

To Be Ok or Not to Be Ok: The Youth Leaders' Perception on Mental Health

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Abstract

The study was conducted to investigate the perception of youth leaders of University Students Boards about their understanding of mental health and their role to promote mental health awareness campaigns in their context. This study will explore the youth leaders' perceptions of mental health. This study also covers the youth perspective on their roles as young leaders in their respective departments and faculty-student associations. This study was conducted in four departments of university student associations in from Gorontalo higher education setting. This study used qualitative research with a case study approach with thematic analysis. The research utilized the purposive sampling of student boards. This study employed personal interviews and focus group discussions. The result shows two core themes, as follow: (1) youth leaders' perception and attitudes towards mental health, and (2) the youth leaders' engagement in promoting mental health.

Keywords

youth leadership; youth leaders;
mental health



I. Introduction

The outbreak of this virus has an impact of a nation and Globally (Ningrum *et al*, 2020). The presence of Covid-19 as a pandemic certainly has an economic, social and psychological impact on society (Saleh and Mujahiddin, 2020). Covid 19 pandemic caused all efforts not to be as maximal as expected (Sihombing and Nasib, 2020). Pandemic stroke in early 2020 and the era of disruption started in many fields of life, including education. Many schools, universities, and other educational institutions started to put more focus and effort into mental, both students and teachers and staff. Around 9 million Indonesians suffer from mental disorders (PDSKJI, 2018) and there is only one licensed psychiatrist for 300.000-400.000 people (Human Rights Watch, 2016). In many contexts, mental health issues are still considered less important than physical health and something taboo and associated with mental problems that are not accepted well in a certain society.

Data from Riskesdas (Basic Health Research, 2018) shows the prevalence of emotional mental disorders as indicated by symptoms of depression and anxiety for ages 15 years and overreaches around 6.1% of the total population of Indonesia or the equivalent of 11 million people. Youth (15-24 years) have a depression percentage of 6.2%. Severe depression will tend to do self-harm to suicide. 80-90% of suicides are the result of depression and anxiety. Suicide cases in Indonesia can reach 10,000 or the equivalent of every hour there is a suicide case. According to a holy ophthalmologist, 4.2% of students in Indonesia have thought of committing suicide. Among students, 6.9% had suicidal intentions while another 3% had attempted suicide. Depression in adolescents can be caused by several things such as pressure in the academic field, bullying, family factors, and economic problems.

Young people, including the millennial generation, are currently more susceptible to mental disorders. Moreover, youth is a time when many changes and adjustments occur

both psychologically, emotionally and financially. In addition to changing lives, technology also contributes to the mental health of young people. One of them is the use of social media. Social media seems to create an ideal lifestyle that is not as beautiful as reality. This is what creates pressure and a burden on the minds of the younger generation. Furthermore, the high rates of teen suicide attempt to injure themselves and others due to untreated stress and depression.

While there has been a substantial number of research on mental health services and problems, but less research on exploring young leaders' perception, attitude, and understanding about mental health. Thus, the study aims to investigate the perception of mental health to young people in high schools and universities, who are represented by the student board members in university student associations.

The benefits are from this study are (1) for students, encouraging students to revisit their understanding about mental health, the strategies to cope with changes in their lives, including physical, biological, social, and technological changes, as well actively promoting mental health as an important part in social change campaign in university students' association programs (2) for lecturers' feedback on teaching and learning process, strategies as well providing outlays of academic advice and personal counselling for students. This led to dialogues and conversations that needed by lecturers, departments, and counsellors to understand the students 'personal needs and spaces when it comes to mental health, and (3) for parents, giving information about their children opinions and understanding of their mental health, which is important to parents set strategies, approaches to their children mental health and preventions for mental health problems.

II. Review of Literature

According to Indonesian Law Number 18 of 2014, mental health is a condition in which an individual can develop physically, mentally, spiritually and socially so that the individual is aware of his abilities, can cope with pressure, can work productively, and can contribute for his community.

WHO defines youth as individuals in the 15-24 years age group and young people covers the age range 10-24 years old. In this age range. It is a period of frequent changes and exploration that covers many aspects of their life: home, family, work, school, resources, and role. The process of becoming an adult is more gradual and varied today than in the past. Young people take longer to achieve economic and psychological autonomy and early adulthood experiences vary greatly by gender, race and ethnicity, and social class. This is a time for growth spurts and puberty changes (sexual maturation). In this period, young people need to develop social competencies to help them navigate their biological, cognitive and affective systems as the responses to social and environmental changes (Crone and Dalton, 2012). Youth according to Law No. 40 of 2009 are Indonesian citizens aged 16 to 30 years. Based on the 2019 National Socio-Economic Survey, the estimated number of youth is 64.19 million people or a quarter of the total population of Indonesia. This amount is a big potential for development. If equipped with various skills, these young people will contribute significantly to the progress of Indonesia.

However, the understanding of mental health in Indonesia is insufficient. This is evidenced by the rate of 91% of Indonesian people who experience mental disorders that were not handled properly and only the remaining 9% could be handled. Those who were not properly handled could be caused by the lack of understanding of mental health and the lack of mental health facilities. Society tends to give negative stigma to people with mental disorders, namely by criticizing and considering them as a disgrace, the assumption of

crazy people. In addition, people do not understand the signs of mental disorders such as depression, where depression is the most common mental health disorder. This causes people with impaired mental health to tend to be difficult to open to treatment and even feel more pressured by societal stigma. People should be more open and sensitive to mental health disorders around them. The public can become good listeners for people who are depressed or stressed in an effort to ease the mental burden.

In accordance with the inclusivity principle of the SDGs that is no one is left behind, youth are part of the target for achieving the SDGs. However, the position of youth is expected not only as a beneficiary target but can be optimized as a subject/actor of development. This is very appropriate in describing the spirit of no one left behind.

To build leadership character by initiating and promoting the student leaders empowerment and engagement in mental health campaigns. Youth leadership is the practice of young people/ adolescence exercising their authority and influence over themselves or others (Craney, 2019), while youth engagement is an inclusive, intentional, mutually-respectful partnership between youth and adults whereby power is shared, respective contributions are valued, and young people's ideas, perspectives, skills and strengths are integrated into the design and delivery of programs, strategies, policies, funding mechanisms and organizations that affect their lives and their communities, countries and globally (USAID, 2021). Youth participation in every sector in social life and they are empowered to play a vital role in their development as well as in that of their communities.

III. Research Method

3.1 Design

This study was conducted using a qualitative approach with a case study in Gorontalo higher education setting. This research aims to have an in-depth exploration of youth leaders' understanding of mental health and how they perceive their role as leaders in the university setting, thus qualitative fit the research design. The study highlights the importance of capturing the youth leaders' experiences and discovering the meaning that young people make in those experiences (Denzin & Lincoln, 2008). By this qualitative study, the researcher was able to explore phenomena, such as feelings or thought processes from the young leaders in a certain context (Cresswell, 2018; Strauss & Corbin, 1998), thus I explored participants' perceptions and lived experiences (Jones, Torres, & Arminio, 2013) of their understanding about mental health.

3.2 Participants

The participants were university student board members, both male and female students who are 18-23 years old. The participants were purposively selected (Cresswell 2009) by requesting assistance from each Deputy Dean III (Student Affairs) to share the information with the student boards in each faculty. There were five student boards from three different faculties who agreed to be the participants in this study and four student boards were successfully recruited to take part. Potential participants were identified initially by their position in the university student association in their respective faculty or department. the researchers coded interviews and pseudo names for universities, departments and the participants to keep the anonymity and confidentiality of the participants.

3.3 Data Collection

The data collection was conducted to discuss the participants' knowledge, attitudes, and understanding of mental health as individuals and young leaders. The personal interview and questions specifically explore participants' personal views and experiences of mental health and their role in promoting mental health in their context. Focus group discussion and developed topics were developed to explore the participants' meaning-making, thoughts and role-definition as young leaders as board and organisational experiences (Bryman, 2016; Merriam, 1998). In this context, researchers positioned themselves as an outsider of the youth leaders' worlds (Zulystiawati, 2020) and in the position of not knowing the participants understanding and view on youth leaders' role on mental health.

The data was being collected by conducting a semi-structured interview to allow the researcher to explore and pursue the in-depth issues on the topic which are conveyed by the young leaders (Bryman, 2016). A semi-structured interview was developed through a cycle of personal interviews and focus group discussion, discussing the participants' knowledge, attitudes, responses, critics, and understanding of mental health in their context. Both personal interviews and focus group discussions are scheduled for 60-120 minutes. All interviews were audio-recorded with the consent of participants and the interviews took place in a private room in a place best suited to the participants and held outside of class hours and according to the schedule of each member of the department/study program student association.

3.4 Data Analysis

The data analysis will employ thematic analysis. Interviews then were transcribed verbatim and analysed using thematic analysis (Braun and Clarke, 2006; Clarke and Braun, 2014). The process was as follows: (1) each interview transcript was read several times to develop familiarisation with the data (2) potential codes were generated, (3) established initial codes to be sorted into core themes and subthemes, (4) Themes were then reviewed, refined, defined into appropriate categories, then (5) naming the themes and present the result as the final product, which are presented in the following table:

Table 1. Core and Sub Themes

Core Themes	Sub-Themes
Youth Leaders' Perception and Attitudes towards Mental Health	<ul style="list-style-type: none">• The Confusion• The Most Common Mental Ill the Youth Experiences• Barriers to Seek Help and Support
The Youth Leaders' Engagement in promoting Mental Health	<ul style="list-style-type: none">• Peer-Counselling• Mental Health Literacy

And the final phase is (6) producing the report by writing up the result and discussing with developing the themes into representing the participants' words and meaning (Zulystiawati, 2020).

3.5 Ethical Consideration

The research utilized purposive sampling, and the study was voluntary to avoid coercion and to have a comparison of high schools' perception to university students'

perception of mental health. Hence, the sample of the study was only those who gave their consent to participate in this study. In this study, investigations on the confidentiality of respondents, journal documents and interview results will not be considered to be published and shown in any research outcomes, including the research report. The confidentiality of this information is to protect the respondents due to the sensitive information that might include in their answers. Participants were 18-23 years old and they were given full written informed consent Participants and were fully debriefed about the consent content to maintain the privacy and confidentiality of each young leader.

IV. Results and Discussion

As explained previously, this study aimed to explore and analyse the university student leaders' perception of mental health and their role in promoting mental health in their context in Gorontalo higher education. The answers and stories from the youth leaders were collected and explored, presented into two core themes and sub-themes that emerged from interviews. Within the scope of this research, we preferred firstly to report and further explore the youth leaders' perception and attitudes towards mental health as the most significant theme as indicated in the data collection and analysis above. This first core theme consisted of three sub-themes, namely the confusion between mental health and mental disorders, the most common mental disorders the youth experiences and barriers to seeking help and support. The second core theme was the youth leaders' engagement in promoting mental health. This theme had two sub-themes. They were peer counselling and hand to hand (seeking counselling). Another reason, we decided to raise and further discuss these themes and their sub-themes respectively because there was only very limited attention has been paid to the current phenomena in youth leaders in university. These issues are worthwhile being investigated due to the current practice in which many young leaders and entrepreneurs were born and raised in a university atmosphere.

4.1 Youth Leaders' Perception and Attitudes towards Mental Health

The youth leaders' perception is the personal views, perceptions, understandings and experiences of young student leaders about mental health in their context and their reflection on their attitude as young leaders who represented all students in their department on leadership level within student association boards. As presented in table 1 and the result above, this theme had three sub-themes, namely; the confusion, the most common mental disorders the youth experiences and barriers to seeking help and support which were elaborated below respectively.

a. The Confusion

This theme relates to how young people described mental health. Most of the participants' associated mental health with a mental disorders. This theme represents the mixed meaning between young leaders themselves in perceived mental health. This also includes the difficulties, in their understanding of available support.

Our analysis revealed that most of the participants found difficulties in expressing what mental health is. They expressed the most uncertainty and confusion about mental health and mental disorders. Almost all participants perceived that mental health is somewhat similar to mental disorders. Below were the excerpts shared by some participants which reflect their confusion in defining the difference between mental health and mental disorders. What they shared indicated that these young leaders were uncertain on what mental health is

“Mental health is a mental disorders” (Noah)

“The type of health that attacks the mind, thoughts and has an impact on the individual, such as bullying, depression” (Jacob)

“The feeling that is buried becomes a disease” (Rose)

This fact usually happens due to the lack of information from family, school, the community who should provide education to young people about the importance of mental health an early age (Bailey, 1999).

“We have never been informed about the importance of mental health” (Agatha)

“It is a familiar term, but I do not notice because it was never an important topic to be discussed or informed by my parents and my teacher at school” (Jasmine)

The participants pointed out that they were confused about the circumstance in their academic life where they experienced stress but did not know where to go or whom they should meet even they knew there was some service that might available to them. This, of course, can have a significant impact on their experiences as young people (Kessler et al, 2008; Kessler et al, 2008).

“I have a friend who was dropped out because could not cope with stress due to the assignment and at that time, my friend and I did not how to ask help or where to get help” (Jacob)

“I know I can talk to my academic advisor if I have problems, but I get confused if she the right place to turn to, and I do not know who is the best person I can talk to if I get stressed with my study” (Rose)

b. The Most Common Mental Disorders The Youth Experiences

Our analysis showed that most of the participants in this current study had almost similar types of mental disorders. It was noticeable that amongst those many types of mental disorders, generalized anxiety disorders (GAD) was the most dominant mental disorders these youth leaders experienced. Some of the participants unpacked a common type of mental disorders mostly experienced in their daily life as follows:

“I often think that the things I have planned will not work as I wanted to happen which then made me feel very nervous” (Anise)

“ I am a kind of person who is worried too much even for some little things” (Daisy)

The second most experienced mental disorder experienced by these young leaders was obsessive-compulsive disorder (OCD). This kind of mental disorder makes them repetitively or constantly thought and obsessed with some things that they were aware of unreasonable. However, they could not stop doing it over and over again. The followings excerption were some of the examples of their sharing during the data collection.

“I often repeatedly check whether or not I have put my things into my bag. However, in just a few seconds or minutes, I will check it again before I go to campus. You know what I could do it checking and checking, again and again for about 5 to 10 times” (Key)

“you know, every time before I go to attend a class either morning or afternoon session, I always iron the clothes I am going to wear to campus. I know that I have turned the iron off. However, after I took a bath, I usually check it. And then before, I lock the

room, I will have a look again. But, just a few meters away, I will be back to ensure that it is turned off already. I wonder, why I do so? (Rose)

c. Barriers to Seeking Mental Health Care

The analysis found that almost all the participants in this current study share quite similar reasons why they did not seek for mental disorders support care system. Some of the participants expressed that there was a negative stigma in their society if someone go to a psychologist or psychiatrist. The persons or patients who visit the doctor will be labelled as crazy people by the surrounding environment.

“People in my surrounding will think that I am crazy if I go to see the Psychologist” . (Jacob)

“Once upon a time, my friends and I went to in a hospital, then we passed a room in which the door there was a sticker, written “Poli Jiwa” (Psychology). Then, some of my friends, commented that was a room for a crazy person or patient to be treated” (Lily)

Besides, it is also revealed that some barriers prevent people which mental disorders to attend the mental health care system. The excerpts below illustrated these barriers.

“Going to Psychologist means paying much money to the doctor who does nothing except asking you to keep you talking more and more, he laughed ” (Yeye).

“Besides, you need to wait for a long period as not every hospital in this town has a psychologist. Once, I heard from a radio announcement that a doctor was coming from different town/province once a month to a hospital in this province” (Moon)

From the excerpts above, it is known that other barriers of seeking mental health care system are due to the lack of education on mental health, expensive cost and a minimum number of personnel in the mental health sector.

3.2 The Youth Leaders' Engagement

In this study, leaders' engagement refers to the student leaders' participation and collective leadership development in promoting mental health awareness in the context of Gorontalo higher education.

a. Peer-Counselling

This sub-theme represents the importance of help and support for their fellow students who experienced mental health difficulties. The participants were eager to help but they were confused about seeking professionals. The participants stated that the most commonly recommended forms of support they provided were informal sources, by giving personal advice, social support in the student circles, and advised self-help and religious approaches. Participants identified peer support and friendship as vital support they provided as young leaders in the student board setting. Peer supports were including problem-solving, providing emotional support, reassurance, and praying together. This approach is essential due to the nature of youth's strong bond, commitment and belief to their peer (friends, best-friends) (Morey et al, 1989; Maliki, 2016) and the power of student leaders' influences (Northouse, 2017) and trust (that exist within peer relationship (Tindall, 1989) between students and student board members.

“I know one of my classmates is having a panic attack every time we join the class or examination week, a friend and member of HJM (student board), I always ask her to join me in HMJ office and hold her hand then pray together” (Rose)

“Lately I am experiencing poor mental health, it causes excessive anxiety and my fellow board member recommended self-help by talking to her and we pray together, and as time goes by, it makes me forget about the problems that I am going through” (Anise)

“as a young leader and their friend, I will help to solve my friends’ problems by talking to them, establishing good communication and improving the relationship” (Gulliver)

However, some participants were worried about the confidentiality of the problems when some of their fellow young leaders recommended peer-counselling without proper evaluation and control from the university of professionals.

“ I have trust problems and I think it is not very wise to share my sensitive issues with friends, I wonder if the department could help with guides to do our works as fellow students who sit as board members” (Alyssum)

b. Mental Health Literacy

In this study, one of the emerging themes is the role of youth leaders in mental health literacy. The student leader’ role as a young leader in disseminating information, awareness, motivation, guidance, mobilizing targets and society, role models and examples regarding mental health. Most participants promoted social media as the means of delivering awareness campaigns on mental health.

“By engaging social media way. Slowly, I am sure that I will first attract my friends” (Noah)

“I use social media as my platform” (Winter, Karina, Lily, Jacob, Daisy, Poppy, Camelia, Jack, Dahlia, Alyssum, Agatha, Anise, Key, Yeye)

Besides social media, some participants believed in the direct campaign to the student community and socialisation to a larger community. Some are involved and become role models by doing the works through other means.

“Direct campaign and events are better approaches” (Azalea, Rubi, Moon)

“I would prefer that student boards involve in socialisation to school, university, and community” (Acacia, Aster, Teeuki)

“I join the Duta Genre inspire more young people for a positive campaign, including mental health and motivate them to maintain their mental health” (Gulliver)

V. Conclusion

With limited academic interaction and the cancellation of various events, many students including members of the student, association majors miss out on some of the major events of academic and university life, including everyday moments like chatting with friends and participating in class. These circumstances might cause stress and other mental disorders. In Indonesia, the contribution of youth is always involved in every historical momentum, both in the history of the movement and in the history of independence, which is still embedded in our memories to this day. Youth always exist to show the identity that we are young people who work, which is not only a talk but has a form that is poured into real action. This includes the role of youth as students and youth leaders in the context of higher education on mental health topics. Young leaders in student organizations play an important role in mental health awareness campaigns in the world of education by promoting mental health literacy and empowering professional and ethical peer counselling.

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