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Prevalence and Risk Factors of Emotional Mental Disorder Among University Students : A Cross-Sectional Study

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Abstract. Emotional mental health issues among university students have shown an increasing trend over time, reaching concerning levels when compared to the general population. Early detection is very important for the university as an early intervention to improve students' mental health. This study used an analytic observational design with a cross-sectional approach. A total of 1564 students from 10 faculties of Sriwijaya University filled in the SRQ-29 questionnaire online via social media from January 2020 – 27 August 2020. The obtained data were analyzed using the Mann Whitney, Chi-Square, and Binary Logistic Regression Test with a significance value of $p<0.05$. As much as 56.6% of the students experienced symptoms of neurosis, 75.6% had symptoms of PTSD, 55% had psychotic symptoms, while 1.2% had symptoms of substance abuse. Students with a history of chronic disease are more susceptible to experience emotional mental disorders (86%). Gender, faculty, domicile, history of chronic disease and history of mental disorders in the family significantly affected emotional disorders ($p <0.05$). Universities need to provide mental health facilities that are managed by professionals and ensure the confidentiality of data in their environment.

Keywords: Emotional Mental Disorder; Student; SRQ

Abstrak. Permasalahan kesehatan mental emosional di kalangan mahasiswa menunjukkan kecenderungan yang semakin meningkat dari waktu ke waktu, bahkan pada tingkat yang mengkhawatirkan jika dibandingkan dengan populasi umum. Deteksi dini sangat penting bagi universitas sebagai intervensi dini untuk meningkatkan kesehatan mental mahasiswa. Penelitian ini menggunakan desain observasional analitik dengan pendekatan cross sectional. Sebanyak 1564 mahasiswa dari 10 fakultas Universitas Sriwijaya mengisi kuesioner SRQ-29 secara online melalui media sosial dari Januari 2020 – 27 Agustus 2020. Data yang diperoleh dianalisis menggunakan Mann Whitney, Chi-Square, dan Uji Regresi Logistik Biner dengan nilai signifikansi $p<0,05$. Sebanyak 56,6% siswa mengalami gejala neurosis, 75,6% mengalami gejala PTSD, 55% mengalami gejala psikotik, sedangkan 1,2% mengalami gejala penyalahgunaan zat. Mahasiswa dengan riwayat penyakit kronis lebih rentan mengalami gangguan mental emosional (86%). Jenis kelamin, fakultas, domisili, riwayat penyakit kronis dan riwayat gangguan jiwa dalam keluarga berpengaruh signifikan terhadap gangguan emosi ($p<0,05$). Perguruan tinggi perlu menyediakan fasilitas kesehatan jiwa yang dikelola secara profesional dan menjamin kerahasiaan data di lingkungannya.

Kata kunci: Gangguan Mental Emosional; Mahasiswa; SRQ

According to Riskesdas 2018, the prevalence of emotional mental disorders in Indonesia reached 9.8% (Indrayani & Wahudi, 2019). One out of three students has experienced or is experiencing emotional mental disorders, which showed a higher percentage than the national prevalence and continued to increase significantly every year (Liu et al., 2019) (Rückert, 2015). Previous research stated that the incidence of emotional mental disorders among students at a university in Jakarta was twice greater than the national prevalence (12.69%) (Prasetio et al., 2019). The emotional mental disorders often experienced by students are depression, anxiety, low self-esteem, and even suicide (Rückert, 2015).

Students are a population at risk of experiencing emotional mental disorder. Apart from being in the transitional phase towards finding their identity (storm and stress phase), the high academic demands and the sense of responsibility they begin to have also added to distress (Liu et al., 2019; Rückert, 2015). Universities were also perceived as an environment with a high-stress level that could negatively impact the students both physically and psychologically. Students with emotional mental disorders were at risk of failing to complete their education, experiencing hardships and declining work performance. They could also experience problems in establishing relationships and their daily activities. Eventually, the emotional mental disorder was then associated with poor academic performance, which worsened the conditions of the students (Bruffaerts et al., 2018).

Numerous previous studies focused more on the emotional mental disorders of the freshmen as they were experiencing the transition phase of the education system. However, students at the higher level of education also experienced stressors that may cause personality maladaptation which could lead to emotional disorder. The causes of emotional disorder experienced by senior students can be in the form of exams, fear of failure, anxiety over the supervisor's expectations, and uncertainty of learning performance (Buchanan et al., 2015; Al-Naggar & Al-Naggar, 2012). Therefore, early detection of emotional mental disorders in students is very important as a foundation of mental health-related interventions that can be implemented by universities.

This study hypothesized that the characteristics of the respondents (gender, faculty, domicile, history of chronic disease and history of mental disorders in the family) affected

the emotional mental disorders symptoms in students. Furthermore, the results of this study could be used as a basis of university policy to establish mental health facilities managed by professionals needed in the university environment and to keep students' identity confidential in order to improve students' academic performance.

Method

Variable Identification

The dependent variable was students' emotional mental disorders including neurosis symptoms, PTSD symptoms, psychotic symptoms, and drug and alcohol abuse symptoms. The independent variables were gender, faculty, domicile, history of chronic diseases and history of mental disorders in the family.

Research Instruments

The emotional mental disorders that were assessed were symptoms of neurosis, PTSD, drug and alcohol abuse, as well as psychotics which were measured using the SRQ-29 questionnaire. This questionnaire is a simple instrument developed by the World Health Organization (WHO) and was adapted by the Ministry of Health. It is self-rating (the questionnaires was filled by the respondents) and is useful as an early detection tool for emotional mental disorders. The validity and reliability of the SRQ-29 questionnaire had been tested with a validity test value of 0.369-0.718 and a reliability test value of 0.90. The SRQ-29 questionnaire consists of 29 questions which are divided into two groups, namely the first 20 questions group and the 9 follow-up questions group. The first 20 questions contain neurotic symptoms consisting of depression, anxiety, somatic disorders, cognitive function, and decreased energy with the answer 'yes' worth 1 point while 'no' worth 0 point. The maximum score for the first 20 questions group is 6 which is then categorized as an emotional mental disorder in the form of neurosis. This group can be further analyzed for their neurotic tendencies (Dinuriah, 2015). A score of 1 on question 21 indicates symptoms of drug and alcohol abuse while a score of 1 or more on questions 22-24 is a predictor of psychotic symptoms that require serious treatment, and a score of 1 or more on questions 25-29 indicates the presence of PTSD symptoms.

Research subject

The population in this study was all Sriwijaya University students with 1564 respondents from 10 faculties. Respondents participated by filling in an online questionnaire distributed through social media (Line, Whatsapp, Instagram, and Twitter), then respondents were selected using the convenience sampling technique. An informed consent which contained a statement of willingness to become research respondents was also included in the questionnaire.

Research methods

This study used an analytic observational design with a cross-sectional approach. Researchers applied for ethical clearance and permissions to the university. A Google form was used as the research instrument and was distributed through social media such as Line, Whatsapp, Instagram, and Twitter. The research was conducted from January 2020 to 27 August 2020. The questionnaire contained informed consent which explained that the research was voluntary so that participants could drop out any time. The data obtained were confidential and were only used for research purposes.

Analysis Techniques

Editing, coding, data entry and cleaning were done to the collected data, then the data were analyzed using the IBM SPSS Statistic 24 program. Data were analyzed using the Mann Whitney and Chi-square analysis techniques to determine the relationship between sociodemographic factors and emotional mental disorders, as well as multiple logistic regression prediction models with p-value and alpha significance of 0.05 and 95% Confidence Interval for each statistical test.

Result

This study focuses on the analysis of emotional mental disorders in Sriwijaya University students based on symptoms of neurosis, PTSD, drug and alcohol abuse, and psychotics. Of the 889 students who experienced symptoms of neurosis, the highest percentage was in the Faculty of Public Health with 142 students (16%). Out of 1187 students who were detected to have PTSD symptoms, the Faculty of Public Health also had the highest percentage with 187 students (15.7%). Nineteen students were found with symptoms of drug and alcohol

abuse in the Faculty of Social and Political Sciences as the highest percentage of 26.5%. Meanwhile, of the 866 students who were detected early on experiencing psychotic symptoms, the greatest portion was occupied by the Faculty of Public Health with 153 students (17.7%) **(Figure 1).**

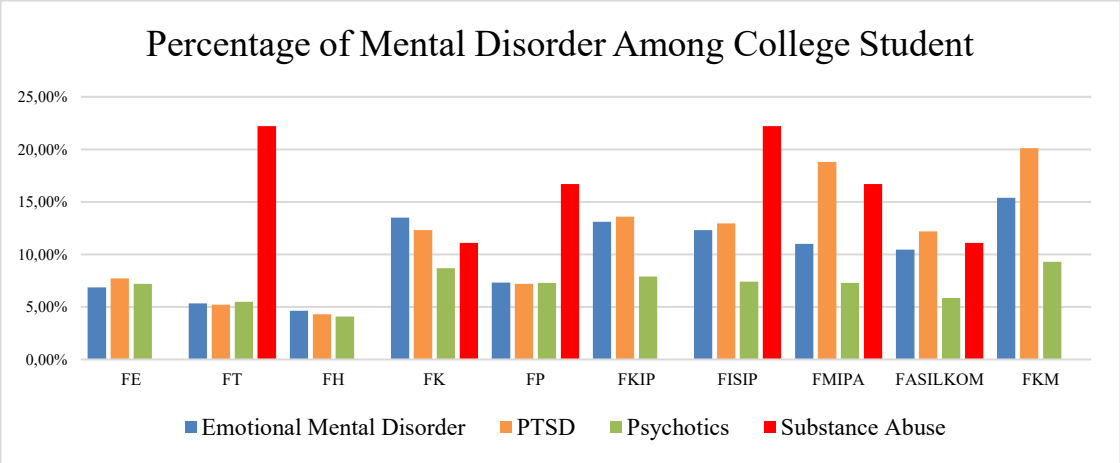

Figure 1. Percentage of student mental disorders in each faculty

The mean age of the respondents is 19.83 (± 1.32) years old and the average grade point average (GPA) of 1564 respondents is 3.35 (± 0.56). Majority of the respondents were women (n = 1165, 74.5%), were students of the Faculty of Public Health (n = 247, 15.8%), was in third semester (n = 600, 38.4%), were Muslim (n = 1451, 92.8%), and were unmaried (n = 1557, 99.5%). Most respondents admitted that they never suffered from chronic disease (n = 1457, 93.1%) and had no history of mental disorders in the family (n = 1415, 90.5%) **(Table 1).**

Tabel 1.

Sociodemographic Characteristics, Respondents Health History, and Mental Health Services with Emotional Mental Disorders

Sociodemographic Characteristic	**Total respondents (n=1564)**	**Neurosis Symptoms n=889**		**PTSD Symptoms n = 1187**		**Psychotic Symptoms n = 866**		**Drug and Alcohol Abuse Symptoms n = 19**	
		n , p *value*		**n , p *value***		**n , p *value***		**n , p *value***	
Age, mean±SD	19.83±1.32	19.86±1.28	.093	19.79±1.24	.019	19.76±1.29	.021	20.37±1.50	.063
GPA±SD	3.35±0.561	3.327±0.575	.039	3.343±0.57	.934	3.341±0.59	.276	3.225±0.441	.101
Gender									
Male	399	178		271	.000	205		9	.035

Sociodemographic Characteristic	Total respondents (n=1564)	Neurosis Symptoms n=889		PTSD Symptoms n = 1187		Psychotic Symptoms n = 866		Drug and Alcohol Abuse Symptoms n = 19	
		n	p *value*	n	p *value*	n	p *value*	n	p *value*
Female	1165	711	.000	916		661	.072	10	
Faculty									
Faculty of Economics	116	61	.000	91	.039	61	.000	0	.001
Faculty of Engineering	78	47		61		47		4	
Faculty of Law	65	41		50		35		0	
Faculty of Medicine	201	116		142		74		2	
Faculty of Agriculture	111	65		85		63		3	
Faculty of Teacher Training and Education	232	121		167		127		0	
Faculty of Social and Political Science	154	110		129		105		5	
Faculty of Mathematics and Natural Science	218	96		158		112		3	
Faculty of Computer Science	140	90		117		89		2	
Faculty of Public Health	247	142		187		153		0	
Semester									
Semester 1	27	16	.002	22	.802	19	.201	0	.368
Semester 3	600	308		455		334		6	
Semester 5	419	233		325		239		5	
Semester 7	370	235		275		199		3	
Semester 9	123	82		90		66		4	
Semester 11	25	15		20		9		1	
Religion									
Islam	1451	833	.099	1113	.061	815	.246	18	.982
Christianity	70	32		48		32		1	
Catholic	16	12		12		9		0	
Hinduism	6	2		2		2		0	
Buddhism	16	9		9		6		0	
Kong Hu Cu	1	0		1		0		0	
Others	4	1		2		2		0	
Domicile									
Living with parents	635	370	.131	481	.136	359	.461	6	.649

Sociodemographic Characteristic	Total respondents (n=1564)	Neurosis Symptoms n=889		PTSD Symptoms n = 1187		Psychotic Symptoms n = 866		Drug and Alcohol Abuse Symptoms n = 19	
		n	p *value*	n	p *value*	n	p *value*	n	p *value*
Living with relatives	115	70		98		61		1	
Boarding house	765	423		574		423		12	
Rent a flat/ Unsri's Apartment	38	17		26		16		0	
Owned/rent a house	11	9		8		7		0	
Marital Status									
Single	1557	887	.14	1184	.062	865	.05	19	1.00
Married	7	2	9	3		1	0	0	
History of chronic diseascs									
No	1457	806	.00	1095	.016	789	.00	17	.377
Yes	107	83	0	92		77	0	2	
History of mental disorder in the family									
No	1417	704	.00	1060	.002	773	.05	12	.001
Yes	147	105	0	127		93	3	7	
Does your school have mental health services for students?									
No	1359	766	.36	1036	.474	771	.00	18	.497
Yes	205	123	6	151		95	7	1	
Do you think that Sriwijaya University needs to provide mental health services for students?									
No	60	31	.48	39	.063	28	.21	0	1.000
Yes	1504	858	9	1148		838	1	19	
If Sriwijaya University needs to provide mental health services for student, what form of service do you want?									

Sociodemographic Characteristic	Total respondents (n=1564)	Neurosis Symptoms n=889		PTSD Symptoms n = 1187		Psychotic Symptoms n = 866		Drug and Alcohol Abuse Symptoms n = 19	
		n	p *value*	n	p *value*	n	p *value*	n	p *value*
Counseling	248	134	.32	190	.202	135	.00	3	.340
Regular consultation	453	244	5	336		248	0	6	
Mentoring	44	24		30		22		0	
Hotline (suicide, bullying, dll)	24	17		21		21		1	
Psychologist/ psychiatrist services	254	156		206		164		5	
Online Platform	82	82		107		68		0	
No need/ Don't know	401	232		297		208		4	
What kind of mental health service would you like?									
An offline clinic in every faculty	702	405	.594	545	.556	416	.070	10	.550
An offline clinic merged with Unsri Indralaya Clinic	177	94		134		95		4	
An active social media account (Instagram or Facebook)	367	216		273		196		3	
Mobile Application	163	90		121		81		1	
Website	143	76		103		72		1	

Early detection of emotional mental disorders in students using the SRQ-29 questionnaire revealed that out of 1564 respondents, as much as 889 (56.8%) students experienced symptoms of neurosis, 1187 (75.9%) students experienced PTSD symptoms, 866 (55.4%) students experienced psychotic symptoms, and 19 (1.2) %) students experienced symptoms of drug and alcohol abuse. There was a significant relationship between gender, faculty, domicile, history of chronic illness and history of mental disorders in the family with

emotional mental disorders in the form of neurosis, PTSD, psychotic symptoms, and drug and alcohol abuse (p-value <0.05).

Through the questionnaire of our study regarding the need for mental health services at the universities, 1359 (86.9%) students claimed that there was no mental health service facility in their faculties. Among 1504 (96.2%) students who deemed the need for mental health service facilities in the university, 702 (44.9%) students suggested it to be in the form of offline clinics in each faculty. The majority of the students (29%) preferred regular consultations with a certain schedule as a form of mental health service they desired.

Analysis using LR logistic regression was used to determine which variables had the most influence on each dependent variable. Five variables were most influential towards emotional mental disorders in students. Students with a history of chronic diseases were 2.49 times more likely to experience emotional mental disorders than those who did not. Students with a history of mental disorders in the family were also 1.75 times at greater risk, an increase in age was 1.18 times at higher risk, followed by being freshmen with 0.84 times at higher risk and the female gender with 0.53 times more likely to experience emotional mental disorders than vice versa **(Table 2).**

Table 2.

Most Influential Variables towards Neurosis Symptoms by Logistic Regression Method

Variables	**B**	**P value**	**Exp (B)**
Age	-0.165	0.008	1.179
Gender	-0.632	0.000	0.531
History of chronic diseases	0.912	0.000	2.490
History of mental disorders in the family	0.562	0.004	1.754
Semester	-0.179	0.000	0.836

Table 3 displayed the five variables that most influenced the incidence of PTSD in students. Students with a history of mental disorders in the family were twice more prone to experience PTSD than those who did not. A history of chronic disease increased the risk of experiencing PTSD up to 1.84 times. Older age and being female could also increase the risk of experiencing PTSD by 1.09 times and 0.618 times respectively. Finally, married marital status increased the risk of 0.24 times more prone to experience PTSD, but the p-value is not significant so that the variable is rejected.

Table 3.

Most Influential Variables towards PTSD Symptoms by Logistic Regression Method

Variables	B	P value	Exp (B)
Age	0.089	0.049	1.093
Gender	-0.481	0.000	0.618
Marital Status	-1.432	0.069	0.239
History of Chronic Disease	0.610	0.035	1.840
History of mental disorder in the family	0.693	0.006	2.000

Table 4 described the five variables that most influenced the incidence of psychotic symptoms in students. Being married increased the risk of experiencing psychotic symptoms by 8.88 times while being a medical student had a 3.07 times higher risk of experiencing psychotic symptoms. Women were 1.26 times more susceptible, a history of mental disorders in the family increased the risk up to 0.68 times and students with a history of chronic diseases were 0.43 times more likely to experience psychotic symptoms.

Table 4.

Most Influential Variables towards psychotic symptoms by Logistic Regression Method

Variables	B	P value	Exp (B)
Gender	0.329	0.064	1.258
Faculty	1.122	0.000	3.072
Marital status	-2.183	0.047	8.871
History of chronic disease	-0.853	0.000	0.426
History of mental disorder in the family	-0.371	0.049	0.690

Two variables that most influenced the symptoms of drug and alcohol abuse were displayed in Table 5. Students with a history of mental disorders in the family had 6.64 times at higher risk of experiencing symptoms of drug and alcohol abuse than those who did not. Male students were 3.09 times more likely to experience symptoms of drug and alcohol abuse than female students.

Table 5.

Most Influential Variables towards Drug and Alcohol Abuse symptoms with Logistic Regression Methods

Variables	B	P value	Exp (B)
Gender	1.128	0.017	3.089
History of mental disorder in the family	1.893	0.000	6.636

Discussion

This study examined the pattern of emotional mental disorders in Sriwijaya University students. Emotional mental disorder is defined as a condition where an individual experiences psychological changes which may be normal but can develop into pathologies (Liu et al., 2019). Through the World Mental Health International College's Student surveys, WHO found that major depressive disorder (MDD) ranked the first for mental health disorders experienced by students (18.5%) followed by anxiety (16.7%) (Kernan & Wheat, 2008). Our research recorded that the number of emotional mental disorders of Sriwijaya University students was 5 times higher than the number of emotional mental disorders in Indonesia which was 9.8%. The prevalence at Sriwijaya University was also higher than the similar research conducted at a university in Jakarta which is 12.7% (Vidiawati et al., 2017).

Neurosis Symptoms

The college phase coincides with the critical phase of the development period that is identity search which, according to Eriksson, is characterized by individuation and independence, development of social relationships, increased autonomy and individual responsibility (Patton et al., 2016). In addition, the majority of neurotic disorders that emerged later, especially in early adulthood, were also associated with delayed treatment behavior. Mental disorders that were not treated or treated inadequately could develop into more complex conditions, such as dropping out of school, addiction, up to self-harm behavior (Chung & Hudziak, 2017).

In this study, it was found that women were more prone to experience neurosis symptoms. Similar results were shown by the research conducted by Gao in China where female students experienced more anxiety disorders than male students (Gao et al., 2020). This might happened for two reasons. First, there are differences between men and women physiologically (more susceptible genes, hormones, and cortisol levels) that can influence emotions and habits. Women are said to be more

susceptible to stress and pain so they are more likely to feel sad and anxious. Second, culturally, masculine and feminine concepts affect emotions and habits. Men are demanded to show individualistic and assertive characteristics as well as not showing their emotions, while women are more entitled to show their emotions in the form of attention, affection and sensitivity to others. As a result of this concept, women tend to experience emotional 'internalizing' disorders such as depression and anxiety, while men divert them to 'externalizing' behaviors such as drug and alcohol abuse (Gao et al., 2020; Gibson et al., 2016; Sun et al., 2017).

History of chronic diseases had a significant effect on neurosis symptoms of students. Research in Korea by Kim et al., found that adolescents with chronic illness would typically withdraw from society as a result of negative emotions such as anger, low self-esteem and depression due to their illness (Kim et al., 2020). Furthermore, withdrawal from society would exacerbate depression due to a lack of peer social support, thus increasing the stressors. In addition, factors such as disease characteristics, duration and number of illnesses, as well as limitation of physical activity due to their illness caused adolescents to be more susceptible to depression (Tshomo & Chaimongkol, 2019; Blackman & Conaway, 2012). Immunologically, there were also mechanisms related to inflammation induced by cell damage or mild inflammation such as asthma, which could lead to emotional disorders such as depression. The inflammatory effects on neurotransmitters that were precursors of amino acid, especially cortisol, could be the basis for the trigger (Hüfner et al., 2019). Chronic disease treatment also increased the occurrence of neurosis while long-term usage of steroids and anti-diabetic drugs mainly caused depression (Levenson, 2005).

The history of mental disorders in the family played an important role in a person's emotional disorders. Children from a depressed parent were three to four times more likely to have a major depressive episode than those without a family history, notably when the affected family member was the mother (Olfson et al., 2003). Depression in the family had also been proven to predict the onset and severity of a person’s depression, thus general practitioners often used family history to screen for major depression and confirmed the diagnosis (Olfson et al., 2003; Prokofyeva et al., 2013; Rasic et al., 2013).

Medical students on average had a higher level of emotional disorders than other faculties. In the study conducted at one of the faculty of medicine in Taibah, the proportion of medical students suffering from psychological distress was initially similar to that of the general

population, which was before they started medical education (<3%). However, during the education process, the proportion increased, ranging from 21% to 56%(Yusoff et al., 2013). This was due to the process of medical education, which is an educational system with a high workload, a dire need of concentration, difficult examinations, a long-term education process, and a competitive educational environment. These factors were the things that triggered emotional mental health problems among medical students (Moir et al., 2018; Jafari et al., 2012; Zeng et al., 2019).

Students who lived in a house with their parents had a higher health-related quality of life than students who lived in dormitories or rented a house with friends, hence neurosis disorders were less common. Moreover, students who lived with their parents also experienced less loneliness which could trigger neurotic disorders (Pasic et al., 2020; Pekmezovic et al., 2011).

It should be noted that this research was conducted during the COVID-19 pandemic, consequently might increase the number of students with neurosis symptoms. Research conducted in China in 2020 showed that 5% of the respondents experienced an increase in moderate to severe psychological disorders during the pandemic and 28.8% experienced moderate to severe anxiety disorders (Wang et al., 2020). On the other hand, a systematic review study showed an increase in the incidence of depression, stress, anxiety disorders, and fear during the pandemic period (Brooks et al., 2020).

Post-Traumatic Stress Disorder

PTSD (post-traumatic stress disorder) is a trauma and stressor-related disorder defined by the simultaneous repetition of experiences, avoidance, negative beliefs, and hyperarousal symptoms in people who have experienced extreme stressors (Sadock et al., 2017). A meta-analysis study related to the risk factors of PTSD in the community revealed that demographic characteristics such as gender, young age, race/ethnicity, and environmental conditions such as type of trauma or severity were significant risk factors for developing PTSD. Efforts to identify the risk factors associated with increased PTSD in students were important because other than the exposure of higher potentially traumatic event (PTE), students who were exposed to trauma had a higher risk of adverse effects (Tripp et al., 2015). Students suffering from PTSD had a lower level of impulse control, poor academic achievement, alcohol abuse, and negative stress coping abilities (Cusack et al., 2019).

Psychotic Symptoms

Psychotic is a serious mental disorder that requires serious attention. The individual experienced confusion to reality and usually interfered with their daily lives. Psychotic disorders are divided into brief psychotic disorder which is acute and temporary with the presence of one or more psychotic symptoms such as delusions, hallucinations, incoherence and behaving abnormally. According to the DSM-5, the psychotic disorder is the sudden onset of psychotic behavior lasting less than 1 month followed by complete remission with possible future relapses. It is distinguished from schizophreniform disorders and schizophrenia based on the duration of the psychosis. Diagnosis is often anticipatory or retrospective because it requires 1 month to be considered a total remission according to the diagnostic requirement (Regier et al., 2013). It is known that stressors can induce psychosis especially in people with high-risk factors such as genetics, gene expression, disorders before and after birth, as well as psychosocial stressors. Students who had psychotic risk factors had a lower psychotic induction threshold than students who did not have risk factors (Hajdúk et al., 2020; Kwapil et al., 2002).

Drug and Alcohol Abuse

The incidence of psychoactive substance and drug abuse in Indonesia had increased significantly. Based on BNN data in 2019, there was an increase of 24-28% of adolescents who used narcotics. The number of psychoactive substance and drug abuse among students in 2018 (from 13 capitals of the provinces in Indonesia) reached 2.29 million people. One of the groups of people who were prone to exposure of drug abuse were those in the age range of 15-35 years or the millennial generation (Badan Narkotika Nasional Republik Indonesia, 2019). Freshmen, during their transition in college years, experienced changes in the environment, socialization, and lack of supervision due to living far from their parents which made them vulnerable to risky behavior such as excessive drug and alcohol consumption. Drug and alcohol abuse among students had also been associated with poor academic performance, health problems, and risks to personal safety. Students are at risk of continuing to abuse drug and alcohol as long as they are in college. First, there is the widespread availability of drugs and alcohol. Second, there is a lack of direct supervision and protection from parents during the college years, especially for overseas students (Sessa, 2005). Third, there is a misperception that drinking alcohol and using illegal drugs is something common among students (Arria et al., 2017).

Mental Health Service in the University

Almost all students were aware of the importance of mental health. The majority of students in this research claimed the need for mental health facilities in the university environment. An offline health service in each faculty with routine and scheduled consultation methods was chosen as the mental health service facility most desired by students. Students demanded mental health services not only regarding academic problems but also daily social life problems.

Several factors could cause students to put off or even not seek mental health assistance. Stigma was the first factor. According to the Research Consortium study, the most frequently reported reason for not telling others about the idea of suicide was because students were afraid of being stigmatized or judged, they also did not want to burden others, students thought that the problem was temporary, students thought the problems were nothing to talk about, or students thought of unpleasant consequences such as being expelled from school or being forced to be hospitalized (Drum et al., 2009). Second, they did not think seeking help was a necessity. College students often thought their problems would get better on their own, stress was considered normal in college or graduate school, students often questioned the seriousness of their problems and tended to prefer to take matters into their own hands, and students felt they did not have time to seek treatment. The third factor was culture, where some people who offered help were insensitive in dealing with the problems that the students complained about and even appeared to be judgmental. For example, a student who was homosexual felt that his helper considered his sexual orientation to be unnatural and did not provide the help he expected. Therefore, students expected mental health facilities that were managed by professionals and guaranteed the confidentiality of their identity (Eisenberg et al., 2012).

Several studies in the UK observed the current state of students' mental health services: (1) academic achievements depended on mental health, (2) demands of mental health services exceeded capacity, (3) the complexity of students' mental health needs increased, (4) mental health care resources were currently fragmented, and (5) service delivery models varied between institutions and none of them were evaluated systematically (Duffy et al., 2019; Duffy et al., 2019; Royal College of Psychiatrist, 2011).

This study is inseparable from its limitation. In this study, the emotional mental disorders that were assessed were symptoms of neurosis, PTSD, drug and alcohol abuse, and psychotics which were measured using a self-report SRQ-29 questionnaire. This could lead to the possibility

of an incorrect assessment of the participants so that the final score could be either false-positive or false-negative.

Conclusion

From 1564 respondents, the majority of students tended experiencing emotional mental disorders. Some of the factors that had a significant effect on emotional disorders were gender, faculty, domicile, history of chronic diseases and history of mental disorders in the family. Students demanded the need for mental health facilities in the university environment that were managed by professionals and keep the confidentiality of the students.

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