UNIVERSITAS
AHMAD DAHLAN

Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id>

[IJPHS] Submission Acknowledgement

1 pesan

Lina Handayani <ijphs@iaescore.com> 5 Desember 2023 pukul 10.14
Kepada: Ms Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id>

The following message is being delivered on behalf of International Journal of Public Health Science (IJPHS).

-- IJPHS for writing format and style: https://iaescore.com/gfa/ijphs.docx
-- Similarity score of your manuscript must be less than 20%

Dear Prof/Dr/Mr/Mrs Ms Sitti Nur Djannah,

Thank you for submitting the manuscript, "Baseline Assessment of Demographic Factors and Mental Health Status: Opportunity to Initiate Healthy Campus Program" to International Journal of Public Health Science (IJPHS), an open access and Scopus indexed journal (https://www.scopus.com/sourceid/21101029728). With the online journal management system that we are using, you will be able to track its progress through the editorial process by logging in to the journal web site:

Manuscript URL:
https://ijphs.iaescore.com/index.php/IJPHS/author/submission/24301 <-- It is your paper ID
Username: sdjannah

Before continuing for review process and for avoiding delay on review process, please re-upload your updated paper as "author version" in the same paper ID number within 10 days.
Attention Please!
1. Please try to adhere to the format as closely as possible. Please carefully read our most recent manuscript submission guidelines (https://iaescore.com/gfa/ijphs.docx).
2. Add the names of all authors, and please provide active or valid emails, as well as author identifiers and academic social network profiles, such as Google Scholar, ORCID, Scopus, and Web of Science ResearcherID (formerly Publons). You can also add your Academia.edu, ResearchGate, LinkedIn, Loop, and other profiles.
3. A high quality paper should has:
   a) a clear statement of the problem the paper is addressing;
   b) the proposed solution(s); and
   c) results achieved. It describes clearly what has been done before on the problem, and what is new. Please clearly state the three points listed above in your updated paper.
4. The number of minimum references for an original research paper is 30 (and at least 20 recently journal articles); and the number of minimum references for a review paper is 60 (and at least 40 recently journal articles).

At this stage, it is critical that you adhere to every detail of the IAES format. Otherwise, we will reject your paper.

When contacting us, please always include your paper ID number in the subject line of your email.

Thank you for considering this journal as a venue for your work.

Best Regards,
Lina Handayani
International Journal of Public Health Science (IJPHS)

NOTE:

1. A single author is NOT preferred in this journal, except come from qualified researcher (min WoS/Scopus h-index: 15). We would like to publish high quality papers of a research group. Paper with single author normally will be REJECTED.

2. Method section- The method section is a straightforward description of what you did in your research and how you did it, clear and detailed at every stage. A detailed method section will make your article reproducible by other researchers, allowing them to trust and build on your work.
- A detailed explanation of all methodologies, instruments, materials, procedures, measurements, and other variables used in the investigation.
- A thorough description of the data analysis and decisions for excluding some data and including others.

International Journal of Public Health Science (IJPHS)
http://ijphs.iaescore.com

UNIVERSITAS
AHMAD DAHLAN

Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id>

Revision ID 24301

1 pesan

Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id> 7 Desember 2023 pukul 14.23
Kepada: IJPHS IAES <ijphsiaes.core@gmail.com>, "Dr. Lina Handayani" <ijphs@iaescore.com>

Dear editorial team,

here we attach the revision of our article with the title "Baseline Assessment of Demographic Factors and Mental Health Status: Opportunity to Initiate Healthy Campus Program".
hope our manuscript be able to publish in IJPHS.

Thank you

--

Dr. Sitti Nur Djannah, M.Kes
Editorial Team
Jurnal Cakrawala Promkes
http://journal2.uad.ac.id/index.php/cp/index | Email: jcp@ikm.uad.ac.id

2 lampiran

HASIL CEK_Baseline Assessment of Demographic Factors and Mental Health Status_ Opportunity to Initiate Healthy Campus Program.pdf
2877K

IJPHS Revisi_24301-48747-1-RV.docx
646K

International Journal of Public Health Science (IJPHS)
Vol. 99, No. 1, Month 2099, pp. 1~1x
ISSN: 2252-8806, DOI: 10.11591/ijphs.v99i1.paperID

Baseline Assessment of Demographic Factors and Mental Health Status: Opportunity to Initiate Healthy Campus Program

Sitti Nur Djannah[1], Heni Trisnowati[1], Andriyani Andriyani[2], Akmal Akmal[3], Marilou D Tino[4], Deny Hadi Siswanto[2]

[1]Faculty of Public Health, Postgraduate Program, Universitas Ahmad Dahlan (8 pt)
[2]Faculty of Education and Teacher Training, Postgraduate of Mathematics Education, Universitas Ahmad Dahlan
[3]Faculty of Education and Teacher Training, Study Program of English Education, Universitas Ahmad Dahlan (UAD)
[4]University of Saint Anthony, Iriga City, Philippines

Article Info

Article history:

Received month dd, yyyy
Revised month dd, yyyy
Accepted month dd, yyyy

Keywords:

Academic community,
demographic factor
Healthy campus,
Mental health,

ABSTRACT

Mental health issues have been essential in formulating global health policies for 30 years. The campus community is inseparable from the problem of mental health disorders, which can affect the work either students, lecturers, or staff. This research aims to describe mental health conditions among the campus community based on demographic factors as an opportunity to initiate a healthy campus program. This study used a quantitative method with a cross-sectional design. The population consisted of an academic community at a private campus in Yogyakarta, Indonesia. There are 347 samples taken by accidental sampling. The mental health instrument used the Self-Reporting Questionnaire. There, 60.81% of respondents experienced psychological disorders, and 73.49% of respondents needed to be referred to a mental health professional regarding addiction, psychotic disorders, and post-traumatic stress disorder (PTSD). There was a significant relationship between demographic factors consisting of gender, age, type of work, employment status, education level, faculty, and emotional disorders with a p-value of <0.005. Moreover, age, gender, education level, type of work, and employment status related to mental disorders due to addiction, psychosis, and PTSD with a p-value <0.005. It is concluded that a large proportion of responders need a referral to a mental health expert. To promote a healthy campus, university officials should follow up with health promotion initiatives such as partnering with the local health office and public health center for additional treatment and improving policy support.

Corresponding Author:

Sitti Nur Djannah
Faculty of Public Health, Ahmad Dahlan University
Jl. Prof. Dr. Soepomo, S.H, Umbulharjo, Yogyakarta, Indonesia
Email: sitti.nurdjannah@ikm.uad.ac.id

1. INTRODUCTION

The healthy campus program, known as a health-promoting university, is a systematic and comprehensive effort to realize higher education as an institution that integrates health into its educational culture, reflected through daily activities such as management administration and academic activities [1]. It is crucial to implement clean and healthy living behavior, to prevent and avoid infectious diseases, non-communicable diseases, mental disorders, and drugs, to promote a healthy environment, public nutrition, reproductive health, occupational health, and safety, in addition, to strengthen the disease prevention and control, especially which has the potential to cause Extraordinary Events[1]. Moreover, the campus should also provide health services which include early detection, counseling, and guidance and referrals carried out by Health Service Facilities located on campus or in collaboration with those outside campus [1], [2].

One of the healthy campus programs is mental health promotion. Mental Health is a condition where an individual can develop physically, mentally, spiritually, and socially so that the individual realizes his/her abilities, can overcome pressure, work productively, and can contribute to his/her community[3]. Among mental health problems that frequently occur in society is depression. Depression is a serious public health problem. Based on the WHO report, depression ranks 4th and becomes a serious health problem. Suicide as the impact of depressive disorder is one of the public health major concerns. Symptoms of depression, such as feeling worthless, and hopelessness are risk factors for suicide. Up to 55% of people with depression have suicidal thoughts. Depression is characterized by feelings of sadness, low mood, and irritability.

Every year as many as 135 people in suicide cases experience deep sadness, while 108 million people are affected by suicidal behavior. In each case of suicide, as many as 25 people attempt suicide and others think about committing suicide [4]. In the year 2018, Basic Health Research (Riskesdas) reported Yogyakarta Province ranks as the second highest suicide in Indonesia, namely 10% and the prevalence of depression based on age 15 years and over 15 years old is 6% [5].

It is very important to maintain the mental health of students and the academic community. One of the efforts is carrying out early detection of mental health. Early detection of mental disorders must be widely promoted to the community, including in the campus environment, so that there are no delays in therapy or treatment in the early phase. One of the health service facilities that facilitate early detection of mental health for the community is the community health center (local public hospital[6] and universities can initiate early mental health detection services through the healthy campus program.

Mental health problems that are triggered by anxiety and stress will lead to disruption of the learning process [7]. Students' mental health during online lectures during a pandemic tends to be disrupted with the distribution of severe mental health disorders more than moderate and mild mental health disorders [8] e.g. student anxiety arises due to repeated conditions in perceiving something negatively, for example, mathematics as a difficult subject because of the abstractness of objects, logical thinking, systematic, symbolic and confusing formulas [9]. Students' anxiety in learning English is their fear of other people's negative judgment, fear of communicating, taking exams, or placement in English classes [10]. In a preliminary study at the Faculty of Public Health, it was found that several students had mental disorders, such as locking themselves in their rooms to the point where they wanted to commit suicide. In addition, the students in the teaching and education faculties stated that the sources of anxiety were individual factors, self-confidence, and negative perceptions that English was difficult because it was not a second language in Indonesia. In general, these anxieties arise due to a lack of knowledge of mathematics or English, and students' self-confidence in mathematics or English can affect their academic achievement [11], [12]. Based on the explanation above, The research questions are (1) What are the mental health conditions of the campus community based on demographic factors such as gender, age, type of work, employment status, education and faculty origin, and emotional disorders? (2). What is the relationship between Demographic Factors and the Mental health of the academic community;(3). How many people need referral to the mental health professional; What recommendations can be given to the campus authority?

2. METHOD

This study used a quantitative method with a cross-sectional design. As a pilot project, the research was conducted at a private campus in Yogyakarta City, Indonesia which consists of the Faculty of Teacher Training and Education and the Faculty of Public Health. The population of this study consisted of lecturers, students, and educational staff. Data collection by electronic questionnaire that took place over 23 days, from 20 July to 12 August 2023. Within this time interval, we received 347 responses. The inclusion criteria in this study are 1) active students in the academic year of 2022/2023; 2) permanent lecturer; 3) educational staff at the Yogyakarta campus; 4) willing to be a respondent on the first page of filling out the questionnaire. Among the exclusion criteria are: 1) students on leave/sickness; 2) not willing to be a respondent.

Mental health instruments use the Self-Reporting Questionnaire (SRQ-29) from WHO which has been validated by professionals[19–21]. The questions asked followed how the respondents felt during the last 30 days with Question No. category. 1 – 20, if the respondent answers Yes with a total score of < 5 then the category is "No Need for Referral"; If the respondent answers yes with a total score of ≥5 then they are categorized as "Referral Required" related to emotional or psychological mental disorders. Meanwhile, for questions No. 21 – 29, if the respondent answered yes with a total score of < 1 "No need to refer", while for respondents who answered yes with a score ≥ 1 then the category "Needs to be referred" is related to drug-related addiction disorders, psychotic disorders and Post Trauma Syndrome Disorder (PTSD). The analysis was carried out univariately to see the frequency distribution and bivariate to see the relationship between demographic factors and mental health status in academics at private campuses in Yogyakarta. This research has been approved by the ethical committee of Ahmad Dahlan University with the letter approval number: 012307121 dated 17 July 2023.

3. RESULTS AND DISCUSSION

3.1 Results

3.1.1 Description of Demographic Factors in the academic community

Most of the respondents 83.57% were women, and 79.54% were between 17-25 years old. The majority of respondents or as many as 71.47% came from the Faculty of Public Health. In addition, 89.91% as students, and the majority of respondents did not work as many as 75.79%. An overview of the demographic factors of the respondents is shown in Table.1 below

Table 1. Demographic factors of the research Respondents

No	Categories	n	%
	Sex		
1	Male	57	16,43
	Female	290	**83,57**
	Age		
2	17-25 years old	276	**79,54**
	26-45 years old	52	14,99
	46-65 year old	19	5,48
	Faculty		
3	Faculty of Teacher Training and Education	99	28,53
	Faculty of Public Health	248	**71,47**
	Study program		
	Undergraduate in Nutrition Science	72	20,75
	Undergraduate in public health	128	**36,89**
4	Undergraduate in English language Education	15	4,32
	Undergraduate of Mathematics Education	55	15,85
	Master of English Language Education	17	4,9
	Master of Public Health	49	14,12
	Master of Mathematics Education	11	3,17
	Occupation /profession		
5	Lecturers	32	9,22
	Students	312	**89,91**
	Administrative Staff	3	0,86
	Working status/ income		
6	Active worker (generate income)	84	24,21
	Non Active (no income)	263	**75,79**
	Highest education		
	Diploma (D3/D4)	7	2,02
7	Undergraduate (S1)	87	25,07
	Master's degree (S2)	22	6,34
	Doctorate (Ph.D)	11	3,17
	High school/Vocational School (SMA/SMK)	220	63,4
	Total	**347**	**100**

3.1.2 Description of Mental Health Status in The Academic Community

Based on questions 1-20 related to emotional or psychological disorders, as many as 60.81% of respondents needed to be referred to a mental health professional, and based on questions 21-29 related to addiction, psychosis, and PTSD, as many as 73, 49% respondents required referral to a mental health professional. The percentage of respondents who completed the answers is presented in Table 2,

Table 2. Percentages of respondents answering the SRQ-29 (N=347)

No	Questions	Yes (1)	%	No (0)	%
1	Do you often have headaches?	163	46,97	184	53,03
2	Is your appetite poor?	99	28,53	248	71,47
3	Do you sleep badly?	208	59,94	139	40,06
4	Are you easily frightened?	147	42,36	200	57,64
5	Do you feel nervous, tense, or worried?	188	54,18	159	45,82
6	Do your hands shake?	52	14,99	295	85,01
7	Is your digestion poor?	93	26,80	254	73,20
8	Do you have trouble thinking clearly?	150	43,23	197	56,77
9	Do you feel unhappy?	90	25,94	257	74,06
10	Do you cry more than usual?	104	29,97	243	70,03
11	Do you find it difficult to enjoy your daily life?	52	14,99	295	85,01
12	Do you find it difficult to make decisions?	180	51,87	167	48,13
13	Is your daily work suffering?	89	25,65	258	74,35
14	Are you unable to play a useful part in life?	78	22,48	269	77,52
15	Have you lost interest in many things?	127	36,60	220	63,40
16	Do you feel you are a worthless person?	88	25,36	259	74,64
17	Has the thought of ending your life been on your mind?	27	7,78	320	92,22
18	Are you tired all day?	153	44,09	194	55,91
19	Do you feel uncomfortable with your stomach?	86	24,78	261	75,22
20	Are you easily tired?	222	63,98	125	36,02
21	Do you drink alcohol more than usual or do you consume drugs?	1	0,29	346	99,71
22	Do you feel that someone has insulted or humiliated you?	29	8,36	318	91,64
23	Have you noticed any interference or anything else unusual with your thinking?	137	39,48	210	60,52
24	Do you ever hear voices without knowing where they come from, and that other people cannot hear?	37	10,66	310	89,34
25	Have you ever had a nightmare dream or disaster dream as if you were in those disasters?	67	19,31	280	80,69
26	Do you avoid the activity, place, people, thoughts, or events that remind you of previous disasters?	72	20,75	275	79,25
27	Do you feel a lack of interest in your usual activity or friend?	131	37,75	216	62,25
28	Are you feeling very annoyed in a situation that reminds you of a disaster or demands you to think about disaster?	119	34,29	228	65,71
29	Are you having difficulty understanding or expressing your feelings?	171	49,28	176	50,72

3.1.3 Relationship between Demographic Factors and Mental health Status among Academic Community

The respondents' mental health status for the category of psychological disorders showed that there was a significant relationship between gender and psychological disorders with a risk of 3.569 times greater for women than men (p-value <0.005). Then, there is a significant relationship between the origin of the faculty, type of work, job status, and education level of the respondents (P value <0.005). Respondents from the education and teacher training faculties had a 0.558 times greater chance of experiencing psychological disorders than those from the public health faculty. This is also the same for respondents who do not work at risk of 0.099 times more experiencing psychological disorders than those who have the work. Respondents with low levels of education had a 0.202 times greater risk of experiencing psychological disorders than those respondents with higher education supported by a p-value <0.005. In addition, the age factor and the type of work in the campus environment have a significant relationship to psychological disorders with a p-value <0.005. The relationship between demographic factors and mental health status is presented in Table 3 below.

Table 3. Relationship between Demographic Factors and Mental health (psychological disorder) among the Academic Community at Campus X Yogyakarta (N=347)

Respondents' characteristic	Mental health status (psychological disorders)		P Value	OR	CI 95%
	No need for referral (negative)	Need referral (positive)			
Sex					
Male	37 (64.9%)	20 (35.1%)	0,000	3,569	1,967-6,475
Female	99 (34.1%)	191 (65.9%)			
Age					
17-25 years old	77 (27.9%)	199 (72.1%)			
26-45 years old	40 (76.9%)	12(23.1%)	0.000		
46-65 years old	19 (100%)	0 (0%)			
Faculty					
Faculty of teacher training and education	29 (29.6%)	69(70.4%)	0,030	0,558	0,338-0,921
Faculty of Public Health	107 (43%)	142 (57%)			
Occupation/profession					
Lecturer	28 (87.5%)	4 (12.5%)			
Student	105 (33.7%)	207 (66.3%)	0,000	-	-
Administrative Staff	3 (100%)	0 (0%)			
Job Status					
Actively work	66 (78.6%)	18 (21.4%)	0,000	0,099	0,055-0,278
Do not work	70 (26.6%)	193 (73.4%)			
Education					
High school- diploma	59 (26.1%)	157 (73.9%)	0,000	0,202	0,126-0,325
Undergraduate- Ph.D	77 (63.6%)	44 (36.4%)			

Furthermore, the results of statistical tests using chi-square showed that there was a significant relationship between gender, age, type of work, employment status, and education level and drug addiction disorders, psychotic disorders, and post-traumatic syndrome disorder (PTSD) with a p-value <0.005. Female respondents have a 1.976 times greater chance of experiencing mental health disorders than male respondents. Meanwhile, faculty origin was not significantly related to the respondents' drug-related, psychotic, and post-traumatic stress disorder (PTSD) addiction disorders. This can be seen in Table 4 below.

Table 4. Relationship between demographic factors and Mental health status (addiction caused by narcotics, psychotic disorders, and PTSD among the Academic Community at Campus X Yogyakarta (N=347)

Respondent's characteristic	Mental health status		P Value	OR	CI 95%
	No need referral	Need referral			
Sex					
Male	22 (38,6%)	35 (61,4%)	0, 036	1,976	1,087-3,590
Female	70 (24,1%)	220 (75,9%)			
Age					
17-25 year old	44 (15,9%)	232 (84,1%)			
26-45 years old	35 (67,3%)	17 (32,7%)	0.000	-	-
46-65 years old	13 (68,4%)	6 (31,6%)			
faculty					
Faculty of teacher training and education	23 (23,5%)	75 (76,5%)	0,502	0,800	0,465-1,377
Faculty of Public Health	69 (27,7%)	180 (73,5%)			
Occupation /profession					
Lecturer	23 (71,9%)	9 (28,1)			
Student	67 (21,5%)	245 (78,5%)	0,000	-	-
Administrative Staff	2 (66,7%)	1 (33,3%)			
Job /profession status					

Actively work	55 (65,5%)	29 (34,5%)	0,000	0,086	0,049-0,152
Do not work	37 (14,1%)	226 (85,9%)			
Education					
High School-Diploma	35 (15,5%)	191 (84,5%)	0,000	0,206	0,124-0,342
Undergraduate- Ph.D	57 (47,1%)	64 (52,9%)			

3.2. Discussion

Mental health is one of the health problems that has received attention in recent times in both developed and developing countries [13]. According to Indonesian Law No. 18 of 2014, mental health efforts should be carried out to create an optimal level of Mental health is one of the health problems that has received attention in recent times in both developed and developing countries [13]. According to Indonesian Law No. 18 of 2014, mental health efforts should be carried out to create an optimal level of health using promotive, preventive, curative, and rehabilitative approaches, one of which is by using the Self Reporting Questionnaire (SRQ)as an early detection tool for mental health within the last 30 years [13], [14]. One of the promotional efforts for mental health in educational institutions such as universities is to create a teaching and learning atmosphere that is conducive to the growth and development of mental health and life skills related to mental health for students following their stage of development [14].

This research found that the group of students between the ages of 17-25 years were very vulnerable to psychological and non-psychological problems such as drug addiction disorders, psychotic disorders, and PTSD. The same results had been found in research at the Royal College of Psychiatrists that the age of 17-25 years is a transition period from the adolescent phase to the early adult phase as students are at high risk of experiencing emotional disorders [15], [16]. Besides the pressure of studying a lot, mental health problems among students are also caused by the new normal era of the Covid-19 pandemic which causes teenagers to experience depression, stress, boredom, anger, loneliness, fear, and even anxiety and avoidance, and other psychological reactions which have an impact on maladaptive behavior, defensive responses and emotional distress [17]. Respondents from the Faculty of Teacher Training and Education experienced more psychological disorders than those of the faculty of public health because in general, these students had a negative perception of the field of science they were studying and felt pessimistic. This is in line with the results of previous research which showed that students at teaching and education faculties stated that the source of anxiety was individual factors, self-confidence, and negative perceptions that English was difficult because it was not a second language in Indonesia.

Based on the SRQ-29 questionnaire, it is revealed that the respondents are getting headaches easily, feeling tired, and feeling anxious, tense, or worried. It is in line with research done by Tavares et al., (2022). They found as many as 52.7% of respondents experienced symptoms of anxiety and 60.4% of respondents experienced symptoms of decreased energy [13]. The decrease in energy felt by a person will cause activities to be disrupted and hampered due to symptoms of fatigue/decreased energy. Then, fatigue will also have an impact on psycho-social, psycho-immunity, and psychophysiology aspects[18], [19].

The majority of the academic community at campus x in Yogyakarta had symptoms of decreased energy and symptoms of anxiety. Research conducted by Donner and Lowry in 2013 showed that the prevalence of anxiety disorders was greater in women, namely 60%, compared to those in men, namely 40% [20]. Another study in Surabaya indicated that as many as 34% of respondents experienced anxiety disorders, which were mostly experienced by 17-19-year-old students (35.5%), and suffered by women (36.4%), while other studies also stated the same thing, namely the level of depression and anxiety experienced by women is higher than that of men [21]–[24]. Anxiety and depression often appear in everyday life, characterized by emotional disturbances or moodiness, loss of interest or pleasure, feelings of guilt or low self-esteem, insomnia, decreased appetite, and poor concentration [21], [25]. The results of this study show that women experience more mental health disorders with a risk that is 3,569 times greater than that of men. Other research says that female students experience poorer mental health disorders, namely higher levels of anxiety and depression compared to men. This is because women are more dominant in using speech when facing problems. Among the factors that trigger mental health symptoms in women are high sensitivity and emotional changes due to hormonal changes before menstruation. This will affect women's mental health [26].

The results of this research also show that students have higher levels of mental health disorders compared to those of lecturers and education staff. This finding is in contrast to previous research conducted on health lecturers in Gorontalo, lecturers often experienced anxiety in dividing themselves in carrying out their duties as lecturers, academic supervisors in hospitals, roles in the family, and other organizations [27]. The same research conducted on lecturers at one of the universities in Pakistan and Ukraine found that among lecturers, mental disorders such as anxiety and depression at severe or very severe levels often occur in contract employees and lecturers with master's degrees in the age range of 35 years old. Anxiety and depression are

significantly related to academic discipline, poor health status, and low cadre. This mental disorder also has a risk pattern for work experience and work habits [28], [29].

Someone who works has greater pressure than one who doesn't work even though he/she was supported by a good working environment. The results of this research show that employment status has a significant relationship with mental disorders, both emotion and addiction, psychosis, and PTSD. In previous research related to depressive symptoms in Indonesia, it was found that a person's employment status influences individuals to experience depressive symptoms, especially in adolescents. The chance of developing depression is up to 4.15 times [30]. Individuals who experience high levels of depression will have difficulty focusing on work, including academic work, and he/she will miss work for more than one month, resulting in low/decreased productivity. Moreover, people who work will also experience stress due to long periods of work and heavy workloads [31].

Another finding of this research is that the level of education has a significant relationship with psychological mental disorders and addiction, psychotic disorders, and PTSD. This can happen because the higher a person's education, the more influence he/she puts on others, and the higher a person's education, the easier he/she obtain information and use existing medical services to improve his/her quality of life [32], [33]. This is in line with other research findings that the level of education, especially low education, is a significant factor that influences a person's poor mental health and even depression [34]. Not only depression but also education influences other mental disorders, namely stress; individuals with low education will more easily feel stressed [35] than, those of high school and undergraduate education levels[36]. It is found that high school and undergraduate students have the most mental disorders---the highest anxiety disorders [16].

This research shows that the proportion of students is greater than lecturers and education staff, and the majority of students have mental disorders ranging from emotional mental disorders to addiction, psychosis, and PTSD[37]. Entering higher education often causes psychological problems, including being separated from previously established social support networks. Students who leave home may receive less social and psychological support from people they consider close, which can harm their mental health and coping processes [37].

In general, it is implied that age, gender, type of work, employment status, and level of education within the working environment at the campus are related to the mental health status of academics in the Yogyakarta campus. At the university level, it is necessary to develop strategies to be able to access mental health services and provide extensive early-detection screening to students with special conditions. Then, this situation can be used in making policies by involving campus administrators, mental health professionals, researchers, and policymakers to be able to anticipate future health problems more effectively [38]. Another effort can be made by providing mental health literacy to maximize access to the use of professional mental health services so that they can seek help in overcoming mental disorders from an early age. This can be done by attending seminars, training, or using social media to search for information about mental health [39], [40].

This research was conducted at two faculties that play an important role in public education by implementing a healthy campus. This research is not totally free from limitations. Firstly, most previous research has focused on one mental health disorder so that we could clearly understand the mental health disorder being experienced. This study, however, describes all the symptoms of mental health disorders in general and simultaneously. Secondly, there are differences in the proportions of respondents both in terms of a number of respondents and faculty origin, and so they cannot provide a full picture of the results regarding the burden of mental health disorders experienced. Thirdly, this research was carried out by distributing questionnaires online; therefore the research team did not receive additional information regarding the symptoms felt by the respondents. Finally, there is not yet sufficient literature discussing mental health disorders in teaching and educational science faculties or in public health faculties

4. CONCLUSION

The number of respondents who needed to be referred to a mental health professional was high. There is a significant relationship between psychological disorders and demographic factors, consisting of gender, age, type of work, employment status, education, and faculty origin. Meanwhile, for mental disorders due to addiction, psychosis, and PTSD, the related factors are age, gender, level of education, type of work, and employment status. This needs to be followed up with health promotion efforts such as collaborating with the local health office and local hospital for further treatment. Moreover, policy support from universities is urgently needed to create a healthy campus.

ACKNOWLEDGEMENTS

Our sincere and deepest appreciation goes to the Research and Community Service Centre of Universitas Ahmad Dahlan (UAD) for funding this research under the official contract no 28/RIA/LPPM-UAD/VI/2023.

REFERENCES

[1] P2PTM Kementerian Kesehatan RI, "Pedoman Kampus Sehat," *Kementeri. Kesehat. RI*, 2021.
[2] Kemenkes RI, "Pedoman Teknis Penyelenggaraan Kampus Sehat," Jakarta, Indonesia, 2019.
[3] Presiden Republik Indonesia, "Peraturan Pemerintah Nomor 21 Tahun 2020 tentang Pembatasan Sosial Berskala Besar Dalam Rangka Percepatan Penanganan Coronavirus Disease 2019/COVID-19," Jakarta, Indonesia, 2020.
[4] WHO, "World Suicide Prevention Day 2022 - Creating hope Through Action," 2022. .
[5] Kementerian Kesehatan Republik Indonesia, "Laporan RISKESDAS Tahun 2018," Badan Penelitian dan Pengembangan Kesehatan (Balitbangkes), Jakarta, 2018.
[6] F. D. Rahmawati and T. Eryando, "Pengembangan Situs Web Deteksi Dini Kesehatan Jiwa," *J. Inf. Syst. Public Heal.*, vol. 6, no. 2, pp. 1–8, 2021, [Online]. Available: https://doi.org/10.22146/jisph.12265.
[7] F. Andiarna and E. Kusumawati, "Pengaruh Pembelajaran Daring terhadap Stres Akademik Mahasiswa Selama Pandemi Covid-19," *J. Psikol.*, vol. 16, no. 2, p. 139, 2020, doi: 10.24014/jp.v16i2.10395.
[8] A. Madani, I. Prasetyowati, and C. A. Kinanthi, "Hubungan Karakteristik Mahasiswa Dengan Kesehatan Mental Mahasiswa Selama Kuliah Online," *Ikesma*, vol. 18, no. 2, p. 72, 2022, doi: 10.19184/ikesma.v18i1.25679.
[9] F. Santri, S. J. Matematika, F. Tarbiyah, D. Tadris, and I. Bengkulu, "Ada Apa dengan Kecemasan Matematika?," *J. Medives J. Math. Educ. IKIP Veteran Semarang*, vol. 1, no. 1, pp. 59–65, Jan. 2017.
[10] F. S. Oktaviani, D. Radjab, and H. Ardi, "AN ANALYSIS OF STUDENTS' ENGLISH LANGUAGE ANXIETY AT SMAN 7 PADANG," *J. English Lang. Teach.*, vol. 1, no. 3, pp. 51–60, Jun. 2013, doi: 10.24036/JELT.V1I3.2367.
[11] A. Herawati, A. Hidayat, and H. Oktaviannoor, "Peningkatan Pengetahuan Dengan Metode Pemberian Edukasi Kesehatan Bahaya Merokok Bagi Kesehatan Reproduksi Remaja Pada Siswa Smpn 20 Banjarmasin Tahun 2020," *Din. Kesehat. J. Kebidanan Dan Keperawatan*, vol. 11, no. 1, pp. 19–27, 2020, doi: 10.33859/dksm.v11i1.554.
[12] L. H. Utami and L. Nurjati, "Hubungan Self-Efficacy, Belief dan Motivasi dengan Kecemasan Mahasiswa dalam Pembelajaran Bahasa Inggris," *Psympathic J. Ilm. Psikol.*, vol. 4, no. 2, pp. 219–238, Dec. 2017, doi: 10.15575/PSY.V4I2.1447.
[13] R. Tavares, D. T. Mau, and M. J. E. Naibili, "Gambaran Deteksi Dini Status Kesehatan Jiwa Masyarakat Di Wilayah Kerja Puskesmas Atambua Selatan Tahun 2022," *J. Sahabat*, vol. 4, no. 2, pp. 147–165, 2022.
[14] Presiden RI, "Undang-Undang Nomor 18 Tahun 2014 tentang Kesehatan Jiwa," 2014. [Online]. Available: https://peraturan.bpk.go.id/Home/Details/38646/uu-no-18-tahun-2014.
[15] J. Callender *et al.*, "Mental health of students in higher education Royal College of Psychiatrists," London, 2016.
[16] L. Liesay, J. Mainase, and S. Yakobus, "Gambaran Gejala Gangguan Kesehatan Mental Berdasarkan Dass-42 (Depression Anxiety Stress Scales-42) Pada Masyarakat Usia Produktif Desa Hutumuri," *Molucca Medica*, vol. 16, no. 1, pp. 51–60, 2023, doi: 10.30598/molmed.2023.v16.i1.51.
[17] D. Talevi *et al.*, "Mental health outcomes of the CoViD-19 pandemic Gli esiti di salute mentale della pandemia di CoViD-19," *Riv Psichiatr*, vol. 55, no. 3, pp. 137–144, 2020.
[18] P. . Suma'mur, *Higiene Perusahaan dan Kesehatan Kerja*. Jakarta: CV. Sagung Seto, 2013.
[19] L. M. Kurniawidjaja, S. Martomulyono, and I. H. Susilowati, *Teori dan Aplikasi Promosi Kesehatan di Tempat Kerja Meningkatkan Produktivitas*. Jakarta: UI Publishing, 2020.
[20] N. C. Donner and C. A. Lowry, "Sex differences in anxiety and emotional behavior," *Pflugers Arch. Eur. J. Physiol.*, vol. 465, no. 5, pp. 601–626, 2013, doi: 10.1007/s00424-013-1271-7.
[21] M. Z. A. Rustam and L. Nurlela, "Gangguan Kecemasan dengan Menggunakan Self Reporting Questionaire (SRQ-29) di Kota Surabaya," *J. Kesehat. Masy. Mulawarman*, vol. 3, no. 1, p. 39, 2021, doi: 10.30872/jkmm.v3i1.5752.
[22] M. I. Alsoghair *et al.*, "Prevalence of Depression and Anxiety Among Qassim University Students During the COVID-19 Pandemic," *Cureus*, vol. 2019, no. 2, pp. 2–11, 2023, doi: 10.7759/cureus.34866.
[23] "IDAI - Kesehatan Remaja di Indonesia." .
[24] Y. M. Kim and S. il Cho, "Socioeconomic status, work-life conflict, and mental health," *Am. J. Ind. Med.*, vol. 63, no. 8, pp. 703–712, 2020, doi: 10.1002/ajim.23118.
[25] WHO, "Anxiety and Depression," *World Health Organization*, 2012. http://www.who.int/topics/depression/en/.
[26] M. Kartika Sari, E. Arik Susmiatin, P. Studi Sarjana Keperawatan, S. Karya Husada Kediri, M. K. Sari, and E. A. Susmiatin, "Deteksi Dini Kesehatan Mental Emosional pada Mahasiswa," *J. Ilm. STIKES Yars. Mataram*, vol. 13, no. 1, pp. 10–17, 2023, [Online]. Available: http://journal.stikesyarsimataram.ac.id/index.php/jik.
[27] Y. M. Soeli, R. D. Hunawa, N. K. Rahim, A. W. Pakaya, and N. A. R. Yusuf, "Overview of Mental Health Lecturers in Gorontalo Province," *J. Heal. Sci. Gorontalo J. Heal. Sci. Community*, vol. 7, no. 1, pp. 185–194, 2023, doi: 10.35971/gojhes.v7i1.14681.
[28] J. S. Alqahtani *et al.*, "Prevalence, Severity and Mortality associated with COPD and Smoking in patients with COVID-19: A Rapid Systematic Review and Meta-Analysis," *PLoS One*, vol. 15, no. 5, p. e0233147, May 2020, doi: 10.1371/JOURNAL.PONE.0233147.
[29] B. Thielmann *et al.*, "Mental health and work-related behaviors in management of work requirements of university lecturers in ukraine— an age group comparison," *Int. J. Environ. Res. Public Health*, vol. 18, no. 20, 2021, doi: 10.3390/ijerph182010573.

[30] D. Susanti, R. Dewi Akademi Kebidanan Saleha, and B. Aceh, "Education on Prevention of Stunting Through Exclusive Breastfeeding in the Community," *Ahmar Metakarya J. Pengabdi. Masy.*, vol. 1, no. 2, pp. 107–114, Feb. 2022, doi: 10.53770/AMJPM.V1I2.85.
[31] E. M. Singal, A. E. Manampiring, and J. E. Nelwan, "Analisis Faktor-Faktor Yang Berhubungan Dengan Stres Kerja Pada Pegawai Rumah Sakit Mata Provinsi Sulawesi Utara," *Sam Ratulangi J. Public Heal.*, vol. 1, no. 2, p. 040, 2021, doi: 10.35801/srjoph.v1i2.31988.
[32] T. S. Yulianti and W. M. P. Wijayanti, "Hubungan Tingkat Pendidikan Dan Tingkat Pengetahuan Tentang Kesehatan Jiwa Dengan Sikap Masyarakat Terhadap Pasien Gangguan Jiwa Di Rw Xx Desa Duwet Kidul, Baturetno, Wonogiri," *KOSALA J. Ilmu Kesehat.*, vol. 4, no. 1, pp. 1–12, 2016, doi: 10.37831/jik.v4i1.79.
[33] N. Soekidjo, "Promosi Kesehatan Teori dan Aplikasi," in *Promosi Kesehatan dalam Kesehatan Masyarakat*, Pertama., Jakarta: Rineka Cipta, 2014.
[34] Y. Dewi, R. Relaksana, and A. Y. M. Siregar, "Analisis Faktor Socioeconomic Status (Ses) Terhadap Kesehatan Mental: Gejala Depresi Di Indonesia," *J. Ekon. Kesehat. Indones.*, vol. 5, no. 2, pp. 29–40, 2021, doi: 10.7454/eki.v5i2.4125.
[35] A. Hasanah *et al.*, "Faktor yang Berpengaruh terhadap Kesehatan Mental Karyawan Non Kesehatan ketika Kembali Bekerja saat Pandemi COVID-19," *J. Farm. Komunitas*, vol. 10, no. 1, pp. 1–7, 2023, doi: 10.20473/jfk.v10i1.32895.
[36] M. B. Reitsma *et al.*, "Spatial, temporal, and demographic patterns in prevalence of smoking tobacco use and attributable disease burden in 204 countries and territories, 1990–2019: a systematic analysis from the Global Burden of Disease Study 2019," *Lancet*, vol. 397, no. 10292, pp. 2337–2360, 2021, doi: 10.1016/S0140-6736(21)01169-7.
[37] A. Gonçalves, C. Sequeira, J. Duarte, and P. Freitas, "Suicide ideation in higher education students: Influence of social support," *Aten. Primaria*, vol. 46, no. S5, pp. 88–91, 2014, doi: 10.1016/S0212-6567(14)70072-1.
[38] J. Li *et al.*, "Factors Affecting COVID-19 Preventive Behaviors among University Students in Beijing, China: An Empirical Study Based on the Extended Theory of Planned Behavior," *Int. J. Environ. Res. Public Heal. 2021, Vol. 18, Page 7009*, vol. 18, no. 13, p. 7009, Jun. 2021, doi: 10.3390/IJERPH18137009.
[39] D. Nazira, M. Mawarpury, A. Afriani, and I. D. Kumala, "Literasi Kesehatan Mental Pada Mahasiswa Di Banda Aceh," *Seurune J. Psikol. Unsyiah*, vol. 5, no. 1, pp. 23–39, 2022, doi: 10.24815/s-jpu.v5i1.25102.
[40] A. F. Permana *et al.*, "Studi Eksplorasi Literasi Kesehatan Mental Pada Mahasiswa Keperawatan," *J. Ilm. Keperawatan IMELDA*, vol. 9, no. 1, pp. 62–69, 2023, doi: 10.52943/jikeperawatan.v9i1.1201.

BIOGRAPHIES OF AUTHORS

The recommended number of authors is at least 2. One of them as a corresponding author.

	**Sitti Nur Djannah** is a full senior lecturer and head of the Master of Public Health study program at the Faculty of Public Health, Ahmad Dahlan University, Yogyakarta. My areas of interest are health promotion and behavioral social sciences. She can be contacted at email: sitti.nurdjannah@ikm.uad.ac.id
	**Heni Trisnowati** is a doctor in public health, especially in the field of Health Promotion and community empowerment. She is a lecturer at the Faculty of Public Health, Universitas Ahmad Dahlan (UAD) Yogyakarta, Indonesia. She has been responsible for teaching health promotion, qualitative methodology, health research methods, social and behavioral sciences, evidence-based health promotion, Interpersonal communication and advocacy, media and health communication. Her research interest is in tobacco control, non-communicable diseases, and mental health. She can be contacted at email : heni.trisnowati@pascakesmas.uad.ac.id

	**Andriyani** is a doctor in the field of Mathematics Education and Head of the Master of Mathematics Educationat the Faculty of Teacher Training and Education, Universitas Ahmad Dahlan, Yogyakarta, Indonesia. She has more than 19 years of teaching experience in the university. Her field of specialization, research areas, publication and presentation cover a wide range of mathematics education related aspects. Among these are engineering mathematics learning in inclusive classes, assistive technology for children with special needs, mathematics learning technology, and evaluating mathematics learning. She can be contacted at email: andriyani@mpmat.uad.ac.id
	**Akmal Akmal** is Ph.D. holder in Education especially in Educational Technology from University of Pune India, with a Master in Educational Training System Design from University of Twente, The Netherlands, American Studies from Universitas Gadjah Mada, and diploma in Multimedia from Mutlimedia University (MMU),Malaysia. He received prestigious scholarship from NEC Netherlands, MTCP Malaysia, Cultural Centre Russian Federation, and ICCR India. He got research grand from Indonesian Higher education for Non-Conventional Learning Model. His main research interests are TEFL, CAI, CALL, and ESP. He served as visiting professor at Abhinav College of Education, Pune, India in 2005.He is an active presenter as well as key note speaker at several International conferences on ELT. He shares the experiences in Educational Technology through workshops with English teachers' association (MGMP Bahasa Inggris) at some provinces in Indonesia like Bengkulu, Metro Lampung, Yogyakarta, Jambi, Kebumen, and Temanggung. He has been teaching English for Economics (ESP) and Business English at Undergraduate International Program (IUP),Fakultas Ekonomika dan Bisnis,Universitas Gadjah Mada (UGM) since 2004. At the moment, he is an associate professor and head of Master Degree in English Language Education, Universitas Ahmad Dahlan, Yogyakarta, Indonesia and reviewer of several ELT journals.He can be reached at akmal@mpbi.uad.ac.id
	**Deny Hadi Siswanto** is a mathematics teacher at Muhammadiyah Mlati High School and a student at the Master of Mathematics Education at the Faculty of Teacher Training and Education, Universitas Ahmad Dahlan, Yogyakarta. He has over 6 years of teaching experience as a mathematics teacher at school. During his time as a teacher in the era of technological development, he tried to integrate technology into classroom learning. As a teacher he organizes and delivers material according to the curriculum, develops creative and effective teaching methods, monitors individual student progress, and encourages student collaboration. He can be contacted at email: 2207050007@webmail.uad.ac.id

International Journal of Public Health Science (IJPHS)
Vol. 99, No. 1, Month 2099, pp. 1~1x
ISSN: 2252-8806, DOI: 10.11591/ijphs.v99i1.paperID

Baseline Assessment of Demographic Factors and Mental Health Status: Opportunity to Initiate Healthy Campus Program

Sitti Nur Djannah[1], Heni Trisnowati[1], Andriyani Andriyani[2], Akmal Akmal[3], Marilou D Tino[4], Deny Hadi Siswanto[2]
[1]Faculty of Public Health, Postgraduate Program, Universitas Ahmad Dahlan (8 pt)
[2]Faculty of Education and Teacher Training, Postgraduate of Mathematics Education, Universitas Ahmad Dahlan
[3]Faculty of Education and Teacher Training, Study Program of English Education, Universitas Ahmad Dahlan (UAD)
[4]University of Saint Anthony, Iriga City, Philippines

Article Info

Article history:

Received month dd, yyyy
Revised month dd, yyyy
Accepted month dd, yyyy

Keywords:

Academic community,
demographic factor
Healthy campus,
Mental health,

ABSTRACT

Mental health issues have been essential in formulating global health policies for 30 years. The campus community is inseparable from the problem of mental health disorders, which can affect the work either students, lecturers, or staff. This research aims to describe mental health conditions among the campus community based on demographic factors as an opportunity to initiate a healthy campus program. This study used a quantitative method with a cross-sectional design. The population consisted of an academic community at a private campus in Yogyakarta, Indonesia. There are 347 samples taken by accidental sampling. The mental health instrument used the Self-Reporting Questionnaire. There, 60.81% of respondents experienced psychological disorders, and 73.49% of respondents needed to be referred to a mental health professional regarding addiction, psychotic disorders, and post-traumatic stress disorder (PTSD). There was a significant relationship between demographic factors consisting of gender, age, type of work, employment status, education level, faculty, and emotional disorders with a p-value of <0.005. Moreover, age, gender, education level, type of work, and employment status related to mental disorders due to addiction, psychosis, and PTSD with a p-value <0.005. It is concluded that a large proportion of responders need a referral to a mental health expert. To promote a healthy campus, university officials should follow up with health promotion initiatives such as partnering with the local health office and public health center for additional treatment and improving policy support.

Corresponding Author:

Sitti Nur Djannah
Faculty of Public Health, Ahmad Dahlan University
Jl. Prof. Dr. Soepomo, S.H, Umbulharjo, Yogyakarta, Indonesia
Email: sitti.nurdjannah@ikm.uad.ac.id

1. INTRODUCTION

The healthy campus program, known as a health-promoting university, is a systematic and comprehensive effort to realize higher education as an institution that integrates health into its educational culture, reflected through daily activities such as management administration and academic activities [1]. It is crucial to implement clean and healthy living behavior, to prevent and avoid infectious diseases, non-communicable diseases, mental disorders, and drugs, to promote a healthy environment, public nutrition, reproductive health, occupational health, and safety, in addition, to strengthen the disease prevention and control, especially which has the potential to cause Extraordinary Events[1]. Moreover, the campus should also provide health services which include early detection, counseling, and guidance and referrals carried out by Health Service Facilities located on campus or in collaboration with those outside campus [1], [2].

One of the healthy campus programs is mental health promotion. Mental Health is a condition where an individual can develop physically, mentally, spiritually, and socially so that the individual realizes his/her abilities, can overcome pressure, work productively, and can contribute to his/her community[3]. Among mental health problems that frequently occur in society is depression. Depression is a serious public health problem. Based on the WHO report, depression ranks 4th and becomes a serious health problem. Suicide as the impact of depressive disorder is one of the public health major concerns. Symptoms of depression, such as feeling worthless, and hopelessness are risk factors for suicide. Up to 55% of people with depression have suicidal thoughts. Depression is characterized by feelings of sadness, low mood, and irritability.

Every year as many as 135 people in suicide cases experience deep sadness, while 108 million people are affected by suicidal behavior. In each case of suicide, as many as 25 people attempt suicide and others think about committing suicide [4]. In the year 2018, Basic Health Research (Riskesdas) reported Yogyakarta Province ranks as the second highest suicide in Indonesia, namely 10% and the prevalence of depression based on age 15 years and over 15 years old is 6% [5].

It is very important to maintain the mental health of students and the academic community. One of the efforts is carrying out early detection of mental health. Early detection of mental disorders must be widely promoted to the community, including in the campus environment, so that there are no delays in therapy or treatment in the early phase. One of the health service facilities that facilitate early detection of mental health for the community is the community health center (local public hospital[6] and universities can initiate early mental health detection services through the healthy campus program.

Mental health problems that are triggered by anxiety and stress will lead to disruption of the learning process [7]. Students' mental health during online lectures during a pandemic tends to be disrupted with the distribution of severe mental health disorders more than moderate and mild mental health disorders [8] e.g. student anxiety arises due to repeated conditions in perceiving something negatively, for example, mathematics as a difficult subject because of the abstractness of objects, logical thinking, systematic, symbolic and confusing formulas [9]. Students' anxiety in learning English is their fear of other people's negative judgment, fear of communicating, taking exams, or placement in English classes [10]. In a preliminary study at the Faculty of Public Health, it was found that several students had mental disorders, such as locking themselves in their rooms to the point where they wanted to commit suicide. In addition, the students in the teaching and education faculties stated that the sources of anxiety were individual factors, self-confidence, and negative perceptions that English was difficult because it was not a second language in Indonesia. In general, these anxieties arise due to a lack of knowledge of mathematics or English, and students' self-confidence in mathematics or English can affect their academic achievement [11], [12]. Based on the explanation above, The research questions are (1) What are the mental health conditions of the campus community based on demographic factors such as gender, age, type of work, employment status, education and faculty origin, and emotional disorders? (2). What is the relationship between Demographic Factors and the Mental health of the academic community;(3). How many people need referral to the mental health professional; What recommendations can be given to the campus authority?

Commented [User1]: What is the gap of the study? You may could explain gap of context, gap of content and gap of methods.

2. METHOD

This study used a quantitative method with a cross-sectional design. As a pilot project, the research was conducted at a private campus in Yogyakarta City, Indonesia which consists of the Faculty of Teacher Training and Education and the Faculty of Public Health. The population of this study consisted of lecturers, students, and educational staff. Data collection by electronic questionnaire that took place over 23 days, from 20 July to 12 August 2023. Within this time interval, we received 347 responses. The inclusion criteria in this study are 1) active students in the academic year of 2022/2023; 2) permanent lecturer; 3) educational staff at the Yogyakarta campus; 4) willing to be a respondent on the first page of filling out the questionnaire. Among the exclusion criteria are: 1) students on leave/sickness; 2) not willing to be a respondent.

Commented [User2]: How did you identify the respondents?

How many potential reposndents approached and how many of them agreed to pacrticipate?

Mental health instruments use the Self-Reporting Questionnaire (SRQ-29) from WHO which has been validated by professionals[19–21]. The questions asked followed how the respondents felt during the last 30 days with Question No. category. 1 – 20, if the respondent answers Yes with a total score of < 5 then the category is "No Need for Referral"; If the respondent answers yes with a total score of ≥5 then they are categorized as "Referral Required" related to emotional or psychological mental disorders. Meanwhile, for questions No. 21 – 29, if the respondent answered yes with a total score of < 1 "No need to refer", while for respondents who answered yes with a score ≥ 1 then the category "Needs to be referred" is related to drug-related addiction disorders, psychotic disorders and Post Trauma Syndrome Disorder (PTSD). The analysis was carried out univariately to see the frequency distribution and bivariate to see the relationship between demographic factors and mental health status in academics at private campuses in Yogyakarta. This research has been approved by the ethical committee of Ahmad Dahlan University with the letter approval number: 012307121 dated 17 July 2023.

3. RESULTS AND DISCUSSION

3.1 Results

3.1.1 Description of Demographic Factors in the academic community

Most of the respondents 83.57% were women, and 79.54% were between 17-25 years old. The majority of respondents or as many as 71.47% came from the Faculty of Public Health. In addition, 89.91% as students, and the majority of respondents did not work as many as 75.79%. An overview of the demographic factors of the respondents is shown in Table.1 below

Table 1. Demographic factors of the research Respondents

No	Categories	n	%
	Sex		
1	Male	57	16,43
	Female	290	**83,57**
	Age		
2	17-25 years old	276	**79,54**
	26-45 years old	52	14,99
	46-65 year old	19	5,48
	Faculty		
3	Faculty of Teacher Training and Education	99	28,53
	Faculty of Public Health	248	**71,47**
	Study program		
	Undergraduate in Nutrition Science	72	20,75
	Undergraduate in public health	128	**36,89**
4	Undergraduate in English language Education	15	4,32
	Undergraduate of Mathematics Education	55	15,85
	Master of English Language Education	17	4,9
	Master of Public Health	49	14,12
	Master of Mathematics Education	11	3,17
	Occupation /profession		
5	Lecturers	32	9,22
	Students	312	**89,91**
	Administrative Staff	3	0,86
	Working status/ income		
6	Active worker (generate income)	84	24,21
	Non Active (no income)	263	**75,79**
	Highest education		
	Diploma (D3/D4)	7	2,02
7	Undergraduate (S1)	87	25,07
	Master's degree (S2)	22	6,34
	Doctorate (Ph.D)	11	3,17
	High school/Vocational School (SMA/SMK)	220	63,4
	Total	**347**	**100**

3.1.2 Description of Mental Health Status in The Academic Community

Based on questions 1-20 related to emotional or psychological disorders, as many as 60.81% of respondents needed to be referred to a mental health professional, and based on questions 21-29 related to addiction, psychosis, and PTSD, as many as 73, 49% respondents required referral to a mental health professional. The percentage of respondents who completed the answers is presented in Table 2,

Table 2. Percentages of respondents answering the SRQ-29 (N=347)

No	Questions	Yes (1)	%	No (0)	%
1	Do you often have headaches?	163	46,97	184	53,03
2	Is your appetite poor?	99	28,53	248	71,47
3	Do you sleep badly?	208	59,94	139	40,06
4	Are you easily frightened?	147	42,36	200	57,64
5	Do you feel nervous, tense, or worried?	188	54,18	159	45,82
6	Do your hands shake?	52	14,99	295	85,01
7	Is your digestion poor?	93	26,80	254	73,20
8	Do you have trouble thinking clearly?	150	43,23	197	56,77
9	Do you feel unhappy?	90	25,94	257	74,06
10	Do you cry more than usual?	104	29,97	243	70,03
11	Do you find it difficult to enjoy your daily life?	52	14,99	295	85,01
12	Do you find it difficult to make decisions?	180	51,87	167	48,13
13	Is your daily work suffering?	89	25,65	258	74,35
14	Are you unable to play a useful part in life?	78	22,48	269	77,52
15	Have you lost interest in many things?	127	36,60	220	63,40
16	Do you feel you are a worthless person?	88	25,36	259	74,64
17	Has the thought of ending your life been on your mind?	27	7,78	320	92,22
18	Are you tired all day?	153	44,09	194	55,91
19	Do you feel uncomfortable with your stomach?	86	24,78	261	75,22
20	Are you easily tired?	222	63,98	125	36,02
21	Do you drink alcohol more than usual or do you consume drugs?	1	0,29	346	99,71
22	Do you feel that someone has insulted or humiliated you?	29	8,36	318	91,64
23	Have you noticed any interference or anything else unusual with your thinking?	137	39,48	210	60,52
24	Do you ever hear voices without knowing where they come from, and that other people cannot hear?	37	10,66	310	89,34
25	Have you ever had a nightmare dream or disaster dream as if you were in those disasters?	67	19,31	280	80,69
26	Do you avoid the activity, place, people, thoughts, or events that remind you of previous disasters?	72	20,75	275	79,25
27	Do you feel a lack of interest in your usual activity or friend?	131	37,75	216	62,25
28	Are you feeling very annoyed in a situation that reminds you of a disaster or demands you to think about disaster?	119	34,29	228	65,71
29	Are you having difficulty understanding or expressing your feelings?	171	49,28	176	50,72

3.1.3 Relationship between Demographic Factors and Mental health Status among Academic Community

The respondents' mental health status for the category of psychological disorders showed that there was a significant relationship between gender and psychological disorders with a risk of 3.569 times greater for women than men (p-value <0.005). Then, there is a significant relationship between the origin of the faculty, type of work, job status, and education level of the respondents (P value <0.005). Respondents from the education and teacher training faculties had a 0.558 times greater chance of experiencing psychological disorders than those from the public health faculty. This is also the same for respondents who do not work at risk of 0.099 times more experiencing psychological disorders than those who have the work. Respondents with low levels of education had a 0.202 times greater risk of experiencing psychological disorders than those respondents with higher education supported by a p-value <0.005. In addition, the age factor and the type of work in the campus environment have a significant relationship to psychological disorders with a p-value <0.005. The relationship between demographic factors and mental health status is presented in Table 3 below.

Table 3. Relationship between Demographic Factors and Mental health (psychological disorder) among the Academic Community at Campus X Yogyakarta (N=347)

Respondents' characteristic	Mental health status (psychological disorders)		P Value	OR	CI 95%
	No need for referral (negative)	Need referral (positive)			
Sex					
Male	37 (64.9%)	20 (35.1%)	0,000	3,569	1,967-6,475
Female	99 (34.1%)	191 (65.9%)			
Age					
17-25 years old	77 (27.9%)	199 (72.1%)			
26-45 years old	40 (76.9%)	12(23.1%)	0.000		
46-65 years old	19 (100%)	0 (0%)			
Faculty					
Faculty of teacher training and education	29 (29.6%)	69(70.4%)	0,030	0,558	0,338-0,921
Faculty of Public Health	107 (43%)	142 (57%)			
Occupation/profession					
Lecturer	28 (87.5%)	4 (12.5%)			
Student	105 (33.7%)	207 (66.3%)	0,000	-	-
Administrative Staff	3 (100%)	0 (0%)			
Job Status					
Actively work	66 (78.6%)	18 (21.4%)	0,000	0,099	0,055-0,278
Do not work	70 (26.6%)	193 (73.4%)			
Education					
High school- diploma	59 (26.1%)	157 (73.9%)	0,000	0,202	0,126-0,325
Undergraduate- Ph.D	77 (63.6%)	44 (36.4%)			

Furthermore, the results of statistical tests using chi-square showed that there was a significant relationship between gender, age, type of work, employment status, and education level and drug addiction disorders, psychotic disorders, and post-traumatic syndrome disorder (PTSD) with a p-value <0.005. Female respondents have a 1.976 times greater chance of experiencing mental health disorders than male respondents. Meanwhile, faculty origin was not significantly related to the respondents' drug-related, psychotic, and post-traumatic stress disorder (PTSD) addiction disorders. This can be seen in Table 4 below.

Table 4. Relationship between demographic factors and Mental health status (addiction caused by narcotics, psychotic disorders, and PTSD among the Academic Community at Campus X Yogyakarta (N=347)

Respondent's characteristic	Mental health status		P Value	OR	CI 95%
	No need referral	Need referral			
Sex					
Male	22 (38,6%)	35 (61,4%)	0, 036	1,976	1,087-3,590
Female	70 (24,1%)	220 (75,9%)			
Age					
17-25 year old	44 (15,9%)	232 (84,1%)			
26-45 years old	35 (67,3%)	17 (32,7%)	0.000	-	-
46-65 years old	13 (68,4%)	6 (31,6%)			
faculty					
Faculty of teacher training and education	23 (23,5%)	75 (76,5%)	0,502	0,800	0,465-1,377
Faculty of Public Health	69 (27,7%)	180 (73,5%)			
Occupation /profession					
Lecturer	23 (71,9%)	9 (28,1)			
Student	67 (21,5%)	245 (78,5%)	0,000	-	-
Administrative Staff	2 (66,7%)	1 (33,3%)			
Job /profession status					

Actively work	55 (65,5%)	29 (34,5%)	0,000	0,086	0,049-0,152
Do not work	37 (14,1%)	226 (85,9%)			
Education					
High School-Diploma	35 (15,5%)	191 (84,5%)	0,000	0,206	0,124-0,342
Undergraduate- Ph.D	57 (47,1%)	64 (52,9%)			

3.2. Discussion

Mental health is one of the health problems that has received attention in recent times in both developed and developing countries [13]. According to Indonesian Law No. 18 of 2014, mental health efforts should be carried out to create an optimal level of Mental health is one of the health problems that has received attention in recent times in both developed and developing countries [13]. According to Indonesian Law No. 18 of 2014, mental health efforts should be carried out to create an optimal level of health using promotive, preventive, curative, and rehabilitative approaches, one of which is by using the Self Reporting Questionnaire (SRQ)as an early detection tool for mental health within the last 30 years [13], [14]. One of the promotional efforts for mental health in educational institutions such as universities is to create a teaching and learning atmosphere that is conducive to the growth and development of mental health and life skills related to mental health for students following their stage of development [14].

This research found that the group of students between the ages of 17-25 years were very vulnerable to psychological and non-psychological problems such as drug addiction disorders, psychotic disorders, and PTSD. The same results had been found in research at the Royal College of Psychiatrists that the age of 17-25 years is a transition period from the adolescent phase to the early adult phase as students are at high risk of experiencing emotional disorders [15], [16]. Besides the pressure of studying a lot, mental health problems among students are also caused by the new normal era of the Covid-19 pandemic which causes teenagers to experience depression, stress, boredom, anger, loneliness, fear, and even anxiety and avoidance, and other psychological reactions which have an impact on maladaptive behavior, defensive responses and emotional distress [17]. Respondents from the Faculty of Teacher Training and Education experienced more psychological disorders than those of the faculty of public health because in general, these students had a negative perception of the field of science they were studying and felt pessimistic. This is in line with the results of previous research which showed that students at teaching and education faculties stated that the source of anxiety was individual factors, self-confidence, and negative perceptions that English was difficult because it was not a second language in Indonesia.

Commented [User3]: If you could relate this fact with research evidence?

Based on the SRQ-29 questionnaire, it is revealed that the respondents are getting headaches easily, feeling tired, and feeling anxious, tense, or worried. It is in line with research done by Tavares et al., (2022). They found as many as 52.7% of respondents experienced symptoms of anxiety and 60.4% of respondents experienced symptoms of decreased energy [13]. The decrease in energy felt by a person will cause activities to be disrupted and hampered due to symptoms of fatigue/decreased energy. Then, fatigue will also have an impact on psycho-social, psycho-immunity, and psychophysiology aspects[18], [19].

The majority of the academic community at campus x in Yogyakarta had symptoms of decreased energy and symptoms of anxiety. Research conducted by Donner and Lowry in 2013 showed that the prevalence of anxiety disorders was greater in women, namely 60%, compared to those in men, namely 40% [20]. Another study in Surabaya indicated that as many as 34% of respondents experienced anxiety disorders, which were mostly experienced by 17-19-year-old students (35.5%), and suffered by women (36.4%), while other studies also stated the same thing, namely the level of depression and anxiety experienced by women is higher than that of men [21]–[24]. Anxiety and depression often appear in everyday life, characterized by emotional disturbances or moodiness, loss of interest or pleasure, feelings of guilt or low self-esteem, insomnia, decreased appetite, and poor concentration [21], [25]. The results of this study show that women experience more mental health disorders with a risk that is 3,569 times greater than that of men. Other research says that female students experience poorer mental health disorders, namely higher levels of anxiety and depression compared to men. This is because women are more dominant in using speech when facing problems. Among the factors that trigger mental health symptoms in women are high sensitivity and emotional changes due to hormonal changes before menstruation. This will affect women's mental health [26].

The results of this research also show that students have higher levels of mental health disorders compared to those of lecturers and education staff. This finding is in contrast to previous research conducted on health lecturers in Gorontalo, lecturers often experienced anxiety in dividing themselves in carrying out their duties as lecturers, academic supervisors in hospitals, roles in the family, and other organizations [27]. The same research conducted on lecturers at one of the universities in Pakistan and Ukraine found that among lecturers, mental disorders such as anxiety and depression at severe or very severe levels often occur in contract employees and lecturers with master's degrees in the age range of 35 years old. Anxiety and depression are

Commented [User4]: If you could please explain more? Why does this fact occurred?

significantly related to academic discipline, poor health status, and low cadre. This mental disorder also has a risk pattern for work experience and work habits [28], [29].

Someone who works has greater pressure than one who doesn't work even though he/she was supported by a good working environment. The results of this research show that employment status has a significant relationship with mental disorders, both emotion and addiction, psychosis, and PTSD. In previous research related to depressive symptoms in Indonesia, it was found that a person's employment status influences individuals to experience depressive symptoms, especially in adolescents. The chance of developing depression is up to 4.15 times [30]. Individuals who experience high levels of depression will have difficulty focusing on work, including academic work, and he/she will miss work for more than one month, resulting in low/decreased productivity. Moreover, people who work will also experience stress due to long periods of work and heavy workloads [31].

Another finding of this research is that the level of education has a significant relationship with psychological mental disorders and addiction, psychotic disorders, and PTSD. This can happen because the higher a person's education, the more influence he/she puts on others, and the higher a person's education, the easier he/she obtain information and use existing medical services to improve his/her quality of life [32], [33]. This is in line with other research findings that the level of education, especially low education, is a significant factor that influences a person's poor mental health and even depression [34]. Not only depression but also education influences other mental disorders, namely stress; individuals with low education will more easily feel stressed [35] than, those of high school and undergraduate education levels[36]. It is found that high school and undergraduate students have the most mental disorders---the highest anxiety disorders [16].

This research shows that the proportion of students is greater than lecturers and education staff, and the majority of students have mental disorders ranging from emotional mental disorders to addiction, psychosis, and PTSD[37]. Entering higher education often causes psychological problems, including being separated from previously established social support networks. Students who leave home may receive less social and psychological support from people they consider close, which can harm their mental health and coping processes [37].

In general, it is implied that age, gender, type of work, employment status, and level of education within the working environment at the campus are related to the mental health status of academics in the Yogyakarta campus. At the university level, it is necessary to develop strategies to be able to access mental health services and provide extensive early-detection screening to students with special conditions. Then, this situation can be used in making policies by involving campus administrators, mental health professionals, researchers, and policymakers to be able to anticipate future health problems more effectively [38]. Another effort can be made by providing mental health literacy to maximize access to the use of professional mental health services so that they can seek help in overcoming mental disorders from an early age. This can be done by attending seminars, training, or using social media to search for information about mental health [39], [40].

This research was conducted at two faculties that play an important role in public education by implementing a healthy campus. This research is not totally free from limitations. Firstly, most previous research has focused on one mental health disorder so that we could clearly understand the mental health disorder being experienced. This study, however, describes all the symptoms of mental health disorders in general and simultaneously. Secondly, there are differences in the proportions of respondents both in terms of a number of respondents and faculty origin, and so they cannot provide a full picture of the results regarding the burden of mental health disorders experienced. Thirdly, this research was carried out by distributing questionnaires online; therefore the research team did not receive additional information regarding the symptoms felt by the respondents. Finally, there is not yet sufficient literature discussing mental health disorders in teaching and educational science faculties or in public health faculties

4. CONCLUSION

The number of respondents who needed to be referred to a mental health professional was high. There is a significant relationship between psychological disorders and demographic factors, consisting of gender, age, type of work, employment status, education, and faculty origin. Meanwhile, for mental disorders due to addiction, psychosis, and PTSD, the related factors are age, gender, level of education, type of work, and employment status. This needs to be followed up with health promotion efforts such as collaborating with the local health office and local hospital for further treatment. Moreover, policy support from universities is urgently needed to create a healthy campus.

ACKNOWLEDGEMENTS

Our sincere and deepest appreciation goes to the Research and Community Service Centre of Universitas Ahmad Dahlan (UAD) for funding this research under the official contract no 28/RIA/LPPM-UAD/VI/2023.

REFERENCES

[1] P2PTM Kementerian Kesehatan RI, "Pedoman Kampus Sehat," *Kementeri. Kesehat. RI*, 2021.
[2] Kemenkes RI, "Pedoman Teknis Penyelenggaraan Kampus Sehat," Jakarta, Indonesia, 2019.
[3] Presiden Republik Indonesia, "Peraturan Pemerintah Nomor 21 Tahun 2020 tentang Pembatasan Sosial Berskala Besar Dalam Rangka Percepatan Penanganan Coronavirus Disease 2019/COVID-19," Jakarta, Indonesia, 2020.
[4] WHO, "World Suicide Prevention Day 2022 - Creating hope Through Action," 2022. .
[5] Kementerian Kesehatan Republik Indonesia, "Laporan RISKESDAS Tahun 2018," Badan Penelitian dan Pengembangan Kesehatan (Balitbangkes), Jakarta, 2018.
[6] F. D. Rahmawati and T. Eryando, "Pengembangan Situs Web Deteksi Dini Kesehatan Jiwa," *J. Inf. Syst. Public Heal.*, vol. 6, no. 2, pp. 1–8, 2021, [Online]. Available: https://doi.org/10.22146/jisph.12265.
[7] F. Andiarna and E. Kusumawati, "Pengaruh Pembelajaran Daring terhadap Stres Akademik Mahasiswa Selama Pandemi Covid-19," *J. Psikol.*, vol. 16, no. 2, p. 139, 2020, doi: 10.24014/jp.v16i2.10395.
[8] A. Madani, I. Prasetyowati, and C. A. Kinanthi, "Hubungan Karakteristik Mahasiswa Dengan Kesehatan Mental Mahasiswa Selama Kuliah Online," *Ikesma*, vol. 18, no. 2, p. 72, 2022, doi: 10.19184/ikesma.v18i1.25679.
[9] F. Santri, S. J. Matematika, F. Tarbiyah, D. Tadris, and I. Bengkulu, "Ada Apa dengan Kecemasan Matematika?," *J. Medives J. Math. Educ. IKIP Veteran Semarang*, vol. 1, no. 1, pp. 59–65, Jan. 2017.
[10] F. S. Oktaviani, D. Radjab, and H. Ardi, "AN ANALYSIS OF STUDENTS' ENGLISH LANGUAGE ANXIETY AT SMAN 7 PADANG," *J. English Lang. Teach.*, vol. 1, no. 3, pp. 51–60, Jun. 2013, doi: 10.24036/JELT.V1I3.2367.
[11] A. Herawati, A. Hidayat, and H. Oktaviannoor, "Peningkatan Pengetahuan Dengan Metode Pemberian Edukasi Kesehatan Bahaya Merokok Bagi Kesehatan Reproduksi Remaja Pada Siswa Smpn 20 Banjarmasin Tahun 2020," *Din. Kesehat. J. Kebidanan Dan Keperawatan*, vol. 11, no. 1, pp. 19–27, 2020, doi: 10.33859/dksm.v11i1.554.
[12] L. H. Utami and L. Nurjati, "Hubungan Self-Efficacy, Belief dan Motivasi dengan Kecemasan Mahasiswa dalam Pembelajaran Bahasa Inggris," *Psympathic J. Ilm. Psikol.*, vol. 4, no. 2, pp. 219–238, Dec. 2017, doi: 10.15575/PSY.V4I2.1447.
[13] R. Tavares, D. T. Mau, and M. J. E. Naibili, "Gambaran Deteksi Dini Status Kesehatan Jiwa Masyarakat Di Wilayah Kerja Puskesmas Atambua Selatan Tahun 2022," *J. Sahabat*, vol. 4, no. 2, pp. 147–165, 2022.
[14] Presiden RI, "Undang-Undang Nomor 18 Tahun 2014 tentang Kesehatan Jiwa," 2014. [Online]. Available: https://peraturan.bpk.go.id/Home/Details/38646/uu-no-18-tahun-2014.
[15] J. Callender *et al.*, "Mental health of students in higher education Royal College of Psychiatrists," London, 2016.
[16] L. Liesay, J. Mainase, and S. Yakobus, "Gambaran Gejala Gangguan Kesehatan Mental Berdasarkan Dass-42 (Depression Anxiety Stress Scales-42) Pada Masyarakat Usia Produktif Desa Hutumuri," *Molucca Medica*, vol. 16, no. 1, pp. 51–60, 2023, doi: 10.30598/molmed.2023.v16.i1.51.
[17] D. Talevi *et al.*, "Mental health outcomes of the CoViD-19 pandemic Gli esiti di salute mentale della pandemia di CoViD-19," *Riv Psichiatr*, vol. 55, no. 3, pp. 137–144, 2020.
[18] P. . Suma'mur, *Higiene Perusahaan dan Kesehatan Kerja*. Jakarta: CV. Sagung Seto, 2013.
[19] L. M. Kurniawidjaja, S. Martomulyono, and I. H. Susilowati, *Teori dan Aplikasi Promosi Kesehatan di Tempat Kerja Meningkatkan Produktivitas*. Jakarta: UI Publishing, 2020.
[20] N. C. Donner and C. A. Lowry, "Sex differences in anxiety and emotional behavior," *Pflugers Arch. Eur. J. Physiol.*, vol. 465, no. 5, pp. 601–626, 2013, doi: 10.1007/s00424-013-1271-7.
[21] M. Z. A. Rustam and L. Nurlela, "Gangguan Kecemasan dengan Menggunakan Self Reporting Questionaire (SRQ-29) di Kota Surabaya," *J. Kesehat. Masy. Mulawarman*, vol. 3, no. 1, p. 39, 2021, doi: 10.30872/jkmm.v3i1.5752.
[22] M. I. Alsoghair *et al.*, "Prevalence of Depression and Anxiety Among Qassim University Students During the COVID-19 Pandemic," *Cureus*, vol. 2019, no. 2, pp. 2–11, 2023, doi: 10.7759/cureus.34866.
[23] "IDAI - Kesehatan Remaja di Indonesia." .
[24] Y. M. Kim and S. il Cho, "Socioeconomic status, work-life conflict, and mental health," *Am. J. Ind. Med.*, vol. 63, no. 8, pp. 703–712, 2020, doi: 10.1002/ajim.23118.
[25] WHO, "Anxiety and Depression," *World Health Organization*, 2012. http://www.who.int/topics/depression/en/.
[26] M. Kartika Sari, E. Arik Susmiatin, P. Studi Sarjana Keperawatan, S. Karya Husada Kediri, M. K. Sari, and E. A. Susmiatin, "Deteksi Dini Kesehatan Mental Emosional pada Mahasiswa," *J. Ilm. STIKES Yars. Mataram*, vol. 13, no. 1, pp. 10–17, 2023, [Online]. Available: http://journal.stikesyarsimataram.ac.id/index.php/jik.
[27] Y. M. Soeli, R. D. Hunawa, N. K. Rahim, A. W. Pakaya, and N. A. R. Yusuf, "Overview of Mental Health Lecturers in Gorontalo Province," *J. Heal. Sci. Gorontalo J. Heal. Sci. Community*, vol. 7, no. 1, pp. 185–194, 2023, doi: 10.35971/gojhes.v7i1.14681.
[28] J. S. Alqahtani *et al.*, "Prevalence, Severity and Mortality associated with COPD and Smoking in patients with COVID-19: A Rapid Systematic Review and Meta-Analysis," *PLoS One*, vol. 15, no. 5, p. e0233147, May 2020, doi: 10.1371/JOURNAL.PONE.0233147.
[29] B. Thielmann *et al.*, "Mental health and work-related behaviors in management of work requirements of university lecturers in ukraine— an age group comparison," *Int. J. Environ. Res. Public Health*, vol. 18, no. 20, 2021, doi: 10.3390/ijerph182010573.

[30] D. Susanti, R. Dewi Akademi Kebidanan Saleha, and B. Aceh, "Education on Prevention of Stunting Through Exclusive Breastfeeding in the Community," *Ahmar Metakarya J. Pengabdi. Masy.*, vol. 1, no. 2, pp. 107–114, Feb. 2022, doi: 10.53770/AMJPM.V1I2.85.
[31] E. M. Singal, A. E. Manampiring, and J. E. Nelwan, "Analisis Faktor-Faktor Yang Berhubungan Dengan Stres Kerja Pada Pegawai Rumah Sakit Mata Provinsi Sulawesi Utara," *Sam Ratulangi J. Public Heal.*, vol. 1, no. 2, p. 040, 2021, doi: 10.35801/srjoph.v1i2.31988.
[32] T. S. Yulianti and W. M. P. Wijayanti, "Hubungan Tingkat Pendidikan Dan Tingkat Pengetahuan Tentang Kesehatan Jiwa Dengan Sikap Masyarakat Terhadap Pasien Gangguan Jiwa Di Rw Xx Desa Duwet Kidul, Baturetno, Wonogiri," *KOSALA J. Ilmu Kesehat.*, vol. 4, no. 1, pp. 1–12, 2016, doi: 10.37831/jik.v4i1.79.
[33] N. Soekidjo, "Promosi Kesehatan Teori dan Aplikasi," in *Promosi Kesehatan dalam Kesehatan Masyarakat*, Pertama., Jakarta: Rineka Cipta, 2014.
[34] Y. Dewi, R. Relaksana, and A. Y. M. Siregar, "Analisis Faktor Socioeconomic Status (Ses) Terhadap Kesehatan Mental: Gejala Depresi Di Indonesia," *J. Ekon. Kesehat. Indones.*, vol. 5, no. 2, pp. 29–40, 2021, doi: 10.7454/eki.v5i2.4125.
[35] A. Hasanah *et al.*, "Faktor yang Berpengaruh terhadap Kesehatan Mental Karyawan Non Kesehatan ketika Kembali Bekerja saat Pandemi COVID-19," *J. Farm. Komunitas*, vol. 10, no. 1, pp. 1–7, 2023, doi: 10.20473/jfk.v10i1.32895.
[36] M. B. Reitsma *et al.*, "Spatial, temporal, and demographic patterns in prevalence of smoking tobacco use and attributable disease burden in 204 countries and territories, 1990–2019: a systematic analysis from the Global Burden of Disease Study 2019," *Lancet*, vol. 397, no. 10292, pp. 2337–2360, 2021, doi: 10.1016/S0140-6736(21)01169-7.
[37] A. Gonçalves, C. Sequeira, J. Duarte, and P. Freitas, "Suicide ideation in higher education students: Influence of social support," *Aten. Primaria*, vol. 46, no. S5, pp. 88–91, 2014, doi: 10.1016/S0212-6567(14)70072-1.
[38] J. Li *et al.*, "Factors Affecting COVID-19 Preventive Behaviors among University Students in Beijing, China: An Empirical Study Based on the Extended Theory of Planned Behavior," *Int. J. Environ. Res. Public Heal. 2021, Vol. 18, Page 7009*, vol. 18, no. 13, p. 7009, Jun. 2021, doi: 10.3390/IJERPH18137009.
[39] D. Nazira, M. Mawarpury, A. Afriani, and I. D. Kumala, "Literasi Kesehatan Mental Pada Mahasiswa Di Banda Aceh," *Seurune J. Psikol. Unsyiah*, vol. 5, no. 1, pp. 23–39, 2022, doi: 10.24815/s-jpu.v5i1.25102.
[40] A. F. Permana *et al.*, "Studi Eksplorasi Literasi Kesehatan Mental Pada Mahasiswa Keperawatan," *J. Ilm. Keperawatan IMELDA*, vol. 9, no. 1, pp. 62–69, 2023, doi: 10.52943/jikeperawatan.v9i1.1201.

BIOGRAPHIES OF AUTHORS

The recommended number of authors is at least 2. One of them as a corresponding author.

	**Sitti Nur Djannah** is a full senior lecturer and head of the Master of Public Health study program at the Faculty of Public Health, Ahmad Dahlan University, Yogyakarta. My areas of interest are health promotion and behavioral social sciences. She can be contacted at email: sitti.nurdjannah@ikm.uad.ac.id
	**Heni Trisnowati** is a doctor in public health, especially in the field of Health Promotion and community empowerment. She is a lecturer at the Faculty of Public Health, Universitas Ahmad Dahlan (UAD) Yogyakarta, Indonesia. She has been responsible for teaching health promotion, qualitative methodology, health research methods, social and behavioral sciences, evidence-based health promotion, Interpersonal communication and advocacy, media and health communication. Her research interest is in tobacco control, non-communicable diseases, and mental health. She can be contacted at email : heni.trisnowati@pascakesmas.uad.ac.id

Andriyani is a doctor in the field of Mathematics Education and Head of the Master of Mathematics Educationat the Faculty of Teacher Training and Education, Universitas Ahmad Dahlan, Yogyakarta, Indonesia. She has more than 19 years of teaching experience in the university. Her field of specialization, research areas, publication and presentation cover a wide range of mathematics education related aspects. Among these are engineering mathematics learning in inclusive classes, assistive technology for children with special needs, mathematics learning technology, and evaluating mathematics learning. She can be contacted at email: andriyani@mpmat.uad.ac.id

Akmal Akmal is Ph.D. holder in Education especially in Educational Technology from University of Pune India, with a Master in Educational Training System Design from University of Twente, The Netherlands, American Studies from Universitas Gadjah Mada, and diploma in Multimedia from Mutlimedia University (MMU),Malaysia. He received prestigious scholarship from NEC Netherlands, MTCP Malaysia, Cultural Centre Russian Federation, and ICCR India. He got research grand from Indonesian Higher education for Non-Conventional Learning Model. His main research interests are TEFL, CAI, CALL, and ESP. He served as visiting professor at Abhinav College of Education, Pune, India in 2005.He is an active presenter as well as key note speaker at several International conferences on ELT. He shares the experiences in Educational Technology through workshops with English teachers' association (MGMP Bahasa Inggris) at some provinces in Indonesia like Bengkulu, Metro Lampung, Yogyakarta, Jambi, Kebumen, and Temanggung. He has been teaching English for Economics (ESP) and Business English at Undergraduate International Program (IUP),Fakultas Ekonomika dan Bisnis,Universitas Gadjah Mada (UGM) since 2004. At the moment, he is an associate professor and head of Master Degree in English Language Education, Universitas Ahmad Dahlan, Yogyakarta, Indonesia and reviewer of several ELT journals.He can be reached at akmal@mpbi.uad.ac.id

Deny Hadi Siswanto is a mathematics teacher at Muhammadiyah Mlati High School and a student at the Master of Mathematics Education at the Faculty of Teacher Training and Education, Universitas Ahmad Dahlan, Yogyakarta. He has over 6 years of teaching experience as a mathematics teacher at school. During his time as a teacher in the era of technological development, he tried to integrate technology into classroom learning. As a teacher he organizes and delivers material according to the curriculum, develops creative and effective teaching methods, monitors individual student progress, and encourages student collaboration. He can be contacted at email: 2207050007@webmail.uad.ac.id

International Journal of Public Health Science (IJPHS)
Vol. 99, No. 1, Month 2099, pp. 1~1x
ISSN: 2252-8806, DOI: 10.11591/ijphs.v99i1.paperID

Assessment of Demographic Factors and Mental Health Status: Initiating a Healthy Campus Program

Sitti Nur Djannah[1], Heni Trisnowati[1], Andriyani Andriyani[2], Akmal Akmal[3], Marilou D Tino[4], Jane M-Tagum Briones[4], Deny Hadi Siswanto[2]

[1]Faculty of Public Health, Postgraduate Program, Universitas Ahmad Dahlan, Yogyakarta, Indonesia
[2]Faculty of Education and Teacher Training, Postgraduate of Mathematics Education, Universitas Ahmad Dahlan, Yogyakarta, Indonesia
[3]Faculty of Education and Teacher Training, Study Program of English Education, Universitas Ahmad Dahlan, Yogyakarta, Indonesia
[4]Faculty of the Health Care Education Department and Graduate Studies and Research at the University of Saint Anthony, Philippines

Article Info

Article history:

Received month dd, yyyy
Revised month dd, yyyy
Accepted month dd, yyyy

Keywords:

Academic Community,
Demographic Factor
Healthy Campus,
Mental Health,
Health Promotion University

ABSTRACT

Mental health issues have been essential in formulating global health policies for 30 years. The campus community is inseparable from the problem of mental health disorders, which can affect the work either students, lecturers, or staff. This research aims to describe mental health conditions among the campus community based on demographic factors as an opportunity to initiate a healthy campus program. This study used a quantitative method with a cross-sectional design. The population was an academic community at a private campus in Yogyakarta, Indonesia. There are 347 samples taken by accidental sampling. The mental health instrument used the Self-Reporting Questionnaire. There, 60.81% of respondents experienced psychological disorders, and 73.49% of respondents needed to be referred to a mental health professional regarding addiction, psychotic disorders, and post-traumatic stress disorder (PTSD). There was a significant relationship between demographic factors consisting of gender, age, type of work, employment status, education level, faculty, and emotional disorders with a p-value of <0.005. Moreover, age, gender, education level, type of work, and employment status related to mental disorders due to addiction, psychosis, and PTSD with a p-value <0.005. It is concluded that a large proportion of responders need a referral to a mental health expert. To promote a healthy campus, university officials should follow up with health promotion initiatives such as partnering with the local health office and public health center for additional treatment and improving policy support.

Corresponding Author:

Sitti Nur Djannah
Faculty of Public Health, Ahmad Dahlan University
Jl. Prof. Dr. Soepomo, S.H, Umbulharjo, Yogyakarta, Indonesia
Email: sitti.nurdjannah@ikm.uad.ac.id

1. INTRODUCTION

The healthy campus program, known as a health-promoting university, is a systematic and comprehensive effort to realize higher education as an institution that integrates health into its educational culture, reflected through daily activities such as management administration and academic activities [1]. It is crucial to implement clean and healthy living behavior to prevent and avoid infectious diseases, non-communicable diseases, mental disorders, and drugs, to promote a healthy environment, public nutrition, reproductive health, occupational health, and safety, in addition, to strengthen the disease prevention and control, especially which has the potential to cause Extraordinary Events[1]. Moreover, the campus should also provide health services including early detection, counseling, guidance, and referrals carried out by Health Service Facilities located on campus or in collaboration with those outside campus [1], [2].

One of the healthy campus programs is mental health promotion. Mental Health is a condition where an individual can develop physically, mentally, spiritually, and socially so that the individual realizes his/her abilities, can overcome pressure, work productively, and can contribute to his/her community [3]. Among

mental health problems that frequently occur in society is depression. Depression is a serious public health problem. Based on the WHO report, depression ranks 4th and becomes a serious health problem. Suicide as the impact of depressive disorder is one of the public health major concerns. Symptoms of depression, such as feeling worthless, and hopelessness are risk factors for suicide. Up to 55% of people with depression have suicidal thoughts. Depression is characterized by feelings of sadness, low mood, and irritability.

Every year as many as 135 people in suicide cases experience deep sadness, while 108 million people are affected by suicidal behavior. In each case of suicide, as many as 25 people attempt suicide and others think about committing suicide [4]. In the year 2018, Basic Health Research (Riskesdas) reported Yogyakarta Province ranks as the second highest suicide in Indonesia, namely 10% and the prevalence of depression based on age 15 years and over 15 years old is 6% [5].

It is very important to maintain the mental health of students and the academic community. One of the efforts is carrying out early detection of mental health. Early detection of mental disorders must be widely promoted to the community, including in the campus environment, so that there are no delays in therapy or treatment in the early phase. One of the health service facilities that facilitate early detection of mental health for the community is the community health center (local public hospital [6] and universities can initiate early mental health detection services through the healthy campus program.

Mental health problems that are triggered by anxiety and stress will lead to disruption of the learning process [7]. Students' mental health during online lectures during a pandemic tends to be disrupted with the distribution of severe mental health disorders more than moderate and mild mental health disorders [8] e.g. student anxiety arises due to repeated conditions in perceiving something negatively, for example, mathematics as a difficult subject because of the abstractness of objects, logical thinking, systematic, symbolic and confusing formulas [9]. Students' anxiety in learning English is their fear of other people's negative judgment, fear of communicating, taking exams, or placement in English classes [10], compared to that research, this research is more in-depth, not only descriptively but also looking at the relationship between variables and the characteristics of different respondent populations. Apart from that, this research does not only involve one context, namely English language education, but also involves mathematics education and public health so that the scope of the research is wider and more diverse. In a preliminary study at the Faculty of Public Health, it was found that several students had mental disorders, such as locking themselves in their rooms to the point where they wanted to commit suicide. In addition, the students in the teaching and education faculties stated that the sources of anxiety were individual factors, self-confidence, and negative perceptions that English was difficult because it was not a second language in Indonesia. In general, these anxieties arise due to a lack of knowledge of mathematics or English, and students' self-confidence in mathematics or English can affect their academic achievement [11], [12]. Based on the explanation above, the research questions are (1) What are the mental health conditions of the campus community based on demographic factors such as gender, age, type of work, employment status, education and faculty origin, and emotional disorders? (2). What is the relationship between Demographic Factors and the Mental health of the academic community;(3). How many people need referral to the mental health professional; What recommendations can be given to the campus authority?

2. METHOD

This study used a quantitative method with a cross-sectional design. As a pilot project, the research was conducted at a private campus in Yogyakarta City, Indonesia which consists of the Faculty of Teacher Training and Education and the Faculty of Public Health. The population of this study consisted of lecturers, students, and educational staff. Respondents were identified as lecturers, education staff and students from two faculties totaling 347 respondents. Respondents were then asked to fill out an electronic questionnaire. At the initial stage of filling out the questionnaire there was an option regarding the availability of participation in the research. Respondents who agree can continue by filling in the next section of the questionnaire, while respondents who disagree cannot continue the questionnaire. The sample in this study involved. Data collection by electronic questionnaire that took place over 23 days, from 20 July to 12 August 2023. Within this time interval, we received 347 responses. The inclusion criteria in this study are 1) active students in the academic year of 2022/2023; 2) permanent lecturer; 3) educational staff at the Yogyakarta campus; 4) willing to be a respondent on the first page of filling out the questionnaire. Among the exclusion criteria are: 1) students on leave/sickness; 2) not willing to be a respondent.

Mental health instruments use the Self-Reporting Questionnaire (SRQ-29) from WHO which has been validated by professionals [13], [14]. The questions asked followed how the respondents felt during the last 30 days with Question No. category. 1 – 20, if the respondent answers Yes with a total score of < 5 then the category is "No Need for Referral"; If the respondent answers yes with a total score of ≥5 then they are categorized as "Referral Required" related to emotional or psychological mental disorders. Meanwhile, for questions No. 21 – 29, if the respondent answered yes with a total score of < 1 "No need to refer", while for respondents who answered yes with a score ≥ 1 then the category "Needs to be referred" is related to drug-

related addiction disorders, psychotic disorders and Post Trauma Syndrome Disorder (PTSD) [1], [15], [16]. The analysis was carried out univariately to see the frequency distribution and bivariate to see the relationship between demographic factors and mental health status in academics at private campuses in Yogyakarta. This research has been approved by the ethical committee of Ahmad Dahlan University with the letter approval number: 012307121 dated 17 July 2023.

3. RESULTS AND DISCUSSION

3.1 Results

3.1.1 Description of Demographic Factors in the academic community

Most of the respondents 83.57% were women, and 79.54% were between 17-25 years old. The majority of respondents or as many as 71.47% came from the Faculty of Public Health. In addition, 89.91% as students, and the majority of respondents did not work as many as 75.79%. An overview of the demographic factors of the respondents is shown in Table.1 below

Table 1. Demographic factors of the research Respondents

No	Categories	n	%
1	**Sex**		
	Male	57	16.43
	Female	290	**83.57**
2	**Age**		
	17-25 years old	276	**79.54**
	26-45 years old	52	14.99
	46-65 years old	19	5.48
3	**Faculty**		
	Faculty of Teacher Training and Education	99	28.53
	Faculty of Public Health	248	**71.47**
4	**Study program**		
	Undergraduate in Nutrition Science	72	20.75
	Undergraduate in public health	128	**36.89**
	Undergraduate in English language Education	15	4.32
	Undergraduate of Mathematics Education	55	15.85
	Master of English Language Education	17	4.9
	Master of Public Health	49	14.12
	Master of Mathematics Education	11	3.17
5	**Occupation /profession**		
	Lecturers	32	9.22
	Students	312	**89.91**
	Administrative Staff	3	0.86
6	**Working status/ income**		
	Active worker (generate income)	84	24.21
	Non Active (no income)	263	**75.79**
7	**Highest education**		
	Diploma (D3/D4)	7	2.02
	Undergraduate (S1)	87	25.07
	Master's degree (S2)	22	6.34
	Doctorate (Ph.D)	11	3.17
	High school/Vocational School (SMA/SMK)	220	63.4
	Total	**347**	**100**

3.1.2 Description of Mental Health Status in The Academic Community

Based on questions 1-20 related to emotional or psychological disorders, as many as 60.81% of respondents needed to be referred to a mental health professional, and based on questions 21-29 related to addiction, psychosis, and PTSD, as many as 73.49% respondents required referral to a mental health professional. The percentage of respondents who completed the answers is presented in Table 2,

Table 2. Percentages of respondents answering the SRQ-29 (N=347)

No	Questions	Yes (1)	%	No (0)	%
1	Do you often have headaches?	163	46.97	184	53.03
2	Is your appetite poor?	99	28.53	248	71.47
3	Do you sleep badly?	208	59.94	139	40.06
4	Are you easily frightened?	147	42.36	200	57.64
5	Do you feel nervous, tense, or worried?	188	54.18	159	45.82
6	Do your hands shake?	52	14.99	295	85.01
7	Is your digestion poor?	93	26.80	254	73.20
8	Do you have trouble thinking clearly?	150	43.23	197	56.77
9	Do you feel unhappy?	90	25.94	257	74.06
10	Do you cry more than usual?	104	29.97	243	70.03
11	Do you find it difficult to enjoy your daily life?	52	14.99	295	85.01
12	Do you find it difficult to make decisions?	180	51.87	167	48.13
13	Is your daily work suffering?	89	25.65	258	74.35
14	Are you unable to play a useful part in life?	78	22.48	269	77.52
15	Have you lost interest in many things?	127	36.60	220	63.40
16	Do you feel you are a worthless person?	88	25.36	259	74.64
17	Has the thought of ending your life been on your mind?	27	7.78	320	92.22
18	Are you tired all day?	153	44.09	194	55.91
19	Do you feel uncomfortable with your stomach?	86	24.78	261	75.22
20	Are you easily tired?	222	63.98	125	36.02
21	Do you drink alcohol more than usual or do you consume drugs?	1	0.29	346	99.71
22	Do you feel that someone has insulted or humiliated you?	29	8.36	318	91.64
23	Have you noticed any interference or anything else unusual with your thinking?	137	39.48	210	60.52
24	Do you ever hear voices without knowing where they come from, and that other people cannot hear?	37	10.66	310	89.34
25	Have you ever had a nightmare dream or disaster dream as if you were in those disasters?	67	19.31	280	80.69
26	Do you avoid the activity, place, people, thoughts, or events that remind you of previous disasters?	72	20.75	275	79.25
27	Do you feel a lack of interest in your usual activity or friend?	131	37.75	216	62.25
28	Are you feeling very annoyed in a situation that reminds you of a disaster or demands you to think about disaster?	119	34.29	228	65.71
29	Are you having difficulty understanding or expressing your feelings?	171	49.28	176	50.72

3.1.3 Relationship between Demographic Factors and Mental health Status among Academic Community

The respondents' mental health status for the category of psychological disorders showed that there was a significant relationship between gender and psychological disorders with a risk of 3.569 times greater for women than men (p-value <0.005). Then, there is a significant relationship between the origin of the faculty, type of work, job status, and education level of the respondents (P value <0.005). Respondents from the education and teacher training faculties had a 0.558 times greater chance of experiencing psychological disorders than those from the public health faculty. This is also the same for respondents who do not work at risk of 0.099 times more experiencing psychological disorders than those who have the work. Respondents with low levels of education had a 0.202 times greater risk of experiencing psychological disorders than those respondents with higher education supported by a p-value <0.005. In addition, the age factor and the type of work in the campus environment have a significant relationship to psychological disorders with a p-value <0.005. The relationship between demographic factors and mental health status is presented in Table 3 below.

Table 3. Relationship between Demographic Factors and Mental health (psychological disorder) among the Academic Community at Campus X Yogyakarta (N=347)

Respondents' characteristic	Mental health status (psychological disorders)		P Value	OR	CI 95%
	No need for referral (negative)	Need referral (positive)			
Sex					
Male	37 (64.9%)	20 (35.1%)	0.000	3.569	1.967-6.475
Female	99 (34.1%)	191 (65.9%)			
Age					
17-25 years old	77 (27.9%)	199 (72.1%)			
26-45 years old	40 (76.9%)	12(23.1%)	0.000		
46-65 years old	19 (100%)	0 (0%)			
Faculty					
Faculty of teacher training and education	29 (29.6%)	69(70.4%)	0.030	0.558	0.338-0.921
Faculty of Public Health	107 (43%)	142 (57%)			
Occupation/profession					
Lecturer	28 (87.5%)	4 (12.5%)			
Student	105 (33.7%)	207 (66.3%)	0.000	-	-
Administrative Staff	3 (100%)	0 (0%)			
Job Status					
Actively work	66 (78.6%)	18 (21.4%)	0.000	0.099	0.055-0.278
Do not work	70 (26.6%)	193 (73.4%)			
Education					
High school- diploma	59 (26.1%)	157 (73.9%)	0.000	0.202	0.126-0.325
Undergraduate- Ph.D	77 (63.6%)	44 (36.4%)			

Furthermore, the results of statistical tests using chi-square showed that there was a significant relationship between gender, age, type of work, employment status, and education level and drug addiction disorders, psychotic disorders, and post-traumatic syndrome disorder (PTSD) with a p-value <0.005. Female respondents have a 1.976 times greater chance of experiencing mental health disorders than male respondents. Meanwhile, faculty origin was not significantly related to the respondents' drug-related, psychotic, and post-traumatic stress disorder (PTSD) addiction disorders. This can be seen in Table 4 below.

Table 4. Relationship between demographic factors and Mental health status (addiction caused by narcotics, psychotic disorders, and PTSD among the Academic Community at Campus X Yogyakarta (N=347)

Respondent's characteristic	Mental health status		P Value	OR	CI 95%
	No need referral	Need referral			
Sex					
Male	22 (38.6%)	35 (61.4%)	0. 036	1.976	1.087-3.590
Female	70 (24.1%)	220 (75.9%)			
Age					
17-25 years old	44 (15.9%)	232 (84.1%)			
26-45 years old	35 (67.3%)	17 (32.7%)	0.000	-	-
46-65 years old	13 (68.4%)	6 (31.6%)			
faculty					
Faculty of teacher training and education	23 (23.5%)	75 (76.5%)	0.502	0.800	0.465-1.377
Faculty of Public Health	69 (27.7%)	180 (73.5%)			
Occupation /profession					
Lecturer	23 (71.9%)	9 (28.1)			
Student	67 (21.5%)	245 (78.5%)	0.000	-	-
Administrative Staff	2 (66.7%)	1 (33.3%)			
Job /profession status					

Actively work	55 (65.5%)	29 (34.5%)	0.000	0.086	0.049-0.152
Do not work	37 (14.1%)	226 (85.9%)			
Education					
High School-Diploma	35 (15.5%)	191 (84.5%)	0.000	0.206	0.124-0.342
Undergraduate- Ph.D	57 (47.1%)	64 (52.9%)			

3.2. Discussion

Mental health is one of the health problems that has received attention in recent times in both developed and developing countries [17]. According to Indonesian Law No. 18 of 2014, mental health efforts should be carried out to create an optimal level of Mental health is one of the health problems that has received attention in recent times in both developed and developing countries [17]. According to Indonesian Law No. 18 of 2014, mental health efforts should be carried out to create an optimal level of health using promotive, preventive, curative, and rehabilitative approaches, one of which is by using the Self Reporting Questionnaire (SRQ) as an early detection tool for mental health within the last 30 years [17], [18]. One of the promotional efforts for mental health in educational institutions such as universities is to create a teaching and learning atmosphere that is conducive to the growth and development of mental health and life skills related to mental health for students following their stage of development [18].

This research found that the group of students between the ages of 17-25 years were very vulnerable to psychological and non-psychological problems such as drug addiction disorders, psychotic disorders, and PTSD. The same results had been found in research at the Royal College of Psychiatrists that the age of 17-25 years is a transition period from the adolescent phase to the early adult phase as students are at high risk of experiencing emotional disorders [19], [20]. Besides the pressure of studying a lot, mental health problems among students are also caused by the new normal era of the Covid-19 pandemic which causes aadolescents to experience depression, stress, boredom, anger, loneliness, fear, and even anxiety and avoidance, and other psychological reactions which have an impact on maladaptive behavior, defensive responses and emotional distress [21]. Based on the results of initial observations respondents from the Faculty of Teacher Training and Education experienced more psychological disorders than those of the faculty of public health because in general, these students had a negative perception of the field of science they were studying and felt pessimistic. This is in line with the results of previous research which showed that students at teaching and education faculties stated that the source of anxiety was individual factors, self-confidence, and negative perceptions that English was difficult because it was not a second language in Indonesia [12], [22]–[24].

Based on the SRQ-29 questionnaire, it is revealed that the respondents are getting headaches easily, feeling tired, and feeling anxious, tense, or worried. They found as many as 52.7% of respondents experienced symptoms of anxiety and 60.4% of respondents experienced symptoms of decreased energy [17]. The decrease in energy felt by a person will cause activities to be disrupted and hampered due to symptoms of fatigue/decreased energy. Then, fatigue will also have an impact on psycho-social, psycho-immunity, and psychophysiology aspects [25], [26].

The majority of the academic community at campus x in Yogyakarta had symptoms of decreased energy and symptoms of anxiety. Research conducted by Donner and Lowry in 2013 showed that the prevalence of anxiety disorders was greater in women, namely 60%, compared to those in men, namely 40% [27]. Another study in Surabaya indicated that as many as 34% of respondents experienced anxiety disorders, which were mostly experienced by 17-19-year-old students (35.5%), and suffered by women (36.4%), while other studies also stated the same thing, namely the level of depression and anxiety experienced by women is higher than that of men [15], [28]–[30]. Anxiety and depression often appear in everyday life, characterized by emotional disturbances or moodiness, loss of interest or pleasure, feelings of guilt or low self-esteem, insomnia, decreased appetite, and poor concentration [15], [31]. The results of this study show that women experience more mental health disorders with a risk that is 3,569 times greater than that of men. Other research says that female students experience poorer mental health disorders, namely higher levels of anxiety and depression compared to men. This is because women are more dominant in using speech when facing problems. Among the factors that trigger mental health symptoms in women are high sensitivity and emotional changes due to hormonal changes before menstruation. This will affect women's mental health [32].

The results of this research also show that students have higher levels of mental health disorders compared to those of lecturers and education staff. This finding is in contrast to previous research conducted on health lecturers in Gorontalo, lecturers often experienced anxiety in dividing themselves in carrying out their duties as lecturers, academic supervisors in hospitals, roles in the family, and other organizations. This is because students are still in the transition stage to adolescence, so they still have to adapt to a lecture environment that is different from before, supported by the large number of students in research locations who are far from their parents (migrating) from various regions in Indonesia, thus causing a level of mental health problems for students. higher, compared to lecturers who are more able to control emotions and mentality.

[33]. The same research conducted on lecturers at one of the universities in Pakistan and Ukraine found that among lecturers, mental disorders such as anxiety and depression at severe or very severe levels often occur in contract employees and lecturers with master's degrees in the age range of 35 years old. Anxiety and depression are significantly related to academic discipline, poor health status, and low cadre. This mental disorder also has a risk pattern for work experience and work habits [34], [35].

Someone who works has greater pressure than one who doesn't work even though he/she was supported by a good working environment. The results of this research show that employment status has a significant relationship with mental disorders, both emotion and addiction, psychosis, and PTSD. In previous research related to depressive symptoms in Indonesia, it was found that a person's employment status influences individuals to experience depressive symptoms, especially in adolescents. The chance of developing depression is up to 4.15 times [36]. Individuals who experience high levels of depression will have difficulty focusing on work, including academic work, and he/she will miss work for more than one month, resulting in low/decreased productivity. Moreover, people who work will also experience stress due to long periods of work and heavy workloads [37].

Another finding of this research is that the level of education has a significant relationship with psychological mental disorders and addiction, psychotic disorders, and PTSD. This can happen because the higher a person's education, the more influence he/she puts on others, and the higher a person's education, the easier he/she obtain information and use existing medical services to improve his/her quality of life [38], [39]. This is in line with other research findings that the level of education, especially low education, is a significant factor that influences a person's poor mental health and even depression [40]. Not only depression but also education influences other mental disorders, namely stress; individuals with low education will more easily feel stressed [41] than, those of high school and undergraduate education levels [42]. It is found that high school and undergraduate students have the most mental disorders-the highest anxiety disorders [20].

This research shows that the proportion of students is greater than lecturers and education staff, and the majority of students have mental disorders ranging from emotional mental disorders to addiction, psychosis, and PTSD [43]. Entering higher education often causes psychological problems, including being separated from previously established social support networks. Students who leave home may receive less social and psychological support from people they consider close, which can harm their mental health and coping processes [43]. The results of this study are relevant to the results of a study conducted on university students in the US where university students consistently reported poorer mental health than their faculty/staff colleagues. Thus, physical and mental health support and interventions are needed for college students according to demographic groups [44]. On the other hand, youth in families with military ties reported poorer mental health and more risk-taking behaviors than youth without military ties [45].

In general, it is implied that age, gender, type of work, employment status, and level of education within the working environment at the campus are related to the mental health status of academics in the Yogyakarta campus. At the university level, it is necessary to develop strategies to be able to access mental health services and provide extensive early-detection screening to students with special conditions. Then, this situation can be used in making policies by involving campus administrators, mental health professionals, researchers, and policymakers to be able to anticipate future health problems more effectively [46]. Another effort can be made by providing mental health literacy to maximize access to the use of professional mental health services so that they can seek help in overcoming mental disorders from an early age. This can be done by attending seminars, training, or using social media to search for information about mental health [47], [48].Futhermore, Educational interventions targeting Mental Health Literacy and help-seeking attitudes and intentions among college students are needed to improve help-seeking behaviors [49] If a campus climate is fostered where mental health issues are recognized and addressed across campus groups, rather than stigmatized, then students will be more likely to self-disclose, utilize mental health and wellness services, and utilize accommodations if they are eligible to do so [50].

This research was conducted at two faculties that play an important role in public education by implementing a healthy campus. This research is not totally free from limitations. Firstly, most previous research has focused on one mental health disorder so that we could clearly understand the mental health disorder being experienced. This study, however, describes all the symptoms of mental health disorders in general and simultaneously. Secondly, there are differences in the proportions of respondents both in terms of a number of respondents and faculty origin, and so they cannot provide a full picture of the results regarding the burden of mental health disorders experienced. Thirdly, this research was carried out by distributing questionnaires online; therefore the research team did not receive additional information regarding the symptoms felt by the respondents. Finally, there is not yet sufficient literature discussing mental health disorders in teaching and educational science faculties or in public health faculties

4. CONCLUSION

The number of respondents who needed to be referred to a mental health professional was high. There is a significant relationship between psychological disorders and demographic factors, consisting of gender, age, type of work, employment status, education, and faculty origin. Meanwhile, for mental disorders due to addiction, psychosis, and PTSD, the related factors are age, gender, level of education, type of work, and employment status. This needs to be followed up with health promotion efforts such as collaborating with the local health office and local hospital for further treatment. Moreover, policy support from universities is urgently needed to create a healthy campus.

ACKNOWLEDGEMENTS

Our sincere and deepest appreciation goes to the Research and Community Service Centre of Universitas Ahmad Dahlan (UAD) for funding this research under the official contract no 28/RIA/LPPM-UAD/VI/2023.

REFERENCES

[1] P2PTM Ministry of Health of the Republic of Indonesia, "Guidelines for Healthy Campuses," *Minist. Heal. Repub. Indones.*, 2021.

[2] Indonesian Ministry of Health, "Technical Guidelines for Implementing a Healthy Campus," Jakarta, Indonesia, 2019.

[3] President of the Republic of Indonesia, "Government Regulation Number 21 of 2020 concerning Large-Scale Social Restrictions in the Context of Accelerating Handling of Coronavirus Disease 2019/COVID-19," Jakarta, Indonesia, 2020.

[4] WHO, "World Suicide Prevention Day 2022 - Creating hope Through Action," 2022. .

[5] Ministry of Health of the Republic of Indonesia, "2018 RISKESDAS Report," Health Research and Development Agency (Balitbangkes), Jakarta, 2018.

[6] F. D. Rahmawati and T. Eryando, "Development of a Mental Health Early Detection Website," *J. Inf. Syst. Public Heal.*, vol. 6, no. 2, pp. 1–8, 2021, [Online]. Available: https://doi.org/10.22146/jisph.12265.

[7] F. Andiarna and E. Kusumawati, "The Effect of Online Learning on Student Academic Stress During the Covid-19 Pandemic," *J. Psikol.*, vol. 16, no. 2, p. 139, 2020, doi: 10.24014/jp.v16i2.10395.

[8] A. Madani, I. Prasetyowati, and C. A. Kinanthi, "The Relationship between Student Characteristics and Student Mental Health During Online Lectures," *Ikesma*, vol. 18, no. 2, p. 72, 2022, doi: 10.19184/ikesma.v18i1.25679.

[9] F. Santri, "What's wrong with Mathematics Anxiety?," *J. Medives J. Math. Educ. IKIP Veteran Semarang*, vol. 1, no. 1, pp. 59–65, Jan. 2017.

[10] F. S. Oktaviani, D. Radjab, and H. Ardi, "An Analysis Of Students' English Language Anxiety At Sman 7 Padang," *J. English Lang. Teach.*, vol. 1, no. 3, pp. 51–60, Jun. 2013, doi: 10.24036/JELT.V1I3.2367.

[11] A. Herawati, A. Hidayat, and H. Oktaviannoor, "Increasing Knowledge Using the Method of Providing Health Education. The Dangers of Smoking for Adolescent Reproductive Health in Students of Smpn 20 Banjarmasin in 2020," *Din. Kesehat. J. Kebidanan Dan Keperawatan*, vol. 11, no. 1, pp. 19–27, 2020, doi: 10.33859/dksm.v11i1.554.

[12] L. H. Utami and L. Nurjati, "The Relationship between Self-Efficacy, Belief and Motivation with Student Anxiety in Learning English," *Psympathic J. Ilm. Psikol.*, vol. 4, no. 2, pp. 219–238, Dec. 2017, doi: 10.15575/PSY.V4I2.1447.

[13] M. Beusenberg and J. Orley, "A user's guide to the Self Reporting Questionnaire (SRQ)," Geneva, 1994.

[14] R. Youngmann, N. Zilber, F. Workneh, and R. Giel, "Adapting the SRQ for Ethiopian Populations: A Culturally-Sensitive Psychiatric Screening Instrument," *Transcult. Psychiatry*, vol. 45, no. 4, pp. 566–589, 2008, doi: 10.1177/1363461508100783.

[15] M. Z. A. Rustam and L. Nurlela, "Anxiety Disorders Using Self Reporting Questionnaire(SRQ-29) in Surabaya City," *J. Kesehat. Masy. Mulawarman*, vol. 3, no. 1, pp. 39–47, 2021.

[16] M. A. Hutomo, L. H. Nurani, W. R. Desvita, and I. M. Sikumbang, "Early Detection of Mental Health of Doctoral Students UAD due to the Covid-19 Pandemic through the Questionnaire Method," *Ahmad Dahlan Med. J.*, vol. 3, no. 2, pp. 124–131, 2022.

[17] R. Tavares, D. T. Mau, and M. J. E. Naibili, "Overview of Early Detection of Community Mental Health Status in the South Atambua Health Center Working Area in 2022," *J. Sahabat*, vol. 4, no. 2, pp. 147–165, 2022, doi: https://doi.org/10.32938/jsk.v4i02.

[18] President of the Republic of Indonesia, *Law Number 18 of 2014 concerning Mental Health*. 2014.

[19] J. Callender *et al.*, "Mental health of students in higher education Royal College of Psychiatrists," London, 2016.
[20] L. Liesay, J. Mainase, and S. Yakobus, "Description of Symptoms of Mental Health Disorders Based on Dass-42 (Depression Anxiety Stress Scales-42) in the Productive Age Community of Hutumuri Village," *Molucca Medica*, vol. 16, no. 1, pp. 51–60, 2023, doi: 10.30598/molmed.2023.v16.i1.51.
[21] D. Talevi *et al.*, "Mental health outcomes of the CoViD-19 pandemic," *Riv Psichiatr*, vol. 55, no. 3, pp. 137–144, 2020, [Online]. Available: 10.1708/3382.33569.
[22] A. Rizkiya and B. W. Pratolo, "Students' Strategies To Overcome English Speaking Anxiety," *Premise J. English Educ.*, vol. 12, no. 2, p. 660, 2023, doi: 10.24127/pj.v12i2.7417.
[23] A. R. Putri, E. Zulida, and S. Asra, "A study of students' anxiety in speaking," *J. Educ. Linguist. Lit. Lang. Teach.*, vol. 3, no. 01, pp. 35–47, 2020, [Online]. Available: https://doi.org/10.33059/ellite.v3i01.2177.
[24] R. Kusumaningputri, T. A. Ningsih, and W. Wisasongko, "Second Language Writing Anxiety of Indonesian EFL Students," *Ling. Cult.*, vol. 12, no. 4, p. 357, 2018, doi: 10.21512/lc.v12i4.4268.
[25] P.K . Suma'mur, *Corporate Hygiene and Occupational Health*. Jakarta: CV. Sagung Seto, 2013.
[26] L. M. Kurniawidjaja, S. Martomulyono, and I. H. Susilowati, *Theory and Application of Health Promotion in the Workplace Increases Productivity*. Jakarta: UI Publishing, 2020.
[27] N. C. Donner and C. A. Lowry, "Sex differences in anxiety and emotional behavior," *Pflugers Arch. Eur. J. Physiol.*, vol. 465, no. 5, pp. 601–626, 2013, doi: 10.1007/s00424-013-1271-7.
[28] M. I. Alsoghair *et al.*, "Prevalence of Depression and Anxiety Among Qassim University Students During the COVID-19 Pandemic," *Cureus*, vol. 2019, no. 2, pp. 2–11, 2023, doi: 10.7759/cureus.34866.
[29] IDAI, "IDAI - Adolescent Health in Indonesia." .
[30] Y. M. Kim and S. il Cho, "Socioeconomic status, work-life conflict, and mental health," *Am. J. Ind. Med.*, vol. 63, no. 8, pp. 703–712, 2020, doi: 10.1002/ajim.23118.
[31] WHO, "Anxiety and Depression," *World Health Organization*, 2012. http://www.who.int/topics/depression/en/.
[32] M. K. Sari and E. A. Susmiatin, "Early Detection of Emotional Mental Health in Students," *J. Ilm. STIKES Yars. Mataram*, vol. 13, no. 1, pp. 10–17, 2023, doi: 10.57267/jisym.v13i1.226.
[33] Y. M. Soeli, R. D. Hunawa, N. K. Rahim, A. W. Pakaya, and N. A. R. Yusuf, "Overview of Mental Health Lecturers in Gorontalo Province," *J. Heal. Sci. Gorontalo J. Heal. Sci. Community*, vol. 7, no. 1, pp. 185–194, 2023, doi: 10.35971/gojhes.v7i1.14681.
[34] J. S. Alqahtani *et al.*, "Prevalence, Severity and Mortality associated with COPD and Smoking in patients with COVID-19: A Rapid Systematic Review and Meta-Analysis," *PLoS One*, vol. 15, no. 5, p. e0233147, May 2020, doi: 10.1371/JOURNAL.PONE.0233147.
[35] B. Thielmann *et al.*, "Mental health and work-related behaviors in management of work requirements of university lecturers in ukraine— an age group comparison," *Int. J. Environ. Res. Public Health*, vol. 18, no. 20, 2021, doi: 10.3390/ijerph182010573.
[36] D. Susanti and R. Dewi, "Education on Prevention of Stunting Through Exclusive Breastfeeding in the Community," *Ahmar Metakarya J. Pengabdi. Masy.*, vol. 1, no. 2, pp. 107–114, Feb. 2022, doi: 10.53770/AMJPM.V1I2.85.
[37] E. M. Singal, A. E. Manampiring, and J. E. Nelwan, "Analysis of Factors Associated with Job Stress in Eye Hospital Employees in North Sulawesi Province," *Sam Ratulangi J. Public Heal.*, vol. 1, no. 2, p. 040, 2021, doi: 10.35801/srjoph.v1i2.31988.
[38] T. S. Yulianti and W. M. P. Wijayanti, "The Relationship Between Level of Education and Level of Knowledge About Mental Health with Community Attitudes towards Mental Disorder Patients in Rw XX, Duwet Kidul Village, Baturetno, Wonogiri," *KOSALA J. Ilmu Kesehat.*, vol. 4, no. 1, pp. 1–12, 2016, doi: https://doi.org/10.37831/jik.v4i1.79.
[39] N. Soekidjo, "Health Promotion Theory and Application," in *Health Promotion in Public Health*, Pertama., Jakarta: Rineka Cipta, 2014.
[40] Y. Dewi, R. Relaksana, and A. Y. M. Siregar, "Analisis Faktor Socioeconomic Status (Ses) Terhadap Kesehatan Mental: Gejala Depresi Di Indonesia," *J. Ekon. Kesehat. Indones.*, vol. 5, no. 2, pp. 29–40, 2021, doi: 10.7454/eki.v5i2.4125.
[41] A. Hasanah *et al.*, "Factors that Influence the Mental Health of Non-Health Employees when Returning to Work during the COVID-19 Pandemic," *J. Farm. Komunitas*, vol. 10, no. 1, pp. 1–7, 2023, doi: 10.20473/jfk.v10i1.32895.
[42] M. B. Reitsma *et al.*, "Spatial, temporal, and demographic patterns in prevalence of smoking tobacco use and attributable disease burden in 204 countries and territories, 1990–2019: a systematic analysis from the Global Burden of Disease Study 2019," *Lancet*, vol. 397, no. 10292, pp. 2337–2360, 2021, doi: 10.1016/S0140-6736(21)01169-7.

[43] A. Gonçalves, C. Sequeira, J. Duarte, and P. Freitas, "Suicide ideation in higher education students: Influence of social support," *Aten. Primaria*, vol. 46, no. S5, pp. 88–91, 2014, doi: 10.1016/S0212-6567(14)70072-1.

[44] L. D. Hawley, M. G. MacDonald, E. H. Wallace, J. Smith, B. Wummel, and P. A. Wren, "Baseline assessment of campus-wide general health status and mental health: Opportunity for tailored suicide prevention and mental health awareness programming," *J. Am. Coll. Heal.*, vol. 64, no. 3, pp. 174–183, 2016, doi: 10.1080/07448481.2015.1085059.

[45] A. L. Mahar *et al.*, "A cross-sectional study of mental health and well-being among youth in military-connected families," *Heal. Promot. Chronic Dis. Prev. Canada*, vol. 43, no. 6, pp. 290–298, 2023, doi: 10.24095/hpcdp.43.6.03.

[46] J. Li *et al.*, "Factors Affecting COVID-19 Preventive Behaviors among University Students in Beijing, China: An Empirical Study Based on the Extended Theory of Planned Behavior," *Int. J. Environ. Res. Public Heal. 2021, Vol. 18, Page 7009*, vol. 18, no. 13, p. 7009, Jun. 2021, doi: 10.3390/IJERPH18137009.

[47] D. Nazira, M. Mawarpury, A. Afriani, and I. D. Kumala, "Mental Health Literacy among Students in Banda Aceh," *Seurune J. Psikol. Unsyiah*, vol. 5, no. 1, pp. 23–39, 2022, doi: 10.24815/s-jpu.v5i1.25102.

[48] A. F. Permana *et al.*, "Exploratory Study of Mental Health Literacy in Nursing Students," *J. Ilm. Keperawatan IMELDA*, vol. 9, no. 1, pp. 62–69, 2023, doi: 10.52943/jikeperawatan.v9i1.1201.

[49] B. A. Clough, S. M. Nazareth, J. J. Day, and L. M. Casey, "A comparison of mental health literacy, attitudes, and help-seeking intentions among domestic and international tertiary students," *Br. J. Guid. Couns.*, vol. 47, no. 1, pp. 123–135, 2019, doi: 10.1080/03069885.2018.1459473.

[50] E. L. Woodhead, C. Chin-Newman, K. Spink, M. Hoang, and S. A. Smith, "College students' disclosure of mental health problems on campus," *J. Am. Coll. Heal.*, vol. 69, no. 7, pp. 734–741, 2021, doi: 10.1080/07448481.2019.1706533.

BIOGRAPHIES OF AUTHORS

The recommended number of authors is at least 2. One of them as a corresponding author.

	**Sitti Nur Djannah** is a full senior lecturer and head of the Master of Public Health study program at the Faculty of Public Health, Ahmad Dahlan University, Yogyakarta. She has been responsible for teaching social and behavioral sciences, health promotion and behavior change, social determinants of health, and behavioral research concepts. Her areas of interest are health promotion and behavioral social sciences. She can be contacted at email: sitti.nurdjannah@ikm.uad.ac.id
	**Heni Trisnowati** is a doctor in public health, especially in the field of Health Promotion and community empowerment. She is a lecturer at the Faculty of Public Health, Universitas Ahmad Dahlan (UAD) Yogyakarta, Indonesia. She has been responsible for teaching health promotion, qualitative methodology, health research methods, social and behavioral sciences, evidence-based health promotion, Interpersonal communication and advocacy, media and health communication. Her research interest is in tobacco control, non-communicable diseases, and mental health. She can be contacted at email : heni.trisnowati@pascakesmas.uad.ac.id

Andriyani is a doctor in the field of Mathematics Education and Head of the Master of Mathematics Educationat the Faculty of Teacher Training and Education, Universitas Ahmad Dahlan, Yogyakarta, Indonesia. She has more than 19 years of teaching experience in the university. Her field of specialization, research areas, publication and presentation cover a wide range of mathematics education related aspects. Among these are engineering mathematics learning in inclusive classes, assistive technology for children with special needs, mathematics learning technology, and evaluating mathematics learning. She can be contacted at email: andriyani@mpmat.uad.ac.id

Akmal Akmal is Ph.D. holder in Education especially in Educational Technology from University of Pune India, with a Master in Educational Training System Design from University of Twente, The Netherlands, American Studies from Universitas Gadjah Mada, and diploma in Multimedia from Mutlimedia University (MMU),Malaysia. He received prestigious scholarship from NEC Netherlands, MTCP Malaysia, Cultural Centre Russian Federation, and ICCR India. He got research grand from Indonesian Higher education for Non-Conventional Learning Model. His main research interests are TEFL, CAI, CALL, and ESP. He served as visiting professor at Abhinav College of Education, Pune, India in 2005.He is an active presenter as well as key note speaker at several International conferences on ELT. He shares the experiences in Educational Technology through workshops with English teachers' association (MGMP Bahasa Inggris) at some provinces in Indonesia like Bengkulu, Metro Lampung, Yogyakarta, Jambi, Kebumen, and Temanggung. He has been teaching English for Economics (ESP) and Business English at Undergraduate International Program (IUP),Fakultas Ekonomika dan Bisnis,Universitas Gadjah Mada (UGM) since 2004. At the moment, he is an associate professor and head of Master Degree in English Language Education, Universitas Ahmad Dahlan, Yogyakarta, Indonesia and reviewer of several ELT journals.He can be reached at akmal@mpbi.uad.ac.id

Deny Hadi Siswanto is a mathematics teacher at Muhammadiyah Mlati High School and a student at the Master of Mathematics Education at the Faculty of Teacher Training and Education, Universitas Ahmad Dahlan, Yogyakarta. He has over 6 years of teaching experience as a mathematics teacher at school. During his time as a teacher in the era of technological development, he tried to integrate technology into classroom learning. As a teacher he organizes and delivers material according to the curriculum, develops creative and effective teaching methods, monitors individual student progress, and encourages student collaboration. He can be contacted at email: 2207050007@webmail.uad.ac.id

Jane M. Tagum-Briones is a resident of San Miguel Iriga City, a Registered Pharmacist, and a Registered Nurse. She finished her Bachelor of Science in Pharmacy in 2000. She completed a Bachelor of Science in Nursing at the University of Saint Anthony. She graduated with a Master of Arts in Nursing from Camarines Sur Polytechnic Colleges. In 2019, she finished her Doctor of Philosophy in Education, Major in Educational Management at the University of Saint Anthony. Currently, A Faculty of the Health Care Education Department and Graduate Studies and Research at the University of Saint Anthony, Iriga City. She can be contacted at email: jbriones@usant.edu.ph

	**Marilou D Tino** is a Professor of Research, History and Political Science in University of Saint Anthony, Iriga City, Phillipines as a esearch Director (Administrative Department). She also a membership of Phillipines Association of Institutions for Research, Inc: Cagayan de oro, Philippines, PH. Her research interest in an education, culture and governance. She can be Contacted at email: mdtino@usant.edu.ph

International Journal of Public Health Science (IJPHS)
Vol. 99, No. 1, Month 2099, pp. 1~1x
ISSN: 2252-8806, DOI: 10.11591/ijphs.v99i1.paperID

Baseline Assessment of Demographic Factors and Mental Health Status: Opportunity to Initiate Healthy Campus Program

Sitti Nur Djannah[1], Heni Trisnowati[1], Andriyani Andriyani[2], Akmal Akmal[3], Marilou D Tino[4], Deny Hadi Siswanto[2]

[1]Faculty of Public Health, Postgraduate Program, Universitas Ahmad Dahlan (8 pt)
[2]Faculty of Education and Teacher Training, Postgraduate of Mathematics Education, Universitas Ahmad Dahlan
[3]Faculty of Education and Teacher Training, Study Program of English Education, Universitas Ahmad Dahlan (UAD)
[4]University of Saint Anthony, Iriga City, Philippines

Article Info

Article history:

Received month dd, yyyy
Revised month dd, yyyy
Accepted month dd, yyyy

Keywords:

Academic community,
demographic factor
Healthy campus,
Mental health,

ABSTRACT

Mental health issues have been essential in formulating global health policies for 30 years. The campus community is inseparable from the problem of mental health disorders, which can affect the work either academic community. This research aims to describe mental health conditions in the campus community based on demographic factors. This study used a quantitative method with a cross-sectional design. The population was an academic community at a private campus in Yogyakarta, Indonesia. There are 347 samples taken by accidental sampling. The mental health instrument used the Self-Reporting Questionnaire. There, 60.81% experienced psychological disorders, and 73.49% of experienced addiction, psychotic disorders, and post-traumatic stress disorder (PTSD). There was a significant relationship between demographic factors consisting of gender, age, type of work, employment status, education level, faculty, and emotional disorders with a p-value of <0.005. Moreover, age, gender, education level, type of work, and employment status related to mental disorders due to addiction, psychosis, and PTSD with a p-value <0.005. It is concluded that a large proportion of responders need a referral to a mental health expert. Universities should collaborate with local health offices and public health centers for extra treatment to promote a healthy campus, and improve a policy support.

Corresponding Author:

Sitti Nur Djannah
Faculty of Public Health, Ahmad Dahlan University
Jl. Prof. Dr. Soepomo, S.H, Umbulharjo, Yogyakarta, Indonesia
Email: sitti.nurdjannah@ikm.uad.ac.id

1. INTRODUCTION

The healthy campus program, known as a health-promoting university, is a systematic and comprehensive effort to realize higher education as an institution that integrates health into its educational culture, reflected through daily activities such as management administration and academic activities [1]. It is crucial to implement clean and healthy living behavior, to prevent and avoid infectious diseases, non-communicable diseases, mental disorders, and drugs, to promote a healthy environment, public nutrition, reproductive health, occupational health, and safety, in addition, to strengthen the disease prevention and control, especially which has the potential to cause Extraordinary Events[1]. Moreover, the campus should also provide health services which include early detection, counseling, and guidance and referrals carried out by Health Service Facilities located on campus or in collaboration with those outside campus [1], [2].

One of the healthy campus programs is mental health promotion. Mental Health is a condition where an individual can develop physically, mentally, spiritually, and socially so that the individual realizes his/her abilities, can overcome pressure, work productively, and can contribute to his/her community[3]. Among mental health

problems that frequently occur in society is depression. Depression is a serious public health problem. Based on the WHO report, depression ranks 4th and becomes a serious health problem. Suicide as the impact of depressive disorder is one of the public health major concerns. Symptoms of depression, such as feeling worthless, and hopelessness are risk factors for suicide. Up to 55% of people with depression have suicidal thoughts. Depression is characterized by feelings of sadness, low mood, and irritability. Every year as many as 135 people in suicide cases experience deep sadness, while 108 million people are affected by suicidal behavior. In each case of suicide, as many as 25 people attempt suicide and others think about committing suicide [4]. In the year 2018, Basic Health Research (Riskesdas) reported Yogyakarta Province ranks as the second highest suicide in Indonesia, namely 10% and the prevalence of depression based on age 15 years and over 15 years old is 6% [5].

It is very important to maintain the mental health of students and the academic community. One of the efforts is carrying out early detection of mental health. Early detection of mental disorders must be widely promoted to the community, including in the campus environment, so that there are no delays in therapy or treatment in the early phase. One of the health service facilities that facilitate early detection of mental health for the community is the community health center (local public hospital[6] and universities can initiate early mental health detection services through the healthy campus program.

Mental health problems that are triggered by anxiety and stress will lead to disruption of the learning process [7]. Students' mental health during online lectures during a pandemic tends to be disrupted with the distribution of severe mental health disorders more than moderate and mild mental health disorders [8] e.g. student anxiety arises due to repeated conditions in perceiving something negatively, for example, mathematics as a difficult subject because of the abstractness of objects, logical thinking, systematic, symbolic and confusing formulas [9]. Students' anxiety in learning English is their fear of other people's negative judgment, fear of communicating, taking exams, or placement in English classes [10]. In a preliminary study at the Faculty of Public Health, it was found that several students had mental disorders, such as locking themselves in their rooms to the point where they wanted to commit suicide. In addition, the students in the teaching and education faculties stated that the sources of anxiety were individual factors, self-confidence, and negative perceptions that English was difficult because it was not a second language in Indonesia. In general, these anxieties arise due to a lack of knowledge of mathematics or English, and students' self-confidence in mathematics or English can affect their academic achievement [11], [12]. Based on the explanation above, The research questions are (1) What are the mental health conditions of the campus community based on demographic factors such as gender, age, type of work, employment status, education and faculty origin, and emotional disorders? (2). What is the relationship between Demographic Factors and the Mental health of the academic community;(3). How many people need referral to the mental health professional; What recommendations can be given to the campus authority?

2. METHOD

This study used a quantitative method with a cross-sectional design. As a pilot project, the research was conducted at a private campus in Yogyakarta City, Indonesia which consists of the Faculty of Teacher Training and Education and the Faculty of Public Health. The population of this study consisted of lecturers, students, and educational staff. Data collection by electronic questionnaire that took place over 23 days, from 20 July to 12 August 2023. Within this time interval, we received 347 responses. The inclusion criteria in this study are 1) active students in the academic year of 2022/2023; 2) permanent lecturer; 3) educational staff at the Yogyakarta campus; 4) willing to be a respondent on the first page of filling out the questionnaire. Among the exclusion criteria are: 1) students on leave/sickness; 2) not willing to be a respondent.

Mental health instruments use the Self-Reporting Questionnaire (SRQ-29) from WHO which has been validated by professionals [19–21]. The questions asked followed how the respondents felt during the last 30 days with Question No. category. 1 – 20, if the respondent answers Yes with a total score of < 5 then the category is "No Need for Referral"; If the respondent answers yes with a total score of ≥5 then they are categorized as "Referral Required" related to emotional or psychological mental disorders. Meanwhile, for questions No. 21 – 29, if the respondent answered yes with a total score of < 1 "No need to refer", while for respondents who answered yes with a score ≥ 1 then the category "Needs to be referred" is related to drug-related addiction disorders, psychotic disorders and Post Trauma Syndrome Disorder (PTSD). The analysis was carried out univariately to see the frequency distribution and bivariate to see the relationship between demographic factors and mental health status in academics at private campuses in Yogyakarta. This research has been approved by the ethical committee of Ahmad Dahlan University with the letter approval number: 012307121 dated 17 July 2023.

3. RESULTS AND DISCUSSION

3.1 Results

3.1.1 Description of Demographic Factors in the academic community

Most of the respondents 83.57% were women, and 79.54% were between 17-25 years old. The majority of respondents or as many as 71.47% came from the Faculty of Public Health. In addition, 89.91% as students, and the majority of respondents did not work as many as 75.79%. An overview of the demographic factors of the respondents is shown in Table.1 below

Table 1. Demographic factors of the research Respondents

No	Categories	n	%
	Sex		
1	Male	57	16,43
	Female	290	**83,57**
	Age		
2	17-25 years old	276	**79,54**
	26-45 years old	52	14,99
	46-65 year old	19	5,48
	Faculty		
3	Faculty of Teacher Training and Education	99	28,53
	Faculty of Public Health	248	**71,47**
	Study program		
	Undergraduate in Nutrition Science	72	20,75
	Undergraduate in public health	128	**36,89**
4	Undergraduate in English language Education	15	4,32
	Undergraduate of Mathematics Education	55	15,85
	Master of English Language Education	17	4,9
	Master of Public Health	49	14,12
	Master of Mathematics Education	11	3,17
	Occupation /profession		
5	Lecturers	32	9,22
	Students	312	**89,91**
	Administrative Staff	3	0,86
	Working status/ income		
6	Active worker (generate income)	84	24,21
	Non Active (no income)	263	**75,79**
	Highest education		
	Diploma (D3/D4)	7	2,02
7	Undergraduate (S1)	87	25,07
	Master's degree (S2)	22	6,34
	Doctorate (Ph.D)	11	3,17
	High school/Vocational School (SMA/SMK)	220	63,4
	Total	**347**	**100**

3.1.2 Description of Mental Health Status in The Academic Community

Based on questions 1-20 related to emotional or psychological disorders, as many as 60.81% of respondents needed to be referred to a mental health professional, and based on questions 21-29 related to addiction, psychosis, and PTSD, as many as 73, 49% respondents required referral to a mental health professional. The percentage of respondents who completed the answers is presented in Table 2,

Table 2. Percentages of respondents answering the SRQ-29 (N=347)

No	Questions	Yes (1)	%	No (0)	%
1	Do you often have headaches?	163	46,97	184	53,03
2	Is your appetite poor?	99	28,53	248	71,47
3	Do you sleep badly?	208	59,94	139	40,06
4	Are you easily frightened?	147	42,36	200	57,64
5	Do you feel nervous, tense, or worried?	188	54,18	159	45,82
6	Do your hands shake?	52	14,99	295	85,01
7	Is your digestion poor?	93	26,80	254	73,20
8	Do you have trouble thinking clearly?	150	43,23	197	56,77
9	Do you feel unhappy?	90	25,94	257	74,06
10	Do you cry more than usual?	104	29,97	243	70,03
11	Do you find it difficult to enjoy your daily life?	52	14,99	295	85,01
12	Do you find it difficult to make decisions?	180	51,87	167	48,13
13	Is your daily work suffering?	89	25,65	258	74,35
14	Are you unable to play a useful part in life?	78	22,48	269	77,52
15	Have you lost interest in many things?	127	36,60	220	63,40
16	Do you feel you are a worthless person?	88	25,36	259	74,64
17	Has the thought of ending your life been on your mind?	27	7,78	320	92,22
18	Are you tired all day?	153	44,09	194	55,91
19	Do you feel uncomfortable with your stomach?	86	24,78	261	75,22
20	Are you easily tired?	222	63,98	125	36,02
21	Do you drink alcohol more than usual or do you consume drugs?	1	0,29	346	99,71
22	Do you feel that someone has insulted or humiliated you?	29	8,36	318	91,64
23	Have you noticed any interference or anything else unusual with your thinking?	137	39,48	210	60,52
24	Do you ever hear voices without knowing where they come from, and that other people cannot hear?	37	10,66	310	89,34
25	Have you ever had a nightmare dream or disaster dream as if you were in those disasters?	67	19,31	280	80,69
26	Do you avoid the activity, place, people, thoughts, or events that remind you of previous disasters?	72	20,75	275	79,25
27	Do you feel a lack of interest in your usual activity or friend?	131	37,75	216	62,25
28	Are you feeling very annoyed in a situation that reminds you of a disaster or demands you to think about disaster?	119	34,29	228	65,71
29	Are you having difficulty understanding or expressing your feelings?	171	49,28	176	50,72

3.1.3 Relationship between Demographic Factors and Mental health Status among Academic Community

The respondents' mental health status for the category of psychological disorders showed that there was a significant relationship between gender and psychological disorders with a risk of 3.569 times greater for women than men (p-value <0.005). Then, there is a significant relationship between the origin of the faculty, type of work, job status, and education level of the respondents (P value <0.005). Respondents from the education and teacher training faculties had a 0.558 times greater chance of experiencing psychological disorders than those from the public health faculty. This is also the same for respondents who do not work at risk of 0.099 times more experiencing psychological disorders than those who have the work. Respondents with low levels of education had a 0.202 times greater risk of experiencing psychological disorders than those respondents with higher education supported by a p-value <0.005. In addition, the age factor and the type of work in the campus environment have a significant relationship to psychological disorders with a p-value <0.005. The relationship between demographic factors and mental health status is presented in Table 3 below.

Table 3. Relationship between Demographic Factors and Mental health (psychological disorder) among the Academic Community at Campus X Yogyakarta (N=347)

Respondents' characteristic	Mental health status (psychological disorders)		P Value	OR	CI 95%
	No need for referral (negative)	Need referral (positive)			
Sex					
Male	37 (64.9%)	20 (35.1%)	0,000	3,569	1,967-6,475
Female	99 (34.1%)	191 (65.9%)			
Age					
17-25 years old	77 (27.9%)	199 (72.1%)			
26-45 years old	40 (76.9%)	12(23.1%)	0.000		
46-65 years old	19 (100%)	0 (0%)			
Faculty					
Faculty of teacher training and education	29 (29.6%)	69(70.4%)	0,030	0,558	0,338-0,921
Faculty of Public Health	107 (43%)	142 (57%)			
Occupation/profession					
Lecturer	28 (87.5%)	4 (12.5%)			
Student	105 (33.7%)	207 (66.3%)	0,000	-	-
Administrative Staff	3 (100%)	0 (0%)			
Job Status					
Actively work	66 (78.6%)	18 (21.4%)	0,000	0,099	0,055-0,278
Do not work	70 (26.6%)	193 (73.4%)			
Education					
High school- diploma	59 (26.1%)	157 (73.9%)	0,000	0,202	0,126-0,325
Undergraduate- Ph.D	77 (63.6%)	44 (36.4%)			

Furthermore, the results of statistical tests using chi-square showed that there was a significant relationship between gender, age, type of work, employment status, and education level and drug addiction disorders, psychotic disorders, and post-traumatic syndrome disorder (PTSD) with a p-value <0.005. Female respondents have a 1.976 times greater chance of experiencing mental health disorders than male respondents. Meanwhile, faculty origin was not significantly related to the respondents' drug-related, psychotic, and post-traumatic stress disorder (PTSD) addiction disorders. This can be seen in Table 4 below.

Table 4. Relationship between demographic factors and Mental health status (addiction caused by narcotics, psychotic disorders, and PTSD) among the Academic Community at Campus X Yogyakarta (N=347)

Respondent's characteristic	Mental health status		P Value	OR	CI 95%
	No need referral	Need referral			
Sex					
Male	22 (38,6%)	35 (61,4%)	0, 036	1,976	1,087-3,590
Female	70 (24,1%)	220 (75,9%)			
Age					
17-25 year old	44 (15,9%)	232 (84,1%)			
26-45 years old	35 (67,3%)	17 (32,7%)	0.000	-	-
46-65 years old	13 (68,4%)	6 (31,6%)			
faculty					
Faculty of teacher training and education	23 (23,5%)	75 (76,5%)	0,502	0,800	0,465-1,377
Faculty of Public Health	69 (27,7%)	180 (73,5%)			
Occupation /profession					
Lecturer	23 (71,9%)	9 (28,1)			
Student	67 (21,5%)	245 (78,5%)	0,000	-	-
Administrative Staff	2 (66,7%)	1 (33,3%)			
Job /profession status					
Actively work	55 (65,5%)	29 (34,5%)	0,000	0,086	0,049-0,152
Do not work	37 (14,1%)	226 (85,9%)			
Education					
High School-Diploma	35 (15,5%)	191 (84,5%)	0,000	0,206	0,124-0,342
Undergraduate- Ph.D	57 (47,1%)	64 (52,9%)			

3.2. Discussion

Mental health is one of the health problems that has received attention in recent times in both developed and developing countries [13]. According to Indonesian Law No. 18 of 2014, mental health efforts should be carried out to create an optimal level of Mental health is one of the health problems that has received attention in recent times in both developed and developing countries [13]. According to Indonesian Law No. 18 of 2014, mental health efforts should be carried out to create an optimal level of health using promotive, preventive, curative, and rehabilitative approaches, one of which is by using the Self Reporting Questionnaire (SRQ)as an early detection tool for mental health within the last 30 years [13], [14]. One of the promotional efforts for mental health in educational

institutions such as universities is to create a teaching and learning atmosphere that is conducive to the growth and development of mental health and life skills related to mental health for students following their stage of development [14].

This research found that the group of students between the ages of 17-25 years were very vulnerable to psychological and non-psychological problems such as drug addiction disorders, psychotic disorders, and PTSD. The same results had been found in research at the Royal College of Psychiatrists that the age of 17-25 years is a transition period from the adolescent phase to the early adult phase as students are at high risk of experiencing emotional disorders [15], [16]. Besides the pressure of studying a lot, mental health problems among students are also caused by the new normal era of the Covid-19 pandemic which causes teenagers to experience depression, stress, boredom, anger, loneliness, fear, and even anxiety and avoidance, and other psychological reactions which have an impact on maladaptive behavior, defensive responses and emotional distress [17]. Respondents from the Faculty of Teacher Training and Education experienced more psychological disorders than those of the faculty of public health because in general, these students had a negative perception of the field of science they were studying and felt pessimistic. This is in line with the results of previous research which showed that students at teaching and education faculties stated that the source of anxiety was individual factors, self-confidence, and negative perceptions that English was difficult because it was not a second language in Indonesia.

Based on the SRQ-29 questionnaire, it is revealed that the respondents are getting headaches easily, feeling tired, and feeling anxious, tense, or worried. It is in line with research done by Tavares et al., (2022). They found as many as 52.7% of respondents experienced symptoms of anxiety and 60.4% of respondents experienced symptoms of decreased energy [13]. The decrease in energy felt by a person will cause activities to be disrupted and hampered due to symptoms of fatigue/decreased energy. Then, fatigue will also have an impact on psycho-social, psycho-immunity, and psychophysiology aspects[18], [19].

The majority of the academic community at campus x in Yogyakarta had symptoms of decreased energy and symptoms of anxiety. Research conducted by Donner and Lowry in 2013 showed that the prevalence of anxiety disorders was greater in women, namely 60%, compared to those in men, namely 40% [20]. Another study in Surabaya indicated that as many as 34% of respondents experienced anxiety disorders, which were mostly experienced by 17-19-year-old students (35.5%), and suffered by women (36.4%), while other studies also stated the same thing, namely the level of depression and anxiety experienced by women is higher than that of men [21]–[24]. Anxiety and depression often appear in everyday life, characterized by emotional disturbances or moodiness, loss of interest or pleasure, feelings of guilt or low self-esteem, insomnia, decreased appetite, and poor concentration [21], [25]. The results of this study show that women experience more mental health disorders with a risk that is 3,569 times greater than that of men. Other research says that female students experience poorer mental health disorders, namely higher levels of anxiety and depression compared to men. This is because women are more dominant in using speech when facing problems. Among the factors that trigger mental health symptoms in women are high sensitivity and emotional changes due to hormonal changes before menstruation. This will affect women's mental health [26].

The results of this research also show that students have higher levels of mental health disorders compared to those of lecturers and education staff. This finding is in contrast to previous research conducted on health lecturers in Gorontalo, lecturers often experienced anxiety in dividing themselves in carrying out their duties as lecturers, academic supervisors in hospitals, roles in the family, and other organizations [27]. The same research conducted on lecturers at one of the universities in Pakistan and Ukraine found that among lecturers, mental disorders such as anxiety and depression at severe or very severe levels often occur in contract employees and lecturers with master's degrees in the age range of 35 years old. Anxiety and depression are significantly related to academic discipline, poor health status, and low cadre. This mental disorder also has a risk pattern for work experience and work habits [28], [29].

Someone who works has greater pressure than one who doesn't work even though he/she was supported by a good working environment. The results of this research show that employment status has a significant relationship with mental disorders, both emotion and addiction, psychosis, and PTSD. In previous research related to depressive symptoms in Indonesia, it was found that a person's employment status influences individuals to experience depressive symptoms, especially in adolescents. The chance of developing depression is up to 4.15 times [30]. Individuals who experience high levels of depression will have difficulty focusing on work, including academic work, and he/she will miss work for more than one month, resulting in low/decreased productivity. Moreover, people who work will also experience stress due to long periods of work and heavy workloads [31].

Another finding of this research is that the level of education has a significant relationship with psychological mental disorders and addiction, psychotic disorders, and PTSD. This can happen because the higher a person's education, the more influence he/she puts on others, and the higher a person's education, the easier he/she obtain information and use existing medical services to improve his/her quality of life [32], [33]. This is in line with other research findings that the level of education, especially low education, is a significant factor that influences a person's poor mental health and even depression [34]. Not only depression but also education influences other

mental disorders, namely stress; individuals with low education will more easily feel stressed [35] than, those of high school and undergraduate education levels[36]. It is found that high school and undergraduate students have the most mental disorders---the highest anxiety disorders [16].

This research shows that the proportion of students is greater than lecturers and education staff, and the majority of students have mental disorders ranging from emotional mental disorders to addiction, psychosis, and PTSD [37]. Entering higher education often causes psychological problems, including being separated from previously established social support networks. Students who leave home may receive less social and psychological support from people they consider close, which can harm their mental health and coping processes [37].

In general, it is implied that age, gender, type of work, employment status, and level of education within the working environment at the campus are related to the mental health status of academics in the Yogyakarta campus. At the university level, it is necessary to develop strategies to be able to access mental health services and provide extensive early-detection screening to students with special conditions. Then, this situation can be used in making policies by involving campus administrators, mental health professionals, researchers, and policymakers to be able to anticipate future health problems more effectively [38]. Another effort can be made by providing mental health literacy to maximize access to the use of professional mental health services so that they can seek help in overcoming mental disorders from an early age. This can be done by attending seminars, training, or using social media to search for information about mental health [39], [40].

This research was conducted at two faculties that play an important role in public education by implementing a healthy campus. This research is not totally free from limitations. Firstly, most previous research has focused on one mental health disorder so that we could clearly understand the mental health disorder being experienced. This study, however, describes all the symptoms of mental health disorders in general and simultaneously. Secondly, there are differences in the proportions of respondents both in terms of a number of respondents and faculty origin, and so they cannot provide a full picture of the results regarding the burden of mental health disorders experienced. Thirdly, this research was carried out by distributing questionnaires online; therefore the research team did not receive additional information regarding the symptoms felt by the respondents. Finally, there is not yet sufficient literature discussing mental health disorders in teaching and educational science faculties or in public health faculties

4. CONCLUSION

The number of respondents who needed to be referred to a mental health professional was high. There is a significant relationship between psychological disorders and demographic factors, consisting of gender, age, type of work, employment status, education, and faculty origin. Meanwhile, for mental disorders due to addiction, psychosis, and PTSD, the related factors are age, gender, level of education, type of work, and employment status. This needs to be followed up with health promotion efforts such as collaborating with the local health office and local hospital for further treatment. Moreover, policy support from universities is urgently needed to create a healthy campus.

ACKNOWLEDGEMENTS

Our sincere and deepest appreciation goes to the Research and Community Service Centre of Universitas Ahmad Dahlan (UAD) for funding this research under the official contract no 28/RIA/LPPM-UAD/VI/2023.

REFERENCES

[1] P2PTM Kementerian Kesehatan RI, "Pedoman Kampus Sehat," *Kementeri. Kesehat. RI*, 2021.
[2] Kemenkes RI, "Pedoman Teknis Penyelenggaraan Kampus Sehat," Jakarta, Indonesia, 2019.
[3] Presiden Republik Indonesia, "Peraturan Pemerintah Nomor 21 Tahun 2020 tentang Pembatasan Sosial Berskala Besar Dalam Rangka Percepatan Penanganan Coronavirus Disease 2019/COVID-19," Jakarta, Indonesia, 2020.
[4] WHO, "World Suicide Prevention Day 2022 - Creating hope Through Action," 2022. .
[5] Kementerian Kesehatan Republik Indonesia, "Laporan RISKESDAS Tahun 2018," Badan Penelitian dan Pengembangan Kesehatan (Balitbangkes), Jakarta, 2018.
[6] F. D. Rahmawati and T. Eryando, "Pengembangan Situs Web Deteksi Dini Kesehatan Jiwa," *J. Inf. Syst. Public Heal.*, vol. 6, no. 2, pp. 1–8, 2021, [Online]. Available: https://doi.org/10.22146/jisph.12265.
[7] F. Andiarna and E. Kusumawati, "Pengaruh Pembelajaran Daring terhadap Stres Akademik Mahasiswa Selama Pandemi Covid-19," *J. Psikol.*, vol. 16, no. 2, p. 139, 2020, doi: 10.24014/jp.v16i2.10395.
[8] A. Madani, I. Prasetyowati, and C. A. Kinanthi, "Hubungan Karakteristik Mahasiswa Dengan Kesehatan Mental Mahasiswa Selama Kuliah Online," *Ikesma*, vol. 18, no. 2, p. 72, 2022, doi: 10.19184/ikesma.v18i1.25679.
[9] F. Santri, S. J. Matematika, F. Tarbiyah, D. Tadris, and I. Bengkulu, "Ada Apa dengan Kecemasan Matematika?," *J. Medives J. Math. Educ. IKIP Veteran Semarang*, vol. 1, no. 1, pp. 59–65, Jan. 2017.
[10] F. S. Oktaviani, D. Radjab, and H. Ardi, "AN ANALYSIS OF STUDENTS' ENGLISH LANGUAGE ANXIETY AT SMAN 7 PADANG," *J. English Lang. Teach.*, vol. 1, no. 3, pp. 51–60, Jun. 2013, doi: 10.24036/JELT.V1I3.2367.
[11] A. Herawati, A. Hidayat, and H. Oktaviannoor, "Peningkatan Pengetahuan Dengan Metode Pemberian Edukasi Kesehatan Bahaya Merokok Bagi Kesehatan Reproduksi Remaja Pada Siswa Smpn 20 Banjarmasin Tahun 2020," *Din. Kesehat. J. Kebidanan Dan Keperawatan*, vol. 11, no. 1, pp. 19–27, 2020, doi: 10.33859/dksm.v11i1.554.

[12] L. H. Utami and L. Nurjati, "Hubungan Self-Efficacy, Belief dan Motivasi dengan Kecemasan Mahasiswa dalam Pembelajaran Bahasa Inggris," *Psympathic J. Ilm. Psikol.*, vol. 4, no. 2, pp. 219–238, Dec. 2017, doi: 10.15575/PSY.V4I2.1447.
[13] R. Tavares, D. T. Mau, and M. J. E. Naibili, "Gambaran Deteksi Dini Status Kesehatan Jiwa Masyarakat Di Wilayah Kerja Puskesmas Atambua Selatan Tahun 2022," *J. Sahabat*, vol. 4, no. 2, pp. 147–165, 2022.
[14] Presiden RI, "Undang-Undang Nomor 18 Tahun 2014 tentang Kesehatan Jiwa," 2014. [Online]. Available: https://peraturan.bpk.go.id/Home/Details/38646/uu-no-18-tahun-2014.
[15] J. Callender *et al.*, "Mental health of students in higher education Royal College of Psychiatrists," London, 2016.
[16] L. Liesay, J. Mainase, and S. Yakobus, "Gambaran Gejala Gangguan Kesehatan Mental Berdasarkan Dass-42 (Depression Anxiety Stress Scales-42) Pada Masyarakat Usia Produktif Desa Hutumuri," *Molucca Medica*, vol. 16, no. 1, pp. 51–60, 2023, doi: 10.30598/molmed.2023.v16.i1.51.
[17] D. Talevi *et al.*, "Mental health outcomes of the CoViD-19 pandemic Gli esiti di salute mentale della pandemia di CoViD-19," *Riv Psichiatr*, vol. 55, no. 3, pp. 137–144, 2020.
[18] P. . Suma'mur, *Higiene Perusahaan dan Kesehatan Kerja*. Jakarta: CV. Sagung Seto, 2013.
[19] L. M. Kurniawidjaja, S. Martomulyono, and I. H. Susilowati, *Teori dan Aplikasi Promosi Kesehatan di Tempat Kerja Meningkatkan Produktivitas*. Jakarta: UI Publishing, 2020.
[20] N. C. Donner and C. A. Lowry, "Sex differences in anxiety and emotional behavior," *Pflugers Arch. Eur. J. Physiol.*, vol. 465, no. 5, pp. 601–626, 2013, doi: 10.1007/s00424-013-1271-7.
[21] M. Z. A. Rustam and L. Nurlela, "Gangguan Kecemasan dengan Menggunakan Self Reporting Questionaire (SRQ-29) di Kota Surabaya," *J. Kesehat. Masy. Mulawarman*, vol. 3, no. 1, p. 39, 2021, doi: 10.30872/jkmm.v3i1.5752.
[22] M. I. Alsoghair *et al.*, "Prevalence of Depression and Anxiety Among Qassim University Students During the COVID-19 Pandemic," *Cureus*, vol. 2019, no. 2, pp. 2–11, 2023, doi: 10.7759/cureus.34866.
[23] "IDAI - Kesehatan Remaja di Indonesia." .
[24] Y. M. Kim and S. il Cho, "Socioeconomic status, work-life conflict, and mental health," *Am. J. Ind. Med.*, vol. 63, no. 8, pp. 703–712, 2020, doi: 10.1002/ajim.23118.
[25] WHO, "Anxiety and Depression," *World Health Organization*, 2012. http://www.who.int/topics/depression/en/.
[26] M. Kartika Sari, E. Arik Susmiatin, P. Studi Sarjana Keperawatan, S. Karya Husada Kediri, M. K. Sari, and E. A. Susmiatin, "Deteksi Dini Kesehatan Mental Emosional pada Mahasiswa," *J. Ilm. STIKES Yars. Mataram*, vol. 13, no. 1, pp. 10–17, 2023, [Online]. Available: http://journal.stikesyarsimataram.ac.id/index.php/jik.
[27] Y. M. Soeli, R. D. Hunawa, N. K. Rahim, A. W. Pakaya, and N. A. R. Yusuf, "Overview of Mental Health Lecturers in Gorontalo Province," *J. Heal. Sci. Gorontalo J. Heal. Sci. Community*, vol. 7, no. 1, pp. 185–194, 2023, doi: 10.35971/gojhes.v7i1.14681.
[28] J. S. Alqahtani *et al.*, "Prevalence, Severity and Mortality associated with COPD and Smoking in patients with COVID-19: A Rapid Systematic Review and Meta-Analysis," *PLoS One*, vol. 15, no. 5, p. e0233147, May 2020, doi: 10.1371/JOURNAL.PONE.0233147.
[29] B. Thielmann *et al.*, "Mental health and work-related behaviors in management of work requirements of university lecturers in ukraine— an age group comparison," *Int. J. Environ. Res. Public Health*, vol. 18, no. 20, 2021, doi: 10.3390/ijerph182010573.
[30] D. Susanti, R. Dewi Akademi Kebidanan Saleha, and B. Aceh, "Education on Prevention of Stunting Through Exclusive Breastfeeding in the Community," *Ahmar Metakarya J. Pengabdi. Masy.*, vol. 1, no. 2, pp. 107–114, Feb. 2022, doi: 10.53770/AMJPM.V1I2.85.
[31] E. M. Singal, A. E. Manampiring, and J. E. Nelwan, "Analisis Faktor-Faktor Yang Berhubungan Dengan Stres Kerja Pada Pegawai Rumah Sakit Mata Provinsi Sulawesi Utara," *Sam Ratulangi J. Public Heal.*, vol. 1, no. 2, p. 040, 2021, doi: 10.35801/srjoph.v1i2.31988.
[32] T. S. Yulianti and W. M. P. Wijayanti, "Hubungan Tingkat Pendidikan Dan Tingkat Pengetahuan Tentang Kesehatan Jiwa Dengan Sikap Masyarakat Terhadap Pasien Gangguan Jiwa Di Rw Xx Desa Duwet Kidul, Baturetno, Wonogiri," *KOSALA J. Ilmu Kesehat.*, vol. 4, no. 1, pp. 1–12, 2016, doi: 10.37831/jik.v4i1.79.
[33] N. Soekidjo, "Promosi Kesehatan Teori dan Aplikasi," in *Promosi Kesehatan dalam Kesehatan Masyarakat*, Pertama., Jakarta: Rineka Cipta, 2014.
[34] Y. Dewi, R. Relaksana, and A. Y. M. Siregar, "Analisis Faktor Socioeconomic Status (Ses) Terhadap Kesehatan Mental: Gejala Depresi Di Indonesia," *J. Ekon. Kesehat. Indones.*, vol. 5, no. 2, pp. 29–40, 2021, doi: 10.7454/eki.v5i2.4125.
[35] A. Hasanah *et al.*, "Faktor yang Berpengaruh terhadap Kesehatan Mental Karyawan Non Kesehatan ketika Kembali Bekerja saat Pandemi COVID-19," *J. Farm. Komunitas*, vol. 10, no. 1, pp. 1–7, 2023, doi: 10.20473/jfk.v10i1.32895.
[36] M. B. Reitsma *et al.*, "Spatial, temporal, and demographic patterns in prevalence of smoking tobacco use and attributable disease burden in 204 countries and territories, 1990–2019: a systematic analysis from the Global Burden of Disease Study 2019," *Lancet*, vol. 397, no. 10292, pp. 2337–2360, 2021, doi: 10.1016/S0140-6736(21)01169-7.
[37] A. Gonçalves, C. Sequeira, J. Duarte, and P. Freitas, "Suicide ideation in higher education students: Influence of social support," *Aten. Primaria*, vol. 46, no. S5, pp. 88–91, 2014, doi: 10.1016/S0212-6567(14)70072-1.
[38] J. Li *et al.*, "Factors Affecting COVID-19 Preventive Behaviors among University Students in Beijing, China: An Empirical Study Based on the Extended Theory of Planned Behavior," *Int. J. Environ. Res. Public Heal. 2021, Vol. 18, Page 7009*, vol. 18, no. 13, p. 7009, Jun. 2021, doi: 10.3390/IJERPH18137009.
[39] D. Nazira, M. Mawarpury, A. Afriani, and I. D. Kumala, "Literasi Kesehatan Mental Pada Mahasiswa Di Banda Aceh," *Seurune J. Psikol. Unsyiah*, vol. 5, no. 1, pp. 23–39, 2022, doi: 10.24815/s-jpu.v5i1.25102.
[40] A. F. Permana *et al.*, "Studi Eksplorasi Literasi Kesehatan Mental Pada Mahasiswa Keperawatan," *J. Ilm. Keperawatan IMELDA*, vol. 9, no. 1, pp. 62–69, 2023, doi: 10.52943/jikeperawatan.v9i1.1201.

BIOGRAPHIES OF AUTHORS

The recommended number of authors is at least 2. One of them as a corresponding author.

	**Sitti Nur Djannah** is a full senior lecturer and head of the Master of Public Health study program at the Faculty of Public Health, Ahmad Dahlan University, Yogyakarta. My areas of interest are health promotion and behavioral social sciences. She can be contacted at email: sitti.nurdjannah@ikm.uad.ac.id
	**Heni Trisnowati** is a doctor in public health, especially in the field of Health Promotion and community empowerment. She is a lecturer at the Faculty of Public Health, Universitas Ahmad Dahlan (UAD) Yogyakarta, Indonesia. She has been responsible for teaching health promotion, qualitative methodology, health research methods, social and behavioral sciences, evidence-based health promotion, Interpersonal communication and advocacy, media and health communication. Her research interest is in tobacco control, non-communicable diseases, and mental health. She can be contacted at email : heni.trisnowati@pascakesmas.uad.ac.id
	**Andriyani** is a doctor in the field of Mathematics Education and Head of the Master of Mathematics Educationat the Faculty of Teacher Training and Education, Universitas Ahmad Dahlan, Yogyakarta, Indonesia. She has more than 19 years of teaching experience in the university. Her field of specialization, research areas, publication and presentation cover a wide range of mathematics education related aspects. Among these are engineering mathematics learning in inclusive classes, assistive technology for children with special needs, mathematics learning technology, and evaluating mathematics learning. She can be contacted at email: andriyani@mpmat.uad.ac.id
	**Akmal Akmal** is Ph.D. holder in Education especially in Educational Technology from University of Pune India, with a Master in Educational Training System Design from University of Twente, The Netherlands, American Studies from Universitas Gadjah Mada, and diploma in Multimedia from Mutlimedia University (MMU),Malaysia. He received prestigious scholarship from NEC Netherlands, MTCP Malaysia, Cultural Centre Russian Federation, and ICCR India. He got research grand from Indonesian Higher education for Non-Conventional Learning Model. His main research interests are TEFL, CAI, CALL, and ESP. He served as visiting professor at Abhinav College of Education, Pune, India in 2005.He is an active presenter as well as key note speaker at several International conferences on ELT. He shares the experiences in Educational Technology through workshops with English teachers' association (MGMP Bahasa Inggris) at some provinces in Indonesia like Bengkulu, Metro Lampung, Yogyakarta, Jambi, Kebumen, and Temanggung. He has been teaching English for Economics (ESP) and Business English at Undergraduate International Program (IUP),Fakultas Ekonomika dan Bisnis,Universitas Gadjah Mada (UGM) since 2004. At the moment, he is an associate professor and head of Master Degree in English Language Education, Universitas Ahmad Dahlan, Yogyakarta, Indonesia and reviewer of several ELT journals.He can be reached at akmal@mpbi.uad.ac.id

	**Marilou D Tino** is a Professor of Research, History and Political Science in University of Saint Anthony, Philipine. She also a research director in education and history. Her research of interest is history, culture, governance and education. She can contacted at email: mdtino@usant.edu.ph
	**Deny Hadi Siswanto** is a mathematics teacher at Muhammadiyah Mlati High School and a student at the Master of Mathematics Education at the Faculty of Teacher Training and Education, Universitas Ahmad Dahlan, Yogyakarta. He has over 6 years of teaching experience as a mathematics teacher at school. During his time as a teacher in the era of technological development, he tried to integrate technology into classroom learning. As a teacher he organizes and delivers material according to the curriculum, develops creative and effective teaching methods, monitors individual student progress, and encourages student collaboration. He can be contacted at email: 2207050007@webmail.uad.ac.id
	**Jane M. Tagum-Briones** is a resident of San Miguel Iriga City, a Registered Pharmacist, and a Registered Nurse. She finished her Bachelor of Science in Pharmacy in 2000. She completed a Bachelor of Science in Nursing at the University of Saint Anthony. She graduated with a Master of Arts in Nursing from Camarines Sur Polytechnic Colleges. In 2019, she finished her Doctor of Philosophy in Education, Major in Educational Management at the University of Saint Anthony. Currently, A faculty of the Health Care Education Department and Graduate Studies and Research at the University of Saint Anthony, Iriga City. She can be contacted at email: jbriones@usant.edu.ph

UNIVERSITAS
AHMAD DAHLAN

Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id>

[IJPHS] Editor Decision

1 pesan

Lina Handayani <ijphs@iaescore.com> 17 Januari 2024 pukul 20.16
Balas Ke: "Dr. Lina Handayani" <ijphs@iaescore.com>
Kepada: Ms Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id>
Cc: Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>, Andriyani Andriyani <andriyani@mpmat.uad.ac.id>, Akmal Akmal <Akmal@mpbi.uad.ac.id>, "Marilou D. Tino" <mdtino@usant.edu.ph>

The following message is being delivered on behalf of International Journal of Public Health Science (IJPHS).

_____

Dear Prof/Dr/Mr/Mrs. Ms Sitti Nur Djannah,

We have reached a decision regarding your submission to International Journal of Public Health Science (IJPHS), "Baseline Assessment of Demographic Factors and Mental Health Status: Opportunity to Initiate Healthy Campus Program".

Our decision is: Resubmit Required

Best Regards,
Dr. Lina Handayani

The following template should be used for responses to reviewers:

I would like to thank the reviewers for their insightful feedback. All comments from Reviewer 1 are highlighted in yellow, those from Reviewer 2 are highlighted in red, and those from Reviewer 3 are highlighted in green.

Reviewer 1

Comment 1: There are some references that are not required.
Response: We thoroughly updated our references; 5 references were eliminated, and two were replaced by more recent publications.

Comment 2: The presentation of Figures 2 and 3 should be improved.
Response: The necessary adjustments have been made.

Comment 3: Equation (2) seems to be incorrect.
Response: Equation (2) is correct. This can be proven as follows:...
In order to clarify equation 9 in the manuscript, the following remarks have been added... etc.

All changes for reviewer 1 are highlighted in yellow in the main text.

Reviewer 2

Comment 1:
Response:

Comment 2:
Response:

Comment 3:

Response:

All changes for reviewer 2 are highlighted in red in the main text.

Etc.

Such a document clarifies everything and will aid the reviewers in evaluating the work fast.
When providing your amended primary document files, you must also upload your corrections statement. Before your manuscript, the declaration of revisions should appear.

Reviewer G:

Does the paper contain an original contribution to the field?:
Yes

Is the paper technically sound?:
Yes

Does the title of the paper accurately reflect the major focus contribution of this paper?:
Yes

Please suggest change of the title as appropriate within 10 words:
none

Is the abstract a clear description of the paper?

:
Yes

Please suggest change of the abstract
:
none

Is the paper well written (clear, concise, and well organized)?:
Yes

Are the equations, figures and tables in this journal style, clear, relevant, and are the captions adequate?:
Yes

Please score the paper on a scale of 0 - 10 as per the directions below:

9-10 Excellent - Outstanding
7-8 Good
5-6 Average
3-4 Poor
0-2 Very Poor
:
7

Comments to the Authors (how to improve this paper)::
Please improve consitency of the words i.e adolescent or teenager?

---

see files

UNIVERSITAS
AHMAD DAHLAN

Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id>

[IJPHS] Editor Decision

1 pesan

Lina Handayani <ijphs@iaescore.com> 21 Januari 2024 pukul 19.12
Balas Ke: "Dr. Lina Handayani" <ijphs@iaescore.com>
Kepada: Ms Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id>
Cc: Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>, Andriyani Andriyani <andriyani@mpmat.uad.ac.id>, Akmal Akmal <Akmal@mpbi.uad.ac.id>, "Marilou D. Tino" <mdtino@usant.edu.ph>

The following message is being delivered on behalf of International Journal of Public Health Science (IJPHS).

Dear Prof/Dr/Mr/Mrs. Ms Sitti Nur Djannah,

We have reached a decision regarding your submission to International Journal of Public Health Science (IJPHS), "Baseline Assessment of Demographic Factors and Mental Health Status: Opportunity to Initiate Healthy Campus Program".

Our decision is: Resubmit Required

Best Regards,
Dr. Lina Handayani

The following template should be used for responses to reviewers:

I would like to thank the reviewers for their insightful feedback. All comments from Reviewer 1 are highlighted in yellow, those from Reviewer 2 are highlighted in red, and those from Reviewer 3 are highlighted in green.

Reviewer 1

Comment 1: There are some references that are not required.
Response: We thoroughly updated our references; 5 references were eliminated, and two were replaced by more recent publications.

Comment 2: The presentation of Figures 2 and 3 should be improved.
Response: The necessary adjustments have been made.

Comment 3: Equation (2) seems to be incorrect.
Response: Equation (2) is correct. This can be proven as follows:...
In order to clarify equation 9 in the manuscript, the following remarks have been added... etc.

All changes for reviewer 1 are highlighted in yellow in the main text.

Reviewer 2

Comment 1:
Response:

Comment 2:
Response:

Comment 3:
Response:

All changes for reviewer 2 are highlighted in red in the main text.

Etc.

Such a document clarifies everything and will aid the reviewers in evaluating the work fast.
When providing your amended primary document files, you must also upload your corrections statement. Before your manuscript, the declaration of revisions should appear.

Reviewer A:

Does the paper contain an original contribution to the field?:
Yes

Is the paper technically sound?:
Yes

Does the title of the paper accurately reflect the major focus contribution of this paper?:
Yes

Please suggest change of the title as appropriate within 10 words:
-

Is the abstract a clear description of the paper?

:
Yes

Please suggest change of the abstract
:
-

Is the paper well written (clear, concise, and well organized)?:
Yes

Are the equations, figures and tables in this journal style, clear, relevant, and are the captions adequate?:
Yes

Please score the paper on a scale of 0 - 10 as per the directions below:

9-10 Excellent - Outstanding
7-8 Good
5-6 Average
3-4 Poor
0-2 Very Poor
:
8

Comments to the Authors (how to improve this paper)::
-

Reviewer B:

Does the paper contain an original contribution to the field?:
Yes

Is the paper technically sound?:
Yes

Does the title of the paper accurately reflect the major focus contribution of this paper?:
Yes

Please suggest change of the title as appropriate within 10 words:
-

Is the abstract a clear description of the paper?

:
Yes

Please suggest change of the abstract
:

Is the paper well written (clear, concise, and well organized)?:
No

Are the equations, figures and tables in this journal style, clear, relevant, and are the captions adequate?:
Yes

Please score the paper on a scale of 0 - 10 as per the directions below:

9-10 Excellent - Outstanding
7-8 Good
5-6 Average
3-4 Poor
0-2 Very Poor
:
5

Comments to the Authors (how to improve this paper)::
- Simplify the title into max. 10 words (prepositions excluded).
- Complete the affiliation number four. Provide authors' affiliations completely and hierarchically from the lowest level into the highest one: Laboratorium (if any, or if under a department), Department (if any), Faculty, University, City, Country
- The minimum number of keywords required is 5 and maximum is 7.
- Number your citation in consecutive order.
- Decimal numbers use periods (.) and thousands use commas (,). Example: 0.65 (decimal). 1,400 (thousand). Please check all numbers written on your paper.
- Too much references locally, change them so that this paper becomes an internationally reputable paper. Our journal limits local references to a maximum of 10% of the total references used. Provide the English translation of this title. Write it in the form: [Translation] (in [the original language's name]: [the title in its original language]).

International Journal of Public Health Science (IJPHS)
http://ijphs.iaescore.com

UNIVERSITAS AHMAD DAHLAN

Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id>

[IJPHS] Editor Decision

1 pesan

Lina Handayani <ijphs@iaescore.com> 27 Januari 2024 pukul 04.08
Balas Ke: "Dr. Lina Handayani" <ijphs@iaescore.com>
Kepada: Ms Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id>
Cc: Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>, Andriyani Andriyani <andriyani@mpmat.uad.ac.id>, Akmal Akmal <Akmal@mpbi.uad.ac.id>, "Marilou D. Tino" <mdtino@usant.edu.ph>

The following message is being delivered on behalf of International Journal of Public Health Science (IJPHS).

Dear Prof/Dr/Mr/Mrs: Ms Sitti Nur Djannah,

We have reached a decision regarding your submission entitled "Baseline Assessment of Demographic Factors and Mental Health Status: Opportunity to Initiate Healthy Campus Program" to International Journal of Public Health Science (IJPHS), a peer-reviewed and an OPEN ACCESS journal that makes significant contributions to major areas of public health science.

Our decision is to revisions
The goal of your revised paper is to describe novel technical results.
A high quality paper MUST has:
(1) a clear statement of the problem the paper is addressing --> explain in "Introduction" section
(2) the proposed solution(s)/method(s)/approach(es)/framework(s)/ ....
(3) results achieved. It describes clearly what has been done before on the problem, and what is new.

In preparing your revised paper, you should pay attention to:
1. Please ensure that: all references have been cited in your text; Each citation should be written in the order of appearance in the text; The references must be presented in numbering and CITATION ORDER is SEQUENTIAL [1], [2], [3], [4], ...
Please download & study our published papers for your references:
- http://ijphs.iaescore.com
- http://ijere.iaescore.com
- http://journal.uad.ac.id/index.php/edulearn
- http://iaescore.com/journals (other journals)
(Please use “Search” menu under "JOURNAL CONTENT" menu in right side of the site)

2 An Introduction should contain the following three (3) parts:
- Background: Authors have to make clear what the context is. Ideally, authors should give an idea of the state-of-the art of the field the report is about.
- The Problem: If there was no problem, there would be no reason for writing a manuscript, and definitely no reason for reading it. So, please tell readers why they should proceed reading. Experience shows that for this part a few lines are often sufficient.
- The Proposed Solution: Now and only now! - authors may outline the contribution of the manuscript. Here authors have to make sure readers point out what are the novel aspects of authors work. Authors should place the paper in proper context by citing relevant papers. At least, 5 references (recently journal articles) are used in this section.

3. Results and discussion section: The presentation of results should be simple and straightforward in style. This section report the most important findings, including results of statistical analyses as appropriate. You

should present the comparison between performance of your approach and other researches. Results given in figures should not be repeated in tables. It is very important to prove that your manuscript has a significant value and not trivial.

Please submit your revised paper within 6 weeks.

I look forward for hearing from you

Thank you

Best Regards,
Dr. Lina Handayani
Universitas Ahmad Dahlan
ijphs@iaescore.com

The following template should be used for responses to reviewers:

I would like to thank the reviewers for their insightful feedback. All comments from Reviewer 1 are highlighted in yellow, those from Reviewer 2 are highlighted in red, and those from Reviewer 3 are highlighted in green.

Reviewer 1

Comment 1: There are some references that are not required.
Response: We thoroughly updated our references; 5 references were eliminated, and two were replaced by more recent publications.

Comment 2: The presentation of Figures 2 and 3 should be improved.
Response: The necessary adjustments have been made.

Comment 3: Equation (2) seems to be incorrect.
Response: Equation (2) is correct. This can be proven as follows:...
In order to clarify equation 9 in the manuscript, the following remarks have been added... etc.

All changes for reviewer 1 are highlighted in yellow in the main text.

Reviewer 2

Comment 1:
Response:

Comment 2:
Response:

Comment 3:
Response:

All changes for reviewer 2 are highlighted in red in the main text.

Etc.

Such a document clarifies everything and will aid the reviewers in evaluating the work fast.
When providing your amended primary document files, you must also upload your corrections statement. Before your manuscript, the declaration of revisions should appear.

Reviewer B:

Does the paper contain an original contribution to the field?:
Yes

Is the paper technically sound?:
Yes

Does the title of the paper accurately reflect the major focus contribution of this paper?:
Yes

Please suggest change of the title as appropriate within 10 words:
-

Is the abstract a clear description of the paper?

:
Yes

Please suggest change of the abstract
:

Is the paper well written (clear, concise, and well organized)?:
Yes

Are the equations, figures and tables in this journal style, clear, relevant, and are the captions adequate?:
Yes

Please score the paper on a scale of 0 - 10 as per the directions below:

9-10 Excellent - Outstanding
7-8 Good
5-6 Average
3-4 Poor
0-2 Very Poor
:
7

Comments to the Authors (how to improve this paper)::
- Simplify the title into max. 10 words (prepositions excluded).
- Affiliates 1 to 3. Complete the affiliations by providing the city and country.
- Provide citations in the method section to strengthen existing methods.
- (Marilou D. Tino). The photo is blurry. Please enhance into a good quality.

- Some references missed the DOI, please complete them.
- some references are old, please update.

International Journal of Public Health Science (IJPHS)
http://ijphs.iaescore.com

UNIVERSITAS
AHMAD DAHLAN

Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id>

[IJPHS] Editor Decision

2 pesan

Lina Handayani <ijphs@iaescore.com> 29 Januari 2024 pukul 15.22
Balas Ke: "Dr. Lina Handayani" <ijphs@iaescore.com>
Kepada: Ms Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id>
Cc: Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>, Andriyani Andriyani <andriyani@mpmat.uad.ac.id>, Akmal Akmal <Akmal@mpbi.uad.ac.id>, "Marilou D. Tino" <mdtino@usant.edu.ph>

The following message is being delivered on behalf of International Journal of Public Health Science (IJPHS).

-- Paper ID# 24301
-- Authors must strictly follow the guidelines for authors at http://iaescore.com/gfa/ijphs.docx
-- Number of minimum references is 30 sources (mainly journal articles) for research paper
-- and minimum 50 sources (mainly journal articles) for review paper

---

Dear Prof/Dr/Mr/Mrs: Sitti Nur Djannah,

It is my great pleasure to inform you that your paper entitled "Baseline Assessment of Demographic Factors and Mental Health Status: Opportunity to Initiate Healthy Campus Program" is ACCEPTED and will be published on the International Journal of Public Health Science (IJPHS). This journal is accredited SINTA 1 by Ministry of Research and Technology/National Research and Innovation Agency, Republic of Indonesia (RISTEK-BRIN) and has ACCEPTED for inclusion (indexing) in Scopus (https://suggestor.step.scopus.com/progressTracker/?trackingID=D331D503BA1584BF) since 2020 issues (https://www.scopus.com/results/results.uri?src=s&st1=&st2=&sot=b&sdt=b&origin=searchbasic&rr=&sl=57&s=SRCTITLE%20(International%20Journal%20of%20Public%20Health%20Science).
Congratulations!

Please prepare your final camera-ready paper (in MS Word or LATEX file format) adheres to every detail of the guide of authors (MS Word: http://iaescore.com/gfa/ijphs.docx, or http://iaescore.com/gfa/ijphs.rar for LATEX file format), and check it for spelling/grammatical mistakes. Then you should upload your final paper though our online system (as "author version" under our decision, NOT as new submission).

You should submit your camera-ready paper along with your payment receipt and similarity report (that less than 20%) within 6 weeks.

I look forward to hearing from you.

Thank you

Best Regards,
Dr. Lina Handayani

You should submit all your documents:
1. Camera-ready paper
2. Similarity report, along with
3. Your payment evidence

to email: ijphs@iaescore.com within 6 weeks.
All correspondence should be addressed to the emails (support by phone is not provided).

IMPORTANT!!!

1). PLEASE ADHERE STRICTLY THE GUIDE OF AUTHORS !!
http://iaescore.com/gfa/ijphs.docx and pay attention to the checklist for preparing your FINAL paper for publication:
http://ijphs.iaescore.com/index.php/IJPHS/about/editorialPolicies#custom-5

2). It is mandatory to present final paper in the sections structure "IMRADC style":
1. INTRODUCTION
2. The Proposed Method/Framework/Procedure specifically designed (optional)
3. METHOD
4. RESULTS AND DISCUSSION
5. CONCLUSION
See http://iaescore.com/gfa/ijphs.docx

3). It is mandatory!! Add biographies of authors as our template (include links to the authors' profiles, do not delete any icons in the template).
See http://iaescore.com/gfa/ijphs.docx
--> Provide links for all authors to the 4 icons (Scholar, Scopus, Publons and ORCID)

4). Use different PATTERNS for presenting different results in your graphics (instead of different colors). It is mandatory!! Re-check all your figures.
See http://iaescore.com/gfa/ijphs.docx

5). Please ensure that all references have been cited in your text. Use a tool such as EndNote, Mendeley, or Zotero for reference management and formatting, and choose IEEE style. Each citation should be written in the order of appearance in the text in square brackets. For example, the first citation [1], the second citation [2], and the third and fourth citations [3], [4]. When citing multiple sources at once, the preferred method is to list each number separately, in its own brackets, using a comma or dash between numbers, as such: [1], [3], [5]. It is not necessary to mention an author's name, pages used, or date of publication in the in-text citation. Instead, refer to the source with a number in a square bracket, e.g. [9], that will then correspond to the full citation in your reference list.
Examples of in-text citations:
This theory was first put forward in 1970 [9].
Zadeh [10] has argued that ...
Several recent studies [7], [9], [11]-[15] have suggested that....
... end of the line for my research [16].

6). Please present all references as complete as possible and use IEEE style (include information of DOIs, volume, number, pages, etc). If it is available, DOI information is mandatory!! See
http://iaescore.com/gfa/ijphs.docx

In order to cover part of the publication cost, each accepted paper is charged: USD 265 (~IDR 3850K).
This charge is for the first 8 pages, and if any published manuscript over 8 pages will incur extra charges USD 50 (~IDR 800K) per page. Your paper is 12 pages however please pay for 10 pages only.

The payment should be made by bank transfer (T/T):

Bank Account name (please be exact)/Beneficiary: LINA HANDAYANI

Bank Name: CIMB NIAGA Bank
Branch Office: Kusumanegara Yogyakarta
City: Yogyakarta
Country : Indonesia
Bank Account #: 760164155700
SWIFT Code: BNIAIDJAXXX (PT. BANK CIMB NIAGA, TBK. in JAKARTA)

or as an alternative of the bank transfer, through PayPal to email:
info@iaesjournal.com

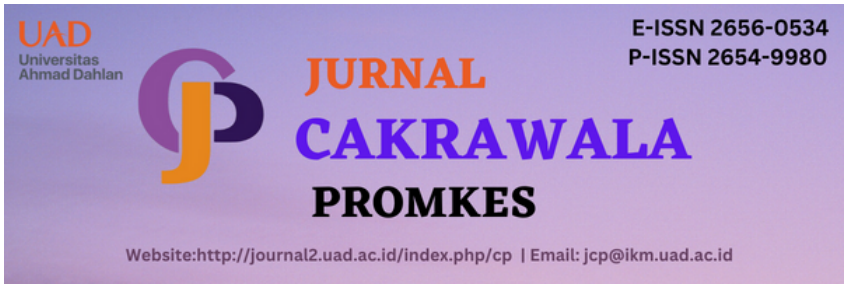
Due to the high demand for publication and many papers in the queue, the schedule of publication is in about 7 -10 months after the acceptance notification is issued. After payment completed, Certificate of Acceptance can be requested by contacting ulfah057@gmail.com

_____

International Journal of Public Health Science (IJPHS)
http://ijphs.iaescore.com

Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id> 1 Februari 2024 pukul 22.57
Kepada: "Dr. Lina Handayani" <ijphs@iaescore.com>

Dear editor, here we attached the document to support our manuscript
Thank you
[Kutipan teks disembunyikan]
--



Dr. Sitti Nur Djannah, M.Kes
Editorial Team
Jurnal Cakrawala Promkes
http://journal2.uad.ac.id/index.php/cp/index | Email: jcp@ikm.uad.ac.id

3 lampiran

Email Universitas Ahmad Dahlan Yogyakarta - Transfer BI Fast.pdf
385K

IJPHS Revisi 5_24301-48747-3-RV.docx
646K

Appendics 3. Similarity Check .pdf
3393K

UNIVERSITAS
AHMAD DAHLAN

Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id>

[IJPHS] Certificate of Acceptance 24301

3 pesan

ijphsiaes.core@gmail.com <ijphsiaes.core@gmail.com> 13 Februari 2024 pukul 10.32
Kepada: mdtino@usant.edu.ph, jbriones@usant.edu.ph, 2207050007@webmail.uad.ac.id, akmal@mpbi.uad.ac.id, andriyani@mpmat.uad.ac.id, heni.trisnowati@pascakesmas.uad.ac.id, sitti.nurdjannah@ikm.uad.ac.id

Dear author(s),

My name is Ulfah, IJPHS Staff.
The reviewing process of your paper has been completed. Based on the opinions of the reviewers and the Associate Editor in charge, your manuscript has been ACCEPTED for publication in the International Journal of Public Health Science (IJPHS), ISSN: 2252-8806. Please accept my congratulations!

Thank you for your contribution to IJPHS. We look forward to receiving further submissions from you.

Best Regards,
Maria Ulfah
IJPHS Staff

Certificate of Acceptance ID 24301.pdf
239K

Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id> 13 Februari 2024 pukul 10.48
Kepada: ijphsiaes.core@gmail.com
Cc: mdtino@usant.edu.ph, jbriones@usant.edu.ph, 2207050007@webmail.uad.ac.id, akmal@mpbi.uad.ac.id, andriyani@mpmat.uad.ac.id, sitti.nurdjannah@ikm.uad.ac.id

Thank you so much for the great news!
Dr. Heni Trisnowati, SKM., MPH
Postgraduate Program of Public Health
Faculty of Public Health Universitas Ahmad Dahlan (UAD)
Jl. Prof. DR. Soepomo Sh, Umbulharjo Yogyakarta Indonesia

[Kutipan teks disembunyikan]

UNIVERSITAS AHMAD DAHLAN

Kampus 1: *Jln. Kapas No. 9 Yogyakarta*

Kampus 2: *Jl. Pramuka 42, Sidikan, Umbulharjo, Yogyakarta 55161*

Kampus 3: *Jl. Prof. Dr. Soepomo, S.H., Janturan, Warungboto, Umbulharjo, Yogyakarta 55164*

Kampus 4: *Jl.Ringroad Selatan, Yogyakarta*

Kampus 5: *Jl. Ki Ageng Pemanahan 19, Yogyakarta*

Kontak

Email: info@uad.ac.id

Telp. : (0274) 563515, 511830, 379418, 371120

Fax. : (0274) 564604

Marilou Tino <mdtino@usant.edu.ph> 13 Februari 2024 pukul 10.48
Kepada: ijphsiaes.core@gmail.com
Cc: jbriones@usant.edu.ph, 2207050007@webmail.uad.ac.id, akmal@mpbi.uad.ac.id, andriyani@mpmat.uad.ac.id, heni.trisnowati@pascakesmas.uad.ac.id, sitti.nurdjannah@ikm.uad.ac.id

Thank you so much for the great news!

[Kutipan teks disembunyikan]

UNIVERSITAS
AHMAD DAHLAN

Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id>

[IJPHS] Editor Decision

1 pesan

Lina Handayani <ijphs@iaescore.com> 22 Februari 2024 pukul 00.35
Balas Ke: "Assoc. Prof. Dr. Lina Handayani" <ijphs@iaescore.com>
Kepada: Ms Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id>
Cc: Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>, Andriyani Andriyani <andriyani@mpmat.uad.ac.id>, Akmal Akmal <Akmal@mpbi.uad.ac.id>, "Marilou D. Tino" <mdtino@usant.edu.ph>

The following message is being delivered on behalf of International Journal of Public Health Science (IJPHS).

-- Paper ID# 24301

Dear Prof/Dr/Mr/Mrs: Sitti Nur Djannah,

It is my great pleasure to inform you that your paper entitled "Baseline Assessment of Demographic Factors and Mental Health Status: Opportunity to Initiate Healthy Campus Program" is ACCEPTED and will be published on the International Journal of Public Health Science (IJPHS). This journal is accredited SINTA 1 by Ministry of Research and Technology/National Research and Innovation Agency, Republic of Indonesia (RISTEK-BRIN) and has ACCEPTED for inclusion (indexing) in Scopus (https://suggestor.step.scopus.com/progressTracker/?trackingID=D331D503BA1584BF) since 2019 issues (https://www.scopus.com/sourceid/21101029728).
Congratulations!

Thank you

Best Regards,
Assoc. Prof. Dr. Lina Handayani
Universitas Ahmad Dahlan
ijphs@iaescore.com

International Journal of Public Health Science (IJPHS)
http://ijphs.iaescore.com

UNIVERSITAS
AHMAD DAHLAN

Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id>

[IJPHS] Proofreading ID 24301

1 pesan

IJPHS IAES <ijphsiaes.core@gmail.com> 26 April 2024 pukul 22.01
Kepada: 2207050007@webmail.uad.ac.id, jbriones@usant.edu.ph, mdtino@usant.edu.ph, akmal@mpbi.uad.ac.id, andriyani@mpmat.uad.ac.id, heni.trisnowati@pascakesmas.uad.ac.id, Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id>

Greetings!!

Here we attach your final article, the following article will be published, and please check again if there is an error in the title, author name or the content of your article. Because if it is published we do not accept repairs. **We give you 1x24 hours to reply to this email,** if you do not reply then the article will be declared you have agreed. Thank you

--
Kind Regards,
Maria Ulfah
Editorial Staff on behalf of Editor-in-Chief
Layout and Editing Team
International Journal of Public Health Science
Institute of Advanced Engineering and Science (IAES)
ISSN: 2252-8806
https://ijphs.iaescore.com/index.php/IJPHS/index
email: ijphsiaes.core@gmail.com, ijphs@iaescore.com

24301 (Ulf).pdf
396K

UNIVERSITAS
AHMAD DAHLAN

Sitti Nur Djannah <sitti.nurdjannah@ikm.uad.ac.id>

[IJPHS] Schedule for Publication for September 2024 Issue

1 pesan

IJPHS IAES <ijphsiaes.core@gmail.com> 20 Mei 2024 pukul 08.39
Bcc: sitti.nurdjannah@ikm.uad.ac.id

Dear Author

We are glad to inform you that IJPHS Vol 13, No 3: September 2024 has been published.
Kindly click the link to check your paper.
https://ijphs.iaescore.com/index.php/IJPHS/issue/view/580

The editor give you 1 day in case you want to make a confirmation.

Promote your paper
Share your work online to make it more visible to others and may increase your chances of citation!
Promoting your research is now easy thanks to sharing capabilities on social media websites, where you may already have numerous academic and industry connections, like on Twitter, Facebook, Instagram, LinkedIn, Google Scholar, ORCID, Mendeley, ResearchGate, Publons, or Academia.edu.

--
Kind Regards,
Maria Ulfah
Editorial Staff on behalf of Editor-in-Chief
Layout and Editing Team
International Journal of Public Health Science
Institute of Advanced Engineering and Science (IAES)
ISSN: 2252-8806
https://ijphs.iaescore.com/index.php/IJPHS/index
email: ijphsiaes.core@gmail.com, ijphs@iaescore.com

HASIL CEK_Baseline Assessment of Demographic Factors and Mental Health Status: Opportunity to Initiate Healthy Campus Program

by Sitti Nur Djannah Baseline Assessment Of Demographic Factors&mental

Submission date: 18-Oct-2023 10:17AM (UTC+0700)
Submission ID: 2199300130
File name: Main_document_Mental_Health_Healhty_Campus-final.docx (124.49K)
Word count: 5527
Character count: 31328

Baseline Assessment of Demographic Factors and Mental Health Status:

Opportunity to Initiate Healthy Campus Program

Background: Mental health issues have played an important role in the formulation of global health policies for the last 30 years. The campus community is inseparable from the problem of mental health disorders which can affect the work either students, lecturers, or staff. This research is aimed at describing mental health conditions among the campus community based on demographic factors as an opportunity to initiate a healthy campus program.

Method: This study used a quantitative method with a cross-sectional design. The population consisted of lecturers, students, and educational staff at a private campus in Yogyakarta, Indonesia. There are 347 samples taken by accidental sampling. The mental health instrument used the Self-Reporting Questionnaire.

Results: There were 60.81% of respondents experiencing psychological disorders and 73.49% of respondents needed to be referred to a mental health professional regarding addiction, psychotic disorders, and post-traumatic stress disorder (PTSD). There was a significant relationship between demographic factors consisting of gender, age, type of work, employment status, education level, faculty, and emotional disorders with a p-value of <0.005. Moreover, age, gender, education level, type of work, and employment status related to mental disorders due to addiction, psychosis, and PTSD with a p-value <0.005.

Conclusion: It is concluded that the number of respondents who needed to be referred to a mental health professional was high. The university authorities should follow up with health promotion efforts such as collaborating with the local health office and public health center for further treatment and strengthening policy support to create a healthy campus.

Keywords: Mental health, Healthy campus, academic community, demographic factor

Significant for Public Health

Mental health issues have played an important role in the formulation of global health policies for the last 30 years. The campus community is inseparable from the problem of mental health disorders which can affect the productivity among students, lecturers, and staff. The trend of mental health disorders in students, lecturers, and education staff continues to increase. Mental health conditions are becoming a serious threat Globally and nationally, mental health disorders are the largest contributor to the increasing number of Years Lived with Disabilities (YLDs). Health promotion efforts such as collaborating with district health offices and public health centers for further treatment. Policy support from university authorities is urgently needed to create a healthy campus.

Introduction

The healthy campus program known as a health-promoting university is a systematic and comprehensive effort to realize higher education as an institution that integrates health into its educational culture which is reflected through its daily activities such as management administration and academic activities[1]. It is important to implement clean and healthy living behavior, to prevent and avoid infectious diseases, non-communicable diseases, mental disorders, and drugs, to promote a healthy environment, public nutrition, reproductive health, occupational health, and safety, in addition, to strengthen the disease prevention and control, especially which has the potential to cause Extraordinary Events[1]. Moreover, the campus should also provide health services which include early detection, counseling, and guidance and referrals carried out by Health Service Facilities located on campus or in collaboration with those outside campus [1,2].

One of the healthy campus programs is mental health promotion. Mental Health is a condition where an individual can develop physically, mentally, spiritually, and socially so that the individual realizes his/her abilities, can overcome pressure, work productively, and can contribute to his/her community[3]. Among mental health problems that frequently occur in society is depression. Depression is a serious public health problem. Based on the WHO report, depression ranks 4th and becomes a serious health problem. Suicide as the impact of depressive disorder is one of the public health major concerns. Symptoms of depression, such as feeling worthless, and hopelessness are risk factors for suicide. Up to 55% of people with depression have suicidal thoughts. Depression is characterized by feelings of sadness, low mood, and irritability.

Every year as many as 135 people in suicide cases experience deep sadness, while 108 million people are affected by suicidal behavior. In each case of suicide, as many as

25 people attempt suicide and others think about committing suicide [4]. In the year 2018, Basic Health Research (Riskesdas) reported Yogyakarta Province ranks as the second highest suicide in Indonesia, namely 10% and the prevalence of depression based on age 15 years and over 15 years old is 6% [5].

It is very important to maintain the mental health of students and the academic community. One of the efforts is carrying out early detection of mental health. Early detection of mental disorders must be widely promoted to the community, including in the campus environment, so that there are no delays in therapy or treatment in the early phase. One of the health service facilities that facilitate early detection of mental health for the community is the community health center (local public hospital[6] and universities can initiate early mental health detection services through the healthy campus program.

Mental health problems that are triggered by anxiety and stress will lead to disruption of the learning process [7]. Students' mental health during online lectures during a pandemic tends to be disrupted with the distribution of severe mental health disorders more than moderate and mild mental health disorders [8] e.g. student anxiety arises due to repeated conditions in perceiving something negatively, for example, mathematics as a difficult subject because of the abstractness of objects, logical thinking, systematic, symbolic and confusing formulas [9]. Students' anxiety in learning English is their fear of other people's negative judgment, fear of communicating, taking exams, or placement in English classes [10]. In a preliminary study at the Faculty of Public Health, it was found that several students had mental disorders, such as locking themselves in their rooms to the point where they wanted to commit suicide. In addition, the students in the teaching and education faculties stated that the sources of anxiety were individual factors, self-confidence, and negative perceptions that English was difficult because it was not a second language in Indonesia. In general, these anxieties arise due to a lack of

knowledge of mathematics or English, and students' self-confidence in mathematics or English can affect their academic achievement [11,12]. Based on the explanation above, The research questions are (1) What are the mental health conditions of the campus community based on demographic factors such as gender, age, type of work, employment status, education and faculty origin, and emotional disorders? (2). What is the relationship between Demographic Factors and the Mental health of the academic community;(3). How many people need referral to the mental health professional; What recommendations can be given to the campus authority?

Design and Method

This study used a quantitative method with a cross-sectional design. As a pilot project, the research was conducted at a private campus in Yogyakarta City, Indonesia which consists of the Faculty of Teacher Training and Education and the Faculty of Public Health. The population of this study consisted of lecturers, students, and educational staff. Data collection by electronic questionnaire that took place over 23 days, from 20 July to 12 August 2023. Within this time interval, we received 347 responses. The inclusion criteria in this study are 1) active students in the academic year of 2022/2023; 2) permanent lecturer; 3) educational staff at the Yogyakarta campus; 4) willing to be a respondent on the first page of filling out the questionnaire. Among the exclusion criteria are: 1) students on leave/sickness; 2) not willing to be a respondent.

Mental health instruments use the Self-Reporting Questionnaire (SRQ-29) from WHO which has been validated by professionals[19–21]. The questions asked followed how the respondents felt during the last 30 days with Question No. category. 1 – 20, if the respondent answers Yes with a total score of < 5 then the category is "No Need for Referral"; If the respondent answers yes with a total score of ≥5 then they are categorized as "Referral Required" related to emotional or psychological mental

disorders. Meanwhile, for questions No. 21 – 29, if the respondent answered yes with a total score of < 1 "No need to refer", while for respondents who answered yes with a score ≥ 1 then the category "Needs to be referred" is related to drug-related addiction disorders, psychotic disorders and Post Trauma Syndrome Disorder (PTSD). The analysis was carried out univariately to see the frequency distribution and bivariate to see the relationship between demographic factors and mental health status in academics at private campuses in Yogyakarta. This research has been approved by the ethical committee of Ahmad Dahlan University with the letter approval number: 012307121 dated 17 July 2023.

Results

Description of Demographic Factors in the academic community

Most of the respondents 83.57% were women, and 79.54% were between 17-25 years old. The majority of respondents or as many as 71.47% came from the Faculty of Public Health. In addition, 89.91% as students, and the majority of respondents did not work as many as 75.79%. An overview of the demographic factors of the respondents is shown in Table.1 below

Table 1. Demographic factors of the research Respondents

No	Categories	n	%
1	**Sex**		
	Male	57	16,43
	Female	290	**83,57**
2	**Age**		
	17-25 years old	276	**79,54**
	26-45 years old	52	14,99
	46-65 year old	19	5,48
3	**Faculty**		
	Faculty of Teacher Training and Education	99	28,53
	Faculty of Public Health	248	**71,47**
4	**Study program**		
	Undergraduate in Nutrition Science	72	20,75
	Undergraduate in public health	128	**36,89**

	Undergraduate in English language Education	15	4,32
	Undergraduate of Mathematics Education	55	15,85
	Master of English Language Education	17	4,9
	Master of Public Health	49	14,12
	Master of Mathematics Education	11	3,17
5	**Occupation /profession**		
	Lecturers	32	9,22
	Students	312	**89,91**
	Administrative Staff	3	0,86
6	**Working status/ income**		
	Active worker (generate income)	84	24,21
	Non Active (no income)	263	**75,79**
7	**Highest education**		
	Diploma (D3/D4)	7	2,02
	Undergraduate (S1)	87	25,07
	Master's degree (S2)	22	6,34
	Doctorate (Ph.D)	11	3,17
	High school/Vocational School (SMA/SMK)	220	63,4
	Total	**347**	**100**

Description of Mental Health Status in The Academic Community

Based on questions 1-20 related to emotional or psychological disorders, as many as 60.81% of respondents needed to be referred to a mental health professional, and based on questions 21-29 related to addiction, psychosis, and PTSD, as many as 73, 49% respondents required referral to a mental health professional. The percentage of respondents who completed the answers is presented in Table 2,

Table 2. Percentages of respondents answering the SRQ-29 (N=347)

No	Questions	Yes (1)	%	No (0)	%
1	Do you often have headaches?	163	46,97	184	53,03
2	Is your appetite poor?	99	28,53	248	71,47
3	Do you sleep badly?	208	59,94	139	40,06
4	Are you easily frightened?	147	42,36	200	57,64
5	Do you feel nervous, tense, or worried?	188	54,18	159	45,82
6	Do your hands shake?	52	14,99	295	85,01
7	Is your digestion poor?	93	26,80	254	73,20
8	Do you have trouble thinking clearly?	150	43,23	197	56,77
9	Do you feel unhappy?	90	25,94	257	74,06
10	Do you cry more than usual?	104	29,97	243	70,03
11	Do you find it difficult to enjoy your daily life?	52	14,99	295	85,01
12	Do you find it difficult to make decisions?	180	51,87	167	48,13
13	Is your daily work suffering?	89	25,65	258	74,35

14	Are you unable to play a useful part in life?	78	22,48	269	77,52
15	Have you lost interest in many things?	127	36,60	220	63,40
16	Do you feel you are a worthless person?	88	25,36	259	74,64
17	Has the thought of ending your life been on your mind?	27	7,78	320	92,22
18	Are you tired all day?	153	44,09	194	55,91
19	Do you feel uncomfortable with your stomach?	86	24,78	261	75,22
20	Are you easily tired?	222	63,98	125	36,02
21	Do you drink alcohol more than usual or do you consume drugs?	1	0,29	346	99,71
22	Do you feel that someone has insulted or humiliated you?	29	8,36	318	91,64
23	Have you noticed any interference or anything else unusual with your thinking?	137	39,48	210	60,52
24	Do you ever hear voices without knowing where they come from, and that other people cannot hear?	37	10,66	310	89,34
25	Have you ever had a nightmare dream or disaster dream as if you were in those disasters?	67	19,31	280	80,69
26	Do you avoid the activity, place, people, thoughts, or events that remind you of previous disasters?	72	20,75	275	79,25
27	Do you feel a lack of interest in your usual activity or friend?	131	37,75	216	62,25
28	Are you feeling very annoyed in a situation that reminds you of a disaster or demands you to think about disaster?	119	34,29	228	65,71
29	Are you having difficulty understanding or expressing your feelings?	171	49,28	176	50,72

Relationship between Demographic Factors and Mental health Status among Academic Community

The respondents' mental health status for the category of psychological disorders showed that there was a significant relationship between gender and psychological disorders with a risk of 3.569 times greater for women than men (p-value <0.005). Then, there is a significant relationship between the origin of the faculty, type of work, job status, and education level of the respondents (P value <0.005). Respondents from the education and teacher training faculties had a 0.558 times greater chance of experiencing psychological disorders than those from the public health faculty. This is also the same for respondents who do not work at risk of 0.099 times more experiencing psychological disorders than those who have the work.

Respondents with low levels of education had a 0.202 times greater risk of experiencing psychological disorders than those respondents with higher education supported by a p-value <0.005. In addition, the age factor and the type of work in the campus environment have a significant relationship to psychological disorders with a p-value <0.005. The relationship between demographic factors and mental health status is presented in Table 3 below.

Table 3. Relationship between Demographic Factors and Mental health (psychological disorder) among the Academic Community at Campus X Yogyakarta (N=347)

Respondents' characteristic	Mental health status (psychological disorders)		P Value	OR	CI 95%
	No need for referral (negative)	Need referral (positive)			
Sex					
Male	37 (64.9%)	20 (35.1%)	0,000	3,569	1,967-6,475
Female	99 (34.1%)	191 (65.9%)			
Age					
17-25 years old	77 (27.9%)	199 (72.1%)	0.000		
26-45 years old	40 (76.9%)	12(23.1%)			
46-65 years old	19 (100%)	0 (0%)			
Faculty					
Faculty of teacher training and education	29 (29.6%)	69(70.4%)	0,030	0,558	0,338-0,921
Faculty of Public Health	107 (43%)	142 (57%)			
Occupation/profession					
Lecturer	28 (87.5%)	4 (12.5%)	0,000		
Student	105 (33.7%)	207 (66.3%)			
Administrative Staff	3 (100%)	0 (0%)			
Job Status					
Actively work	66 (78.6%)	18 (21.4%)	0,000	0,099	0,055-0,278
Do not work	70 (26.6%)	193 (73.4%)			
Education					
High school- diploma	59 (26.1%)	157 (73.9%)	0,000	0,202	0,126-0,325
Undergraduate- Ph.D	77 (63.6%)	44 (36.4%)			

Furthermore, the results of statistical tests using chi-square showed that there was a significant relationship between gender, age, type of work, employment status, and education level and drug addiction disorders, psychotic disorders, and post-traumatic syndrome disorder (PTSD) with a p-value <0.005. Female respondents have a 1.976 times greater chance of

experiencing mental health disorders than male respondents. Meanwhile, faculty origin was not significantly related to the respondents' drug-related, psychotic, and post-traumatic stress disorder (PTSD) addiction disorders. This can be seen in Table 4 below.

Table 4. Relationship between demographic factors and Mental health status (addiction caused by narcotics, psychotic disorders, and PTSD among the Academic Community at Campus X Yogyakarta (N=347)

Respondent's characteristic	Mental health status		P Value	OR	CI 95%
	No need referral	Need referral			
Sex					
Male	22 (38,6%)	35 (61,4%)	0, 036	1,976	1,087-3,590
Female	70 (24,1%)	220 (75,9%)			
Age					
17-25 year old	44 (15,9%)	232 (84,1%)	0.000		
26-45 years old	35 (67,3%)	17 (32,7%)			
46-65 years old	13 (68,4%)	6 (31,6%)			
faculty					
Faculty of teacher training and education	23 (23,5%)	75 (76,5%)	0,502	0,800	0,465-1,377
Faculty of Public Health	69 (27,7%)	180 (73,5%)			
Occupation /profession					
Lecturer	23 (71,9%)	9 (28,1)	0,000		
Student	67 (21,5%)	245 (78,5%)			
Administrative Staff	2 (66,7%)	1 (33,3%)			
Job /profession status					
Actively work	55 (65,5%)	29 (34,5%)	0,000	0,086	0,049-0,152
Do not work	37 (14,1%)	226 (85,9%)			
Education					
High School-Diploma	35 (15,5%)	191 (84,5%)	0,000	0,206	0,124-0,342
Undergraduate-Ph.D	57 (47,1%)	64 (52,9%)			

Discussion

Mental health is one of the health problems that has received attention in recent times in both developed and developing countries [13]. According to Indonesian Law No.

18 of 2014, mental health efforts should be carried out to create an optimal level of health using promotive, preventive, curative, and rehabilitative approaches, one of which is by using the Self Reporting Questionnaire (SRQ) as an early detection tool for mental health within the last 30 years[13,14]. One of the promotional efforts for mental health in educational institutions such as universities is to create a teaching and learning atmosphere that is conducive to the growth and development of mental health and life skills related to mental health for students following their stage of development [14].

This research found that the group of students between the ages of 17-25 years were very vulnerable to psychological and non-psychological problems such as drug addiction disorders, psychotic disorders, and PTSD. The same results had been found in research at the Royal College of Psychiatrists that the age of 17-25 years is a transition period from the adolescent phase to the early adult phase as students are at high risk of experiencing emotional disorders [15,16]. Besides the pressure of studying a lot, mental health problems among students are also caused by the new normal era of the Covid-19 pandemic which causes teenagers to experience depression, stress, boredom, anger, loneliness, fear, and even anxiety and avoidance, and other psychological reactions which have an impact on maladaptive behavior, defensive responses and emotional distress [17]. Respondents from the Faculty of Teacher Training and Education experienced more psychological disorders than those of the faculty of public health because in general, these students had a negative perception of the field of science they were studying and felt pessimistic. This is in line with the results of previous research which showed that students at teaching and education faculties stated that the source of anxiety was individual factors, self-confidence, and negative perceptions that English was difficult because it was not a second language in Indonesia.

Based on the SRQ-29 questionnaire, it is revealed that the respondents are getting headaches easily, feeling tired, and feeling anxious, tense, or worried. It is in line with research done by Tavares et al., (2022). They found as many as 52.7% of respondents experienced symptoms of anxiety and 60.4% of respondents experienced symptoms of decreased energy [13]. The decrease in energy felt by a person will cause activities to be disrupted and hampered due to symptoms of fatigue/decreased energy. Then, fatigue will also have an impact on psycho-social, psycho-immunity, and psychophysiology aspects[18,19].

The majority of the academic community at campus x in Yogyakarta had symptoms of decreased energy and symptoms of anxiety. Research conducted by Donner and Lowry in 2013 showed that the prevalence of anxiety disorders was greater in women, namely 60%, compared to those in men, namely 40% [20]. Another study in Surabaya indicated that as many as 34% of respondents experienced anxiety disorders, which were mostly experienced by 17-19-year-old students (35.5%), and suffered by women (36.4%), while other studies also stated the same thing, namely the level of depression and anxiety experienced by women is higher than that of men [21–24]. Anxiety and depression often appear in everyday life, characterized by emotional disturbances or moodiness, loss of interest or pleasure, feelings of guilt or low self-esteem, insomnia, decreased appetite, and poor concentration [21,25]. The results of this study show that women experience more mental health disorders with a risk that is 3,569 times greater than that of men. Other research says that female students experience poorer mental health disorders, namely higher levels of anxiety and depression compared to men. This is because women are more dominant in using speech when facing problems. Among the factors that trigger mental health symptoms in women are high sensitivity and emotional

changes due to hormonal changes before menstruation. This will affect women's mental health [26].

The results of this research also show that students have higher levels of mental health disorders compared to those of lecturers and education staff. This finding is in contrast to previous research conducted on health lecturers in Gorontalo, lecturers often experienced anxiety in dividing themselves in carrying out their duties as lecturers, academic supervisors in hospitals, roles in the family, and other organizations [27]. The same research conducted on lecturers at one of the universities in Pakistan and Ukraine found that among lecturers, mental disorders such as anxiety and depression at severe or very severe levels often occur in contract employees and lecturers with master's degrees in the age range of 35 years old. Anxiety and depression are significantly related to academic discipline, poor health status, and low cadre. This mental disorder also has a risk pattern for work experience and work habits [28,29].

Someone who works has greater pressure than one who doesn't work even though he/she was supported by a good working environment. The results of this research show that employment status has a significant relationship with mental disorders, both emotion and addiction, psychosis, and PTSD. In previous research related to depressive symptoms in Indonesia, it was found that a person's employment status influences individuals to experience depressive symptoms, especially in adolescents. The chance of developing depression is up to 4.15 times [30]. Individuals who experience high levels of depression will have difficulty focusing on work, including academic work, and he/she will miss work for more than one month, resulting in low/decreased productivity. Moreover, people who work will also experience stress due to long periods of work and heavy workloads [31].

Another finding of this research is that the level of education has a significant relationship with psychological mental disorders and addiction, psychotic disorders, and PTSD. This can happen because the higher a person's education, the more influence he/she puts on others, and the higher a person's education, the easier he/she obtain information and use existing medical services to improve his/her quality of life [32,33]. This is in line with other research findings that the level of education, especially low education, is a significant factor that influences a person's poor mental health and even depression [34]. Not only depression but also education influences other mental disorders, namely stress; individuals with low education will more easily feel stressed [35] than, those of high school and undergraduate education levels[36]. It is found that high school and undergraduate students have the most mental disorders---the highest anxiety disorders [16].

This research shows that the proportion of students is greater than lecturers and education staff, and the majority of students have mental disorders ranging from emotional mental disorders to addiction, psychosis, and PTSD[37]. Entering higher education often causes psychological problems, including being separated from previously established social support networks. Students who leave home may receive less social and psychological support from people they consider close, which can harm their mental health and coping processes [37].

In general, it is implied that age, gender, type of work, employment status, and level of education within the working environment at the campus are related to the mental health status of academics in the Yogyakarta campus. At the university level, it is necessary to develop strategies to be able to access mental health services and provide extensive early-detection screening to students with special conditions. Then, this situation can be used in making policies by involving campus administrators, mental health professionals, researchers, and policymakers to be able to anticipate future health

problems more effectively [38]. Another effort can be made by providing mental health literacy to maximize access to the use of professional mental health services so that they can seek help in overcoming mental disorders from an early age. This can be done by attending seminars, training, or using social media to search for information about mental health [39,40]

Strengths and limitations

This research was conducted at two faculties that play an important role in public education by implementing a healthy campus. This research is not totally free from limitations. Firstly, most previous research has focused on one mental health disorder so that we could clearly understand the mental health disorder being experienced. This study, however, describes all the symptoms of mental health disorders in general and simultaneously. Secondly, there are differences in the proportions of respondents both in terms of a number of respondents and faculty origin, and so they cannot provide a full picture of the results regarding the burden of mental health disorders experienced. Thirdly, this research was carried out by distributing questionnaires online; therefore the research team did not receive additional information regarding the symptoms felt by the respondents. Finally, there is not yet sufficient literature discussing mental health disorders in teaching and educational science faculties or in public health faculties

Conclusion

The number of respondents who needed to be referred to a mental health professional was high. There is a significant relationship between psychological disorders and demographic factors, consisting of gender, age, type of work, employment status, education, and faculty origin. Meanwhile, for mental disorders due to addiction, psychosis, and PTSD, the related factors are age, gender, level of education, type of work, and employment status. This needs to be followed up with health promotion efforts such as collaborating with the

local health office and local hospital for further treatment. Moreover, policy support from universities is urgently needed to create a healthy campus

Correspondence : Heni Trisnowati, Faculty of Public Health, Postgraduate Program Universitas Ahmad Dahlan (UAD). Kampus III. Jl. Prof Soepomo, Janturan, Yogyakarta Indonesia 55164, Tel : +62 8176362938; Email : heni.trisnowati@pascakesmas.uad.ac.id

Acknowledgments

Our sincere and deepest appreciation goes to the Research and Community Service Centre of Universitas Ahmad Dahlan (UAD) for funding this research under the official contract no 28/RIA/LPPM-UAD/VI/2023

Conflicts of interest

The authors have no conflicts of interest relevant to this article to disclose.

Authors' contributions and statement

SND—Conceptualization, Data curation, Methodology Project administration, Supervision, Writing – original draft. HT— Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Resources, Validation, Writing – original draft, Writing – review & editing. An—Data curation, Methodology, Writing – original draft Ak—Investigation, Writing – review & editing. MDT—Writing – review & editing; F—data collecting, analysis; DDA—data collecting, analysis; SHB—data collecting, analysis. All authors have reviewed and approved the final article.

Ethical approval: This research has been approved by the ethical committee of Ahmad Dahlan University with the letter approval number: 012307121 dated 17 July 2023. The online survey clearly stated the procedure, the aim, and the required time, as well as that the confidentiality and anonymity of the participants would beretained. Online informed consent was obtained from all participantsbefore initiating the survey. The participation was voluntary and could be quitted anytime during the filling in.

References

1. P2PTM Kementerian Kesehatan RI. Pedoman Kampus Sehat. Kementeri Kesehat RI. 2021;
2. Kemenkes RI. Pedoman Teknis Penyelenggaraan Kampus Sehat. Jakarta, Indonesia; 2019.
3. Presiden Republik Indonesia. Peraturan Pemerintah Nomor 21 Tahun 2020 tentang Pembatasan Sosial Berskala Besar Dalam Rangka Percepatan Penanganan Coronavirus Disease 2019/COVID-19. Vol. 2019. Jakarta, Indonesia; 2020.
4. WHO. World Suicide Prevention Day 2022 - Creating hope Through Action. 2022.
5. Kementerian Kesehatan Republik Indonesia. Laporan RISKESDAS Tahun 2018. Jakarta: Badan Penelitian dan Pengembangan Kesehatan (Balitbangkes); 2018.
6. Rahmawati FD, Eryando T. Pengembangan Situs Web Deteksi Dini Kesehatan Jiwa. J Inf Syst Public Heal. 2021;6(2):1–8.
7. Andiarna F, Kusumawati E. Pengaruh Pembelajaran Daring terhadap Stres Akademik Mahasiswa Selama Pandemi Covid-19. J Psikol. 2020;16(2):139.
8. Madani A, Prasetyowati I, Kinanthi CA. Hubungan Karakteristik Mahasiswa Dengan Kesehatan Mental Mahasiswa Selama Kuliah Online. Ikesma. 2022;18(2):72.
9. Santri F, Matematika SJ, Tarbiyah F, Tadris D, Bengkulu I. Ada Apa dengan Kecemasan Matematika? J Medives J Math Educ IKIP Veteran Semarang. 2017;1(1):59–65. Available from: https://e-journal.ivet.ac.id/index.php/matematika/article/view/458
10. Oktaviani FS, Radjab D, Ardi H. AN ANALYSIS OF STUDENTS' ENGLISH LANGUAGE ANXIETY AT SMAN 7 PADANG. J English Lang Teach. 2013;1(3):51–60. Available from: https://ejournal.unp.ac.id/index.php/jelt/article/view/2367
11. Herawati A, Hidayat A, Oktaviannoor H. Peningkatan Pengetahuan Dengan Metode Pemberian Edukasi Kesehatan Bahaya Merokok Bagi Kesehatan Reproduksi Remaja Pada Siswa Smpn 20 Banjarmasin Tahun 2020. Din Kesehat J Kebidanan Dan Keperawatan. 2020;11(1):19–27.
12. Utami LH, Nurjati L. Hubungan Self-Efficacy, Belief dan Motivasi dengan Kecemasan Mahasiswa dalam Pembelajaran Bahasa Inggris. Psympathic J Ilm Psikol. 2017;4(2):219–38. Available from: https://journal.uinsgd.ac.id/index.php/psy/article/view/1447
13. Tavares R, Mau DT, Naibili MJE. GAMBARAN DETEKSI DINI STATUS KESEHATAN JIWA MASYARAKAT DI WILAYAH KERJA PUSKESMAS ATAMBUA SELATAN TAHUN 2022. J Sahabat. 2022;4(2):147–65.
14. Presiden RI. Undang-Undang Nomor 18 Tahun 2014 tentang Kesehatan Jiwa. Pemerintah Pusat. 2014.
15. Callender J, Fagin L, Jenkins G, Lester J, Smith E, Baig B, et al. Mental health of students in higher education Royal College of Psychiatrists. London; 2016.
16. Liesay L, Mainase J, Yakobus S. Gambaran Gejala Gangguan Kesehatan Mental Berdasarkan Dass-42 (Depression Anxiety Stress Scales-42) Pada Masyarakat Usia Produktif Desa Hutumuri. Molucca Medica. 2023;16(1):51–60.
17. Talevi D, Socci V, Carai M, Carnaghi G, Faleri S, Trebbi E, et al. Mental health outcomes of the CoViD-19 pandemic Gli esiti di salute mentale della pandemia di CoViD-19. Riv Psichiatr. 2020;55(3):137–44.
18. Suma'mur P. Higiene Perusahaan dan Kesehatan Kerja. Jakarta: CV. Sagung Seto;

2013.
19. Kurniawidjaja LM, Martomulyono S, Susilowati IH. Teori dan Aplikasi Promosi Kesehatan di Tempat Kerja Meningkatkan Produktivitas. Jakarta: UI Publishing; 2020.
20. Donner NC, Lowry CA. Sex differences in anxiety and emotional behavior. Pflugers Arch Eur J Physiol. 2013;465(5):601–26.
21. Rustam MZA, Nurlela L. Gangguan Kecemasan dengan Menggunakan Self Reporting Questionaire (SRQ-29) di Kota Surabaya. J Kesehat Masy Mulawarman. 2021;3(1):39.
22. Alsoghair MI, Alharbi AS, Aldekhail AI, Alharbi YO, Alkhuzayyim FA, Alowais AF, et al. Prevalence of Depression and Anxiety Among Qassim University Students During the COVID-19 Pandemic. Cureus. 2023;2019(2):2–11.
23. IDAI - Kesehatan Remaja di Indonesia [Internet]. Available from: https://www.idai.or.id/artikel/seputar-kesehatan-anak/kesehatan-remaja-di-indonesia
24. Kim YM, Cho S il. Socioeconomic status, work-life conflict, and mental health. Am J Ind Med. 2020;63(8):703–12.
25. WHO. Anxiety and Depression. World Health Organization. 2012.
26. Kartika Sari M, Arik Susmiatin E, Studi Sarjana Keperawatan P, Karya Husada Kediri S. Deteksi Dini Kesehatan Mental Emosional pada Mahasiswa. J Ilm STIKES Yars Mataram. 2023;13(1):10–7.
27. Soeli YM, Hunawa RD, Rahim NK, Pakaya AW, Yusuf NAR. Overview of Mental Health Lecturers in Gorontalo Province. J Heal Sci Gorontalo J Heal Sci Community. 2023;7(1):185–94.
28. Alqahtani JS, Oyelade T, Aldhahir AM, Alghamdi SM, Almehmadi M, Alqahtani AS, et al. Prevalence, Severity and Mortality associated with COPD and Smoking in patients with COVID-19: A Rapid Systematic Review and Meta-Analysis. PLoS One. 2020;15(5):e0233147. Available from: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0233147
29. Thielmann B, Karlsen HR, Tymbota M, Kapustnyk V, Zavgorodnia N, Zavgorodnii I, et al. Mental health and work-related behaviors in management of work requirements of university lecturers in ukraine— an age group comparison. Int J Environ Res Public Health. 2021;18(20).
30. Susanti D, Dewi Akademi Kebidanan Saleha R, Aceh B. Education on Prevention of Stunting Through Exclusive Breastfeeding in the Community. Ahmar Metakarya J Pengabdi Masy. 2022;1(2):107–14. Available from: http://journal.ahmareduc.or.id/index.php/AMJPM/article/view/85
31. Singal EM, Manampiring AE, Nelwan JE. Analisis Faktor-Faktor Yang Berhubungan Dengan Stres Kerja Pada Pegawai Rumah Sakit Mata Provinsi Sulawesi Utara. Sam Ratulangi J Public Heal. 2021;1(2):040.
32. Yulianti TS, Wijayanti WMP. Hubungan Tingkat Pendidikan Dan Tingkat Pengetahuan Tentang Kesehatan Jiwa Dengan Sikap Masyarakat Terhadap Pasien Gangguan Jiwa Di Rw Xx Desa Duwet Kidul, Baturetno, Wonogiri. KOSALA J Ilmu Kesehat. 2016;4(1):1–12.
33. Soekidjo N. Promosi Kesehatan Teori dan Aplikasi. In: Promosi Kesehatan dalam Kesehatan Masyarakat. Pertama. Jakarta: Rineka Cipta; 2014.
34. Dewi Y, Relaksana R, Siregar AYM. Analisis Faktor Socioeconomic Status (Ses) Terhadap Kesehatan Mental: Gejala Depresi Di Indonesia. J Ekon Kesehat Indones. 2021;5(2):29–40.
35. Hasanah A, Putri ARA, Abbas AKA, Rogahang CAP, Putri CP, Budiman C, et al. Faktor yang Berpengaruh terhadap Kesehatan Mental Karyawan Non Kesehatan ketika Kembali Bekerja saat Pandemi COVID-19. J Farm Komunitas. 2023;10(1):1–7.
36. Reitsma MB, Kendrick PJ, Ababneh E, Abbafati C, Abbasi-Kangevari M, Abdoli A, et

al. Spatial, temporal, and demographic patterns in prevalence of smoking tobacco use and attributable disease burden in 204 countries and territories, 1990–2019: a systematic analysis from the Global Burden of Disease Study 2019. Lancet. 2021;397(10292):2337–60.
37. Gonçalves A, Sequeira C, Duarte J, Freitas P. Suicide ideation in higher education students: Influence of social support. Aten Primaria. 2014;46(S5):88–91.
38. Li J, Liu X, Zou Y, Deng Y, Zhang M, Yu M, et al. Factors Affecting COVID-19 Preventive Behaviors among University Students in Beijing, China: An Empirical Study Based on the Extended Theory of Planned Behavior. Int J Environ Res Public Heal 2021, Vol 18, Page 7009. 2021;18(13):7009. Available from: https://www.mdpi.com/1660-4601/18/13/7009/htm
39. Nazira D, Mawarpury M, Afriani A, Kumala ID. Literasi Kesehatan Mental Pada Mahasiswa Di Banda Aceh. Seurune J Psikol Unsyiah. 2022;5(1):23–39.
40. Permana AF, Harisa A, Gaffar I, Rahmatullah MP, Yanti NWK, Yodang Y, et al. Studi Eksplorasi Literasi Kesehatan Mental Pada Mahasiswa Keperawatan. J Ilm Keperawatan IMELDA. 2023;9(1):62–9.

HASIL CEK_Baseline Assessment of Demographic Factors and Mental Health Status: Opportunity to Initiate Healthy Campus Program

ORIGINALITY REPORT

11%	8%	9%	2%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Eleni Sazakli, Michalis Leotsinidis, Maria Bakola, Konstantina Soultana Kitsou et al. "Prevalence and Associated Factors of Anxiety and Depression in Students at a Greek University during Covid-19 Lockdown", Journal of Public Health Research, 2021 Publication	2%
2	smj.sma.org.sg Internet Source	1%
3	www.researchgate.net Internet Source	1%
4	123dok.com Internet Source	1%
5	www.canada.ca Internet Source	1%
6	www.frontiersin.org Internet Source	1%
	www.ejurnalmalahayati.ac.id	

7	Internet Source	1 %
8	formilkesmas.respati.ac.id Internet Source	1 %
9	Leila Kalhor, Batool Nehrir, Ebadi Abbas, Jamileh Mokhtari Nouri. "Satisfaction Rate of the Families of Patients Hospitalized in Intensive Care Unit with the Quality of Care: A Cross-Sectional Descriptive Study", Research Square Platform LLC, 2023 Publication	<1 %
10	ejournal.unisba.ac.id Internet Source	<1 %
11	Nurul Qomariyah, Titi Savitri, Tridjoko Hadianto, Mora Claramita. "Formulating Employability Skills for Graduates of Public Health Study Program", International Journal of Evaluation and Research in Education (IJERE), 2016 Publication	<1 %
12	nedlac.org.za Internet Source	<1 %
13	masood taheri, Mahnaz Afshari, saeede alidoost, Hassan Abolghasem Gorji, Amir Rakhshan. "A Survey on Mental Health Status and Related Factors among Cancer Patients in Iran", Research Square, 2019	<1 %

Publication

14	tifd.org Internet Source	<1%
15	proceeding.tenjic.org Internet Source	<1%
16	www.repository.umuslim.ac.id Internet Source	<1%
17	"Learning Technology for Education Challenges", Springer Science and Business Media LLC, 2023 Publication	<1%
18	Ariani Sulistyorini, Tutut Pujianto. "The Description of Mental Health and Emotional Mental Disorders of Students And Families During Covid-19 Pandemic", Journal Of Nursing Practice, 2020 Publication	<1%
19	Mann, Jim, Truswell, Stewart, Hodson, Leanne. "Essentials of Human Nutrition 6e", Essentials of Human Nutrition 6e, 2023 Publication	<1%
20	f1000research.s3.amazonaws.com Internet Source	<1%
21	www.acarindex.com Internet Source	<1%
	download.atlantis-press.com	

22	Internet Source	<1%
23	jurnal.um-tapsel.ac.id Internet Source	<1%
24	repositori.utu.ac.id Internet Source	<1%
25	repository.unsri.ac.id Internet Source	<1%
26	Paramjot Panda, Prashansa Dash, Manas Behera, Trupti Mishra. "Prevalence of depression among elderly women in India- An intersectional analysis of the Longitudinal Ageing Study in India (LASI), 2017-2018", Research Square Platform LLC, 2023 Publication	<1%
27	T. W. Harding. "Mental disorders in primary health care: a study of their frequency and diagnosis in four developing countries", Psychological Medicine, 05/1980 Publication	<1%
28	Wen-Han Chang. "The influences of the COVID-19 pandemic on medical service behaviors", Taiwanese Journal of Obstetrics and Gynecology, 2020 Publication	<1%

Exclude quotes	On	Exclude matches	Off
Exclude bibliography	On		