



The Role of Counselor Lecturers in Learning Resilience for Indonesian College Students with Mental Health Problems An Autoethnographic Reflection on Mental Health Advocacy

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Abstract. Awareness about mental health in Indonesia in the past decade has led to an increased understanding of college students who experience mental health problems getting psychological or psychiatric treatment during the study process at the university. The most significant gap in the education system at the university level in Indonesia is in the counseling handling system, one of which is the presence of counselor, especially counselor lecturers. This study uses autoethnography, a collection of personal reflection stories while accompanying several college students with mental health problems, including some experiencing depression with suicidal attempts. First, this study concludes that the presence of psychologists in the faculty environment has a positive impact on increasing mental health awareness. Second, the ethics of psychology causes students to experience alienation without being noticed by peers and teachers. They are hidden populations marginalized by the social situation and policies at the university level. Third, counselor lecturers need to be massively reformulated in the university education system in Indonesia, whose role is to ensure learning resilience, ability to attend classes and complete assignments, social skills with peers, advocacy at institutions, and mediation for families and health institutions.

Keywords: Counselor Lecturers, Learning Resilience, College Students, Mental Health Problems, Mental Health Advocacy

1 Introduction

Because when some people are invisible, everyone suffers. —Gloria Steinem

This article uses an autoethnographic approach, a reflective note of my voluntarily accompanying college students with anxiety disorders during panic attacks. They are like a hidden population often not captured by university education policies because the competitive climate in the neoliberal andragogic education system has not fully considered the dimensions of inclusiveness for college students with mental health problems. I argue that there is no final recipe for the treatment of college students with mental disorders, referring to the mental health blindness situation experienced by all institutions facing the digital generation in Indonesia, which is very vulnerable

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to the issue of mental problems. System changes occurred massively in the environment where I worked after a suicide incident at the end of 2022 when a student in our university environment jumped from the 11th floor of a high-rise hotel building in our city (Wawan, 2022); this situation then prompted a relapse from several other students, then from this situation, the discussion of mental health was discussed massively.

During the writing of this study, there have been several consecutive college student suicide cases that occurred around me from September to October 2023. On September 17, a college student from Gadjah Mada University died by hanging himself in his boarding room in Sleman (Kartikasari, 2023); on October 2, a college student from Yogyakarta Muhammadiyah University who jumped from the student residence (Wicaksono, 2023), on October 10 there was a college student from Semarang State University who jumped to suicide in the Mall (Yulisnawati, 2023). On October 12, a college student from Dian Nuswantoro University committed suicide in his boarding room (Purbaya, 2023). These cases support the argument of the Director of Mental Health, Ministry of Health of the Republic of Indonesia, who stated that in 2022 there would be an increase in suicide cases of 826 people with an increase of 6.37 percent compared to 2018 when there were 772 cases (Sagita, 2023). It then shows that the mental health issue among college students is crucial to discuss, such as what will happen in my teaching environment in 2022.

My question is, when college students face mental health problems during college, how do they learn resilience so they can reduce suicidal thoughts or desires. Several studies have strongly linked college students' mental health problems and learning resilience (DeRosier et al., 2013). Resilience relates to academic success, personal growth, and strengthening life skills capacity (Li, 2021). Several studies state that adapting to an independent learning environment from high school to university is the dominant obstacle to learning resilience (Herbert & Manjula, 2022). Some studies highlight the coping mechanisms of college students in negotiating their health status with the obligations of study demands and competition in academics that worsen their condition (Li, 2021) and their emotional intelligence have help-seeking intentions to get help from professionals (Jayalakshmi & Magdalin, 2015).

Through this study, how to provide learning resilience support for college students with mental health problems is to have counselors from the lecturer environment who can advocate between institutions and support the limited responsibilities and clinical ethics of psychologists at universities. Several studies have recorded the importance of counselors in college students as part of the risk of late adolescent transition to early adulthood. The success of higher education for students with anxiety disorders is supported by inclusive educational facilities, one of which is the presence of a teacher who becomes a friend for these students (Lapan. et al., 2012; Moeder-Chandler, 2018; Young. et al., 2015). According to Pandya (2018), counseling on anxiety disorders in adulthood is an accumulation since childhood, which can interfere with success in learning because adult reality is narrated with childhood memory. Therefore, a conducive approach is needed to ensure the transition phase to adulthood that is better prepared to face many responsibilities. Thompson et al. (2012) revealed that one of the successful roles of counselors in the success of education for students with anxiety disorders at universities must be fully supported by comprehensive policies and infrastructure.

Reflecting on the previous studies on learning resilience among college students with mental health problems, especially with anxiety disorders, my story began when I opened up as a mental health advocate. From a psychological and psychiatric scientific perspective, I have been doing Independent Mental Health Advocacy (Maylea et al., 2020).

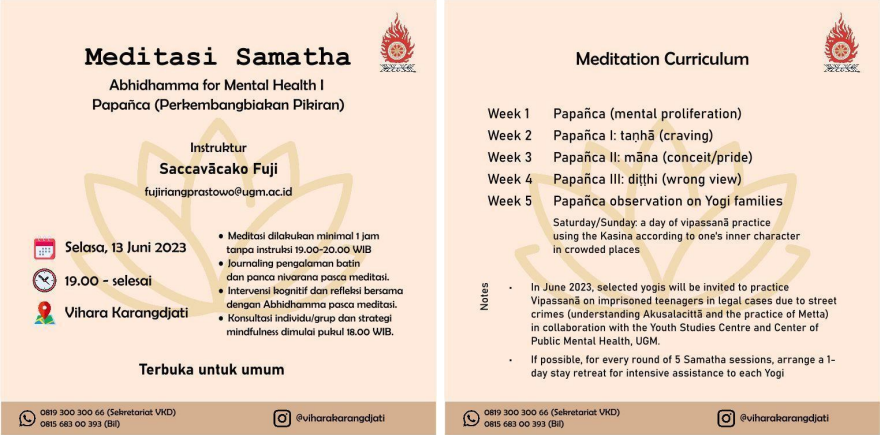


Fig. 1. My meditation class is used as community counseling for my students and meditation students outside campus.

Apart from being a lecturer, I am also a meditation teacher for mental health at a monastery in Yogyakarta, which inclusively allows interreligious people to come to study meditation as part of their mental disorders therapy. After opening up to college students in the environment where I work, one by one, people come just to tell stories at my monastery as an inclusive, safe place for them. I am not a psychologist, never even a counselor; I did it voluntarily because I was in their position when I was young. I then sought the help of a professional psychologist to seek their opinion and advice, either as an individual doing this volunteer work due to about 21 students with anxiety disorders snowballing me in person. In the middle of examination week, I met with the Center for the Public of Mental Health in one of the university's faculties, where I worked to understand better my empirical experiences of being a counselor. According to their accounts, what I have been doing should indeed be owned by our health service system in Indonesia. Apart from the presence of psychologists and psychiatrists in the health system's service, counselors are needed as Guidance and Counseling in the elementary to high school phases and at the university.

Based on empirical reflections and several studies above, this article aims to find a grounded etiology based on a phenomenological point of view about the root causes of anxiety that students have at university, as well as what personal efforts they have made. From empirical experience, voluntarily, being a friend who supports their recovery while under a psychiatrist's assistance, I fill the gaps in the academic literature and practice the urgency of the presence of counselors at the higher education level. I reflected on this experience through a number of dialogical narratives that I experienced as a volunteer counselor until late at night, then reflected

on my experience with the profession that previously existed in Indonesia, namely *Bimbingan dan Konseling* or Counselor in Primary to high school.

2 Methods

From the personal story above, this article uses autoethnography, a method that combines ethnography and autobiography (Lapadat, 2017), a personal note approach that I did based on personal journals while voluntarily accompanying students with anxiety disorders. The data collection technique is through counseling sessions, which are carried out in groups or independently at the department level where I lead in a managerial position, other than as a lecturer. The data analysis technique used reflective writing from what I experienced as a counselor while accompanying college students from the first semester as a new student to the final semester.

Since this article uses an autobiography, I have to tell a personal standpoint, which might be a strength as well as a bias in narrating this article based on personal experience in the fieldwork where I work and where I met several college students I assisted personally. Alternatively, it is my strength to narrate their stories emicly and narratively from an emphatic point of view, thereby reducing mental judgment. Ethically, all informants' real identities will be protected, and this article aims to advocate for their basic need for a counselor, other than a psychologist, to ensure success in their studies.

My standing position is as a sociologist with no background in psychology. It is willing to voluntarily work socially on this issue driven by some subjective experiences that will devote myself to becoming a Mental Health Advocate for them. First, I experienced anxiety disorders while working in Singapore, which incidentally became my practical experience as a "patient," I received treatment and a conducive environment to be free from these mental disorders. From my experience as a "patient," the mental health system in Indonesia lacks a counselor's presence. Second, I am a meditation teacher for interreligious people at a monastery in Yogyakarta, which contains several people with various psychological disorders, namely Bipolar, Borderline Personality Disorder, Anxiety Disorders, and Schizophrenia. This interfaith community has become one of the models of what I call "community counseling," which can effectively reduce feelings of alienation for college students trying to learn meditation as a form of secular cognitive therapy, which has become a global trend. Third, I faced the trauma of my apartment mate jumping to suicide in the winter while studying for a master's degree in the Netherlands, so I used the trauma of losing this grief as energy to help my students.

3 Results and Discussion

Eradicating Alination as a Hidden Population in Suicide Prevention: Reflections on Mental Health Advocacy Ethics from an andragogical perspective

When approaching the Final Semester Examinations, I encountered a challenging situation, namely several cases of students who had suicidal thoughts because of the

pressure of their lectures. My correspondence with the Center of Public Mental Health at the institution where I worked offered many steps to anticipate possible suicide during stressful times at the end of the semester.

"I always feel short of breath when I look at the laptop and there are still a lot of take home essay assignments that I haven't done yet, the effects of this panic attack drug make me unable to think, if I don't drink I want to die immediately," female student.

In June 2023, I was invited by a group of students to a coffee shop not far from where I work. That evening, I met three students who were having panic attacks before the week of their final exams. "We hope Mas Fuji (me) to come here soon; there is an emergency from our classmate who is about to commit suicide," said my student who tried to contact me in this emergency. For the record, this is not the first time I have received such news. Since opening myself up as a volunteer, lots of student friends who are not even in the department where I work have contacted me, just asking for help conveying what they feel to my colleagues in other departments to the level of the faculty dean because of my status as a department administrator, or even to his family. I went through all of this unintentionally; from the beginning, the intention was to help, but in the end, it made me learn more about this problem.

"Every time I go to class, I feel short of breath, almost can't breathe. Panic attacks in class. My friends don't know it's very painful for me. I'm already very sad. I remember being bullied since junior high school. Why did I have to experience it again at university? I feel like my life is pointless. It's like playing a drama in this class, no one knows and understands me, it's very painful to be demanded by my father that he must always be able and successful as he wants," a male student.

I have been doing dramaturgy in the environment I work in. Why is that? My students at this university are hidden populations or those not publicly known for many underlying reasons -stigma, isolation phase, or conditions. Indeed, the campus is in a period of mental health blindness where all elements do not know how to suit this best.

"Honestly, we friends are very confused, bro, we have to complete this group assignment, but on the other hand, we were also shocked when we heard that he was going to commit suicide in the middle of us having to prepare for this semester's Final Examination, if indeed the root of the problem was from his father, how should we help", friend with suicidal thoughts.

"I have received messages several times, he will kill himself, we are also affected mentally to try to understand, but it only confuses our own views, worries ourselves," a friend with suicidal thoughts.

From the two quotes above that were said by friends who knew the condition of their friends who had suicidal thoughts, peer discussions were immediately formed to anticipate more fatal problems. Meanwhile, at the level of my Department, up to now, grounded snowball profiling has been carried out by recording the "hidden population" and obtaining life biography data for several 20 students who are experiencing mental issues with details: (1) 8 people with psychosomatic disorders that interfere with learning concentration, (2) 15 people are still being assisted by a psychologist or psychiatrist, (3) 9 people are a generation that is approaching their study period. Indeed, I faced many students, the majority of whom experienced similar disorders, such as (1) excessive anxiety due to not being confident because they demanded that they be perfect in many ways, (2) social dysfunction to do group assignments, (3) fear of the future causing procrastination. , (4) rumination due to shadows of the future and the past.

Consolidation of classmates from cases of students about to commit suicide is carried out informally off campus at the invitation of representatives and attempted suicide on Tuesday, June 6, 2023. In this discussion, we established good practices for the class to learn and to communicate with their friends and form a supportive social ecosystem, including thinking about strategies to communicate with their friends' fathers, who are the source of the problem. In this case, the psychologist or psychiatrist cannot solve the root of the problem except for social support. As in line with self-taught, I try to be their friend even though my energy is also drained because I think of the best solution to provide a positive atmosphere for their difficult situation. No recipe is the most ideal right now when everyone is also experiencing a surge of urgent pressure.

In practical condition, based on several cases, I handled at the Department level on a long-term basis. First, suggesting that the Faculty not immediately curate "call an ambulance" during a fatal panic attack. The stressful test conditions trigger mental problems for all students who are assisted. The ideal crisis is to provide the medical room with adequate oxygen and not to investigate with many questions. However, it provides peace because the panic attack will end after the student's mind becomes calm. The sound of an ambulance will worsen the student's condition. This is similar to cases in other faculties where a "ambulance" makes people panic even more. Second, a commitment to massive system improvement is required. One lacking in Indonesia's health environment regarding mental health is the existence of an ideal counselor or social worker. Psychologists or psychiatrists only work 1-2 hours, while the most critical intervals are when they are alone in their daily lives to generate life motivation. The absence of social workers in Indonesia causes no one to ensure that their social environment supports this impact. Third, Physiological First Aids (PFA) awareness and social support in an inclusive educational environment. Everyone must have health literacy and an understanding of PFA because the manic phase is unpredictable. Therefore, system reform is inclusive for students and lecturers and provides several trainings. An inclusive budget will be prepared to support the long-term plan for reforming the education service system.

Reformulations based on empirical experience are as part of creating sociological conditions in the form of social support during the healing process are: (1) the coordinator of the mental health task force becomes peer support as a storyteller and an "emergency button" when students experiencing a manic phase during

self-isolation, (2) mediating communication to several parents of students who have not supported the healing of their son or daughter, (3) mediating communication to peers after obtaining ethical permission to allow classmates to know their condition to prepare an emergency system during the manic phase occur, (4) mediation with other survivors who can become peer support and protectors of friends to reduce feelings of alienation, (5) collaboration with social institutions outside the campus which is a good space for connecting with other people with the similar mental health problems (6) advocacy to the Faculty such as compiling affirmative policies for educational purposes, as well as preparing an established emergency system and facilities when a manic phase occurs.

My short-term response at that time was first related to Ethics in the psychological world. As Department Secretary, I issued an official letter, which I distributed to colleagues in the Department, explaining the conditions of the three students who requested a waiver of their final exams. First, in the ethical code of counseling, when a crisis occurs, a counselor can immediately make vital decisions after coordinating with the campus. Center for Public Mental Health UGM said that "in some cases, we can even contact the parents directly, because from the point of view of these students, the most dangerous thing is after returning home from a psychologist and when they are alone, they need a counselor."

Second, help-seeking intention can be considered as signals during crisis that must be resolved immediately. As an example, I gave the some cases of student residences with suicidal attempts in 2023, as well as the advanced level of depression, as a need to know the conditions that have been isolated or alienated. A supportive environment will support help-seeking intentions for college students with mental health problems to always be connected with professionals such as psychologists or psychiatrists. By providing a supportive situation from the educational environment, the students with suicidal attempts "stopped" the need to find out more, namely the intention to end their lives by suicidal action in public. The Department was correct to advocate at the institutional level, considering that most college students' friends already knew about their condition and were experiencing "mass anxiety."

Third, the ethics of psychological scientists who emphasize confidentiality indirectly encourage patients to enter a phase of internalization of self-isolation and feel that their problems are not worthy of being known. Therefore, at the level of Social Support, the steps for holding meetings with peers are appropriate. Social support educates crisis handling system and supportive communication patterns to motivate their friends. This condition is like playing a "drama" when only classmates know that their friends are always psychosomatic in class, but the teacher who is teaching does not know.

Rethinking Counselor at College Students Level: From Individual to Peer Counseling

The suicide incident that occurred in our campus environment in 2022 was enough to hit our institution, so we looked for a preventive way to prevent the same incident from happening again, one of which was the presence of a psychologist and the presence of a peer counselor. I then try to find their understanding of what they need. Regarding several existing studies, anxiety disorders in adulthood are an accumulation of trauma experienced since childhood. From a study conducted by

Brown (2018), several children who initially experience post-traumatic stress disorder will grow up as adults with similar tendencies. It will hinder their academic processes at university if it is not anticipated early. Ladejo (2023), who conducted his studies in the United Kingdom, mentioned several root problems for college students, from anxiety to help-seeking behavior due to balancing priorities, fear of failure, and critical incidents.

At least I see the importance of individual counseling beyond the interests of clinical healing, which is related to a counselor's duties to ensure some academic needs, such as attending lectures, have been completed correctly. Group counseling, for example, is what I did above, namely by involving peers to foster an inclusive environment after getting the ethical approval known to their peer group. More than that, counselors must build a pattern of direct communication with parents of students with anxiety disorders. It is in line with what was written by Cooke et al. (2006), which captures that the biggest challenge of college students with anxiety disorders is dealing with administrative structures in the campus environment that are already frightening from their point of view.

Therefore, one of the advocacies is to influence an affirmative policy for college students with mental health problems to get relief or affirmation of an inclusive exam model for them, as long as there is advice from the psychologist or psychiatrist who treats them. There are two pieces of advocacy that I have carried out, for example, according to Figure 2 below, which depicts formal letter number 02/SLG/VI/2023 regarding advocacy requests for students with mental issues who are proposing a faculty-department affirmation policy, as well as formal letter number 03/SLG/VI/2023 regarding minutes of hearings with the Center for Public Mental Health, Gadjah Mada University, and Figure 3 which are several official guidelines on Psychological First Aid and suicide prevention adopted in the university environment I work in since 2018.



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Nomor : 02/SL.G/VI/2023

Lamp. : 7 Berkas

Hal : Permohonan Advokasi bagi Mahasiswa dengan Isu Mental yang Mengajukan Kebijakan Afirmasi Fakultas-Departemen

9 Juni 2023

Yth.
Dekan Fakultas Ilmu Sosial dan Ilmu Politik UGM

Dengan hormat,

Berkontribusi pemenuhan Arah Mental Health Taskforce di lingkungan Departemen Sosiologi



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Nomor : 03/SLG/VI/2023

Lamp. : -

Hal : Notulensi Audiensi dengan Center for Public Mental Health (CPMH) – Kesehatan Jiwa Masyarakat, Fakultas Psikologi UGM

9 Juni 2023

Yth. Ibu/Bapak Dosen Departemen Sosiologi

Dengan hormat,

Berkontribusi dengan sejumlah kasus krisis dari mahasiswa dengan isu mental menjelang UAS, pada Jumat, 9 Juni 2023 pukul 10.00-12.00 WIB, *Mental Health Taskforce* di lingkungan Departemen Sosiologi melakukan audiensi dengan CPMH UGM untuk mendapatkan saran

Fig. 2. Advocacy documentation for students with mental health problems, as well as audiences with professional mental health institutions at universities

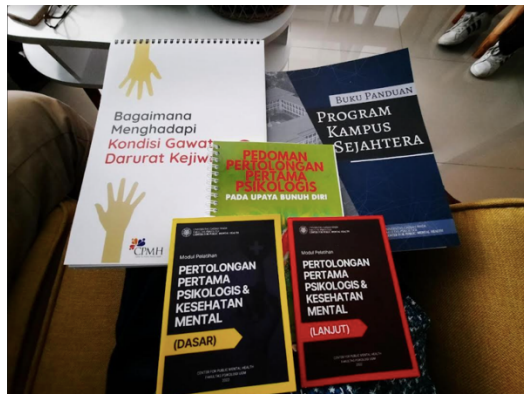


Fig. 3. A number of modules from the Center of Public Mental Health UGM which became my guide in carrying out advocacy

From empirical experience, as well as my reflections based on some previous studies above, several educational counselor roles that can be applied at universities include several roles such as (1) individualized support, where each student experiences different learning resilience challenges depending on the context of the mental problems they face, as well as the coping mechanisms they build in responding to these problems, (2) counselors who come from lecturer status can connect functions between institutions and colleagues because they have equal power in the campus bureaucracy so that advocacy at the university policy level can be carried out. This function cannot be carried out optimally by university psychologists because of the limited authority and ethics they must maintain in their profession. (3) counselors who come from lecturer status can create a supportive environment that can support peer counseling and community counseling to be more inclusive in learning in class, for example, through affirmative policies agreed upon by the class with communication ethics between college students with mental health problems and a communal class

learning system, (4) the role of counselors from lecturers can reduce stigma both for college students with mental health problems, or stigma on issues Mental health itself is still a significant challenge in Indonesia, (5) counselors who come from lecturer status can support mental resilience for college students with mental health problems to undergo clinical treatment with psychologists and psychiatrists at universities optimistically.

4 Conclusion

As a basis for scientific reflection, educational counselors can create inclusive social spaces, referring to the fact that most fellow students whom psychologists or psychiatrists assist experience a phase of alienation or self-isolation. It happens due to the domination of individualist-based psychology and psychiatry ethics, namely self-reporting and maintaining the secrecy of identity, which causes the social environment to not fully understand the conditions of their struggle to be "healthy from within." This article concludes at the root of the problem, namely the neoliberal system at universities, which prioritizes independent education with intense competition between peers, causing worsening learning resilience for college students with mental health problems. Meanwhile, this condition is not yet fully supported by mental health awareness that is evenly distributed in the national education system, especially in the university environment, for example, by replicating the role of guidance and counseling teachers at the elementary to high school education levels which can also be implemented in the university environment. Counselors from the lecturer level can liaise between colleagues at the level of policymakers at deans and universities, as well as help connect roles with classmates to support the success of clinical care for college students with mental health problems. Of course, during this process, the mental health of counselor lecturers must also be considered, considering that the enormous administrative burden is still used as the primary performance assessment standard for lecturers in Indonesia. This study requires broader development at the conceptual and practical levels to determine an effective model for Indonesia's increasing crisis, with many cases of suicide among college students with mental health problems due to the alienation they experience during their independent education at the liberal university level.

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