

# EARLY DETECTION OF PSYCHIATRIC DISORDERS AND COUNSELING SERVICE RULES: A CROSS SECTIONAL STUDY ON UNIVERSITY STUDENTS

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## ABSTRACT

*Mental health become a crucial aspect in an individual's life, especially among students who are experiencing a dynamic developmental phase. The prevalence of mental health in Indonesia had reached 18,5%. It means that out of 1.000 residents are at least 185 people experiencing mental health disorders or in every household, and there is a family member suffering from mental health disorders. Several studies have shown that university students tend to experience high levels of stress and psychological distress that can negatively impact their mental well-being. Based on the above description, this study aims to determine and analyze the mental health status of university students using the SRQ 29 questionnaire. This type of research is quantitative research. The design used descriptive analytic with a cross sectional approach. This is a type of research in which the measurement of variables is carried out only once at a time. The study population involved all students on the campus of Institut Teknologi Sains dan Kesehatan (ITS) PKU Muhammadiyah Surakarta, and the sampling technique used a total sample where all those registered as FIK students in the 2023/2024 academic year and were required to be respondents in this study. The research instrument was used to measure mental emotional disorder variables and determine mental health status uses the Self-Report Questionnaire-29 (SRQ-29) from WHO. The questionnaire was given to students using Google form media. Inform consent was carried out before data collection, by explaining the purpose of the research. There is correlation between age and gender with the incidence of neurological symptoms and psychotic disorders.*

*Keywords:* early detection, psychiatric disorders, self reporting questionnaire, cross sectional study, university students

## INTRODUCTION

Mental health become a crucial aspect in an individual's life, especially among students who are experiencing a dynamic developmental phase. The World Health Organization (WHO) defines mental health as a condition of well-being of individuals who realize their own potential, is able to cope with normal life pressures, can work productively and fruitfully, and are able to make a positive contribution to their community (Fakhriyani, 2021). Mental health issues in children and adolescents need to be the main focus considering that they will be the future strength of the nation. However, mental health is often a neglected issue, especially in higher education.

The prevalence of mental health in Indonesia had reached 18,5%. It means that out of 1.000 residents are at least 185 people experiencing mental health disorders or in every household, and there is a family member suffering from mental health disorders (Azania, 2021). In the context of university students, academic pressure, future uncertainty, and rapid social change, they can be risk factors for their mental health. Several studies have shown that university students tend to experience high levels of stress and psychological distress that can negatively impact their mental well-being. Psychological problems that are often encountered and experienced by students are excessive anxiety, stress, and depression (Evi Deliviana et al., 2020). Moreover, another mental health problem experienced by students is stress caused by accumulated tasks and pressure exerted from the surrounding environment during the pandemic (Kesehatan et al., 2021). Therefore, an in-depth understanding of students' mental health conditions is crucial to assist them dealing with these challenges.

Previous studies have identified various mental health issues among university students. However, further research is required to understand in more detail the factors that influence their mental health. Research clearly documents

that mental disorders are now common. As many mental disorders begin in childhood or adolescence, interventions aimed at early detection and treatment can help reduce the severity of primary disorders and prevent the onset of secondary disorders (Kessler et al., 2007).

Based on the above description, this study aims to determine and analyze the mental health status of university students using the SRQ 29 questionnaire. The sample of this study consisted of 415 students who were expected to provide a representative picture of mental health conditions among students, especially ITS PKU Muhammadiyah Surakarta students. Through a deeper understanding of the factors that influence students' mental health, it is expected that this study can contribute to designing more effective interventions and support programs to improve the mental well-being of students in higher education.

## METHODOLOGY

This type of research is quantitative research. The design used descriptive analytic with a cross sectional approach. This is a type of research in which the measurement of variables is carried out only once at a time. This study aims to determine the description of the mental health status of students. The study population involved all students on the campus of Institut Teknologi Sains dan Kesehatan (ITS) PKU Muhammadiyah Surakarta, which consisted of two faculties, namely FIK (Faculty of Health Sciences) and FST (Faculty of Science and Technology). The sampling technique used a total sample where all those registered as FIK students in the 2023/2024 academic year and were required to be respondents in this study. The Faculty of Health Sciences itself consists of six study programmes, namely Bachelor Degree (S1) of Nursing, Midwifery, and Nutritional Science, Diploma (D3) of Nursing and Midwifery, as well as Diploma (D4) of Nursing of Anesthesiology. The sample size

was 415 students, while the data collection time was conducted on December 2023.

The data collection technique in this study used a measuring instrument in the form of a questionnaire with several question items. Observation tools to obtain data from the results of the questionnaire used in this study are 'Check List and Rating Scale' to make it easier for researchers to obtain the results of the data provided by each respondent. The research instrument was used to measure mental emotional disorder variables and determine mental health status uses the Self-Report Questionnaire-29 (SRQ-29) from WHO. This questionnaire contained 29 items of questions about a person's condition with Yes and No answer options, which have been standardized so that researchers do not test the validity and reliability of the instrument. If answering yes to 6 or more questions is interpreted as a mental emotional disorder or distress. The questionnaire was given to students using Google form media. Inform consent was carried out before data collection, by explaining the purpose of the research, description of research activities and confidentiality of research data. The ethical feasibility statement (ethical test number) of this research is 071/LPPM/ITS.PKU/II/2024.

The data processing technique consists of four stages, namely editing (checking was carried out to ensure that the questionnaire had been filled in,) coding (providing codes when entering into the data processing program, scoring, and giving scores to questions that have been given in the questionnaire), data entry (entering questionnaire that had been in the form of codes or numbers into the data processing program), and processing (entering data from the questionnaire into the computer). Research ethics in this study were first informed consent, which is a form of agreement willing to become a respondent between the researcher and the respondent. Anonymity did not include the name of the respondent on the questionnaire, confidentiality guarantees all confidential information of the respondent by the researcher.

## RESULT AND DISCUSSION

### Discussion

Table 1.  
*Frequency Distribution of Respondents' Characteristics*

Category	Frequency	Percentage (%)
Age		
Middle adolescent: 15-18 years	89	21
Late adolescent: >18 - 21 years	288	70
Early adulthood: > 22-25 years	38	9
Gender		
Male	100	24
Female	315	76

Based on Table 1 above, it is found that the age range of the most respondents is in late adolescence by 288 respondents (70%). Meanwhile, in the gender category, the most respondents are female by 315 respondents (76%).

Table 2  
*Description of the Results of Early Detection of Psychiatric Disorders with SRQ-29*

Category	Frequency	Percentage (%)
Symptoms of neurosis (anxiety)		
There are symptoms	224	54
No symptoms	191	46
Use of psychoactive substances/drugs		
There is an indication of being a user	2	0,4
No indication of user	413	99,6
Symptoms of psychotic disorders		
There are symptoms	179	43
No symptoms	236	57
Symptoms of Post Traumatic Distress Syndrom (PTSD) disorder		
There are symptoms	283	68
No symptoms	132	32

Table 2 above provides an overview of the results of measuring early detection of symptoms of psychiatric disorders using the SRQ-29 questionnaire in students. There are four categories examined in the questionnaire by 224 respondents (54%) showed neurological symptoms of mental emotional disorders/psychological problems, such as anxiety and depression; as many as two respondents (0,4%) were users of

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psychoactive substances. Then, there were 179 respondents (43%) showing symptoms of psychotic disorders and as many as 283 respondents (68%) were indicated to have symptoms of PTSD (Post Traumatic Stress Disorder) disorder.

Table 3.

<i>Spearman Rho Correlation Test Results</i>				
	Correlation	p	Correlation strength (r)	Conclusion
Age	Symptoms of neurosis (anxiety)	0,029*	0,107	There is correlation
	Use of psychoactive substances/drugs	0,316	-0,046	No correlation
	Symptoms of psychotic disorders	0,023*	0,112	There is correlation
	PTSD symptoms	0,193	0,064	No correlation
Gender	Symptoms of neurosis (anxiety)	0,000*	0,237	There is correlation
	Use of psychoactive substances/drugs	0,392	-0,042	No correlation
	Symptoms of psychotic disorder	0,022*	0,113	There is correlation
	PTSD symptoms	0,000*	0,184	There is correlation

Based on table 3, the results show that there is a correlation between age and gender with symptoms of neurosis (anxiety), namely p: 0,029 and p: 0,000 (p value <0,05), there is no correlation between age and gender with the use of psychoactive substances/drugs, namely p: 0,316 and p: 0,392 (p value >0,05), there is a correlation between age and gender with symptoms of psychotic disorders by p: 0,023 and p: 0,022 (p value <0,05) and there is a correlation between symptoms of PTSD disorders with gender by p: 0,000 but not correlated with age by p: 0,193 (p value >0,05).

Table 4.

*Distribution of Neurosis (anxiety) Symptoms by Age and Gender*

No	Group	Neurosis Symptoms				Total	
		No symptoms		With symptom		f	%
		f	%	f	%		
1	Age						
	Middle adolescent (15-18 years)	45	11	44	11	89	22
	Late adolescent (>18-21 years)	137	33	151	36	288	69
	Adulthood (>22-25th)	9	2	29	7	38	9
	Total	191	46	224	54	415	100
2	Gender						
	Male	67	16	33	8	100	24
	Female	124	30	191	46	315	76
	Total	191	46	224	54	415	100

Based on table 4 above, 45 people (11%) in the early adolescent group (aged 15-18 years) are without neurosis symptoms, 151 people (36%) in the late adolescent group (aged 19-22 years) experienced neurosis symptoms, while 29 people (7%) in the adult group (aged 22-25 years) experienced neurosis symptoms. Meanwhile, there are 67 people (16%) of male respondents without neurosis symptoms, and 191 people (46%) of female respondents experiencing neurosis symptoms.

Table 5.

*Distribution of Psychoactive Substance/Drug Use by Age and Gender*

No	Group	Psychoactive substance/drug use				Total	
		No symptom		With symptom		f	%
		f	%	f	%		
1	Age						
	Middle adolescent (15-18 years)	88	21,2	1	0,25	89	22
	Late adolescent (>18-21 years)	287	69,2	1	0,25	288	69
	Adulthood (>22-25th)	38	9,1	0	0	38	9
	Total	413	99,5	2	0,5	415	100
2	Gender						
	Male	99	23,8	1	0,25	100	24
	Female	314	75,7	1	0,25	315	76
	Total	413	99,5	2	0,5	415	100

Based on table 5 above, there are 2 (two) respondents who experienced the use of psychoactive substances/drugs, each distributed in the early adolescent group (aged 15-18 years) and late adolescence (aged 19-22 years), with gender one male and one female.

Table 6.  
*Distribution of Symptoms of Psychotic Disorders by Age and Gender*

No	Group	Symptoms of psychotic disorders				Total	
		No symptom		With symptom		f	%
		f	%	f	%		
1	Age						
	Middle adolescent (15-18 years)	56	13	33	8	89	22
	Late adolescent (>18-21 years)	167	40	121	29	288	69
	Adulthood (>22-25th)	14	3	24	6	38	9
	Total	237	57	178	43	415	100
2	Gender						
	Male	67	16	33	8	100	24
	Female	170	41	145	35	315	76
	Total	237	57	178	43	415	100

Based on table 6 above, 33 people (8%) in the early adolescent group (aged 15-18 years) had symptoms of psychotic disorders, in the late adolescent age group (aged 19-22 years), 121 people (29%) experienced psychotic disorders. Meanwhile, the adult group (aged 22-25 years) experienced psychotic disorders as many as 24 people (6%). There are 67 male respondents without psychotic disorders (16%), and 170 female respondents without psychotic disorders (41%).

Table 7.  
*Distribution of PTSD Symptoms by Age and Gender*

No	Group	PTSD symptoms				Total	
		No symptom		With symptom		f	%
		f	%	f	%		
1	Age						
	Middle adolescent (15-18 years)	32	8	57	14	89	21
	Late adolescent (>18-21 years)	91	22	197	47	288	70
	Adulthood (>22-25th)	9	2	29	7	38	9
	Total	132	32	283	68	415	100
2	Gender						
	Male	47	11	53	13	100	24
	Female	85	20	230	56	315	76
	Total	132	31	283	69	415	100

Based on table 7 above, the early adolescent group (aged 15-18 years) who indicated experiencing symptoms of PTSD disorder are 57 people (14%), then, the late adolescent group (aged 19-22 years) who

indicated experiencing symptoms of PTSD disorder are 197 people (47%), while in the adult age group range (aged 22-25 years) most experienced PTSD disorder as many as 29 people (7%). Male respondents without PTSD disorder are 53 people (13%), and female respondents with PTSD disorder are 230 people (56%).

## Discussion

This study aims to investigate the mental health status of university students by utilizing the SRQ-29 questionnaire, with a particular focus on the age range of 18-21 years, often known as late adolescence. From a total of 415 respondents who participated in this study, it was found that 288 students (70%) of the study sample are in the age range of 18-21 years old and most of them are female with 315 students (76%). This distribution of respondents is in accordance with Rohmah's research that the average attention, relevance, confidence, and satisfaction attributes in the health sector for women are higher than men. There are differences in abilities between men and women in human relations where women have higher sensitivity compared to men (Rohmah et al., 2023). Women have a basic attitude that is identical to being friendly, patient, gentle and have more attention than men, which is related to higher caring traits than men (Tri Anggoro et al., 2018).

This study found that 224 respondents (54%) showed neurological symptoms of mental emotional disorders/psychological problems, such as anxiety and depression. Garcia & O'Neil mention anxiety as a very common mental disorder in today's adolescent population (Garcia & O'Neil, 2021). This is in accordance with the results in this study which found that age was associated with symptoms of neurosis (anxiety), with a p value of 0,029 (<0.001): 0,029 (<0.05) and a correlation coefficient of 0,107. Adolescents with anxiety symptoms in this study were found mostly in the early adolescent group aged 15 - 18 years. Adolescence is a transition period from child to adult with physical, emotional, and social changes (WHO, 2021). This causes

adolescents vulnerable to mental health problems with internal pressures and the external environment (Sabbagh et al., 2022). This study also showed that female adolescents experienced greater anxiety symptoms at 191 respondents (46%) compared to the male group. This is in line with research conducted by (Wang et al., 2022) who found women have a higher prevalence of anxiety than men. Other findings revealed that the prevalence of male gender was 10.11% compared to 8.65% of females in severe depression symptoms (Stylianou et al., 2020). Significant differences were found between girls and boys in anxiety because women have more metacognitive beliefs about incompetence and worry (Bahrami & Yousefi, 2011).

The development of current research shows the level of anxiety of adolescents is greater than adults related to the maturity of thinking, experience, and sources of information. Frustration combined with a lack of ability increases adolescent anxiety levels. Studies in patient care show that the older the age, the lower the anxiety level (Syamsul Bachri et al., 2017). Older age has increased experience in dealing with stressors (Desak Made et al., 2023)

This study found that two respondents (0,4%) were psychoactive substance users. This finding was distributed among early adolescents (aged 15-18 years) and late adolescents (aged 19-22 years), with male and female gender respectively. However, the results of this study did not show a correlation between age and gender with the use of psychoactive substances/drugs ( $p: 0,316$ ;  $p: 0,392 > 0,05$ ). This result is different from the research conducted by Afriani (Chairunnisa et al., 2019), which shows the correlation between age and drug use. Late adolescents were found to use drugs the most with a percentage of 5,9% (45 people) and found almost the same drug users in men as much as 3,1% (38 people), and women as much as 2,8% (35 people). The abuse of narcotics and drugs among the younger generation is increasing (Maudy et al., 2017). The National Narcotics Agency (BNN) survey in 2021

showed that drug abuse continued to increase during the 2019-2021 period, the prevalence rate of one-year drug abuse increased by 0,15% from 1,80% in 2019 to 1,95% in 2021. Adolescents with various puberty problems, self-discovery, identity crisis, and unstable mental conditions are a group that is very vulnerable to drug abuse. Peers and peer friendships play a key role in shaping risky behaviour, drug abuse, and crime in adolescents and young adults (Amiri et al., 2014).

In situations where adolescents experience disrupted mental health, the role of guidance and counselling (BK) teachers is crucial in providing solutions to these issues. The counseling teacher plays an important role in guiding and developing student character (Rani et al., 2022). The responsibilities of counselling guidance teachers encompass assisting students with challenges related to academic honesty, such as copying, paraphrasing, quoting, giving, and viewing notes. This assistance is provided through counselling interviews (face-to-face sessions) with adolescents facing these problems or by offering informational services to address these issues (Liza & Wahyuni, 2023).

It is mentioned that counseling teachers provide guidance to students through preventive, preservative, and curative efforts. Preventive efforts are systematically organized, planned, and directed activities aimed at preventing the emergence of delinquency. These efforts can be undertaken within the family, school, and community environments (Marlynda & Y, 2017). Preventive guidance aims to avoid potential problems for students, while preservative guidance seeks to maintain or enhance the well-being of students who are already performing well. In order to overcome the impact of mental disorders, prevention efforts based on scientific knowledge can be the good ways, in a broad scope and implemented systematically (Holte, 2024).

Curative efforts, on the other hand, are interventions by counselors or counseling teachers within the school setting. Providing

guidance and counseling services were involved to foster improvements in individuals or students, thereby effectively addressing their problems (Nazir Basyir et al., 2016). Curative guidance involves counseling for students who face difficulties that they cannot resolve independently and require external assistance. A misinterpretation of the counseling teacher's function can hinder their ability to perform effectively and may result in a negative perception of their role and function (Fitriani et al., 2022). Preservative efforts are intended to maintain an already favorable situation, ensuring that it does not deteriorate into a problematic one (Walgito, 2005).

This study shows that most of the 236 respondents (57%) did not experience psychotic disorders and 179 respondents (43%) experienced symptoms of psychotic disorders. Respondents with psychotic disorders in this study were distributed in the late adolescent group (aged 19-22 years) by 121 people (29%), early adolescent group (aged 15-18 years) by 33 people (8%), and adult group (aged 22-25 years) by 24 people (6%). Based on gender, most respondents, both male and female, did not have psychotic disorders as many as 67 people (16%), and 170 people (41%). This result is different from Arini research (Arini & Syarli, 2020), which found 42 respondents (21%) experienced psychotic disorders. Almost half of the participants (48.9%) stated that they often experienced disturbances or unusual things in their minds. The prevalence of psychosis of 1,8 per 1.000 population according to Riskesdas 2018 is higher than the results of Riskesdas 2013, which stated a prevalence of psychosis of 1,7 per 1.000 population. Provinces with high prevalence include DI Yogyakarta, Bali, West Nusa Tenggara, Central Java and South Sulawesi (Badan Penelitian dan Pengembangan Kesehatan RI, 2018). Financial dissatisfaction may lead to a higher incidence of stress and psychosis, potentially harming an individual's health and ability to care for themselves (Jansen et al., 2024).

The results indicated a correlation between age and gender with psychotic disorder with a p value: 0,023; p: 0,022 (<0.05) and a

correlation coefficient of 0,112 and 0,113. Based on gender, this study showed that most of the respondents, both male and female, did not have psychotic disorders as many as 67 people (16%), and 170 people (41%). Early psychosis is a sign of symptoms characterized by distorted thoughts, perceptions, and behaviour. Symptoms of psychosis that appear in late adolescence or early adulthood may include hallucinations or delusions. These experiences can interfere with an adolescent's ability to participate in daily life and education and lead to stigma (WHO. [https://www.who.int/health-topics/adolescent-health#tab=tab\\_1](https://www.who.int/health-topics/adolescent-health#tab=tab_1). [Online], n.d.). Adolescents who experience early psychosis are caused by several factors, such as heredity, cognitive, poor social dysfunction, past trauma, and stress. Adolescents who experience early psychosis can seek support from family, peers, and health professionals. Appropriate early help can reduce the signs and symptoms of early psychosis (Kim et al., 2017).

PTSD is a disorder that occurs in a person after experiencing an event or painful experience so that feelings of trauma arise. The results of this study indicate that there is a correlation between the symptoms of PTSD disorder with gender, namely p: 0,000 but not related to age, namely p: 0,193 (p value>0.05). several things that can cause PTSD include violent events, sexual harassment, bullying and are influenced by the temperamental nature of the individual, and the way the brain regulates hormones (Aprily et al., 2023). Bullying is one of the actions that can cause trauma and stress for adolescents. Adolescents who experience bullying show symptoms of posttraumatic stress disorder (PTSD), and the frequency of exposure to more frequent bullying will also have an impact on more severe PTSD symptoms (Istri Ayu Laksmi Dewi & Debora Valentina, 2020). There is a high number of bullying cases that occur in the world. Based on data compiled by UNESCO, it is estimated that around 246 million children and adolescents in the world experience various forms of violence and bullying at school every year (UNESCO, 2019). The impact of violence



on mental health status is extensive (Kumar et al., 2013). The research findings of Nadhira showed that about 40% of the respondents experienced bullying, and about 25% of them showed symptoms indicating Post-Traumatic Stress Disorder (PTSD) (Nadhira & Rofi'ah, 2023)

In line with this study, which shows that women respondents experience more PTSD than men. The potential rate of PTSD in women respondents is higher than that of men. The similar results were also found in Wahyuni's research (2023) explaining that research respondents who had the potential to experience more PTSD were female respondents (53,3%) compared to male respondents (46,7%). This can be influenced by the low synthesis of the hormone serotonin found in women. Low serotonin hormone synthesis can increase the risk of experiencing stress to depression. In addition, respondents who have the potential to experience PTSD are mostly in the age range  $\geq 15$ -24 years, as many as 71,43%. Research conducted by Prakash (2018) shows that ages less than 30 years are more at risk for PTSD than ages more than 30 years. Although this study showed no correlation between age and the incidence of PTSD. The high number of cases in younger respondents is related to a person's level of maturity or maturity process that affects a person's way of thinking. The older a person is, the more mature his soul tends to be, the more maturity increases, and is more capable of carrying out his duties properly, and has the ability to solve a problem will also be easier (Wahyuni et al., 2023).

## CONCLUSION

Early detection of adolescent mental health indicated that 224 respondents (54%) showed neurological symptoms; 2 respondents (0,4%) were psychoactive substance users; 179 respondents (43%) showed symptoms of psychotic disorders and 283 respondents (68%) indicated symptoms of PTSD. There is correlation between age and gender with the incidence of neurological symptoms and psychotic disorders. Age and

gender are not associated with the use of psychoactive substances while in the incidence of PTSD, the age factor is not related and the gender factor has a correlation with the incidence of PTSD.

Future researchers can conduct similar studies by enhancing the characteristics of research samples in various departments and analyzing factors that affect mental health status. This could involve engaging with a more expansive demographic insight with a wider demographic domain into the complexities surrounding mental health across various population of respondents.

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