Integrating Psychological Data for Policy: A Study on the Mental Health of First-Year Students at Universitas Negeri Semarang

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Keywords	Abstract
mental health, first-year students, comprehensive intervention	*Mental health is essential for first-year college students, affecting their transition and academic success. The transition phase involves significant challenges due to major life changes. This study presents data on the mental health conditions of first-year students at Universitas Negeri Semarang (UNNES) and emphasizes the need for comprehensive, community-based interventions. A quantitative cross-sectional approach was utilized, surveying 410 first-year students from the 2024 cohort using the Depression Anxiety Stress Scales (DASS-21). Findings revealed high levels of anxiety, followed by depression and stress, with factors such as gender, age, and geographic origin significantly influencing mental health outcomes. Differences in admission pathways and tuition levels also provided valuable context. A comprehensive intervention strategy is proposed to address these issues, combining quarterly and daily components. The quarterly program, Q-CARE (Quarterly – Campus Adaptation & Resilience Enhancement), involves mandatory mental health screenings, personalized counseling referrals, and mentor check-ins. The daily support system includes mood journaling integrated into classroom attendance, motivational posters with QR codes linking to counseling services, and a "Mind Space" feature within the MyUNNES app offering self-help tools like grounding podcasts and breathing exercises. This program leverages existing resources and technology to support students during their transition and academic journey, promoting early detection and sustained mental well-being. Successful implementation will require collaboration among stakeholders, particularly university administrators, to ensure a lasting impact on student mental health.*

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INTRODUCTION

Mental health is a crucial foundation that first-year college students must possess. With good mental health, students are more likely to succeed throughout their academic journey, both in academic and non-academic domains (Song & Hu, 2024). First-year students who maintain good mental health can adapt more easily to university-level learning, possess stronger academic self-efficacy (Song & Hu, 2024), experience higher levels of happiness (Liang et al., 2020), enjoy greater overall well-being, and foster healthier interpersonal relationships (Dong et al., 2023). However, achieving optimal mental health is difficult for first-year students, as they face various internal and external challenges.

The transition into university life poses significant challenges for many new students. They are expected to adjust to an academic system quite different from their previous educational level—including teaching methods, faculty structures, and administrative processes. For students who have moved away from home, these challenges are compounded by the need for social adjustment in a new environment and a more independent lifestyle (Mercan, 2024). This adjustment period becomes increasingly difficult with the added pressures of academic demands, campus orientation tasks, and high expectations from family, social circles, and the self (Anwar & Chatamallah, 2024). According to Schlossberg's Transition Theory, the success of such transitions is shaped by four interacting factors: situation, self, support, and strategies (Barclay et al., 2017). These components determine how individuals perceive the transition and what internal and external resources they can mobilize to cope. In the university context, the magnitude and complexity of change, individual resilience, access to support systems, and the effectiveness of coping strategies collectively influence students' psychological well-being during this critical period of adaptation.

The need for adaptation presents an additional challenge, as each student's adjustment process and capacity vary, resulting in different outcomes. While some students may benefit from personal growth during this transitional phase—gaining valuable skills for the rest of their academic life (Marchand & Sanders, 2012)—others may experience damaging psychological impacts. Research by Paramita, Putere, and Sumadewi (2022) found that 50% of new students in the Faculty of Medicine and Health Sciences at Warmadewa University experienced moderate to extremely severe stress levels during their transition. Similarly, Hendra, Heryanti, and Perdani (2020) revealed that the majority of first-year nursing students in Indonesia experienced moderate levels of depression and anxiety, influenced by emotional maturity, stress coping strategies, and various internal factors. Furthermore, a study by Normadiyani et al. (2024) among first-year students in the Psychology Department at UNNES showed that 75% of students who migrated from other regions experienced homesickness due to difficulties adjusting to university life. Poor mental health conditions among first-year students affect many areas of their daily lives.

Mental health issues among first-year students often manifest in everyday behaviors. Students experiencing anxiety, depression, or homesickness are likely to lose academic motivation and struggle with fulfilling their academic tasks, participating in class discussions (Otieno, 2024; Normadiyani et al., 2024), or even maintaining concentration during lectures. Anxiety and depression may also lead students to withdraw from social interactions, avoid group activities, and struggle to form new friendships, thereby negatively affecting their social lives (Christensen et al., 2020). High levels of stress are associated with low self-efficacy (Liu et al., 2024), which can further impact academic and social functioning (Kim, 2024; Xiang, 2023). If left unaddressed, these effects can escalate into more complex problems. Without timely intervention, students face disruptions in daily life and may experience long-term consequences for themselves and those around them.

The domino effect of neglecting first-year students' mental health concerns is far-reaching. Academic underperformance due to poor mental health may fail to meet graduation requirements, leading to dropout (Otieno, 2024). This case, in turn, can jeopardize their future careers and, if left unresolved, may cause broader issues in their personal and community lives (Faisal et al., 2023). At the institutional level, high student dropout rates can harm a university's reputation, affect its perceived quality, and influence the overall campus environment (Zeniarja, Salam, & Ma'ruf, 2022). These significant consequences underscore the importance of effective interventions—ranging from curative to preventive—that involve the collaboration of multiple stakeholders.

To date, various mental health interventions have been initiated across Indonesian universities. These efforts come from student organizations (departmental, faculty, and university levels) and academic staff as policy-makers. At UNNES, the Psychology and Guidance & Counseling departments have established laboratory-based counseling services. Through its Ministry of Mental Health, the UNNES Student Executive Board (BEM KM UNNES) offers peer counseling. At the same time, the Institute for Educational Development and Quality Assurance (LPPP UNNES) also provides counseling services. These services include peer counseling, professional psychological support, and specialized approaches such as hypnotherapy. While these individual and curative interventions have been instrumental in maintaining mental well-being among students, faculty, and the broader campus community, broader community-based and preventive interventions are still needed to reach more individuals and strengthen existing efforts.

The design of such interventions must follow a comprehensive and data-driven process. In this study, the researchers collected up-to-date data on the mental health conditions of first-year students to inform the development of appropriate interventions. By integrating these findings, we hope to propose holistic and impactful recommendations that benefit all stakeholders.

METHODS

This study employed a cross-sectional design with a quantitative approach. Data collection was conducted using a convenience sampling technique. The target population comprised first-year undergraduate students of the 2024 academic cohort at Universitas Negeri Semarang (UNNES). The questionnaire was distributed online to reach respondents from various faculties across UNNES. Participants who met the inclusion criteria completed a form and provided responses regarding their demographic information and the Depression Anxiety Stress Scales 21 (DASS-21).

Prior to data collection, the minimum required sample size was calculated using G*Power version 3.1.9.7. The analysis indicated a minimum of 386 respondents, based on the assumptions of an effect size of 0.2, statistical power of 0.90, alpha level of 0.05, and degrees of freedom of 4. Based on this requirement, the study successfully involved a total of 410 respondents.

The instrument used to assess levels of depression, anxiety, and stress was the Depression Anxiety Stress Scales 21 (DASS-21; Lovibond & Lovibond, 1995). The instrument consists of 21 items, with each subscale (depression, anxiety, and stress) comprising 7 items. Each item is rated on a four-point Likert scale: Never (0), Sometimes (1), Often (2), and Almost Always (3). Higher scores reflect greater levels of depression, anxiety, and/or stress experienced by the respondent. The DASS-21 has demonstrated strong psychometric properties, with an internal consistency reliability coefficient of 0.921 and item discrimination indices ranging from 0.634 to 0.939.

Data was processed using IBM SPSS Statistics version 24. Prior to the main analysis, internal consistency reliability (Cronbach's Alpha) and item discrimination tests were conducted to ensure the reliability and discriminative power of the instrument. Descriptive statistics were then used to

map the distribution of scores across each subscale, and cross-tabulations were performed to explore patterns of relationships between DASS variables and respondents' demographic characteristics.

RESULT AND DISCUSSION

Result

The assessment utilizing the 21-item version of the Depression Anxiety Stress Scales (DASS-21) was conducted among 410 first-year students at Universitas Negeri Semarang (UNNES) in 2024, revealing concerning insights into their psychological well-being. As shown in Table 1, a significant number of respondents displayed varying degrees of psychological symptoms related to depression, anxiety, and stress. The patterns of these symptoms highlight the considerable psychological challenges that first-year students typically face during their transition into higher education. These findings highlight the urgent need for enhanced attention to student mental health during this pivotal time, emphasizing the necessity for targeted interventions aimed at bolstering their psychological resilience and overall well-being.

Table 1. DASS-21 Results of First-Year Students at UNNES 2024 (N = 410)

Category	Depression		Anxiety		Stress	
	F	%	F	%	F	%
Normal	97	23,7%	45	11,0%	250	61,0%
Mild	95	23,2%	23	5,6%	60	14,6%
Moderate	171	41,7%	129	31,5%	64	15,6%
Severe	31	7,6%	77	18,8%	29	7,1%
Extremely Severe	16	3,9%	136	33,2%	7	1,7%

Note. F = Frequency of students; % = Percentage of students

Referring to the data in **Table 1**, only 23.7% of first-year students at UNNES were classified as normal for depression, with 76.3% exhibiting some level of depressive symptoms (mild: 23.2%, moderate: 41.7%, severe: 7.6%, extremely severe: 3.9%).

Anxiety was the most prevalent issue, with 89% of students reporting varying degrees of anxiety (normal: 11.0%, mild: 5.6%, moderate: 31.5%, severe: 18.8%, extremely severe: 33.2%).

Stress levels were better, with 61.0% in the normal range, but 39% still faced psychological strain (mild: 14.6%, moderate: 15.6%, severe: 7.1%, extremely severe: 1.7%). Overall, these findings highlight significant emotional challenges impacting students' academic and social functioning.

Table 2. Profile of Depression, Anxiety, and Stress by Gender (N = 410)

Category	Depression				Anxiety				Stress			
	Male		Female		Male		Female		Male		Female	
	F	%	F	%	F	%	F	%	F	%	F	%
Normal	12	18,2%	85	24,7%	13	19,7%	32	9,3%	49	74,2%	201	58,4%
Mild	16	24,2%	79	23%	6	9,1%	17	4,9%	7	10,6%	53	15,4%
Moderate	29	43,9%	142	41,3%	19	28,8%	110	32,0%	8	12,1%	56	16,3%
Severe	5	7,6%	26	7,6%	11	16,7%	66	19,2%	2	3,0%	27	7,8%
Extremely Severe	4	6,1%	12	3,5%	17	25,8%	119	34,6%	0	0,0%	7	2,0%

The analysis of depression, anxiety, and stress by gender revealed key differences, as presented in **Table 2**. Male students showed a higher prevalence of depressive symptoms, with only 18.2% classified as normal versus 24.7% of females. Males reported higher rates of mild (24.2%) and moderate (43.9%) depression, while 6.1% experienced extremely severe depression, nearly double the 3.5% in females.

In contrast, anxiety levels were higher among females, with only 9.3% considered normal compared to 19.7% of males. Female students reported more mild (4.9%) and moderate (32.0%) anxiety, as well as higher severe (19.2%) and extremely severe anxiety (34.6%).

For stress, a greater proportion of males (74.2%) were classified as normal, while females reported more mild (15.4%), moderate (16.3%), and severe stress (7.8%). Extremely severe stress was only found among females (2.0%). Overall, female students experienced a wider range of stress levels, while most male students reported normal stress.

Table 3. Profile of Depression, Anxiety, and Stress by Age Group (N = 410)

Category	Depression				Anxiety				Stress			
	< 21		≥ 21		< 21		≥ 21		< 21		≥ 21	
	F	%	F	%	F	%	F	%	F	%	F	%
Normal	90	23%	7	36,8%	40	10,2%	5	26,3%	240	61,4%	10	52,6%
Mild	92	23,5%	3	15,8%	23	5,9%	0	0%	56	14,3%	4	21,1%
Moderate	165	42,2%	6	31,6%	127	32,5%	2	10,5%	63	16,1%	1	5,3%
Severe	30	7,7%	1	5,3%	72	18,4%	5	26,3%	27	6,9%	2	10,5%
Extremely Severe	14	3,6%	2	10,5%	129	33%	7	36,8%	5	1,3%	2	10,5%

The data analysis in **Table 3** reveals that individuals under 21 generally experience lower stress levels but higher levels of depression and anxiety compared to those aged 21 and older.

For depression, 36.8% of those 21 and above fell into the normal category versus 23% for the younger group. However, both mild and moderate depression were more prevalent among those under 21 (23.5% and 42.2%) compared to the older group (15.8% and 31.6%). Severe depression rates were similar (7.7% for <21 and 5.3% for ≥21), but extremely severe depression was notably higher among those aged 21 and older (10.5% vs. 3.6% for <21). This suggests that younger individuals often experience moderate depression, while older students face a broader range, including more severe cases.

Anxiety levels varied by age, with those under 21 having a lower percentage of normal anxiety (10.2%) and severe anxiety (5.3%), while 26.3% of those 21 and above fell into the normal and severe categories. However, younger students showed higher rates of mild (5.9% vs. 0%) and moderate anxiety (32.5% vs. 10.5%), indicating lower-intensity anxiety among younger students and more severe anxiety in older students.

For stress, 61.4% of students under 21 were categorized as normal, compared to 52.6% of older students. Conversely, older students exhibited higher levels of mild (21.1%), severe (10.5%), and extremely severe stress (10.5%) compared to the younger group (14.3%, 6.9%, and 1.3%). This suggests that while most students under 21 are less stressed, those in early adulthood show a greater tendency towards more severe stress levels, reflecting increased psychological pressure during this transition.

Table 4. Profile of Depression, Anxiety, and Stress by Region of Origin (N = 410)

Category	Depression				Anxiety				Stress			
	Jawa Tengah		Luar Jateng		Jawa Tengah		Luar Jateng		Jawa Tengah		Luar Jateng	
	F	%	F	%	F	%	F	%	F	%	F	%
Normal	80	24,8%	17	19,5%	33	10,2%	12	13,8%	199	61,6%	51	58,6%
Mild	78	24,1%	17	19,5%	19	5,9%	4	4,6%	48	14,9%	12	13,8%
Moderate	133	41,2%	38	43,7%	103	31,9%	26	29,9%	47	14,6%	17	19,5%
Severe	21	6,5%	10	11,5%	64	19,8%	13	14,9%	26	8,0%	3	3,4%
Extremely Severe	11	3,4%	5	5,7%	104	32,2%	32	36,8%	3	0,9%	4	4,6%

Table 4 shows that students from outside Central Java have higher psychological vulnerability, especially in extreme categories, compared to those from the region. Overall, both groups display similar trends: most fall into moderate depression, extremely severe anxiety, and normal stress.

Specifically, Central Java students report higher normal (24.8%) and mild depression (24.1%) than those from outside (19.5% for both). Conversely, students outside Central Java show higher rates of moderate (43.7%), severe (11.5%), and extremely severe depression (5.7%) compared to Central Java students (41.2%, 6%, 3.4%). This indicates that while moderate depression is common in both groups, those outside face more intense symptoms.

For anxiety, normal levels are nearly equal (10.2% in Central Java and 13.8% outside). However, mild (5.9%), moderate (31.9%), and severe (19.8%) anxiety levels are higher among Central Java students than those outside (4.6%, 29.9%, and 14.9%). Yet, extremely severe anxiety is more prevalent outside Central Java (36.8% vs. 32.2%).

Regarding stress, Central Java respondents show a higher normal category (61.6%) compared to outside (58.6%), with mild stress levels being similar (14.9% vs. 13.8%). However, moderate and extremely severe stress is more common among students outside Central Java (19.5% and 4.6%) than those from Central Java (14.6% and 0.9%). Interestingly, severe stress is higher among Central Java students (8.0% vs. 3.4%). Overall, while both groups have similar normal stress levels, students from outside may need greater psychological support due to their higher psychological vulnerability.

Table 5. Profile of Depression, Anxiety, and Stress by Admission Pathway (N = 410)

Category	Depression						Anxiety						Stress					
	SM		SNBP		SNBT		SM		SNBP		SNBT		SM		SNBP		SNBT	
	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%
Normal	34	20,1%	30	30,6%	33	23,1%	16	9,5%	15	15,3%	14	9,8%	100	59,2%	52	53,1%	98	68,5%
Mild	42	24,9%	24	24,5%	29	20,3%	9	5,3%	4	4,1%	10	7,0%	18	10,7%	23	23,5%	19	13,3%
Moderate	72	42,6%	31	31,6%	68	47,6%	60	35,5%	22	22,4%	47	32,9%	31	18,3%	13	13,3%	20	14,0%
Severe	15	8,9%	8	8,2%	8	5,6%	27	16,0%	21	21,4%	29	20,3%	18	10,7%	6	6,1%	5	3,5%
Extremely Severe	6	3,6%	5	5,1%	5	3,5%	57	33,7%	36	36,7%	43	30,1%	2	1,2%	4	4,1%	1	0,7%

Table 5 shows that students from different admission pathways display varying levels of depression, anxiety, and stress. The SNBP (National Selection Based on Achievement) pathway had the highest percentages of students with normal levels of depression (30.6%) and anxiety (15.3%), while SNBT (National Entrance Exam for State Universities) students had the highest normal stress levels (68.5%). For depression, the normal levels were 20.1% (SM), 30.6% (SNBP), and 23.1% (SNBT), with mild depression most prevalent in SM (24.9%). Moderate depression was highest in

SNBP (31.6%) and SNBT (47.6%). Severe depression rates were similar across all pathways. Overall, depressive symptoms were widespread, primarily at mild to moderate levels.

Anxiety levels were low: 15.3% (SNBP), 9.8% (SNBT), and 9.5% (SM) for normal anxiety. Moderate anxiety was most common in SM (35.5%), and severe anxiety was highest in SNBP (21.4%). Significantly, over half of students reported moderate to extremely severe anxiety symptoms.

Most students reported normal stress levels: 68.5% (SNBT), 59.2% (SM), and 53.1% (SNBP). Mild stress was most common in SNBP (23.5%), and severe stress was highest in SM (10.7%). Overall, stress levels appeared more manageable compared to depression and anxiety, with most students in the normal to mild stress categories.

Table 6. Profile of Depression, Anxiety, and Stress by Tuition Fee Level (UKT) (N = 410)

Category	Depression						Anxiety						Stress					
	1-2		3-4		5-7		1-2		3-4		5-7		1-2		3-4		5-7	
	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%
Normal	20	24,7%	31	21,2%	46	25,4%	8	9,6%	13	8,9%	24	13,3%	60	72,3%	77	52,7%	113	62,4%
Mild	16	19,3%	34	23,3%	45	24,9%	3	3,6%	10	6,8%	10	5,5%	9	10,8%	28	19,2%	23	12,7%
Moderate	41	49,4%	60	41,1%	70	38,7%	36	43,4%	41	28,1%	52	28,7%	8	9,6%	25	17,1%	31	17,1%
Severe	2	2,4%	16	11%	13	7,2%	14	16,9%	21	14,4%	42	23,2%	4	4,8%	14	9,6%	11	6,1%
Extremely Severe	4	4,8%	5	3,4%	7	3,9%	22	26,5%	61	41,8%	53	29,3%	2	2,4%	2	1,4%	3	1,7%

The analysis of depression, anxiety, and stress profiles based on UKT (tuition fee tier) levels revealed notable patterns across groups, as shown in **Table 6**. In terms of depression, the percentage of students with normal conditions was relatively consistent: 24.7% (UKT 1–2), 21.2% (UKT 3–4), and 25.4% (UKT 5–7), indicating that about one-fifth in each group did not show depressive symptoms.

Moderate depression was most common, affecting 49.4% in UKT 1–2, 41.1% in UKT 3–4, and 38.7% in UKT 5–7. Severe depression peaked in UKT 3–4 (11% and 3.4% for severe and extremely severe, respectively).

For anxiety, normal levels were low: 9.6% (UKT 1–2), 8.9% (UKT 3–4), and 13.3% (UKT 5–7). Mild anxiety was rare, while moderate anxiety affected 43.4% in UKT 1–2, 28.7% in UKT 5–7, and 28.1% in UKT 3–4. Severe anxiety was highest in UKT 5–7 (23.2%), with concerning rates of extremely severe anxiety noted across all tiers, particularly in UKT 3–4 (41,8%).

Regarding stress, a majority of students reported normal levels: 72.3% (UKT 1–2), 62.4% (UKT 5–7), and 52.7% (UKT 3–4). Despite some mild and moderate stress reported, severe and extremely severe stress levels were low. Overall, while most students, especially in lower UKT tiers, experienced manageable stress, those in the UKT 3–4 group displayed a higher proportion of depressive symptoms compared to others.

Discussion

This study revealed significant levels of depression, anxiety, and stress, with anxiety being the most prevalent, followed by depression and stress for 410 first-year students at Universitas Negeri Semarang in 2024. These findings highlight students' significant emotional challenges when transitioning into university life. Entering higher education represents not only an academic shift but also a complex developmental transition involving identity redefinition, role adjustment, and exposure to novel sociocultural demands (Dias et al., 2022; Gomez et al, 2022). Schlossberg's Transition Theory, as elaborated by Barclay et al. (2017), believes that four interconnected dimensions influence how individuals navigate and adapt to life changes, it is a 4's: situation, self,

support, and strategies. These factors also shape how students experience and manage the psychological impact of entering university.

Starting with the situation factor as a central factor in Schlossberg's Transition Theory, the transition into university constitutes a major situational shift involving new academic structures, greater independence, and altered interpersonal expectations (Bashaar et al., 2019; Freixa-Niella et al., 2019). Students from the SNBP (achievement-based) track reported higher severe mental health symptoms in all domains than those from SNBT and SM pathways. This finding shows SNBP students often internalize a strong academic identity, leading to increased psychological strain when faced with new challenges. The change from high school achiever to navigating a competitive university environment can disrupt their self-concept, causing anxiety or depression, particularly if their performance declines (Levine et al., 2021). Schlossberg's theory suggests that disruptions in roles and expectations can make the transition feel threatening, intensifying emotional vulnerability during this adjustment period (Barclay et al., 2017).

In the self domain, gender and age emerged as significant differentiators in mental health symptoms, influencing how an individual interprets and responds to the transition (Barclay et al., 2017). The findings show female students have higher levels of anxiety and stress, including all cases of extremely severe stress. In a social context, females are more encouraged to be emotionally responsive and have high academic achievement, making them more susceptible to relational and performance-based stressors (Portela-Pino et al., 2021). In contrast, male students showed a higher prevalence of moderate to extremely severe depression, reflecting restricted emotional expression shaped by masculine norms, in which emotional suppression and reluctance to seek help lead to internalized psychological distress (Xamrakulov, 2023). Additionally, older students (≥21 years) were more likely to report extremely severe depression and stress, while younger students (<21) exhibited symptoms primarily at moderate levels. These patterns show that older students may experience more complex psychological burdens, possibly due to increased role demands, advanced academic responsibilities, or heightened social expectations (Johnston & Cassidy, 2020).

Support systems are external resources that are critical in buffering stress and promoting adaptation during change (Barclay et al., 2017). Students outside Central Java were overrepresented in the extremely severe categories across all dimensions, suggesting that geographic dislocation may diminish access to familial, cultural, and community-based support. Schlossberg notes that the quality and availability of support can influence psychological outcomes during transitions (Barclay et al., 2017). Among non-local students, establishing new community connections in Semarang can be a lengthy process, contributing to additional stress as they adjust to their new surroundings without familiar support networks. Socioeconomic context further complicated this dynamic: students from middle-income tuition tiers (UKT 3–4) exhibited the highest levels of depression and anxiety, potentially due to ambiguous financial standing—neither eligible for aid nor economically secure—thereby reducing both material and emotional buffers during transition (Richardson et al., 2024).

Lastly, the strategy refers to the coping responses that individuals use to effectively manage the demands of the transition (Barclay et al., 2017), which also vary by demographic characteristics. Younger students, more often in the moderate symptom category in all three dimensions, indicate actively developing coping strategies (Corrêa et al., 2024), while older students—showing more extremely severe symptoms—may face cumulative stress that outpace their coping capacity (Johnston & Cassidy, 2020). Female students' higher anxiety and stress suggest reliance on emotion-focused coping (Theodoratou et al., 2023). In contrast, male students' greater depression may reflect avoidant strategies shaped by norms around emotional suppression (O'Gorman et al., 2022). Additionally, non-local students, more represented in severe categories, tend to lack established

coping mechanisms due to reduced access to familiar support (Kivelä et al., 2022). As Schlossberg emphasized, adaptation is not linear; it depends on one's ability to apply strategies suited to their unique context flexibly (Barclay et al., 2017).

These findings collectively underscore the premise that students' psychological experiences during their inaugural year of university are shaped not solely by academic challenges but also by their ability to navigate the complex and multifaceted landscape of change. The relevance of Schlossberg's 4 S's is thereby validated within the higher education context, illustrating the interactions among various factors—including admission pathways, gender, age, and regional origin—that significantly influence transitional outcomes. It is imperative to move beyond attributing distress to individual deficiencies and instead recognize the systemic and contextual dimensions of emotional vulnerability at this critical juncture. Such insights underscore the pressing need for higher education institutions to implement transition-sensitive interventions within student support frameworks, thereby promoting not only psychological well-being but also fostering sustained academic engagement and success over the long term.

Implication

These findings indicate that the highly dynamic nature of the situation demands urgent attention and collaborative efforts from various stakeholders, especially policymakers. Neglecting this issue may exacerbate and broaden the scope of existing problems. While moderate levels of stress and anxiety can serve as adaptive responses—particularly for first-year students who are navigating numerous challenges—unchecked and unaddressed conditions pose significant risks to students' mental health over time. Ultimately, this can lead to more complex and far-reaching consequences. The impact of deteriorating mental health among students is not limited to the individuals themselves, but also extends to other domains, including:

1. Academically, mental health problems may hinder students' academic performance, decrease learning motivation and interest, and reduce engagement in classroom activities and assignment completion (Otieno, 2024; Normadiyani et al., 2024).
2. Socially, mental health challenges may cause students to withdraw from interpersonal interactions, avoid social activities, and become vulnerable to social isolation due to insufficient support from their social networks (Christensen et al., 2020).
3. Institutionally, untreated mental health issues among students may prevent them from reaching their full potential during their academic journey, disrupt learning dynamics, lower graduation rates, and affect the overall quality of graduates and other institutional indicators (Otieno, 2024).
4. From a reputational standpoint, universities' failure to address student mental health concerns may shape negative public perceptions, particularly when related incidents continue to attract public attention (Zeniarja, Salam, & Ma'ruf, 2022).

These challenges are interconnected and often occur simultaneously, underscoring the need for comprehensive interventions through multi-stakeholder collaboration.

Recommendation

Based on the interpretation of the findings and to mitigate potential negative implications, there is a pressing need to shift the focus from merely mapping psychological vulnerabilities toward formulating comprehensive intervention strategies. This approach encompasses three core dimensions: promotive, preventive, and curative. Promotive efforts aim to raise awareness, improve knowledge, and foster positive attitudes toward mental health issues (Ayuningtyas & Rayhani, 2018). The primary focus is strengthening psychological protective factors and fostering a socially

supportive environment conducive to mental well-being. Preventive efforts focus on reducing the risk of mental disorders (Mahendra et al., 2024). Interventions may be applied at the primary level (to prevent the onset of disorders), secondary level (for early detection and timely treatment), or tertiary level (to prevent relapse). Curative efforts target individuals who have shown symptoms or have been diagnosed with mental health conditions (Putri & Ningtyas, 2023).

The designed intervention is divided into two formats based on implementation timing: quarterly interventions and daily interventions. This intervention is designed to be inclusive and personalized, considering students' diverse characteristics, such as tuition fee level (UKT), gender, age, and geographical origin. The program is not only focused on the initial phase of university life but is also sustained throughout the entire study period. It aims to support students' adaptation to each semester's evolving academic and social transitions. Given that pressures and challenges tend to increase as students progress through their academic years, continuous monitoring is essential to maintain their psychological well-being. Furthermore, the ongoing nature of this program is expected to contribute to on-time graduation, which benefits both academic staff and the university institution as a whole.

The quarterly program, Q-CARE (Quarterly – Campus Adaptation & Resilience Enhancement), is conducted every January, April, July, and October. For first-year students, program orientation is delivered during the university's introductory period (PKKMB) in August to September, with full participation beginning in October. This schedule accounts for the typically busy start of the academic year, allowing a more effective implementation after the initial adjustment period. As part of the Q-CARE preparation, academic advisors (dosen wali) will receive training every August to September yearly before the program launch for first-year students. This training includes skills in interpreting DASS-21 results, applying empathetic communication, and understanding the referral process to counseling services. Each three-month cycle in the Q-CARE program is carried out through two main phases, namely:

1. Phase 1: Screening and Promotive (Month 1), consists of:
   a. Mandatory DASS-21 Screening
      The screening is conducted through integration with the MyUNNES application. Students are required to complete the DASS-21 before gaining access to certain academic features. The screening results serve as both an early detection (baseline) and a routine quarterly evaluation, and will be reviewed by the academic advisor
   b. Adaptive Academic Advising at the End of the Month
      Academic advisors assess students' psychological conditions based on the DASS-21 results. Students identified as high-risk will be given personal referrals to counseling services, while those with normal results will still receive promotive education to maintain their mental well-being consistently.
2. Phase 2: Preventive and Curative (Months 2 and 3), consisting of:
   a. Counseling Period
      Students with DASS-21 scores in the moderate to extremely severe categories will receive prioritized access to UNNES counseling services (LPPP UNNES, UNNES Psychology Laboratory, and BEM KM UNNES). Additional priority will be given to students with extra risk factors such as being from outside the region (non-local), having a mid-level tuition fee (UKT), and being over the age of 21.
   b. Psychoeducational and Social Support Activities
      Faculties, departments, and student organizations are encouraged to organize mental health support programs such as Art Therapy (previously held by BEM KM UNNES), World Mental Health Day (organized by HIMAPSI UNNES), and other

similar initiatives. The themes of these activities can be tailored to the needs of vulnerable student groups, such as female students, non-local students, or those experiencing high academic pressure.

The daily intervention program encourages students to receive daily interventions designed to enhance awareness of their mental health status. These efforts aim to promote micro-level and continuous psychological support. The interventions consist of three key components:

1. Visual Nudging Across Campus

   Motivational posters, ranging in size from small (A4) to large banners, will be installed at strategic locations throughout the campus, including academic buildings, faculty dean offices, libraries, cafeterias, campus gardens, prayer rooms (musala), and along campus pathways. The messages will not only encourage students to face their challenges but also validate their emotions and empower them to seek help when needed. Each poster will include a QR code and short link that directly connects students to various support services, such as:

   a. LPPP UNNES Counseling Services
   b. UNNES Psychology Laboratory
   c. Mental Health Ministry Counseling from BEM KM UNNES
   d. Upcoming psychoeducational events and peer-support activities

2. Class Attendance Integrated with Mood Journaling

   The attendance system will be enhanced to function as a daily emotional monitoring tool. Each time students mark their attendance for class, they will also select their current mood from eight available options: Sad, Anxious, Exhausted, Neutral, Calm, Proud, Happy, and Overwhelmed. This data will serve as a self-tracking tool for students, while also providing early indicators for academic advisors and counseling teams to detect potential psychological concerns at an early stage.

3. Mind Space Feature on the MyUNNES App

   This digital feature provides a range of self-help resources that students can access anytime, including:

   a. Short podcasts containing grounding narratives, emotional validation, and positive affirmations
   b. Breathing guides (inhale-hold-exhale) and focus exercises (5-4-3-2-1 grounding technique)
   c. Weekly notifications such as "Have you done your breathing exercise this week?"

   This feature is especially useful as an initial form of self-help—for students who may not yet feel ready to seek counseling or those currently waiting for their scheduled professional services.

CONCLUSION

The findings of this study affirm that the majority of first-year students at Universitas Negeri Semarang experience psychological symptoms at varying levels of severity, with anxiety emerging as the most prominent symptom. Gender, age, and geographic origin significantly influenced students' psychological well-being, while differences in university admission pathways and tuition levels offered additional contextual insights, adding factors such as academic pressure and socioeconomic status. These findings underscore the urgent need for targeted mental health interventions that address the specific challenges encountered during the critical transition into higher education. In response, this study proposes a comprehensive intervention strategy comprising both quarterly and

daily components. The quarterly framework, Q-CARE (Quarterly – Campus Adaptation & Resilience Enhancement), involves structured 3 months of initial screening, preventive, promotive, and curative intervention. Meanwhile, the daily interventions with three key actions aim to foster self-awareness and promote continuous support access. The proposed strategy offers an evidence-based, scalable, and sustainable model for enhancing student mental health by utilizing existing institutional resources and low-cost, technology-driven innovations. Its successful implementation requires coordinated collaboration across university units, institutional stakeholders, and the Psychology Department at Universitas Negeri Semarang to ensure long-term sustainability and effectiveness. This integrated approach is essential for strengthening campus psychological support systems and fostering a resilient academic environment that supports student well-being and academic success.

Study Limitation

This study is not without limitations. First, the quantitative cross-sectional design captures mental health conditions simultaneously, limiting the ability to observe changes over time or establish causality. Second, self-reported measures may be biased, as students might underreport or overreport their symptoms due to stigma or lack of self-awareness. Third, regarding sample generalizability, while the sample of 410 students is considerable, it may not fully represent the diverse experiences of all first-year students at UNNES, particularly those from different faculties or socioeconomic backgrounds. Fourth, the regional focus on Universitas Negeri Semarang may limit the applicability of the findings to other universities or regions with different cultural, social, or educational contexts. Fifth, the study does not account for external life factors—such as family issues, financial pressures, or personal crises—which can significantly affect mental health and vary widely among individuals. Sixth, there is a potential for bias in intervention recommendations, as the proposed strategies, though comprehensive, may not fully accommodate the diverse needs and preferences of all student groups, possibly affecting their overall effectiveness.

Addressing these limitations in future research would provide a more nuanced understanding of first-year students' mental health and help refine targeted interventions to better support their well-being.

Future Research Suggestion

The authors recommend future studies based on the research findings and conclusions. First, conducting longitudinal research to monitor the mental health of first-year students over time would provide valuable insights into how their psychological well-being develops throughout their university journey. This approach can help identify early warning signs of mental health issues and assess the long-term effectiveness of implemented interventions.

Second, future research should aim to include more diverse and marginalized student populations to understand better the unique challenges they encounter. Comparative studies across various universities and cultural settings also support the development of more tailored and context-specific interventions.

Lastly, evaluating the effectiveness of digital mental health resources, such as the Mind Space feature within the MyUNNES app, is important. Further research should examine user engagement, satisfaction, and overall impact on mental health outcomes to improve accessibility, usability, and long-term support for students.

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