

## Effectiveness of Video and Leaflet Educational Media in Increasing Adolescent Mental Health Literacy

Dewi Nur Sutiawati<sup>1\*</sup>, Titin Sutini<sup>1</sup>, Munaya Fauziah<sup>2</sup>, Nyimas Heny Purwati<sup>1</sup>,  
Nuraidah<sup>3</sup>

<sup>1</sup>Fakultas Ilmu Keperawatan, Universitas Muhammadiyah Jakarta, Indonesia

<sup>2</sup>Fakultas Kesehatan Masyarakat, Universitas Muhammadiyah Jakarta, Indonesia

<sup>3</sup>Rumah Sakit Penyakit Infeksi Prof. DR. Sulianti Suroso, Indonesia

\*email: dewinursutiawati@gmail.com

### Article history

Posted, Mar 19<sup>th</sup>, 2024

Reviewed, Mar 26<sup>th</sup>, 2024

Received, May 28<sup>th</sup>, 2024

Copyright © 2024 Authors



This work is licensed under a Creative Commons Attribution-ShareAlike 4.0 International License.

### ABSTRACT

*Mental health determines the well-being of adolescents, because adolescence is a time when major changes occur in the body, psychology and society. Mental health literacy is important to increase the capacity of adolescents to face unexpected challenges, for this reason education is needed to increase literacy. Delivering education requires interesting media so that information can be conveyed well, video media and leaflets can be used as educational media. The aim of this research is to determine the difference influence of video and leaflet-based on education of adolescent mental health literacy at Bintang Harapan Vocational School Bekasi. This research design uses a two-group pretest-posttest design without control. The sample for this research was taken using proportionate stratified random sampling with a total of 210 adolescents who were divided into 105 adolescents each in the video and leaflet education groups. Mental health literacy was measured using the MHL-q (Mental Health Literacy-Questionnaire) questionnaire. Data analysis used the independent t-test. The results of the research show that there is no difference in the effect of video and leaflet interventions on adolescent mental health literacy with p value = 0.253 ( $p > 0.005$ ), so it can be concluded that video and leaflet-based education are equally influential in increasing adolescent mental health literacy. Confounding factors that influence adolescent mental health literacy are gender and access to information. It is recommended that video and leaflet educational media can be used as health education media, especially to increase mental health literacy in adolescents.*

**Keywords:** Adolescent; Leaflet; Literacy; Mental Health; Video.

## ABSTRAK

Kesehatan mental menentukan kesejahteraan remaja, karena masa remaja adalah masa di mana perubahan besar terjadi pada tubuh, psikologi, dan sosial. Literasi kesehatan mental menjadi penting untuk meningkatkan kapasitas remaja dalam menghadapi tantangan yang tidak terduga, untuk itu diperlukan edukasi untuk meningkatkan literasi. Penyampaian edukasi memerlukan media yang menarik agar informasi dapat tersampaikan dengan baik, media video dan leaflet dapat digunakan sebagai media edukasi. Tujuan dari penelitian ini adalah untuk mengetahui perbedaan pengaruh edukasi berbasis video dan leaflet terhadap literasi kesehatan mental remaja di SMK Bintang Harapan Bekasi. Desain penelitian ini menggunakan *two-group pretest-posttest design without control*. Sampel penelitian ini di ambil dengan cara *proportionate stratified random sampling* dengan jumlah 210 remaja yang dibagi menjadi masing – masing 105 remaja pada kelompok intervensi edukasi video dan intervensi menggunakan leaflet. Pengukuran literasi kesehatan mental menggunakan kuesioner MHL-q (*Mental Health Literacy-questioner*). Analisis data menggunakan *Uji independent t-test*. Hasil penelitian menunjukkan tidak ada perbedaan pengaruh intervensi video dengan leaflet terhadap literasi kesehatan mental remaja dengan  $p\text{ value} = 0.253$  ( $p > 0.005$ ), sehingga dapat disimpulkan bahwa edukasi berbasis video dan leaflet sama – sama berpengaruh dalam meningkatkan literasi kesehatan mental remaja. Faktor *confounding* yang berpengaruh terhadap literasi kesehatan mental remaja adalah jenis kelamin dan akses informasi. Disarankan media edukasi video dan leaflet dapat digunakan sebagai media edukasi kesehatan khususnya untuk meningkatkan literasi kesehatan mental pada remaja.

**Kata Kunci:** Leaflet; Literasi; Kesehatan Mental; Remaja; Video.

## INTRODUCTION

Mental health is defined as the ability a person has to be able to identify, overcome life stress, be productive, and have an impact on their environment (WHO, 2022). Good mental health is important for adolescents, because adolescents must be able to build a broader self-identity and autonomy due to the need for new skills, responsibilities and social relationships (O'Reilly, M and Whiteman, 2018).

World Health Organization (2022) states that there are around 450 million people with mental disorders, 10 – 20% of whom are adolescents globally. Riskesdas (2018) shows a significant increase in the

prevalence of mental disorders in Indonesia, namely from 1.7% to 7% in 2018. The prevalence rate of emotional mental disorders in West Java among those aged over 15 years increased from 6.5% to 12.1% in 2018 (Wahdi, 2023). The Central Statistics Agency (2023) shows that the population of adolescents aged 15 -19 years in Bekasi is 317,809 adolescents, which is the second largest population of adolescents in West Java province. Bekasi District Health Profile (2022) shows an increasing visitation to mental health services at all age levels, namely from 62.49% in 2021 and increasing in 2022 to 66.14%. The data above shows that this situation is due to a

lack of promotional outreach related to mental health (Bekasi District Health Office, 2022).

Research by Sapta Aryantiningsih et al., (2023) states that 96.4% of nearly 400 adolescents do not know how to deal with mental disorders. One of the impacts that possibly occur with mental disorders is the risk of self-injury (Alini and Meisyalla, 2022). The increase in mental disorders in adolescents and a lack of understanding about mental health indicate that there is a need to promote healthy mental health education, and ignorance about mental health can also indicate an inability to develop mental health literacy (Rudianto, 2022). Adolescent mental health disorders are not detected from the beginning. It is caused by the reluctance of parents and adolescents to get mental health treatment from professionals. Cost factors, stigma, lack of understanding about mental health, lack of information, and difficulty in getting services are some of the causes of this reluctance (Ridout & Campbell, 2018).

Mental health literacy (MHL) is an individual's knowledge and beliefs about mental disorders that help the recognition, management and prevention of mental disorders (Lee, H.Y, et al. 2020). Promotion of mental health literacy through health education helps adolescents achieve and

maintain positive psychosocial conditions, which helps adolescents overcome daily life challenges (Ahorsu et al., 2021). Educational media is important in the process of conveying information. The effectiveness of using health education media is largely determined by the number of senses of reception involved. The more senses are used, the easier it is to understand the delivery of the extension message (Jatmika et al., 2019).

Media that have been developed to increase mental health literacy include the book Promoting Alternative Thinking Strategies (PATHS) developed by Kusche & Greenberg (2018) which explains mental health literacy by including games, crafts and stories based on pictures specifically for pre-school and primary school. Furthermore, the poster media created by Jafar & NR (2023) regarding the effectiveness of online psychoeducation in late adolescents shows an increase in participants' knowledge of literacy interventions in improving mental health.

Different from previously developed media, the video and leaflet-based educational media created by researchers has newness, namely that the education provided not only contains knowledge about mental health literacy but also provides education about first aid skills,

help-seeking behavior and self-help strategies. overcoming mental disorders in teenagers. Where education is carried out directly to adolescents by looking at the differences in effectiveness between the video media and leaflets used.

Based on the description above, the researcher aims to explain the differences in the influence of video and leaflet-based education on mental health literacy in adolescents at Bintang Harapan Vocational School Bekasi.

## **METHOD**

This research is an experimental design research. The design of this research is a two-group pretest-posttest design without control. This experimental research was carried out in two intervention groups, namely the video-based education group and the education group using Leaflets. The population in this study was all students at Bintang Harapan Vocational School from 736 students consisting of class X with 248 students, class XI with 260 students and class XII with 228 students.

The sample size calculation in this study used the G-power statistics application. The total sample in this study was 210 respondents, namely 105 respondents for the video-based educational intervention group and 105 respondents for education

using leaflets. The sampling technique in this research used a probability sampling technique with proportionate stratified random sampling. The inclusion criteria in this study are students who officially registered at the school, students are in good health and cooperative and participated in the research process from the beginning to the end. The exclusion criteria in this study were students who had previously received mental health education and students who were under the supervision of a counseling guidance teacher.

The data collection technique was carried out using a pretest and posttest questionnaire via Google Form. The instrument used was the MHL-q (Mental Health Literacy-questionnaire) questionnaire for young adults which was adopted from research by Dias et al (2018) and Kristina & Farrukh (2023).

The stages of research implementation were education in groups using leaflets in the morning and video-based education groups in the afternoon on the same day. Education is carried out face to face for 45 minutes in each class. After the education was given, the researcher created a WhatsApp group for each intervention group, namely a video-based education group and an education group using leaflets until the post

test was carried out on the fifth day after the education which aims to be a forum for discussion every day and to ensure that there is no transfer of information between the intervention group. The data analysis used is univariate, bivariate and multivariate. Bivariate analysis uses the t

test (dependent and independent), for multivariate analysis uses multiple linear regression.

**RESULTS AND DISCUSSION**

The results of the univariate research can be seen in the following table:

Table 1.  
Distribution of respondents based on adolescent age at Bintang Harapan Vocational School, October 2023 (n=210)

<b>Intervention variables</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>Min-Max</b>
Leaflet Group	105	16.81	0.722	15-18
Video Group	105	16.67	0.780	15-18

Source: Primary Data, 2023

Table 1 shows that the average age of children in the leaflet group is 16.81 years with a standard deviation of 0.722 years. Meanwhile, the average age of children in

the video group was 16.67 years with a standard deviation of 0.780 years. Respondent characteristics data can be seen in the table below:

Table 2.  
Distribution of respondents based on gender, ethnicity, parental income, access to information, access to mental health services for adolescents in video-based educational groups and using leaflets, October 2023

<b>Variable</b>	<b>Leaflet</b>		<b>Video</b>	
	<b>n (105)</b>	<b>%</b>	<b>n (105)</b>	<b>%</b>
<b>Gender</b>				
Male	39	37.1	44	41.9
Female	66	62.9	61	58.1
<b>Ethnic group</b>				
Sundanese	42	40	39	37.1
Javanese	41	39	42	40
Bataknese	5	4.8	2	1.9
Betawinese	13	12.4	13	12.4
Minangnese	4	3.9	7	6.7
Banjarnese	0	0	1	1.0
Manadonese	0	0	1	1.0
<b>Income</b>				
≥ Minimum wage	61	58.1	64	61
< Minimum wage	44	41.9	41	39

Variable	Leaflet		Video	
	n (105)	%	n (105)	%
<b>Access to information</b>				
More than 3 accesses	33	31.4	36	34.3
1 to 3 accesses	72	68.6	69	65.7
<b>Information access media</b>				
Television	3	2.9	6	5.7
Internet	42	40	46	43.8
Cellphone/social media	58	55.2	49	46.7
Reading books	1	0.95	0	0
Magazine	0	0	1	1
Poster	1	0.95	3	2.9
<b>Access availability of mental health services</b>				
Available	36	34.3	49	46.7
Unavailable	69	65.7	56	53.3

Source: Primary Data, 2023

Table 2 shows that the gender variable in the leaflet group was mostly female, namely 66 people (62.9%), in the video group the majority were female with 61 respondents (58.1%). The ethnic variable shows that in the leaflet group the majority were Sundanese with 42 respondents (40%) and in the video group there were Javanese with 42 people (40%). The monthly parental income variable in the leaflet group was mostly 61 respondents (58.1%) with parental income above the minimum wage, in the video group the majority was 64 respondents (61%) with parental income above the minimum wage.

Table 2 shows the access to mental health information received by respondents in the leaflet group, most of whom used 1 to 3 access information, totaling 72 respondents

(68.6%). The type of information access that is frequently accessed is social media using cellphones with 58 respondents (55.2%). Similarly, in the video group, the number of accesses to mental health information sources received mostly used 1 to 3 accesses with 69 respondents (65.7%). The type of information access that is frequently accessed is social media using cellphones as many as 49 respondents (46.7%).

The variable access to mental health services available in the nearest area in the leaflet group shows that the majority stated that there was no access to mental health services nearby in their area, the total of 69 respondents (65.7%), and in the video group, 56 respondents (53.3%) stated that there was no access to

services. nearest mental health center in the area.

**Table 3.**  
Average of mental health literacy before and after video and leaflet-based education for adolescents at Bintang Harapan Vocational School, October 2023 (n=210)

<b>Mental health literacy</b>		<b>Mean</b>	<b>Min – Max</b>
Educational video	Before	101.72	80 – 120
	After	114.52	98 – 132
Educational leaflet	Before	101.55	82 – 120
	After	113.10	94 – 132

*Source: Primary Data, 2023*

Table 3 shows that before the video-based mental health education was carried out the mean value was 101.72, and for those using leaflets the mean value was 101.55. After mental health education was carried out, there was an

increase in scores, namely video-based education with a mean score of 114.52 and those using leaflets with a mean score of 113.10. The results of the bivariate research can be seen in the table below:

**Table 4.**  
Analysis of differences in average mental health literacy in video and leaflet-based education groups for adolescents at Bintang Harapan Vocational School, October 2023 (n=210)

<b>Mental health literacy</b>		<b>Mean</b>	<b>SD</b>	<b>95% CI</b>	<b>P value</b>
Video	Before	101.7	7.544	10.713 –	0.000
	After	114.5	8.611	14.887	
	Difference	12.80			
Leaflet	Before	101.6	8.286	9.197 –	0.000
	After	113.1	9.307	13.660	
	Difference	11.42			

*Source: Primary Data, 2023*

Table 4 shows that the average literacy before providing video-based education was 101.72 with a standard deviation of 7.544 and after education it increased to

114.52 with a standard deviation of 8.611, obtained p value = 0.000 (p<0.05), so it can be concluded that there is a significant difference between the

averages. mental health literacy before and after being given video-based education.

Table 4 shows the average literacy before providing education using leaflets, namely 101.68 with a standard deviation of 8,286 and after education it increased

to 113.10 with a standard deviation of 9,307, obtained p value = 0.000 ( $p < 0.05$ ), so it can be concluded that there is a significant difference between the averages. mental health literacy before and after being given education using leaflets.

Table 5.

The difference in average of mental health literacy between video and leaflet-based education groups for adolescents at Bintang Harapan Vocational School, October 2023 (n=210)

Variable		N	Mean	SD	SE	P value
Mental health literacy	Video	105	114.52	8.611	8.611	0.253
	Leaflet	105	113.10	9.307	9.307	

Source: Primary Data, 2023

Table 5 shows that the difference value before and after video-based education is 114.52 with a standard deviation of 8.611 for adolescent mental health literacy. Meanwhile, the difference value before and after education using leaflets was 113.10 with a standard deviation of 9.307. The analysis results show p value = 0.253

( $p > 0.005$ ). It was concluded that there was no difference in mental health literacy among adolescents after providing video and leaflet-based education.

The results of the multivariate research can be seen in the table below:

Table 6.

Results of the final modeling analysis of multivariate confounding variables for adolescent mental health literacy in the video group, October 2023 (n=105)

Variable	R <sup>2</sup>	P value Anova	Coefficients B	P value
Gender	0.109	0.003	4.732	0.005
Information Access			3.793	0.027

Source: Primary Data, 2023

Table 6 shows the results of the statistical

test, the R2 value is 0.109, which means



that the gender variable and access to information can explain the mental health literacy variable after being given a video-based educational intervention by 10.9% and the rest is explained by other factors. The result of a p value of 0.003 means that the overall regression line equation is significant. Judging from the difference in

coefficient B on all variables, it turns out that none of them exceeds 10%. Based on statistical tests, it can be concluded that the variables included in the modeling or confounding variables that influence adolescent mental health literacy in the video-based education group are gender and access to information.

Table 7.  
Results of the final modeling analysis of multivariate confounding variables for adolescent mental health literacy in the leaflet group, October 2023 (n=105)

<b>Variable</b>	<b>R<sup>2</sup></b>	<b>P value Anova</b>	<b>Coefficients B</b>	<b>P value</b>
Information Access	0.043	0.034	4.130	0.034

Source: Primary Data, 2023

Table 7 shows the results of statistical tests, the R2 value has changed to 0.043, which means that the information access variable can explain the mental health literacy variable after being given educational intervention using leaflets by 4.3% and the rest is explained by other factors. P value of 0.034 means that the overall regression line equation is significant. Judging from the difference in coefficient B on all variables, it turns out that none of them exceeds 10%. Based on statistical tests, it can be concluded that the variable included in the modeling or confounding variable that influences mental health literacy in the educational group using leaflets is the information access variable.

**Discussion**

**Respondent characteristics**

Adolescents in middle age, their psychosocial development enters the stage of identity and identity confusion. At this stage, adolescents are faced with searching for themselves identity. Identity confusion can occur, namely problems that occur due to negative identities which include; divided self-image, ability to build close friendships, and so on (Sapta Aryantiningsih et al., 2023). In this research, the older you get, the greater opportunity to gain better knowledge and understanding about mental health. Development during adolescence has an impact on a high sense of curiosity, which influences a person's understanding and

thinking patterns.

Sex is the biological difference between male and female known as gender (Kutcher, 2016). In this study, female were more open to the information provided so they were more likely to be open to psychological problems, while male tended to avoid it because they were influenced by masculinity factors, but what should play an important role in mental health literacy are characteristics, responsibilities and roles that are ideally equal. both male and female.

Vogt et al. (2018) revealed that financial incompetence is the strongest projection that influences health literacy status. In this research, it was found that respondents were able to increase their health literacy because their parents' income background was quite adequate, with high incomes they tended to get a good education, which had an influence on understanding and using health information.

This research was conducted in an area with a heterogeneous population, so the culture is diverse. Components in mental health literacy include knowledge, beliefs, attitudes, and strategies for solving these are greatly influenced by culture. Culture has colored the attitudes of society, because culture provides various kinds of experiences to individuals who are

members of society (Wong et al., 2020).

Access to health information becomes a liaison that connects information sources, so that the information needed by each individual can be fulfilled (Handayani, 2020). The current situation, where easy access to information through various media sources has the opportunity to increase knowledge about mental health literacy. Continuous exposure to positive information forms positive views and habits in adolescents' lives, that adolescents are very curious about new things which can be an opportunity to increase their health literacy.

This research was conducted in the Bekasi Regency area, where the area has been exposed to modernization but has limited access to mental health in the area, the community health center in the local area does not yet provide mental health services that should be able to run in accordance with the government program so they have to be referred to a regional hospital which is far away from residence. Private hospitals in the surrounding area have not yet opened psychiatric clinics, so access to mental health services can be a factor inhibiting help-seeking behavior.

**The effect of video-based education on adolescent mental health literacy**

In this research, video education has an effect on increasing adolescent mental health literacy because videos can integrate the senses of sight and hearing where information is better absorbed. The video media that the researchers created presents interactive information to increase adolescents' interest, thereby increasing adolescents' mental health literacy in managing their mental health in the hope of helping teenagers to detect mental disorders, increasing help-seeking behavior, and reduce the stigma of mental disorders.

Tito's research (2023) in Surakarta found that there was an influence of animated videos on increasing adolescents' mental health literacy in Muhammadiyah Middle Schools. Animated video content that pays attention to several things such as image selection, color and animation effects in the video can have a positive impact on someone. Adjusting the theme or content and duration of the animated video is also a component to achieve the goals of the animated video (Efendi et al., 2022). The advantage of video media is that it produces images and sound so that it can attract the attention and interest of the target so that it is easier for the target to understand and can be repeated at any time if necessary (Jatmika et al., 2019).

### **The influence of education using leaflets on adolescent mental health literacy**

In this research, education using leaflets had an effect on adolescents' mental health literacy because in the research process, after health education was carried out, leaflets were distributed to each student and could be taken home so that respondents could read them repeatedly and it didn't take a long time. Here it can be seen that providing specific, valid and targeted knowledge and education can increase adolescents' mental health literacy.

This research is parallel with Ramdaniati (2022) that there is an influence of leaflet media on increasing knowledge and attitudes towards preventing Covid-19 at Islamic State Senior High School 1 Pandeglang. The advantage of leaflet media can provide more detailed knowledge about knowledge and with the existence of leaflets for outreach targets there is no need to record the information conveyed (Jatmika et al., 2019).

### **The Differences between video-based education and using leaflets on adolescent mental health literacy**

The research results showed that there was no difference in mental health literacy among adolescents after providing video and leaflet-based education. The process of carrying out research can influence research

results, there is no difference in the influence of video-based education and leaflets, it can be caused by the media being equally interesting, enthusiastic respondents and it can also be caused by post-test assessments that take enough time, namely on the fifth day so that literacy can be formed and adolescents can understand better and internalize the information presented by researchers.

Parallel with research conducted by Agusthia et al., (2023) with the title the influence of teen mental health first aid education on the level of knowledge of teenagers in reducing mental health problems at Senior State School 3 Batam. By carrying out research for one week, the results showed that there was an influence of education teen mental health first aid on the level of knowledge of teenagers in reducing mental health problems.

In the research, there was a difference deviation changes in adolescent mental health literacy in the video-based education group which was greater than the value of education group using leaflets, although statistically it was less significant. This is in line with research by Ojio et al (2020) which explains that digital videos can increase adolescent mental health literacy. Research shows that video interventions, if presented in a way that is understandable

and accessible, will be a useful modality for the younger generation compared to other similar educational methods, such as booklets, posters, books and others.

### **The influence of the confounding factor gender on adolescent mental health literacy in the video-based education group**

The confounding factor that influences the video-based education group is the gender variable, where the majority of respondents are female. The increase in mental health literacy occurred because the video media created by researchers tended to be more attractive to female respondents in the video group compared to those in the leaflet group, but mental health literacy should not look at gender, because male and female with higher levels of mental health literacy will have more positive mental health attitudes.

Research conducted by Lee, H. Y (2020) in Minnesota, United States, explains that male's mental health attitudes are significantly lower than female, and male experience higher levels of depression. Factors associated with less mental health literacy in male include attitudes towards help-seeking behavior less positive because they tend to avoid talking about events that cause stress.

### **The influence of confounding factors on access to information on adolescent mental health literacy in video-based education groups and education using leaflets**

The confounding factor that influences to the video and leaflet-based education group is the variable access to information. In this research, increasing mental health literacy in adolescents is not only influenced by videos and leaflets made by researchers but can be influenced by access to information from any source regarding mental health literacy in adolescents.

This is supported by the findings of Fatahya & Abidin (2022) which explains that respondents who know about social media platforms with mental health content have more knowledge regarding mental health symptoms and treatment, have less stigma in viewing mental health, and have more knowledge about access. mental health professional services.

### **CONCLUSION**

There is a significant difference between the average mental health literacy before and after being given video-based education with  $p$  value = 0.000 ( $p < 0.05$ ), there is a significant difference between the average mental health literacy before and after being given education using leaflets with  $p$  value = 0.000 ( $p < 0.05$ ), there is no

difference in mental health literacy in adolescents after providing video-based education and leaflets, showing  $p$  value = 0.253 ( $p > 0.005$ ), the confounding variable that has the most influence on mental health literacy in the video-based education group is gender variable with  $p$  value = 0.005 ( $p = < 0.05$ ) and access to information with  $p$  value = 0.027 ( $p = < 0.05$ ), the confounding variable that has the most influence on mental health literacy in the education group using leaflets is the variable access to information with  $p$  value = 0.034 ( $p = < 0.05$ ).

### **ACKNOWLEDGEMENT**

Thank you to Bintang Harapan Vocational School Bekasi for providing the opportunity to conduct research. It is hoped that the research results can useful for teaching materials and innovations in providing education. We would also like to thank the Faculty of Nursing, Muhammadiyah University, Jakarta, for all their support so that this research can run smoothly.

### **REFERENCES**

- Agusthia, M., Muchtar, R. S. U., & Ramadhani, D. (2023). Pengaruh Edukasi Teen Mental Health First Aid Terhadap Tingkat Pengetahuan Remaja Dalam Mengurangi Gangguan Masalah Kesehatan Mental di SMA N 3 Batam. *Warta Dharmawangsa*, 17(1), 147–157.

- Ahorsu, D. K., Sánchez Vidaña, D. I., Lipardo, D., Shah, P. B., Cruz González, P., Shende, S., Gurung, S., Venkatesan, H., Duongthipthewa, A., Ansari, T. Q., & Schoeb, V. (2021). Effect of a peer-led intervention combining mental health promotion with coping-strategy-based workshops on mental health awareness, help-seeking behavior, and wellbeing among university students in Hong Kong. *International Journal of Mental Health Systems*, 15(1), 1–10. <https://doi.org/10.1186/s13033-020-00432-0>
- Alini, & Meisyalla, L. N. (2022). Gambaran Kesehatan Mental Remaja SMPN Bangkinang Kota Kabupaten Kampar. *Jurnal Ners*, 6(23), 80–85. <http://journal.universitaspahlawan.ac.id/index.php/ners>
- Dias, P., Campos, L., Almeida, H., & Palha, F. (2018). Mental health literacy in young adults: Adaptation and psychometric properties of the mental health literacy questionnaire. *International Journal of Environmental Research and Public Health*, 15(7). <https://doi.org/10.3390/ijerph15071318>
- Dinas Kesehatan Kabupaten Bekasi (2022, July 30). Profil Dinas Kesehatan Kabupaten Bekasi. July 29, 2023. <https://diskes.jabarprov.go.id/assets/unduh/fba0adb181f5c4151af38d0da05efaa9.pdf>.
- Efendi, R. (2020). Media Pembelajaran Berbasis Video Animasi Untuk Meningkatkan Kompetensi Siswa Di Sma Negeri 4 Palembang. *Jurnal Pengabdian Sriwijaya*, 8(2), 1016–1021. <https://doi.org/10.37061/jps.v8i2.12432>
- Fatahya, & Abidin, F. A. (2022). Literasi Kesehatan Mental dan Status Kesehatan Mental Dewasa Awal Pengguna Media Sosial. *Higeia Journal of Public Health Research and Development*, 1(3), 625–634.
- Handayani, T., Ayubi, D., & Anshari, D. (2020). Literasi Kesehatan Mental Orang Dewasa dan Penggunaan Pelayanan Kesehatan Mental. Perilaku Dan Promosi Kesehatan: Indonesian Journal of Health Promotion and Behavior, 2(1), 9. <https://doi.org/10.47034/ppk.v2i1.3905>
- Jafar, E. S., & NR, R. W. (2023). Efektivitas Psikoedukasi Online Untuk Meningkatkan Literasi Kesehatan Mental. *HEALTHY : Jurnal Inovasi Riset Ilmu Kesehatan*, 2(1), 23–28. <https://doi.org/10.51878/healthy.v2i1.1963>
- Jatmika, S. E. D., Maulana, M., Kuntoro, & Martini, S. (2019). Buku Ajar Pengembangan Media Promosi Kesehatan. In K-Media.
- Kementerian Kesehatan RI. (2023) “Mengenal Pentingnya Kesehatan Mental Pada Remaja.” 2023. *Direktorat Jenderal Pelayanan Kesehatan* July 29. [https://yankes.kemkes.go.id/view\\_artikel/362/mengenal-pentingnya-kesehatan-mental-pada-remaja](https://yankes.kemkes.go.id/view_artikel/362/mengenal-pentingnya-kesehatan-mental-pada-remaja)

- Kristina, S. A., & Farrukh, M. J. (2023). Psychometric properties of a mental health literacy questionnaire for university students in Indonesia. *21(2)*, 1–7.
- Kutcher, S., Wei, Y., Carr, W., Rodger, S., & Gilham, C. (2018). *TEACH Mental Health: A comprehensive mental health literacy learner resource for pre-service and practicing teachers*.
- Lee, H. Y., Hwang, J., Ball, J. G., Lee, J., Yu, Y., & Albright, D. L. (2020). Mental health literacy affects mental health attitude: is there a gender difference? *American Journal of Health Behavior, 44(3)*, 282-291.
- Nguyen Thai, Q. C., & Nguyen, T. H. (2018). Mental health literacy: Knowledge of depression among undergraduate students in Hanoi, Vietnam. *International Journal of Mental Health Systems, 12(1)*, 1–8. <https://doi.org/10.1186/s13033-018-0195-1>
- O'Reilly, M. N., & Whiteman. (2018). Is social media bad for mental health and wellbeing? Exploring the perspectives of adolescents. *Clinical Child Psychology and Psychiatry (Vol. 4, Issue 1)*.
- Ojio, Y., Yamaguchi, S., Ohta, K., Ando, S., & Koike, S. (2019). Effects of biomedical messages and expert-recommended messages on reducing mental health-related stigma: a randomised controlled trial. *Epidemiology and Psychiatric Sciences, 29*, e74. <https://doi.org/10.1017/S2045796019000714>
- Ramdaniati, S. N., & Somantri, U. W. (2022). Perbedaan efektivitas pendidikan kesehatan antara media video dan media leaflet terhadap peningkatan pengetahuan dan sikap pencegahan Covid-19 di MAN 1 Pandeglang tahun 2021. *HEARTY: Jurnal Kesehatan Masyarakat, 10(1)*, 32-41.
- Ridout B, Campbell A. The Use of Social Networking Sites in Mental Health Interventions for Young People: Systematic Review *J Med Internet Res 2018;20(12):e12244* [URL:https://www.jmir.org/2018/12/e12244](https://www.jmir.org/2018/12/e12244) DOI: 10.2196/12244
- Riskesdas. (2018). Hasil Utama Riset Kesehatan Dasar Kementerian Kesehatan Republik Indonesia. Juli 13,2023. [https://kesmas.kemkes.go.id/assets/uploads/contents/others/LAK\\_IP\\_DIT\\_KESWA\\_TA\\_2022\\_cover\\_rev.pdf](https://kesmas.kemkes.go.id/assets/uploads/contents/others/LAK_IP_DIT_KESWA_TA_2022_cover_rev.pdf)
- Rudianto, Z. N. (2022). Pengaruh Literasi Kesehatan Terhadap Kesadaran Kesehatan Mental Generasi Z Di Masa Pandemi. *Jurnal Pendidikan Kesehatan, 11(1)*, 57. <https://doi.org/10.31290/jpk.v11i1.2843>
- Sapta Aryantiningsih, D., Hamduna, A., Oktavia, N., Nova Ilsa, T., Desthia Viola, A., Parlin Program Studi Ilmu Kesehatan Masyarakat, W., Payung Negeri Pekanbaru, Stik., & Tamtama, J. (2023). Edukasi Kesehatan Melalui Pelatihan Perawatan Mental Sebagai Upaya Menjaga Kesehatan Mental Pada Remaja. *5*, 387–394. <http://jurnal.globalhealthsciencegroup.com/index.php/JPM>

- Tito Febi Ananta Suyito, T. (2023). *Pengaruh audiovisual berbentuk video animasi terhadap peningkatan literasi kesehatan mental remaja di SMP Muhammadiyah Pracimantoro* (Doctoral dissertation, Universitas Kusuma Husada Surakarta).
- Vogt, D., Schaeffer, D., Messer, M., Berens, E. M., & Hurrelmann, K. (2018). Health literacy in old age: Results of a German cross-sectional study. *Health Promotion International*, 33(5), 739–747. <https://doi.org/10.1093/heapro/dax012>
- Wahdi, A. E., Wilopo, S. A., & Erskine, H. E. (2023). 122. The Prevalence of Adolescent Mental Disorders in Indonesia: An Analysis of Indonesia – National Mental Health Survey (I-NAMHS). *Journal of Adolescent Health*, 72(3), S70. <https://doi.org/10.1016/j.jadohealth.2022.11.143>
- World Health Organization. (2022, June 8). Mental disorders. World Health Organization Fact Sheet. July 3, 2023. <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>
- Wong, Y. J., Tran, K. K., Kim, S. H., Van Horn Kerne, V., & Calfa, N. A. (2020). Asian Americans' lay beliefs about depression and professional help seeking. *Journal of clinical psychology*, 66(3), 317-332.