

University students' barriers to managing mental health during the COVID-19 pandemic: A qualitative exploration

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ABSTRACT

The COVID-19 pandemic and its mitigation efforts are associated with increased student mental health problems such as anxiety, stress, isolation, and lack of motivation. When left untreated, these conditions could affect students' well-being, academic achievement, social relations, and quality of life. This study aimed to explore university students' barriers to managing mental health during the COVID-19 pandemic using an explorative qualitative approach. A total of 310 students from various regions in Indonesia were recruited by purposive sampling. Data was collected by distributing qualitative questionnaires through a Google form containing informed consent, demographic data, and open-ended questions. Thematic analysis was applied to identify the patterns of the meaning of students' barriers. The barriers experienced by students in managing mental health during the pandemic are a lack of support from their closest people, restricted mobility, stigmatization, and individual characteristics. The results show support from family and closest friends is essential for managing students' mental health, especially when there is limited access to mobility and social interaction. Additionally, adaptability and disclosure are also seen to be crucial for students in managing their mental health. This study suggests a campaign for mental health literacy and providing accessible mental health services for students in crisis.

Introduction

COVID-19 was first confirmed in Wuhan, China, on 31 December 2019. SARS-CoV-2 virus propagation causes respiratory problems resulting in pneumonia, acute respiratory syndrome, kidney failure, and death (Kementerian Kesehatan RI, 2020). In Indonesia, 4,256,409 cases of COVID-19 were confirmed by 30 November 2021, with death counts up to 143,830 (World Health Organization [WHO], 2022). The increased number of COVID-19 cases drove the government to implement mobility restrictions to suppress COVID-19 transmission (Kementerian Kesehatan RI, 2020). This policy caused changes in people's activities and mobility, such as engaging more online, learning from home, working from home, and abstaining from social gatherings. Communities are also instructed to implement health protocols, such as washing hands, wearing masks, maintaining distance, staying away from crowds, and mobility restrictions. This restriction on mobility during the COVID-19 pandemic led the world to problems such as socioeconomic threats (Kramer & Kramer, 2020) and mental health issues (Lim et al., 2022).

Various mental health problems have been reported during the COVID-19 pandemic. A survey estimated around 55% of the population in Indonesia suffered from an anxiety disorder, and 58% underwent depressive disorder during the pandemic (Suriastiani et al., 2020). At the time, anxiety was a form of distress related to health threats; it changed sleeping and eating habits, caused difficulty concentrating, and deteriorated health status (Kaligis et al., 2020). Anxiety and depression during the pandemic have also increased by 25%, related to distress arising from social isolation (Ren et al., 2020). The qualitative survey also identified that the pandemic has led to psychological problems such as depression, emotional anxiety, and pandemic stress (Nurdiyanto & Harjanti, 2022). Throughout the pandemic, women are more likely to experience mental health problems and lean more toward the suicidal trend (Nurdiyanto et al., 2022).

Mobility restrictions and isolation also brought psychological impacts, particularly in young adults (Carpio-Arias et al., 2022). Mental health problems often emerge during the most vulnerable developmental period of life (e.g., at 18-25 years old), typically college students (McLafferty et al., 2021). Those entering a transitional period, be it psychologically, socially, or in terms of taking responsibility instead (Jurewicz, 2015), are sustaining pandemic stress, placing them into a state of crisis. College students can be psychologically and socially stressed in terms of taking responsibility, which already puts them in a distressed situation before the pandemic.

Meanwhile, during the pandemic, students feel more complex grievances with increased anxiety, stress, isolation, and lack of motivation. A study revealed that 50% of the student population sustained anxiety and depression equally significant to the stress due to restrictions during the pandemic, which led to decreased exercise, deteriorating personal relationships, social activity restrictions, and financial problems (Chen & Lucock, 2022). Learning migration into online classes is strongly suspected of causing student distress by disrupting social interaction and adaptation to learning techniques (Chaturvedi et al., 2021); online courses are also considered to limit students in obtaining potential supporting resources.

Drastic changes in the learning system cause students to have difficulties adapting to new learning models as they are unprepared to deal with such changes. Students felt bored after the second week of online learning and endured anxiety as well as mood swings due to limited social interaction and a learning process perceived as ineffective (Irawan et al., 2020). Academic burdens, boredom, monotonous activities, independent isolation, COVID-19 infection, and disruption in their daily activities magnified students' mental health struggles (Wiguna et al., 2020). In distressed circumstances, the student's mental health management is also influenced by negative thoughts about oneself and others, thus requiring specific treatment during the COVID-19 pandemic (Roca et al., 2021).

Unfortunately, the pandemic gave students increasingly limited mental health services access. Mobility restriction has directly prevented students toward service demand from accessing assistance, especially in isolation or areas with limited service (Badrifam et al., 2020). Quarantine and isolation are the oldest and most effective ways to prevent disease transmission and suppress the propagation of the pandemic. It separates, limits, and prevents infected people from traveling to or health people from infected areas (Badrifam et al., 2020). Thus, quarantine challenges those with enduring mental health problems and crises in a pandemic, particularly during tightening regulations, closing public services, limiting mobility, and prohibiting gatherings. Isolation has become a constraint in finding mental health help (Ganesan et al., 2021). Isolation turns out to have negative implications, especially for people with psychological problems, such as anxiety, stress, fear, reactive behavior,

boredom, sadness, worry, helplessness, loneliness, and depression (Ganesan et al., 2021; Loades et al., 2020).

By definition, barriers to health are anything that makes it difficult for individuals to access, use, or benefit from health services (Scheppers et al., 2006). Impartial views on the importance of mental health, social stigma, self-closure, the desire to solve their problems, and ignorance regarding information in accessing psychological assistance are common barriers to managing mental health (Topkaya, 2015). In addition, students' attitudes toward mental health assistance and their perceptions of finding help have greatly influenced how students manage their mental health (Yakunina & Weigold, 2011). During the pandemic, mental health service is not perceptive to the need for services conforming to a crisis (Feijt et al., 2020) and have become even more inaccessible in remote areas with inadequate infrastructure. The low levels of mental health literacy add to the barriers shown by the high stigmatization of mental health (Maya, 2021) and the perception of mental health issues as tertiary issues. Mental health access and availability in Indonesia remain limited, and mental health workers are not evenly distributed throughout Indonesia (Sari et al., 2020). During the pandemic, the implementation of mental health policy is increasingly facing challenges and limitations on service access and coverage problems (Ridlo, 2020).

A person is considered mentally healthy if they can realize their ability, cope with various stresses in life, work productively and helpfully, and contribute to the people surrounding them (World Health Organization [WHO], 2004). Mental health can be achieved through satisfying social relationships (Bailey et al., 2018). Nevertheless, students who cannot manage their mental health are at risk of severe emotional tensions, impairing their well-being (Nasrullah & Sulaiman, 2021). This research is intended to explore the barriers students encounter in managing their mental health, particularly during the COVID-19 pandemic. Identifying the students' barriers is crucial to determining the correct treatment strategy to overcome those obstacles. Knowing what causes student failure to manage mental health problems will make determining the proper intervention strategy easier.

Method

Research Design

This research employed an open-ended qualitative questionnaire and focused on what hindered students' aspects in managing their mental health during the COVID-19 pandemic. As with qualitative health studies using questionnaires (Barcham & Stephens, 1980; Zhao et al., 1997), this approach allowed us to understand the participants' views about mental health barriers during the COVID-19 pandemic. This specific design has the advantage of involving diverse participants, especially considering the pandemic's mobility restrictions. An open-ended questionnaire gave participants a free space to describe their experiences using written answers.

Participants

Participants were recruited using the purposive sampling method with these criteria: 1) aged 19-25 years, 2) undergraduate or diploma program students, and 3) during the COVID-19 pandemic living in Indonesia. This report was a sequel to our previous study (Nurdiyanto & Harjanti, 2022) related to psychological distress during the COVID-19 pandemic. At first, we recruited 728 participants. However, only 310 participants ($M_{age} = 20.6$; $SD_{age} = 2.16$) could be further analyzed due to the ineligibility of participants, such as those under and over age,

not university students, or not reporting any mental health issues in participants' self-report. [Table 1](#) shows the demographic of the participants.

Table 1
Participant Demographic (N=310)

Characteristics	N	f (%)	Characteristics	N	f (%)
Sex			Religion		
Female	207	66.77	Buddhist	2	.64
Male	99	31.93	Hindus	3	.96
N/A	4	1.29	Muslim	73	23.54
Age			Catholic	39	12.58
19 – 21	255	82.25	Christian	182	58.70
22 – 25	55	17.74	N/A	11	3.54

Procedure

Data was collected by distributing qualitative questionnaires through the Google form containing 1) research informed consent, 2) participant information, and 3) open-ended questions. The survey was conducted between 15-30 November 2021 by sharing the links via WhatsApp, Twitter, and Facebook. At the beginning of the questionnaire, we briefly described the research, the research objective, the commitment to data privacy and confidentiality, and how the data will be used. This research was reviewed and approved by the Research Ethics Committee, Universitas Gadjah Mada (Number: KE/UGM/013/EC/2021).

The questionnaire covered three open questions that explored psychological burdens, how participants manage their psychological burdens, and perceived obstacles in managing mental health. There was no word limitation in answering the question, and it allowed participants to elaborate as much as needed. The questions mentioned in the open-ended questionnaire are as follows:

1. What are the psychological burdens you feel during the COVID-19 pandemic?
2. How do you manage psychological burdens during the COVID-19 pandemic?
3. What are the constraints in maintaining psychological health?

Data Analysis

The thematic analysis ([Braun & Clarke, 2019](#)) was applied to identify, analyze, and report meaningful patterns in data. In conducting the analysis, the transcript was re-read to familiarize with the data. The answer sheet was read repeatedly to generate initial codes. The second and third authors built the potential themes and continuously reviewed them by the first author until they were refined towards saturation. All authors provided definitions and labeled the themes through panel discussions.

Results

Based on the data analysis of the open-ended questions, five themes were obtained related to constraints encountered by students in managing mental health during the COVID-19 pandemic. The themes of barriers faced by students in managing mental health are 1) lack of social support, 2) mobility restriction, 3) information overload, 4) overburdened by assignments, and 5) lack of desire to disclose personal issues.

Lack of social support

The COVID-19 pandemic required every student to spend their days in their residence (house, boarding, and dormitory). This circumstance is also followed by increasingly frequent interactions between family members within the household. During the interaction, participants and their families faced pandemic adaptation issues in their family environment. Therefore, participants still complain about their families' lack of support. Compounding the problems, participants were also faced with their personal pandemic adaptation issues in their family environment. As expressed by one of the female students when asked about the barriers to maintaining psychological health,

"Family and parents. They did not understand or perhaps did not care about their children's mental health. Sometimes parents are also one of the reasons I have a psychological burden." (RESP-203, 20 years, female)

Participants expect emotional support from their families, particularly during the pandemic adaptation to online learning with its burdens and challenges. Unfortunately, the participants perceived that their parents, on the contrary, were the reason they had a psychological burden during the COVID-19 pandemic. Participants even felt that their parents did not care about their children's mental health, including new activities carried out at home during stay-at-home instructions. Besides support from family, participants expect support from friends during the pandemic. Participants need support from their friends, who are considered the closest person to help them overcome lecture problems such as academic assignments, campus activities, or other time-consuming activities. However, limited interaction and adaptation to each individual at the start of the pandemic meant that the need for peer support was impossible. Another participant stated that she did not get enough aid from her social environment. She says,

"My social circles, such as my college friends and playmates, were not supportive (to solve problems)." (RESP-01, 19 years, female)

Mobility restrictions

Restrictions on mobility during the COVID-19 pandemic have made access difficult for travel and social interaction. Restrictions prevented participants from carrying out activities freely as they used to before the pandemic. Every access to travel, carry out activities, and meet colleagues is limited, as stated by a female participant,

"There are not many obstacles, but what is most striking is not being able to meet other people for an uncertain time, which in my opinion is long enough." (RESP-220, 19 years, female)

Participants perceive the problem as a result of no unity or interaction with other people in the long term. Participants also found it challenging to limit the specified mobility because it caused them to be unable to get out of boredom, fatigue, or just for refreshment, as written by a student,

"My obstacle is that I still cannot cope with stress well. Because I usually cope with stress by having a picnic on the beach or going to the mall. Therefore, even though I do my hobbies at home, the reality is that it does not guarantee that I can overcome my psychological problems." (RESP-302, 19 years, female)

Mobility restriction also affected participants' barriers to dealing with stress because, for some people, going out is a strategy they always do in coping with distress. The impact of this mobility restriction then influences student strategies in managing their mental health.

Information overload

The excess of information was related to a large amount of COVID-19 news from various sources rolling fast in society. Meanwhile, the information spread among the public did not entirely come from reliable sources. As said by the participant,

"I cannot filter the news about COVID-19. Moreover, the people around me always keep up with it and talk about it." (RESP-99, 19 years, female)

Excessive information about COVID-19 forms negative thoughts and generates fear and anxiety, impacting an individual's mental health. Furthermore, the surrounding environment and the media contributed to the participants overthinking about the pandemic. As stated by a student,

"The influence of mass media coverage is always exaggerated." (RESP-507, 21 years, female)

The news about the number of death cases that are continuously reported and misinformation related to the COVID-19 pandemic caused participants to have negative perceptions about COVID-19, resulting in fear of being infected by the virus. This information overload of COVID-19 also affected how individuals deal with mental health. Fear of excessive information led participants to limit meetings with health workers, including seeking treatment at health services. They are more focused on handling emergency diseases. In the context of a pandemic, mental health problems tend to be considered tertiary to get treatment from professionals.

Overburdened by assignments

The COVID-19 pandemic has brought many changes in activities, so adapting to the current situation is necessary. However, we found that fast changes, unaccompanied by the development of the academic system, create learning activities considered to be unoptimized for students. Consequently, learning activities are full of assignments instead of class discussions. Therefore, the most frequent perceived changes were related to the lecture challenges faced by the participants. As stated by a student,

"Lecture assignment. It is not easy to interact directly, but assignments keep coming. I cannot manage my psychological issues. I just played games. It feels like during this pandemic; there are more lecture assignments now than before." (RESP-162, 21 years, male)

Participants felt burdened by changing lectures, which were initially held offline and now changed to online during the pandemic. Participants admitted they needed help dividing their time; consequently, activities and assignments were neglected. Difficulties in adapting can also be seen from the lack of time management that students have during the pandemic, as expressed by students,

"I cannot manage time management. Plenty of homework and campus activities." (RESP-141, 21 years, female)

Lack of desire to disclose personal issues

A lack of desire for self-disclosure can hinder seeking mental health assistance. This finding also revealed that the tendency to shut oneself down when encountering problems could hinder handling mental health during a pandemic. One participant said that he could not share personal issues with other people,

"I am not open to sharing problems with others. I prefer to keep everything to myself" (RESP-250, 19 years, male)

Participants feel that hiding problems is better than telling others, including family. Parents and the closest people are considered unable to become an outlet to share problems with during this pandemic. Besides, other participants chose to keep their problems to themselves, as stated by the following student,

"There are some internal pressures that we cannot tell others, so we keep it to ourselves." (RESP-229, 19 years, female)

Participants feel pressure from within themselves that cannot be shared with other people, including friends; hence, they feel better about keeping their problems hidden. This character tends to prevent students from seeking help to solve their mental health problems.

Discussion

This study explored obstacles to managing mental health during the COVID-19 pandemic. University students encountered constraints related to changing patterns during a pandemic, including a lack of social support from those closest to them, mobility restrictions, information overload, overburdened assignments, and a lack of desire to self-disclosure. Notably, adolescents with limited social support have little access to mental health assistance (Jose et al., 2012), placing them in more complex psychological problems. In this context, the social connection can lead to seeking mental health assistance. A previous study highlighted that limited interaction and mobility lead to overwhelming emotional impact (loneliness, boredom, and anxiety) and loneliness issues in student life (Nurdiyanto & Harjanti, 2022).

Strong social support is one of the buffers for mental health when a person undergoes a life crisis (Dalgard et al., 1995). Social support from family and friends predicts student quality of life (Alsubaie et al., 2019). It reduces mental health deterioration when adverse life events occur, especially those related to conditions that individuals feel they are unable to control (Jose & Lim, 2014). Social relationships with quality peers positively contribute to adolescents' mental health (Santini et al., 2021). Unfortunately, social support is one of many that students complain about in maintaining their mental health during the pandemic, especially with domestic problems and violence, which surprisingly increased during the lockdown period (Olding et al., 2021). The financial crisis during the pandemic also led to tensions between family members (Westrupp et al., 2023).

The experience of a pandemic with mobility restrictions could be considered an adverse life event. Research during the early pandemic confirmed various adverse effects, especially for the marginalized, such as those at risk of unemployment, food insufficiency, cancellation of offline classes, and mental health problems (Chakrabarti et al., 2021). Mobility restrictions are associated with declining mental health, marked by unhealthy eating behaviors and worsening sleep quality, with groups of young people and women being more at risk (Carpio-Arias et al., 2022). However, the impact of lockdown on mental health varies; with high mortality rates, lockdown no longer causes mental health to worsen but has an influence on high anxiety and depression alongside high mortality rates (Costa-Font et al., 2023). During the restrictions, students cannot carry out activities they usually do as coping strategies when facing problems. Our study underlines that mobility restrictions are also a barrier to seeking help besides being viewed as a source of distress. Restrictions on mobility are also perceived as an obstacle by students, considering the limited access and social interaction with peers or those closest to them.

Credible COVID-19 information plays a role in reducing the crisis impact. Accurate information has a beneficial effect on avoiding transmission and mitigating the virus spread (Patwary et al., 2021). Conversely, fake news and rumors can have negative impacts, such as

anti-vaccine provocations and patient or health worker rejection, causing fear, terror, stress, and mental health problems (Abdullah, 2020). COVID-19 misinformation reports have become an unstoppable snowball news in comments and posts on social media or in sharing and forwarding online news. The reporting of increasing COVID-19 cases has driven social uncertainty and helplessness. These aspects have relevance to mental health issues. Longitudinal studies have found that media exposure related to the 9/11 attacks correlates with the emergence of re-trauma about the horror event (Silver et al., 2013). Although the 9/11 incident is clearly different from the global pandemic crisis, it drives the idea that media information and social media opinion can harm mental health. A literature review has identified that widespread pandemic information negatively affects the mental health of adults, the elderly, and women (Delgado et al., 2021); it confirms that young adults are a group that is vulnerable to infodemic influences.

The change in learning from face-to-face to online changes student activities drastically, especially without any mitigation efforts against it. Assignments are perceived to be given in an even more enormous amount with little to no support from teachers (Chaturvedi et al., 2021). Participants perceived the assignments as academic stress. Students with adaptive pandemic strategies have healthier behaviors and can find sources of assistance and academic achievement (Babicka-Wirkus et al., 2021). Parallel to previous findings, people who tend to lack disclosure have difficulty in managing their mental health, as they cannot find any appropriate person to trust and rely on. Keeping problems from others is preferred by people who have trust issues and disappointment with trust, and the problem is taboo and too humiliating for others to know (Seamark & Gabriel, 2018). They rely more on themselves, and telling problems to others is believed to not solve problems. Furthermore, the lack of access to mental health care has increased reluctance to access available assistance. Despite telemental health efforts that have been attempted (Ramalho et al., 2020), various service limitations during the isolation period related to the shortcomings in national strategies and regulations still need to be more helpful.

The COVID-19 pandemic is a crisis that may take another form. However, problems regarding the causes and forms of student psychological problems have occurred even outside of the pandemic. The pandemic crisis has worsened mental health problems. The awareness to care for each other needs to be strengthened in hopes of averting young people from being dragged into deeper psychological problems. It is worth noting that loneliness can reduce psychological well-being, even with lower distress (Nurdiyanto et al., 2022).

There are some limitations of this study. First, this study is limited in exploring what students perceived as barriers to handling mental health and did not limit the scope of such obstacles in a specific condition. Future research has opportunities to apply studies to limited barriers, for example, depression or marginalized issues. Secondly, data collection was conducted in a brief qualitative survey, and we did not collect data in the traditional qualitative framework by observation and interviews. Thus, we do not have intimate interactions with our participants. Data was collected through online social media, where women were dominant among our respondents. Further research needs to involve a more balanced gender participant.

Conclusion

This study described the pandemic's consequences on students' barriers to managing mental health during a pandemic to contribute to a discussion on adolescents' mental health, the significance of pandemic disruption, and how the barriers they perceive. During the COVID-19 pandemic, students encountered obstacles in managing mental health related to the lack of

social support, mobility restrictions, pandemic information overload, and the lack of self-disclosure regarding personal issues. Social interaction is proven crucial in supporting or hindering students in managing mental health. In addition, information overload can hinder students from addressing mental health as well as the tendency to neglect healthy living behaviors. Mental health promotion must integrate information on accessing mental health assistance (e.g., formal, semi-formal, and informal) and adopt adaptive coping strategies in crises. It is critical for higher education institutions to provide mental health services that are more accessible to all students.

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Declarations

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