Tarbawi: Jurnal Ilmu Pendidikan
p-ISSN: 1858-1080|e-ISSN: 2615-6547
Vol. 20, No. 2, December 2024, 221-230

Mental Health of Z-Generation Analysis of Learning Process and Social Interaction

Muhammad Ali, Wahyu Retno Sari

IAIN Ponorogo
muhammadali@iainponorogo.ac.id

Abstract. *Mental health is a condition where a person usually behaves and has no complaints either physically or mentally, and also the ability of humans to adapt to nature and other humans. However, the phenomenon in the reality of life is that there is much data on emotional disorders, behavioral disorders, depression, anxiety, and ending life by suicide among adolescents. Several factors cause mental health conditions in adolescents to experience disorders, including being influenced by the learning process and social interaction. This study partially and simultaneously analyzes adolescents' mental health regarding the learning process and social interaction. To achieve this goal, the approach used in this study is quantitative correlational for data collection using a questionnaire distributed to 109 adolescents who are still in MTs Ma'arif Balong. This study proves that the learning process and social interaction simultaneously affect adolescent mental health significantly, with an influence of 78.3%. While partially mental health is influenced by 47.2% of the learning process factor, and 59.3% is influenced by social interaction. Thus, parents and educators need to be models in a healthy mental life and create a conducive environment for the development of adolescent mental health.*

Keywords: *adolescents, learning process, mental health, social interaction, z generation*

INTRODUCTION

Z Generation, also known as the post-millennial generation, are people born from 1997 to 2012 (Rizvi & Ilyaz, 2022). The mental health condition of the Z Generation is based on data that 40% of Gen Z feel stressed or anxious all the time (Deloitte, 2023). This condition is very worrying, especially for teenagers like junior high school students. For Gen Z teenagers, it is urgent to be in a normal mental condition; if, at this age, mental life is not well controlled, it will have an impact on increasing productivity in the subsequent phases of development. Janis Leann Whitlock (Chekroud et al., 2017) Revealed that if presented, the occurrence of unhealthy mental conditions 50% starts from mental conditions in early adolescence before the age of 14 years. In Indonesia, the mental health condition of adolescents was revealed by a UI professor. (Radiani, 2019) Adolescents from the ages of 10 to 17 years have a prevalence of mental disorders of 1 in 3 people.

Some data revealed by the study explains the mental health disorders commonly experienced by adolescents (Erskine et al., 2017), The global trend of mental disorders in the age range of 5-17 years is related to five aspects, namely autism, behavioral disorders, depression, anxiety, and attention deficit disorders. Of the five forms of mental disorders, according to the WHO (World Health Organization/International Network on Prevention of Elder Abuse (INPEA), 2024), one that disrupts the lives of adolescents is depression. Meanwhile, Dr. Celestinus Eigya Munthe revealed the condition of adolescents in Indonesia. (Kemenkes RI, 2021) In 2018, there were 19 million residents aged 15 years and over experiencing emotional disorders, and 12 also experiencing depression. In addition to depression, teenagers also experience mental crises that result in ending their lives by committing suicide, according to HE Erskine et al. (Chekroud et al., 2017) Suicide is one of the causes that makes teenagers experience death. This data is confirmed

by WHO, which (World Health Organization/International Network on Prevention of Elder Abuse (INPEA), 2024) Says that globally, suicide is the fourth leading cause of death in teenagers.

Suicide cases in Indonesia are pretty high. As stated by the Health Research and Development Agency (Kemenkes RI, 2021), in 2016, 1,800 people committed suicide. From the data, the age of those who committed suicide ranged from 10 to 39 years. This means that the perpetrators of suicide are people of productive age, both academically and economically.

From the data above, it is clearly illustrated how the mental health problems experienced by the world's population, especially Gen Z. As is known, Gen Z, who are still teenagers, are in a transition period towards adulthood. Their psychological condition is still vulnerable to anxiety. As expressed by Graham Russell and Phil Topham (Russell & Topham, 2012), students' well-being and learning are disrupted because there is a hidden disorder called social anxiety. Other disorders experienced by adolescents, as expressed by Whitlock (Chekroud et al., 2017) These are related to anxiety in the form of phobias, excessive worry, fear, and nervousness, and then depressive disorders in the form of despair. In addition, there are also other conditions of mental health in the form of bipolar, behavioral disorders, attention-deficit/hyperactivity disorders, learning disorders, eating disorders, autism, and schizophrenia.

For Gen Z, the problems they experience, such as major depression, stress, loneliness, reduced quality of life, and fatigue, are often handled maladaptively. This maladaptive handling is done in the form of drug use and the use of sleep aids. In fact, by choosing the wrong way out, Gen Z is struggling with endless problems (Grelle et al., 2023). Many factors cause unhealthy mental conditions in Gen Z teenagers. According to the Scottish Qualifications Authority (Scottish Qualifications Authority, 2019), five main factors influence a person's mental health, namely social factors (race, class, gender, religion, family, and peers); environmental factors (home conditions, geographic location, living environment (living alone or living with others), access to health services and support); personal factors (gender, genes, life experiences, awareness and learning process about mental health, age, social roles). And cultural factors (beliefs, values, norms/rules/laws).

Based on several factors above, the social interaction factor is part of the social factors in mental health, found by many researchers to contribute significantly to a person's mental health condition in Ireland and concluded that poor interactions with partners/partners positively influence the emergence of depression, anxiety, and suicidal tendencies(Ziggi, 2016). Likewise, the condition of the relationship between teachers and students Has a consistent and strong influence on a healthy mentality (Kim, 2021). Meanwhile, a lack of social interaction affects the perception of a disturbed life, making it difficult for teenagers to regulate themselves (Ivanec, 2022).

Another research shows that observing others is a form of social learning related to a person's mental health (Taylor & DeQuinzio, 2012). A study on autistic children was conducted, and it was found that observational learning affected their social skills. Likewise, Marshall Digital Scholar and John Ryan Simon's study (Scholar & Simon, 2015) High school students with behavioral and emotional disorders found that social or observational learning or direct observation correlated with changes in their behavior. Other evidence that shows the learning process affects the mental aspects of humans is also studied by Askew, Hagel, and Morgan. (Askew et al., 2015) In the form of modeling learning, it concluded that learning experiences affect a person's level of social anxiety.

Analyzing the mental health of z generation adolescents and the factors that influence it is very important to study further to determine the proper treatment to prevent or treat the health conditions of the adolescents themselves. As described above, how z-generation adolescents and several factors are experiencing mental health conditions were found. This study aims to analyze adolescents' mental health regarding the learning process (social learning) and social interaction, both partially and simultaneously.

METHOD

This study employs a quantitative correlational approach to examine the influence of independent variables on dependent variables. This approach was selected as it enables a statistical analysis of the relationships between the variables under investigation. By utilizing this method, the study seeks to provide empirical evidence regarding the established relationships between the variables. The research was conducted at MTs Ma'arif Balong, with a total population of 150 students. From this population, a sample of 109 students was selected using an appropriate sampling technique to ensure representativeness. The selection process was designed to ensure that the sample adequately reflects the target population's characteristics, thereby enhancing the validity and generalizability of the findings. Data was collected using a structured questionnaire developed based on indicators established by scholars in the respective fields. The social interaction variable was measured using indicators derived from Binti Maunah's work (Maunah, 2016). These include conversation, mutual understanding, cooperation, openness, empathy, support or motivation, positive emotions, and similarity.

Meanwhile, the learning process variable was adapted from Bandura's social learning theory, which outlines four key stages: attention, representation, behavior production, and motivation and reinforcement. Additionally, the mental health variable was assessed using the indicators proposed (Fakhriyani, 2019). Before data collection, the research instruments underwent validity and reliability testing to ensure the accuracy and consistency of the measurements. The validity test assessed the extent to which the questionnaire accurately measures the intended constructs, while the reliability test ensured the consistency of responses over repeated administrations. The final data collection process used only instruments that met the required validity and reliability criteria.

Data analysis was performed using simple and multiple linear regression tests to determine how much independent variables influence the dependent variable. The study used SPSS for Windows software to facilitate data processing and interpretation, enabling robust statistical computations and enhancing the findings' precision. All research instruments have met the validity and reliability tests. Data were analyzed using simple and multiple linear regression tests with the help of the SPSS for Windows program.

FINDINGS

The results of the data analysis to test the hypothesis that the learning process significantly influences mental health are obtained in Table 1 below.

Table 1. The Influence of the Learning Process on Mental Health

	B	T	Sig	R^2
Constant	41,875			
Learning Process	2.147	9,781	.000 [b]	.472

Based on the statistical analysis presented in the table above, the constant value in column B is 41.875, while the coefficient for the learning process variable is 2.147. These results indicate that improvements in the learning process positively contribute to adolescents' mental health outcomes. In other words, when the quality of the learning process increases, adolescent mental health is expected to improve accordingly. This finding underscores the crucial role of an effective and engaging learning environment in supporting the psychological well-being of young individuals.

Furthermore, the significance value (Sig. or P-value) in Table 1 is reported as 0.000, which is below the predefined significance threshold of $\alpha = 0.05$. Given that $0.000 < 0.05$, the null hypothesis (H_0) is rejected. This statistical result confirms that the learning process exerts a statistically significant effect on adolescent mental health. The rejection of the null hypothesis supports the argument that variations in the learning process contribute meaningfully to differences

in mental health outcomes among teenagers. These findings align with previous studies emphasizing the importance of structured, interactive, student-centered learning models in fostering academic achievement and emotional and psychological stability.

Additionally, this study quantifies the extent of the learning process's influence on adolescent mental health. The coefficient of determination (R^2 value) reported in the analysis is 0.472, meaning that the learning process accounts for 47.2% of the variance in adolescent mental health. This indicates that nearly half of the changes in mental health status among teenagers can be attributed to differences in the learning process, emphasizing the substantial role of educational experiences in shaping psychological well-being.

However, the remaining 52.8% of the variance in adolescent mental health is influenced by other factors not included in this study. These could consist of family environment, peer relationships, socio-economic conditions, individual personality traits, access to mental health support, and external stressors. Future research should explore these additional variables to gain a more comprehensive understanding of the determinants of adolescent mental health. By identifying and analyzing these external factors, scholars and educators can develop more holistic and effective interventions to support adolescent well-being in educational settings.

Overall, the findings of this study highlight the critical role of an effective learning process in promoting mental health among members of Generation Z. Given that today's adolescents are growing up in an era of rapid technological advancements, shifting educational paradigms, and increased academic pressures, fostering a supportive and engaging learning environment is more essential than ever. Educators and policymakers should consider these findings when designing curricula and implementing educational policies prioritizing cognitive development and emotional well-being.

Their interactions influence a person's mental health in everyday life. This conclusion was obtained from a data analysis of social interactions with mental health, as illustrated in Table 2 below.

Table 2. The Influence of Social Interaction on Mental Health

	B	T	Sig	R^2
Constant	32,576			
Social Interaction	1.127	12,495	.000 [b]	.593

Based on the statistical analysis in Table 2, column B's constant value (b_0) is 32.576, while the social interaction variable (b_1) coefficient is 1.127. These results indicate that adolescent mental health (Y) improves when social interaction (X_2) increases. In other words, fostering positive social interactions among adolescents can significantly enhance their psychological well-being. This finding highlights the importance of interpersonal relationships, social support, and peer engagement in shaping adolescent mental health.

Furthermore, the significance value (Sig. or P-value) in Table 2 is 0.000, below the established significance threshold of $\alpha = 0.05$. Since $0.000 < 0.05$, the null hypothesis (H_0) is rejected, leading to the acceptance of the alternative hypothesis (H_a). This statistical outcome confirms that social interaction significantly affects adolescent mental health. These findings align with previous research emphasizing the role of peer relationships, communication skills, and social connectedness in promoting emotional resilience, reducing stress, and preventing mental health issues such as anxiety and depression.

This study confirms the statistical significance of social interaction and quantifies its effect on adolescent mental health. The coefficient of determination (R^2 value) reported in the analysis is 0.593, indicating that social interaction accounts for 59.3% of the variance in adolescent mental health. This suggests that more than half of the changes in mental health status among adolescents can be explained by variations in social interaction. The strong predictive power of this variable

highlights the crucial role of fostering meaningful and supportive social relationships in adolescent development.

However, the remaining 40.7% of the variance in adolescent mental health is attributed to other factors not examined in this study. These may include family environment, academic stress, digital engagement, socio-economic conditions, personality traits, and access to mental health resources. Future research should incorporate these variables to provide a more comprehensive understanding of adolescent mental health determinants. Addressing these additional influences, researchers and practitioners can develop more targeted and effective mental health interventions.

Beyond analyzing the individual effects of the learning process and social interaction, this study also examines their simultaneous impact on adolescent mental health. The results of this combined analysis indicate that both variables—X_1 (Learning Process) and X_2 (Social Interaction)—have a statistically significant joint effect on adolescent mental health. The findings suggest that an effective learning process and intense social interactions can create a more supportive and enriching environment for adolescent well-being.

The data supporting this hypothesis are presented in the subsequent table, demonstrating how the interplay between educational experiences and social dynamics contributes to adolescent psychological health. These results underscore the importance of integrating educational strategies that promote academic engagement and social connectedness. Schools and educators should consider these findings when designing holistic interventions prioritizing adolescents' cognitive development and emotional well-being.

Table 3 Analysis of the Influence of Learning Process and Social Interaction on Mental Health

	B	T	Sig	R^2
Constant	28,054	12,495	.000 [b]	.613
Learning Process	.699			
Social Interaction	.873			

The statistical analysis presented in Table 3 provides further insight into the combined effect of the learning process (X_1) and social interaction (X_2) on adolescent mental health (Y). The regression coefficients in column B indicate that the constant value (b_0) is 28.054, while the coefficient for the learning process variable (b_1) is 0.699, and the coefficient for social interaction (b_2) is 0.873. These values suggest that mental health improves as the learning process and social interaction increase. This finding highlights the importance of integrating educational engagement with positive social relationships to foster adolescent well-being.

The statistical significance of this combined influence is evident from the P-value of 0.000, which is less than the significance threshold of $\alpha = 0.05$. Since $P < 0.05$, the null hypothesis (H_0) is rejected, and the alternative hypothesis (H_a) is accepted. This confirms that the learning process and social interaction together have a significant effect on adolescent mental health. These results underscore the interconnected nature of academic and social experiences in shaping psychological well-being among adolescents.

Furthermore, this model's R Square (R^2) value is 0.783, indicating that the combined influence of the learning process and social interaction can explain 78.3% of the variation in adolescent mental health. This high explanatory power suggests these two factors strongly predict adolescent mental health outcomes. However, 21.7% of the variance remains unexplained by this model, implying the existence of other influential factors that were not considered in this study. These may include family dynamics, personal coping mechanisms, socio-economic background, exposure to digital media, access to mental health services, and lifestyle choices.

Given the substantial impact of the learning process and social interaction on adolescent mental health, these findings have important implications for educational institutions, policymakers, and mental health practitioners. Schools should implement integrated programs that promote academic engagement alongside opportunities for social interaction and peer support.

Additionally, interventions to improve adolescent mental health should consider educational strategies and social development initiatives to create a holistic student support system. Future research should aim to explore additional factors influencing adolescent mental health, incorporating longitudinal studies to understand the long-term impact of these variables better. Further investigation into individual differences, cultural contexts, and intervention effectiveness can provide a more comprehensive framework for addressing adolescent mental well-being.

DISCUSSION

The results of hypothesis test 1 show that the learning process has a significant effect on the mental health of Generation Z adolescents, which is relatively high at 47.2%. The results of this study are those put forward by the social cognitive figure Albert Bandura, who explained how the learning process is carried out by humans, which he called social learning. According to Bandura, individuals process their knowledge or information by observing models around their environment. This learning process is very effective in increasing individual growth and development because learning is the whole human activity that includes all processes that influence each other between organisms that live in a social and physical environment. So that with a good learning process, it will maintain the mental stability of adolescents (LESILOLO, 2019).

Bandura describes this social learning process as a reciprocal influence, where three elements influence each other. These elements are person, environment, and behavior itself. Person in Bandura's concept is related to two fundamental ideas: self-efficacy and expectations of results. The environment includes things outside of humans that are simultaneously close to themselves, such as family, culture, society, school, and others. Meanwhile, behavior is the performance displayed by a person. Related to mental health is closely related to the behavior exhibited, (Sanagouye Moharer & Sargazi, 2017). People with a healthy mentality will be seen in their behavior, which includes accepting their condition, communicating with others, meeting their own needs, dealing with the pressure they experience, and appropriately expressing emotions.

People who experience unhealthy mentality will also be seen in their behavior. Various symptoms also mark the behavior of people who are mentally unhealthy. Depressed people experience unhappy moods, loss of interest or pleasure, feelings of guilt or low self-esteem, disturbed sleep or appetite, low energy, and poor concentration. How can this happen? According to the social learning theory, depression is not innate; it results from observations in the environment. When someone observes someone in everyday model behavior that indicates the first stage of someone learning to behave, whether the behavior describes normality or not, if it has become a concern, then it becomes a behavioral model that he can understand, which in the next they will produce behavior like the model if the behavior gets results according to expectations then someone will be motivated to repeat the behavior and get stronger to continue doing it.

Karin Bertills' research reinforces the above description. (Bertills, 2010) This reveals that the learning atmosphere with a model environment affects a person's mental health. This shows a relationship between the school climate as a place for the learning process and mental health. The results of hypothesis 2 testing show that social interaction significantly affects mental health, with a significant impact of 59.3%. This study is in line with a survey conducted by Eisuki Ono. (Ono et al., 2011) Entitled *Relationship between Social Interaction and Mental Health*, where the psychological questionnaire data conducted on 40 respondents showed that people who interact with others tend to be less stressed. The meaning of Eisuki Ono's research results is that individuals who do not isolate themselves from their environment and can communicate and relate well to their environment to meet their life needs do not feel alone when there are difficulties and do not feel isolated from their surroundings. This makes the mind healthy and minimizes excessive stress in social interactions.

As Young and Mack explain, social interaction affects mental health. Social interaction is the key to all social life; there would be no life together without it. [1]Social interaction is widely studied in mental disorders. First, when someone experiences emotional disturbances, it can result in reduced social interaction; this can be seen from the regression behavior due to mental health disorders. Second, low social interaction is what causes mental health. Based on this, the better a person's social interaction, the better their mental health, and conversely, the more isolated their social interaction, the greater the risk of experiencing mental health disorders (Notosoedirjo, 2016).

Evidence shows that in cases of children with disabilities, it is also found that social relationships or interactions have a vital role in improving their mental condition. (Tough et al., 2017). This condition is also felt by people with normal mental conditions, as reported in the research of Michael J. Bernstein et al. (Bernstein et al., 2018) When someone who interacts intensely socially increases happiness, interest, and a positive life, they experience less sadness, fatigue, pain, and stress.

Social interaction has the meaning of a relationship that influences each other between individuals through communication and direct eye contact. From here, the importance of interaction is influencing each other. The form of influence also varies, both associative and dissociative. Associative allows someone to get support for various difficulties or problems, both material and psychological, from their environment. Likewise, dissociative interactions can trigger mental disorders because there is competition, controversy, and conflict. When someone is unable to handle competition, does not accept controversy, or is unable to deal with conflict, which in turn becomes a stressor that causes depression.

Mental disorders resulting from conflict in social interactions can trigger suicide, fear, aggression, drug abuse, insomnia, sexual violence, or domestic violence. Post-conflict or traumatic disrupts typically a person's life, both personal and social functions. This illustrates unhealthy interactions experienced by some people and even society have fatal consequences. In adolescence, children try to separate themselves from their parents and are more interested in interacting with peers. Therefore, adolescents are often considered rebellious by the older generation. In this phase, an identity crisis also occurs, or adolescents try to find their identity in the way that Erikson calls the *Ego-identity vs. Role fusion stage,* where adolescents want to take on many roles in society. Still, they have been unable to manage their roles, which, in turn, gives rise to conflicts in their lives. The effects of the conflicts they experience when interacting with other members of society can make them lose self-control, which can disrupt their mental health.

The results of the 3rd hypothesis test prove that the learning process and social interaction affect mental health with a significant effect of 78%. This study is based on what Notoseodirjo and Latipun said. (Notosoedirjo, 2016) Four factors affect mental health: biological factors, psychological factors, environmental factors, and sociocultural factors. Biological factors include the brain, endocrine system, genetics, sensory, and maternal factors during pregnancy. Psychological factors include early experiences, learning processes, needs, and other psychological conditions. Environmental factors include environment and health, nutrition as a source of energy, physical environment, chemical environment, biological environment, and other environmental factors. Socio-cultural factors include social stratification, social interaction, family, social change, socio-culture, and other psychosocial stressors.

Social interaction is an essential factor that can contribute to mental health, whether the mental condition is healthy or disturbed. I. Kawachi and LF Berkman emphasize this. (Kawachi & Berkman, 2001) Social support and social interaction (in their concept called social networks) are some interventions to improve a person's mental health. From here, it does not stop at social interaction as just a social routine but becomes an essential aspect of a person's learning process. Where through social interaction, a person hones their social abilities and skills, which Bandura calls social learning (Askew et al., 2015).Thus, Moharer and Sargazi (Sanagouye Moharer & Sargazi,

2017) Emphasize that learning about social skills, in this case, social interaction, is significant for mental health.

Having a healthy mind is a vital need for humans. With good mental health, according to K. David, M. Jane Park, and Tina Paul Mulye (Knopf et al., 2008)All mental functions are performed so that a person can produce productive activities that are not wasted. More than that, social relationships with others do not experience difficulties. When experiencing challenges in various things, mentally healthy people will be able to handle them and open up opportunities to change themselves. In line with that, Andrew Sinabutar and Romulo Sinabutar (Sinabutar & Sinabutar, n.d.) Emphasized that a person who functions mentally well can face problems because by managing their stress, they can live well.

Specifically, people who have a healthy mentality can be seen from the characteristics that are shown, which are (Sanagouye Moharer & Sargazi, 2017) As detailed by Gholamreza Sanagouye Moharer and Mehdi Sargazi, mentally healthy people will accept their condition and always love it (positive self-concept and high self-esteem); the second characteristic of people who have good mental health is being able to communicate or interact well with others, the third characteristic is being able to fulfill their needs and demands of life, the fourth is the ability to face the pressure that comes by managing stress, the fifth, being able to respond to environmental responses with the proper placement of emotions.

CONCLUSION

This study found that the mental health of Gen Z adolescents is influenced by the learning process and social interaction both partially and simultaneously. Partially, the learning process has a significant effect on adolescent mental health, with an influence of 47.2%, and other factors influence the remaining 52.8%. Meanwhile, social interaction is having a significant impact on adolescent mental health, with an influence of 59.3%, and other factors influence the remaining 40.7%. Simultaneously, the variables of the learning process and social interaction significantly affect adolescent mental health, with an influence of 78.3%, and other factors influence the remaining 21.7%. The study recommends that parents and educators pay attention to daily behavior that shows healthy models so adolescents can learn about healthy behavior, too. Likewise, regarding social interaction, parents and educators need to create a form of interaction that is conducive and friendly for Gen Z adolescents so that it can trigger the emergence of a healthy mental condition in adolescents. For subsequent researchers, it can be a reference when conducting research with a broader population related to the mental health of Gen Z adolescents.

REFERENCES

Askew, C., Hagel, A., & Morgan, J. (2015). Vicarious learning of children's social-anxiety-related fear beliefs and emotional stroop bias. *Emotion*, *15*(4), 501–510. https://doi.org/10.1037/emo0000083

Bernstein, M. J., Zawadzki, M. J., Juth, V., Benfield, J. A., & Smyth, J. M. (2018). Social interactions in daily life: Within-person associations between momentary social experiences and psychological and physical health indicators. *Journal of Social and Personal Relationships*, *35*(3), 372–394. https://doi.org/10.1177/0265407517691366

Bertills, K. (2010). *School, learning and mental health-a systematic review of aspects of school climate affecting mental health and positive academic outcomes*.

Chekroud, A. M., Loho, H., & Krystal, J. H. (2017). Mental illness and mental health. In *The Lancet Psychiatry* (Vol. 4, Issue 4, pp. 276–277). https://doi.org/10.1016/S2215-0366(17)30088-3

Deloitte. (2023). 2023 Gen Z and Millennial Survey. *Deloitte Touche Tohmatsu Limited*, *May*, 1–37.

https://www.deloitte.com/global/en/issues/work/content/genzmillennialsurvey.html

Erskine, H. E., Baxter, A. J., Patton, G., Moffitt, T. E., Patel, V., Whiteford, H. A., & Scott, J. G. (2017). The global coverage of prevalence data for mental disorders in children and adolescents. *Epidemiology and Psychiatric Sciences*, *26*(4), 395–402. https://doi.org/10.1017/S2045796015001158

Fakhriyani, D. V. (2019). *Kesehatan Mental*. Duta Media.

Grelle, K., Shrestha, N., Ximenes, M., Perrotte, J., Cordaro, M., Deason, R. G., & Howard, K. (2023). The Generation Gap Revisited: Generational Differences in Mental Health, Maladaptive Coping Behaviors, and Pandemic-Related Concerns During the Initial COVID-19 Pandemic. *Journal of Adult Development*, *30*(4), 381–392. https://doi.org/10.1007/s10804-023-09442-x

Ivanec, T. P. (2022). The Lack of Academic Social Interactions and Students' Learning Difficulties during COVID-19 Faculty Lockdowns in Croatia: The Mediating Role of the Perceived Sense of Life Disruption Caused by the Pandemic and the Adjustment to Online Studying. *Social Sciences*, *11*(2). https://doi.org/10.3390/socsci11020042

Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health*, *78*(3), 458–467. https://doi.org/10.1093/jurban/78.3.458

Kemenkes RI. (2021). Kemenkes Beberkan Masalah Permasalahan Kesehatan Jiwa di Indonesia – Sehat Negeriku. In *Kemenkes RI*. https://sehatnegeriku.kemkes.go.id/baca/rilis-media/20211007/1338675/kemenkes-beberkan-masalah-permasalahan-kesehatan-jiwa-di-indonesia/

Kim, J. (2021). The quality of social relationships in schools and adult health: Differential effects of student–student versus student–teacher relationships. *School Psychology*, *36*(1), 6–16. https://doi.org/10.1037/spq0000373

Knopf, D., Park, M. J., & Paul Mulye, T. (2008). The mental health of adolescents: A national profile. *National Adolescent Health Information Center, University of California, San Francisco, CA.*, 15. http://www.forumfyi.org/Files/FF_%0Ahttp://nahic.ucsf.edu/downloads/Mental HealthBrief.pdf

LESILOLO, H. J. (2019). Penerapan Teori Belajar Sosial Albert Bandura Dalam Proses Belajar Mengajar Di Sekolah. *KENOSIS: Jurnal Kajian Teologi*, *4*(2), 186–202. https://doi.org/10.37196/kenosis.v4i2.67

Maunah, B. (2016). *Interaksi Sosial Anak dalam Keluarga, sekolah dan Masyarakat..pdf* (p. 190). Jenggala Pustaka Utama.

Notosoedirjo, M. (2016). *Kesehatan Mental (Konsep Dan Penerapan), 4th ed.* UMM Press,.

Ono, E., Nozawa, T., Ogata, T., Motohashi, M., Higo, N., Kobayashi, T., Ishikawa, K., Ara, K., Yano, K., & Miyake, Y. (2011). Relationship between social interaction and mental health. *2011 IEEE/SICE International Symposium on System Integration, SII 2011*, 246–249. https://doi.org/10.1109/SII.2011.6147454

Radiani, W. A. (2019). Kesehatan Mental Remaja. *Journal of Islamic and Law Studies*, *3*(1), 87–113. https://jurnal.uin-antasari.ac.id

Rizvi, Y. S., & Ilyaz, A. (2022). Mental Health among Millennials and Post-Millennials: The Role of Loneliness and Multi-Dimensional Perfectionism. *Pacific Business Review (International)*, *14*(9), 13–25. www.pbr.co.in

Russell, G., & Topham, P. (2012). The impact of social anxiety on student learning and well-being in higher education. *Journal of Mental Health*, *21*(4), 375–385.

https://doi.org/10.3109/09638237.2012.694505

Sanagouye Moharer, G., & Sargazi, M. (2017). The Impact of Social Skills Training on Mental Health and Avoidance of Student Violence. *Journal of Social Studies*, *3*(2), 46–51. http://www.jssjournal.com

Scholar, M. D., & Simon, J. R. (2015). *The Relation Between Observations of Students with Behavioral Disorders and Academic Success*.

Scottish Qualifications Authority. (2019). *Influences on mental health and wellbeing*. https://www.who.int/features/factfiles/mental_health/en/

Sinabutar, A., & Sinabutar, R. (n.d.). *The Effect of Mental Health on Life Experience of Criminology Student in the University of the Cordilleras , Baguio*. 57–70.

Taylor, B. A., & DeQuinzio, J. A. (2012). Observational Learning and Children With Autism. *Behavior Modification*, *36*(3), 341–360. https://doi.org/10.1177/0145445512443981

Tough, H., Siegrist, J., & Fekete, C. (2017). Social relationships, mental health and wellbeing in physical disability: A systematic review. *BMC Public Health*, *17*(1), 1–18. https://doi.org/10.1186/s12889-017-4308-6

World Health Organization/International Network on Prevention of Elder Abuse (INPEA). (2024). Improving the mental and brain health of children and adolescents. *World Health Organization*.

Ziggi, I. S. (2016). The impact of social networks and social support on mental disorders and mortality. *Journal of Affective Disorders*, *175*, 53–65. https://findresearcher.sdu.dk:8443/ws/files/173392359/Ziggi_Santini_The_impact_of_social_networks_and_social_support_on_mental_disorders_and_mortality.pdf#page=22