

Mental Health at the Crossroads of Policy and Practice: A Legal-Epidemiological Study of Indonesian Adolescents

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ABSTRACT

Adolescence is a critical period for mental health development, yet in Indonesia, systemic and legal gaps exacerbate vulnerabilities related to anxiety, depression, and self-confidence. While previous research highlights gender and school-type differences, few studies integrate a legal health perspective to frame these disparities within Indonesia's evolving mental health and education policies. This study examines the psycho-legal implications of anxiety, depression, and self-confidence among Indonesian adolescents across gender and school types, with a focus on rights-based interventions. A cross-sectional survey was conducted with 311 high school students (167 females, 144 males; 217 public, 94 private) in North Jakarta. Participants completed the Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), and the Self-Confidence Inventory (SCI). Data were analyzed using factorial ANOVAs and multiple regression. Students from private schools reported significantly higher anxiety and lower self-confidence than those in public schools. Female adolescents had significantly lower self-confidence than males. The findings highlight the private school environment as a potential risk factor and underscore the profound impact of depressive symptoms on an adolescent's self-concept. The persistent gender gap in self-confidence, independent of anxiety and depression, points to underlying sociocultural factors. Interventions must be targeted.

INTRODUCTION

Adolescence represents a critical developmental period characterized by rapid physical, cognitive, emotional, and social changes (Sawyer et al., 2018). This transitional phase renders individuals particularly vulnerable to the onset of mental health disorders, with half of all mental illnesses beginning by the age of 14 and three-quarters by the mid-20s (Kessler et al., 2007). Among the most prevalent psychological challenges during this period are anxiety and depression, which are frequently comorbid and significantly impair daily functioning, academic achievement, and social relationships (Merikangas et al., 2010).

The global burden of adolescent mental health issues is staggering. The World Health Organization (WHO, 2021) identifies depression as a leading cause of illness and disability among adolescents, and anxiety disorders rank among the top ten causes of global youth burden of disease. Left unaddressed, these conditions can have devastating long-term consequences, including poor educational outcomes, increased risk of substance abuse, and a heightened likelihood of mental health disorders in adulthood (Clayborne et al., 2019).

In the Indonesian context, the mental well-being of over 45 million adolescents is a pressing public health concern (Badan Pusat Statistik, 2020). A growing body of literature indicates a high prevalence of psychological distress among Indonesian youth. For instance, a study by Istiana et al. (2021) found that 30% of high school students in Jakarta reported moderate to severe anxiety symptoms. Similarly, research by Setyawati & Halim (2020) highlighted alarming rates of depressive symptoms among adolescents, exacerbated by academic pressure and social dynamics. Despite this growing recognition, mental health services in Indonesia remain underdeveloped, stigmatized, and inaccessible to a large portion of the population, creating a significant treatment gap (Pols, 2020). This gap underscores the urgent need for proactive, evidence-based, and contextually relevant mental health interventions, particularly within school settings, which serve as a primary environment for adolescent development.

The Legal-Policy Context of Adolescent Mental Health in Indonesia

Indonesia's commitment to adolescent mental health is enshrined in several legal instruments, most notably the Mental Health Law No. 18 of 2014 and the Child Protection Law No. 35 of 2014. These laws mandate the state to provide accessible, integrated, and non-discriminatory mental health services. Schools are recognized as crucial settings for early detection and intervention. However, a significant "implementation gap" exists between these national policies and on-the-ground practices within educational microsystems. This gap is hypothesized to vary systematically between public and private schools due to differences in governance, accountability, and resource allocation mechanisms. Private schools, while often better resourced, operate with greater autonomy and may lack standardized, legally-compliant mental health protocols. Public schools, though bound by stricter governmental regulations, frequently suffer from resource constraints that hinder effective program rollout. This study adopts a legal-epidemiological lens to investigate not only the psychological disparities but also the structural and regulatory contexts that

may perpetuate them. We posit that school type is not merely an administrative category but a proxy for differing legal and policy environments that directly influence mental health outcomes and the cultivation of protective factors like self-confidence.

Anxiety in Adolescence

Anxiety, in its adaptive form, is a normal emotional response to threat. However, when it becomes excessive, persistent, and disproportionate to the situation, it can evolve into a debilitating disorder. Beck's cognitive model of anxiety (Beck & Clark, 1997) posits that anxiety disorders are maintained by a cycle of maladaptive cognitive processes, including heightened attention to threat cues ("hypervigilance"), misinterpretation of ambiguous situations as dangerous, and the activation of negative self-schemas. For adolescents, common anxiety triggers include academic performance pressures, social evaluation (e.g., fear of negative judgment by peers), family conflicts, and burgeoning concerns about the future (Weems & Silverman, 2020). The Beck Anxiety Inventory (BAI), used in the present study, is a well-validated 21-item self-report instrument designed to measure the severity of anxiety symptoms in adolescents and adults. It specifically focuses on somatic and cognitive symptoms of anxiety, distinguishing it from measures of depression (Beck et al., 1988). In Indonesia, the BAI has been used in various studies and has demonstrated good psychometric properties for screening anxiety symptoms in adolescent populations (Rahmatia et al., 2021).

Depression in Adolescence

Depression is more than transient sadness; it is a complex disorder characterized by a pervasive and persistent low mood, anhedonia (loss of interest or pleasure), feelings of worthlessness, and cognitive and physiological disturbances. Beck's cognitive triad model of depression (Beck, 1967) elucidates the core cognitive distortions underlying the disorder: a negative view of the self, the world, and the future. Adolescents experiencing depression may exhibit irritability rather than overt sadness, social withdrawal, academic decline, and changes in sleep and appetite (Avenevoli et al., 2015).

The Beck Depression Inventory (BDI) is a 21-item self-report scale that is one of the most widely used instruments for assessing the severity of depression. It aligns with cognitive theory, capturing symptoms related to negative attitudes, performance difficulties, and somatic complaints (Beck et al., 1996). Its use in Indonesian adolescent samples has been validated, showing it to be a reliable tool for identifying depressive symptomatology (Siswandari et al., 2022).

Self-Confidence (SCI) as a Protective Factor

Self-confidence, or a person's belief in their own abilities and worth, is a cornerstone of positive adolescent development. It is closely related to constructs like self-efficacy (Bandura, 1997) and self-esteem (Rosenberg, 1965). The Self-Confidence Inventory (SCI) used in this study measures an individual's perceived competence and assurance in social and personal domains. High self-confidence acts as a buffer against psychological distress. According to the Vulnerability-Stress Model (Ingram & Luxton, 2005),

individuals with pre-existing vulnerabilities (e.g., low self-confidence) are more likely to develop mental health disorders when faced with stressors. Conversely, robust self-confidence can enhance resilience, enabling adolescents to navigate challenges more effectively (Masten, 2018).

The interplay between these three constructs is dynamic. Chronic anxiety can deplete an adolescent's coping resources, leading to feelings of helplessness and depression (Stapinski et al., 2020). Similarly, depression can erode self-confidence through its associated cognitive distortions of self-deprecation and hopelessness (Orth & Robins, 2019). Understanding the relationships between anxiety, depression, and self-confidence is therefore crucial for developing effective, holistic interventions.

Contextual Factors: The Roles of Gender and School Environment

1. The Gender Lens in Adolescent Mental Health

Consistent evidence from global and Indonesian studies points to significant gender disparities in mental health. Adolescent girls consistently report higher levels of internalizing symptoms, particularly anxiety and depression, compared to boys (Breslau et al., 2017). This disparity is attributed to a complex interplay of biological, psychological, and sociocultural factors.

Biological Factors: Hormonal fluctuations associated with puberty may interact with brain development to increase emotional reactivity in girls (Barendse et al., 2018).

Psychological Factors: Girls tend to exhibit higher levels of rumination – a passive and repetitive focus on distressing symptoms – which is a known risk factor for both anxiety and depression (Nolen-Hoeksema, 2012).

Sociocultural Factors: Gender socialization plays a critical role. In many cultures, including Indonesia, girls are often socialized to be more compliant, relationship-oriented, and sensitive to social evaluation, which can increase vulnerability to internalizing disorders (Raffaelli et al., 2020). Furthermore, the objectification theory (Fredrickson & Roberts, 1997) suggests that girls are socialized to internalize an observer's perspective on their bodies, leading to body shame and anxiety, which can undermine self-confidence.

Recent research in Indonesia by Pratiwi et al. (2023) confirmed that female adolescents reported significantly higher social anxiety and lower self-esteem than their male counterparts, often linked to pressures to conform to societal expectations.

2. The School as a Microsystem: Public vs. Private Distinctions

Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1979) emphasizes the school as a critical "microsystem" that directly shapes adolescent development. In Indonesia, the distinction between public (Sekolah Negeri) and private (Sekolah Swasta) schools is not merely administrative; it reflects differences in socio-economic context, academic pressure, school culture, and resource availability, all of which can influence mental health.

1. **Public Schools:** Typically serve a more diverse socioeconomic cross-section of the community and follow a national curriculum set by the government. They may be perceived as having extremely high-stakes

academic competition for university entrance, which can be a significant source of stress (Hidayah & Wangid, 2019).

2. Private Schools: These can range from elite international schools to religiously affiliated or lesser-known institutions. They often have more autonomy in their curriculum and teaching methods. While some may offer more resources and smaller class sizes, they can also exert different pressures, such as high financial costs for families, rigorous academic expectations to maintain the school's reputation, or specific religious and behavioral codes that may create unique stressors (Firriana et al., 2022).

A study by Sari et al. (2021) suggested that students in private schools in urban Indonesia reported higher levels of academic stress, potentially due to greater parental and institutional expectations. However, the comparative picture of mental health outcomes between public and private school students in Indonesia remains fragmented and insufficiently explored.

While the aforementioned studies provide valuable insights, a critical analysis of the existing literature reveals several significant gaps that the current study aims to address.

The Single-Variable Focus and Lack of Integrative Analysis

A substantial portion of research on Indonesian adolescents has examined mental health issues in isolation. For example, numerous studies have investigated academic stress (Hidayah & Wangid, 2019), some have focused solely on depression (Setyawati & Halim, 2020), and others on anxiety (Istiana et al., 2021). This fragmented approach fails to capture the complex, co-occurring nature of psychological distress. Anxiety and depression are highly comorbid, and both are intimately linked to a fragile sense of self (Stapinski et al., 2020). There is a pronounced lack of studies that simultaneously measure anxiety (BAI), depression (BDI), and self-confidence (SCI) within the same cohort of Indonesian adolescents. An integrative analysis is essential to understand the relative weight and interaction of these variables, which can inform more nuanced and effective intervention strategies.

The Overlooked Role of School Type as a Systemic Factor

The vast majority of mental health research in Indonesia treats "adolescents" as a monolithic group, with little consideration for the specific environmental context of different school types. The public-private school distinction, a major feature of the Indonesian educational landscape, is rarely incorporated as a key independent variable. The study by Sari et al. (2021) is an exception, but it focused narrowly on academic stress. We lack a comprehensive understanding of how the unique ecological niches of public and private schools—with their differing pressures, resources, and cultures—differentially shape the psychological well-being (anxiety, depression) and personal resources (self-confidence) of their students. Ignoring this variable risks developing one-size-fits-all interventions that may be ineffective or even counterproductive in specific school contexts.

Superficial Treatment of Gender Differences

Although gender differences are often reported, many studies stop at establishing that "girls have higher scores." There is a need for a more in-depth,

contextualized analysis that goes beyond simple mean comparisons. How does gender interact with school type? For instance, are gender disparities in anxiety more pronounced in public or private school settings? Does the school environment moderate or exacerbate the known psychological vulnerabilities associated with gender? Current research in Indonesia has not sufficiently explored these interactive effects, leaving a critical gap in our understanding of how gender and institutional context jointly influence mental health outcomes.

This research is positioned to make several novel and significant contributions to the field of adolescent mental health in Indonesia.

Theoretical and Empirical Novelty

Integrated Tripartite Investigation: This is one of the first studies in Indonesia to concurrently investigate the triad of anxiety, depression, and self-confidence using standardized instruments (BAI, BDI, SCI) in a large sample (N=311) of adolescents. This integrated approach allows for a more holistic and clinically relevant understanding of their psychological landscape.

Contextualizing Mental Health through School Ecology: The study introduces a critical and under-researched variable—school type (public vs. private)—into the analysis of adolescent mental health in Indonesia. By doing so, it moves beyond individual-level risk factors to consider the role of the educational system itself, aligning with Bronfenbrenner's ecological model.

Intersectional Analysis of Gender and School Type: The research employs an intersectional lens to examine how gender and school type interact. It does not merely ask "who is more distressed?" but "in which specific contexts are particular groups most vulnerable?" This nuanced analysis can reveal, for example, whether private school boys or public school girls face a unique constellation of risks, thereby refining our theoretical models of risk and resilience.

Practical and Applied Significance

Data-Driven Intervention Blueprint: The findings will provide an empirical basis for moving beyond generic mental health promotion. By identifying specific risk profiles (e.g., females in private schools with high anxiety and low self-confidence; males in public schools with high depression scores), the study can inform the development of targeted, evidence-based interventions that are tailored to the specific needs of different school environments and gender groups.

Informing National Policy: The results can serve as a critical resource for policymakers in the Indonesian Ministry of Education and Culture and the Ministry of Health. By highlighting the systemic role of school type, the study can advocate for mental health policies and resource allocation that are sensitive to the distinct needs of both public and private educational institutions.

LITERATURE REVIEW

This study is guided by an integrated theoretical framework combining Beck's Cognitive Theory (to understand the content and processes of anxiety and depression), Bronfenbrenner's Ecological Systems Theory (to situate these

disorders within the school microsystem), and the Vulnerability-Stress Model (which positions self-confidence as a key resilience factor).

Based on the gap analysis and the novel contributions outlined above, this study aims to achieve the following two primary objectives:

1. To examine and compare the levels of anxiety (BAI), depression (BDI), and self-confidence (SCI) among Indonesian adolescents based on gender (male vs. female) and school type (public vs. private).
2. To analyze the interrelationships between BAI, BDI, and SCI scores, and to determine which of these factors (anxiety, depression, gender) most strongly predicts levels of self-confidence in the overall sample and within specific gender and school-type subgroups.

By fulfilling these objectives, this research will generate crucial insights that can transform how mental health support is conceptualized and delivered in Indonesian schools, paving the way for more precise, effective, and equitable interventions for the nation's youth.

METHODOLOGY

Study Design and Participants

This study employed a cross-sectional, quantitative survey design to investigate the differences in anxiety, depression, and self-confidence among Indonesian adolescents based on gender and school type. The cross-sectional design was deemed appropriate for providing a snapshot of the prevalence and relationships between these variables at a specific point in time (Creswell & Creswell, 2018).

A total of 311 high school students from Jakarta Utara participated in this study. The participants were selected using a multi-stage convenience sampling method. First, schools were purposively selected to ensure representation from both public (Sekolah Negeri) and private (Sekolah Swasta) sectors. Subsequently, within these schools, students were invited to participate voluntarily.

The final sample consisted of 217 students (69.8%) from public schools and 94 students (30.2%) from private schools.

Instruments and Measures

Data were collected using three standardized self-report questionnaires, administered in the Indonesian language.

1. Beck Anxiety Inventory (BAI): The BAI is a 21-item scale that measures the severity of anxiety symptoms. Participants rate how much they have been bothered by each symptom over the past week on a 4-point Likert scale ranging from 0 ("Not at all") to 3 ("Severely - I could barely stand it"). The total score ranges from 0 to 63, with higher scores indicating greater anxiety severity. The interpretation categories are: Minimal (0-7), Mild (8-15), Moderate (16-25), and Severe (26-63) (Beck et al., 1988). The internal consistency of the BAI in this study was excellent (Cronbach's $\alpha = .92$).
2. Beck Depression Inventory (BDI): The BDI is a 21-item instrument assessing the presence and severity of depressive symptoms. Each item presents a list of four statements arranged in increasing severity from 0 to

3. Total scores range from 0 to 63, with conventional cut-off points being: Minimal (0-13), Mild (14-19), Moderate (20-28), and Severe (29-63) (Beck et al., 1996). The BDI demonstrated high reliability in the current sample (Cronbach's $\alpha = .94$).
3. Self-Confidence Inventory (SCI): The SCI is a 32-item inventory designed to measure an individual's level of self-confidence. Respondents indicate the frequency of each thought or behavior on a 5-point scale: 0 (Never), 1 (Rarely), 2 (Sometimes), 3 (Often), and 4 (Very Often). The total score is calculated, with higher scores indicating Low levels of self-confidence. A demographic questionnaire was also used to collect information on age, gender, and school name (to determine school type).

Data Collection Procedure

Ethical approval for the study was obtained from the relevant institutional review board. Permission was also secured from the principals of the participating schools. Trained research assistants visited the schools and administered the paper-and-pencil questionnaires during a designated class period. Before participation, all students and their parents/guardians provided informed assent and consent, respectively. The purpose of the study was explained, and the anonymity and confidentiality of their responses were emphasized. Participants took approximately 30-40 minutes to complete the entire survey battery.

Data Analysis Plan

The collected data were cleaned and analyzed using the Statistical Package for the Social Sciences (SPSS) version 26. The analysis was conducted in two phases, directly aligned with the research objectives:

1. For Objective 1 (To examine and compare levels of BAI, BDI, and SCI based on gender and school type): Descriptive statistics (means, standard deviations, frequencies, and percentages) were computed. A series of 2x2 Factorial ANOVAs were then conducted with Gender (Male, Female) and School Type (Public, Private) as independent variables, and the total scores of BAI, BDI, and SCI as the dependent variables. This analysis allowed for the examination of main effects for each factor and their interaction effects. Post-hoc tests (Tukey HSD) were planned if significant interactions were found. Cross-tabulations with chi-square tests were used to analyze the distribution across categorical levels (e.g., anxiety categories) by gender and school type.
2. For Objective 2 (To analyze the interrelationships between BAI, BDI, and SCI and identify the strongest predictor of SCI): Pearson correlation coefficients were calculated to examine the bivariate relationships between the continuous scores of BAI, BDI, and SCI. Subsequently, a multiple linear regression analysis was performed with the total SCI score as the dependent variable. The independent variables entered into the model were BDI total score, BAI total score, and Gender (dummy coded: Male=0, Female=1). School type was initially considered but was not a significant predictor in preliminary models and was excluded to maintain parsimony. The analysis assessed the unique contribution (beta weights) of each predictor to the variance in self-confidence.

The assumption of homogeneity of variances for ANOVA was checked using Levene's Test, and the normality of residuals for regression was inspected via Q-Q plots. The significance level for all tests was set at $p < .05$.

RESULTS AND DISCUSSION

Characteristic

In terms of gender distribution, there were 144 male students (46.3%) and 167 female students (53.7%), with a mean age of 16.2 years (SD = 1.1). The detailed demographic breakdown is provided in Table 1.

Table 1. Demographic Characteristics of Participants (N=311)

| Characteristic | Category | Frequency (n) | Percentage (%) |
|--------------------|-------------|---------------|----------------|
| Gender | Male | 144 | 46.3 |
| | Female | 167 | 53.7 |
| School Type | Public | 217 | 69.8 |
| | Private | 94 | 30.2 |
| Age Group | 14-16 years | 218 | 70.1 |
| | 17-19 years | 93 | 29.9 |

This section presents the findings of the statistical analyses conducted to address the two main research objectives.

Objective 1: Gender and School-Type Differences in BAI, BDI, and SCI

Descriptive and Cross-Tabulation Findings. The initial descriptive analysis revealed that, on average, the sample fell within the "**Moderate**" range for both anxiety (Mean BAI = 25.7) and depression (Mean BDI = 30.5). For self-confidence, the modal category was "Moderately Strong."

Cross-tabulations provided a preliminary overview of the distributions:

1. **Gender vs. SCI Categories:** A higher percentage of female students (30% Agak Lemah, 13% Lemah) fell into the weaker self-confidence categories compared to male students (25% Agak Lemah, 10% Lemah).
2. **School Type vs. SCI Categories:** Students from private schools showed a higher propensity for weaker self-confidence, with 35% in the "Agak Lemah" category compared to 25% of public-school students.

Inferential Statistics: Factorial ANOVA Results

- A. The 2x2 ANOVA on BAI scores revealed a non-significant main effect for Gender, $F(1, 307) = 2.15, p = .144$, indicating that the difference in anxiety levels between males ($M=24.5, SD=8.1$) and females ($M=26.8, SD=9.3$) was not statistically significant. There was a significant main effect for School Type, $F(1, 307) = 4.89, p = .028, \eta^2 = .016$. Students from private schools ($M=27.3, SD=9.0$) reported significantly higher anxiety

levels than their counterparts in public schools ($M=25.1$, $SD=8.6$). The interaction between Gender and School Type was not significant ($p = .432$).

- B. Beck Depression Inventory (BDI). The ANOVA for BDI scores showed a non-significant main effect for Gender, $F(1, 307) = 1.22$, $p = .271$, with males ($M=31.2$, $SD=10.5$) and females ($M=29.8$, $SD=11.2$) reporting similar levels of depressive symptoms. The main effect for School Type was also non-significant, $F(1, 307) = 1.89$, $p = .170$, suggesting no statistically reliable difference in depression between public ($M=30.1$, $SD=10.8$) and private ($M=31.5$, $SD=11.0$) school students. The interaction effect was not significant ($p = .655$).
- C. Self-Confidence Inventory (SCI). The analysis of SCI scores yielded the most compelling results. There was a significant main effect for Gender, $F(1, 307) = 8.24$, $p = .004$, $\eta^2 = .026$. Consistent with global trends and our hypothesis, male students ($M=67.3$, $SD=28.4$) reported significantly higher self-confidence than female students ($M=61.8$, $SD=31.2$). Furthermore, there was a significant main effect for School Type, $F(1, 307) = 5.12$, $p = .024$, $\eta^2 = .016$. Students from public schools ($M=65.2$, $SD=28.4$) demonstrated significantly higher self-confidence than those from private schools ($M=58.7$, $SD=31.2$). The interaction between Gender and School Type was not statistically significant ($p = .301$).

Table 2. Summary of ANOVA Findings

| Variable | Effect | F-value | p-value | Partial η^2 | Interpretation |
|----------|-------------|---------|---------|------------------|---------------------------|
| BAI | Gender | 2.15 | .144 | .007 | No significant difference |
| | School Type | 4.89 | .028 | .016 | Private > Public |
| | G x ST | 0.62 | .432 | .002 | No interaction |
| BDI | Gender | 1.22 | .271 | .004 | No significant difference |
| | School Type | 1.89 | .170 | .006 | No significant difference |
| | G x ST | 0.20 | .655 | .001 | No interaction |
| SCI | Gender | 8.24 | .004 | .026 | Male > Female |
| | School Type | 5.12 | .024 | .016 | Public > Private |
| | G x ST | 1.07 | .301 | .003 | No interaction |

Objective 2: Interrelationships and Predictive Models for Self-Confidence

Correlation Analysis Pearson correlation analysis was conducted to examine the relationships between anxiety, depression, and self-confidence. The results revealed strong and statistically significant relationships between all three variables.

1. **BAI and SCI:** A significant negative correlation was found ($r = -0.42, p < .001$), indicating that higher levels of anxiety are associated with lower self-confidence.
2. **BDI and SCI:** The strongest bivariate correlation was observed between depression and self-confidence ($r = -0.51, p < .001$), suggesting a robust inverse relationship.
3. **BAI and BDI:** As expected, anxiety and depression were positively correlated ($r = 0.58, p < .001$), confirming their high comorbidity.

Multiple Regression Analysis

To determine the relative influence of anxiety, depression, and gender on self-confidence, a multiple regression was performed. The overall model was statistically significant, $F(3, 307) = 41.95, p < .001$, and accounted for 29.1% of the variance ($R^2 = .291$) in SCI scores.

An examination of the individual predictors (see Table 2) revealed that:

- **BDI was the strongest unique predictor of SCI** ($\beta = -0.38, p < .001$). After controlling for anxiety and gender, for every one standard deviation increase in BDI score, the SCI score decreased by 0.38 standard deviations.
- **BAI was also a significant, though weaker, predictor** ($\beta = -0.25, p < .001$).
- **Gender remained a significant predictor** even after accounting for the effects of anxiety and depression ($\beta = -0.12, p = .02$), with being female associated with lower self-confidence.

Table 3. Multiple Regression Model Predicting Self-Confidence (SCI)

| Predictor Variable | B | SE B | β | t | p-value | Part Correlation |
|--------------------|--------|------|---------|-------|---------|------------------|
| (Constant) | 105.62 | 3.45 | | 30.62 | <.001 | |
| BDI | -0.98 | 0.15 | -0.38 | -6.53 | <.001 | -0.33 |
| BAI | -0.75 | 0.18 | -0.25 | -4.16 | <.001 | -0.21 |
| Gender (Female) | -4.21 | 1.78 | -0.12 | -2.36 | .020 | -0.12 |

Note: B = unstandardized coefficient; SE B = standard error of B; β = standardized coefficient. $R^2 = .291$, Adjusted $R^2 = .284$.

The results of this study successfully address both research objectives and paint a detailed picture of the mental health landscape among adolescents in North Jakarta.

Addressing Objective 1: The findings confirm significant contextual and demographic disparities. While anxiety and depression levels were in the moderate range across the board, school type emerged as a critical differentiator for anxiety and self-confidence. Students in private schools reported significantly higher anxiety, a finding that may be attributed to factors such as heightened academic expectations, financial pressures on families, and a more competitive school culture (Firriana et al., 2022). Conversely, public schools appeared to be a more conducive environment for fostering self-confidence, possibly due to a more diverse peer environment and different social comparison processes.

The analysis also reaffirmed well-established gender differences in self-confidence, with male adolescents reporting higher levels than females. This aligns with socialization theories that suggest girls in Indonesia face greater pressures related to social conformity and appearance, which can inhibit the development of a robust sense of self (Pratiwi et al., 2023). The lack of a significant gender difference in BAI and BDI scores was somewhat surprising but may be due to the universally high levels of academic and social stress experienced by all adolescents in this urban sample, potentially overshadowing gender-specific vulnerabilities in this particular context.

Addressing Objective 2: The correlation and regression analyses provided powerful insights into the architecture of psychological well-being. The strong negative correlations between both BAI/BDI and SCI empirically validate the theoretical link between psychopathology and self-concept. Most importantly, the regression model identified depression (BDI) as the single most powerful predictor of low self-confidence, even more so than anxiety. This finding strongly supports Beck's cognitive model of depression, which posits that negative self-schemas and feelings of worthlessness are core features of the disorder (Beck, 1967). The fact that gender retained a small but significant unique effect suggests that there are factors related to being female that negatively impact self-confidence beyond what is explained by levels of anxiety and depression alone.

In conclusion, this study achieves its aims by not only documenting the state of adolescent mental health but by disentangling the specific roles of gender and educational context. It moves beyond a simplistic "who is worse off" analysis to reveal that:

1. The private school environment is uniquely associated with higher anxiety and lower self-confidence.
3. Gender exerts a specific and independent effect on self-confidence.
4. Depressive symptomatology is the most potent factor eroding an adolescent's belief in themselves.

These nuanced findings provide a robust empirical foundation for designing targeted interventions, which will be elaborated upon in the following section.

CONCLUSIONS AND RECOMMENDATIONS

This study successfully achieved both of its objectives by revealing clear patterns in the mental health of adolescents in North Jakarta.

First, the comparative analysis based on gender and school type demonstrated that while anxiety and depression levels were in the moderate range across the entire sample, the private school environment was significantly associated with higher anxiety and lower self-confidence compared to public schools. Furthermore, female adolescents reported significantly lower self-confidence than their male counterparts.

Second, the analysis of interrelationships revealed that depression (BDI) was the strongest and most dominant predictor of low self-confidence, even more so than anxiety. Gender also remained a significant unique contributor, with being female associated with lower self-confidence, independent of levels of anxiety and depression.

These findings highlight the specific vulnerabilities of female adolescents and students in private schools, and confirm the central role of depressive symptoms in undermining the foundation of adolescent self-confidence.

Based on these findings, targeted and context-specific intervention recommendations are proposed:

Differentiated School-Based Interventions

1. For Private Schools: Program priorities should focus on anxiety management and confidence building. Schools can implement regular workshops to teach coping skills for academic and social stress, and foster a less competitive, more supportive environment.
2. For Public Schools: While relatively better, programs in public schools should still integrate psychoeducation about depression, given the high average BDI scores. A focus on the early identification of depressive symptoms, such as social withdrawal and irritability, is crucial.

Gender-Sensitive Programs for Confidence Building

1. For Female Adolescents: Tailored programs designed to empower girls are needed, for instance through support groups that address gender-specific challenges like social pressures and body image. Techniques such as positive self-talk and assertiveness training are highly recommended.
2. For Male Adolescents: Interventions for boys should encourage healthy emotional expression and normalize discussions about feelings of anxiety and sadness, to prevent internalization that could lead to depression.

Focus on Addressing Depressive Symptoms

Given that depression is the strongest predictor of self-confidence, all school intervention programs, both public and private, must include a component for detecting and addressing depressive symptoms. Collaboration with mental health professionals for individual counseling and Cognitive Behavioral Therapy (CBT) is strongly advised for students with high BDI scores. By implementing these targeted recommendations, schools can move

from a generic to a more precise approach in promoting mental health, thereby effectively addressing the unique needs of different student groups.

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