

February 3, 2022

Southeast Asia Regional Office

EDITORIAL NOTE:

Welcome to 2022!

It has been almost two years since we have first faced the COVID-19 pandemic. The pandemic has caused many problems, uncertainties, and significant changes of the “new normal”.

One unavoidable outcome from the pandemic is an increase in mental health issues, especially for those who already suffer from mental illness.

This newsletter discusses the rise in mental health issues during the COVID-19 pandemic, and what academic health centers are doing to tackle mental illness-related problems in the SEA region.

The University of the Philippines College of Medicine (UPCM) shares how they endeavored to meet the education standards amidst varying degrees of student distress, from both faculty and student perspectives.

The Faculty of Medicine Universitas Indonesia (FMUI) shares concerns from the unseen health crisis among adolescents during the COVID-19 pandemic.

The Academic Health System Universitas Gadjah Mada (AHS UGM) reveals new programs initiated to strengthen the mental well-being among their campus community.

AAHCI SEA Webinar | Understanding
COVID-19 Vaccines

AAHC CONNECT

[March 9, 2022](#)

2022 Global Innovation Forum (GIF)

Bethesda North Marriott Hotel &
Conference Center

Washington DC, USA

[May 1-3, 2022](#)

Lastly, enjoy unique comic strips from the National University of Singapore Yong Loo Lin School of Medicine created in response to the pandemic.

I'd like to also take this opportunity to proudly announce that the AAHCI SEA Region welcomes two new members from Indonesia: Faculty of Medicine Universitas Sumatera Utara and Faculty of Medicine Universitas Islam Negeri Syarif Hidayatullah Jakarta (UIN Jakarta). Learn more about our new members in the Spotlights.

I believe AAHCI is the right place for us to gain opportunities for shared knowledge, capacity-building, and collaborative initiatives, as well as learn more about efforts across regional academic health centers, especially during this difficult time.



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ADVANCING HEALTH AND WELL-BEING **WORLDWIDE** *Newsletter*

In each Newsletter issue, we highlight a member institution and also share news across the region from our members to encourage potential collaborative efforts and to learn more about the work others are doing.

Enjoy the read.



Prof. Dr. dr. Ari Fahrial Syam, MMB

Dean, Universitas Indonesia Faculty of Medicine

AAHCI Regional Ambassador

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IN THE SPOTLIGHT: Universitas Sumatera Utara

1) How old is your academic health center?

The Faculty of Medicine Universitas Sumatera Utara (FM USU) was established in 1952 as the oldest medical faculty outside Java island in Indonesia. FM USU is supported by two main teaching hospitals: Haji Adam Malik General Hospital (tertiary referral hospital) and USU Hospital (secondary referral hospital). Additionally, FM USU has collaborations with other public hospitals in other regencies in North Sumatera Province to provide specialist health service to the public. In the primary healthcare sector, FM USU deploys students in the clerkmanship stage to learn and actively engage in Primary Health Care Centers (Puskesmas) programs, as part of the curricula. Considering these networks, facilities, and human resources, FM USU is planning to establish an Academic Health System in 2022.

2) What are your academic health center's focal areas of research?

FM USU and its network are well equipped with molecular biology instruments for infectious disease diagnosis, especially COVID-19, tuberculosis, and malaria. With the support of diagnostic and healthcare facilities, and numerous experts and research in infectious diseases, FM USU is establishing its excellence in tropical medicine and infectious diseases. Additionally, FM USU has a collaboration with SingHealth (Singapore) to go further in the research and healthcare in oncology and personalized medicine.

3) What are your flagship specialized centers and programs?

We are engaging in research and healthcare services to achieve excellency in tropical medicine and oncology.

4) Can you give us details about one innovative program or an area of thought leadership within your institution?

Learning from the pandemic situation, and responding to needs of the global community, we are preparing to actively engage in the digital transformation in healthcare. With the support of USU's Center of Information System and Faculty of Computer Science, we are now developing and running telemedicine—a program called “Rawat Covid” that assists and monitors mild/no symptoms in COVID-19 patients. Additionally, a mobile application to assist midwives in primary handling and referral process of maternal and neonatal emergency cases is underway and soon will be launched. Hopefully this program can significantly contribute to decrease maternal and neonatal death in North Sumatra. The utilization of electronic medical records supports efficient and optimal healthcare service and management.



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5) What are you looking for forward to in joining AAHC/I's network?

As we are now developing ourselves as an academic health center, we are looking forward to sharing knowledge and experiences with other established academic health centers.

We expect close collaborations and working hand-in-hand within the network, so that, in the future, we will be considered a significant contributor in this network. Ideally, the development of FM USU network as an academic health center is expected to increase the quality of medical service in North Sumatera and also to obtain international recognition as a medical institution and healthcare provider.



Photo of Faculty of Medicine Universitas Sumatera Utara (FM USU)



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IN THE SPOTLIGHT: UIN Jakarta

1) How old is your academic health center?

Our academic health center was established in October 2018. At the time, we gathered all of our teaching hospitals, with Fatmawati Public Teaching Hospital as the main teaching hospital and eight other satellite hospitals, as our network academic health center. The collaboration agreement is to provide medical professional learning in the hospital for Universitas Islam Negeri Syarif Hidayatullah Jakarta (UIN Jakarta) medical profession students under the Committee of Education Coordination, with Fatmawati Public Teaching Hospital as the coordinator along with the Faculty of Medicine of UIN Jakarta.

2) What are your academic health center's focal areas of research?

The collaboration agreement concentrates on the backbone of Fatmawati Public Teaching Hospital aligning with Faculty of Medicine of UIN Jakarta in degenerative and geriatric problems. Pilgrimage Hospital, which was already under UIN Jakarta, would develop Syari'ah medicine and Pilgrim and umrah medicine, which are specific worship pillars in Islam. The collaboration includes the development of curriculum with specialization from UIN Jakarta that are related to integration of medicine and Islamic values and traditions.

3) What are your flagship specialized centers and programs?

Focal areas of research are related to the flagship of UIN Jakarta and the teaching hospitals. Those are related to degenerative and geriatric problems, pilgrim and umrah medicine, and integration of medicine and Islamic values and traditions, including halal and haram concepts, prophetic medicine (*thibbun Nabawi*), etc.

4) Can you give us details about one innovative program or an area of thought leadership within your institution?

At this time of COVID-19, we are developing COVID-19 sequencing, and we collaborate as a site study for clinical trials of the new vaccine from China. Besides that, our innovative programs include development of microbiota micelle as a new drug carrier, *habbatussauda* therapeutic effect in respiratory problems, detection of TB resistance, and genetic tracing related to dietary habit for preventing metabolic diseases, and community medicine development related to health prevention management in Islamic boarding schools (also related to health adolescence).



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5) What are you looking for forward to in joining AAHC/I's network?

We look forward to:

- a. Learn and develop our academic health center from members of the AAHC network that have already been established for many years and are now known as excellent academic health centers.
- b. Build collaborations on exchange-skills and updates in technology in medicine, especially related to treatment management.
- c. Build collaborations in joint research with multicenter sites of study.
- d. Build collaborations that can develop applications of novel research or programs for the community.



Photo of Faculty of Medicine Universitas Islam Negeri Syarif Hidayatullah Jakarta (UIN Jakarta)



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MENTAL HEALTH IN THE TIME OF COVID-19: FACULTY AND STUDENT PERSPECTIVES

Dr. Josefina T. Ly-Uson

*The Department of Psychiatry and Behavioral
Medicine, and*

Leonard Thomas S. Lim,

*The University of the Philippines
College of Medicine*

The sudden and unexpected emergence of the COVID-19 health crisis in early 2020 significantly impacted everyone. Even prior to the pandemic, there were already known stressors unique to medical students. The extraordinary situation added challenges that took an even greater toll on the students' mental health. Face-to-face classes and departmental rotations forcibly shifted overnight to the more impersonal and unconventional virtual learning platform. Just when students were beginning to adapt to these adjustments and blended learning seemed like a doable compromise, the unrelenting virus would exert a graver threat time and again, disrupting any perceived return to normalcy. However, the silver lining might be that things may not be the way they used to be. We welcome the dawn of digital transformation and creative learning strategies to outlast the pandemic.

Faculty Perspective

The University of the Philippines College of Medicine (UPCM) endeavored to meet our education standards amidst varying degrees of student distress. Although, admittedly, the response could have been more systematic and proactive, we had to be content initially with sound, rational reflex action. Town hall meetings

with the student body helped draw out feedback and suggestions. An online health needs assessment survey was likewise rolled out to determine the students' psychological distress levels using DASS-21 (Depression, Anxiety and Stress Scale), mental health issues, stressors, priority needs, and possible support mechanisms. Around two-thirds of respondents were experiencing moderate to severe levels of anxiety, depression, and stress. Heavy academic loads surfaced as the top concern for those in the pre-clinical phase, while inadequacy of learning due to limited clinical exposure emerged for those in the clinical levels.

As a result, efforts were channeled toward reducing stress among the students by providing asynchronous class options, leniency in checking attendance, adjusting course requirements, extending deadlines, and allowing drop status for subjects or modules, instead of the entire semestral load. Maximum allowance was extended to students struggling with mental health concerns. The college modified broader university guidelines on reading breaks to the provision of intermodular wellness breaks, allowing pocket-days of rest for the students to counteract burnout. Mental health topics and stress management techniques were incorporated in the curriculum. The existing mentoring program was expanded to include wellness and mental health into mentorship, with faculty mentors virtually keeping tabs on their mentees and offering psychosocial support to the group or individually as needed.

Wellness activities were also conducted online. Recognizing that spirituality aided in coping, a



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spiritual wellness webinar was given by a priest (former UPCM student) from Rome. Lectures on time management and the impact of sleep on studying were delivered. Students were encouraged to utilize online wellness resources such as mindfulness meditation, arts and crafts, yoga, and work-out instructional videos. The pandemic inspired the creation of a wellness champion group promoting wellness, mental health, and a psychologically safe work-school environment. Students with mental health concerns had direct access to teleconsultation services on a priority basis through a referral pathway created by the Department of Psychiatry and Behavioral Medicine of the Philippine General Hospital, the university's teaching hospital.

With the pandemic dragging on longer than expected, seemingly with no end in sight, we in academe are challenged to think out of the box. Certainly, we want to produce healthy healers and happy humans. How do we maintain excellent standards of education while modifying teaching methods in a time-efficient manner and without sacrificing quality? Perhaps key take-aways from this pandemic are flexibility and creativity in designing modules and integrating mental health and wellness into the curriculum. Utilizing a collaborative approach between faculty and students fosters a sense of community, exercising tolerance for uncertainty as we promote well-being among our students in these dire times.

Medical Student Perspective

Given the heterogeneity of the UPCM student body, the COVID-19 pandemic has impacted the mental health of medical students according to a

wide range of demographic factors that left some more susceptible to challenges than others. This serves as a testament to how the multifaceted nature of mental health very much applies to medical students, hence the need for context-specific interventions that would minimize inequities in both medical education and mental health.

The sudden shift to online learning is inseparable from any discussion on student well-being during the pandemic. Technological limitations, such as unstable Internet connections, left many of us frustrated as we could not watch recorded lectures continuously or take exams without the added anxiety of not being able to submit. These were coupled with feelings of inadequacy from the fear of missing out on real-life clinical skills that are traditionally learned through ward work and patient interactions. It also took a lot more discipline to compartmentalize our lives due to the blurred boundaries between time for academics, extra-curriculars, household responsibilities, and recreational activities. Fortunately, the college has been very understanding of us medical students as they, too, were caught off-guard by the pandemic. It was quite admirable to see our more senior professors do their best to teach via platforms such as Zoom, which were well outside of their comfort zones.

On the student level, our class council came up with initiatives to foster camaraderie despite the online setup. They created a class server on the social media platform called Discord where we could easily convene in designated meeting rooms or hangout spaces. We would often find ourselves



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in Discord study sessions on long nights before exam days. Aside from the student-led initiatives of the class, many of us found new hobbies or revisited old ones—ranging from specialty coffee to aquascaping and digital art to weightlifting. The public health enthusiasts took advantage of the opportunities that came with the shift to online conferences, competitions, and events. In the spirit of service, some of us volunteered to pack relief goods and later on, to administer COVID-19 vaccines, which made up for the lack of patient interaction throughout the academic year. Some of us even founded organizations aimed at helping with the country's COVID-19 response—reigniting our passion to serve the underserved. There were organizations that raised funds for health workers' PPEs, that conducted health information campaigns, and that invited experts to partake in online panel discussions.

The pandemic has undoubtedly tested our resilience and adaptability, but it has also brought out a sense of community within the college. We see administrators, professors, and students all supporting one another amid such trying times. It is truly comforting to know that we are not alone in navigating all the uncertainty. However, although recent events have shed more light on the importance of mental health, everyone should remain proactive on this issue.

Perhaps critical take-aways from this pandemic challenge are:

- Exhibiting flexibility and creativity in designing modules
- Integrating mental health and wellness in the curriculum

- Utilizing a collaborative approach among faculty and students
- Exercising tolerance for uncertainty

We must be mindful of the overall well-being of our students and foster a sense of oneness in these unprecedented times.

THE UNSEEN HEALTH CRISIS AMONG ADOLESCENTS DURING THE COVID-19 PANDEMIC

*Prof. dr. Tjhin Wiguna, MIMH, PhD
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The World Health Organization (WHO) declared the coronavirus disease (COVID-19) as a global pandemic in March 2020. Since then, many countries implemented lockdown as a strategy to curb the spread of the infection. Although not every country pursued this strategy, still, one of the most commonly agreed approaches to decrease the risk of transmission is physical and social distancing, as well as closure of public places, including schools, sport centers, and malls. While the intention and purpose of this policy is good, unfortunately it also entails unintended repercussions. Taking school closure as our main context, this measure necessitates students to study from home. While this measure may protect students from SARS-CoV-2 infection, unbeknownst to many, it poses a new threat for adolescents—and that is their mental well-being.

Adopting the United Nations' definition, adolescence is the period of between 10 and 19



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years of age. This is the period of transition from childhood to young adult. This process of transitioning presents another challenge for an adolescent because their brain is still developing. Adolescence is a very important period that influences how an individual may view and interact with the world as an adult in the near future. There are issues of physical, social, sexual, and mental wellness, all of which are interconnected. This results in a gap between cognitive abilities, emotional regulation, and self-control capabilities. Consequently, adolescents experience a mixture of positive and negative emotions about themselves simultaneously. They feel a greater sense of self-esteem, self-importance, and uniqueness; yet they also experience self-criticism, sadness, and anger at the same time.

In view of the condition described, I observed a concerning mental health trend among Indonesian adolescents who are high school juniors and seniors. As a child and adolescent psychiatrist, I believe that peer-to-peer interaction, outdoor activity engagement and time spent at school are vital for adolescents to accommodate their cognitive development and social-emotional regulation skills. Only then can they gain psychosocial strength to support their mental well-being. However, those vital experiences are stripped away as the COVID-19 pandemic forces them to study from home, stay at home, and follow social distancing policy. As a result, they need to adapt to the new condition and develop new coping and learning skills in a very short period of time. Screen-time increase and all of these conditions may become a psychosocial stressor for them. The unresolved stressors are assumed to be

related to major depressive disorder, anxiety disorder, suicide risk, and many other mental disorders that may affect their personality development and, in turn, decrease their quality of life in the near future.

In response, I conducted a study in Indonesia to identify if adolescents' mental well-being becomes vulnerable because of school closures during the pandemic. My team and I found out that there was a significant relationship between adolescents' subjective experience toward their own mental well-being before and after the pandemic. For instance, they experienced heightened anxiety after the pandemic struck. Taken further, their subjective experience on their mental health and having a positive mental health information during the COVID-19 pandemic was meaningfully related to the risk of them having emotional problems, peer-relationship problems, and pro-social behavior problems. Difficulty in coping with the change in lifestyle during the pandemic, including limited peer-to-peer physical interaction and outdoor activity, is indeed one of the underlying possible risk factors.

Given the above risks, I foresee a looming mental health crisis among adolescents. Sadly, this mental health crisis is most often unseen by many. In other words, adolescents' mental well-being is one aspect that may be neglected during the COVID-19 pandemic, because people may be more focused on infant, children, or elderly mental well-being. Therefore, I urge the larger community to be more aware of this issue and to make every effort to preempt this unseen mental health crisis. To do this, I believe that schools can employ a



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sophisticated tele-education or e-learning process so that adolescents can maintain the feeling of being at school and connect with their peers.

Additionally, I also believe in the use of appropriate social media platforms and telepsychiatry service to support adolescents and their family. This means that primary care physicians should be trained to provide positive mental health promotion and prevention, especially related to pandemic issues, including counseling or supportive psychotherapy, if needed. Moreover, parental support is crucial for adolescents, as suggested by our study. We found that adolescents who were satisfied with their parents' support during the time of pandemic were more resilient. This means that they were at lower risk to develop mental health problems, such as pro-social problems. In light of this, I also strongly encourage and support parents to give maximum support for their children, especially during school from home. Thus, a parental mental health support program during this pandemic period is another program that needs to be strengthened and designed accordingly.

Through this brief sharing and reflection, I hope that more people will have an increased awareness on the struggles faced by many adolescents during this time of COVID-19 pandemic. It is a great progress for all of us if people start seeing the unseen health crisis and more seriously take actions to strengthen adolescent mental well-being.

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STAKEHOLDER ENGAGEMENT FOR DEVELOPING MENTAL HEALTH THROUGH THE SYNERGY OF A HEALTH PROMOTING UNIVERSITY

*Prof. Ova Emilia, M.Med.Ed., PhD & dr. Mei Neni Sitaesmi, PhD
The Academic Health System Universitas Gadjah Mada (AHS UGM)*

There is no health without mental health. Unfortunately, mental health is the most neglected problem in public health(1). Furthermore, most people with mental health problems do not receive treatment properly, and the COVID-19 pandemic has obviously increased mental health burdens.

A study in Indonesia showed that the age group of 20 – 29 year olds was the most vulnerable to higher anxiety during the pandemic era(2). Concerning this issue, all the campus elements, in the spirit of Academic Health System Universitas Gadjah Mada (AHS UGM), synergized through the *Health Promoting University* to strengthen mental well-being among the campus community. It is in line with the ASEAN University Network – Health Promoting Network (AUN – HPN) policy to promote mental well-being for staff and students within the



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university(3). Therefore, mental health promotion in the university setting is important. Mental well-being of the university staff and students is one of the principal determinants of a healthy university(3).

HPU UGM

The initiation of *Health Promoting University* at the Universitas Gadjah Mada (UGM) emphasizes the importance of stakeholder engagement to increase community participation for tackling non-communicable disease programs, including mental health(4). UGM was declared as a *Health Promoting University* (HPU) in July 2019. The HPU UGM focuses on seven areas: (1) health literacy, (2) healthy diet, (3) physical activities, (4) mental health, (5) zero tolerance of drug abuse, alcohol, and tobacco use, (6) zero tolerance of violence, bullying and sexual harassment, and (7) developing a safe building, including a clean and green environment and becoming disabled-friendly.

That same year, HPU UGM launched a mental health program to raise awareness on mental health issues among university staff and students. The first step taken was developing a network and negotiating for advocacy on how to socialize this initiative. Then, with the support of all faculty leaders, university officials and functional staff (including the Executive Student Boards and other student organizations), jointly held a series of seminars and training on mental health. These included several activities such as mental health education through social media, peer support and peer counselling development, and mental health community development. HPU UGM carried out a social action in which university staff and students

were fully involved—“40 second mentally health”—to celebrate world mental health day 2019 (<https://www.ugm.ac.id/id/berita/18567-peringatan-hari-kesehatan-mental-ugm-gelar-aksi-40-detik-sehat-jiwa>). Additionally, the Center for Public Mental Health, Faculty of Psychology UGM developed a guidance book for campus well-being (<https://hpu.ugm.ac.id/2020/11/14/buku-panduan-program-kampus-sejahtera/>) and other booklets related to the mental health program.

The mental well-being campus principally comprises four main components: (1) mental health literacy for the entire academic community and awareness of all stakeholders; (2) policies and regulations to support the well-being campus such as support systems, standardized well-being employee, positive relations, promotion and prevention of mental health, family friendly policy, transparent and accessible mental health referral system for campus community; (3) capacity building of mental health by empowering a skilled and trained campus community (students, lecturers, and supporting staff) to apply promotion, prevention, and rehabilitation of mental health; and (4) a referral system and access to the health mental services with the existing SOP in handling mental health problems from an early treatment up to advanced referral to the psychologist/psychiatrist/doctor.

In April 2020, coincident with the outbreak of COVID-19 in Indonesia, HPU UGM provided a hotline service for the COVID-19 health literacy and mental health support (<https://hpu.ugm.ac.id/2020/04/06/covid-19-call-center-dukungan-psikososial/>).



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The university health facility “Gadjah Mada Medical Center” also contributes by extending their mental health service hours, in addition to mental health counselling provided by several faculty in UGM that synergizes to accelerate the quality improvement of mental health services. These activities reflect that the HPU program implementation on mental health has been going well on the faculty and university level.

Psychological Service Unit at FK-KMK UGM

One of the student support units at Faculty of Medicine, Public Health, and Nursing (FK-KMK) UGM is a psychological service unit, which provides both individual and student groups counselling for undergraduate to graduate students. Since March 2020, this unit has adapted to the situation and conditions by setting up online counselling during the COVID-19 pandemic.

Through online telephone and video calls, the FK-KMK UGM Psychological Service Unit continuously supports students in adapting to online learning. This unit reported there are no significant differences in student intention to take part in counselling after one year of the pandemic. It means that online counselling fulfills student need and they can gain benefits from it. Moreover, students can resiliently choose either counselling with the psychologist or peer-counselor. Peer-counselling is one of the faculty efforts to optimize the role of the campus community to improve the mental well-being of students by actively involving undergraduate students as first aiders among their peers.

This unit also assists in delivering online counselling to students who showed symptoms of anxiety and depression, following up with screening results of student mental health conditions due to the impact of study-from-home during the early stages in April 2020, under the coordination of Taskforce COVID-19 UGM. In July 2020, this unit held an online survey to further explore the basic, as well as advanced, problems and consequences of study-from-home faced by students. Most of the students' responses closely related academic problems of time management, adaptation processes in online learning, and limited learning facilities at home to mental health problems. The students feel heightened anxiety, stress, loneliness, burn out, and fluctuating emotions.

To address such issues, the Psychological Service Unit FK-KMK UGM organized a webinar in August 2020 entitled “Dealing with Stress in New Normal” for students, aimed at educating them to adapt and adjust to the new situation of online learning. Students also received best practices to maintain their mental well-being during the pandemic, which were disseminated through Psychological Service Unit social media. Several interesting topics were shared and spread among students about how to manage anxiety and how to manage self-isolation during a pandemic that may cause cabin fever.

In November 2020, this unit conducted a basic training program for peer-counsellors to learn about mental health literacy, psychological first aid (PFA), and the basics of counselling through counselling role play. Various interactive programs, such as Instagram Live, hosted by peer-counsellors with presentations from faculty members. One of



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the topics was self-reflection on 2020 and 2021 resolutions. An online class on psychoeducation is held as part of student group counselling services with similar topics related to strengthening mental well-being and improving skills in PFA. Recently, as part of this year's program, the UGM student board conducted a student mental health needs assessment in addition to the development of a mental health first aid system held by HPU UGM.

These comprehensive programs under coordination of HPU UGM are implemented in collaboration with primary healthcare in the Sleman District, which had been providing mental health services accordingly. It is a big picture of the academic health system concept through functional integration to put all efforts into a harmonious synergy for much better achievements in mental well-being in the university and community setting.

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The COVID-19 Chronicles

Yong Loo Lin School of Medicine,
National University of Singapore

Comic strip #61

THE COVID-19 CHRONICLES
"VIDEO CALL FATIGUE"

GOARN | 2020 YEARS

1st month
Video calls from home are so convenient! I love it!

I can't hear you. Are you muted?

2nd month
Gosh! All these video calls can be rather tiring. But it's not too bad...

Hi, can everyone see my screen?

3rd month
When will these video calls ever end?!!

Sooo... how's everyone's weekend so far?

4th month
Hello? Robert, are you there?

Hello Kitty, er... could you get Robert, please?

Who are you calling "Kitty"?

To reduce video call fatigue while working from home, have frequent breaks between calls to stretch, exercise or have a drink and relax.

Also, limit calls where possible and connect with colleagues beyond the contents of a work call.

Dr Cornelia Chee is a Senior Consultant Psychiatrist and Head of the Department of Psychological Medicine at the NUS Yong Loo Lin School of Medicine and the National University Hospital.

Comic strip #82

THE COVID-19 CHRONICLES
"HANDLING STRESS DURING THE PANDEMIC"

GOARN | 2020 YEARS

Before 2020 began, I was looking forward to a promotion at work and a newborn baby.

Then the COVID-19 pandemic began.

The company is cancelling all promotions this year. And I got a pay cut.

I got a payout too, and the baby is on the way!

Resentment grew. And after the baby came, the stress just increased. And I couldn't cope with it.

I couldn't accept that these things were happening.

How did I resolve this? I accepted that I had no control over the pandemic or the economy. That freed me to move on, focus on doing my best at work...

Acceptance of the uncontrollable allows us to focus on the things we can do. As this crisis is going to last for quite a while, it's important that we pace ourselves to better cope with stress.

Dr Cornelia Chee is a Senior Consultant Psychiatrist and Head of the Department of Psychological Medicine at the NUS Yong Loo Lin School of Medicine and the National University Hospital.

...and learning to communicate better with my wife.



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Comic strip #149



Part of public education efforts, the Yong Loo Lin School of Medicine, National University of Singapore (NUS Medicine) created “The COVID-19 Chronicles”, a series of educational comic strips which provide bite-sized information about the ongoing COVID-19 pandemic.

The series included comic strips on mental health and well-being.

[Click here to view more comic strips.](#)



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