

# Understanding Mental Health Problems during the COVID-19 Pandemic through Telecounseling Services in Indonesia

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**Abstract:** Since the novel coronavirus has been identified (COVID-19) in China by the end of 2019. The World Health Organisation (WHO) has released a statement that the COVID-19 has been confirmed as a worldwide pandemic. As a result, it has become a recent threat for mankind around the globe, including Indonesia. Indonesia has been struggling to combat this virus for more than one and a half years. The COVID-19 has resulted in some effects in many areas, such as economy, education, and health. The COVID-19 produces a significant implication for developing mental health problems. The Indonesian government in collaboration with HIMPSI (Indonesian Psychological Association) has launched the SEJIWA program. This program is a telecounseling service aims to provide mental health support due to the COVID-19 pandemic. This study aims to explain psychological conditions that potentially threaten and support mental health. Data from 16 subjects was analysed using a thematic analysis. Five themes were found from this study: 1) Fear and anxiety; 2) Risk factors; 3) Triggers; 4) Dilemmas of support system; and 5) Improve self-help skills through telecounseling. Fear of infection and anxiety about their personal and familial health condition increased especially for those who have been vulnerable for experiencing psychological conditions before the pandemic. The lack of understanding of the COVID-19, continuous media exposure, limited access to health services, and social restrictions have triggered the presence of psychological symptoms. A telecounseling program has been helpful in providing psychological self-help skills, as well as supporting mental health during the COVID-19 pandemic.

## 1 INTRODUCTION

The novel Coronavirus (COVID-19) which was first identified in Wuhan, China at the end of 2019 has been declared as a pandemic by the World Health Organization (WHO). According to WHO (2010b), pandemic is a large-scale epidemic, affecting humans in several countries, even throughout the world. In addition, Coronavirus is relatively easy to transmit from a person to another and the disease caused by the virus (COVID-19) is an emerging infectious disease. Based on these characteristics, the disease caused by Coronavirus is referred to as a pandemic (Lederberg et al., 1992; Taylor, 2019). The COVID-19 pandemic has affected various aspects of human life, such as economic, education, and health aspects. Limited working hours, layoffs, burnout work-from-home employees, study-from-home challenges,

regional conflicts, to the stigma on health workers and sufferers are among the impacts of the pandemic (Brahma, 2020; IFRC, 2020). The COVID-19 pandemic has significant implications on individuals and communities (Pfefferbaum & North, 2020). Compared to other countries in SouthEast Asia, Indonesia has recorded the highest death rate (Tribunpalu.com, 2020). Indonesia also has the second highest confirmed cases after Singapore. On May 28, 2020, COVID-19 Task Force recorded 25,216 confirmed COVID-19 cases, 1,520 deaths, and 6,492 recoveries (COVID-19 Response Acceleration Task Force, 2020). In Central Java, there were 311 confirmed COVID-19 cases, with 233 patients in care, 43 deaths, and 45 recoveries (Detik.news.com, 2020).

The COVID-19 pandemic is usually characterized by uncertainty, confusion, and sense of urgency. This

state of uncertainty relates to the chance of being infected and the spreading of information related to disease management as well as questions regarding the end of the pandemic (Kanadiya & Sallar, 2011). Several studies have shown that the COVID-19 pandemic has affected mental health (Ornell et al., 2020; Otu et al., 2020), resulting in a number of feelings like isolation, helplessness and negligence, insecurity, anxiety, and stigma (Mackolil & Mackolil, 2020; Ornell et al., 2020).

One in five Indonesians could suffer from anxiety during the COVID-19 pandemic. The most at-risk groups are young women, people with suspected cases of COVID-19, and those who have unsatisfactory social support (Anindyajati, 2021). However, another study (Alnazly, et al, 2021) reveals that social support does not have a significant correlation with the emergence of mental health problems, such as anxiety in individuals during the COVID-19 pandemic. High levels of anxiety are characterized by undue anxiety and excessive worry about one's health, or disproportionate concern for one's or others' objective health. Therefore, individuals with high levels of anxiety tend to develop excessive worry about the emergence of various types of health threats, exaggerate the likelihood and seriousness of being sick (Hedman et al., 2016) and tend to pay attention to minor symptoms (Tyrer & Tyrer, 2018). Mental health remains as an essential component for individuals to manage their ideal life during the COVID-19 pandemic. Therefore, WHO issued protocols to foster the activities in the field of mental health. This study aims to identify mental health problems during the COVID-19 Pandemic through telecounseling sessions and understand how they deal with them, as well as associated conditions.

The Indonesian Government through COVID-19 Response Acceleration Task Force has issued various policies to reduce the number of COVID-19 cases. The COVID-19 Task Force focuses on three main protocols, namely protocols to enter Indonesian territory, protocols in public transportation, and protocols in the education area (Ifdil et al., 2020). The steps include large-scale social restrictions (PPKM) which are implemented in 31 regions and seven provinces in Indonesia, especially in areas with the highest number of confirmed cases (KOMPAS, 2021). In addition, 5M policies, namely maintaining physical distance, wearing masks when conducting outdoor activities, washing hands with soap/hand sanitizers and disinfectants, avoiding crowds, and limiting mobility and interaction, should be implemented well.

In addition, the government cooperates with HIMPSI (Indonesian Psychological Association) providing a telecounseling service. The service is aimed to provide psychoeducation as well as psychosocial support for those affected by COVID-19 (Indonesian Broadcasting Commission, 2020) so that they are equipped with skills in managing emotions and remain calm in facing challenges (IFRC, 2020). Maintaining mental health during the COVID-19 pandemic is imperative as people need to be supported to adapt to shocking and stressful situations so that they can be resilient during the pandemic. Mental health is vital for individuals who seek for a better lifestyle.

Many studies have been conducted using a quantitative survey approach to uncover various mental health problems during the COVID-19 pandemic. However, there are still few studies that provide an understanding of how an individual's mental health condition declines during the COVID-19 pandemic and what efforts can be made to improve it.

This study aims to identify and understand types of mental health problems experienced by community during the pandemic.

## 2 METHODS

### 2.1 Participant Recruitment

This study was qualitative research, which aimed to understand how a person faces mental health problems during the COVID-19 pandemic and the related situations they experience. This research is the development of community service conducted by the second author (KSD).

The researchers analyzed the counseling data of the SEJIWA HIMPSI telecounseling program from April-June 2020. The program was still running as of this writing. Data collection in the first three months was carried out to provide an overview of the initial conditions of the COVID-19 pandemic in Indonesia from a psychological perspective. Informed consent was given to the participants prior to the counseling, which related to the anonymity and confidentiality of the data, as well as agreement that the data would be used for research purposes to improve mental health services in Indonesia.

Participants in this study were clients of telecounseling services with the second author as the counselor. The client contacted the SEJIWA 119 extension 8 operator or the Central Java HIMPSI operator and was connected to the counselor using

telephone or social media (WhatsApp) according to a predetermined schedule. The telecounseling process lasted approximately 30 minutes for each client. During the telecounseling, the clients could report psychological complaints that occurred during the COVID-19 pandemic and received counseling using a brief counseling technique and Psychological First Aid (PFA). Of the 23 clients who were willing to be involved in this study, only data from 16 participants could be analyzed. The consideration for selecting 16 participants was based on the completeness of the data provided and the types of problems directly related to COVID-19. The sociodemographic data from 16 research participants could be summarized as follows:

Table 1: Participants' Sociodemographics.

Initial	Sex	Age (years old)
Ya	Female	26
An	Female	19
En	Male	27
Ls	Female	19
Aa	Female	-
C	Male	36
Yi	Male	34
R	Female	26
E	Male	26
Tt	Male	66
P	Female	19
M	Female	19
Ib	Male	20
Ck	Female	12
W	Female	18
Bw	Male	34

## 2.2 Data Collection and Analysis

Data were collected using semi-structured interviews regarding mental health problems during COVID-19. Atlas.ti 8 version software was applied during the data analysis. Each author worked on each transcript. Different codes and themes are discussed among authors to achieve final agreement.

All data obtained were reported anonymously for the purposes of this study. Data were analyzed using thematic analysis (Braun & Clarke, 2006), which aims to identify, analyze, and report patterns in qualitative data. Six stages in conducting thematic analysis are:

- 1) Familiarize with the data, in this phase, the authors read and reread the transcripts;
- 2) Perform initial coding, the researchers started to code the interesting features across the whole data set;
- 3) Categorize the code for the process of searching for themes, the researchers collected all data corresponding to each potential theme;
- 4) Conduct a theme review, the researchers checked whether the themes aligned with the coded extracts and the entire data set. A thematic map was produced;
- 5) Define and clarify the theme map, the researchers generated clear definitions and names for each theme;
- 6) Make a report, in this phase, the researchers selected vivid and compelling extracts from the data, analyzed it, and related back to the research questions and literature to produce concise, logical, and interesting account of the story.

## 3 RESULTS

There were five main themes revealed in this study. The five themes consisted of (1) Psychological symptoms: fear and anxiety, (2) Risk conditions, (3) Triggering conditions, (4) Support system as a dilemma, (5) Improved self-help skills through telecounseling. Themes discovered from data extraction were described as follows:

### *Psychological Symptoms: Fear and Anxiety*

The result discovered that most of the participants showed signs of mental health problems, which not only put them at risk of being infected with the COVID-19, but also experienced psychosocial conditions that trigger mental health vulnerabilities. The result showed that most of the participants were experiencing fear and anxiety. Some of the subjects stated that they felt "anxious, worried, and difficult to sleep" (Subject R) Subject R felt anxious because her husband and children are considered vulnerable to be infected with the COVID-19. Similarly, Subject E also expressed his anxiety because he was 'afraid that his parents are infected' because, according to Subject E, they are working in the health sector, which makes them prone to be infected by the disease. The fear of being infected with the virus also was expressed by EN, AA, R, and W, which caused them to be worried about their health condition, and to feel uncomfortable in their activities.

In addition, media exposure on the COVID-19 cases was considered by most of the participants as

causing distress, as supported by Neria and Sullivan (2011). Moreover, health threats perceived by the subject, both to themselves and family members and changes in daily routine are some of the situations that might affect the subject's mental health. Although this study did not measure the participant's current level of anxiety, based on the results of interviews to several participants, it appeared that anxiety referred to the tendency to be worried about being infected with the COVID-19.

Most of the participants experienced "shortness of breath" and "low immunity". According to Taylor, excessive anxiety resulted in the subject interpreting somatic symptoms as a sign of infection (Taylor, 2019). In addition, excessive anxiety caused people to be overly aware of changes in body sensations, was characterized by paying excessive attention to minor physical changes (Tyrer & Tyrer, 2018). The understanding that stressful situations might decrease immune response can be explained based on the fact that psychological stress affects the immune system by interfering with the communication between the nervous system, hormone system, and immune system. This interference, according to Prawitasari (1997), causes the body to become weak and lower the immunity.

#### *Risk Conditions*

The risk conditions experienced by the majority of the participants consisted of personal conditions in which caused them prone to experience mental health problems, such as: overthinking, intense curiosity, and negative perceptions about COVID-19. Meanwhile, the conditional factors that were considered to increase the risk of mental health problems during the COVID-19 pandemic were living apart from family, worrying about vulnerable family conditions, working or studying online, and being in uncertain conditions during the pandemic. For example, participant Ib, who was separated from his family, felt anxious about their health condition, as expressed:

*"I'm worried about my family because I have heard that there are some COVID-19 suspects in my hometown" (Ib, M).*

Several subjects also expressed their anxiety related to various news about the COVID-19. For example, subject E became "overthinking" and subject En admitted to be "very paranoid" and "unable to think positively" so that the thoughts inhibited them from doing daily activities. The findings of this study are in line with the result of the study conducted

by Li et al (2020), which suggested that increasing anxiety, distress, and depression impacted daily productivity.

#### *Triggering Conditions*

Certain conditions that occurred during the Covid-19 pandemic often provoked psychological problems and worsened individual mental health conditions. Most of the participants disclosed that psychological complaints were starting to feel disturbing. They felt confused about the situation during the COVID-19 pandemic and what COVID-19 actually was, changes in social activities that started to be limited and became increasingly difficult to access health services. Participant A stated that he experienced complaints because he could not imagine how long this condition would last. Participants P and YI felt more complaints about anxiety and fear when provoked to follow news about the Covid-19 pandemic in the mass media and on the Internet. Unlike the others, participants E, En and TT described that when they thought about and worried about their family's condition, psychological complaints appeared more intensely. Negative and mistaken perceptions of the COVID-19 pandemic had also influenced their mental health condition.

#### *Support System as a Dilemma*

Most of the participants (R, Yi, E, M, AA, C, A, E, TT, EN, Ib and P) explained that friends and family were their support systems during the pandemic. However, some participants who separated from their source of support due to their conditions (e.g. A preferred offline lectures and boarding houses because they felt that their friends understood them better than their parents; Yi and EN felt they had to go home to their parents because they felt bored and anxious in the city where they worked; as well as P who tried to go home to avoid loneliness) experienced an increased risk of anxiety and other psychological conditions such as boredom and loneliness. On the other hand, the support system became a psychological burden when they felt their families were at risk of being infected with the COVID-19 (as explained by participants TT, E, AA, R, W and Ib) that increased feelings of guilt when they were sick, as well as anxiety and worry when family members were around. They felt that working outside the home could be at risk of being infected with the COVID-19.

This finding showed that the support system had two contradictory effects on each other because the COVID-19 pandemic conditions require the need for physical distancing, making it difficult for them to

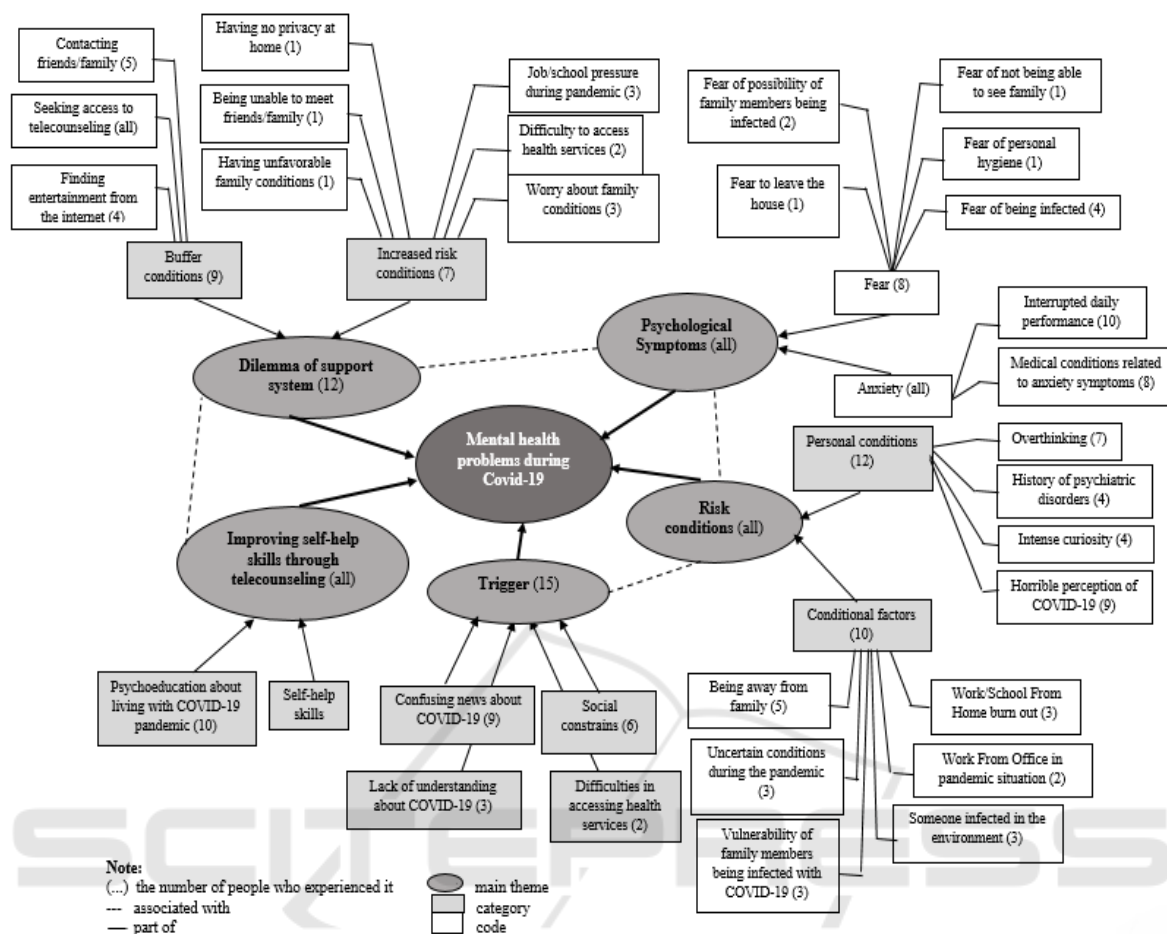


Figure 1: Theme mapping.

access social support and become worried when separated. Participants who tried to open up and proactively seek other sources of support, by seeking counselors through the telecounseling service, contacting friends and family online could benefit from the existing support system, as a source of emotional support, a source of information, as well as a source of instrumental support. This explains the reason why social support does not have a significant correlation with various psychological problems experienced by individuals during the COVID-19 pandemic, such as fear, depression, anxiety, and stress (Alnazly, et al, 2021).

The findings of this study argued that an individual's social support system could be a boomerang for their mental health conditions when they were at risk of being infected with the COVID-19 or when social support systems were inaccessible. Interestingly, this study found that the active role of individuals in choosing and seeking new accessible sources of social support or seeking to open access to existing sources of support influenced their mental

health conditions. Individuals who were proactive about opening up access to a new support system or seeking to connect with a support system felt calm and understood what to do.

Associated with being proactive and initiative in finding solutions to the conditions, all participants in this study utilized the telecounseling service to gain an understanding of their psychological conditions and physical complaints resulting from the COVID-19 pandemic. The eagerness to tell about their psychological conditions and their efforts to overcome psychological conditions made them easier to accept the suggestions given during telecounseling sessions.

#### Improved Self-help Skills through Telecounseling

All clients chose to utilise the telecounseling to overcome their anxieties and fears. At the beginning, not a few of them complained of physical symptoms, such as shortness of breath, difficulty sleeping, palpitations, and sore throats, however, as the

counseling went on, they admitted that they felt uncontrollable anxiety. The telecounseling was able to help them improve their psychological self-help skills in addition to educating them about the COVID-19 pandemic. Through telecounseling they knew how to manage excessive anxiety and looked for alternative coping for the conditions they were experiencing.

The findings in this study supported a previous study regarding effective efforts to overcome mental health disorders during the COVID-19 pandemic, namely by focusing on cognitive emotion regulations by reducing negative and maladaptive thoughts that have the potential to cause excessive fear (Zsido et al. in Coelho et al., 2020). The forms of cognitive emotion regulations include physical exercise, relaxation, acceptance, and professional help (Wu et al., 2020 in Coelho et al., 2020).

## 4 DISCUSSION

The mental health conditions during the COVID-19 pandemic of the 16 participants were dominated by two psychological symptoms, namely anxiety and fear during the COVID-19 pandemic. Complaints of anxiety had an impact on decreasing their productivity and mental health conditions. Meanwhile, fear comprised the fear of being infected, the fear of leaving the house, or the fear of the family being infected or transmitting the virus. The anxiety and fear that arose was triggered by a lack of understanding about the COVID-19 pandemic, the confusion of news in the media, their difficulty in accessing health services, and social restrictions on the support system. These conditions had a more negative impact on participants because they already had vulnerable personal characteristics that were characterized by overthinking and a view that the COVID-19 pandemic was terrible, had a high curiosity without being selective with media, and had a previous psychiatric history, such as being on medication for depressive mood disorders.

Psychological complaints get worse when they have already developed a risky condition, both personally and conditionally that they experienced during the pandemic. For individuals who have characteristics of overthinking, high curiosity level, and a history of psychiatric disorders, the COVID-19 creates an inadequate sense of agency due to their inability to control the situation. In addition, working or studying from home cause difficult adjustments due to heightened feelings of burden and pressure.

12 out of 16 participants stated the role of the support system although they also felt that their support systems were not optimal due to social restrictions that occurred due to the COVID-19 pandemic and even became a problem that potentially increased the risk for causing mental health problems. This finding supports a previous study that during the COVID-19 pandemic, there is a potential for misinformation, uncertainty, and fear of being infected with COVID-19 that increases stress and anxiety, which lead to mass panic. Mental health education and psychological supports are efforts to reduce the risk of experiencing mental health problems (Kaligis et al., 2020).

## 5 CONCLUSION

This result of the study shows that mental health problems during the COVID-19 pandemic are found in the community. The presence of feelings, such as anxiety, fear, and worry, is manifested in the form of somatic disorders and an assessment of the risk of contracting the COVID-19 to oneself and others.

The risk conditions of the subjects affect subjects' response to deal with the COVID-19 pandemic. During the COVID-19 pandemic people cannot rely on their support system because the pandemic condition requires physical distancing with others to maintain their health. Dilemmatic conditions within the support system during the COVID-19 pandemic can be minimised by being proactive and searching for alternative tools or resources. Their willingness to use the telecounseling service is one of the efforts to identify and overcome psychological complaints that can affect their mental health and psychological well-being in order to be able to adapt during the pandemic.

This study has limitations. The majority of participants took part in at least one counseling session within a limited time, therefore, deeper information about the participants' situations were difficult to attain. Further study can be recommended to follow the participants' mental health conditions after participating in the telecounseling service to ensure how this service can be utilized as a tool to support mental health during the pandemic era.

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