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The Correlation Between Social Support and Adolescent Mental Health Among High School Students in Surabaya

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ABSTRACT

Adolescent mental health is an important issue that is often overlooked, especially amidst academic and social pressures. Social support from family, friends, and the environment is believed to help adolescents face these challenges. This study aims to analyse the relationship between social support and mental health in students of Senior High School X Surabaya. The research design used was analytical with a Cross-Sectional approach. The study population comprised all 254 students in grades X and XI, and a sample of 155 students was selected using the Proportionate Stratified Random Sampling technique. The instruments used were the Multidimensional Scale of Perceived Social Support (MPSS) and the Strengths and Difficulties Questionnaire (SDQ). Data analysis was performed using the Spearman Rank test. The results showed that 54.9% of respondents had moderate levels of social support, and 78.7% had mental health in the normal range. Statistical tests showed a significant relationship between social support and mental health (p = 0.047; r = 0.160). It can be concluded that the greater the social support received, the better adolescents' mental health This study recommends strengthening social support through collaboration between families, schools, and health workers as part of promotive and preventive efforts to improve adolescent mental health. This study recomend strengthening social support through collaboration between families, schools, and health workers as part of promotive and preventive efforts to improve adolescent mental health.

ABSTRAK

Kesehatan mental remaja merupakan isu penting yang kerap terabaikan, terutama di tengah tekanan akademik dan sosial. Dukungan sosial dari keluarga, teman, dan lingkungan diyakini dapat membantu remaja menghadapi tantangan tersebut. Penelitian ini bertujuan untuk menganalisis hubungan antara dukungan sosial dengan kesehatan mental pada siswa SENIOR HIGH SCHOOL X Surabaya. Desain penelitian yang digunakan adalah analitik dengan pendekatan *Cross-Sectional*. Populasi penelitian adalah seluruh siswa kelas X dan XI berjumlah 254 orang, dengan sampel sebanyak 155 siswa yang dipilih melalui teknik *Proportionate Stratified Random Sampling*. Instrumen yang digunakan adalah kuesioner *Multidimensional Scale of Perceived Social Support* (MPSS) dan *Strengths and Difficulties Questionnaire* (SDQ). Analisis data dilakukan dengan uji *Spearman Rank*.Hasil penelitian menunjukkan bahwa 54,9% responden memiliki tingkat dukungan sosial sedang dan 78,7% memiliki kesehatan mental dalam kategori normal. Uji statistik menunjukkan adanya hubungan yang signifikan antara dukungan sosial dengan kesehatan mental (p = 0,047; r = 0,160). Dapat disimpulkan bahwa semakin tinggi dukungan sosial yang diterima, semakin baik kondisi kesehatan mental remaja. Studi ini merekomendasikan penguatan dukungan sosial melalui kolaborasi antara keluarga, sekolah, dan petugas

kesehatan sebagai bagian dari upaya promotif dan preventif untuk meningkatkan kesehatan mental remaja.

A. INTRODUCTION

Adolescent mental health is an essential but often overlooked aspect of daily life. (Hidayah et al., 2023). Adolescents are in a developmental phase full of challenges, both physical, emotional, and social. Adolescent mental health is an essential component of overall health and well-being because it influences emotional development, social functioning, academic performance, and quality of life into adulthood (World Health Organization [WHO], 2024). Adolescence is a critical developmental period characterized by rapid biological, cognitive, emotional, and social changes. During this stage, adolescents strive to establish their identity, develop autonomy, strengthen peer relationships, and cope with increasing academic demands. These developmental tasks are considered a normal part of adolescent growth and are generally managed successfully by most adolescents. However, when developmental demands are accompanied by persistent psychosocial stressors that exceed an adolescent's coping capacity, the risk of emotional and behavioral problems increases. Although these developmental changes are considered a normal part of adolescence, they also increase adolescents' vulnerability to mental health problems, particularly when accompanied by excessive academic pressure, peer conflict, bullying, family dysfunction, exposure to violence, or inadequate social support .(Keeley, 2021)Furthermore, many adolescents continue to face barriers in obtaining appropriate mental health care due to limited mental health literacy, persistent social stigma, and restricted access to psychological services, resulting in delayed help-seeking behaviour and unmet emotional needs (Loades et al., 2020). Consequently, adolescents experiencing these challenges are more likely to feel isolated, misunderstood, and at greater risk of developing emotional and behavioural problems.

Globally, approximately one in seven adolescents experience a mental disorder, making mental disorders one of the leading causes of disease burden among young people.(Holly et al., 2024). Other study reported that one in three adolescents (ages 10–17) experiences mental health problems, and one in twenty of them are diagnosed with a mental disorder every year. (Wahdi et al., 2022). This equates to 15.5 million troubled adolescents and 2.45 million with mental disorders, with anxiety disorders (3.7%) and depression (1.0%) being the most commonly found disorders. According to the Indonesia National Adolescent Mental Health Survey (I-NAMHS) 2022, the first nationally representative survey assessing the prevalence of mental disorders among Indonesian adolescents aged 10–17 years, 34.9% of adolescents experienced symptoms of mental health problems during the previous 12 months, although these symptoms did not meet the diagnostic criteria for a mental disorder. Furthermore, 5.5% of adolescents met the criteria for at least one mental disorder, indicating that approximately one in twenty Indonesian adolescents was affected by a diagnosable mental disorder. Anxiety disorders were the most prevalent condition (3.7%),

followed by major depressive disorder (1.0%), conduct disorder (0.9%), and both post-traumatic stress disorder (PTSD) and attention-deficit/hyperactivity disorder (ADHD), each with a prevalence of 0.5%. In addition, approximately 1% of adolescents experienced two or more co-occurring mental disorders.

These findings highlight that adolescent mental health represents a significant public health concern in Indonesia and underscore the importance of early detection as well as preventive and promotive mental health interventions. This equates to 15.5 million troubled adolescents and 2.45 million with mental disorders, with anxiety disorders (3.7%) and depression (1.0%) being the most commonly found disorders. (Ayu et al., 2024). At the local level, East Java Province ranks 12th in the prevalence of severe mental disorders in Indonesia, with a figure of 0.19% (East Java Health Office, 2022). Menur Mental Hospital recorded 4,765 adolescent patients in 2023, while in Surabaya, there were 4,605 mental health cases (East Java Health Office, 2021). Micro, data from Counselling Guidance teachers at Senior High School X Surabaya showed that of the 10 students observed, 25% showed irritable behaviour, 30% showed lack of concentration, and 20% were oversensitive.

Adolescent mental health is determined by the complex interaction of biological, psychological, and social factors. Biological factors such as genetic predisposition and neurological conditions may increase vulnerability to mental health problems, whereas psychological factors, including trauma, low self-esteem, and ineffective coping strategies, contribute to emotional distress. Among social determinants, perceived social support has consistently been identified as one of the most important protective factors for adolescent mental health because it influences how adolescents respond to stressful life events rather than eliminating the stressors themselves. (Patel et al., 2018) According to the Stress-Buffering Model that social support reduces the adverse psychological effects of stress by providing emotional reassurance, practical assistance, informational guidance, and a sense of belonging. (Bauer, A., 2021).These resources strengthen adaptive coping strategies, improve emotional regulation, and enhance psychological resilience, enabling adolescents to manage academic pressure, peer conflicts, and family-related stress more effectively. Consequently, adolescents who perceive stronger support from family, friends, and significant others are less likely to experience emotional distress, anxiety, depression, loneliness, and behavioral difficulties than those with limited social support.(Rueger et al., 2016).

Empirical evidence consistently supports this theoretical framework. A meta-analysis by (Rueger et al., 2016) demonstrated that higher perceived social support was significantly associated with lower levels of depression and psychological distress among adolescents. The others study concluded that supportive relationships with parents, peers, and other significant individuals improve emotional well-being by fostering resilience and adaptive coping. (Bauer, A., 2021; Mitic et al., 2021). More recently, Petersen et al. (2023) reported that adolescents with higher perceived social support exhibited better mental health outcomes and fewer emotional and behavioral problems than those with lower support. (Petersen et al., 2023). These findings suggest that social support serves as a protective mechanism that promotes positive psychosocial adjustment during adolescence. Therefore, investigating the relationship between perceived social support and adolescent mental

health is essential for identifying protective factors that may contribute to early prevention and mental health promotion among high school students.

B. METHODS

This study employed an analytical correlational design with a cross-sectional approach to analyze The Correlation Between Social Support and Adolescent Mental Health Among High School Students. A cross-sectional design measures all study variables at a single point in time without follow-up, allowing the identification of associations between variables (Swarjana & SKM, 2023).The study population consisted of 254 students enrolled in Grades X and XI at Senior High School X Surabaya. According to Sugiyono (2021), a population refers to the entire group of individuals sharing specific characteristics from which research findings are intended to be generalized. The inclusion criteria were: (1) students enrolled in Grade X or Grade XI during the study period; (2) students who agreed to participate and provided informed consent; and (3) students who completed all research questionnaires. The exclusion criteria included students who were absent during data collection, declined to participate, or submitted incomplete or invalid questionnaires. The minimum sample size was determined using the Slovin formula, resulting in a required sample of 155 students.

$$n = \frac{N}{1 + N (d^2)}$$

Participants were selected using probability sampling with a proportionate stratified random sampling technique. The study population was first stratified according to grade level and class to ensure proportional representation. The number of participants required from each stratum was calculated using the following formula:

$$nh = \frac{Nh \times n}{N}$$

where n h is the sample size for each stratum, N is the number of students in each class, N is the total population, and n is the total sample size. After determining the proportional allocation for each stratum, eligible students were selected through simple random sampling until the required number of participants from each class was achieved. Consequently, the final study sample consisted of 155 Grade X and Grade XI students from Senior High School X Surabaya.

The data collected through questionnaires were analysed using SPSS 29 with the *Spearman Rank correlation test*. In this data collected by questionnaires. For perceived social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS), developed by Zimet et al. The MSPSS is a self-administered questionnaire consisting of 12 items that assess three dimensions of perceived social support, namely family support, friend support, and support from significant others, with four items in each dimension. Responses are rated on a four-point Likert scale ranging from strongly disagree (1) to strongly agree (4). The total score ranges from 12 to 48 and was categorized as low

(≤24), moderate (24–36), and high (≥36). The Indonesian version of the MSPSS used in this study had previously demonstrated acceptable psychometric properties, with item validity coefficients ranging from 0.366 to 0.668 and a Cronbach's alpha coefficient of 0.871, indicating good reliability. For Adolescent mental health was assessed using the Strengths and Difficulties Questionnaire (SDQ), a psychological screening instrument developed by Goodman and translated into Indonesian. The SDQ consists of 25 items grouped into five subscales: emotional symptoms, conduct problems, hyperactivity, peer relationship problems, and prosocial behaviour, with five items in each subscale. Each item is scored using a three-point Likert scale (0 = not true, 1 = somewhat true, and 2 = certainly true). The total score was classified into three categories: normal (0–15), borderline (16–19), and abnormal (20–40). Previous validation studies of the Indonesian version reported satisfactory psychometric properties, including sensitivity of 84.8%, specificity of 80.0%, positive predictive value of 74.0%, negative predictive value of 88.7%, and reliability coefficients ranging from 0.70 to 0.80, indicating acceptable reliability for screening adolescent mental health.

Data collection was conducted at Senior High School X Surabaya between March and May 2025 after obtaining ethical approval from the Health Research Ethics Committee of Universitas Nahdlatul Ulama Surabaya (No. 0110/EC/KEPK/UNUSA/2025) and permission from the school principal. The data collection was carried out by the principal investigator and involved 155 students who met the inclusion criteria. Prior to data collection, the researcher explained the objectives, procedures, benefits, potential risks, confidentiality, and voluntary nature of participation to the school principal and prospective participants. Students who agreed to participate signed an informed consent form electronically before completing the questionnaires. Eligible participants were contacted through their class WhatsApp groups and received a link to the Google Forms containing the informed consent form, the Multidimensional Scale of Perceived Social Support (MSPSS), and the Strengths and Difficulties Questionnaire (SDQ). Participants completed the questionnaires independently, requiring approximately 10–20 minutes. After submission, all questionnaires were reviewed for completeness. If any responses were incomplete, the respective participants were contacted and asked to complete the missing items. Only fully completed questionnaires were included in the final data analysis.

The Spearman correlation test is used to test the relationship between ordinal-scale independent and dependent variables. The data obtained from the completed MSPSS and SDQ questionnaires were coded, entered into the database, and analyzed using the Spearman Rank correlation test to determine the association between perceived social support and adolescent mental health. The research hypothesis is accepted if $\rho < \alpha$ (0.05), indicating a relationship between social support and adolescent mental health among students of Senior High School X Surabaya.

RESULT AND DISCUSSION

1. Result

a. General Data

Based on the characteristics data from 155 respondents, the majority of respondents in this study were female (67,1%) and aged 17 years (43,9%).

Table 1 Respondent Characteristic grades X and XI at Senior High School X Surabaya.

Data	Frequency (n)	Percentage (%)
Gender		
Mele	51	32,9%
Female	104	67,1%
Age		
15 Tahun	8	5,2
16 tahun	65	41,9
17 Tahun	68	43,9
18 Tahun	14	9
Total	**155**	**100**

b. **Social Support and Adolescent Mental Health**

Table 2 Distribution of respondent frequencies based on social support and Adolescent Mental Health of students in grades X and XI at Senior High School X Surabaya.

Social Support	Frequency (n)	Percentage (%)
Low	3	1,9%
Moderate	85	54,9%
High	67	43,2%
Adolescent Mental Health		
Normal 1-15	122	78,7%
Borderline 16-19	20	12,9%
Abnormal 20-40	13	8,4%
Total	**155**	**100%**

Source: Primary Data, 2025

Table 1.1, shows that among 155 respondents, most students in grades X and XI at High school X Surabaya have moderate social support, with 85 respondents (54.9%), the high of social support (43.2%) anda the low of social support (1.9%) anda for adolescent mental health hows that among 155 respondents, almost all students in grades X and XI at Senior High School Surabaya had a normal level of mental health, with 122 respondents (78.7%).

Table 3 Cross-tabulation anda the correlation between social support and mental health teenagers of grades X and XI at Senior High School X Surabaya

Social Support	Adolescent Mental Health						Sum	
	Normal		Boderline		Abnormal			
	n	%	n	%	n	%	F	%
Low	0	0	1	0,6	2	1,3	3	2
Moderate	66	42,6	10	6,5	9	5,8	85	54,8
High	56	36,1	9	5,8	2	1,3	67	43,2
Total	122	78,7	20	12,9	13	8,4	155	100
Rank Spearmen							p=0,047; r:0.160	

Source : Primary Data, 2025

Table 1.3 shows that among the 155 respondents who had social support in advance, almost half (66, 42.6%) had normal mental health. Spearman's rank correlation analysis cocluded that Correlation Between Social Support and Adolescent Mental Health Among

High School Students (r = 0.160, p = 0.047). The positive correlation indicates that students with higher perceived social support tended to have better mental health status. However, the correlation strength was very weak, suggesting that although social support was significantly associated with adolescent mental health, other factors may also contribute to adolescents' mental health.

2. Discussion

a. Social Support

This study shows that the majority of students of High school X Surabaya receive social support in the medium (54.9%) and high (43.2%) categories, while only a few are in the low (1.9%) category. These findings identify that students' social environments, whether family, friends, or school, have provided adequate support.

These findings indicate that most adolescents perceived that they received adequate support from people around them, although a Senior High Schoolll proportion of students still experienced limited perceived social support.These findings are consistent with the study by Alshammari et al. (2021), which reported that adolescents generally perceived moderate to high levels of social support from people around them. (Alshammari et al., 2021)Likewise, the meta-analysis conducted by Hidayati and Purwandari (2023) demonstrated that adolescents who perceived higher social support tended to have better psychological well-being and mental health. (Hidayati & Purwandari, 2023) The consistency between the present findings and previous studies suggests that perceived social support remains an important psychosocial resource during adolescence, particularly in helping adolescents cope with developmental, academic, and interpersonal challenges.

The Multidimensional Scale of Perceived Social Support (MSPSS), which was used in this study, measures adolescents' perceptions of support received from family, friends, and significant others. (Park et al., 2022). Therefore, the findings of this study reflect adolescents' overall perception of social support from these three sources rather than support from a single source alone. Because the present study analysed the overall MSPSS score, no conclusion can be drawn regarding which source of support contributed the most to adolescents perceived social support.

Based on the findings of this study, the predominance of moderate and high levels of perceived social support suggests that most students perceived adequate support from people within their social environment. Nevertheless, the presence of students with low perceived social support (1.9%) indicates that a Senior High Schoolll proportion of adolescents may still have limited support networks. This finding highlights the importance of strengthening collaboration between families, peers, and schools to ensure that adolescents continue to perceive adequate social support. School-based counselling services and family involvement programmes may be considered to improve students' perceived social support, particularly for adolescents who report low levels of support.

Overall, the findings of this study suggest that perceived social support among students at SENIOR HIGH SCHOOL X Surabaya is generally adequate. However, continuous efforts are still needed to ensure that every adolescent has access to supportive relationships from family, friends, and significant others, as measured by the MSPSS, thereby creating a supportive environment for adolescent development and well-being.

b. Adolescent Mental Health

The present study found that 78.7% of students had mental health in the normal category, whereas 12.9% were classified as borderline and 8.4% as abnormal. These findings indicate that although most adolescents demonstrated good mental health, a considerable proportion of students still experienced emotional and behavioural difficulties that may require further attention and early intervention.

These findings are consistent with previous studies reporting that the majority of school-aged adolescents generally exhibit normal mental health. Lestari (2024) found that most secondary school students were classified within the normal mental health category. (Lestari, 2024). Likewise, Radez, et al (2021) reported that although many adolescents maintain good mental health, a substantial proportion still experience emotional and behavioural problems that require attention.(Radez et al., 2021) The similarity between these findings may be explained by comparable participant characteristics, as the respondents were adolescents attending formal education who remained actively engaged in academic activities, peer relationships, and family interactions. These developmental and environmental characteristics may contribute to better psychological adjustment during adolescence.

Previous evidence has also demonstrated that adolescent mental health is influenced by multiple protective factors within the school and family environment. Racine et al. (2021) reported that supportive interpersonal relationships and adaptive coping resources contribute to better psychological functioning among adolescents. (Racine et al., 2021). Similarly, the World Health Organization (2022) emphasizes that schools play an important role in promoting mental health through supportive environments, early identification, and access to appropriate mental health services (World Health Organization, 2022). Therefore, the predominance of students with normal mental health observed in the present study may reflect the presence of protective psychosocial factors within their daily environments.

Despite the predominance of normal mental health, the present study also identified students with borderline and abnormal mental health conditions. This finding is important because adolescents in these categories may experience emotional symptoms, behavioural difficulties, peer relationship problems, or reduced prosocial functioning that interfere with their academic performance and social adjustment. Loades et al (2023), similarly highlighted that adolescents with emerging mental health problems often require timely identification and psychosocial support to prevent progression into more severe psychological disorders (Loades et al., 2020).

Therefore, although the majority of respondents demonstrated normal mental health, the proportion of students with borderline and abnormal conditions should remain a priority for school-based mental health programmes. Based on the findings of this study, schools should continue maintaining programmes that promote positive mental health while strengthening early screening, counselling services, and collaboration with families to identify students at risk. Early psychosocial intervention may help prevent the worsening of mental health problems and support adolescents in achieving optimal psychological well-being throughout their developmental period.

c. The Relationship of Social Support to Adolescent Mental Health

The present study demonstrated a statistically significant relationship between perceived social support and adolescent mental health among students at Senior High School X Surabaya ($p = 0.047$; $r = 0.160$). Although the correlation was weak, the findings indicate that adolescents who perceived higher levels of social support tended to have better mental health. These results suggest that perceived social support functions as an important protective factor in maintaining adolescents' psychological well-being.

The findings are consistent with those of Hidayati and Purwandari (2023), who reported that adolescents with higher levels of perceived social support generally experience better mental health. Social support acts as a stress buffer, reducing the negative impact of stressful life events while enhancing adolescents' ability to adapt to challenges and strengthening psychological resilience. Similarly, Petersen et al. (2023) found that adolescents who perceived greater support from family, friends, and significant others demonstrated significantly better mental health than those with lower perceived social support.(Petersen et al., 2023) These similarities may be explained by the comparable characteristics of the study populations, as both studies involved school-aged adolescents who rely heavily on interpersonal relationships as an important source of emotional and psychological support.

The relationship identified in this study can be explained by the characteristics of the Multidimensional Scale of Perceived Social Support (MSPSS), which measures adolescents' perceptions of support received from family, friends, and significant others. Adolescents who believe that important people in their lives are willing to listen, provide emotional reassurance, offer advice, and assist them during difficult situations are more likely to feel valued, accepted, and emotionally secure. These positive perceptions foster a stronger sense of belonging, enhance self-confidence, and improve emotional regulation, enabling adolescents to cope more effectively with academic, social, and developmental stressors. This mechanism is consistent with the stress-buffering model, which proposes that social support protects individuals from the harmful psychological effects of stress by increasing perceived emotional security and access to coping resources.

Among the three sources measured by the MSPSS, family support represents one of the most important sources of social support during adolescence. Families provide emotional warmth, acceptance, guidance, and reassurance, creating a safe environment in which adolescents can express their concerns and seek assistance when facing academic, interpersonal, or developmental challenges. When adolescents perceive strong family support, they are more likely to develop effective emotional regulation, adaptive coping strategies, and greater self-confidence, thereby reducing their vulnerability to mental health problems. Consistent with this finding, Baueur et al. (2021) concluded that supportive family relationships are among the strongest protective factors for child and adolescent mental health because they promote emotional security, trust, and adaptive coping abilities. However, because the present study analyzed only the overall MSPSS score, it was not possible to determine the individual contribution of family support, friend support, or significant others to adolescent mental health. (Bauer et al., 2021)

Nevertheless, the present study also found that a Senior High Schoolll proportion of adolescents with high perceived social support were still classified as having borderline or abnormal mental health. This finding suggests that although social support is an important protective factor, it is not the sole determinant of adolescent mental health. Mental health is influenced by multiple interacting factors, many of which were beyond the scope of this study. Consequently, while strengthening social support remains essential, it may not completely prevent psychological difficulties in adolescents who are exposed to other significant risk factors. This interpretation is supported by Nitsch et al. (2021), who emphasized that the effectiveness of social support depends not only on the availability of supportive relationships but also on their quality, the level of trust they provide, and adolescents' ability to utilize the support available to them. Overall, the findings of this study demonstrate that adolescents who perceive stronger social support from family, friends, and significant others tend to have better mental

health. Perceived social support helps reduce the adverse effects of stress, strengthens coping capacity, enhances resilience, and promotes emotional security and self-confidence. Therefore, families, schools, and communities should work collaboratively to establish supportive environments that enable adolescents to maintain optimal mental health and successfully navigate the developmental challenges of adolescence.

Overall, this study reinforces the evidence that social support is a crucial component of the adolescent mental health ecosystem, but its effectiveness will be maximised when supported by a holistic approach that includes medical or biological, psychological, and social aspects. This study has several strengths that enhance the credibility and contribution of its findings. First, it employed two internationally recognized and well-validated instruments, namely the Multidimensional Scale of Perceived Social Support (MSPSS**)** and the Strengths and Difficulties Questionnaire (SDQ)**,** thereby ensuring the validity and reliability of the measurements while facilitating comparisons with previous studies. In addition, the study focused on Senior High School adolescents, a population particularly vulnerable to mental health problems due to the biological, psychological, and social changes experienced during this developmental stage. The findings provide empirical evidence that perceived social support is significantly associated with adolescent mental health. Furthermore, the identification of a Senior High Schoolll proportion of adolescents who reported high perceived social support but still experienced borderline or abnormal mental health highlights the multidimensional nature of mental health and suggests that social support, although important, is not the only determinant of adolescents' psychological well-being.

Despite these strengths, several limitations should be acknowledged. The cross-sectional design limits the ability to establish causal relationships between perceived social support and adolescent mental health. In addition, the study was conducted in a single Senior High School in Surabaya, which may limit the generalizability of the findings to adolescents from different geographical, cultural, or socioeconomic backgrounds. The analysis was also restricted to the overall MSPSS score without examining the individual contributions of family support, friend support, and significant others, making it impossible to identify which source of support has the greatest influence on adolescent mental health. Moreover, this study did not assess other factors known to affect adolescent mental health, such as resilience, coping strategies, family functioning, socioeconomic status, social media use, or previous psychological experiences. Finally, the use of self-reported questionnaires may have introduced social desirability and response biases that could have influenced participants' responses.

Notwithstanding these limitations, this study contributes to the growing body of evidence supporting perceived social support as an important protective factor associated with adolescent mental health in the Indonesian school setting. The findings have important practical implications for schools, families, healthcare professionals, and policymakers by emphasizing the need to strengthen collaborative mental health promotion programs that actively involve families, peers, teachers, and the broader community. Such programs may include routine mental health screening, school-based counseling services, psychoeducation, and family engagement initiatives to promote adolescents' psychological well-being. Future research is recommended to adopt longitudinal or prospective designs to better examine causal relationships, involve larger and more diverse adolescent populations from different regions of Indonesia, and investigate the specific contributions of each dimension of social support measured by the MSPSS. Furthermore, future studies should incorporate potential mediating or moderating variables, such as resilience, coping strategies, self-esteem, family functioning, mental health literacy, and school connectedness, to develop a more

comprehensive understanding of the mechanisms through which social support influences adolescent mental health.

C. CONCLUSION AND SUGGESTIONS

Based on the findings of this study, it can be concluded that the majority of students at SENIOR HIGH SCHOOL X Surabaya had moderate perceived social support and normal mental health status. Furthermore, there was a statistically significant positive correlation between perceived social support and adolescent mental health. It is recommended to conduct further research that investigates other factors associated with adolescent mental health and includes a more diverse population to increase the generalizability of the findings.

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