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Understanding online mental health services in Indonesia: a qualitative study of university students' and psychologists' experiences and perspectives

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Abstract

Background Mental health problems among university students are prevalent, and the availability of online mental health services in Indonesia has increased. However, implementation strategies are still in their early stages of development. This study aimed to explore the experiences and perspectives of Indonesian university students and psychologists regarding online mental health services.

Methods Semi-structured online interviews were conducted with 21 participants (10 university students and 11 psychologists) in Indonesia between September and December 2022. Interviews were transcribed verbatim and analyzed using reflexive thematic analysis to develop an interpretive understanding of patterns of meaning across the dataset.

Results Through reflexive thematic analysis, we generated four themes: (1) fostering engagement and autonomy, reflected in participants' accounts of feeling more control over time and choices and enhancing engagement through digital innovation; (2) therapeutic limits in digitally mediated care, including the missing human touch, disrupted therapeutic space, and barriers to complex care online; (3) challenges in implementation and delivery, comprising infrastructure gaps undermining care and service variation without standardization; and (4) designing for engagement and trust, covering accessible and easy to engage with, feeling supported in digital care, cultural and personal fit, and tailoring therapeutic approaches to individual needs. Across themes, differences in emphasis were observed, with students often highlighting emotional safety, usability, and flexibility, while psychologists tended to emphasize concerns related to assessment limitations, clinical standards, and the provision of comprehensive care. Both groups underscored the importance of culturally responsive and adaptable service models aligned with Indonesian social norms and values.

Conclusions The findings suggest that while several factors influencing the implementation of online mental health services in Indonesia align with international evidence, context-specific considerations remain important. Designing

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culturally responsive, accessible, and supportive services may enhance the relevance and sustainability of online mental health care in Indonesia and other low- and middle-income settings.

Keywords Digital mental health, Online mental health services, University students, Psychologists, Indonesia

Background

Mental health concerns among university students have increased worldwide in recent years. Data from the WHO World Mental Health International College Student Project indicated that approximately one-third of first-year students meet criteria for a common mental disorder [1], with similar trends observed in more recent studies of student mental health [2]. Despite this high prevalence, only a minority receive professional treatment, reflecting a substantial treatment gap [3]. This gap is particularly pronounced in low- and middle-income countries, where mental health services remain limited and unevenly distributed [4]. Mental health problems place a significant burden not only on affected individuals but also on their families, communities, and broader society [5]. In addition, untreated symptoms can worsen over time and lead to further difficulties [6]. While these data provide an important overview of global trends, their direct applicability to the Indonesian context may be limited due to differences in health systems, service availability, and sociocultural factors.

In Indonesia, access to mental health services for university students remains constrained. As of 2020, there were more than 4,500 higher education institutions serving over 8 million students [7]. However, not all universities provide student counseling centers, even though guidance and counseling services at the university level are recognized as a significant need across Indonesian higher education [8]. Limited accessibility is a major barrier to seeking professional help, as services may be unaffordable for many students and difficult to reach due to geographic constraints [9]. Stigma has been identified as a significant barrier to help-seeking among university students in Indonesia and across Southeast Asia [10, 11]. These structural and social barriers contribute to unmet mental health needs among Indonesian university students.

Digital technologies have been increasingly proposed as a means to address gaps in mental health service provision. Online mental health services have the potential to improve accessibility [12], reduce costs [13], and may also contribute to reducing mental health stigma [14]. Online interventions have been studied for a range of mental health problems [15], and a previous meta-analysis found that their effectiveness is comparable to that of traditional face-to-face interventions for many conditions [16]. More recent reviews further suggest that digital mental health interventions may be useful for university students and may help address treatment gaps, although evidence remains uneven across settings and is still limited in many low- and middle-income countries [17, 18]. Given the widespread use of digital technologies among university students, online services may represent a promising avenue for expanding access to mental health care.

Qualitative studies in high-income countries have explored how different populations engage with online mental health services, highlighting both opportunities and limitations. For example, a study in the Netherlands [19] with adolescents found that participants appreciated the sense of self-direction provided by online treatment, although they also reported motivational challenges. Participants preferred guided interventions over purely self-help formats and favored platforms with clear, well-organized designs that could be accessed via both mobile phones and computers [19]. Similarly, a study in Australia with adults found that participants preferred tailored, structured, brief, and modular internet-based programs, with a preference for computer-based access over mobile devices [20]. While these studies provide useful insights, their applicability to Indonesia remains uncertain due to differences in population, cultural context, service infrastructure, and patterns of technology use.

In Indonesia, online mental health services have expanded, particularly since the COVID-19 pandemic [21]. Early evidence suggests that many individuals are open to using digital mental health interventions, either as an alternative or complement to conventional care [22]. Feasibility studies with Indonesian university students further indicate that such interventions can be acceptable and potentially beneficial [23–25]. However, there remains limited qualitative research exploring how both users and providers experience and evaluate these services within the Indonesian context.

The present study addresses this gap by exploring the experiences and perspectives of university students and psychologists regarding online mental health services in Indonesia. In this study, online mental health services are understood as the use of digital technologies to deliver or support mental health care. By examining both user and provider perspectives, this study aims to generate contextually grounded insights to inform the development and implementation of online mental health services for university students in Indonesia.

Methods

Study design

This study employed an exploratory qualitative design using semi-structured interviews to examine how university students and psychologists experience and interpret online mental health services in Indonesia. An interpretivist approach was adopted to understand how participants interpret and assign meaning to their experiences within social and cultural contexts [26].

Including both students and psychologists enabled the capture of perspectives from both service users and providers, allowing for a comprehensive understanding of how online mental health services are experienced, delivered, and evaluated within the Indonesian context. Semi-structured interviews were used to facilitate flexible, in-depth exploration of participants' accounts. Data were analyzed using reflexive thematic analysis [27]. The reporting of the study is in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist (Supplementary Material) [28].

Participant and recruitment

Participants were required to be Indonesian nationals and fluent in Indonesian. University students were eligible if they were currently enrolled in an Indonesian university, had experienced mental health difficulties, and had used mental health services. Psychologists were eligible if they were registered with the Indonesian Psychological Association and had at least one year of experience providing online mental health services to university students in Indonesia.

The study included students with lived experience of mental health difficulties who had used online mental health services, as well as students with lived experience of mental health difficulties who had accessed mental health services through non-digital formats but had not used online mental health services. Including both groups enabled exploration of lived experiences alongside expectations, concerns, and reasons for non-use, providing a broader understanding of engagement and non-engagement. The dataset was treated as a coherent body of meaning-making rather than structured as a formal comparison.

A purposive sampling strategy was used to recruit participants with relevant experience, complemented by snowball sampling through participant referrals. Recruitment was conducted via online posters distributed through social media platforms and university networks. Interested individuals completed an online screening form that collected demographic information and assessed eligibility based on predefined inclusion criteria (e.g., current student status, experience with mental health difficulties, and experience with or knowledge of online mental health services). Eligible participants were subsequently contacted to arrange an interview.

Procedure

Data were collected between September and December 2022 through online semi-structured interviews conducted via videoconferencing, allowing for the exchange of both verbal and non-verbal information [29]. Prior to participation, all participants received an information sheet outlining the study's aims, procedures, and their rights, and provided informed consent.

Interviews were conducted by a clinical psychologist (AP) with experience in qualitative interviewing and in working in clinical practice with individuals presenting mild to moderate mental health difficulties. Interviews lasted between 60 and 90 min (mean duration approximately 75 min) and were audio-recorded with participants' permission. Participants were informed that they could pause or withdraw at any time.

A total of 21 participants were included in the study. Sample adequacy was guided by the concept of information power, considering the study aim, sample specificity, quality of the interview dialogue, and the analytic approach adopted [30]. Consistent with reflexive thematic analysis, we did not rely on data saturation; instead, we assessed whether the dataset provided sufficient depth and richness to support meaningful analytic development [27, 31].

Interview questions

A semi-structured interview guide was developed by the research team (AP, MHN, and TKB) following Kallio et al.'s framework [32] and pilot-tested prior to data collection. The interview guide included: general experiences with online services; perceived advantages and disadvantages; accessibility; perceived usefulness and impact; reasons for use; and preferences for service design. Each topic consisted of several open questions, for example, "Could you tell us about your experience using online mental health services?" "What made you decide to use online mental health services?" (for students) and "What is your experience in dealing with mental health issues in university students using online mental health services?" "What kind of online services have you provided? Could you tell us more about them?" (for psychologists). The English version of the interview guide is saved as Supplementary material.

Data analysis

Interviews were transcribed verbatim by the first author and analyzed using reflexive thematic analysis [27]. The first (AP) and second (ZFI) authors met iteratively to discuss their interpretations of the data, refine their analytic interpretations and the construction of themes, and

articulate their evolving analytic insights. Variations in coding were treated as a productive source of interpretive insight and explored through dialogic engagement. A third author (DS) contributed to reflexive discussions to enhance interpretive depth and analytic rigor. The final themes and subthemes were further discussed with the fourth and fifth authors (MHN and TKB) to enrich the analysis and ensure conceptual coherence. This collaborative and dialogic process supported the interpretive flexibility that underpins reflexive thematic analysis.

We explored patterns of similarity and difference across participant groups (students and psychologists) through an interpretive, reflexive approach, without conducting a formal comparative analysis. Rather than seeking code equivalence, we examined how different accounts contributed to shared or contrasting understandings of online mental health services. For example, psychologists' descriptions of "important skills needed" and students' emphasis on "very helpful counselor ability" were interpreted as reflecting a shared focus on competencies that contribute to feeling emotionally supported in online care. These interpretive connections informed the subtheme "Feeling supported in digital care", situated within the theme "Designing for engagement and trust." This reflexive, integrative approach enabled a more comprehensive understanding of the phenomenon. ATLAS.ti (Version 25) was used to support data organization and coding [33].

Table 1 Participant characteristics

Characteristic	Frequency (n)
Students	
Gender	
Male	1
Female	9
Year of study (year)*	
2^{nd}– 3^{rd}	4
4^{th} – 5^{th}	3
6^{th} – 7^{th}	3
Psychologists	
Gender	
Male	3
Female	8
Workplace	
Public health services (hospital, Puskesmas)	2
Private health services (private psychology clinic)	4
University counseling services	5
Clinical experience in online mental health services (year)	
1–2	6
3–4	3
5–6	2

* All students were enrolled in a bachelor's program. The "6th–7th year" category reflects students who extended their undergraduate studies beyond the standard duration

Reflexivity and researcher positionality

The research team comprised clinical psychologists and mental health researchers with experience in digital mental health. The first, second, and third authors (AP, ZFI, and DS) share a cultural background with the participants, which supported rapport-building and facilitated contextually informed interpretation. At the same time, this insider position required ongoing reflexivity to critically examine assumptions and avoid overfamiliarity in interpreting the data.

Several members of the research team were involved in the development of online mental health interventions, which may have shaped expectations regarding the potential benefits of digital care. To engage reflexively with these perspectives, particular attention was paid to considering a range of interpretations, including more critical or cautious views of online mental health services, during analysis. In addition, the involvement of team members with substantial experience in traditional face-to-face therapeutic approaches contributed to a broader interpretive lens.

Reflexivity was embedded throughout the research process. The interview guide was developed in consultation with team members from different cultural backgrounds (MHN and TKB) to enhance clarity and broaden the range of perspectives informing the research process. During data analysis, the researchers engaged in regular discussions of emerging interpretations, considered alternative explanations, and challenged assumptions. Themes were developed collaboratively to enhance interpretive depth and support sensitivity to both cultural context and diverse perspectives.

Results

Characteristics of the participants

A total of 21 participants took part in the study, comprising 10 university students and 11 psychologists. Student participants were aged between 19 and 24 years, while psychologists ranged from 30 to 61 years. Participants were based across several Indonesian islands, including Java, Sumatra, and Kalimantan. Participants reported experience with a range of online mental health services, including videoconferencing, chat- and email-based counseling, web-based platforms, mobile applications, and psychoeducational resources accessed through social media and other online platforms. In addition, three student participants reported previous experience with mental health services but had not used online mental health services. Further details on participant characteristics are presented in Table 1.

Overview of themes

We developed four themes and eleven subthemes to capture patterned meanings across participants' accounts (see Table 2). These themes reflect how participants made sense of online mental health services in relation to engagement, perceived limitations, implementation challenges, and considerations for effective design. In the following sections, the themes are presented narratively, supported by illustrative quotations that highlight key analytic insights.

Table 2 Themes and subthemes

Theme	Subtheme
Fostering engagement and autonomy	Feeling more control over their time and choices
	Enhancing engagement through digital innovation
Therapeutic limits in digitally mediated care	The missing human touch
	Disrupted therapeutic space
	Barriers to complex care online
Challenges in implementation and delivery	Infrastructure gaps undermining care
	Service variation without standardization
Designing for engagement and trust	Accessible and easy to engage with
	Feeling supported in digital care
	Cultural and personal fit
	Tailoring therapeutic approaches to individual needs

Fostering engagement and autonomy

This theme captures how participants described digital formats and flexible delivery options as supporting engagement with mental health services and enhancing a sense of personal autonomy. Through the analysis, we developed two subthemes: "feeling more control over time and choices" and "enhancing engagement through digital innovation".

The first subtheme, "feeling more control over time and choices", reflects how flexible scheduling, the ability to engage at their own pace, and remote access supported their sense of control over help-seeking. These features reduced logistical barriers and made accessing support more manageable and discreet, particularly for those experiencing anxiety, concerns about stigma, or competing academic demands.

> *Online services are quite helpful because they save us time and eliminate the need to travel. Furthermore, they're also cheaper, eliminating the need to dress up and prepare for a trip, and there's no travel expense. [Participant 3, student]*
> *To reassure myself. A face-to-face consultation feels like a big step, but consulting through an app feels less daunting… It's online, at home, and you can be more relaxed. [Participant 1, student]*
> *It is easier for the community to access psychological services. They don't have to come to the office or to the (psychology) bureau or to the hospital. [Participant 15, psychologist]*

The second subtheme, "enhancing engagement through digital innovation", reflects how technological features, such as interactive tools, online worksheets, or multimedia content, were experienced as making therapy more dynamic, engaging, and relevant. These digital features were described as supportive enhancements that encouraged reflection and active participation in the therapeutic process.

> *If we want to discuss thought records, it's better (online) because we can just share the screen, the thought record form. If we meet face-to-face, they must print the thought record form first. But if it's online, we simply provide the thought record file, have them return it to us online, and then discuss it online. Then there is [an online collaboration tool], which can be utilized in online meetings for designing activities. We draw together (for example). [Participant 14, psychologist]*
> *I give assignments like filling out forms, [an online form platform], [a digital engagement tool], and so on. It can also be used to give quizzes, provide links (videos), and watch videos [an online video resource]. It's easy. For students, especially those in university, online counseling isn't such a daunting challenge. [Participant 11, psychologist]*

Therapeutic limits in digitally mediated care

This theme captures how participants described constraints associated with online formats, particularly in relation to emotional connection, therapeutic depth, and the creation of a supportive therapeutic environment. Through our analysis, we developed three subthemes that illustrate different ways in which digital mediation shaped the therapeutic process: "the missing human touch", "disrupted therapeutic space", and "barriers to complex care online".

The first subtheme, "the missing human touch", reflects participants' concerns that online therapy often lacked emotional warmth and human presence. The absence of physical presence and nonverbal cues led some to describe online interactions as less "alive" or emotionally resonant. These reflections suggested that digital communication sometimes introduced a perceived emotional distance between therapist and client.

> *With audio counseling, I feel like, it's nice to be able to talk directly, but the conversation doesn't feel as lively. You can't see the other person's expression, so*

it feels less real… When someone is physically present in front of us and listening to us, the emotional connection is different (the emotional connection in an online setting is weaker). [Participant 3, student]
It turns out that the emotional feel, I really feel different by phone compared to meeting in person… The emotional bonding is not there. Well, in the end, it really has to be mixed. [Participant 12, psychologist]

The second subtheme, "disrupted therapeutic space", reflects participants' experiences of challenges in creating a private and distraction-free space for online sessions. These concerns were particularly salient when sensitive topics were discussed. Living with family or roommates, or participating in public or semi-public settings, often undermined participants' sense of safety and confidentiality.

Because this is a sensitive issue for me. I wasn't comfortable (doing online counseling) at home, because my parents were there too. So, it wasn't very effective. [Participant 3, student]
Sometimes there are students who have (online) counseling in the park… distractions are everywhere (car sounds, other people's voices, or others)… Our control over the client's environment during the (online) counseling process is very limited… If the counseling is face-to-face, we are in a standardized room so that any distractions can be minimized. [Participant 15, psychologist]

The third subtheme, "barriers to complex care online", reflects participants' accounts that online services were generally appropriate for mild to moderate concerns but less suitable for more complex or severe issues. They highlighted difficulties conducting in-depth interventions, observing subtle behavioral cues, managing acute risk, or administering standard assessments in an online format.

I will assess first how deep my problem really is. If it's really deep, then I'll probably prefer in-person (services), but if it's not very deep, maybe I prefer online. [Participant 9, student]
The observation isn't comprehensive… I can't see if your legs are shaking or if your hands are fidgeting. Furthermore, I can't immediately provide assistance if something happens to my client.[Participant 11, psychologist]

Participants also emphasized the importance of integrated systems that could facilitate access to both online and face-to-face care, particularly for students experiencing more severe difficulties.

If it's online, psychologists should also fully understand its limitations… If a more in-depth intervention is needed and possible, then they're directed to a face-to-face meeting. …It would be great if we had an app or website where, when patients want a consultation, upon first entering,… they could be presented with quick assessments. After they know their score, they're given a map, like a roadmap. If your score is a certain amount, here's what you need to do: for example, click above to chat directly with our psychologist, or click the second feature for an online meeting or in-person appointment. [Participant 12, psychologist]

Challenges in implementation and delivery

This theme captures the structural and systemic constraints that shape the implementation of online mental health services. Through our analysis, we developed two subthemes that illustrate how infrastructural limitations and inconsistent service practices affected the quality and accessibility of digital care.

The first subtheme, "infrastructure gaps undermining care", reflects how unequal access to stable internet connections, electricity, devices, and digital literacy created barriers to fully benefiting from online services. These limitations particularly affected clients in rural or resource-limited areas, interrupting sessions and restricting therapeutic continuity.

Network issues. My clients in rural areas have had trouble accessing [a video conferencing platform] several times. It's quite a waste of time to be able to stay connected online. [Participant 12, psychologist]
I was once having a counseling session on [a videoconferencing platform], and the power suddenly went out,… then the session was stopped and had to be rescheduled… It's really uncomfortable. [Participant 6, student]

The second subtheme, "service variation without standardization", highlights participants' concerns about inconsistencies in online service formats, session durations, and assessment procedures across providers. These variations created uncertainty about expectations and raised concerns about service quality.

It doesn't even take half an hour, and even then it takes a long time to type (when consulting via chat)… The chat will automatically close (when the time is up), you can't send any more messages. [Participant 6, student]

There is no limit for sessions. Some take 2 hours, some take 1 hour, and some only take 45 minutes. I try to be flexible because I don't know; sometimes, the level of need varies. [Participant 13, psychologist]

Designing for engagement and trust

This theme captures how participants described features that could support engagement and trust in online mental health services, particularly when services were responsive to users' practical needs, relational expectations, and sociocultural contexts. The first subtheme, "accessible and easy to engage with", focuses on participants' need for platforms that are easy to navigate, lightweight, and adaptable to different technological preferences. A user-friendly interface was described as reducing barriers to participation and helping sustain engagement over time.

The application shouldn't be too heavy (requiring storage and processing memory). If the size (memory) is too large, it can overload the device. [Participant 2, student]
Maybe it can be adjusted to use chat, or phone, or video conference according to the client's needs. [Participant 3, student]

Participants also described valuing platforms with intuitive visual design and integrated supportive features, which contributed to a sense of comfort and continuity.

The first thing is the visuals. Design it according to the current generation! Don't be too formal! If it's too formal, it could feel like a hospital. For example, the color… use the (attractive) colors, and the UI/UX (user interface design and user experience design) that can be adjusted for students. [Participant 1, student]
…not only counseling services but also equipped with supporting features. For example, in one application, there are supporting features, such as relaxation. So, after counseling, they can still listen to relaxation instructions or, for example, journaling… [Participant 17, psychologist]

The second subtheme, "feeling supported in digital care", focuses on the relational dimension. Despite the physical distance, participants reported feeling emotionally supported when digital care created a warm, responsive space. Participants preferred services that offered person-based support, which could foster a sense of emotional connectedness. Participants' accounts also emphasized the importance of micro-skills, such as paraphrasing, summarizing, and guiding reflection, that helped them feel understood.

Without direct contact with a psychologist, the experience feels less personal, as if we are only expressing our emotions to a phone. [Participant 4, student]
In text counseling processes,… we answer (client's) questions. But of course, answering (client's) questions is not like customer service, but still with psychological touches (emotional connection) [Participant 12, psychologist]
That's paraphrasing, summarizing, because they're talking distractedly, then we focus them again, then do summarizing. So, when they were structured by summarizing, it turned out to help them recognize their emotions more quickly. [Participant 13, psychologist]

Participants also described how support from others, such as family members, friends, or university staff, helped them remain engaged with therapy. These supportive figures also often acted as entry points, encouraging participants to try online care or validating their decision to seek help.

…because I'm concerned,… my students have problems, but no one helps them… I have a moral responsibility (as a lecturer)… It's my personal motivation (to reach out to students who have mental health problems). [Participant 16, psychologist]
I told my sister… Finally, my burden was reduced by one; I no longer had to consider the costs. My family covered it, my family members already knew, and my family also supported the treatment. [Participant 6, student]

The third subtheme, "cultural and personal fit", reflects how alignment with cultural and religious values shaped whether digital care felt comfortable and meaningful. Participants described being more open and engaged when services recognized and accommodated their sociocultural realities. Participants also described integrating culturally relevant practices, which helped clients feel understood and supported.

…there was a student [who is an acquaintance of the participant and is an Indonesian student studying in Australia] who had been going through several psychologists in Australia because she felt like none of them was suitable (or comfortable) for her in Australia. She felt like none of the psychologists was suitable due to cultural differences. Finally, she tried online services and met (online) with my psychologist (Indonesian). It finally clicked. [Participant 5, student]
…if he is Muslim, I will use a spiritual approach… Luckily, in [one of the cities in Indonesia], the reli-

gious nuance is quite strong. So, for example, many students also do Friday almsgiving… First, you don't just stay at home, don't isolate yourself, meet other people, and then when you meet (others), you will feel happy, especially if the person says thank you… Yes (the students are enthusiastic). Simple tasks, but maybe they rarely do them because sometimes they are busy with their problems or thoughts. [Participant 20, psychologist]

Participants also emphasized the value of simple and achievable therapeutic tasks that could support sustained engagement.

CBT consists of several sessions, but in Indonesia, it's really difficult. In my experience, maybe out of 10 clients, only 3 come back for follow-up consultations. So, at the beginning, I usually provide psychoeducation and emotional stabilization… if needed, I give assignments, like journaling… If it continues, they come back and discuss things in more depth, like finding their core beliefs. [Participant 17, psychologist]

The fourth subtheme, "tailoring therapeutic approaches to individual needs", reflects participants' appreciation for having therapeutic approaches adapted to their personal needs, preferences, and readiness for change. Some participants described feeling relieved when therapy provided space for open emotional expression, while others reported more positive experiences with structured approaches, such as cognitive-behavioral therapy (CBT), behavioral strategies, or psychoeducational tools. Participants' accounts suggested that this flexibility in therapeutic approach allowed care to be more responsive to individual contexts and goals, supporting deeper engagement with the therapeutic process.

It's effective because who else would want to listen to us… if it's rated 92% (its effectiveness) because we feel like we've found a way out, and our confidentiality is also guaranteed." [Participant 4, student]
I was given an assignment. I was asked to adopt a new behavior to reduce my addiction. At that time, we were using [online platforms for written notes]… I also had the opportunity to meet via video conferencing and chat (with the therapist). I was asked to make a (behavioral) checklist. Each day, I was asked to work on several behavioral tasks on the list, and when I completed them, they had to be checked off (on one of the online platforms for written notes). [Participant 3, student]
For CBT, I used the thought record (file), by sharing the screen. 'This is the way to do it. The way to record a thought record is like this!', for example. Later, I'll give him the file, and he'll fill it out. The next session (the thought record file) was opened via share screen, and then we discussed it together. [Participant 14, psychologist]

Across themes, some differences in emphasis were observed between participant groups. Students more frequently highlighted aspects related to emotional safety, usability, and flexibility of online services, whereas psychologists tended to emphasize concerns regarding clinical assessment, professional standards, and the provision of comprehensive care. These patterns may reflect differing priorities shaped by participants' roles and experiences.

Discussion

This study sought to explore the experiences and perspectives of students and psychologists regarding online mental health services in Indonesia. Using reflexive thematic analysis, we developed four distinct but interrelated themes that capture how participants interpreted online services in relation to engagement, perceived limitations, implementation challenges, and considerations for fostering trust. Differences in emphasis across participant groups suggest that user experiences and professional perspectives shape how online mental health services are understood and prioritized.

The first theme highlights how participants described online services as enabling greater flexibility and personal agency, making mental health support easier to integrate into everyday life and accessible across locations. These findings are consistent with previous research indicating that online mental health services have been shown to improve accessibility, efficiency, and opportunities for innovation [34]. Participants also emphasized that technological features can enrich the therapeutic experience, making sessions more engaging, relevant, and easier to connect with. This aligns with prior studies showing that well-designed digital tools, including interactive and personalized features, can enhance user engagement and perceived relevance [35]. The flexibility to engage at one's own pace may also support continued use of interventions, as suggested in earlier work on digital mental health engagement [36]. It is important to note that some of the existing evidence on online mental health services has been generated during the COVID-19 pandemic, which may have influenced both the rapid adoption of digital care and participants' perceptions of its necessity and usefulness.

Participants also described how online services created a sense of psychological safety and discretion, which facilitated help-seeking. As found in previous literature, online interventions can alleviate stigma in accessing

mental health care [37] resulting in lower psychological barriers to care, particularly for those with avoidance-related symptoms [38].

At the same time, the analysis highlighted perceived limitations of digitally mediated care. Participants described online therapy as less emotionally rich than face-to-face interaction, particularly due to the absence of nonverbal cues and shared physical presence. This interpretation aligns with prior research suggesting that online interactions may be experienced as less empathic or interpersonally engaging [39]. This may be particularly relevant in the Indonesian context, where therapeutic interactions are often influenced by relational and collectivistic values, including an emphasis on interpersonal harmony, social connectedness, and culturally defined counselor–client roles [40].

Participants also described difficulties creating a private and supportive therapeutic environment, especially when sessions took place at home. Shared living spaces, background noise, and limited privacy sometimes disrupted conversations, particularly when sensitive issues were discussed. Additionally, not all types of therapy or assessment translated well to the digital format, especially those requiring high emotional intensity, crisis management, or complex interpersonal interaction [41]. The therapist should also be aware of the limited observation space and different methods for administering psychological tests in online services [42].

Relatedly, participants viewed online services as more suitable for mild to moderate concerns, and less appropriate for more complex or severe conditions. Prior literature has highlighted the limitations of therapeutic depth and process in online settings and has advised therapists to exercise caution when delivering online services, for example, by using them to supplement rather than fully replace in-person counseling for some specific cases [43] or the need for clear crisis protocols [44].

Beyond therapeutic processes, the third theme highlighted structural and systemic challenges in implementing online mental health services. Participants described how unstable internet connections, limited access to devices, and uneven digital infrastructure affected continuity of care and restricted access for some groups. These findings are consistent with previous research showing that digital inequality undermines equitable access to e-mental health services in low- and middle-income countries (LMICs) and resource-limited settings [45]. Our findings also point to inconsistencies in how online mental health services are designed and delivered. This is consistent with a recent qualitative systematic review showing that digital mental health services are often implemented in fragmented ways, with system-level challenges making it difficult to integrate them into routine care and sustain them over time [46].

The fourth and final theme highlights how participants described factors that may shape engagement with and trust in online mental health services. Participants described online services as more helpful or meaningful when they were easy to use, culturally relevant, and relationally responsive, while also allowing flexibility in therapeutic approaches. This interpretation is consistent with emerging research on the digital therapeutic alliance, which suggests that meaningful therapeutic relationships can be developed even in online settings [47]. Prior studies also indicate that interventions with higher usability, interactive features, and personally relevant content are more likely to sustain engagement over time [48, 49].

Within this theme, the subtheme "feeling supported in digital care" highlights the importance of relational connection. Participants' accounts suggested that students preferred services offering person-based support, where therapists conveyed warmth, responsiveness, and emotional understanding. This finding is consistent with research showing that therapeutic alliance remains important in digital formats and can influence treatment outcomes [50]. For Indonesian university students, relational warmth appeared particularly significant, which may reflect cultural values emphasizing interpersonal harmony [51]. These findings suggest that attention to relational warmth may be important when designing online interventions for Indonesian users, for example, through features that support timely, personalized feedback and interaction.

Participants also described how support from lecturers, peers, and family members helped them access and remain engaged with online mental health services. Participants' accounts suggested that lecturers could act as important sources of support, for example, by recognizing early signs of distress, offering initial guidance, or facilitating referrals to mental health professionals. Within the Indonesian university context, where relational dynamics between students and lecturers may shape help-seeking behaviors, such roles may contribute to students' willingness to seek support. This interpretation is broadly consistent with previous research suggesting that trusted figures within educational settings can facilitate help-seeking [52, 53], although these dynamics may vary across contexts. Likewise, social support and encouragement from others have been shown to help young people access mental health services [54]. These forms of relational support may be particularly relevant in Indonesian contexts where mental health stigma remains high. This finding aligns with research indicating that social networks play an important role in shaping attitudes toward help-seeking and engagement with digital mental health services [55, 56]. Taken together, these findings suggest that attending to social and relational influences may support both initial uptake and sustained

engagement, particularly in collectivist contexts where interpersonal relationships shape decision-making.

Participants also emphasized that cultural and personal values influenced their comfort with online therapy. Consistent with previous findings, psychological interventions that aligned with individuals' religious beliefs, family expectations, or broader social norms were perceived as more acceptable and effective [57, 58]. In contexts where family, religion, and social norms shape help-seeking and engagement with care, interventions that reflect local values may foster greater perceived relevance and acceptability [59]. These findings underscore the need for culturally sensitive design in digital mental health services to improve acceptability and therapeutic impact.

Our findings suggested that tailoring therapeutic approaches to individual needs played an important role in supporting engagement with online mental health services. Participants valued having access to different therapeutic approaches, such as cognitive-behavioral strategies, behavioral techniques, or psychoeducational tools, as well as the flexibility to engage in either structured or more emotionally open forms of therapy. We interpreted this flexibility as allowing care to be better aligned with individuals' preferences, readiness, and therapeutic goals, making the intervention feel more personally relevant and supportive. This interpretation aligns with prior research indicating that adaptable digital interventions, which allow therapeutic content and structure to be adjusted to users' needs, can enhance engagement and perceived usefulness [48]. For students, having a choice in therapeutic approach seemed to increase their sense of control and involvement in care. This sense of agency may be particularly important in contexts where seeking mental health support is already difficult due to stigma or uncertainty.

From a systems perspective, some countries, such as the United States, have developed formal guidelines to support the delivery of online mental health services [60]. These findings suggest the potential value of developing more standardized and integrated approaches to online mental health services in Indonesia. Such developments may benefit from considering the diversity of cultural and contextual factors across regions, including the importance of emotional connectedness, culturally relevant approaches to care, and flexibility in service delivery. In addition, guided interventions supported by professionals may be more suitable than purely self-help approaches for some university students. Together, these findings highlight the importance of balancing technological possibilities with users' needs and contextual realities in the delivery of online mental health services.

The findings also highlight opportunities to develop online mental health services within university settings in Indonesia. Integrating digital approaches into existing support systems may enhance accessibility and engagement among students. When designing such interventions, attention to relational aspects of care, cultural relevance, perceived usefulness, flexibility in delivery, and collaboration with relevant stakeholders may be important. Participants' accounts also suggest that issues such as privacy and confidentiality, integration with face-to-face support pathways for more complex needs, and culturally responsive platform design may warrant consideration in future service development. Broader structural and policy-related factors, including digital infrastructure and platform usability, are also likely to shape how such services are implemented and experienced. At the same time, the present findings are based on participants' perspectives and experiences and do not provide empirical evidence on accessibility, engagement or effectiveness of online mental health interventions. Further research is therefore needed to examine the feasibility, acceptability, and outcomes of these approaches before wider implementation is considered. As such, these findings offer preliminary, contextually grounded insights to inform the future development and evaluation of digital mental health services.

Strengths and limitations

This study provides in-depth qualitative insights into how university students and psychologists in Indonesia experience and interpret online mental health services. A key strength lies in the inclusion of both user and provider perspectives, as well as students with and without experience with online services, which enabled a more comprehensive understanding of how online services are accessed, delivered, and understood within this context. In addition, the use of reflexive thematic analysis supported an interpretive and contextually grounded exploration of participants' accounts.

Several considerations are important when interpreting the findings. First, the sample was geographically concentrated in western and central regions of Indonesia (primarily Java, Sumatra, and Kalimantan), with limited representation from eastern regions. Given the diversity of Indonesia in terms of infrastructure, access to digital technology, and sociocultural contexts, the findings may not capture the full range of experiences across different regions.

Second, there was an imbalance in participant characteristics, including a higher proportion of female student participants, which may have shaped the range of perspectives represented in the dataset. Future research could aim to include more diverse participant groups to capture a broader range of experiences across different demographic backgrounds.

Third, all interviews were conducted by a single researcher (first author). While this supported consistency in data collection, the researcher's perspectives and interactional style may have shaped the data generated. In line with reflexive thematic analysis, such influence is understood as an inherent part of the research process, and reflexive practices were used to critically engage with these dynamics throughout the study.

Fourth, the study did not include member checking (i.e., returning findings to participants for feedback). Reflexive thematic analysis does not position participant validation as a requirement for analytic rigor; however, the absence of participant feedback limited opportunities to explore how participants might respond to or interpret the analytic account.

Finally, the study did not include perspectives from broader university stakeholders, such as administrative staff or institutional decision-makers. Including these perspectives in future research may provide additional insight into the implementation and integration of online mental health services within university systems.

Conclusions

This study explored how Indonesian university students and psychologists experience and interpret online mental health services, highlighting both opportunities for engagement and key implementation challenges. Participants described online services as accessible, flexible, and innovative, supporting a sense of autonomy and facilitating engagement with care. At the same time, they identified limitations related to reduced emotional connection, challenges in establishing a private and supportive therapeutic space, and constraints in addressing more complex clinical needs.

The findings suggest that the perceived value of online mental health services is shaped by how well these services align with users' lived contexts. In particular, participants emphasized the importance of accessible and easy-to-use platforms, the presence of supportive and responsive therapeutic relationships, sensitivity to cultural and personal values, and flexibility in therapeutic approaches to accommodate individual needs and preferences.

Overall, this study contributes to a more nuanced understanding of how online mental health services are perceived and experienced by university students and psychologists in Indonesia. The findings highlight that designing services that are not only technically accessible but also relationally responsive, culturally attuned, and adaptable in delivery may support their acceptability and relevance within this context.

Supplementary Information

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Supplementary Material 1

Supplementary Material 2

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Author contributions

AP, MHN, and TKB conceptualized the study. AP conducted the interviews and, together with ZFI, analyzed the data. DS contributed to analytic discussions and provided critical input to enhance interpretive depth. AP drafted the manuscript. MHN and TKB supervised the study, reviewed the manuscript, and provided substantive revisions. All authors read and approved the final manuscript.

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Data availability

The datasets generated and/or analyzed during the current study are not publicly available due to participant confidentiality and privacy considerations but are available from the corresponding author on reasonable request and subject to ethical approval.

Declarations

Ethics approval and consent to participate

This study was approved by the Research Ethics Committee at the Faculty of Psychology, Universitas Gadjah Mada, Yogyakarta, Indonesia (5321/UN1/FPSi.1.3/SD/PT.01.04/2022) and was in adherence with the Declaration of Helsinki. All participants completed an informed consent form prior to participation and additionally provided verbal consent at the beginning of the interview.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

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