



Exploring Mental Health Literacy Among Children In Conflict With The Law

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Article History	Abstract
Received: 06 September 2023 Revised: 20 November 2023 Accepted: 26 November 2023 CC License CC-BY-NC-SA 4.0	<p><i>Mental health literacy is one factor that can affect children's quality of life. This study aims to determine and compare the level of literacy and description of mental health in children who conflict with the law (CCL) in the province of Gorontalo, Indonesia. This study uses a mixed parallel method. The researcher collects qualitative and quantitative data using observation, in-depth interviews, document review, and a modified RII Mental Health Literacy Questionnaire. Informants are 21 children who conflict with the law (CCL) in Gorontalo Province. The results on the level of mental health literacy showed that out of a total of 6 CCL perpetrators, three children were in the moderate category (50%), three children were in the less category (50%), and none had high literacy (0%). Meanwhile, of 15 CCL victims, 6 children were in the less category (40%), 8 were in the moderate category, and 1 child (7%) had high literacy. On average, the CCL perpetrator's mental state is better than the CCL victim's. CCL victims have the lowest score on cognitive ability, at 38%, and the highest on emotional ability, at 44%. CCL perpetrators have the lowest emotional ability at 34% and the highest cognitive ability at 41%. The legal process triggers stress, anxiety, poor sleeping and eating functions, communication disorders, and a drastic decrease in self-confidence. Providing a mental health literacy program can be a preventive measure to maintain mental health so they are ready to return to society.</i></p> <p>Keywords: Literacy, Perpetrators, victim, Cognitive, Emotional.</p>

1. Introduction

Social development is closely related to the increasing cases of violence and criminalization. The Social Welfare Agency in Gorontalo Province, Indonesia, categorizes criminal cases involving children into three types: abuse, sexual offenses, and theft. According to the data from the Social Welfare Agency in Gorontalo Province¹⁴, there were 11 children involved in sexual offenses, 15 children involved in theft cases, and 8 children involved in abuse cases, making a total of 34 children. These children, aged between 12 and 18 years old, are categorized as Children in Conflict with the Law (CCL). The Ministry of Women's Empowerment and Child Protection (KemenPPPA)¹³ reported that 797 children became victims of sexual violence in January

2022. In 2019, the number of child victims of sexual violence reached 6,454, which increased to 6,980 in 2020. Furthermore, from 2020 to 2021, there was a 25.07% increase, reaching 8,730 cases (KemenPPPA, 2022).

The immediate increase in cases, victims, and perpetrators contribute to the rising number of CCLs. Indirectly, the prevalence of risks related to criminalization, such as mental health issues in CCL, has also increased. Research shows that CCL experience increased stress and anxiety levels during and after the trial process, doubling stress levels after the verdict is delivered (Estherita, 2021). Moreover, CCL perpetrators of severe abuse exhibit impulsive behaviors due to low self-regulation and a lack of a supportive family environment for communication (Creasi, 2018)³. These factors contribute to psychological weaknesses that can lead to mental health disorders (Walgito, 2010).

The CCL requires psychological support. Such support is essential for fostering assertiveness and self-confidence, enabling them to reintegrate into society (Nurusshobahm, 2022). Additionally, for CCL in the perpetrator category, intervention programs can help them change their attitudes and behaviors to prevent reoffending and overcome trauma. As for CCL in the victim category, guidance should focus on psychological well-being, helping them lead everyday lives and reduce the impact of traumatic experiences. The mental health of CCL is at risk and can trigger impulsive behaviors due to various factors, including lack of social support such as family and restricted social lives (Purushothaman, 2018).

Therefore, mental health should be prioritized in recovering and rehabilitating CCL, as mental health significantly affects physical health. Increasing literacy and awareness programs, mainly related to mental health, within rehabilitation institutions can be a preventive solution to maintain the mental health of CCL and restore their self-confidence upon reintegration into the social environment. Limited research data on children's mental health in Gorontalo highlights the significance of further investigation. Nationally, the prevalence of mental and emotional disorders among the Indonesian population has increased from 6% in 2013 to 9.8% in 2018 (Widyawati, 2021). This data underscores the urgent need for mental health literacy as a preventive measure to protect CCL from mental suffering.

On the other hand, the literacy rate among adolescents in Gorontalo is only 45% (Perpusnas, 2020). Indonesia's literacy rate ranks 62nd out of 70 countries, placing it among the top 10 countries with the lowest literacy rates, according to the Program for International Student Assessment (PISA) survey released by the Organization for Economic Co-operation and Development (OECD) in 2019 (Perpusnas, 2020).

According to Kessler (2015), half of all lifetime diagnosed mental health disorders begin by age 14, with early detection increasing to three-quarters by age 24. Therefore, mental health literacy among adolescents has significant implications for early identification and intervention in mental health problems. Hence, research on factors influencing mental health literacy and mental health among CCLs is crucial for developing strategic prevention programs and fostering the healthy development of Indonesia. Simultaneously, CCLs must understand the factors affecting their mental health to better cope with and prevent mental distress. This research aims to analyze the factors influencing mental health literacy and mental health among Children in Conflict with the Law in Gorontalo Province. The specific objectives are to assess the level of mental health literacy and the mental health status of CCL victims, to assess the level of mental health literacy and the mental health status of CCL perpetrators, and to compare the level of mental health literacy and the mental health status between CCL victims and perpetrators.

2. Methods

This research was conducted using a mixed parallel method, wherein qualitative and quantitative data were collected, analyzed separately, and then integrated (Creswell, 2016; 2015). The qualitative approach employed a case study design, involving observation, in-depth interviews, and document review. The quantitative approach utilized a modified version of the HLS-EU-Q16, SDQ, KMME, and Mental Health Detection Questionnaire from the Indonesian Ministry of Health.

As the researcher, I acted as the research instrument in collecting qualitative data and participated fully in data collection through in-depth interviews, observations, and document analysis. The research was conducted at two rehabilitation institutions: LPKS Panti Asuhan Amal Sholeh in Tilote Village, Telaga District, Gorontalo Regency, and LPKS Ummu Syahidah on Sawit Street, Duingi District, Gorontalo City. The research was conducted over a period from July to August 2022. The informants consisted of a total of 21 children, divided into two groups: 6 individuals categorized as perpetrators or awaiting trial at the LPKS Ummu Syahidah rehabilitation center (4 perpetrators and 2 individuals in the trial process) in July 2022, and 15 individuals categorized as victims at the LPKS Panti Asuhan Amal Sholeh orphanage in July 2022.

In addition, the researcher supplemented data and information from additional sources, including caregivers at the institutions, facility managers/supervisors, responsible psychologists/counselors, and other relevant individuals who directly interacted with the Children in Conflict with the Law (CCL).

Regarding the quantitative data collection approach, the researcher employed a total sampling technique, where all registered CCLs filled out the questionnaire to obtain quantitative data. The modified questionnaires used were the HLS-EU-Q16, SDQ, KMME, and Mental Health Detection Questionnaire from the Indonesian Ministry of Health. The modified questionnaire was named the RI1 Mental Health Literacy Questionnaire and integrated the concept of literacy with the psychological perspectives of children regarding mental, emotional, and behavioral aspects. The questionnaire measured four dimensions of mental health literacy: the ability to search, understand, evaluate, and apply information.

Scoring was done using the Likert scale, designed by Rensis Likert and used to measure attitudes, opinions, and agreement/disagreement statements on a scale (Djaali, 2008). In this research questionnaire, the Likert scale scoring for each answer was as follows: strongly disagree = 1, disagree = 2, neutral/uncertain = 3, agree = 4, and strongly agree = 5 for favorable questions; and strongly disagree = 5, disagree = 4, neutral/uncertain = 3, agree = 2, and strongly agree = 1 for unfavorable questions. All questions were formulated in positive (favorable) and negative (unfavorable) sentence structures to avoid response bias. Furthermore, to prevent mechanical responses, respondents were encouraged to consider their actual circumstances when answering (Djaali, 2008).

Research Variables

The variables can be described as follows:

Mental health literacy level: The degree of mental health literacy among each CCL based on factors influencing their ability to access mental health information, understand mental health, evaluate received information, and use/apply it to achieve mental well-being.

General mental health overview: The mental condition or state of CCL when facing legal situations and undergoing rehabilitation or vocational training. This condition influences cognitive abilities (adaptation, interpretation, and perception), communication skills, emotional well-being, adaptive capacity, socialization skills, stress levels, and depression during their status as CCL.

Qualitative data analysis involved transcription, data reduction, summary matrices, and data analysis. Descriptive statistical tests were conducted for the quantitative data obtained from the questionnaires. The Likert scale responses were scored and tabulated on a scale of 1-5, adjusted to the modified mental health literacy scale, to determine the categories of low, moderate, and high mental health literacy levels among the informants.

3. Results and Discussion

Table 1. Frequency distribution based on the answers to 32 questions Modified Mental Health Literacy Questionnaire RI1 Among CCL perpetrators

Number	Respondent	Measurement result	Literacy Scale
1	CCL Perpetrator 1	68	Moderate
2	CCL Perpetrator 2	45	Low
3	CCL Perpetrator 3	85	Moderate
4	CCL Perpetrator 4	63	Low
5	CCL Perpetrator 5	86	Moderate
6	CCL Perpetrator 6	57	Low

Sources: Primary Data, 2022

The data shows the literacy scale of the total respondents in the category of CCL perpetrators, where out of a total of 6 respondents, 3 individuals fall into the moderate literacy category (50%), 3 individuals fall into the low literacy category (50%), and none have a high literacy level (0%).

Table 2. Frequency distribution based on the answers to 32 questions Modified Mental Health Literacy Questionnaire RI1 Among CCL Victims.

No	Respondent	Measurement Result	Literacy Scale
1	CCL Victim 1	93	Moderate
2	CCL Victim 2	64	Moderate

3	CCL Victim 3	58	Literasi Kurang
4	CCL Victim 4	63	Literasi Kurang
5	CCL Victim 5	64	Moderate
6	CCL Victim 6	122	Literasi Tinggi
7	CCL Victim 7	60	Literasi Kurang
8	CCL Victim 8	78	Moderate
9	CCL Victim 9	71	Moderate
10	CCL Victim 10	56	Literasi Kurang
11	CCL Victim 11	95	Moderate
12	CCL Victim 12	63	Literasi Kurang
13	CCL Victim 13	78	Moderate
14	CCL Victim 14	60	Literasi Kurang
15	CCL Victim 15	64	Moderate

Sources: Primary Data, 2022

The table above illustrates the literacy scale of the total respondents in the category of CCL victims, where out of a total of 15 respondents, 6 individuals fall into the low literacy category (40%), 8 individuals fall into the moderate literacy category (53%), and 1 individual (7%) has a high literacy scale.

Table 3. Frequency distribution based on literacy indicators

No	Respondent	Questionnaire scores based on indicators of literacy proficiency.								
		Searching			Understanding		Evaluating			
				%		%		%		%
1	CCL Perpetrator	1	10	50%	8	40%	9	45%	10	50%
2	CCL Perpetrator	2	4	20%	4	20%	5	25%	4	20%
3	CCL Perpetrator	3	8	40%	9	45%	11	55%	11	55%
4	CCL Perpetrator	4	7	35%	10	50%	11	55%	9	45%
5	CCL Perpetrator	5	9	45%	12	60%	12	60%	12	60%
6	CCL Perpetrator	6	8	40%	7	35%	7	35%	5	25%
7	CCL Victim	1	11	55%	14	70%	12	60%	12	60%
8	CCL Victim	2	7	35%	6	30%	14	70%	9	45%
9	CCL Victim	3	8	40%	10	50%	7	35%	11	55%
10	CCL Victim	4	10	50%	12	60%	8	40%	7	35%
11	CCL Victim	5	10	50%	12	60%	9	45%	15	75%
12	CCL Victim	6	15	75%	15	75%	15	75%	18	90%
13	CCL Victim	7	14	70%	11	55%	8	40%	11	55%
14	CCL Victim	8	12	60%	16	80%	17	85%	12	60%
15	CCL Victim	9	11	55%	10	50%	11	55%	12	60%
16	CCL Victim	10	5	25%	11	55%	12	60%	11	55%
17	CCL Victim	11	11	55%	11	55%	16	80%	11	55%
18	CCL Victim	12	11	55%	11	55%	9	45%	13	65%
19	CCL Victim	13	9	45%	12	60%	12	60%	11	55%
20	CCL Victim	14	7	35%	9	45%	12	60%	6	30%
21	CCL Victim	15	6	30%	4	20%	13	65%	11	55%

Sources : Primary Data, 2022

The table above shows literacy indicators based on the ability to search, evaluate, understand, and apply, which vary among respondents, both CCL victims and CCL perpetrators. The presentation scores indicate an overall average performance, not reaching 50% of the target proficiency level of 100%.

Table 4. Frequency distribution based on mental health aspects Modified Mental Health Literacy Questionnaire RI1 Among CCL victims

No	Respondent		Questionnaire scores based on Mental Health Aspects							
			Cognitive	%	Communication	%	Emotional	%	Social	%
1	CCL Perpetrator	1	6	30%	9	45%	9	45%	7	35%
2	CCL Perpetrator	2	5	25%	8	40%	7	35%	8	40%
3	CCL Perpetrator	3	13	65%	12	60%	9	45%	12	60%
4	CCL Perpetrator	4	7	35%	6	30%	7	35%	6	30%
5	CCL Perpetrator	5	10	50%	7	35%	12	60%	12	60%
6	CCL Perpetrator	6	5	25%	10	50%	9	45%	6	30%
7	CCL Victim	1	13	65%	14	70%	7	35%	10	50%
8	CCL Victim	2	7	35%	7	35%	7	35%	7	35%
9	CCL Victim	3	8	40%	5	25%	4	20%	5	25%
10	CCL Victim	4	9	45%	11	55%	4	20%	10	50%
11	CCL Victim	5	4	20%	5	25%	4	20%	5	25%
12	CCL Victim	6	17	85%	15	75%	12	60%	15	75%
13	CCL Victim	7	4	20%	4	20%	4	20%	4	20%
14	CCL Victim	8	4	20%	4	20%	9	45%	4	20%
15	CCL Victim	9	9	45%	5	25%	5	25%	8	40%
16	CCL Victim	10	5	25%	4	20%	4	20%	4	20%
17	CCL Victim	11	15	75%	10	50%	9	45%	12	60%
18	CCL Victim	12	5	25%	4	20%	5	25%	5	25%
19	CCL Victim	13	8	40%	7	35%	11	55%	8	40%
20	CCL Victim	14	6	30%	7	35%	7	35%	6	30%
21	CCL Victim	15	8	40%	5	25%	10	50%	7	35%

Sources : Primary Data, 2022

The comparison of mental conditions between CCL victims and perpetrators can be seen from the graph above. This assessment is based on the aspects of the respondents' cognitive state, social interaction, communication, and emotional well-being. On average, the mental condition of CCL perpetrators is better than that of CCL victims. However, both CCL victims and perpetrators have scores below 50% in all aspects of mental health. Specifically, CCL victims have the lowest score in cognitive ability, at 38%, and the highest score in emotional ability, at 44%.

On the other hand, CCL perpetrators have the lowest emotional ability at 34% and the highest cognitive ability at 41%. These findings indicate that respondents experience poor mental health conditions while facing legal issues and or undergoing rehabilitation programs. Therefore, mental health conditions are directly related to the literacy level among CCL individuals.

Based on the interview results, all CCL respondents could not provide satisfactory mental health and stress management answers. Additionally, the researcher explored the history of mental health disorders experienced during the diversion and rehabilitation process, physical and mental illness history, and any previous hospital or clinic treatments. The respondents reported experiencing physical health deterioration, such as headaches, sleep disturbances, loss of appetite, stomach pain, and diarrhea, which are manifestations of psychological health issues. Two respondents also exhibited symptoms of self-talk or speaking without an interlocutor. Other symptoms included sudden outbursts, unexplained crying, avoidance of social interactions and communication, and a tendency to be quiet and withdrawn.

According to the World Health Organization (2013), mental health literacy refers to an individual's cognitive and social skills in accessing, understanding, and utilizing mental health information to enhance and protect their well-being. These skills align with Sorensen's (2013) conceptual model of health literacy, which emphasizes four stages of health literacy improvement: accessing mental health information, understanding mental health information, evaluating information, and making decisions to maintain and improve mental health. A cross-sectional study by Siswanti (2022) indicates that the level of mental health literacy among adolescents under 19 years of age can influence their attitudes and actions toward mental health promotion.

Providing access to mental health information can be viewed as promoting mental health and preventing mental health disorders. Information can be accessed through formal and informal education that summarizes mental health information tailored to CCL exposure. Skree (2013) suggests that mental health literacy interventions can be tailored to the age and gender needs of each child. However, in the case of *RPSA Amal Sholeh*, a

rehabilitation center for CCL victims in the Gorontalo province, the provision of mental health information is lacking. Several concepts of mental health literacy conflict with the rules of *RPSA Amal Sholeh*, such as limited access to mobile phones, restricted television viewing hours, no radio listening, no specific physical and mental health education, no mental health dissemination by the institution or relevant stakeholders, and no integrated exercise schedule for stress management among CCL victims. However, research by Fauziah (2021) suggests that electronic media such as television and mobile phones can provide insights into others' mental health practices, enhance moral support, and foster mental health literacy communities. It can be concluded that the CCL victim category struggles to access mental health information.

The importance of understanding mental health literacy among adolescents is evident. Deborah's (2018) survey revealed that only 4 out of 20 teenagers could define and understand the meaning of depression in their lives. This study suggests a lack of awareness and understanding of mental health information among adolescents under 18. Through observations and interviews, CCL respondents demonstrated difficulties answering basic physical and mental health questions. Their behaviors showed low self-confidence and an inability to answer basic health-related questions. Furthermore, CCL victims reported never receiving any mental health information, thus hindering their understanding and decision-making regarding mental health.

The ability to take action in maintaining physical and mental health is not a primary focus in the daily activities of CCL respondents. Their unbalanced food choices evidence this despite the availability of nutritious options, lack of physical activity, limited social interactions, and a lack of equipping themselves with mental health information. According to Sulistiarini (2018), adopting a healthy lifestyle can reduce the risk of mental health disorders, including regular exercise to release happy hormones and consuming nutritious food to nourish and boost the immune system.

CCL respondents experience stress and feel the burden of their cases until they receive a verdict. They experience relief when informed of a prison sentence. The management of emotions and the ability to adapt to the environment are greatly influenced by the support of parents or family members through regular visits and continuous physical or virtual/phone-based motivation. According to Ali and Asrori (2011), adaptation abilities are influenced by each child's physiological and physical conditions in response to external environmental factors, and physiological and psychological conditions significantly affect the speed of a child's adaptation. Physical changes, such as weight loss, loss of appetite, sleep difficulties, excessive thinking, temporary social withdrawal, lack of self-confidence, and difficulties in communication and expressing opinions, influence CCL respondents' mental health conditions. During these conditions, CCL respondents experience distress, where their thought processes peak, resulting in physical health problems. According to Cobham (2016), in a study on children's trauma and pressure, the role of parents is of utmost importance in addressing mental health disorders. There is no substitute for the positive nurturing support provided by parents compared to assistance from other medical professionals.

However, according to Gadowski (2010), children displaying symptoms of depression and stress should receive timely and serious interventions from rehabilitation institutions. The mental health condition of CCL victims is diverse, as reported by the caregivers at the institution. Approximately three children from 2020-2021 were referred to the local psychiatric hospital. These children receive periodic support from the social department, assistant psychologists, and the police. Some experience depression due to obstacles preventing them from continuing their education, such as incomplete administrative procedures. The stress triggers include adjusting to a new environment, post-case conditions, and facing legal issues.

In contrast, no CCL perpetrators were referred to psychiatric hospitals or general hospitals. Physical ailments are experienced as manifestations of mental instability when facing legal cases, such as sleep disturbances, eating disorders, hormonal changes manifested by acne, diarrhea, insomnia, weight loss, loss of self-confidence, and difficulties adapting to a new environment. This is consistent with Teixeira's (2021) study on patients with mental health disorders, where all physical health declines were attributed to anxiety, depression, and stress levels during rehabilitation. CCL perpetrators expressed their peak stress due to shame and guilt toward their parents, the victim's family, and their social circle. Discrimination was the strongest trigger for their decreased self-confidence, as they feared not being accepted by society. This finding aligns with Destritanti's (2019) findings regarding the identity of adolescents facing legal issues in UPT PRSMP, which indicated that all CCL respondents experienced labeling and discrimination from those around them while leaving permission or visiting their families. Feelings of shame and reluctance to return home were commonly expressed by CCL respondents, leading to stress and affecting their mental health.

The confidence levels of CCL perpetrators can drastically decrease when they do not receive support from their families during the rehabilitation process. This condition leads to deep feelings of guilt and regret. These emotional changes trigger mental instability in CCL perpetrators during the rehabilitation process. The

following is a summary of the interview on the mental health status of CCL perpetrators and victims, which has been approved.

Limitations of the study

This research has several limitations, including a few informants/respondents, which could introduce data bias in the same sample category with many participants. The interview process must be based on the mental condition and willingness of the children, and the sampling procedure requires approval from various parties.

4. Conclusions

In conclusion, the level of mental health literacy among CCL victims and perpetrators generally falls into the low and moderate categories, with only one CCL respondent having a high level of literacy. The aspects of literacy, including the ability to seek, understand, evaluate, and take action, only reach around 50% of the target of 100%. Promoting mental health literacy within the rehabilitation center is still insufficient and should focus on preventing mental health risks. Furthermore, CCL respondents lack the confidence to express their health conditions, struggle to socialize effectively, experience physical health issues and stress, control their emotions and feel demotivated throughout the legal process. The low cognitive abilities of CCL respondents result in an inability to recognize feelings of pressure, depression, and stress, as well as fluctuating understanding during the diversion process. The lack of support from family and close individuals is one of the triggers for the emergence of mental health risks during rehabilitation.

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