at a significance level of 5% ($p<0.05$). All items in the mental health service resources and anti-bullying policy implementation variables demonstrated acceptable validity. The highest and lowest correlation values were 0.907 and 0.577 for mental health service resources and 0.867 and 0.699 for anti-bullying policy implementation, respectively. Reliability testing was conducted using Cronbach's alpha. An alpha value of ≥0.70 was considered acceptable for internal consistency. The independent variable instruments demonstrated adequate reliability and were considered suitable for data collection.

The GHQ-12 was not subjected to additional validity and reliability testing because it is a standardized instrument with established psychometric properties. Previous studies have demonstrated its construct validity and reliability among adolescent populations. Data were analyzed using univariate and multivariate analyses. Multiple linear regression analysis was

performed to examine the association between school mental health service resources, anti-bullying policy implementation, and students' mental health. Before regression analysis, classical assumption tests were conducted, including normality testing to assess residual distribution, multicollinearity testing using tolerance and Variance Inflation Factor (VIF), and homoscedasticity testing to evaluate equal variance of residuals. The statistical significance level was set at $p<0.05$. The regression analysis results were interpreted as associations between variables, and no causal conclusions were drawn due to the cross-sectional design of the study. The study was conducted at SMK Muhammadiyah 1 Samarinda City in 2025. Ethical approval was obtained from the Health Research Ethics Committee with approval number 029/KEPK-STIKES-MM/X/2025.

RESULTS

Table 1. Distribution of respondents by characteristics.

Respondent Characteristics	Frequency (N)	Percentage (%)
Gender		
Man	60	48.0
Woman	65	52.0
Age		
14	1	0.8
15	15	12.0
16	42	33.6
17	46	36.8
18	19	15.2
19	2	1.6
Class		
X	48	38.4
XI	47	37.6
XII	30	24.0
Interest		
Accountancy	33	26.4
Visual communication design	35	28.0
Computer Network and Telecommunication Engineering	37	29.6
Multimedia	20	16.0
Total	125	100

Table 1 shows that the respondents in this study consisted of 125 people, of which 60 people (48.0%) were male respondents, while 65 people (52.0%) were mostly 17 years old (36.8%), were in class X (38.4%), and chose Computer Network Engineering and Telecommunications (29.6%) as their major.

Table 2. Univariate analysis of student mental health.

Variable	Frequency (N)	Percentage (%
Male Student Mental Health		
Lightweight (+)	5	8%
Keep	4	7%
Height (-)	51	85%
Total	60	100%
Female Student Mental Health		
Lightweight (+)	1	2%
Keep	6	9%
Height (-)	58	89%
Total	65	100%

In the Student Mental Health variable, there are 12 statements used to describe the psychological condition of the respondents. These items include: (1) How often are you able to concentrate on activities at school? (2) How often have you recently felt that your role in school was making a positive or beneficial contribution? (3) How confident have you been lately in making a decision? (4) How often have you been feeling happy and enjoying your daily activities at school lately? (5) How capable have you been lately in overcoming difficulties or challenges that arise at school? (6) How often have you been feeling happy and prosperous in the school environment lately? (7) How often have you lately had trouble sleeping because of worrying about assignments or activities at school? (8) How often have you recently felt constantly under pressure or stress at school? (9) How often have you recently felt incapable of coping with problems or difficulties that arise at school? (10) How often have you recently felt unhappy or depressed because of things happening in the school environment? (11) How often have you recently felt a loss of confidence while in the school environment? and (12) How often have you recently felt worthless or unappreciated while in the school environment? All statement items are answered using the Likert scale with four answer choices, namely never, sometimes, often, and always.

Table 3. Univariate analysis of school mental health services resources.

Mental Health Services Resources	Frequency (N)	Percentage (%)
Low (-)	4	3%
Keep	40	32%
Height (+)	81	65%
Total	125	100%

In the Mental Health Services Resources variable, there are 10 statements used to assess the support of mental health facilities and services in schools. These items include: (1) Do schools have adequate facilities to support student mental health services? (2) Do schools have enough counselors to deal with students' mental health issues? (3) Do schools provide mental health counseling services for students who need support? (4) Does the school provide a comfortable space for mental health counseling activities? (5) Is the room for mental health services very comfortable and conducive? (6) Can mental health services in schools help students overcome mental health problems? (7) Should mental health services in schools maintain the confidentiality and privacy of students? (8) Is information about mental health services in schools easily accessible and understandable? (9) Schools provide adequate support to students who experience mental health problems. (10) Are the mental health services available in the school reliable when students need them? All statements were answered using a Likert scale with five choices, namely agree, strongly agree, neutral, disagree, and strongly disagree.

Table 4. Univariate analysis of the implementation of anti-bullying policy

Categories Anti-Bullying Policy Implementation	Frequency (N)	Percentage (%)
Strongly Disagree	7	5.6%
Disagree	10	8.0%
Neutral	64	51.2%
Agree	26	20.8%
Strongly agree	18	14.4%
Total	125	100.0%

In the variable of the Implementation of Anti-Bullying Policy, there are 10 statements used to assess the extent to which bullying prevention policies are implemented in the school environment. The statements include: (1) Does the school have clear policies or regulations regarding the prevention and handling of bullying? (2) Is the anti-bullying policy in schools clearly informed to all students? (3) Do schools provide an easily accessible and confidential reporting channel for students who experience or witness bullying? (4) Do schools routinely socialize and educate all students about bullying? (5) Do teachers and school staff act as good listeners for students who are being bullied? (6) Do teachers and school staff take prompt and appropriate

action after receiving reports of bullying cases? (7) Has bullying in schools decreased since the implementation of the anti-bullying policy? (8) Do schools provide support and protection for victims of bullying? (9) Does the school give fair and firm sanctions to the perpetrators of bullying? (10) Anti-bullying policies in schools help create a sense of security and comfort in the school environment. All of the statements were assessed using a Likert scale with five answer choices, namely strongly agree, agree, neutral, disagree, and strongly disagree.

Table 5. Distribution of research variable scores.

Variables	Mean	Median	Mode	Standard Deviation	Minimum	Maximum
Mental Health	15.14	15.00	15	4.471	4	36
Mental health resources in schools	37.96	40.00	40	7.556	10	50
Anti-Bullying Policies in Schools	30.44	29.00	30	10.251	12	49

Based on the research results, it is known that the mental health variable has an average score of 15.14 with a minimum value of 4 and a maximum of 36. The school policy variable has an average value of 30.44 with a minimum value of 12 and a maximum of 49. The mental health resource variable has an average value of 37.96 where the minimum value is 10 and a maximum is 50. School mental health service resources and the implementation of anti-bullying policies in schools on respondents' mental health.

Table 6. Multiple linear regression test results.

Variables	p-value	B	R	R^2	P (Anova)	β
School Mental Health Services Resources	0.01	0.129	0.465	0.216	0.0001	4.932
Anti-Bullying Policy	0.0001	0.174				

Based on the results of the multiple linear regression analysis, school mental health service resources and the implementation of anti-bullying policies were significantly associated with adolescent mental health when considered simultaneously. The R value of 0.465 indicates a moderate relationship between the two independent variables collectively and adolescent mental health. The R^2 value of 0.216 indicates that these two variables jointly explained 21.6% of the variation in adolescent mental health, while the remaining variation was attributable to other factors not included in the model. The ANOVA results showed that the overall regression model was statistically significant, indicating that school mental health service resources and anti-bullying policy implementation were jointly associated with adolescent mental health. The regression equation was $Y = 4.932 + 0.129X_1 + 0.174X_2$, where Y represents adolescent mental health, X_1 represents school mental health service resources, and X_2 represents anti-bullying policy implementation. The positive regression coefficients indicate that higher levels of school mental health service resources and more consistent implementation of anti-bullying policies were associated with higher mental health scores, assuming that the other variables remained constant. Specifically, a one-unit increase in school mental health service resources was associated with a 0.129-unit increase in the mental health score, whereas a one-unit increase in anti-bullying policy implementation was associated with a 0.174-unit increase in the mental health score. These findings suggest that strengthening school-based mental health support and consistently implementing anti-bullying policies are important components of efforts to promote adolescent mental health.

DISCUSSION

The mental health scores based on the GHQ-12 show that female students (89%) experience more psychological pressure than male students (85%). This indicates that female students tend to feel more stress. This assessment is quite relevant based on the GHQ-12 instrument, as the scores are differentiated according to gender because the psychological structure and mental health of men and women differ, especially during adolescence.This is done because, based on the GHQ-12 study by Centofanti et al. (2019), boys tend to show high scores

at the age of 7–9 years, while girls show consistently high scores from the age of 12–19 years, related to hormonal changes. Girls are more expressive about stress, while boys tend to bottle it up. Therefore, it is important to separate the interpretation of GHQ-12 scores based on gender so that the results are more accurate, avoiding gender bias, and ensuring that interventions are tailored to the psychological characteristics of each group.

Based on grade level, most respondents were from grade X with 48 respondents (38.4%), followed by grade XI with 47 respondents (37.6%), and grade XII with 30 respondents (24%). This difference in numbers may reflect different psychological conditions at each grade level. Students in different grade levels face different academic pressures and challenges, which can affect their mental health. In terms of majors, the majority of students at SMK Muhammadiyah 1 Kota Samarinda come from the Visual Communication Design (DKV), Accounting, and Multimedia majors, which have different learning characteristics and influence interaction patterns. Therefore, it is important for schools to provide equitable mental health services across all grades and departments and to implement anti-bullying policies so that students feel safe, comfortable, and accepted. This type of environment is very conducive to the overall mental health of students.

The availability of mental health services in schools also supports early detection and treatment of psychological cases among students. Thus, schools are not only places for cognitive learning, but also serve as environments that support psychological well-being. These results are in line with previous studies which state that the availability of adequate mental health services in schools can reduce the tendency for psychological disorders among students and improve their emotional well-being (Yuliandari, 2022). In her research, Yuliandari found that students who had access to school counselors or psychologists showed better psychological resilience compared to students without such access. This study is in line with the findings of research conducted by Shidqi (2020) at SMP Negeri 6 Idanogawo that there is a significant relationship between counseling services and improved mental health with a p-value of 0.008 (<0.05). The correlation coefficient result of 0.517 indicates a moderate positive correlation between the two variables. This means that every 1.00% increase in group counseling services has the potential to promote a 5.279% improvement in mental health (Shidqi, 2020).

This finding is also in line with the research by Azura et al. (2023). It shows that the role of schools, particularly through counseling programs, contributes significantly to shaping the psychological resilience of adolescents. In this study, counseling is seen not only as a medium for confiding, but also as a strategic support system in helping students cope with academic and social pressures. Schools that provide professional counselors, comfortable counseling rooms, and a systematic approach to mental health services are able to significantly improve the psychological well-being of students (Azura et al., 2023). Based on the results of research by Shidqi (2020), there is a significant relationship between counseling services and the mental health of students in shaping a character that rejects radicalism at Jatitujuh 1 Public High School and Kuningan 1 Public Vocational School. Tolerance and rejection of radicalism among religious communities, especially among students, need to be fostered to maintain good mental health. This effort requires the involvement of the entire school community, especially the active role of guidance counselors. The results of the correlation analysis show that in both schools there is a positive relationship between counseling services and the mental health of students with a correlation value of 0.435.

The success of anti-bullying policies is largely determined by student awareness and active support from teachers and the school environment. Research by Merdiaty (2023) shows that consistent implementation of teacher mentoring programs can strengthen students' mental health and create a more supportive learning environment (Merdiaty, 2023). These findings are consistent with the results of research by Pratama (2024), which states that the implementation of structured anti-bullying programs can improve students' positive character and psychological well-being (Pratama., 2024). Both studies emphasize the importance of involving all parties in the school in creating a safe and comfortable environment, where anti-bullying policies are not only implemented administratively but also supported by a psychosocial approach that encourages healthy interpersonal relationships. Furthermore, it is important to understand that bullying not only has a direct impact on students' social conditions but also has a serious impact on their mental health. Research Undheim & Sund (2013) shows that bullying is strongly

associated with psychological disorders such as anxiety and depression. However, they also emphasized that these risks can be minimized if schools implement strict anti-bullying policies and provide adequate support systems. This study reinforces the urgency of implementing anti-bullying policies as a strategic effort to maintain the mental health of adolescents. Furthermore, research Widyaningtyas & Mustofa (2023) indicates that the implementation of anti-bullying policies accompanied by training and socialization can reduce the number of bullying cases and make students feel more comfortable psychologically. This study is in line with the findings of this study, which shows that bullying prevention efforts will be more effective if accompanied by education and the involvement of all parties at school. When teachers, students, and parents alike understand the importance of preventing bullying and know how to deal with it, the school environment becomes safer and more supportive of students' mental health.

Research conducted by Halim (2023) on the implementation of anti-bullying policies through counseling services emphasizes the importance of psychological intervention approaches in anti-bullying policies. Counseling services help students who experience bullying overcome trauma, improve self-esteem, and restore their mental health, as well as create a more supportive learning environment (Halim, 2023). Similarly, a study by Dany (2025) on mental health anticipation through bullying prevention shows that education about bullying contributes significantly to increasing students' understanding of the importance of maintaining mental health. Counseling and training encourage the creation of a safer and psychologically healthier school environment (Dany, 2025).

In line with these findings, Gaffney (2020) found that structured anti-bullying interventions can reduce symptoms of anxiety and depression in adolescents. They concluded that programs involving all components of the school, such as teachers, students, and parents, can provide effective emotional protection for students (Gaffney, 2020). In addition, Laftman (2021) showed that students who experience bullying are at higher risk of long-term mental health problems. However, they also emphasized that this risk can be minimized if schools implement strict policies to prevent bullying and provide adequate support systems (Laftman, 2021).

Research published by Cerolini (2023) has had a significant impact on improving the mental health of students globally. This research reinforces the view that appropriate and accessible counseling services play an important role in maintaining the psychological stability of students, especially amid complex academic and social challenges. The implications of these findings support the importance of strengthening counseling services in higher education settings as both a preventive and promotional measure for mental health (Cerolini, 2023).

In addition to the availability of student mental health resources and the implementation of anti-bullying policies, student mental health is also influenced by various external factors. Warm family support and good communication are important foundations for student psychological well-being. A positive social environment and harmonious relationships with peers also strengthen self-confidence and self-acceptance. On the other hand, excessive academic pressure and a competitive grading system can cause stress. The quality of the school environment, including teacher-student relationships and a safe learning atmosphere, also plays a major role in maintaining mental health. In addition, the influence of social media, family socioeconomic conditions, and community culture and norms related to mental health can either strengthen or worsen students' psychological conditions. Therefore, improving students' mental health requires a holistic approach that takes all of these external factors into account.

Thus, various studies show that the availability of mental health resources and anti-bullying policies that are implemented in a planned and comprehensive manner can significantly create a safer and more comfortable learning environment for students. Furthermore, this has been proven to help reduce bullying cases and directly support students' overall mental health. Therefore, this reinforces the findings of this study that the availability of mental health resources and the implementation of anti-bullying policies play a crucial role in creating schools that support the balanced academic and emotional development of students.

Based on the results of the study, the implications that can be drawn are as follows. First, for schools, it is hoped that communication between students and teachers can be improved and strengthened by holding regular mental health counseling programs and building better relationships between teachers and students in support of mental health. Secondly, respondents are expected to be more open and concerned about their mental health and to be brave enough

to use the counseling services available at school in order to maintain a balance between studying, socializing, and resting to prevent stress and excessive pressure. Avoid negative stigma towards mental health issues so that students can support each other. Thirdly, future researchers are expected to expand the research variables, such as the variable of the quality of mental health service integration in the curriculum or school activities, and research can be conducted using a mixed method (quantitative and qualitative) to obtain a deeper understanding.

This study has several limitations. First, data collection was conducted using an online questionnaire via Google Forms, so the researchers were unable to supervise each respondent individually during the completion of the questionnaire due to time constraints and the large number of respondents spread across various classes. This may have led to biased answers or responses that did not fully reflect the actual conditions. Second, this study used a cross-sectional approach, so the results only describe the relationship between variables at a certain point in time and cannot explain the cause-and-effect relationship. To minimize these limitations, the researchers ensured the confidentiality of respondent data, provided clear instructions for filling out the questionnaire, and conducted validity and reliability tests on the instruments to ensure data accuracy.

CONCLUSION

This study found that school mental health service resources and the implementation of anti-bullying policies were significantly associated with students' mental health at SMK Muhammadiyah 1 Samarinda City. These findings suggest that the availability of psychological support and consistent bullying prevention efforts are important school-based factors in promoting students' mental health. However, the cross-sectional design limits the ability to establish causal relationships, while other relevant factors, including family environment, academic stress, peer relationships, and individual coping mechanisms, were not examined. Schools are therefore encouraged to strengthen mental health support systems and implement anti-bullying policies consistently as part of comprehensive adolescent mental health promotion. Further research using longitudinal designs and broader populations is recommended to examine causal relationships and other factors contributing to adolescent mental health.

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