

Comprehensive Case Report: Bipolar Affective Disorder with a Current Manic Episode and Psychotic Symptoms in an Adolescent Male Triggered by Chronic Bullying in a Rural Area of Southwest Sumba

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Abstract

Bipolar affective disorder (BAD) in adolescents is a chronic psychiatric condition with complex clinical manifestations and high risk of psychotic symptoms. Environmental factors, particularly bullying, have been identified as major stressors that can trigger disease onset through the kindling phenomenon. In remote areas such as Southwest Sumba, diagnostic challenges and limited treatment access are major obstacles to patient recovery. To report the clinical journey and successful management of an adolescent male with BAD manic episode with psychotic symptoms triggered by chronic bullying in a rural setting. Case report with data collection through in-depth family interviews, clinical mental status observation, and medical record review over a six-month period. Findings: Patient MPB (17 years) experienced systematic physical and verbal bullying during junior high school leading to school dropout. Psychotic symptoms manifested as visual hallucinations of a "woman in white" giving commands to self-harm. Diagnosis F31.2 (BAD manic episode with psychotic symptoms) was established based on PPDGJ-III. Combination therapy with risperidone (2x2 mg) and divalproex sodium (2x250 mg) showed effective synergy in stabilizing dopaminergic and GABAergic neurotransmission. Within six months, the patient showed stable symptom remission, returned to vocational school (*SMK*), and achieved GAF score improvement from 70-61 to 90-81. Key recommendations include strengthening anti-bullying policies in schools and expanding access to community-based mental health services in remote (3T) areas.

INTRODUCTION

Bipolar affective disorder (GAB), historically known as manic-depressive illness, is one of the most severe and disabling mental disorders facing the modern world of psychiatry (Universitas Airlangga, 2020). The condition is characterized by dramatic changes in mood, energy, activity levels, and the ability to perform daily tasks, often oscillating between the overflowing poles of mania and the debilitating poles of depression (Misra et al., 2020). The disorder is not just emotional fluctuations ordinary, but rather a biological syndrome that fundamentally alters the neural architecture and cognitive function of the sufferer (Scribd, 2021).

Globally, the prevalence of bipolar disorder is estimated to reach 1.3% to 3% of the general population, but this figure is often considered an underrepresentation due to the high rate of misdiagnosis (Universitas Airlangga, 2020). Seven out of ten bipolar patients are initially diagnosed incorrectly, leading to an average delay in treatment of up to ten years (Universitas Airlangga, 2020). This delay is fatal, given that bipolar disorder has a very high suicide mortality rate, which is about 10–15% of the total population of sufferers (Universitas Airlangga, 2020).

In Indonesia, the national mental health profile presents significant challenges (Basrowi et al., 2024; Pham et al., 2024; Susanti et al., 2024; Wahdi et al., 2023; Warsini et al., 2025).

The 2018 Basic Health Research (*Riskesdas*) data revealed that the prevalence of mental emotional disorders in the population over the age of 15 reached 9.8% (Wulandari et al., 2023). Specifically, the East Nusa Tenggara (NTT) region ranks third highest nationally with a prevalence rate of 15.7% (Wulandari et al., 2023). In areas such as Southwest Sumba, socio-demographic factors such as poverty, limited geographical access to health facilities, and the persistent social stigma against People with Mental Disorders (*ODGJ*) exacerbates the burden of the disease (Syedzasaintika, 2022). The practice of insertion, although illegal, is sometimes still considered a last resort by rural families to control the aggressive behavior of patients (DPR RI, 2014).

Adolescents are the most vulnerable group to the early onset of bipolar disorder. Statistics show that the majority of these disorders begin in the age range of 15–19 years (Jurnal Biologi Tropis, 2024). Early onset is associated with a poorer prognosis, longer episode duration, and a higher frequency of recurrence in adulthood (Geller et al., 2012). One of the most destructive environmental factors for adolescent mental health is bullying (Sari & Andriani, 2023). In Indonesia, more than 30% of students are reported to have experienced bullying (Jicnusantara, 2023). Bullying is not just a problem of school discipline, but rather is a chronic psychosocial trauma that can trigger permanent pathophysiological changes in the developing brain through the phenomenon of kindling (Duffy et al., 2017).

This case report was compiled with the primary objective of documenting the clinical journey and successful management of an adolescent boy with Bipolar Affective Disorder Current Manic Episodes with Psychotic Symptoms in a resource-limited rural environment. The specific objectives of this report include: Analyzing the *etiopathophysiological* association between chronic bullying during junior high school and the onset of bipolar affective disorder type I. Exploring the clinical manifestations of psychotic symptoms in adolescents and how they are often intertwined with local cultural narratives. To evaluate the clinical effectiveness of the use of a combination of atypical antipsychotics (Risperidone) and mood stabilizers (Divalproex Sodium) in achieving remission in the acute manic phase. Reviewing the vital role of family support and integration of primary health services (*Puskesmas*) in restoring the functioning of patient roles in the midst of Sumba's geographical challenges.

This case report is expected to provide theoretical benefits in enriching the psychiatric literature on the bipolar spectrum in the adolescent population in Indonesia, especially related to the interaction between social trauma and emotional neurobiology. Practically, this report can be a guide for medical personnel in first-level health facilities (FKTP) in conducting early detection, management of psychiatric emergencies (such as agitation and suicide risk), and education to families to prevent the practice of incarceration. Furthermore, the data presented is expected to encourage more aggressive public policies in the prevention of bullying in educational institutions as part of the national mental health promotion.

It is hypothesized that repeated experiences of physical and verbal abuse in early adolescence lead to sensitization of the central nervous system, particularly in the mesolimbic pathway and the HPA axis. In individuals with a genetic predisposition, this stressor triggers a kindling phenomenon that lowers the threshold for dopamine release, thus triggering the first manic episodes with psychotic characteristics. Pharmacological interventions targeting the dopaminergic and GABAergic systems, accompanied by termination of environmental

stressors and strong psychosocial support, will result in significant improvement in GAF scores and restoration of social adaptive function in the medium term.

Although research on bipolar disorder and bullying has been widely conducted at the international level, there is a marked research gap in the local Indonesian context: Very few case reports have discussed in detail the management of bipolar in adolescents in remote (3T) areas with a family and community medicine approach (Syedzasaintika, 2022). There is still a lack of data on how comorbidities of personality disorders, such as avoidant anxious personality disorder (F60.6), interacting with the course of bipolar illness in victims of bullying in Indonesia (Tambunan et al., 2022). Explanations of the neurobiological mechanisms of the phenomenon of kindling induced specifically by bullying in schools in the Indonesian adolescent population are still speculative and require more clinical documentation (Universitas Airlangga Repository, 2023).

The novelty of this case report lies in the integration between a rigorous clinical-pharmacological aspect with an in-depth sociocultural analysis in the Southwest Sumba region. The report not only presents the success of treatment biologically, but also documents the transition from "traditional medicine and incarceration" to "Puskesmas-based medical rehabilitation" carried out entirely through local health resources. In addition, the report highlights the phenomenon of "personalized visual hallucinations" rooted in patients' economic and social trauma, providing clinicians with new insights into how psychotic content in adolescents may reflect their social aspirations and sufferings (Jain & Mitra, 2023).

The primary objective of this case report is to document the clinical journey and successful management of an adolescent boy with Bipolar Affective Disorder Current Manic Episode with Psychotic Symptoms in a resource-limited rural environment. The specific objectives include: (1) analyzing the *etiopathophysiological* association between chronic bullying and the onset of bipolar I disorder; (2) exploring the clinical manifestations of psychotic symptoms in adolescents and their embeddedness in local cultural narratives; (3) evaluating the clinical effectiveness of combination therapy with risperidone and divalproex sodium; and (4) reviewing the vital role of family support and primary health service integration in restoring patient functioning in Sumba's challenging geography. The expected benefits include enriching the psychiatric literature on the bipolar spectrum in Indonesian adolescents and providing practical guidance for medical personnel in first-level health facilities for early detection and management of psychiatric emergencies.

METHOD

This study used a qualitative approach with a case study design that aims to understand in depth the psychosocial dynamics, risk factors, disease course, and management process in adolescents with Bipolar Affective Disorder (GAB) accompanied by psychotic symptoms. The subject of the study was a 17-year-old adolescent boy with a diagnosis of Manic Bipolar Affective Disorder with Psychotic Symptoms (F31.2) in the Southwest Sumba region. Data collection was carried out through in-depth interviews with the patient's family, clinical observation of the patient's psychological condition and behavior, as well as the review of medical documents in the form of health records, results of mental status examinations, treatment history, and the development of the patient's condition during the therapy period. Data analysis was carried out in a thematic descriptive manner, by identifying patterns of

relationships between bullying experiences, genetic factors, environmental conditions, psychotic symptom manifestations, as well as responses to pharmacological interventions and family support. To ensure the validity of the data, the study used triangulation of sources and data, which is comparing information from patients, families, and medical records. This approach was chosen to gain a comprehensive understanding of the factors that influence the emergence of bipolar disorder in adolescents and the recovery process of patients in areas with limited access to mental health services.

CASE REPORT

Patient Profile and Background

MPB, a 17-year-old teenage boy, is a vivid picture of mental health challenges in rural Eastern Indonesia. MPB grew up in a large family structure as the fifth child of six siblings. Economically, his family was in the lower middle class, where the patient's father worked on a building project and the mother helped take care of the family garden. The patient currently lives in a village in North Kodi, an area in Southwest Sumba that has limited access to public transportation and psychiatric services.

Table 1

Patient Identity Data		Remarks
Name		MPB
Age		17 Years
Gender		Male
Education	Junior High School	(Just Starting Vocational School)
Jobs		Students
Marital Status		Unmarried
Address		North Kodi, Southwest Sumba

Current Disease History: A Journey to Crisis

The main complaints that bring patients to healthcare are the drastic changes in behavior, aggressiveness, and loss of self-control that have been progressively taking place over the past two years. Based on the alloanamsis of the patient's mother and father, the clinical turning point occurred dramatically about 24 months ago.

One day while the patient was accompanying his father to fish in the sea, the patient suddenly showed confusing behavior. In the absence of any previous conflict, the patient tries to plunge himself into the sea in a very risky way. His father managed to save him, but when he arrived home, the patient experienced a loss of consciousness (fainting) that lasted for more than five hours. Post-consciousness of the fainting, the patient shows disorientation and dazedness, often walks without a clear direction of purpose, and shows a permanent change in personality from a quiet person to a very irritable person.

The patient's aggressive behavior is increasing at home. He reportedly often beats his own father if his simple requests, such as cigarettes or mobile phones, are not immediately met. In his anger episodes, the patient often breaks household items, curses people around him with harsh words, and even once tears his own clothes as a form of aggression. Sleep problems become very prominent; The patient often did not sleep all night, just stayed still or played cellphones without talking to himself, but the next day he showed excessive energy to go to work in the garden.

Past Trauma: The Roots of Bullying

Through auto anamnesis that is carried out carefully, the patient is able to construct a narrative about the origin of his suffering. The trauma began four years ago when he was in junior high school. The patient is a victim of systemic and brutal bullying at his school. She recounted how every day she was physically beaten, verbally mocked, and even blocked by a group of her schoolmates on her way home.

The desperation caused by this bullying had triggered very serious suicidal ideation. The patient once planned to end his life by drinking grass poison because he felt there was no place to complain. He was very disappointed with the school authorities; teachers were considered to be unprotected even though patients had repeatedly complained (Sari & Andriani, 2023). The peak of this pressure occurred when patients tried to fight back by hitting back at the bullies, which in turn led to the patient's expulsion from school. This trauma was so imprinted that patients refused to continue to high school for two years because of a deep fear of repeating bullying in a new environment.

Psychotic Manifestations: Visual Phenomenology

The psychotic symptoms experienced by patients have very strong visual characteristics. Patients consistently reported seeing the shadow of a "woman dressed in white". This shadow is not just a passive hallucination, but has a commanding effect on the patient's behavior. The woman often promises large sums of money if the patient is willing to follow suit, which explains the patient's motivation when trying to jump into the sea.

In addition, patients are often told by the shadow to stand still in the middle of the highway. On several occasions, his father had to forcibly pull patients off the road body to avoid fatal accidents with passing vehicles. This phenomenon is accompanied by experiences of depersonalization and derealization, in which the patient feels detached from the surrounding reality and has difficulty distinguishing between what is real and what is a shadow.

Premorbid and Family History

The patient's developmental history showed a relatively stable childhood without significant growth and development impairments. She grew up in a loving family environment and never experienced domestic violence from her parents. However, there is a significant genetic burden in the family; The paternal uncle is known to have a similar psychiatric disorder, which indicates the existence of hereditary predisposition factors to affective disorders.

The patient's premorbid personality is described as a person who is introverted and has limited social interaction. At school, he tends to be quieter and only feels comfortable talking to his older brother. This personality trait corresponds to the pattern of Avoidant Anxious Personality Disorder, in which individuals have excessive sensitivity to criticism and rejection, which unfortunately makes them a vulnerable target for bullies.

Physical Examination and Psychiatric Status

At the time of the examination at the Health Center, the patient's general physical condition was within normal limits. The neurological status does not indicate the presence of

focal deficits, which rules out the possibility of the presence of organic lesions of the brain as the cause of psychiatric symptoms.

Mental Status (Summary):

1. Appearance: 17-year-old male, well-dressed, good self-care (bathing 2 X a day), age-appropriate appearance.
2. Attitude: Cooperative but easily provoked; shows an angry expression when asked deeply.
3. Mood & Affect: Euphoric mood (feeling very happy even in a sick state), affective appropriate (in harmony with the content of the mind).
4. Perception: Visual hallucinations (+) in the form of a shadow of a woman in white; depersonalization (+) and derealization (+).
5. Thought Process: Coherent flow of thought; non-realistic forms of thought; The contents of the mind were not found to be of great magnitude at the time of examination.
6. Sensory & Cognition: Clear awareness (mentis compost); the orientation of time, place, and good people; immediate and long-term memory is good; good concentration.
7. Value Ability: Disrupted, especially social value and value test.
8. Impulse Control: Poor, characterized by a history of uncontrolled aggressive behaviour.
9. Insight: Level 3 (The patient is aware that he or she is experiencing a disturbance, but blames external factors, namely bullying).

Multiaxial Diagnosis (PPDGJ-III)

The preparation of the diagnosis is based on the Guidelines for the Classification and Diagnosis of Mental Disorders III EDITION (PPDGJ-III) in Indonesia.

1. Axis I: F31.2 Bipolar Affective Disorder, Current Episode Manic with Psychotic Symptoms. This diagnosis is established due to the presence of obvious manic episodes (euphoria, irritability, decreased sleep, increased activity) accompanied by commanding visual hallucinations, as well as a history of past depressive episodes (crying and moodiness in junior high school).
2. Axis II: F60.6 Anxious (Avoidance) Personality Disorder. Behaviour patterns that persist since adolescence are in the form of social withdrawal, insecurity, and sensitivity to criticism.
3. Axis III: There is no general medical diagnosis.
4. Axis IV: Problems with the social environment. Specific: Victims of chronic bullying at school.
5. Axis V: GAF Scale 70-61 (Initial). Showing mild to moderate symptoms with real social function impairments but still able to perform self-care.

Pharmacotherapy Interventions and Drug Synergies

Patient management was carried out with an aggressive pharmacotherapy approach to control acute psychotic symptoms.

Table 2

Drug Name	Dosage	Frequency	Clinical Rationalization
Risperidone	2 mg	2 X a day	First-line atypical antipsychotics to treat hallucinations, aggression, and manic symptoms in adolescents. ³¹ The Gospel of Jesus Christ

Divalproex Sodium	250 mg	2 X a day	Mood stabilizer to control mood fluctuations and provide long-term sedative effects. ²⁹ The Gospel of Jesus Christ
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6-month progressive evaluation

The patient's recovery process is closely monitored through home visit services and routine control at the North Kodi Health Center.

1. Month 1: Initial administration of Risperidone 2 X 1 mg showed a decrease in the frequency of tantrums, but patients still frequently left the house without permission in the early morning.
2. Month 2: An episode of anger recurrence occurs in which the patient hits a friend for being provoked. The dosage of Risperidone was increased to 2 X 2 mg and Divalproex Sodium 250 mg was added as combination therapy.
3. Month 3: Patients show significant behavioural changes. He became calmer, willing to have a casual chat with his brothers, and showed the initiative to re-enrol. Sleep patterns are greatly improved, with a sleep duration of 8 hours on a regular basis.
4. Months 4-5: The patient begins to show a better understanding (glimpse) of his condition. He had dared to come to the *Puskemas* himself to take medicine. Patients report being able to ignore other people's negative words ("ignorant").
5. Month 6: The role functionality is fully achieved. Patients are diligent in attending vocational schools, actively helping parents with their work at home, and rarely show anger. Social interaction with neighbours improves dramatically. The final GAF score was graded in the range of 90-81.

RESULT AND DISCUSSION

Neurobiology of Bipolar Disorder in Adolescents: The Role of the Dopaminergic Pathway

The appearance of manic symptoms and psychosis in MPB patients can be understood through the dysregulation of the dopaminergic neurotransmission system in the brain (Innovative Journal, 2023). The dopamine theory in mania states that there is an increase in D₂ receptor sensitivity or excessive release of dopamine in the mesolimbic pathway, which is responsible for feelings of euphoria, overflowing energy, and the appearance of hallucinations (Innovative Journal, 2023). In adolescents, this system is undergoing a very dynamic maturation, so that disruption of the balance of these neurotransmitters can manifest in the form of more explosive and unexpected symptoms (Jurnal Biologi Tropis, 2024).

The use of Risperidone as an atypical antipsychotic in this case is particularly appropriate because it acts as a potent antagonist on the D₂ dopamine and serotonin receptors 5-HT_{2A} (Tramontina et al., 2011). By inhibiting D₂ receptors in the mesolimbic pathway, Risperidone effectively reduces the intensity of the "woman in white" visual hallucinations experienced by patients (Delbello et al., 2006). In addition, the antagonism of the 5-HT_{2A} receptor helps reduce the risk of extrapyramidal side effects and indirectly helps to improve affective symptoms (Geller et al., 2012). The TEAM (Treatment of Early Age Mania) study showed that Risperidone had a much higher response rate (68.5%) compared to Lithium (35.6%) or Divalproex monotherapy (24.0%) for treating acute mania in children and adolescents (Geller et al., 2012).

The Kindling Phenomenon: The Impact of Bullying on Emotional Thresholds

One of the most crucial discussions in this case report is how the experience of bullying in junior high school acts as a biological trigger for bipolar disorder. The phenomenon of kindling explains that severe and recurrent psychosocial stressors can permanently alter nerve sensitivity (Gilman et al., 2015). Initially, bullying causes episodes of deep sadness and suicidal ideation in the patient, representing an early depressive episode or prodromal phase (Universitas Airlangga, 2020).

Constant exposure to peer aggression leads to chronic activation of the amygdala and HPA axis, which release excessive glucocorticoids (Duffy et al., 2017). Over time, the patient's emotional homeostatic mechanisms become damaged, causing his nervous system to become "sensitized" (Universitas Airlangga Repository, 2023). At some point, stressor stimulation is no longer necessary to trigger an emotional outburst; the patient's brain begins to produce episodes of mania autonomously or are triggered only by very minimal stressors (Universitas Airlangga Repository, 2023). This explains why the patient's aggressive behavior persists and even worsens even though he is no longer in school in the bully environment. The physical and verbal abuse experienced by patients has created "neurobiological wounds" that manifest in bipolar affective disorder (Sari & Andriani, 2023).

Sociocultural Analysis: Attachment and Stigma in Sumba

The MPB case also highlights the bitter reality of mental health services in the 3T area. The practice of attachment experienced by the patient for one week is a response to the family's fear of aggressive behavior for which the medical cause is not understood (DPR RI, 2014). In many communities in NTT, psychotic behavior is often still associated with mystical things or spirit disorders, which leads families to prefer traditional approaches before seeking medical help (Syedzasaintika, 2022).

The integration of services through the *Puskesmas* is a lifesaver for these patients. With trained and willing health workers on home visits, stigma can be reduced through psychoeducation (Syedzasaintika, 2022). The success of removing *pasung* and replacing it with modern medication regimens shows that community mental health models are highly effective when it involves family empowerment (Syedzasaintika, 2022). Patients' families, despite economic limitations, have been shown to be key pillars of healing through compassion and disciplined supervision of medication (Halodoc, 2023).

Axial Comorbidity II: Avoidance Personality Challenges

The comorbid diagnosis of Avoidant Personality Disorder (F60.6) adds complexity to the patient's social rehabilitation process (Jain & Mitra, 2023). The patient has a basic vulnerability of insecurity and fear of rejection, which manifests in his behavior of preferring to be alone on the beach (Jain & Mitra, 2023). The bullying he experiences reinforces the negative scheme in him that the outside world is a dangerous place (UCLA Health, 2022).

In clinical discussions, it is important to note that individuals with Cluster C personality disorder often have a higher risk of developing depressive and anxiety disorders, which in this case develop into the bipolar I spectrum (Scribd, 2021). Successful treatment of MPB includes not only mood stabilization, but also the strengthening of interpersonal skills so that he or she is able to return to school without crippling fear (Jain & Mitra, 2023).

Pharmacological Synergies: Risperidone and Divalproex Sodium

The use of a combination of drugs in the second month of treatment provides a strong synergistic effect. Risperidone acts rapidly on the target of dopamine receptors to suppress aggression and psychosis, while Divalproex Sodium acts more profoundly on the second messenger systems (Tramontina et al., 2011). Divalproex increases GABA levels, which act as a "brake" for hyperexcitable neurons during the manic phase (Tramontina et al., 2011).

Clinical data suggest that the combination of mood stabilizers and atypical antipsychotics provides superior outcomes over monotherapy in terms of speed of remission and prevention of relapse in adolescents with psychotic mania (Dashtbozorgi et al., 2016). Long-term safety is also a consideration; although Risperidone may cause increased weight and prolactin levels, the low dose given to Marselinus (4 mg/day) is considered safe with regular monitoring (Geller et al., 2012).

Psychosocial Analysis and Rehabilitation

Improving the patient's insight from level 3 to better understanding is an important indicator of cognitive healing (Jain & Mitra, 2023). The patient's ability to "be ignorant" of what others say indicates a return to the function of the prefrontal cortex in regulating emotional responses to external stimuli (Tramontina et al., 2011). The patient's decision to continue school to the vocational level is clear evidence of a return to role functioning (GAF 90–81), which is the ultimate goal of any psychiatric intervention (Jain & Mitra, 2023).

Table 3

Stages of Patient Recovery	Symptom Indicators	Social Function Indicators
Acute Phase	Severe agitation, Visual Hallucinations, Insomnia	Seduced, Dropped Out of School
Months 1-2	Aggression Decreases, Irritability Is Still Present	Start limited interactions
3-4 months	Mood Stabilizes, Hallucinations Disappear	Register for School (SMK)
Months 5-6	Total Remission, Regular Sleep	Be Hard at School, Help Parents

CONCLUSION

Based on an in-depth analysis of this MPB case report, chronic physical and verbal abuse during junior high school served as the primary psychosocial stressor that triggered bipolar disorder in this patient, whereby the kindling phenomenon sensitized the neurobiological system and lowered the threshold for manic episodes with psychotic features, including commanding visual hallucinations, while comorbid Avoidant Anxious Personality Disorder deepened post-traumatic social isolation. The combination of Risperidone (2×2 mg) and Divalproex Sodium (2×250 mg) proved highly effective in achieving stable remission within six months, and this case demonstrates that severe mental disorders in rural Sumba can be successfully managed through primary health services when supported by strong family involvement and consistent medication adherence. Going forward, schools should implement sustainable anti-bullying programs and train staff to identify early trauma in students; primary care facilities should regularly upskill practitioners in adolescent bipolar management and strengthen home-care monitoring; families and communities need continued education to reduce stigma by understanding mental illness as a biological condition; and future researchers are encouraged to conduct longitudinal studies exploring the links between childhood trauma,

including cyberbullying, and bipolar neurocognitive profiles, as well as the effectiveness of locally grounded psychosocial interventions.

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