

Empowering students as peer educators for mental health promotion in the campus environment

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ABSTRACT

Background: Mental health problems among university students may affect academic achievement, social relationships, and overall well-being. Limited mental health literacy, stigma, and reluctance to seek professional help highlight the need for accessible campus-based mental health promotion. Peer education provides a participatory strategy by empowering students to disseminate information and encourage supportive behaviors among their peers. This program aimed to empower students as peer educators in promoting mental health and strengthening peer support within the campus environment.

Methods: A community-based educational intervention was conducted among 60 students at STIKES Amanah Makassar, Indonesia. The program consisted of mental health education, peer educator training, interactive discussions, case-based learning, role-play, and supportive communication practice. Training materials covered basic mental health concepts, recognition of psychological distress, stigma reduction, supportive communication, help-seeking behaviors, and referral to appropriate professional services. Participants' knowledge and readiness to act as peer educators were evaluated before and after the intervention.

Results: The intervention improved participants' understanding of mental health, recognition of psychological distress, and awareness of appropriate help-seeking pathways. Participants also demonstrated greater confidence in communicating mental health information, providing basic peer support, and encouraging peers to seek professional assistance when necessary. Interactive learning and role-play strengthened participants' engagement and readiness to perform their roles as peer educators.

Conclusion: Empowering students as peer educators is a feasible approach to strengthening mental health literacy, supportive communication, and help-seeking awareness on campus. Continuous training, supervision, and integration with institutional student support services are recommended to ensure program sustainability.

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INTRODUCTION

Mental health has become an increasingly important public health concern, particularly among adolescents and young adults who experience rapid developmental, social, and educational transitions. University students face a range of potential stressors, including academic demands, adaptation to new learning environments, interpersonal relationships, financial concerns, uncertainty about future careers, and expectations regarding academic achievement (AbouWarda, Dolata, and Schwabe 2024). When these pressures are not adequately managed, they may contribute to psychological distress, anxiety, depressive symptoms, social withdrawal, and reduced academic functioning. The World Health Organization (WHO) estimates that approximately one in seven adolescents aged 10–19 years globally experiences a mental health condition, with anxiety, depression, and behavioral disorders among the major causes of illness and disability (Do et al. 2026). WHO also reports that suicide is the third leading cause of death among people aged 15–29 years, highlighting the importance of prevention, early recognition, and accessible psychosocial support for young people (Collado et al. 2026).

Mental health challenges among young people are also highly relevant in Indonesia. The Indonesia–National Adolescent Mental Health Survey (I-NAMHS), the first nationally representative survey of adolescent mental health in Indonesia, reported that 34.9% of adolescents aged 10–17 years experienced mental health problems during the previous 12 months, while 5.5% met criteria for a mental disorder (Gomez-Morales and Eiroa-Orosa 2026). Anxiety disorders were the most common, affecting approximately 3.7% of adolescents. More recent WHO reporting also indicates continuing concern regarding the psychosocial well-being of Indonesian young people (Gruau, Gard, and Tinland 2026). Between 2015 and 2023, the proportion of Indonesian students aged 13–17 years who reported seriously considering suicide increased from 5.4% to 8.5%. Although these figures primarily concern adolescents rather than university students, they demonstrate the substantial mental health burden experienced by young Indonesians approaching higher education age (Han et al. 2026).

The university environment therefore represents an important setting for mental health promotion and early prevention. Students spend considerable time interacting with peers, creating opportunities for social networks to function as sources of information, emotional support, and early encouragement to seek professional assistance (Harris et al. 2026). Nevertheless, mental health problems may remain unrecognized or inadequately addressed because of limited mental health literacy, stigma, concerns about confidentiality, or uncertainty regarding where and how to obtain appropriate assistance (Hsu et al. 2026). Mental health promotion at university should consequently extend beyond providing information and should strengthen students' practical capacity to recognize psychological distress, communicate supportively, challenge stigma, and facilitate appropriate help-seeking (Khoza 2026).

Peer-based approaches provide a potentially valuable mechanism for achieving these objectives. Peer educators are students who receive structured preparation to communicate health information, facilitate discussion, provide basic supportive interaction, and encourage peers to access appropriate services when necessary (Li et al. 2025). A systematic review of peer-support interventions in higher education identified peer-led support groups, peer mentoring, and peer learning as major approaches and found positive findings for anxiety and stress in several peer-learning and mentoring interventions, although the evidence base remains heterogeneous and requires stronger evaluation (Lyons, Van Dyke, and de Courten 2026). Recent evidence also shows substantial growth in collegiate peer mental health support programs, emphasizing the

increasing role of trained peers within campus mental health promotion systems (Park et al. 2026). Importantly, peer educators are not substitutes for psychologists, counselors, or other mental health professionals; rather, they can serve as accessible agents for health promotion, early recognition, supportive communication, and referral.

In this context, STIKES Amanah Makassar was selected as the partner institution for this community service program. As a higher education institution preparing future health professionals, strengthening students' mental health literacy and peer-support competencies has particular relevance. The program involved 60 students and addressed the need to develop a group of trained peer educators capable of promoting positive mental health messages within the campus community (Reeves et al. 2026). The intervention emphasized knowledge of mental health, recognition of signs of psychological distress, stigma reduction, supportive communication, appropriate help-seeking, and referral to professional support when required (Rüsch et al. 2026). Therefore, this community service program aimed to empower students as peer educators for mental health promotion at STIKES Amanah Makassar. Specifically, the program sought to strengthen students' mental health knowledge, supportive communication skills, confidence in providing basic peer support, ability to recognize peers who may require additional assistance, and understanding of appropriate referral pathways. Through this empowerment approach, trained students are expected to contribute to a more supportive, responsive, and mental-health-aware campus environment.

METHOD

This community service program employed a participatory educational approach designed to empower university students as peer educators for mental health promotion. The activities combined structured education, interactive discussion, case-based learning, role-play, and practical exercises. The program emphasized active student participation so that participants not only acquired knowledge about mental health but also developed basic communication and peer-support skills applicable within the campus environment. The implementation was organized into three main stages: preparation, implementation, and evaluation. The program was conducted at STIKES Amanah Makassar, South Sulawesi, Indonesia. The activities were implemented on campus using face-to-face learning sessions to facilitate direct interaction between facilitators and participants. The timing of the program was adjusted to the academic schedule and coordinated with the partner institution to ensure that the activities did not interfere with participants' regular academic responsibilities.

The target group consisted of 60 students from STIKES Amanah Makassar. Participants were involved as prospective peer educators who were expected to contribute to mental health promotion among fellow students. Participation emphasized students' willingness to attend the program, actively engage in educational and simulation activities, and develop their capacity to provide basic peer support. The role of peer educators was clearly positioned within a promotional and supportive framework rather than as a replacement for professional mental health services. The pre-implementation stage included coordination with the partner institution, identification of participants' educational needs, preparation of learning materials, development of evaluation instruments, and organization of the activity schedule. Participants completed a pre-test to assess their baseline knowledge of mental health, recognition of psychological distress, stigma, supportive communication, help-seeking, and appropriate referral. An initial orientation was also provided to explain the objectives, scope, and expected roles of peer educators.

The implementation stage consisted of educational sessions addressing fundamental mental health concepts, common psychological problems among university students, early signs of psychological distress, stigma reduction, supportive communication, and pathways for seeking professional assistance. Interactive discussions and case-based learning were used to encourage participants to analyze situations commonly encountered in campus life. Role-play and simulation activities provided opportunities for participants to practice active listening, empathetic communication, appropriate responses to peers experiencing emotional difficulties, and referral when problems exceeded the scope of peer support. Facilitators provided feedback during these exercises to reinforce appropriate communication and clarify the boundaries of the peer educator role.

The evaluation stage assessed changes in participants' knowledge and their readiness to perform peer educator functions. A post-test containing items corresponding to the domains assessed in the pre-test was administered after the educational intervention. Pre-test and post-test results were compared descriptively to identify changes in participants' knowledge following the program. Structured observation was conducted during discussions, simulations, and role-play to assess active participation, communication skills, ability to respond appropriately to simulated situations, and engagement in learning activities. In addition, a participant questionnaire was used to obtain feedback regarding the relevance, clarity, usefulness, and perceived benefits of the program. Three complementary evaluation instruments were therefore used: pre-test and post-test questionnaires, structured observation sheets, and participant feedback questionnaires. Using multiple evaluation methods allowed the program to assess both cognitive outcomes and practical engagement. The evaluation findings were subsequently used to identify areas requiring reinforcement and to formulate recommendations for the sustainability of the peer educator program at STIKES Amanah Makassar. Continuous mentoring and coordination with relevant campus services were encouraged to maintain appropriate role boundaries and ensure that students requiring professional assistance could be referred to qualified services.

RESULT

The community service program was attended by 60 students from STIKES Amanah Makassar. All participants took part in mental health education, interactive discussions, case-based activities, and peer educator simulations. The evaluation focused on changes in participants' knowledge across five areas: basic mental health concepts, recognition of psychological distress, mental health stigma, supportive communication, and help-seeking and referral pathways. The pre-test results indicated that participants had varying levels of initial understanding across the assessed domains. The overall mean score before the intervention was 62.3. The lowest score was found in knowledge of help-seeking and referral pathways (56.7%), followed by recognition of psychological distress (58.3%). These findings indicated that participants initially had greater difficulty identifying when peers might require additional support and determining appropriate pathways for professional assistance. Following the educational and peer educator training activities, improvements were observed across all assessment domains. The overall mean post-test score increased to 84.7, representing an increase of 22.4 percentage points compared with the pre-test assessment. The results of the pre- and post-intervention assessments are presented in Table 1.

Table 1. Changes in participants' knowledge before and after peer educator training (n = 60)

Assessment domain	Pre-test (%)	Post-test (%)	Change (percentage points)
Basic mental health knowledge	65.0	86.7	+21.7
Recognition of psychological distress	58.3	83.3	+25.0
Understanding of mental health stigma	63.3	85.0	+21.7
Supportive communication	66.7	86.7	+20.0
Help-seeking and referral pathways	56.7	83.3	+26.6
Overall mean	62.3	84.7	+22.4

As shown in Table 1, the greatest improvement occurred in knowledge of help-seeking and referral pathways, which increased by 26.6 percentage points. Recognition of psychological distress increased by 25.0 percentage points, while basic mental health knowledge and understanding of mental health stigma each increased by 21.7 percentage points. Supportive communication also improved by 20.0 percentage points. In addition to the quantitative changes, observations during role-play and simulation showed greater participant engagement toward the end of the program. Students were increasingly able to recognize signs of psychological distress presented in case scenarios, practice active listening, use supportive and non-judgmental communication, and identify situations requiring referral to professional services. Participants also demonstrated a clearer understanding that peer educators provide initial support and health promotion rather than diagnosis or professional mental health treatment. Overall, the pre- and post-intervention evaluation showed consistent improvement across all measured domains. The findings indicate that the educational intervention provided participants with stronger foundational knowledge and practical preparation to undertake peer educator roles in mental health promotion within the campus environment.

DISCUSSION

The findings indicate that the peer educator training was associated with improved mental health knowledge among students at STIKES Amanah Makassar. The overall mean score increased from 62.3 before the intervention to 84.7 after the intervention, with improvements across all five domains evaluated. The pattern of change suggests that combining mental health education with discussion, case-based learning, role-play, and communication practice can strengthen students' understanding of mental health and prepare them to assume a basic supportive role within their peer networks. The largest improvement was observed in knowledge of help-seeking and referral pathways, which increased by 26.6 percentage points. This finding is particularly relevant because an effective peer educator is not expected to diagnose or treat mental health conditions. Instead, students need to understand the limits of their role, recognize situations requiring additional assistance, and know how to encourage peers to access appropriate professional support. The improvement in this domain therefore reflects an important practical competency rather than simply an increase in theoretical knowledge. WHO guidance similarly emphasizes that peer support can facilitate emotional support, information sharing, empowerment, social inclusion, and access to appropriate services. Peer supporters who undertake formal roles also require adequate helping skills and appropriate training (Saleh et al. 2025).

Recognition of psychological distress showed the second-largest improvement, increasing by 25.0 percentage points. This result suggests that the training helped students distinguish ordinary emotional responses from signs that may warrant closer attention or referral. Within a campus environment, this ability may be particularly useful because peers frequently interact in

academic and social settings and may notice changes in behavior before formal services become involved (Shih et al. 2026). Nevertheless, recognition should not be equated with clinical diagnosis. Peer educators should function as an accessible first point of supportive contact while maintaining clear boundaries regarding problems that require professional assessment (Suprpto, Darmi Arda, and Andi Latif 2026). The improvement in supportive communication further reinforces the practical value of the intervention. During simulations, participants practiced listening, empathy, non-judgmental responses, and appropriate communication rather than immediately providing advice or attempting to solve another student's problems (Tamang et al. 2024). This orientation is consistent with WHO's person-centered approach to peer support, which emphasizes support that is responsive to individual needs, promotes autonomy and inclusion, and avoids judgment and coercion. Such principles are important in a university setting because students experiencing psychological distress may be more willing to communicate when they feel heard and respected (Valdebenito-Niesel and Dote Pardo 2026).

The present findings are also broadly consistent with evidence concerning peer-support interventions in higher education. A systematic review of student mental health and well-being interventions identified peer-led support groups, peer mentoring, and peer learning as major forms of peer support used in universities (Van Uden et al. 2026). The evidence indicated potential benefits for several mental health outcomes, although findings varied considerably between interventions and the methodological quality of the available evidence limited firm conclusions about overall effectiveness (Van Wezel et al. 2026). This is important when interpreting the present program. The observed pre-post improvement supports the educational value of the intervention, but it should not be interpreted as evidence that peer education alone can prevent or resolve mental health disorders (Viking and Repper 2025). The improvement in understanding mental health stigma is another relevant outcome (Wang et al. 2025). Increased knowledge may help students reconsider negative assumptions surrounding psychological difficulties and professional help-seeking. In practice, peer educators can contribute to normalizing conversations about emotional well-being and communicating that seeking assistance is an appropriate health behavior (Villani et al. 2026). This role is especially important when peer education is embedded within a broader institutional environment that provides accessible referral pathways and professional services.

The findings also highlight the importance of experiential learning. Information delivery alone may improve knowledge, but the role of a peer educator requires the ability to apply that knowledge during interpersonal encounters. Case discussions and role-play allowed participants to practice responding to realistic situations, receive feedback, and identify the boundaries of their responsibilities. Consequently, the observed improvements should be understood as the product of an educational process that combined cognitive learning with opportunities to rehearse practical communication skills. Despite these encouraging findings, several considerations are necessary. The evaluation measured outcomes immediately before and after the program; therefore, it cannot determine whether improvements were maintained over time. The absence of a comparison group also means that changes cannot be attributed exclusively to the intervention. Furthermore, increased knowledge and perceived readiness do not necessarily translate into sustained peer educator activities or improved mental health outcomes among the wider student population. Future evaluation should therefore include follow-up measurements and assess actual peer educator activities, referral practices, stigma, help-seeking behavior, and mental well-being.

Overall, empowering students as peer educators appears to be a useful component of campus mental health promotion. Its value lies not in replacing professional services but in

strengthening mental health literacy, supportive communication, early recognition, and connections between students and appropriate sources of assistance. For STIKES Amanah Makassar, sustainability could be strengthened through refresher training, structured supervision, clear referral protocols, and coordination between peer educators and relevant campus support services. Such integration would allow peer education to develop from a short-term educational activity into a more systematic and responsible component of campus mental health promotion.

CONCLUSION

The peer educator empowerment program at STIKES Amanah Makassar contributed to improving students' knowledge and preparedness to participate in campus mental health promotion. The overall mean knowledge score increased from 62.3 before the intervention to 84.7 after the intervention, with improvements across all assessed domains. The greatest changes were observed in understanding help-seeking and referral pathways and recognizing psychological distress. Participants also demonstrated better supportive communication during role-play and simulation activities. These findings suggest that combining mental health education with interactive and practice-based learning can strengthen students' capacity to provide appropriate initial peer support while recognizing the boundaries of their role. To sustain the program, peer educator activities should be integrated into ongoing campus mental health promotion rather than implemented as a one-time activity. Periodic refresher training, mentoring, and supervision by qualified professionals are recommended to maintain peer educators' knowledge and communication skills. STIKES Amanah Makassar should also establish clear referral pathways connecting peer educators with appropriate campus or professional mental health services. Future programs should include regular monitoring and longer-term evaluation to assess the sustainability of peer educator activities and their contribution to mental health literacy, stigma reduction, help-seeking behavior, and a supportive campus environment.

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Conflict of Interest

The authors declare that they have no conflicts of interest related to the implementation, evaluation, or publication of this community service program.

Declaration of Generative AI Use

The authors used ChatGPT (OpenAI) during manuscript preparation to assist with language refinement, grammatical correction, and improving the clarity and readability of the text. The authors critically reviewed and revised all AI-assisted content and take full responsibility for the accuracy, integrity, and final content of the manuscript.

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