MENTAL HEALTH SCREENING IN ADOLESCENT LIVING INI DORMITORIES IN RUTENG CITY

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Abstrak: *Global mental health issues are a crucial concern, with significant prevalence in Indonesia, including East Nusa Tenggara (NTT). Adolescents, especially those residing in dormitories, are identified as a vulnerable population. This study aims to identify the prevalence of stress, anxiety, and depression among adolescents living in dormitories in Ruteng City, NTT. Employing a descriptive quantitative approach, data were collected from 300 respondents (192 females, 108 males) aged 14-19 years using the DASS-21 instrument. Findings indicate that the majority (71.3%) fell into the normal stress category. However, the proportions of anxiety (57.3%) and depression (51.3%) outside the normal range suggest significant challenges. Female adolescents exhibited a higher prevalence of stress, anxiety, and depression compared to males, and the age of 16 showed the highest prevalence for all three conditions. These findings underscore the urgency of targeted mental health interventions and support.*

Key Words: *mental health, adolescent, dormitories, stress, anxiety, depression*

INTRODUCTION

Mental health is a state of mental well-being that allows people to cope with the pressures of life, realize their abilities, learn well and work well, and contribute to their communities (WHO, 2022). Mental health issues have become a significant global concern. Based on world data according to WHO, around 970 million people live with mental health problems, consisting of 47.6% men and 52.4% women. Of these, 31% had anxiety disorders, while 28.9% had depressive disorders (Osborn et al., 2022). In Indonesia, as many as 34.9% of adolescents experience mental health problems, with details of 26.7% experiencing anxiety, 5.3% depression, 1.8% post-traumatic stress disorder, 2.4% behavioral problems, and 10.6% experiencing problems related to concentration and hyperactivity (I-NAMHS, 2022). Meanwhile, in East Nusa Tenggara Province (NTT), based on data on mental disorder cases from the NTT Provincial Health Office (2021), it was noted that in 2021 there were 746 recorded and reported cases of depression, 593 cases of acute psychotics and 5,803 cases of schizophrenia. The cases of mental health problems often occur in the age group of 15 to 59 years old, which in this case also includes the adolescent group (Nobrihas et al., 2024).

Adolescents are one of the community groups and the nation's next generation who are vulnerable to mental health problems. According to BKKBN, adolescents are male or female residents aged 10-24 years and are not married (Dahlia, 2022). The surrounding environment plays

a very important role as one of the factors that affect the mental well-being of adolescents, including the place where adolescents live. For teenagers, especially students, in addition to homes, dormitories are also a place to live for other students. A dormitory, according to the Great Dictionary of the Indonesian Language (KBBI), is defined as a residential building used by a group of people for a while, consisting of a number of rooms, and led by a dormitory head (KBBI, 2024). In addition to school, and other social environments, dormitories are also one of the environments that can affect the level of welfare of teenagers, in this case students. Students who live in dormitories have a higher potential for mental health problems when compared to students who do not live in dormitories. Stress, anxiety, and depression are common mental health problems that teens often face. *The American Psychological Association* (APA) in 2024 in Victoriana (2025), defines stress as a normal reaction to the stresses of daily life that a person experiences. This becomes unhealthy if it interferes with the functioning of daily life. Stress, experienced by a person, can affect the body's systems, as well as how a person feels and behaves. Stress can also be a trigger for the onset of physiological disorders and diseases, affecting mental health and reducing a person's quality of life (Victoriana, 2025). Meanwhile, according to Pardede and Simangunsong (2020) and Hulu and Pardede (2016) in Niriyah et al (2023), anxiety is a condition of mental tension that causes feelings of anxiety, uncertainty, and fear of reality or threat perception from an unknown actual source. This anxiety includes a person's psychological and physiological response to unpleasant circumstances or situations or conditions that are considered threatening (Niriyah et al., 2023). As for depression, according to *the World Health Organization* (WHO) in 2012 in Setyaningsih et al (2023), depression is a general mental health disorder characterized by feelings of depression, loss of pleasure and interest, feelings of guilt, or low self-esteem, eating and sleep disorders, fatigue or lack of energy, and low concentration. This can be acute or chronic and can interfere with a person's ability to carry out daily activities or responsibilities. At a severe level, depression can be the cause of a person committing suicide (Setyaningsih et al., 2023).

In adolescents, problems such as stress and anxiety that are not handled properly can increase the risk of depressive disorders. Adolescents in this case are students who live in dormitories, having a higher risk of mental health problems compared to those who do not live in dormitories. A study, conducted by Xing et al (2021), on 299 adolescents who lived in and who did not live in a dormitory, found that the symptoms of anxiety and depression experienced by adolescents in boarding tended to be higher than adolescents who did not live in a dormitory (Xing et al., 2021). Another study conducted by Fitri and colleagues in 2021 found that the level of psychological well-being of students living in dormitories was lower when compared to other non-dorm students. In addition, the comparison of average scores conducted in this study also found that the average scores obtained by dormitory and non-dormitory students also had differences. In this study, it was found that the average score of students living in dormitories was 90.55 while non-dormitory students were 93.69, which means that the average score shown by students as teenagers living in dormitories was slightly lower when compared to non-dormitory students (Fitri et al., 2021). This phenomenon is often associated with the mental well-being of boarding teenagers who are lower than those who are non-boarders. This can happen because teenagers, in this case, are students who live in dormitories, need more time to organize themselves. They are required to be more independent and responsible for their lives, not only in their academic achievements but also in various activities carried out outside of school that refer to the regulations

imposed in the dormitory. Inability to face and solve problems, bullying, inability to manage time, tendency to follow other people's opinions and decisions, and not having awareness of their potential are also factors that affect the level of mental well-being and mental health problems for adolescents as students living in dormitories, including stress, anxiety and depression (Fitri et al., 2021).

Ruteng, is one of the cities located in NTT Province. In addition to providing educational facilities ranging from early childhood education to college, many dormitories are also available in this city to facilitate access to quality education, especially for students who come from distant areas. While the availability of dormitories is helpful in facilitating access to quality education, living in dormitories also has a number of challenges that can affect the mental well-being of students as adolescents including a greater potential for mental health disorders. The stress, anxiety and depression experienced by adolescents in this case are students who live in dormitories often go undetected or not handled properly. The bad stigma in the community regarding mental health problems, as well as the lack of knowledge, awareness and access to mental health services in Ruteng City makes this problem often difficult to detect and handle. Symptoms of stress, anxiety, especially depression in adolescents tend to be misinterpreted as a normal behavioral change in the developmental process, so they are often ignored. In fact, mental health problems that occur can have a serious impact on adolescents' development and function in their daily lives. In very severe cases, this can lead to suicidal thoughts or even desires. Therefore, screening of mental well-being in adolescents living in dormitories in Ruteng City needs to be carried out to detect symptoms of mental health problems such as stress, anxiety that can have an impact on the risk of depression in adolescents so that appropriate interventions can be given.

RESEARCH METHODS

This research uses a descriptive quantitative approach. This descriptive quantitative research is a study used to describe or describe a phenomenon or characteristics of a population in a systematic, factual, and accurate manner (Bariah et al., 2024). In the context of this research study, it aims to describe or describe the mental well-being of adolescents living in dormitories in Ruteng City, which includes stress, anxiety and depression as well as characteristics of adolescent demographics that are researched such as gender and adolescent age.

The sampling technique carried out in this study is *a non-probability sampling* technique, with *a convenience sampling technique*. This technique was chosen based on the ease of access and willingness of respondents when collecting data. The data collection process was carried out by distributing questionnaires to several dormitories in Ruteng City. The distribution of questionnaires was carried out to high school students who live in several dormitories around Ruteng City. The dormitories that were used as the place of the research include, the Putri Restu Bunda 1 Dormitory, the Putra Santu Fransiskus Xaverius Ruteng Dormitory, the Putri Beata Yosepa Dormitory, the Dormitory of the Princess of Santu Fransiskus Xaverius Ruteng, and several other dormitories within the scope of Ruteng City. The total respondents conducted in this study were 300 respondents, 192 of whom were adolescent respondents, and 108 of them were adolescent boys with a range of adolescent boarding age in this study of 14 years to 19 years.

The research instrument used in this study is the DASS-21 (*Depression Anxiety Stress Scale*) instrument. This instrument is an instrument in the form of a questionnaire with 21 items

consisting of a sub-scale of stress, anxiety, and depression. Each item in this instrument is measured using the Likert scale.

The analysis of the data collected in this study was analyzed using descriptive statistical analysis using a tool in the form of IBM SPSS Statistics 22 software, with the analysis steps carried out including initial data processing, namely raw data from the DASS-21 questionnaire instrument entered and verified. The raw scores of each sub-scale for stress, anxiety, and depression were calculated by summing responses to the relevant items according to the guidance from DASS-21. The final score of stress, anxiety, and depression is categorized into five categories, namely normal, mild, moderate, severe and very severe, based on the score categorization guidelines that have been set by DASS-2. The frequency and percentage distribution were used to present the demographic characteristics of the respondents in the form of gender and age, as well as the overall prevalence of stress, anxiety, and depression levels in the study sample. *Crosstabulation*, used to analyze the distribution of the prevalence of stress, anxiety, and depression based on gender and age categories from respondents or samples.

RESULTS AND DISCUSSION

General Description of Samples

	Category Stress	Category: Cemas	Category Depress
Valid	300	287	297
Missing	0	13	3

Figure 1. Valid Sample based on SPSS 22 analysis

Based on the results of the analysis of the results of the study involving 300 respondents (n = 300), the valid data for stress was 300 out of 300 respondents, anxiety was 287 out of 300 respondents or in other words 13 of them were declared invalid. For the depression category, 297 data were declared valid from 300 respondents or in other words, 3 data were declared invalid from 300 respondents.

Prevalence of Stress, Anxiety, and Depression Overall

Category	Stress (n= 300)	Anxiety (n= 287)	Depression (n= 297)
Normal	214 (71.3%)	128 (42.7%)	146 (48.7%)
Light	39 (13.0%)	32 (10.7%)	39 (13.0%)
Keep	28 (9.3%)	73 (24.3%)	64 (21.3%)
Heavy	16 (5.3%)	30 (10.0%)	29 (9.7%)
Very Heavy	3 (1.0%)	24 (8.0%)	19 (6.3%)

Total Valid	300 (100.0%)	287 (95.7%)	297 (99.0%)
Missing System	0 (0.0%)	13 (4.3%)	3 (1.0%)
Total	300 (100.0%)	300 (100.0%)	300 (100%)

Figure 2. Prevalence of Stress, Anxiety, and Depression in Respondents

The results showed that most of the 214 respondents (71.3%) were in the normal stress category. Meanwhile, as many as 86 other respondents (28.6%) experienced stress with various degrees of severity (Mild: 39 (13.0%) respondents, Moderate: 28 (9.3%) respondents, Severe: 16 (5.3%) respondents, and Very Severe: 3 (1.0%) respondents).

For anxiety, based on 287 valid data based on SPSS analysis, 128 (42.7%) respondents were within normal levels of anxiety. As for 159 (53%) respondents, they experienced anxiety at various levels, namely, mild anxiety 32 (10.7%) respondents, moderate anxiety 73 (24.3%) respondents, severe anxiety 30 (10.0%) respondents, and very severe anxiety 24 (8.0%) respondents.

In depression, of the 297 valid data from the results of the analysis through SPSS, 146 (48.7%) of the respondents were in the normal range of depression. Meanwhile, 151 (50.3%) other respondents experienced levels of depression with varying levels including mild depression as many as 39 (13.0%) respondents, moderate depression 64 (21.3%) respondents, severe depression 29 (9.7%) respondents, and very severe depression 19 (6.3%) respondents.

Prevalence of Stress, Anxiety, and Depression by Gender

			Category Stress					
			Normal	Light	Keep	Heavy	Very Heavy	Total
Gender	L	Count	89	11	5	3	0	108
		% within Gender	82.4%	10.2%	4.6%	2.8%	0.0%	100.0%
	P	Count	125	28	23	13	3	192
		% within Gender	65.1%	14.6%	12.0%	6.8%	1.6%	100.0%
Total		Count	214	39	28	16	3	300
		% within Gender	71.3%	13.0%	9.3%	5.3%	1.0%	100.0%

Figure 3. Prevalence of Stress by Gender

Based on the results as stated in Table 3 above, the proportion of adolescent boys living in dormitories who are in the normal category is 82.4% of the total number of adolescent boys who are respondents. In comparison, the proportion of normal stress in adolescent boys is higher than the proportion of normal stress in adolescent girls. The normal stress level in the adolescent girl group was 65.1%. In contrast, the proportion of adolescent girls who experience stress with various ranges from mild to severe stress is as much as 35%, which is almost twice as high as the range of stress from mild to severe stress in adolescent boys which is 17.6%.

			Category: Cemas					Total
			Normal	Light	Keep	Heavy	Very Heavy	
Gender	L	Count	56	10	25	10	5	106
		% within Gender	52.8%	9.4%	23.6%	9.4%	4.7%	100.0%
	P	Count	72	22	48	20	19	181
		% within Gender	39.8%	12.2%	26.5%	11.0%	10.5%	100.0%
Total		Count	128	32	73	30	24	287
		% within Gender	44.6%	11.1%	25.4%	10.5%	8.4%	100.0%

Figure 4. Prevalence of Anxiety by Age

In the anxiety level results, 52.8% of male respondents living in dormitories were in the normal anxiety category, of which only 39.8% of respondents were in this category. The proportion of adolescent girls who live in dormitories and experience anxiety (60.2%) in various categories ranging from mild to very severe anxiety, is higher than adolescent boys who live in dormitories and experience anxiety in various anxiety categories (47.1%) ranging from mild to very severe anxiety. Anxiety with the moderate category is the most dominant category for both adolescent girls and boys (26.5% females and 23.6% males).

			Category Depress					
			Normal	Light	Keep	Heavy	Very Heavy	Total
Gender	L	Count	62	18	19	5	4	108
		% within Gender	57.4%	16.7%	17.6%	4.6%	3.7%	100.0%
	P	Count	84	21	45	24	15	189
		% within Gender	44.4%	11.1%	23.8%	12.7%	7.9%	100.0%

Total	Count	146	39	64	29	19	297
	% within Gender	49.2%	13.1%	21.5%	9.8%	6.4%	100.0%

Figure 5. Prevalence of Depression Based on Gender

The findings on the level of depression in adolescents living in dormitories in Ruteng City are similar to the findings of stress and anxiety where the normal category for adolescent boys is 57.4% and for adolescent girls this category only reaches 44.4%. The proportion of adolescent girls who experience depression at various levels ranging from mild to severe depression (55.5%) is also higher than that of adolescent boys (42.6%). Moderate depression was also the most common level of depression found in these two adolescent respondents (23.8% females and 17.6% males).

Prevalence of Stress, Anxiety, and Depression by Age

			Category Stress					Total
			Normal	Light	Keep	Heavy	Very Heavy	
Respondent Age	14	Count	2	0	0	0	0	2
		% within Age of Respondents	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	15	Count	41	9	7	6	0	63
		% within Age of Respondents	65.1%	14.3%	11.1%	9.5%	0.0%	100.0%
	16	Count	68	18	15	7	2	110
		% within Age of Respondents	61.8%	16.4%	13.6%	6.4%	1.8%	100.0%
	17	Count	49	7	5	3	1	65
		% within Age of Respondents	75.4%	10.8%	7.7%	4.6%	1.5%	100.0%
	18	Count	29	2	0	0	0	31
		% within Age of Respondents	93.5%	6.5%	0.0%	0.0%	0.0%	100.0%
	19	Count	25	3	1	0	0	29
		% within Age of Respondents	86.2%	10.3%	3.4%	0.0%	0.0%	100.0%
Total		Count	214	39	28	16	3	300
		% within Age of Respondents	71.3%	13.0%	9.3%	5.3%	1.0%	100.0%

Figure 6. Prevalence of Stress by Age

Of the total respondents who appeared in this study, the age range of respondents from each dormitory studied by the researcher were teenagers of high school age where all of them had an age range that varied between 14 years to 19 years. As for this age-based stress category, 14-year-old dormitory teenagers showed 100% normal. The highest and highest levels of stress from the category of mild to very severe stress were found in adolescents aged 16 years as much as 38.2%, followed by 15-year-olds at 34.9%, 18-year-olds at 6.5%, and 19-year-olds at 13.7%. Interestingly, the proportion of this stress decreased significantly at the ages of 18 (6.5%) and 19 years (13.7%).

			Category Anxious					
			Normal	Light	Medium	Heavy	Very Heavy	Total
Respondent Age	14	Count	2	0	0	0	0	2
		% within Age Respond	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	15	Count	25	5	14	7	8	59
		% within Agen Respond	42.4%	8.5%	23.7%	11.9%	13.6%	100.0%
	16	Count	36	10	30	16	11	103
		% within Age Respond	35.0%	9.7%	29.1%	15.5%	10.7%	100.0%
	17	Count	25	10	18	6	5	64
		% within Age Respond	39.1%	15.6%	28.1%	9.4%	7.8%	100.0%
	18	Count	18	5	8	0	0	31
		% within Age Respond	58.1%	16.1%	25.8%	0.0%	0.0%	100.0%
	19	Count	22	2	3	1	0	28
		% within Age Respond	78.6%	7.1%	10.7%	3.6%	0.0%	100.0%
Total		Count	128	32	73	30	24	287
		% within Age Respond	44.6%	11.1%	25.4%	10.5%	8.4%	100.0%

Figure 7. Prevalence of Anxiety by Age

In the case of anxiety, 14-year-old respondents showed 100% normal results. The prevalence of anxiety from mild to very severe, the most and highest was found in the 16-year-old group of teenagers, 65%, followed by the 17-year-old group of 60.9%, and 57.7% of 15-year-old teenagers. Similar to stress, the prevalence of anxiety decreases at an older age, especially at the age of 19, which is 21.4%.

			Category Depress					
			Normal	Light	Keep	Heavy	Very Heavy	Total
Respondent Age	14	Count	1	0	0	1	0	2
		% within Age of Respondents	50.0%	0.0%	0.0%	50.0%	0.0%	100.0%
	15	Count	24	8	14	11	6	63
		% within Age of Respondents	38.1%	12.7%	22.2%	17.5%	9.5%	100.0%
	16	Count	39	15	31	14	9	108
		% within Age of Respondents	36.1%	13.9%	28.7%	13.0%	8.3%	100.0%
	17	Count	37	11	10	3	3	64
		% within Age of Respondents	57.8%	17.2%	15.6%	4.7%	4.7%	100.0%
	18	Count	21	5	4	0	1	31
		% within Age of Respondents	67.7%	16.1%	12.9%	0.0%	3.2%	100.0%
	19	Count	24	0	5	0	0	29
		% within Age of Respondents	82.8%	0.0%	17.2%	0.0%	0.0%	100.0%
Total		Count	146	39	64	29	19	297
		% within Age of Respondents	49.2%	13.1%	21.5%	9.8%	6.4%	100.0%

Figure 8. Prevalence of Depression by Age

In the case of depression, the only 14-year-old respondent who was depressed was in the category of severe depression (1 in 2 respondents, with a percentage of 50.0%). The highest prevalence of depression from mild to severe depression was in the 16-year-old age group at 63.9%, and the 15-year-old at 61.9%. The prevalence of depression shows a downward trend at a higher age, with a percentage of 17.2% at the age of 19.

DISCUSSION

Overall Prevalence of Mental Well-Being

Overall, the screening results found that most of the adolescents living in dormitories in Ruteng City showed normal stress levels (71.3%). However, the anxiety and depression rates in the analysis showed a more balanced proportion between normal and abnormal categories, with 42.7% of adolescents showing normal levels of anxiety and 48.7% of adolescents showing levels of depression in the normal range. This indicates that although stress in these adolescents tends to be controlled, anxiety and depression are quite serious challenges among adolescents living in dormitories in Ruteng City. These findings are in line with the national study, namely the *National Adolescent Mental Health Survey* (I-NAMHS) in 2022, which shows that anxiety disorders are one of the most common mental health disorders suffered by adolescents in Indonesia, which is 26.7% (1,514) of the total 5,664 samples studied. The depression was 5.3% (302) of the total sample studied (5,664) (I-NAMHS, 2022).

The Influence of Gender on Mental Well-Being

Based on further analysis of the demographic characteristics of adolescents living in the dormitory, it was shown that gender played a significant role in the prevalence of mental health problems in adolescents living in dormitories in Ruteng City. Adolescent girls, have a higher proportion of stress, anxiety, and depression tendencies compared to adolescent boys. The data above shows that the proportion of adolescent girls who experience stress from mild to severe levels (35%) is almost double when compared to the proportion of adolescent boys (17.6%). Similarly, in the level of anxiety, adolescent girls also showed a higher trend (60.2%) than adolescent boys (47.1%). The rate of depression from mild to severe also showed a similar trend in adolescent girls (55.5%) and in boys (42.6%).

This disparity can be explained by several factors. Significant physical, emotional and social changes in adolescence can be a strong factor in the occurrence of this problem (Yoon et al., 2023). As for physically and emotionally, hormonal changes, especially during puberty in adolescent girls, are believed to affect mood regulation and susceptibility to stress. Social and cultural factors also play an important role in shaping these trends and tendencies. Adolescent girls tend to face greater pressure related to body image issues. Based on a study conducted by Brennan et al (2010) in Samantha and Hapsari (2024), adolescent girls tend to have body image problems compared to adolescent boys because adolescent girls tend to pay more attention to their body shape and physique than adolescent boys (Samatha & Hapsari, 2024). In addition, differences in coping styles and emotional expressions also have an effect in this case, adolescent girls tend to be more open to the symptoms they experience which can affect the search for support thus making their problems easy to detect. Meanwhile, adolescent boys tend to choose to hide the problems they are experiencing, including symptoms of mental health problems, this can be influenced by the *toxic masculinity* culture that exists in society which causes their mental health problems to be less identified or reported (Bintang & Mandagi, 2021). This is in line with the findings of a study conducted by Yoon et al (2023), which show that the

trend of health or mental well-being problems tends to be higher among girls than boys (Yoon et al., 2023).

The Influence of Age on Mental Health

In addition to gender, adolescence also shows a significant pattern of the prevalence of mental well-being problems. The results of this study indicate that adolescents at the age of 15 and 16 years have a higher prevalence of stress, anxiety and depression, with a tendency to decrease in older age groups.

Specifically, the highest and highest levels of stress, anxiety and depression at mild to very severe levels were found in 16-year-old adolescents with a percentage of stress of 38.2%, anxiety of 65%, and depression of 63.9%, followed by 15-year-olds with a percentage of stress of 34.9%, anxiety of 57.7%, and depression of 61.9%. Interestingly, the prevalence of mental health problems shows a significant downward trend at a higher age, namely the 18 and 19 years age group where in this age group the proportion of the normal category again dominates. These findings are in line with other findings obtained from a national survey by the *National Adolescent Mental Health Survey* (I-NAMHS) in 2022, where mental health problems such as anxiety (27.2%), depression (7.7%), and post-traumatic stress (2.3%) in adolescents aged 14-17 years were higher than other ages (I-NAMHS, 2022).

This pattern can be explained by several factors related to the stage of adolescent development. The age period of 14 years to 16 years is the stage or phase of middle adolescents (Atiqah et al., 2024). In this period or phase of middle adolescence, adolescents are in dire need of friends and support, but have become more independent, begin to gain behavioral maturity, learn to regulate implicibility in themselves, and make an initial assessment of career goals to be achieved, as well as self-acceptance of the opposite sex are very important for them. In this developmental stage, adolescents are in a situation or condition of anxiety, confusion due to conflicts within themselves or questioning the essence of themselves, and still tend to be anxious about physical and psychological changes in themselves so that an adolescent will be more likely to be at risk of mental health problems than other stages in his development (Suryana et al., 2022). As for the developmental stage of late adolescents , which is the developmental stage in the group of adolescents aged 17 to 21 years (Atiqah et al., 2024). At this stage, an adolescent has been able to complete key developmental tasks, such as finding self-identity, building more intimate relationships, and has been able to set clearer life goals (Lubis et al., 2024). This indicates that in this stage adolescents are more emotionally stable, have better resilience and more stable coping with the problems or struggles they face, which has implications for a decrease in the level of mental health problems such as stress, anxiety and depression.

The Role of the Dormitory Environment on Mental Well-Being

Apart from the individual factors of the adolescents themselves, especially related to demographics such as gender and age, the dormitory environment itself also plays a fundamental role in the mental well-being of the adolescents living in it. Dormitory as a temporary residence for some teenagers as students does demand independence and compliance with rules, can be one of the unique sources of pressure for teenagers living in dormitories in Ruteng City. This is because adolescents who live in dormitories are

required to be able to manage daily needs or be able to manage finances well, as well as time and activities including studying, as well as social interaction without direct support or direct supervision from the family that is usually obtained at home.

The findings in this study, especially in relation to the significant proportion of anxiety and depression among adolescents in boarding schools in Ruteng City, are in line with previous studies that have highlighted the vulnerability of adolescents in boarding schools to mental health problems. One of the studies that supports this is a study conducted by Xing et al (2021) which found that anxiety and depression symptoms in adolescents living in dormitories tend to be higher when compared to adolescents who do not live in dormitories (Xing et al., 2021). In line with that, Fitri et al (2021), also reported that the level of psychological well-being of adolescents as students living in dormitories was lower than that of adolescents as students who did not live in dormitories (Fitri et al., 2021). This phenomenon is often associated with the need of adolescents living in dormitories to adapt more independently, manage or manage various things such as finances and other activities outside of school, as well as face challenges such as bullying and others. Lack of awareness of one's potential and tendency to follow the opinions of others are also factors that can affect the mental well-being of adolescents as students living in dormitories (Fitri et al., 2021). Therefore, the living conditions and situations in the dormitory, which are different from the typical home environment, can contribute to the challenges of mental health problems or mental well-being experienced by the adolescents in the dormitory who are the sample or respondents in this study.

Research Limitations

Although this study provides an important initial overview of the mental well-being of adolescents living in dormitories in Ruteng City, there are several limitations that are recognized in this study or study, including:

- The first significant limitation is the disproportionate proportion of respondents or a sample of women and men (108 men and 192 women). This imbalance has the potential to affect the overall representation of data, especially in comparative analyses between genders, thus limiting the generalization ability of findings about gender differences in the broader dormitory population.
- This study uses a descriptive quantitative design which cannot establish a cause-and-effect relationship between demographic factors (gender and age) or dormitory environment and mental welfare problems of adolescents living in dormitories in Ruteng City. This study can only identify existing patterns and correlations.

This study did not include or control for other variables that may affect the mental well-being of adolescents living in dormitories in Ruteng City, such as previous mental health history, family/parental support, socioeconomic status, academics, or duration of residence in the dormitory.

CONCLUSION

This study aims to identify the prevalence of stress, anxiety and depression in adolescents living in Ruteng City. The results of the screening showed that the majority of respondents or samples (71.3%) were in the normal range. The proportion of anxiety (57.3) and depression

(51.3%0) showed that there were significant challenges among adolescents living in dormitories in Ruteng City.

Analysis by gender also revealed that adolescent girls have a higher prevalence of stress, anxiety and depression than adolescent boys. Furthermore, the highest prevalence for stress, anxiety, and depression was found at age 16 (stress 38.2%, anxiety 65%, and depression 63.9%), while age 14 years was more likely to show normal outcomes (100% stress, and anxiety 100%). The decrease in prevalence in this study occurred at an older age, namely 18 to 19 years.

These findings underscore the urgency of interventions and mental health support that need to be provided to adolescents in the city of Ruteng, especially in the group of adolescent girls and adolescents of middle *adolescenst*. The dormitory environment, which demands independence as well as adherence to rules, was also identified as a contributing factor to potential mental health problems in adolescents living in dormitories.

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