

Thesis and Suicide Ideation: Interpersonal Communication to Strengthen Self-Resilience Among College Students

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Abstract

Background - As suicide-related incidents on college students increase and receive more and more media coverage, as well as a growing percentage of students experience suicide attempts, there is a desperate need for a further anticipating action and protection among the college population.

Purpose - This article reviews the urgency of strengthening interpersonal communication approach to build personal resilience for students in Indonesia in the phase of completing their final thesis on campus. This problem becomes highly important considering the fact that thesis completion period is a very difficult transition for many students, where emotional and psychological instability is very influential and often creates depressive situations.

Design/methodology/approach - We examine this issue by Durkheim's theory of dysregulation of social forces to look at the degree of social integration and the importance of increasing interpersonal communication between student and their lecturers, as well as student and their peer group within Indonesian higher education institutions. To that end, we conducted focused group discussions to summarize the social aspects defined as important to tackle this issue.

Findings - The results demonstrates the weaknesses of individual resilience dimension must be addressed through specific communication techniques so the person would not lack of connection to something that transcends themselves and creates better personal resilience.

Research limitations - However, this alternative would not be fully effective if other factors out of academic reasons are still considered uncovered.

Originality/value - Yet this study can be useful for those interested in the area of psychology, communication, and social studies in general.

Keywords: resilience, depressed students, suicide students, communication psychology

"The man who says he can, and the man who says he can't, are both correct"
Confucius

I. INTRODUCTION

Since 2015, mental health become one of the global, regional and national agenda of UN member states through Sustainable Development Goals. Being addressed as the global agenda came from the lesson learned that mental health is a newly emerging development challenges for all human being. Over the next 15 years, mental health will be global regional and nation concern of member states by addressing mental health policies, systems, and programs and report it to the UN. The program needs full participation by intellectual, people with mental and psychosocial disabilities to take in part to reduce the stigma (Izutsu et al., 2015).

World Health Organization (WHO) (2018) defined mental health as, "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work

productively and is able to make a contribution to his or her community.” Mental health is vital for human being’s collective and personal life, especially regarding their ability to interact with others and having a well-stated role in society. Poor mental health is associated with many society problems one of which is suicidal. About 90% of people who commit suicide have suffered mental disorder, it contributes between 47 and 74% of suicide risk (Bilsen, 2018).

Every 40 seconds one person on this earth die due to suicide and group age of 15-29 years old experience it as the second leading cause of death (WHO, 2019). These young people are by nature vulnerable to mental health problems (Obarch, 2006). Youths have to face challenges from society, while facing psychological and physical transition by developing their own identity and self-esteem that provoke the feelings of insecurity and anxiety. Moreover, the growing of communication technology has now been also taken part on this phenomenon. Young people tend to be more enjoying social isolation behind their devices rather than having a face to face communication (Iwamoto, 2019).

The data has encouraged education institutions in Indonesia to give more concern about mental health problems. A study conducted in a Jordanian university showed that academic and social dimensions ranked as primary sources of distress, whereas emotional and health dimensions ranked lower. Mental health is part of the wellbeing that is connected to the academic success of the students (Dalky, 2012). Moreover, Higher education institutions (HEIs) is one of which, since a study by YouGov find that people aged 18 to 24 struggles with suicidal thoughts more often than older people (The Jakarta Post, 2019). This group of age may be occupied as students in the HEIs at the moment. These are may be an interpersonal factors of suicide behaviour, beside their internal challenges mentioned above as the intrapersonal factors based on the theory (Ayub, 2015).

A number of tragic and distressing suicide-related cases among college students are reported and covered by mass media from time to time. In Indonesia, the latest case was BH (25) of a state university in East Kalimantan died from hanged himself in his adoptive brother’s house in the mid of this year. BH, a last year undergraduate student, told his brother "I can't take it anymore, why my thesis is always rejected by my supervisor?" and then ended his life by hanged down himself, known by his worried brother a few hours later (Daton, 2020). LN, a student from a private university in Serang, Banten died in a "suicide" on May this year as well (Ariefana, 2020). FH (24) of a private university in Jogjakarta killed himself in his dorm room in late January this year after being presumed depressed of his unfinish thesis and exacerbated with his family problem (Wawan, 2020). AR, another last year student at a state university in Bandung, East Java hanged and ended his life in July 2018 (W. Putra, 2018). These are real suicide cases of student in Indonesia.

The rise in suicide-related incidents among students and intense media coverage of those incidents has brought increasing concern and attention to mental health and suicide issues among students (I. G. N. E. Putra, Karin, & Ni Luh Putu Ariastuti, 2019). Various studies have shown that suicide is among the top three cause of death in the population of late adolescents and young adults. A national survey conducted by the Data and Information Center of Indonesian Ministry of Health (Pusdatin Kemkes) (2019) and Into The Light Indonesian Community (Wisnubrata, 2019) showed that suicide was the third leading cause of death for youth between the ages of 15 and 29, following injuries and accidental homicides (as cited in Pusdatin Kemkes, 2019). Suicidal thoughts and attempts have also been found to be common among the college population. Pratiwi and Undarwati (2014) before reveals in her paper that one of three young adults have experienced of suicidal thoughts. A study on suicidal ideas among students reveal that 36 out of 62 had a high level of suicide ideation and acting on these thoughts in some way due to their study reason (Idham, Sumantri, & Rahayu, 2019). As a result, there is a desperate need for a better understanding and strategic prevention among related stakeholders to prevent suicide among the college population.

Higher education provides a brand-new environment for individuals in their transition time from adolescents to mature ages. Within this context, individuals are facing new norms and challenges that extremely different from the primary and secondary education. In the first-year, students must create a new social circle while struggling to manage academic responsibilities including independent learning, and this change may lead to mental health issues (Wyatt, Olswat, & Ochoa, 2017). As they are psychologically vulnerable in nature, this new setting may urge their adaptation ability even more, especially for those who experience stigmatization long before they reach the setting of higher education (Smith & Applegate, 2018). As time goes by academic overload, competition against peers and financial hardship may also be potential stressors for students (Dalky, 2012). In the final year, they have to go

through final assignments or thesis that appear to be another trigger of stress and depression. For some education system, such as in Indonesia, thesis is the compulsory module that have to be taken by undergraduate students to get the bachelor title. In other words, their four years struggle is “mortgaged” in six credits of thesis. The burden does not come only from the academic responsibility to submit thesis, but also during the process of writing. Students need to build and maintain an interpersonal relationship with supervisors that may not always work smoothly. From this standpoint, this study will evaluate student’s mental health phenomenon in higher education settings and how communication take role to bridge the issues.

II. LITERATURE REVIEW

The phenomenon of mental health and suicide has been discussed in many fields, e.g. psychology, sociology and communication. Individuals with mental disorders display cognitive distortions when reality is falsely perceived by them and attributing causality to themselves such as suicide thoughts (Institute of Medicine (US) Committee on Pathophysiology and Prevention of Adolescent and Adult Suicide, 2002). Psychology calls the prerequisite condition as psychosis. It refers to the condition when people lose some contacts with reality by hallucinating or delusion that leads to suicide behavior (NHS, 2019). Unfortunately, those symptoms happened in individual minds when other people may not know.

However, according to some scientists, suicidal behavior itself is a broad spectrum. Crosby, Ortega and Melanson (2011) states that suicide attempts are essentially non-fatal behavior, directed at themselves and potentially self-harm with a desire to die; other than that, an attempted suicide can or cannot result in injury. Silverman (2007) states that an attempted suicide is a self-inflicted act, a potentially self-harming behavior with no fatal results and no evidence either explicit or implicit of the desire to die. To describe the extent of the wound, it is distinguished by a type I suicide attempt for the unscathed, and a type II suicide attempt for an attempted suicide that inflicts wounds.

Wenzel, Brown and Beck (2009) have also explained Crosby's opinion by saying that suicide is a potentially injured behavior resulting from self-induced conduct with a desire to die. Suicide can or cannot result in death. Suicide ideations are all thoughts, images, beliefs, voices or thoughts about wanting to end his/her life. Based on the exposure, it is understood that suicidal behavior is not only a life-ending act, but also includes thoughts and conversations about suicide, as well as acts of self-harm with the desire to die.

Hence, when psychology comes with theories of why people die by suicide on the individual level, sociology tries to analyse the phenomenon from societal level. Durkheim is the first sociological theorist who propose the theory of suicide. Before Durkheim proposed his landmark theory of suicide, intellectuals believe that suicidal is the matter of free-willed individual actions toward social change and modernity instead of private despair (Wray, Colen, & Pescosolido, 2011). Agreeing the initial opinion of modernity as precursor of suicide, Durkheim then proposed a multifaceted theoretical scheme to explain the phenomenon. He identified that negative meanings and emotions produced by individual and group made some groups more vulnerable than others to self-destruction (Wray et al., 2011). According to Durkheim, dysregulation of social integration and moral integration result a fourfold typology of suicide: egoistic suicide, altruistic suicides, anomic suicide and fatalistic suicides. Egoistic suicide is seen in individuals who lack social integration, in reverse, when individuals are too socially integrated and feel their extinction will benefiting society. Anomic suicides happen when there are minimal social regulations, while fatalistic suicides occur in societies with extreme regulations and oppressive structural governance.

During post-Durkheim era, sociology studies blended statistical data on suicidal rates with observations to assess how urban environments influence individuals and groups (Wray et al., 2011). One of which done by Ribeiro and Moreira (2018) that tried to yield input to government policy in tackling suicide cases among adolescent and youth in Brazil. They found that rapid urbanization may be considered to carry suicide mortality among Brazil youths especially due to social exclusion in the distribution of supplies and chances (Ribeiro & Moreira, 2018). Another study from (Hung & Samson, 2018) noted that Hong Kong students suicides falls into fatalistic-egoistic suicide due to a hyper-regulation of Hong Kong cultures and tradition-induced regulations that has choked the students’ passion and blocked students’ perception of the future. In Malaysia, Kok and Goh (2011) found that lack of control the life came up as

the most reason for youth suicide thoughts in Malaysia which is based on Durkheim's framework lays under egoistic suicide. However, both studies believe that the phenomenon is too simplistic to be classified according to Durkheim's four dimensions. Another red line of these studies is the reason of suicidal among youth is extremely depended on the wider contexts of social inputs experienced by youths, rather than merely psychological nature condition.

Various studies on suicide then develop, and often empirical studies are conducted digging into various risk factors as well as protective factors. However, communicating about suicide is complicated, and it will not be possible to prevent all suicides. Kwok and Shek (2010) suggest that suicidal ideas in adolescents have a link to helplessness, and then the strong relationship between suicidal ideas and helplessness occurs in the weak state of adult-adolescent communication, which in this context could be interpreted between parents-children, and/or lecturers-students. Therefore, finding social support factors (Kleiman & Liu, 2013), developing coping strategies (Marty, Segal, & Coolidge, 2010), as well as improving interpersonal relationships (Choi et al., 2013) as protective factors for suicidal ideation and suicidal behavior are essentials.

In other words, it can be said that there is an urgent need to put into practice effective communication strategies in bringing up and responding to suicidal thoughts not only within the scope of the family, but also in educational setting. Communication perspective on this analysis lay on how to bridge the psychological and societal perspective towards the phenomenon. Communication is essential in therapeutic assistance by practitioners in handling mental health issues. Study from Stewart *et al.* (1995) find that communication skills in line with positive outcomes of the patient. However, not all individuals with mental health problems easily be treated by professionals, instead some of them pull away from care due to some reasons, one of which is mental health stigma.

In the communication research, stigma refers to the message that attributes an image (usually negative) about certain member of communities that encourage another member to react according to the image (Smith & Applegate, 2018). While mental health stigma defined as the misunderstanding of society about mental disorder (Rüsch, Angermeyer, & Corrigan, 2005). Ahmedani (2011) argues mental health stigma may happen in some social fields. First, in social level, when the stigmatized person being inferior in structural treatment and services by the society. Communication see this condition as the dysfunctional communication patterns that portrait the "us versus them" thinking and leads to stereotypes within group (Brashers, 2008). Second, self-stigma is an internalized stigma in individual minds especially those with low self-esteem and self-efficacy and may be provoke by their given situation (Ahmedani, 2011). People with mental health issues feels the problem by themselves. Many who tend to commit suicide are usually feeling lonely and have nobody to support nor hear their concern (Rakhmat & Tarahita, 2018). Lastly, health professional stigma refers to stigmatization by health professionals towards the clients including during treatment. Either from social or individual level, mental health problems may perceive as the dissonance of human relationship. Having understood of how this dissonance affects people is essential for communicators to deal with the problems especially by implying persuasion and effective strategy to help changing the stigma.

Smith and Applegate (2018) tried to correlate mental health stigma, communication and education. They come from the thoughts that, "communication and education are in position to create new stigma, bolster existing ones, or help eliminate them or reduce their power," (Smith and Applegate, 2018, p.383). They argue that education and contact are the promising efforts to eliminate the existing stigmas. Education focuses on altering inaccurate stereotypes about mental disorders and changing the misinformation with the factual one. While contact efforts rely on interpersonal contact between the general public and members of a stigmatized group, especially face to face contact interventions were the most powerful. He also discussed this framework from the standpoint of higher education. In academic activities of higher education, this form of interpersonal communication lays between the interaction of lecturers and students.

Interpersonal communication is a face-to-face communication, generally conducted by two people in which personal reactions can be captured directly and known both verbally and non-verbally. In doing interpersonal communication approach, the parties involved are within close proximity, sending and receiving messages spontaneously both verbally and non-verbally. According to (Wood, 2015 p.11), "Interpersonal communication is central to our everyday lives. We count on others to care about what is happening in our lives and to help us celebrate good moments and deal with problems and disappointments. In addition, we need other to encourage our personal and professional growth". It can be

understood that each individual needs an interpersonal communication approach in his or her life to be more meaningful. Hence this interpersonal communication role is so important in improving one's personal qualities, including in academic setting.

Campbel (in Nicotera, 2015) says that the quality of life is influenced by the quality of interpersonal relationships. People who have good interpersonal relationship are reported to live longer, rarely get sicker and enjoy life more. Meanwhile, failure or poor interpersonal relationships result in suicide, psychological problems, stress and instability of family life. It can be interpreted that the lecturers who love to share their thoughts and feelings with their students are more likely to have students who are academically, socially and emotionally better off. It is therefore important for the student to receive support from the nearest person, which in this case is the lecturer, especially their supervisor during thesis period, in order to increase motivation and confidence to build a positive self-concept, so that the student can show a responsible attitude to finish their thesis.

III. METHODOLOGY

This study undergoes a qualitative approach to investigate mental health issues in academic relationship. Two perspective has gained from psychological and communication fields as the basis framework to bridge argument on Durkheim's dysregulations concept and interpersonal communication perspective of cognitive dissonance theory. The data was collected from two focus group discussions. The first group consists of 15 participants and the second group consist of 13 participants with professional psychiatrics from mental hospitals in East Java, lecturers from Communication Science Program of Mulawarman University, as well as last year students' representative involved in the discussions to moderate the topic. The focus group discussions took place via meeting applications due to health protocol during pandemic. In this study, secondary data is used to enrich the article. For secondary data collection we have used published data sources from government and non-governmental publications, research papers, books, online data such as websites, journals and other reliable sources.

IV. RESULT AND DISCUSSION

All participants in the FGDs agree that thesis is the final task that must be passed by all students who would complete their undergraduate studies. In completing this final stage, they face many problems in working on their thesis, one of which is the dynamics of communication experienced by students towards their supervisors. Where in the preparation of the thesis, the role of supervisors becomes very important. For the sake of the preparation of a good thesis, each student is supervised by one or two supervisors, who give advises on the materials, research methods, writing techniques and others required by the student. Therefore, students should establish a good relationship with their supervisors, so that the consultation for the thesis goes well. If students and supervisor do not have a good relationship it will be an inhibition to progress the thesis to the next level.

This situation sometimes creates a stressing situation which is identified as one of the big issues faced by the final year students. This study reveals that stress which is caused by thesis, is the second most common problem felt by students. So if this is not handled properly, this psychic strain can worsen and lead to other mental health issues such as depression, perfectionism, obsessive compulsive disorder, etc. A previous research by Arsaningtias (2017) find out that student experience stress with various levels while working on their thesis. She said that most students experience severe stress (25.8%) while the rest felt normal stress (23.1%), mild stress (12.7%), moderate stress (15.8%), and very severe stress (22.6%). The onset of the above stress, according to the research of Aryawan (2017) derive from inside and outside the self. In his research titled "Overview of Stresor and Koping Stres in the Process of Completing Thesis in Students of Udayana University Faculty of Medicine Year 2016", Aryawan explained factors such as self-motivation, difficulty finding and understanding literature, the character of the elusive supervisor, and family support greatly affect the psychic condition of students.

Meanwhile, in this study, the first group discussion departed by examining the phenomenon from students' experiences with the guidance of professional moderator. As mentioned before, all participants agree that for undergraduate students, thesis is important and becoming the biggest challenge of their four to seven-year struggling at the university. A hope arises that the years of study time will soon come to an end and they will be born as a mature, responsible and fruitful person to support their family. Indonesian children feel having a bachelor title is one of their devotion to the parents and a way to make their parents happy. Moreover, academic title is seen as family pride for Indonesian society (Sape, 2019). These expectations gathered in one mission to harvesting good results after investing so much time, thoughts, and emotions during the time of study. They may come up as the precursors of depression that happened especially when students feel exhausted during the process and feel to have no ability to achieve supervisors' expectancy.

By this point, lecturers posit a key role in interpersonal communication. It is hoped that lecturers have ability and intention to recognize the character of students and their changes. Through this identification, they can facilitate emotional wellbeing for all students, not only those at risk of mental health. After that, lecturers must be able to maintain connection and a sense of belonging to the entire academic community by communicating effectively (paying attention to all aspects of students, including their culture and nature) and involving students with their peer groups and supervisors. Finally, lecturers must have access to psychological support or other professional assistance if needed.

The first group have discussed about the positive relations between lecturers and students that may emerge such as: consistent communication, safe learning environment, mutual respect, positive and patience attitudes, equality among students, and encouragement. One participant, 20 years old, mentioned about her experience of mental health stigma in class when her lecturer become the one who judge her with the stigma of having mental disorder by visiting professional or psychiatric. This case depicts what Ahmedani (2011) talked about social stigma in which lecturer lacks knowledge about mental health. To this, student must employ positive mindset towards the lecturer attitude and explaining how psychiatric works towards mental health. From this case we learned that the necessity of mental health literacy among lecturers as the educator. Educator is being respected as people with knowledge who has power to influence others particularly their students. So, they are expected to act as an agent to alter inaccurate stereotypes about mental health instead of becoming part of it.

Another stigma discussed in the first group regarding pressure from family to quickly finish the study. This pressure be caused by many factors, such as parents' personal expectations or financial issue. At this point, contact of interpersonal approach is needed. Lecturer plays the role of supervisor and motivator and "second family", so students can go through the bad situation when they do not get support from family. the contact process may be implied by personal lecturer or by having a consultation committee to deal with students' mental health problems. Another option is to maximize the role of academic tutors in improving interpersonal relationships with students.

The second group started the discussion by presenting the protentional problems during thesis writing. The participants are welcomed to mention their insights about the topic moderated by the professional moderator. There were 13 problems mentioned in the discussion, i.e. title, supervisor, reference (language barrier), research method, sample or respondents, statistical data and analysis, proposal seminar, permission for doing research and ethical codes, financial hardship, data analysis, report writing, thesis defence, and revisions. Group two noted internal and external factors of academic stress during the process of thesis writing. The internal factors are obligation to submit thesis to graduate, the difficulties to choose topic for thesis, difficulties in the research and writing process, boring, procrastination, too much enjoying their leisure time. While external factors are supervisor ignorance, deadlines, stuck in finding subject of research, family pressure, financial hardship, pressure from peers, as well as a feeling of loneliness of being left behind by their classmates who graduated earlier. The problems discussed in the second group is quite similar that mentioned in the first group.

The second group discussed the sociological context as the basis standpoint to get to the topic. Academic society in HEI settings is expected to be able to think, work and doing activities in the campus based on scientifically tradition. The scientific tradition results in academic attitude such as critical thinking, objectivity, openminded, and executing theories and concepts to create and judge an argument. Thus, the member of this society including students and lecturers must adhere to deal with mental health phenomenon within a logical and scientifically mindset. They are expected to reduce or eliminate

stereotypes in the society outside the campus. Having said that, there is necessity to create supportive environment first inside the campus. The first thing to do is by having student consoler.

One participant in the second group mentioned about the impact of internet and technology on stress and depression. The responsible use of the internet and technology could help students to release stress. The professional moderator said that some of his students found support groups on the internet, and they supported and strengthened each other as survivors. The internet helps to provide education and information about mental health issues needed by students. Moreover, in internet person with mental health may find communities of interest for self-development such as the anime community, the photography community, the cinematography community, etc. Furthermore, internet helps students network especially for academic advancement. Students are more "open up" in cyberspace, so the internet is also a medium for student expression. Some students who become my patients often send their short stories in electronic media as a form of outlet for their emotional condition. And when the article was published, it became an appropriate therapeutic tool for him.

Another problem mentioned in the second group is about insecurity. Students often feel burn out of academic activities in which trigger insecurity about their future. Insecurity may occur when someone feels that their relationship with their family is not good. The family may be demanding (the claimant) their children to be perfect, especially in competitive environment such as the medical school. Students think that their families will not accept their failure, or the family belittle them if they graduate late, etc. Cases like this usually involve parents to provide appropriate support for students by having several meetings with students and parents. And often also meetings with the Head of Study Program for this kind of problem. However, this perception can be clarified if there is good communication between parents and children. In several other cases, the students themselves were finally able to tell their parents about their difficulties and it turned out that their parents' responses were not as bad as they thought. So, the point is whether the problem needs to be communicated.

Both groups have discussed how stigma exists in societal level and self-stigma of academic settings in HEI. Unfortunately, the discussion found that the precursors of these stigma often evolve from respectable persons around the students such as family and lectures. At the same time, students are also struggling to compete with their peers to fulfil the expectations of their environment. The conditions trigger the feeling of insecurity and social stigma will worsening students' vulnerability towards mental health.

Looking at the situation, stress or depression will affect the health of students following the education they are undergoing if not immediately addressed. Therefore, various ways to overcome the tensions while working on the thesis must also be worked on. In student' side, small efforts such as making a work plan, sleeping well, and taking time for the student self can be made to reduce stress. Students also need to find groups that support the thesis working process by sharing information one to another. Moreover, students also need to find a way out of perceived stress or depression through a well-established communication with the supervisor. Lecturer, especially thesis supervisor, on the other hand, should also be trained to be sensitive to the signs of mental health disorders. If the condition does not improve, then seeking help to the psychologist needs to be pursued. In this case, universities must create a culture where the stigma against mental health no longer exists so that students are not reluctant to ask for help.

Meanwhile, based on both group discussions, there is actually a distance between suicidal thoughts/ideas to suicide in some individuals. Suicidal ideation is usually thought that come through in a few days, weeks, or years; yet in some individuals may never think about it before, or in other words it often occurs impulsively (Woelandarie, 2017). Therefore, it is worth noting when this idea has arisen in mind that the potential for suicide remains promising. This is because individuals that already have suicidal thoughts, which can re-emerge in some situations and trigger such person to commit suicide. Moreover, the idea and attempt to commit suicide itself often occurs impulsively, so it is certainly not surprising that suicidal behavior can also occur with just a little encouragement from the idea. Hadriami (2006) stated that suicide will always be preceded by the idea of suicide ideation. Thus, serious prevention and treatment is truly necessary, such as the interpersonal communication approach to the student perceived as having suicide ideation and talking about the impact of grief that will be inflicted on family, friends, and people around them. In addition to social support, mental health literacy is also a mandatory that should also be communicated in academic setting, given the rise of students in Indonesia who tend to have low levels of mental health literacy (Idham et al., 2019).

Moreover, a study by King and Merchant (2008) also showed that loneliness is also one of the interpersonal factors that results in the risk of suicide in adolescents. Brezo, Paris and Turecki (2006) also found that helplessness was among the most at-risk factors. Therefore, through a psychological communication approach, according to (Gunarsa, 2004, p.290), a healthy emotional attachment to the adult can prevent feelings of anxiety and depression in adolescents in relation to the transition from childhood to adulthood. In this case, a healthy emotional attachment to their lecturers will help students to have meaningful relationships and feelings of worth (self-worth) in their study time. From that view, it can also be explained that emotional attachment between lecturer and student that built through good inter-personal communication can lower the level of depression.

According to Psychiatrist Yuniarti during the FGD, about the cause of the student committing suicide, she said, "Student who commit suicide can also be caused by supervisor who are less attentive to the student mental condition. The student's communication with the supervisor should be improved. We, as lecturers should pay more attention to the students and always ask for their progress, as well as ask what the student is thinking or working on. Don't worry because their thesis do should get extra attention from us. Students who are always noticed by their lecturers tend to have a better social and psychological life than those who do not or get less attention from their lecturers as their second parents in college' (02/10/2020).

At this point, the attachment of the relationship between the student and the lecturer is strongly influenced by the quality of communication between them. This quality is not only necessary yet very important to keep both the student and the lecturer mentally healthy. A simple form of interpersonal communication that can be done is by paying attention and support endlessly. As people who like to share encouraging stories are able to reduce stress levels and provide psychological calm. Students as human beings who have a relatively young age and are in the transition phase after adolescence are certainly in desperate need of moral and emotional supports from the surrounding environment. They are in the transition phase that are susceptible to the adverse influences of the outside world. Therefore, the role of those closest persons becomes so important in looking at this student and suicide ideation.

V. CONCLUSION

This study examines that mental health education in academic settings is inevitable, either for students or lecturers. Stigma and stereotypes of mental health can encourage how university leadership and academic staff tackle student mental health. If it does not work out, support for students with a mental health issues will be limited, and intervention strategies will not be in concern of the university leadership. Improving mental health literacy is one way to prevent knowledge, confidence and mental health management, especially in students to prevent suicidal ideation. In addition, at the healing stage, campus should provide enrich the lecturers' competencies or applies peer counseling to students to address and perform early detection of mental disorders at risk in suicide attempts through specific interpersonal communication techniques.

In particular, academics and faculty member must observe that individuals with a mental health issues suffer self-stigma of being detached from the society that may lead to suicide thoughts. It is because students with mental health issues have already internalize the negative attitudes sustained and uttered by society. Therefore, an informal approach to mental health education can transpire from collaboration and communication between faculty members and university leadership. The collaboration can be undertaken by having strategic communication programs to induce mental health awareness at the micro level (classroom), macro (institution), and mega (national) level (DiPlacito-DeRango, 2016).

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