

Building a Multi-layered Support System for Students in Psychological Distress: Insights from Indonesian Faculty Members

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Abstract. Recent studies have noted a rising prevalence of common mental health issues, including suicidal ideation and self-harming behaviors, among college students globally. However, limited attention has been given to the preparedness of educational institutions in addressing these concerns. This study aims to explore the landscape of mental health support within Indonesian universities, with a particular focus on uncovering the availability of policies and training as well as faculty members perceptions of students mental health challenges, the identification of responsible parties for providing assistance, and the specific support needs of faculty members prior to the pandemic. Employing a mixed exploratory method, the research engaged 172 faculty members from 72 universities in Indonesia who completed an online survey. The quantitative data underwent descriptive analysis, while the free-text responses were thematically categorized. The findings revealed that (1) most universities still lack formal policies on dealing with students in psychological distress; (2) there is a gap between faculty members willingness to discuss students mental health and their decision to refer students to mental health services; and (3) there is a necessity for building a multi-layered support system for this issue. Hence, universities are advised to proactively institute formal policies to address students in psychological distress, implement comprehensive mental health training for both students and faculty, and enhance the accessibility of professional psychological support services, thereby creating a robust framework for promoting and safeguarding the mental well-being of students.

Keywords: college student; distress; faculty readiness; mental health; support system

Recent studies have observed a growing prevalence of common mental health disorders, such as depression and anxiety, among college students (Marthoenis et al., 2018). There has also been a global rise in the prevalence of suicidal ideation and self-harming behavior in this population, as highlighted by studies conducted by Busari (2012), Deb et al. (2016), and Shamsuddin et al. (2013). In the context of Indonesia, a substantial proportion of undergraduate students, ranging from 37% to 53%, reported experiencing high-stress symptoms (Mardea et al., 2020), with 25% indicating that they had encountered depression and 51% reporting anxiety (Astutik et al., 2020). Moreover, the lifetime

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prevalence of self-harm among Indonesian college students was recorded at 38% in 2012, with 21% of those students also having attempted suicide (Tresno et al., 2012). Consequently, significant attention has been directed toward uncovering various factors related to students' wellbeing.

Numerous studies have investigated protective and risk factors concerning student wellbeing. For instance, in a recent comparative study involving 156 Indonesian students and 145 UK students, self-compassion and vigor was identified as significant predictors of mental wellbeing. A systematic review has added other protective factors, such as developing strong and supportive social networks, along with adaptability (Campbell et al., 2022). In contrast, evidence concerning risk factors for student wellbeing is more readily available. Experiencing financial problems (Sturgeon et al., 2016), social isolation (Endo et al., 2017; Loades et al., 2020), and a family history of mental disorders (Jakhar et al., 2017) can significantly increase the risk of developing psychological distress. Barriers to accessing information regarding mental health services (Eisenberg et al., 2007) and social stigma surrounding these conditions (Staiger et al., 2017) are equally influential factors that may exacerbate an individual's condition by discouraging help-seeking behavior. In fact, the lack of help-seeking behavior is often considered one of the primary reasons for the persistent prevalence of distressed students.

However, attention to student help-seeking behavior also needs to be balanced with an understanding of the factors that may hinder it. A systematic review highlighted various reasons that could inhibit help-seeking behavior, such as individual factors (e.g., mental health literacy, fear of disclosure) as well as external factors (i.e., knowledge, belief, and attitude of the college community) (Hartrey et al., 2017). Notably, (Goodwin et al., 2016) pointed out that only 5% ($n = 220$) of university students seek help from mental health professionals (i.e., school counselors, psychologists, and psychiatrists), while the remaining 95% seek help from non-formal sources. This suggests that, in addition to family and friends, educational institutions also play a crucial role in ensuring students' well-being.

Despite the growing recognition of the Higher Education Institution's role in addressing distressed students, limited evidence exists regarding the preparedness of Indonesian universities to deal with such cases. In response, we conducted a survey in 2019 to investigate the challenges faced by faculty members (i.e., academic and administrative staff) in providing assistance to distressed students (Putri et al., 2019). This survey also yielded unpublished insights regarding the regulations governing the management of students in distress, the perceived preparedness of faculty members, their support needs, and various issues encountered when handling such cases. These insights serve as the foundation for the current paper, which aims to provide a comprehensive assessment of the mental health support landscape within Indonesian universities. The paper particularly focuses on uncovering the availability of policies and training, faculty members' perceptions of students' mental health challenges, the identification of responsible parties for providing assistance, and the specific support needs of faculty members before the onset of the pandemic. We aim to answer the following research questions: 1) How do faculty members perceive the availability of regulations for dealing with distressed students in their Higher Education Institutions?; 2) How do faculty members perceive their readiness to handle distressed students?; 3) Whom do faculty members perceive as the person

most responsible for maintaining student wellbeing?; 4) What types of problems do faculty members identify in distressed students?; 5) What are the support needs of faculty members in dealing with distressed students?.

Methods

Study Design and Participants

This study employs a mixed exploratory method, with the instrument for data collection being a questionnaire. The data was collected between January and February 2019 using an online survey link shared via various social media platforms (e.g., Facebook, Instagram, WhatsApp) and emails. Researchers also urged participants to forward the link to their own colleagues. There was only one criterion to participate in this study: the participant must be active academic staff or administrative staff in an Indonesian higher educational institution (HEI). Academic staff refers to lecturers, whose primary responsibilities are to engage in teaching, research, and scholarly activities. Meanwhile, administrative staff refers to those who support the overall functioning of the institution by handling administrative, operational, and managerial tasks, often known as *tenaga kependidikan* in Indonesian.

The final sample consisted of 172 faculty members, with 21 administrative staff members and 152 academic staff belonging to 72 universities. The majority of 107 participants came from public universities (62.2 %) and 65 from private institutions (37.8 %) which mostly consisted of permanent noncivil servant (43.6%). The majority of participants fell between the age range of 25 and 30 years (26.2%), while a significant portion was older than 45 years (21.5%). Most participants have worked for roughly 1 to 5 years (32%), followed by those who have dedicated their life for more than 15 years (26.7%). The sample was predominantly female (68%). Table 1 depicts the demographic information of the respondents.

Table 1
Demographic Features of Respondents

No	Category	N	Percentage
1	Sex		
	Male	55	32.0
	Female	117	68.0
2	Age (years)		
	<25	2	1.2
	25-30	45	26.2
	31-35	36	20.9
	36-40	26	15.1
	41-45	26	15.1
	>45	37	21.5
3	Type of University		
	Public Universities	107	62.2
	Private Universities	65	37.8
4	Occupation		

Table 1 (Continued)*Demographic Features of Respondents*

No	Category	N	Percentage
	Permanent lecturer (civil servant)	64	37.2
	Permanent lecturer (noncivil servant)	75	43.6
	Part-time lecturer	12	7.0
	Administrative staff (civil servant)	10	5.8
	Administrative staff (noncivil servant)	11	6.4
5	Length of employment (years)		
	<1	25	14.5
	1-5	55	32.0
	6-10	22	12.8
	11-15	24	14.0
	>15	46	26.7

Procedure

An online questionnaire was designed by the authors. Participants for this qualitative exploratory study were recruited through a combination of purposive and snowball sampling. An online survey link was shared through university emails and various social media platforms (WhatsApp, Facebook, and Instagram). In particular, we distributed the link in several Indonesian Lecturer Forum WhatsApp groups in order to reach as many faculty members across Indonesia. In addition, researchers also encouraged members of those social media groups to share the link with their respective colleagues.

Participants were given a brief description of the study with information about the research team, aims, confidentiality agreement, and data use process at the beginning of the online survey. It was specified in the information sheet that distressed students refer to students exhibiting emotional distress, self-harm behavior, or suicidal ideations. All participants have provided online consent prior to filling in the form. This study has a 99.4% completion rate which is calculated by dividing the number of completed surveys by the number of participants who entered the survey. One participant was excluded due to incomplete response. The questionnaire was divided into two sections. The first half included 27 fixed-response questions that collected quantitative data on socio-demographics and faculty readiness. In this study, questions on faculty readiness (refer to Table 2) were adapted from a prior survey report on campus readiness in addressing students in distress, as conducted (Albright & Schwartz, 2017).

Table 2*List of Questions*

No	Questions	Choice of Answer
	Readiness of the institution	

Table 2 (Continued)

<i>List of Questions</i>		
No	Questions	Choice of Answer
1	<p>Please indicate in the column provided if the department in which you work has provided the following:</p> <ul style="list-style-type: none"> • Policies guidelines (response strategy) to be followed when meeting students with indications of psychological stress • Policies guidelines (response strategies) to be followed when meeting students who express a desire to commit suicide • Policies guidelines (response strategies) to be followed when there is a case of student suicide • Support services that can be accessed by students if they experience psychological pressure • Training for lecturers on how to recognize signs of psychological stress in students • Training for administrative staff on how to recognize signs of psychological stress in students 	Yes / No / Don't know
Readiness of academic staff and administrative staff		
2	<p>What is your level of readiness to do the following?</p> <ul style="list-style-type: none"> • Recognize signs of students experiencing psychological stress • Talk to students about your concerns regarding their psychological condition • Recommend a mental health service to students 	1 = Very unready; 2 = Unready; 3 = Ready; 4 = Very ready
3	<p>In the past one year, how many students did you meet in the following contexts?</p> <ul style="list-style-type: none"> • Students who told you that they are experiencing psychological distress • Students you suspected to be experiencing psychological distress • Students you talked to regarding your concern over their mental health condition • Students you referred to mental health services 	0 person; 15 persons; 610 persons; > 10 persons
4	<p>How much do you agree with the statements presented below?</p> <ul style="list-style-type: none"> • Connecting students who experience psychological distress with mental health services is part of the responsibility of faculty/staff/lecturers. • Lecturers need to be equipped with first-aid skills in handling students facing psychological stress. • Administrative staff needs to be equipped with first-aid skills in dealing with students experiencing psychological distress. 	5-point Likert scale 1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree

The second half of the questionnaire included five open-ended questions exploring the faculty members' experiences in dealing with distressed students. No word limit was set for these open-ended questions; thus, participants had the freedom to elaborate as much as they liked or to not provide any answer. Two of the questions from our set specifically touched on faculty challenges in assisting distressed students. Given the unique focus of these questions, they were presented separately in (Putri et al., 2019). This decision was made to provide a clearer and deeper analysis of each topic, ensuring that readers attained a thorough understanding of the issues discussed. The remaining three of these questions analyzed in this report explored faculty members' perceptions of students' mental health challenges, the identification of responsible parties for providing assistance, and the specific support needs of faculty members. The questions are worded as follows: 1) Who do you think is most responsible for student mental health?; 2) What problems do you frequently find in students who are in distress?; 3) What support do you need in dealing with distressed students?.

Analytical Approach

The quantitative part of the survey was analyzed descriptively. Meanwhile, the open-ended questions were analyzed using conventional content analysis (Hsieh & Shannon, 2005). This approach was employed to identify, analyze, organize, and quantify an array of information found within the dataset. Nvivo 12 was used as the platform for organizing and coding the imported qualitative data. Initially, all authors engaged in data familiarization and discussed possible categories. At this stage, the authors identified different categories related to student mental health problems, the individuals responsible for ensuring student well-being, and support needs to be used as the initial coding framework.

Table 3
Initial Coding Framework

1. Person responsible for student wellbeing	1.1. Academic tutors	Includes lecturers who are specifically assigned as students' academic tutor [Dosen Pembimbing Akademik].
	1.2. Lecturers	Includes non-academic tutor lecturers.
	1.3. Family	Includes any responses that include family-unit members (e.g., mother, father, sibling)
	1.4. Special staff	Includes individuals who have been trained and are assigned a role to provide psychological support for students (e.g., psychologist, faculty counselor). This can include academic/administrative staff who have been specifically trained for this.
	1.5. Peer counselor	Includes students who have been trained and assigned a role to provide psychological first aid.
	1.6. Student	Includes responses that merely stated students are responsible for their own wellbeing.
2. Student wellbeing problem	2.1 Task-related stress	Includes responses that highlights academic stress, burnout, problems with learning.

Table 3 (Continued)*Initial Coding Framework*

	2.2 Relational problem	Includes responses that highlight students' wellbeing problems that are triggered by issues they have with their friends, significant other, family, or others.
	2.3 Mental health problem	Includes responses that highlight how students are showing symptoms of mental health problems, such as depression, anxiety, insomnia, eating disorders, etc. This could be based on diagnosis or how the responses highlighted several symptoms often seen in a particular diagnosis.
3. Support needs	3.1. Institutional-level	Includes responses that highlight support needs that they would like to receive from the institution, or changes that could only be made on that level. For instance, policy making, improvement in facilities.
	3.2 Faculty-level	Includes responses that highlights support needs that they would like to receive for themselves, such as training or information on certain services.
	3.3. Student-level	Includes responses that highlights support needs that they would like to see students receive, such as mental health promotion program and training.

Note: Detailed sub-categories will be further reflected in the results section.

Next, responses within each initial category were then further coded based on similar keywords or themes. The coding of the entire dataset was subsequently completed by the second and third author. based on the final agreed-upon categories. To test the consistency of the codes, the second and third author independently coded a randomly selected subsample of 100 responses separately and then compared the results. This process resulted in a 90% agreement. Any disagreements were resolved by the first author. Finally, all authors proceeded to consolidate codes and construct comprehensive categories. Details on the categories and subcategories are presented in the result section. For a more detailed coding process see Table 3.

The qualitative and quantitative data were initially analyzed separately. The integration of these data in the interpretation process of the findings, in which we compared the results from both datasets to see how it complements each other. Specifically, the quantitative data serve to contextualize the background of faculty members, enhancing our understanding of the rationale behind their responses in the open-ended questionnaire. For example, an awareness of the availability of policies and training, along with the frequency of faculty members dealing with students in distress, could provide insights into the emphasis on institutional regulation in the qualitative aspect. Moreover, this analysis enables the identification of patterns in faculty members' needs, highlighting potential variations based on their prior experiences in handling students and sociodemographic backgrounds. This integrated approach strengthens the overall interpretation of the findings, offering a nuanced and comprehensive understanding of the research context.

Results

Faculty Members' Perceived Availability of Regulations for Dealing with Distressed Students

Our survey reveals that, out of 172 faculty members, more than half ($N=123$) reported their department lacking a formal strategy for addressing students showing indications of mental health issues. In fact, when they were asked whether their institution had any response strategy for dealing with students having suicidal ideation, the number increased to 151 reports. Similarly, 89.53% of the respondents ($N = 154$) claimed that their institution did not have any regulations in place for managing cases of student suicide. In other words, very few institutions have started to consider the importance of postvention to deal with the aftermath of student suicide. This is unfortunate since suicide has been known to have various long-term effects on mental health. Nonetheless, a little more than half of the faculties ($N = 91$) had student services offering psychological support. Currently, the most distressed students are expected to be handled by these student services, since most of the participants reported that neither academic staff ($N = 143$) nor academic administrative staff members ($N = 155$) were given training on how to screen for signs of distress in students.

Faculty Members' Perceived Readiness to Handle Distressed Students

In relation to faculty readiness, a majority of the participants asserted their confidence in discerning indications of distress exhibited by students ($N = 136$), as illustrated in Figure 1. Specifically, 83.13% of the participants expressed assurance in initiating a dialogue with students concerning their well-being ($N = 143$), as well as in recommending available mental health services if deemed necessary ($N = 138$). Nevertheless, not all assertions aligned with actual occurrences (see Figure 2). A substantial number of participants conveyed that, within the past year, approximately 15 students had approached them to disclose their encounters with mental health challenges ($N = 97$), whereas 15 respondents disclosed instances of more than 6 distressed students seeking their assistance. Moreover, a considerable cohort of 125 participants indicated suspicion of mental health issues in at least five students over the previous year. In harmony with their preceding self-reports, a majority of the participants indeed extended invitations to students to discuss their concerns ($N = 121$). However, the same level of correspondence does not extend to their assertions concerning guiding students to mental health services. Despite an 80.23% confidence rate among participants in recommending mental health services, a notable 68.60% acknowledged not having directed any students to avail themselves of mental health services throughout the past year. This discrepancy underscores a gap that requires addressing in order to comprehensively fathom the reasons underlying the hesitancy to refer students for professional mental health support.

The question regarding whether connecting students experiencing psychological distress with mental health services is part of the role of faculty/staff/lecturers, resulted in the following responses: Strongly Agree ($n= 56$), Agree ($n= 90$), Neutral ($n= 14$), Disagree ($n= 5$), Strongly Disagree ($n= 7$). Similarly, the majority of respondents either agree or strongly agree that academic staff ($n= 154$, 90%) and administrative staff ($n= 146$, 85%) need to be equipped with psychological first aid training. Thus,

there is a willingness among faculty members to contribute more to maintaining student wellbeing.

Figure 1
Perceived Readiness of Faculty Members

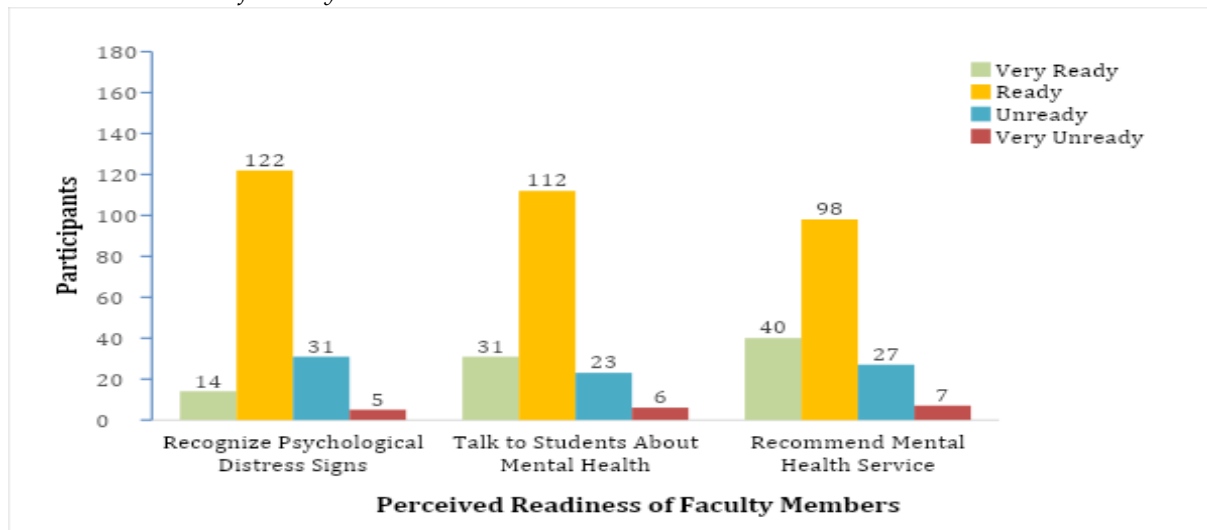
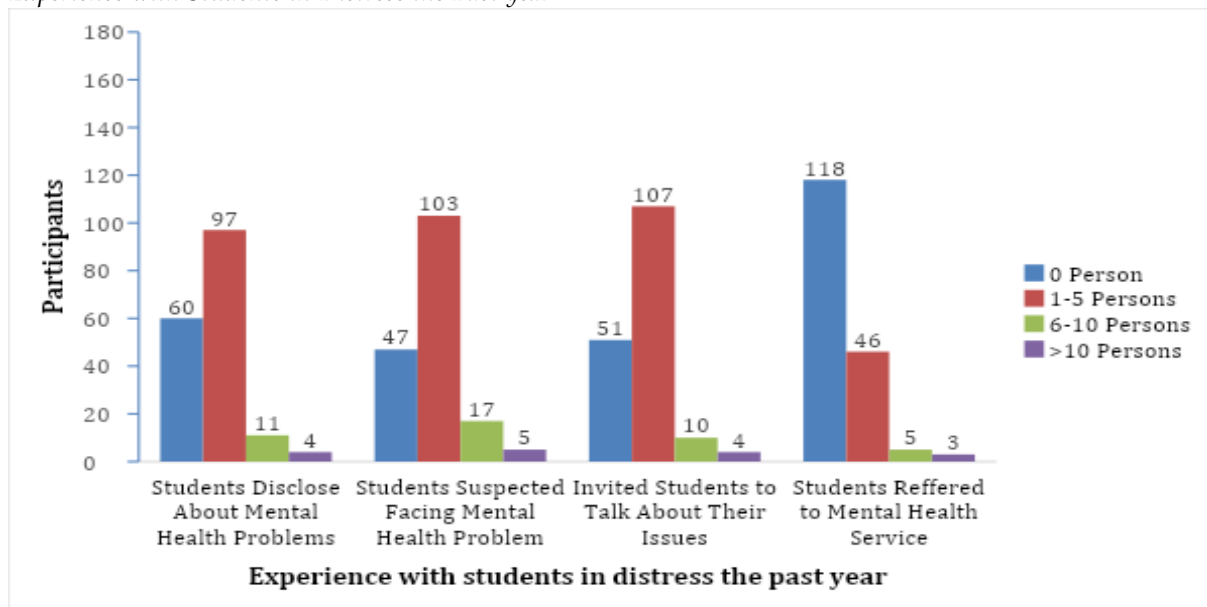


Figure 2
Experience with Students in Distress the Past year



Identification of Person Responsible for Maintaining Student Wellbeing

In answering this question, the participants were afforded the freedom to write more than one answer; therefore, the number of responses could be different from the number of participants. The final survey had a total of 236 responses to this question, obtained from 172 participants, which were later categorized into five different groups. Findings suggested that most participants believed academic tutors to be most responsible for students' wellbeing (47.1%). This was then followed by lecturers (40.1%), family (22.7%), special staff (i.e., psychologists, faculty counselors, etc.) (17.4%), peer counselors (15.1%), and the students (2.3%).

Table 4
Responsible for Students' Health

No	Responsible for Students' Health	N	Percentage
1	Academic Tutors	81	47.1%
2	Lecturers	69	40.1%
3	Family	39	22.7%
4	Special Staff	30	17.4%
5	Peer Counselors	26	15.1%
6	Students Themselves	4	2.3%

Types of Problems Identified in Distressed Students

There are three main issues highlighted by faculty members regarding the types of problems often found in students in distress: (1) Task-related stress (40.7%), (2) Relational problems (33.1%), and (3) Mental health issues (26.2%). In total, 144 codes were generated across the responses. Table 4 depicts the categories and sub-categories of the array of problems that faculty members typically observe in distressed students.

Table 5
Problems Found in Distress Students

Main Category	Sub-category	N	%
Task-related stress	• Adaptation Problems	19	(42.3)
	• Academic Burden	17	
	• Problem with Final Project	15	
	• Academic Demotivation and Fear	9	
Relational problems	• Issues with family	24	(42.3)
	• Issues with significant other	10	
	• Issues with peers	7	
	• Conflict with lecturers	4	
	• Unspecified relational issue	3	

Table 5 (Continued)*Problems Found in Distress Students*

Main Category	Sub-category	N	%
		47	(33.1)
Mental health issues	<ul style="list-style-type: none"> • Mood-related disorder • Symptoms of stress • Anxiety-related problems • Suicide and self-harm • Schizophrenia • Unspecified mental health problems 	12 10 7 2 1 3	
		35	(24.6)

Note: The responses do not correspond to the number of participants because some provided more than one answer

Task-related stress relates to academic-related issues, which primarily consisted of adaptation problems, which one faculty member had mentioned, some students struggle to adapt to the learning style required at the University level. In turn, this could cause issues with poor self-esteem as they felt they were unable to perform as well as others. The overwhelming amount of academic burden coupled with poor work-life balance was also assumed to have contributed to academic burnout, which could also increase the risk of developing psychological issues. Participants stated the following examples: I haven't directly met any students with psychological disorders; however, there have been a few cases of students having to request academic leave due to falling ill from an overwhelming academic burden; The constant (overwhelming) academic routines have contributed to poor mental wellbeing due to a lack of sleep and rest for the students. Additionally, faculty members also raised quite a significant number of issues with last-year students who face challenges regarding their final dissertation, leading many to feel overwhelming anxiety. A small number of responses highlighted issues regarding demotivation because students felt like they chose the wrong degree or fear that their lack of ability to complete their degree will cause a financial burden.

The second largest issue were relational problems (33.1%), primarily with family. Surprisingly, many faculty members reported having had students with varying degrees of family issues (i.e., broken home families, becoming victims of physical, emotional, and psychological abuse from family members). As one participant stated, Parents' divorce and academic problems have adversely impacted students' psychological condition. The next largest sub-category was on issues with significant others, with 6 highlighting general romantic quarrels, 2 issue with pregnancies outside of marriage, and 2 dealing with toxic relationships and becoming victims of abuse by their significant other. Other than that, having difficulties bonding with peer groups in their faculty also became another issue that could sometimes impact academic performance, as stated by one participant: When a student has issues getting accepted in their social circle, it not only causes stress but also makes it difficult for them to perform well on team assignments.

The last type of problem that faculty members observed were mental health problems, which include both clinically diagnosed as well as observed symptoms. Mood-related disorders consist of depression, bipolar disorders, and various other problems relating to mood. The second largest sub-category within this group is symptoms of stress, which consisted of responses that highlighted stress and various conditions that resulted from that, such as problems with sleep. Anxiety disorders are made up of responses from faculty members that highlighted issues with, among others, general anxiety problems as well as anxiety relating to trauma. Two out of four faculty members who have previously been bereaved by student suicide highlighted issues regarding suicidal ideation and self-harm in students. Faculty members' perceived support needs to provide assistance for distressed students

Table 6 depicts the codes derived from the support needs dataset. We grouped these codes into three overarching themes based on the level of support: institution, faculty member, and student.

Table 6
Layers of Support Needs

Main Support Category	Sub-category	N	(%)
Institutional-level support		66	(36.3)
Providing formal guidelines & regulation	<ul style="list-style-type: none"> • Formal regulation • Information on referral pathways • Availability of guidelines and modules 	13	10
		6	
Providing student support services	<ul style="list-style-type: none"> • In-person student support services • Call center • Having mental health professionals 	7	3
		6	
Support in infrastructure and system	<ul style="list-style-type: none"> • Building comfortable and private spaces for student counselling sessions • Acknowledging and rewarding faculty staff who have assisted students in distress 	17	4
Faculty-level support		106	(58.2)
Mental health training	<ul style="list-style-type: none"> • Building mental health awareness • Recognizing early warning signs • Providing mental health first-aid • Unspecified mental health training 	14	23
		45	
Soft-skill training	<ul style="list-style-type: none"> • Building close relationship with student • Positive communication training 	4	6
Student-level support		10	(5.5)
Peer counselor training	<ul style="list-style-type: none"> • Peer counselor training 	6	

Table 6 (Continued)*Layers of Support Needs*

Main Support Category	Sub-category	N	(%)
Psychoeducation	• Raising awareness (recognizing signs and help) through mental health promotion	2	
Soft-skill training	• Communication training	2	

Note: The responses do not correspond to the number of participants because some provided more than one answer

At the innermost level, some respondents felt that there was a need for students to receive psychoeducation or mental health promotion programs that would help build awareness regarding mental health. This need was articulated mainly by respondents who had issues dealing with students who refused to disclose their personal problems, as stated in this quote: It's difficult to deal with those who won't admit they need help having training for those who are closed off to be more open would be good. Regular sessions aimed at emphasizing the importance of taking care of one's mental well-being could potentially enhance students' help-seeking behavior. In other words, this would mainly act as a preventive measure for students. Additionally, it would also be good to train peer counsellors, who can provide psychological first aid.

The largest response was at the faculty level (58%). Respondents strongly expressed their need to receive basic mental health training. Although the majority expressed that they are open to any type of training (n= 45, %), some highlighted more specific types of training. Training on building awareness regarding mental health issues and recognizing early warning signs of students in distress were each emphasized by 14 respondents. They acknowledged that students' express distress in various ways, so knowing how distress can manifest itself would enable them to avoid negatively labeling students'. One participant added, The support and collaboration with fellow work colleagues to pay more attention to students with psychological distress is needed so that we don't feel like we're supporting them alone. Of course, this requires some professional guidance to teach us how to identify the signs of students who are in distress as well as ways to address them. Finally, a few faculty members highlighted the importance of receiving training on how to communicate sensitively with these students. As some participants emphasized, I need training on how to actively listen; Communication training on how to open up a conversation with students so they would be more willing to disclose their problems.

Both types of support described above also needed to be coupled with excellent institutional support, which garnered 26% of responses. As one participant pointed out, Each faculty has already trained student counsellors like me, but many people in the higher-ups don't find it important or necessary to support us. This points to the fact that, even if there are services in place, having the institution's support is vital to ensure smooth implementation. Two main categories were emphasized: the need for formal guidelines/policies and availability of mental health services for students at

the departmental or university level. Based on the earlier survey, it was clear that most faculty or departments did not have a formal policy in place to deal with students experiencing psychological distress. One participant stressed, I need there to be clear official policies and procedural standards from the faculty because, up until now, I've been handling students on my own initiative as a psychologist. I provide psychological services to students through a psychology center within the faculty for free. In fact, 15% of the client visits are from students. This is a program I created myself because I happen to lead the center, but there are no official regulations from the educational institution. This leads to the need for affordable student support services.

One participant aptly summarized, There needs to be well-planned student support services at the faculty or university level, as well as clear referral pathways to these services. There is also a need to add the number of external professionals to those services because the demand is high. Training all academic and administrative staff about psychological problems in emergency situations would be good, and there should be a helpline too. Faculty members also pointed out that if lecturers are expected to provide assistance to students, then the institutions should also support making that possible, namely by: 1) ensuring they don't overburden lecturers with administrative tasks so they can allocate some of that time to have more meaningful conversations with students, 2) arranging a safe and comfortable space where lecturers can talk privately with students, and 3) acknowledging and rewarding those who have made some time to assist students.

Discussion

Our study aimed to explore the landscape of mental health support within Indonesian universities, with a particular focus on uncovering the availability of policies and training as well as faculty members' perceptions of students' mental health challenges, the identification of responsible parties for providing assistance, and the specific support needs of faculty members prior to the pandemic.

Our findings indicate that over half of the surveyed faculty members reported a lack of available formal regulations or policies guiding their response to students in distress within their respective departments or universities. This absence of guidelines is a critical issue, as existing literature, including the work of Hellmann et al. (2021), suggests that prosocial behavior is positively influenced by a heightened sense of moral obligation, duty, or personal responsibility. This meant that knowing that it is part of their duty, would make them more likely to aid students when needed. Consequently, the absence of clear policies may contribute to a diffusion of responsibility, creating ambiguity regarding which stakeholders are accountable for addressing students' mental well-being concerns. This ambiguity, in turn, may impact the willingness of faculty members to provide assistance.

Moreover, a significant proportion of universities surveyed did not offer faculty training in basic mental health, exacerbating the perceived lack of capacity among faculty members to effectively address mental health issues, as highlighted by Putri et al. (2019). This lack of training not only hinders the ability of faculty members to support students but also contributes to an environment where the perceived capability to handle mental health concerns is diminished.

To illustrate the potential impact of implementing regulations and frameworks, we draw upon the Australian University Mental Health Framework as an exemplar. The framework involves strategies such as co-designing mental health initiatives with students, actively collecting data on students' needs and mental health conditions, fostering partnerships between universities and mental health sectors for a collaborative approach to student well-being, and establishing clear plans and processes for a coordinated response during crises (Orygen, 2020).

The current situation in Indonesia reflects a recognition of the importance of student support services offering psychological aid. However, a noteworthy challenge arises from the fact that these services are often provided by faculty members within the same institution. This dual role creates potential issues, including an increased academic burden for faculty members and a hesitance among students to access services due to perceived conflicts of interest (Putri et al., 2019). To address these challenges, establishing strong partnerships with external mental health sectors could enhance existing student support services. Additionally, implementing routine data collection on student well-being and needs would inform the development of future mental health initiatives in the Indonesian context.

Faculty Members Readiness to Handle Distressed Students

One of the main findings we found regarding faculty members' perceived readiness is that there is a discrepancy between their perceived readiness to recommend mental health services to students and the frequency with which they have truly recommended them. Despite 80.23% of the participants rating high readiness to recommend mental health services to distressed students, a notable 68.60% acknowledged not having directed any students to avail themselves of mental health services throughout the past year when given the chance. This was in line with several studies that suggested hesitation in offering help was mainly attributed to the need for capacity-building in communication and assessment skills, a lack of accessibility to available mental health service information, and unclear professional boundaries (DiPlacito-DeRango, 2016; Gulliver et al., 2018; Gulliver et al., 2019; Putri et al., 2019).

One example of training that has been used to improve the capacity to deal with distressed individuals is the Mental Health First Aid (MHFA) training, a widely recognized type of training that have also been implemented in higher education institutions across Australia, USA, UK, Denmark, Canada, China and Sweden (Morgan et al., 2018). A recent study on the implementation of MHFA on Australian tertiary staff, resulted positive outcomes in student wellbeing (Carpini et al., 2021). It mainly focuses on building the following capacities to improve staff's readiness to provide assistance: (1) ability to approach, assess, and assist student in distress, (2) listen and communicate non-judgmentally, (3) give support and information, (4) encourage appropriate professional help, and (5) encourage other support strategies including family and friend. The alignment of these capacities with the needs highlighted by our participants underscores the potential effectiveness of similar training to be implemented in the Indonesian context.

Whom do Faculty Members Perceive as The Person Most Responsible for Maintaining Student Wellbeing?

Most faculty members agreed that academic tutors and lecturers were mainly responsible for maintaining student wellbeing, but they needed support in the form of self-development programs, skill training, and strong faculty regulations to help students optimally. This was in line with past studies, which have explored the protective factors in educational institutions for maintaining student well-being and achievement (DiPlacito-DeRango, 2016; Gulliver et al., 2018; Trolan et al., 2020). It is crucial to recognize, though, that assigning sole responsibility for student well-being to faculty members may not be realistic.

To provide context, Indonesian lecturers are governed by the Tri Dharma principle of Higher Education, requiring them to engage in research, teaching, and community services each semester. These workloads, coupled with administrative and personal responsibilities, often leave limited time for lecturers to address other tasks related to student well-being, as noted by participants (Putri et al., 2019). A recent comparative study of Indonesian and Malaysian faculty members found that the expectation to focus on career development, research, teaching, and interpersonal relationships significantly contributes to occupational stress in both contexts (Rusli et al., 2023). Thus, establishing a system that facilitates access to various alternative care options is imperative.

Drawing on examples from the Australian University Mental Health Framework (Orygen, 2020), it is evident that comprehensive training is provided not only for staff members but also for students, accompanied by efforts to forge strong partnerships with other sectors. In Indonesia, the Center for Public Mental Health at Universitas Gadjah Mada (Setiyawati et al., 2019) has initiated similar guidelines, known as Program Kampus Sejahtera, outlining strategies to enhance the overall well-being of all university stakeholders. While not yet widely implemented across all Indonesian universities, adopting such guidelines emphasizing the multifaceted roles of stakeholders (lecturers, students, parents, staff) in maintaining collective well-being would be beneficial.

The recent experience during the sudden pandemic has further highlighted the crucial roles of peers, family members, and faculty members in supporting student wellbeing. A study suggested that perceived low satisfactory support during the pandemic was associated with more suicidal thoughts among Indonesian students (Pramukti et al., 2020). Although our data was collected prior to the pandemic and we are now in the post-pandemic era, this issue remains pertinent. Several studies have indicated a decline in student well-being post-pandemic, especially among economically disadvantaged students even before the pandemic (Paton et al., 2023), as well as international students or those who had to live apart from their families during lockdown (Russell et al., 2023). In other words, the role of educational institutions in ensuring a smooth recovery and readjustment to university life may be even more critical at present.

Psychological Distress among Students

Task-related issues were the most frequently reported sources of distress among students. This observation finds support in a substantial body of literature, which has consistently identified a negative correlation between academic stress and students' mental well-being (Barbayannis et al., 2022;

Deng et al., 2022). It is unsurprising that the burden of task-related challenges often disrupts students' sleep patterns, thereby exacerbating their stress levels. This phenomenon is underscored by a study involving 450 Indonesian college students, wherein findings demonstrated that those with poor sleep quality were 4.7 times more likely to experience heightened stress compared to their counterparts with good sleep quality (Herawati & Gayatri, 2019).

Furthermore, family-related issues, encompassing situations such as broken households and adversarial parent-child relationships, were also prominently cited by faculty members. Prior research has underscored the role of family-related stress in augmenting students symptoms of depression, consequently exerting a detrimental influence on their academic performance (Deng et al., 2022). Extant studies have shown that students hailing from broken families often exhibit diminished self-confidence across various domains and manifest poorer coping abilities in the face of emotional breakdowns, in contrast to students emerging from intact and contented familial environments (Sparks et al., 2020). While this does not imply that all students grappling with family-related issues are inherently incapable of surmounting such challenges, it does emphasize the necessity of providing students with the necessary support mechanisms to bolster their resilience and emotional regulation. One prospective approach toward this end could involve the implementation of mental health training initiatives.

Our findings indicate that faculty members observed several types of mental health problems in students before the pandemic, particularly depression, anxiety, and overwhelming stress issues. The need to provide basic mental health training has only become even more relevant in this post-pandemic era. A study of 195 college students revealed that 75% of them experienced increased stress and anxiety due to the COVID-19 outbreak (Son et al., 2020). In fact, a longitudinal study highlighted that there was a continuing trend of increased prevalence of moderate to severe anxiety from 18.1% prior to the pandemic 25.3% within the first 4 months of the pandemic to 31.7% in the following months (Fruehwirth et al., 2021). Elevated risk of self-harm also emerged as an issue following the decrease in social support (Hankin & Abela, 2011). Thus, there is a need for us to ensure whether Indonesian student wellbeing also follows this trend of elevated psychological distress with limited access to mental health care services after the pandemic.

Our findings reveal faculty members' support needs at various levels, including institutional (e.g., implementing guidelines/policies on how to manage students in distress, making student mental health services more accessible), faculty (e.g., basic mental health training), and student levels (e.g., peer support training, mental health promotion program, psycho education). The current study's findings align with previous research demonstrating that the absence of training for dealing with students in distress leaves lecturers and academic staff without the necessary information or skills to provide appropriate responses to students facing mental health issues (Gulliver et al., 2018). Furthermore, positive communication training is also important because it is in line with the results of previous research, which states that the quality of student/faculty contact was positively associated with psychological well-being such as autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Moreover, engaging in personal discussions

with faculty members was positively associated with personal growth (Trolian et al., 2020).

Our findings underscore the imperative need for institutional support in the form of well-defined policies aimed at assisting students in distress. This observation aligns with existing research, which has similarly identified the necessity for academic and administrative staff to have guidelines or policies in place to effectively support students facing distress while also providing information about accessible mental health services (Gulliver et al., 2018). This significance arises from the fact that empirical research demonstrates a limited number of students seeking professional help for their psychological issues (DAmico et al., 2016). Additionally, a previous study on educators' experiences of interacting with students with mental health difficulties through a positioning theory lens showed that educators could show nearing, weighted, ambivalent, and distancing positions when addressing distressed students (Marais, 2023). Each position is informed by multiple storylines and manifested in their speech acts. Thus, the provision of clear policies and guidelines plays a pivotal role in clarifying educators' positions, especially when they might experience ambivalence due to the lack of well-defined professional boundaries.

Aside from equipping faculty members with the necessary training and institutional support, we also found a need to train students. Faculty members have highlighted the possible need for students to receive training or interventions that could improve their abilities to regulate stress and resilience. Indeed, several recent systematic reviews have highlighted a sizeable body of evidence that proves that specific interventions, such as psychoeducation, mindfulness, and interventions, could effectively reduce common mental health difficulties in the higher education student body (Rith-Najarian et al., 2019; Worsley et al., 2022).

Strength & Limitation

Past studies have largely explored students' help-seeking behavior. The results of this study provided a novel perspective from help providers, particularly in terms of the readiness and support needs of faculty members in dealing with students in distress. Furthermore, while this data pertains to the period before the onset of the pandemic, we firmly believe that the data remains highly relevant and valuable for several reasons. Firstly, pre-pandemic data serve as a crucial reference point against which future studies can be compared to assess the current conditions. This comparative analysis allows us to identify trends, shifts, and areas of concern that may have emerged or intensified during and after the pandemic. Secondly, our findings also provide data on the absence of policies and training aimed at equipping faculty members to deal with distressed students in most universities across Indonesia information that is scarcely available. This data, therefore, can be used as evidence to support the necessity of implementing such policies and training in educational institutions.

Findings from this study must still be interpreted with caution. Although the study reveals critical information regarding the overview of faculty members' response towards distressed students before the pandemic, the instrument has not been validated, thus requiring keen discernment and carefulness in interpreting and communicating findings. Further studies are advised to use instruments that have been psychometrically tested to provide higher credibility. Furthermore, the

use of pre-pandemic data means that certain situations may have evolved, resulting in some issues becoming more or less prominent than before. Consequently, readers should bear in mind the current context when interpreting the data and consider it as a reference point rather than a reflection of the present situation. The study primarily included academic staff from high-ranking universities in fields such as social sciences (e.g., psychology, business, education) and medicine (e.g., medicine, pharmacy), potentially explaining their higher readiness to assist students in distress. However, data from natural sciences faculty members were limited, suggesting caution in generalizing results to this group. The current sample with 25 public and 47 private universities represented also deviates slightly from the national university distribution. For context, the national ratio recorded in the 2019 Technology, and Higher Education Ministry of Research (2019) indicated a much higher count of private universities (552) compared to public universities (63). Thus, this may impact the broader applicability of findings to the overall educational context in Indonesia. To achieve a more balanced representation, it is advisable to include faculty members from underdeveloped regions and other fields of study that remain underrepresented in this study in future research as well as aim for a more proportionate sampling reflecting the national distribution of public and private universities in Indonesia.

Conclusion

The study highlighted several crucial points regarding the readiness and needs of faculty members in dealing with students' distress. First, despite the seriousness of student distress, most universities still lacked formal policies for dealing with students' psychological distress. Second, some inconsistencies were found between faculty members' willingness to discuss students' mental health and their decision to refer students to mental health services. This suggested that there were factors that inhibited faculty members from fully incorporating mental health services into their schema. Finally, this study implied that a multi-layered support system was required to provide support to students in distress. This support system consists of creating policies centered on promoting the wellbeing of its' stakeholders as well as providing mental health capacity building program for faculty members and students.

Recommendation

This study underscores the significance of implementing a formal policy within educational institutions to address the challenges posed by mental health issues among students, thereby ensuring a clear and effective approach to managing such concerns. In addition to these policies, providing support to both academic and administrative staff, including training to recognize signs of psychological problems, is essential for bolstering their capacity to assist students in times of distress. Ideally, accessible and cost-free well-being services should be made available to students, allowing faculty members to be more well-equipped to refer students to these services. It is important, however, that these student well-being services be independent from internal academic staff to enhance students' sense of security and anonymity while also alleviating the burden on faculty members. The multi-layered support approach we propose can serve as valuable guidance for

educators and policymakers in the realm of student well-being, offering insights into how to establish a comprehensive support system for students facing distress.

Declaration

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Authors' Contributions

A. K. P. designed the study and also the survey instrument. A. K. P. managed the survey and collected the data. A.R.S. and A. N. F. Y. independently coded the data with suggestions from A. K. P. The final categorization themes were developed by all the authors. The paper was drafted by A. K. P., with inputs from all the authors. A. K. P. is responsible for the integrity of the data. The final manuscript was read and approved by A.K.P., A.R.S., and A.N.F.Y.

Competing Interest

The authors declare they have no conflict of interest.

Ethical Compliance Section

The research was exempted from ethical clearance because it does not involve data collection from a sensitive population.

Informed Consent

Informed consent was obtained from all individual adult participants included in the study.

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