



**PERSPECTIVES OF LECTURERS AND ITS IMPACT ON STUDENTS: THE
INTEGRATION OF MENTAL HEALTH LITERACY INTO THE HIGHER
EDUCATION CURRICULUM**

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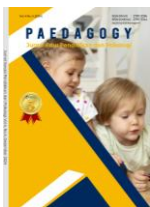
ABSTRAK

Penelitian ini dilatarbelakangi oleh meningkatnya perhatian terhadap kesehatan mental mahasiswa, sementara integrasi literasi kesehatan mental ke dalam kurikulum pendidikan tinggi belum menjadi prioritas. Penelitian ini bertujuan mengkaji perspektif, sikap, dan kesediaan dosen dalam mengintegrasikan literasi kesehatan mental ke dalam pembelajaran, menilai potensi dampaknya terhadap kesejahteraan mental dan prestasi akademik mahasiswa, serta mengidentifikasi tantangan dan peluang implementasinya. Penelitian ini menggunakan desain metode campuran *concurrent embedded*. Data kualitatif sebagai data utama dikumpulkan melalui wawancara semi-terstruktur dengan delapan informan, yang terdiri atas empat pejabat struktural/ dosen, satu psikolog sebagai informan ahli, dan tiga mahasiswa, serta observasi dan studi dokumen, kemudian dianalisis secara tematik. Data kuantitatif sebagai data pendukung diperoleh melalui kuesioner skala Likert kepada 100 mahasiswa aktif Universitas Komputer Indonesia yang dipilih secara acak dan proporsional berdasarkan fakultas, kemudian dianalisis secara deskriptif menggunakan persentase frekuensi. Hasil menunjukkan bahwa dosen umumnya bersikap positif terhadap integrasi literasi kesehatan mental, tetapi kesediaan implementasinya bervariasi karena keterbatasan kompetensi dan dukungan institusional. Sebanyak 68% mahasiswa sangat setuju bahwa kesehatan mental yang baik mendukung fokus belajar, sedangkan 63% sangat setuju bahwa kesehatan mental penting bagi keberhasilan akademik. Tantangan utama meliputi keterbatasan waktu kurikulum, pelatihan yang belum memadai, dan ketiadaan pedoman terstruktur. Penelitian menyimpulkan bahwa model integrasi implisit (*embedded model*) melalui materi, metode, tugas, dan interaksi kelas relevan untuk mendukung kesejahteraan mahasiswa.

Kata Kunci: *Literasi Kesehatan Mental, Integrasi Kurikulum, Kesejahteraan Psikologis, Prestasi Akademik, Pendidikan Tinggi*

ABSTRACT

This study is motivated by growing attention to students' mental health, while the integration of mental health literacy into higher education curricula has not yet become a priority. This study aims to examine lecturers' perspectives, attitudes, and willingness to integrate mental health literacy into learning, assess its potential impact on students' mental well-being and academic achievement, and identify challenges and opportunities for implementation. The study employed a *concurrent embedded* mixed-methods design. Qualitative data as the primary data were collected through semi-structured interviews with eight informants consisting of four structural officials/lecturers, one psychologist as an expert informant, and three students, as well as observations and document analysis, and were analyzed thematically. Quantitative data as



supporting data were obtained through a Likert-scale questionnaire administered to 100 active students at Universitas Komputer Indonesia, selected randomly and proportionally based on faculty representation, and analyzed descriptively using frequency percentages. The findings indicate that lecturers generally held positive attitudes toward integrating mental health literacy, but their willingness to implement it varied due to limited competence and institutional support. A total of 68% of students strongly agreed that good mental health supports learning focus, while 63% strongly agreed that mental health is important for academic success. The main challenges included limited curriculum time, inadequate training, and the absence of structured guidelines. The study concludes that an implicit integration model (*embedded model*) through learning materials, methods, assignments, and classroom interactions is relevant to supporting student well-being.

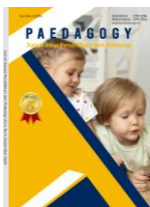
Keywords: *Mental Health Literacy, Curriculum Integration, Psychological Well-Being, Academic Achievement, Higher Education*

INTRODUCTION

Higher education is increasingly expected to support students not only in achieving academic outcomes but also in developing psychological resources that enable them to learn, adapt, and participate effectively in academic and social environments. Mental health has therefore become an important dimension of student development because psychological well-being influences students' capacity to manage academic demands, regulate emotions, seek appropriate support, and sustain engagement with learning. The World Health Organization (2022) places mental health within a broader global public health agenda and emphasizes the importance of promotive and preventive approaches alongside access to treatment and care. In the context of higher education, this orientation implies that mental health support should not be positioned solely as a remedial service for students who already experience psychological difficulties, but should also become part of the educational environment through knowledge, communication, and everyday learning practices.

The need for such an approach has become more complex with the expansion of digital technology and artificial intelligence (AI) in higher education. The increasing use of AI-based tools, digital learning platforms, and technology-mediated academic activities has created new opportunities for personalized and accessible learning, while simultaneously introducing challenges related to information overload, changing academic expectations, digital dependency, and psychological adjustment (Apriyanto & Anum, 2025). Recent evidence also indicates that digital interventions can contribute to university students' psychological well-being, although their effectiveness and implementation remain dependent on the characteristics of the intervention and the educational context (Ferrari et al., 2022). The emergence of AI therefore creates a dual educational context: students need greater access to digital resources while also requiring the knowledge and self-regulatory capacity to manage the psychological consequences of increasingly technology-mediated learning. This concern is reinforced by recent reviews showing that AI has both potential benefits and risks for students' mental health and well-being, including the use of AI chatbots for psychological support (Nyakhar & Wang, 2025; Dehbozorgi et al., 2025; Shehzad et al., 2026).

The ideal condition is that higher education institutions respond to these changes through an educational environment in which mental health literacy is developed alongside academic learning. Mental health literacy encompasses students' capacity to recognize mental health problems, understand relevant information, respond appropriately, reduce

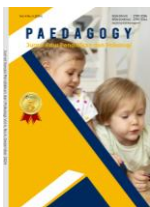


misconceptions and stigma, and identify sources of professional or social support. Reis et al. (2022), through a systematic review of mental health literacy training among university students, demonstrate the relevance of educational interventions for strengthening students' understanding of mental health. Kahraman et al. (2024) likewise show that mental health literacy remains an important issue among university students, indicating that access to higher education does not automatically ensure adequate mental health knowledge. The actual situation, however, suggests a gap between the ideal of a psychologically supportive learning environment and students' everyday experience of academic pressure, anxiety, and uncertainty in managing academic demands. This gap makes mental health literacy relevant not only as a separate student-support program but also as an educational competence that can be cultivated through routine classroom communication.

The preliminary condition identified among students at Universitas Komputer Indonesia (Unikom) provides contextual evidence for this concern. A preliminary survey conducted by the researchers among Unikom students in 2026 found that 65% of respondents strongly agreed that they frequently experienced anxiety and uneasiness related to academic activities, particularly in completing assignments and examinations, while 63% strongly agreed that mental well-being is important for academic success. These findings indicate that students recognize the relevance of mental well-being to academic achievement while simultaneously experiencing emotional pressure in their learning activities. The condition is also consistent with the explanation provided by Prof. Bettina Meisser of UNSW Sydney in March 2026, who described anxiety and depression as common psychological disorders and explained that performance anxiety in academic settings may emerge when students perceive themselves as being evaluated through examinations, presentations, or group projects. Thus, the survey should be understood as preliminary contextual evidence from Unikom rather than as a general representation of university students, while its relevance lies in illustrating the ideal–actual discrepancy that motivates the present investigation.

The discrepancy becomes particularly significant when mental health literacy is considered within the curriculum and classroom rather than as an intervention delivered separately from academic learning. Evidence from curriculum-embedded interventions indicates that integrating well-being into university learning has potential, but the available evidence remains limited and heterogeneous (Upsher et al., 2022). At the broader institutional level, Worsley et al. (2022) similarly emphasize the value of interventions aimed at supporting university and college students' mental health and well-being, while highlighting the need for approaches that fit the educational context. Consequently, a critical gap remains in understanding how mental health literacy can be embedded implicitly within ordinary teaching and learning processes, particularly through lecturers' communication, attitudes, examples, and interactions rather than through a stand-alone mental health course or clinical intervention. This focus is also strengthened by Rakow et al. (2025), whose findings on students' perspectives of lecturer well-being and its consequences for student well-being underline the relevance of lecturers and the classroom environment in shaping students' psychological experiences. The novelty of the present study therefore lies in examining mental health literacy as an implicit component of classroom learning, with lecturers positioned as primary communicators who may incorporate mental health-related understanding into the learning process without transforming every course into a formal mental health program.

This focus can be explained through three complementary perspectives in communication psychology. Bandura's (1986) Social Learning Theory explains that learning

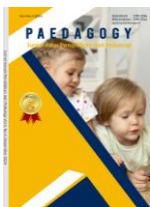


develops through observation, interaction, and modeling; consequently, lecturers' communication patterns, responses to academic difficulties, and ways of discussing psychological experiences can function as social models through which students acquire attitudes and behaviors related to mental health. Ajzen's (1991) Theory of Planned Behavior further provides a basis for understanding how attitudes, subjective norms, and perceived behavioral control may shape students' intentions to engage in mental-health-related behaviors, while classroom communication can contribute to the formation of these psychological determinants. Zimmerman's (2002) Self-Regulated Learning perspective complements these theories by emphasizing students' capacity to regulate cognition, motivation, emotion, and learning behavior in pursuit of academic goals. Taken together, these perspectives establish a direct conceptual connection between lecturer communication, mental health literacy, students' psychological regulation, and academic functioning: lecturers provide social models and communicative cues, classroom interactions may shape attitudes and perceived behavioral control, and students' resulting self-regulation may influence how they manage academic and emotional demands.

Against this background, the present study examines the perspectives, attitudes, and willingness of lecturers to integrate mental health literacy implicitly into learning, while also examining its potential relevance to students' mental well-being and academic performance in the contemporary digital and AI-mediated higher education environment. The study employs a mixed-methods design in which an exploratory qualitative approach is used to understand lecturers' experiences, perspectives, attitudes, and readiness, while quantitative data obtained through student questionnaires provide contextual evidence regarding students' mental well-being and academic functioning. This design allows the study to connect two dimensions that are often examined separately: the readiness of lecturers as communicators within the learning environment and the psychological and academic experiences of students as recipients and participants in that environment. Rather than positioning mental health literacy solely as a clinical, counseling, or extracurricular concern, the study proposes a contextual perspective in which its principles can be communicated implicitly through everyday pedagogical interaction. Accordingly, the expected contribution is the development of a context-sensitive and sustainable conceptual model for integrating mental health literacy into higher education learning, particularly in an environment increasingly shaped by digital technology and AI, while recognizing that such integration requires alignment between lecturer readiness, classroom communication, student self-regulation, institutional support, and the broader learning environment.

METHODS

The present research employed a *concurrent embedded mixed-methods* approach (Creswell & Plano Clark, 2018), with an exploratory qualitative sub-study as the primary research approach and a descriptive quantitative survey as the embedded supporting component. Both components were conducted in 2026 at Universitas Komputer Indonesia (UNIKOM) and integrated during the interpretation phase, in which survey findings were used to support and verify the qualitative findings. Purposive sampling was used to select informants based on their teaching experience, involvement in curriculum development or student counseling, and understanding of mental health issues, while additional informants were identified through snowball sampling until data saturation was achieved (Campbell et al., 2020; Guest et al., 2020). The qualitative component involved eight informants consisting of four



structural officials/lecturers, one expert psychologist from UNSW Sydney, and three final-semester students from different study programs. Data were collected from February to April 2026 through semi-structured interviews conducted face-to-face, virtually, or in written form, as well as observation and curriculum document analysis. Qualitative data were analyzed thematically using the six stages proposed by Braun and Clarke (2006, 2021), while trustworthiness was strengthened through source and method triangulation, member checking, peer debriefing, and an audit trail (Nowell et al., 2017).

The survey population consisted of 6,285 UNIKOM students (Universitas Komputer Indonesia, 2025), from which 100 students were selected through proportionate stratified random sampling across seven faculties. The survey used 27 five-point Likert-scale items ranging from 1 (strongly disagree) to 5 (strongly agree), covering academic pressure, mental health knowledge, campus experiences, attitudes toward help-seeking, and institutional assistance and its effects. Item validity was assessed using item-total correlation, with the critical value set at 0.197 for $n = 100$ at $\alpha = 0.05$; 24 of the 27 items met this criterion, whereas three workload-related items concerning the number of assignments, availability of free time, and procrastination were excluded from the analysis. Instrument reliability was assessed using Cronbach's Alpha, with a coefficient of >0.70 considered acceptable based on Tavakol and Dennick (2011). Quantitative data were analyzed descriptively using frequency percentages, and the findings were subsequently integrated with the qualitative results during interpretation. Before data collection, ethical approval was obtained in accordance with the applicable research ethics procedures. All participants were informed about the purpose and procedures of the study, the voluntary nature of their participation, confidentiality of their information, and their right to withdraw from the study at any time. Informed consent was obtained from all participants before data collection began.

RESULTS AND DISCUSSIONS

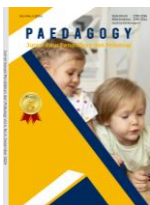
Results

3.1 Perspectives, Attitudes, and Readiness of Lecturers

The qualitative findings indicate that lecturers and academic stakeholders at Universitas Komputer Indonesia (UNIKOM) generally recognize mental health as a relevant component of students' learning experiences. Their perspectives are particularly related to students' psychological conditions when dealing with academic assignments, examinations, workload, and classroom interactions. The findings also reveal a positive attitude toward the possibility of addressing mental health within regular teaching activities. However, the recognition of its relevance has not yet been accompanied by an equally established approach for implementing mental health literacy (MHL) across classroom practices.

Students' academic workload emerged as one of the situations requiring greater lecturer awareness of students' psychological conditions. Muhammad Andriyansyah described academic deadlines as a source of pressure and emphasized the importance of lecturers being aware of what students experience while completing their assignments:

"The most stressful thing is when we try to finish our assignments within the due date. Lecturers always expect us to be quick and efficient, but the workload we have to do is too little in the allotted time. However, it may be stressful, but the lecturers should be aware of this, namely what is going on in my head and my friend's head at this certain time when we are studying."



The interview data further indicate that lecturers are perceived as having a role that extends beyond the delivery of academic content. Raeny Dwi Shanty, Head of Study Program, stated:

“The lecturers also take part in maintaining the psychological state of the students. To the best of my knowledge, the literacy of mental health belongs to the competence of the lecturers, where the lecturers are expected to be leaders, not only in the academic field but also personally. I believe I am able to do it.”

The main findings concerning lecturers’ perspectives, attitudes, willingness, and readiness are summarized in Table 1. The table distinguishes the positive orientation toward mental health from the practical conditions that influence its implementation. This distinction is important because willingness to address students’ psychological needs does not automatically indicate preparedness to conduct MHL-related activities. The qualitative evidence therefore presents lecturer readiness as a multidimensional issue involving awareness, willingness, knowledge, and institutional preparation.

Table 1. Perspectives, Attitudes, and Readiness of Lecturers

Indicator	Main Finding	Evidence
Perspective	Mental health is recognized as relevant to students’ learning experiences	Qualitative interviews
Attitude	Lecturers show positive attitudes toward students’ psychological needs	Qualitative interviews
Willingness	Lecturers express willingness to contribute to students’ psychological well-being	Qualitative interviews
Readiness	Lecturer readiness varies in relation to knowledge and practical preparation	Qualitative interviews
Role	Lecturers are perceived as having academic and personal responsibilities toward students	Qualitative interviews
Institutional preparation	Training, practical guidance, and institutional support are still needed	Qualitative interviews

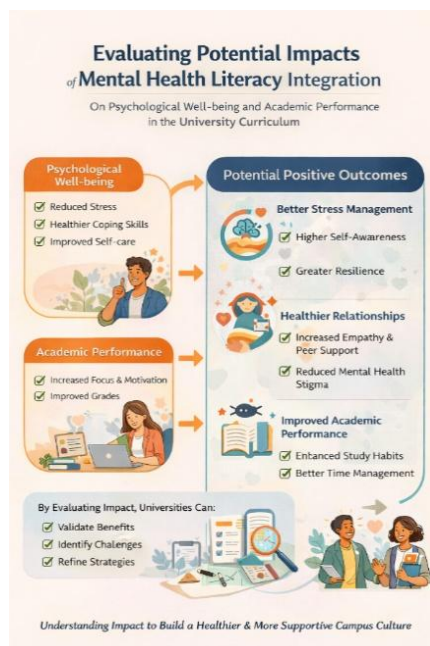
Source: Researcher, 2026.

Table 1 shows that the most consistent finding concerns the positive orientation of lecturers toward students’ mental health. At the same time, the findings reveal a distinction between recognizing mental health as relevant and possessing sufficient preparation to incorporate it into teaching. The need for training and practical guidance was repeatedly associated with the issue of readiness. Thus, the qualitative findings describe a context in which acceptance of MHL is developing more rapidly than the structures and competencies required for systematic classroom implementation.

3.2 Potential Impact on Students’ Mental Well-Being and Academic Performance

The quantitative findings were used to describe students’ perceptions concerning the relationship between mental health, mental health literacy, and learning. Two indicators were particularly relevant to the potential contribution of mental health to students’ academic experiences. The first concerned students’ perceptions of the relationship between good mental health and concentration during study, while the second concerned students’ level of awareness

of mental health literacy. These findings are presented visually in Figure 1 to provide a concise comparison of the two indicators.



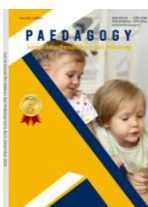
Gambar 1. Students' Perceptions of Mental Health Literacy and Learning

Figure 1 presents the students' responses concerning mental health and learning. The distribution indicates that students generally associate psychological well-being with their ability to engage effectively in academic activities. The findings also indicate the presence of awareness regarding mental health literacy among students. These responses provide quantitative evidence that mental health is perceived by students as relevant to their everyday learning experiences rather than as an issue entirely separate from academic life.

The qualitative findings provide additional context for understanding this perception. Aglisya Febriandhany described mental health awareness as a new perspective that encouraged her to recognize personal feelings and become more open to seeking assistance:

"Therefore, mental health not only becomes an entirely new perspective for me but also a whole new experience. It comes to the realization that mental health is extremely crucial and we have the complete right to convey our feelings towards it. Instead of bottling it up for years, where it ultimately turns into self-inflicted torment, I believe it is totally fine to get assistance from others."

The qualitative data further indicate that students associate mental health awareness with several aspects of academic functioning, including concentration, management of academic pressure, emotional awareness, participation in learning, and willingness to seek support. Students' experiences suggest that psychological conditions are encountered alongside assignments, examinations, classroom activities, and other academic demands. The findings consequently place mental health literacy within the everyday context of university learning rather than limiting it to formal counseling or clinical services. The combination of survey



responses and interview accounts provides a broader description of the potential relevance of MHL to students' well-being and academic experiences.

3.3 Challenges and Opportunities for Mental Health Literacy Integration

The qualitative findings identified several challenges affecting the integration of MHL into university learning. These challenges involve institutional arrangements, curriculum demands, lecturer preparedness, pedagogical guidance, unequal access to information, stigma, and the availability of support systems. At the same time, the interviews revealed several opportunities, particularly the increasing attention to student well-being and the possibility of incorporating mental health issues into existing learning activities. The relationship between these challenges and opportunities is presented in Table 2.

Table 2. Challenges and Opportunities for Mental Health Literacy Integration

Aspect	Challenges	Opportunities
Policy and Institution	Specific classroom-based MHL policy has not been established	Increasing institutional attention to student well-being
Curriculum	Existing curriculum demands may limit additional content	MHL can be integrated into existing learning content
Lecturer Readiness	Differences in knowledge, skills, and preparedness	Positive attitudes provide a foundation for capacity building
Pedagogy	Limited practical guidance for classroom integration	Existing active and contextual learning approaches can be utilized
Culture and Stigma	Mental health information and openness are uneven	Increasing student awareness creates opportunities for discussion
Student	MHL is not distributed evenly across faculties	Opportunities to strengthen self-awareness and coping skills
Support System	Access to mental health support remains limited	Existing support services can be strengthened and connected
Sustainability	Implementation and evaluation are not yet systematic	Integration can be developed as a continuing educational practice

Source: Researcher, 2026.

The pattern presented in Table 2 illustrates that the challenges are not concentrated in a single component of university learning. Structural and institutional conditions coexist with pedagogical and student-level factors, while several of these same areas also provide opportunities for intervention. The findings particularly indicate that the absence of specific classroom guidance does not eliminate the possibility of integration because existing courses and learning activities can serve as entry points. This condition provides the empirical basis for considering an integration model that does not require the establishment of an additional course. The uneven distribution of mental health information across faculties was illustrated by Muhammad Andriyansyah:

“As far as I know, there hasn't been anything yet. Nevertheless, what I can see is that there are some academic programs, for instance, FISIP, that often organize seminars regarding mental health. Yet, the information is not balanced; thus, those who study at the Faculty of Engineering and Computer Science have almost no information about it. On the contrary, even we at the

Faculty of Engineering require information about mental health, just as our friends at the Faculty of Social and Political Sciences do.”

Lecturer preparation was also identified as an institutional concern. Dr. Soni Mulyawan Setiana, M.Pd., Dean of the Faculty of Cultural Sciences and curriculum specialist, stated:

“The biggest obstacle lies in university policy and lecturers' comprehension of students' psychological condition. All lecturers do not know the development processes that students need to undergo. Thus, there is a need for refresher courses on the 4 competencies of lecturers (pedagogy, profession, social, and personality).”

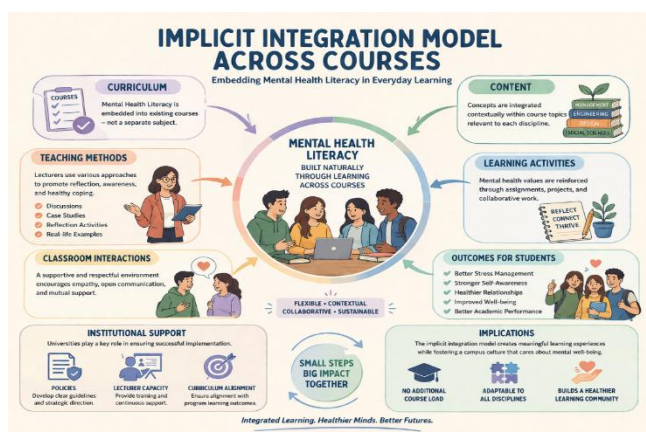
A similar concern was expressed by Nungki Heriyati from the Guidance Counseling, Graduate Career, and Alumni Division:

“the readiness factor refers to the understanding of mental well-being. It is vital that professors have the readiness in terms of having knowledge regarding mental well-being, peer counseling, and psychological first aid for students.”

These accounts reinforce the finding that MHL integration requires more than individual lecturer willingness. The implementation context also involves the availability of knowledge, training, guidance, and institutional mechanisms that can support lecturers when mental health issues emerge in learning situations. At the student level, the findings indicate a need for more equitable access to information across study programs and faculties. The challenges therefore coexist with identifiable opportunities to develop a more systematic and inclusive approach.

3.4 Cross-Curricular Implicit Integration Model

The preceding findings provided the basis for developing a Cross-Curricular Implicit Integration Model of Mental Health Literacy. The model was designed in response to the identified need to strengthen MHL while avoiding the addition of a separate course to an already existing curriculum. The proposed approach places MHL within ordinary teaching and learning processes through learning materials, teaching methods, assignments, and classroom interactions. Figure 2 illustrates the relationship among these components and the expected learning-related outcomes.



Gambar 2. Cross-Curricular Implicit Integration Model of Mental Health Literacy

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The model begins with existing university courses as the main curricular context and incorporates MHL through four classroom components: learning materials, teaching methods, assignments, and classroom interactions. These components provide opportunities for students to encounter issues related to emotional awareness, stress management, healthy learning habits, coping, and help-seeking within their ordinary academic activities. Lecturer readiness and institutional support function as supporting conditions that enable the integration to be implemented appropriately. The model therefore emphasizes integration into existing educational processes rather than the creation of an independent mental health subject.

In practical learning situations, lecturers may connect academic activities with issues experienced by students. For example, discussions about accumulated assignments may be connected with awareness of academic stress, while assignments may provide opportunities for reflection on learning routines, emotional responses, or strategies for managing academic demands. Classroom interactions can also provide space for students to communicate difficulties and identify appropriate sources of support. These activities remain connected to the substantive learning objectives of each course while incorporating mental health literacy into the learning experience.

The proposed model also recognizes that classroom integration requires institutional preparation. Prof. Bettina Meisser, UNSW Sydney, emphasized several possible mechanisms for promoting MHL sustainably:

“It would be possible to promote mental health literacy among the students in a sustainable way, for instance, during orientation week, either through a staff member at UNIKOM or an external psychologist, in case there is no psychologist at UNIKOM. Easily accessible, research-based online resources could also contribute to improved mental health, such as through incorporating mental health literacy lessons in the student portal of the UNIKOM website. Another key aspect here would be to provide lectures with training for mental health literacy tasks in order to make them more conducive to learning and build resilience among students.”

The interview evidence consequently places lecturer training, accessible information, orientation activities, digital resources, and institutional support alongside classroom integration. These components complement rather than replace the role of lecturers in regular teaching activities. The proposed model thus represents an approach in which MHL can be introduced progressively through existing academic structures. Its implementation remains dependent on lecturer preparedness, institutional support, and the availability of appropriate guidance and referral mechanisms.

Discussion

The findings indicate that mental health literacy (MHL) is increasingly perceived by lecturers as relevant to the university learning process rather than as an issue confined to counseling or psychological services. Lecturers' willingness to acknowledge students' psychological conditions creates an important pedagogical foundation because classroom interaction is one of the most consistent points of contact between students and the university. This position is consistent with recent research emphasizing that faculty members occupy a central position in supporting student mental health because of their sustained interaction with



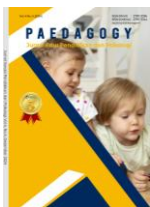


students throughout academic programs (Goel et al., 2024). The present findings therefore extend the discussion of MHL by locating lecturers not simply as transmitters of academic knowledge, but also as actors who can recognize psychological concerns, create supportive interactions, and connect students with appropriate sources of assistance. This perspective is also supported by recent studies showing that MHL among university students encompasses not only knowledge about mental health conditions but also attitudes toward psychological help-seeking and the ability to recognize appropriate sources of support (D'Aniello-Heyda et al., 2025; Kılınç & Kendirkıran, 2025).

At the same time, the findings reveal that positive attitudes toward MHL do not automatically indicate complete readiness for its implementation. Lecturers may recognize the relevance of student well-being while still requiring clearer knowledge, practical skills, and institutional guidance concerning how mental health issues should be addressed within ordinary teaching situations. This distinction is particularly important because faculty training programs reviewed in recent higher-education research commonly include knowledge of recognizing distress, identifying severity, providing appropriate support, understanding professional boundaries, and accessing student services (Goel et al., 2024). Consequently, the readiness identified in this study should be understood as an emerging capacity that requires structured development rather than as evidence that lecturers are already equipped to manage psychological problems independently.

The relationship between MHL and students' learning experience can also be interpreted through the interaction between psychological awareness, academic engagement, and students' ability to manage everyday learning demands. The preliminary and survey findings in this study indicate that students associate mental well-being with concentration, academic success, and their capacity to deal with academic pressures. Recent research similarly describes student well-being as closely connected with academic support, communication with lecturers, peer relationships, learning resources, and students' internal processes, including responsibility, mental balance, and a sense of accomplishment (Wilson Fadji & Eloff, 2024). Research on university students further indicates that mental health literacy is relevant to how students understand mental health information and approach psychological help-seeking, suggesting that literacy can become an important component of students' responses to mental health concerns (D'Aniello-Heyda et al., 2025; Kılınç & Kendirkıran, 2025). In this context, MHL can function as part of a broader learning environment that helps students recognize psychological difficulties, understand their possible effects on learning, and identify constructive responses before academic problems become more difficult to manage.

The students' experiences further suggest that academic workload and assignment deadlines can become psychologically demanding when students perceive a mismatch between academic expectations and their available capacity. Such experiences make the integration of MHL particularly relevant because mental health education can provide students with vocabulary and knowledge for understanding stress, emotional responses, coping, and help-seeking without requiring the curriculum to become a clinical intervention. Reis et al. (2023) demonstrated the feasibility of incorporating MHL learning into a non-health academic discipline through experiential learning, illustrating that mental health content does not necessarily have to be separated from students' disciplinary learning. This is relevant to the UNIKOM context because the proposed approach does not require every course to become a mental health course; instead, existing learning activities can provide appropriate contexts for



developing awareness and self-management while maintaining the primary academic objectives of each discipline.

The uneven distribution of mental health information across faculties represents another important dimension of the findings. The student account concerning greater exposure to mental health seminars in some faculties, while students in engineering and computer-related fields perceive fewer opportunities, suggests that access to MHL may depend partly on academic context rather than being experienced consistently across the institution. This issue is particularly relevant because university students may increasingly rely on digital sources when searching for mental health information, making the availability of reliable and accessible information an important component of MHL development (Yuen et al., 2025). This pattern supports arguments for moving beyond extracurricular seminars toward curriculum-based and institutionally coordinated approaches to MHL. Zaza and Yeung (2023) specifically argue for incorporating MHL education into postsecondary curricula rather than relying predominantly on supplementary outreach, while their pilot course experience reported improvements in students' attitudes toward seeking mental health services. Thus, cross-faculty integration may provide a more systematic way to ensure that students encounter essential mental health knowledge regardless of their field of study.

The proposed cross-curricular implicit integration model is consequently grounded in the idea that well-being can be incorporated into both what students learn and how learning is organized. Recent evidence on curriculum-embedded well-being distinguishes between modifying curriculum content and modifying curriculum design, including teaching, assessment, feedback, and other aspects of the learning process (Bannigan, McGrath, & Matthews, 2025). This approach is consistent with the work of Lister and Allman (2024), who describe embedding mental well-being within the curriculum as an approach that can be realized through collaborative definitions and practical examples rather than through the creation of an entirely separate curriculum. This distinction is important for the present study because MHL integration does not necessarily require additional subjects, excessive instructional hours, or a separate assessment structure. Instead, lecturers can connect relevant MHL elements with existing topics, classroom communication, reflective activities, assignment management, collaborative learning, and contextual examples where appropriate.

The model also needs to account for the boundaries between educational support and professional mental health care. Increasing students' MHL should not lead to the assumption that lecturers are expected to diagnose disorders or provide psychological treatment. Recent work on faculty preparation emphasizes the importance of recognizing distress, understanding the limits of the faculty role, knowing appropriate support strategies, and connecting students with available services (Goel et al., 2024). At the student level, systematic review evidence also identifies poor MHL and stigma among barriers to help-seeking, whereas better MHL and social encouragement can facilitate access to assistance (Barriers and facilitators to help-seeking, 2022). This boundary is also important in light of evidence that students' mental health literacy is associated with their attitudes toward seeking professional psychological help (Kılınç & Kendirikiran, 2025). Therefore, the educational role of lecturers is most appropriately positioned as early recognition, supportive communication, basic literacy, and referral rather than clinical management.

Taken together, the findings support a shift from treating MHL as an additional program toward understanding it as a dimension that can be incorporated into the existing educational ecosystem. The cross-curricular implicit integration model offers a way to connect lecturer



preparedness, student learning, classroom interaction, institutional support, and accessible mental health information without displacing the academic purposes of individual courses. This direction is further supported by Lister and Allman (2024), who emphasize the practical potential of embedding mental well-being within existing curriculum practices. This direction is consistent with recent whole-university research showing that sustainable well-being initiatives involve multiple actors and may combine curriculum content, curriculum structure, staff development, institutional policy, and student participation (Bannigan, McGrath, & Matthews, 2025). For UNIKOM, the implication is not simply to add more mental health content, but to develop a coherent educational environment in which lecturers are appropriately prepared, students encounter reliable MHL resources across faculties, and academic practices are designed with greater awareness of psychological well-being.

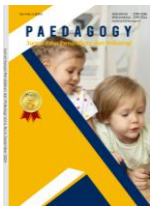
CONCLUSION

The incorporation of mental health literacy (MHL) into university learning provides a feasible approach for responding to students' psychological needs within the existing curriculum. The findings indicate that students recognize the relevance of mental well-being to concentration and academic success, while lecturers generally show positive attitudes toward incorporating mental health considerations into their teaching practices. The study therefore concludes that MHL can be integrated implicitly across existing courses through learning materials, classroom interactions, assignments, and other instructional activities without requiring the establishment of an additional course. At the same time, the findings identify institutional policy, lecturer preparedness, and unequal access to mental health information across faculties as important conditions that need to be addressed to support consistent implementation.

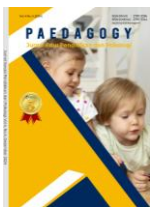
Practically, universities can strengthen MHL integration by providing lecturers with relevant training, clear guidance on their educational role and professional boundaries, accessible evidence-based mental health resources, and stronger connections between academic units and existing psychological support services. Such efforts can help translate lecturers' positive attitudes into more consistent classroom practices while ensuring that MHL remains connected to students' actual learning experiences and academic pressures. Future research should examine the implementation of the proposed cross-curricular implicit integration model across different courses and faculties, including its effects on students' MHL, well-being, help-seeking, and academic outcomes through larger and longitudinal studies. These further investigations would provide empirical evidence for refining the model and determining the conditions required for its sustainable application in higher education.

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