Integrating Peer Counselor Training in Psychological First Aid (PFA) to Reinforce University Counseling and Disability Support Systems

Ronald Maraden Parlindungan Silalahi [1)], **Ellyana Dwi Farisandy** [2)], **Bunga Karuni** [3)], **Fasya Syifa Mutma** [4)] and **Agustinus Agus Setiawan** [5)]

[1,4]Ilmu Komunikasi, [2,3]Psikologi, [5]Teknik Sipil, [1,2,3,4,5]Universitas Pembangunan Jaya
[1,2,3,4,5] Blok B7/P, Jl. Cendrawasih Raya Bintaro Jaya, Sawah Baru, Kec. Ciputat, Kota Tangerang Selatan, Banten 15413
E-mail: ronald.maraden@upj.ac.id [1)], ellyana.dwi@upj.ac.id [2)], bunga.karuni@upj.ac.id [3)], fasya.syifa@upj.ac.id[4)], agustinus@upj.ac.id[5)]

ABSTRACT

Psychological First Aid (PFA) is an essential competency for peer counselors to support mental health among university students. To strengthen students' knowledge and readiness in providing early psychological support, a one-day Peer Counselor Training was conducted involving 22 psychology students (mean age = 20.73 years). The training consisted of lectures, video, case discussions, demonstrations, supervised roleplay, reflection, and assessments covering mental health concepts, psychological disorders, non-suicidal self-injury, suicidal ideation, suicide attempts, suicide, dynamics of interpersonal relationships, and the core principles of PFA. Pre- and post-training assessments showed a clear improvement in participants' knowledge. Due to the non-normal distribution of the posttest scores, a Wilcoxon Signed-Rank Test was performed, yielding statistically significant results (Z = -4.12, p < 0.001). This finding indicates that the training effectively enhanced students' understanding of PFA. Participants also expressed high satisfaction with the learning materials, simulations, and media used, suggesting that the training methods were engaging and useful for practical skill development. They recommended longer simulation sessions and more interactive case-based discussions for future training. Importantly, the training strengthens the role of students as active partners in campus mental health promotion. Trained peer counselors serve as an accessible first point of contact for fellow students, including those with disabilities who may face academic, emotional, or social barriers. Their presence supports early detection of distress, facilitates timely referrals to professionals, and complements the work of Counselling and Disability Service Unit (Unit Layanan Disabilitas/ULD). Through this initiative, the university's commitment to inclusive, responsive, and student-centered mental health support is significantly reinforced.

Keywords: Peer Counselor, Psychological First Aid, Psychology Students, Mental Health, Peer Support

1. INTRODUCTION

Higher education institutions must not only produce academically strong graduates but also support the mental well-being of students throughout their studies. The college years are a crucial period of growth, marked by high academic pressure, social changes, increased independence, and future planning. These challenges often trigger various psychological issues, ranging from mild to severe. International studies show that students have a significantly higher level of mental vulnerability compared to the general population (Xiong et al., 2024). This is why support units, such as counseling services and disability services, are essential to help students navigate these challenges.

A study involving more than 8.7 million university students from various countries found that 35.4% experienced mild depression, while 13.4% reported severe depression. The prevalence of anxiety was notably high, with a substantial portion of students experiencing mild symptoms and another significant group reporting severe levels. Sleep disturbances were also common among the student population, and many individuals indicated experiencing chronic stress (Tan et al., 2023). These statistics illustrate the widespread nature of psychological disorders and underscore the urgent need for systematic and professional mental health support services in higher education institutions. This need is even more pronounced among students with learning difficulties and students with disabilities, who often encounter additional academic and social barriers and therefore require more comprehensive and continuous forms of support.

This issue is also evident in Indonesia. Various student surveys indicate that more than half of university students experience symptoms of anxiety, mild depression, or prolonged academic stress. Students often struggle to adapt to new environments, cope with competitive academic demands, and meet expectations from both family and institutions.

At Universitas Pembangunan Jaya (UPJ), similar challenges are observed, including among students with disabilities. Students with disabilities frequently encounter additional barriers, such as suboptimal learning

accessibility, limited availability of consistent academic accommodations, and insufficient support services—such as specialized counseling or academic assistance. These constraints may heighten the risk of anxiety, stress, and academic fatigue, placing them at a greater disadvantage compared to non-disabled peers.

These conditions indicate that higher education institutions in Indonesia, including UPJ, must strengthen both their internal mental health support systems and disability support services to ensure that all students—including those with special needs—receive adequate and equitable support throughout their academic journey.

In this context, the Counselling and Disability Services Unit at Universitas Pembangunan Jaya plays a vital role. This unit offers psychological counseling, academic support, and assistance to students with disabilities. Having such a unit supports UPJ's goal of fostering an inclusive campus welcoming to diversity.

Within this service, psychological practitioners hold a central role. Psychologists carry out essential functions such as conducting assessments, providing individual and group counseling, managing cases, designing interventions, and responding to crises. They also contribute to the development of internal policies, the design of effective service workflows, the provision of mental health education, and the enforcement of ethical standards in counseling practice. With their expertise, psychologists are crucial to ensuring the quality and integrity of mental health services on campus (Adinia, 2024).

However, the growing student population and the increasing complexity of student issues have resulted in a heightened demand for counseling services. Many students continue to face barriers when seeking psychological help, including stigma associated with counseling, fear of being perceived as "unable to cope," limited information about available services, or a preference for confiding in peers (Wu et al., 2024).

This situation is particularly relevant for students with learning difficulties and students with disabilities. These groups often require specialized assessments, academic accommodations, and more intensive psychosocial support due to additional challenges in both academic processes and social interactions. Without adequate psychological support, they face greater risks of academic stress, mental fatigue, and other mental health concerns. These conditions indicate that campus counseling services require additional reinforcement to broaden their reach and enhance accessibility especially for students with special needs so that all students receive equitable and effective support.

One effective strategy adopted in many countries is the involvement of peer counselors. Peer counselors are trained students who provide initial support to their fellow peers. While they do not replace professional psychologists, they function as the first point of contact for early assistance by helping identify problems, offering preliminary guidance, and creating a safe and comfortable space for students to express their concerns (Carters, 2021). This peer-based approach is often more relatable to students because of shared age, experiences, and similar academic environments, making peer counselors an essential component of a comprehensive mental health service system.

In addition, peer counselors help reduce the workload of psychologists by conducting initial screenings and providing basic psychoeducation on coping strategies, stress management, and mental health awareness. Thus, collaboration between professional psychologists and peer counselors strengthens service effectiveness and builds a more robust, inclusive mental health ecosystem.

The community service program that implemented is Peer Counselor Training consist of Psychological First Aid at Universitas Pembangunan Jaya became a strategic initiative to enhance the capabilities of the Counselling and Disability Service Unit. The training includes a range of competencies such as empathetic communication, active listening, early identification of psychological problems, emotional regulation, ethical counseling principles, and a deeper understanding of the diverse needs of students with disabilities. Equipped with these scientifically grounded skills, peer counselors are better prepared to support their fellow students and collaborate effectively with psychologists in fostering a healthy and inclusive campus environment.

Through this training initiative, UPJ demonstrates its commitment to continuously improving counseling service models that are inclusive, responsive, and adaptive to the needs of all students. The collaboration between psychology practitioners and peer counselors establishes a strong foundation for cultivating a campus culture that prioritizes psychological well-being, inclusivity, and accessibility. This aligns with the university's vision of becoming a safe and supportive learning environment that embraces diversity and fosters holistic student development.

2. SCOPE AND LIMITATION

The Peer Counselor Training aimed to enhance participants' knowledge in Psychological First Aid (PFA). The training was conducted on November 27, 2025, with 22 psychology students as participants. The training lasted one day, from 08:30 to 15:30.

Scope of the training includes:

1. Understanding foundational mental health concepts, the mental health spectrum, risk factors for psychological disorders, common psychological disorders (e.g., depression and anxiety), specific issues such as Non-Suicidal Self-Injury (NSSI), suicidal ideation, suicide attempts, suicide, and the dynamics of interpersonal relationships, including healthy, unhealthy, and abusive patterns as well as attachment styles.

2. Introduction to the role of peer counselors, their code of ethics, responsibilities, and the application of Psychological First Aid (PFA).

3. Practical application of PFA through structured roleplay and reflection activities.

Limitations of the training:

1. Participants were limited to psychology students, so the findings may not generalize to students from other disciplines.
2. The sample size was relatively small (n = 22)
3. No control group was included, preventing comparative analysis.
4. The training was conducted in a single day, limiting the depth and intensity of content coverage.
5. No pre- and post-training assessments specifically targeting skills were administered, limiting evaluation of practical competence improvements.

Despite these limitations, the training represents a strategic initial step to enhance students' capacity as peer counselors and improve their understanding and application of PFA in a campus setting.

3. MATERIAL AND METHOD

This Peer Counselor Training employed a pre-experimental design using the one group pretest-posttest (Cohen et al., 2007; Neuman, 2014). In this design, one initial measurement was collected from a single group of participants (O_1), followed by the implementation of the training (X), and concluded with a post-training measurement using the same instrument (O_2):
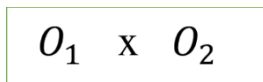
$$O_1 \quad x \quad O_2$$

Figure 1. Pre-experimental design

3.1 Samples

Participants were recruited through purposive sampling, in which individuals were intentionally selected based on predefined eligibility criteria and their relevance to the objectives of the training. This approach was appropriate because purposive sampling allows researchers to identify "knowledgeable individuals" with the background, experience, or skills needed to contribute meaningfully to the training (Cohen et al., 2007; Neuman, 2014). The inclusion criteria consisted of: (a) being an active student in the fifth or seventh semester, (b) currently taking or having completed counseling-related coursework, (c) demonstrating motivation and commitment to supporting peers as potential peer counselors, and (d) willingness to participate in the full-day training. A total of 22 psychology students met these criteria and were selected as candidates for the peer counseling unit.

Before participating in the study, the educational psychologist from the Counselling and Disability Service Unit (Unit Layanan Disabilitas/ULD) contacted each prospective participant individually to ask for their willingness to join the training. Participation was voluntary, and students were free to decide without any academic consequences. Verbal consent was obtained through these one-to-one communications. Although no formal written consent was provided, all participants agreed voluntarily to participate in the training.

3.2 Procedure and Materials

The Peer Counselor Training consisted of a structured one-day program delivered through three core sessions that combined instructional materials with guided practice. The training was facilitated by an educational psychologist, a clinical psychologist, four psychology student facilitators, and staff from the Student and Alumni Affairs Department (Biro Kemahasiswaan dan Alumni/ BKAL). Delivery methods included lectures, videos, case discussions, demonstrations, supervised roleplay, and reflection activities to ensure both conceptual understanding and practical skill development.

The training was organized around three core components: (1) an introduction to foundational mental health concepts and the mental health spectrum, including risk factors for psychological disorders, common psychological disorders (e.g., depression and anxiety), specific issues such as Non-Suicidal Self-Injury (NSSI), suicidal ideation, suicide attempts, and suicide, as well as the dynamics of interpersonal relationships, including healthy, unhealthy, and abusive patterns and attachment styles; (2) an introduction to the role of peer counselors, their code of ethics, responsibilities, and the application of Psychological First Aid (PFA); and (3) the practical application of PFA through structured roleplay and reflection activities.

The first session, delivered by clinical psychologist Ellyana Dwi Farisandy, M.Psi., Psikolog, introduced foundational mental health concepts and the mental health spectrum, including risk factors for psychological disorders. The session covered common student-related issues such as depression, anxiety, Non-Suicidal Self-Injury (NSSI), suicidal ideation, suicide attempts, and suicide, as well as the dynamics of interpersonal relationships, including healthy, unhealthy, and abusive patterns and attachment styles. The material was delivered through lectures, videos, and interactive discussions to enhance understanding and strengthen participants' ability to identify indicators of psychological distress in their peers.

The second session, delivered by educational psychologist Bunga Karuni, M.Psi., Psikolog, provided an introduction to the role of peer counselors, their code of ethics, responsibilities, and the application of Psychological First Aid (PFA). The material was delivered through lectures, case discussions, demonstrations, and interactive discussions supported by case studies reflecting situations commonly encountered on campus. Participants were encouraged to engage actively, and the session concluded with a structured Q&A segment designed to deepen their understanding of peer-counseling responsibilities and the skills needed for effective support.

The third session helped participants apply the knowledge gained in sessions one and two through supervised role-play and reflection activities to sharpen their skills as prospective peer counselors, particularly in providing PFA. Participants were divided into seven groups, each consisting of 3–4 members, and took turns assuming the roles of counselor, client, and observer. Guidance from the facilitator and observations by the speakers were provided throughout the activities. The role-play included three case studies with different client-issue themes, allowing participants to refine their counseling skills across varied, campus-relevant scenarios while reflecting on their performance and learning points. See **Table 1** for a summary of the Peer Counselor Training schedule and session content.

Table 1, Peer Counselor Training schedule and session content.

Time	Activity	Facilitator / Speaker
08:30 – 08:50	Opening	Bunga Karuni, M.Psi., Psikolog
08:50 – 09:00	Pretest administration	Ellyana Dwi Farisandy, M.Psi., Psikolog
09:00 – 10:30	**Session 1:** Core mental health concepts and student-related issues	Ellyana Dwi Farisandy, M.Psi., Psikolog
10:30 – 12:00	**Session 2:** Peer Counselor roles, ethics, and basic PFA skills	Bunga Karuni, M.Psi., Psikolog
13:00 – 14:00	**Session 3:** Roleplay	Facilitators and Speakers
14:00 – 15:00	Reflection and presentation of roleplay outcomes	Speakers
15:00 – 15:10	Posttest administration	Bunga Karuni, M.Psi., Psikolog
15:10 – 15:30	Closing and summary	Bunga Karuni, M.Psi., Psikolog

3.3 Instruments

The research instrument used in this study was a peer-counseling knowledge questionnaire developed based on the content of the training materials. The questionnaire consisted of 10 multiple-choice items. Each correct response was awarded 10 points, while incorrect responses received 0 points, producing a total score ranging from 0 to 100. The estimated completion time for the instrument was approximately 5 minutes. The instrument was administered twice: first as a pretest to measure baseline knowledge before the training, and as a posttest to assess knowledge improvement following the training.

3.4 Data Analytic Technnique

Data analysis began with testing the statistical assumptions of normality and homogeneity of variance. Normality was examined using the Shapiro–Wilk test, whereas homogeneity was evaluated using Levene's test. When these assumptions were met ($p > 0.05$), a parametric analysis using the paired-sample t-test was conducted. When the assumptions were not met, the Wilcoxon Signed-Rank Test was used as the non-parametric alternative. These procedures were applied to determine whether the peer counselor training improved students' knowledge and preparedness to serve as peer counselors on campus.

4. DISCUSSION

A total of 22 participants attended the peer counselor training. The demographic analysis indicated that the participants' ages were relatively homogeneous, with a mean age of 20.73 years, suggesting that the majority were young adults. The gender distribution showed an imbalance, with 19 female participants (86.36%) and 3 male participants (13.64%). These demographic characteristics provide a clear overview of the participant profile in the peer counselor training.

At the beginning of the training day, participants completed a pretest to assess their baseline knowledge regarding foundational mental health concepts, psychological disorders and risk factors, Non-Suicidal Self-Injury (NSSI), suicidal ideation, suicide attempts, suicide, dynamics of interpersonal relationships, and Psychological First Aid (PFA). After the training, a posttest was administered to measure knowledge gains resulting from the peer counselor training. This pre–post design enabled a comparison of scores to evaluate participants' learning progression.

Descriptive analysis of the pretest and posttest results indicated a substantial increase in knowledge scores. The mean pretest score was 67.50 (range: 47–93), while the mean posttest score increased to 93.23 (range: 73–100), yielding an average improvement of 24.7 points. The highest improvement of 40 points was achieved by four participants, and the lowest improvement of 7 points was observed in one participant (see Table 2).

Table 2. Pretest Posttest Knowledge Scores

No	Code	Pretest	Posttest	Diff. (Post – Pre)
1	A	73	100	27
2	B	93	100	7
3	C	80	93	13
4	D	73	93	20
5	E	80	100	20
6	F	87	100	13
7	G	53	93	40
8	H	53	80	27
9	I	67	93	27

No	Code	Pretest	Posttest	Diff. (Post – Pre)
10	J	60	100	40
11	K	67	100	33
12	L	67	100	33
13	M	47	73	27
14	N	60	73	13
15	O	80	93	13
16	P	60	87	27
17	Q	73	100	27
18	R	53	93	40
19	S	73	93	20
20	T	53	87	33
21	U	73	100	27
22	V	60	100	40

The assumption tests included evaluations of normality and homogeneity of variance, starting with the normality test. Given the small sample size (n = 22), the Shapiro–Wilk test was applied. The results showed that the pretest scores met the normality assumption, $W(22) = 0.958$, $p = 0.450$, whereas the posttest scores did not, $W(22) = 0.767$, $p < 0.001$. Because the normality assumption was not fulfilled for the posttest data, the analysis proceeded using a non-parametric approach, specifically Wilcoxon signed-rank test. A Wilcoxon Signed-Rank Test showed a statistically significant increase in knowledge scores from pretest to posttest ($Z = -4.12$, $p < .001$), suggesting that the peer counselor training was effective in enhancing participants' knowledge.

In addition to the knowledge assessment, participants completed a satisfaction survey to evaluate the quality of the training. Participant responses were measured using a 4-point Likert scale (1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree). The Peer Counselor training received positive feedback. Training materials were considered clear, relevant, and easily understood. Among the participants, 18 (82%) selected Strongly Agree and 4 (18%) selected Agree, indicating that all participants provided positive responses regarding the appropriateness of the materials. Roleplay activities were highly appreciated, as they allowed participants to practice and apply theoretical concepts in simulated scenarios. 17 participants (77%) selected Strongly Agree, 4 participants (18%) selected Agree, and 1 participant (5%) selected Disagree, suggesting that the majority found roleplay effective for understanding the practical application of PFA. Several participants recommended extending the duration of roleplay sessions to allow more time for hands-on practice and experiential learning. Instructional media, including slides, videos, and case examples, were also perceived as effective learning aids. 18 participants (82%) selected Strongly Agree and 4 participants (18%) selected Agree, indicating that all the participants found these tools supportive for understanding the material and applying concepts in realistic contexts.

In addition, the researchers conducted interviews with two participants and found that they felt the training was beneficial for several reasons. First, the materials were easy to understand, covering both an introduction to the most prevalent mental health disorders and the basics of Psychological First Aid (PFA); slides contained minimal text, focusing on core explanations, and presenters illustrated concepts with concrete, everyday examples, which facilitated comprehension. Interactive engagement among participants further enhanced recall and active participation. Second, role-play activities substantially supported the application of PFA, as participants rotated through observer, client, and counselor roles, enabling them to appreciate multiple perspectives; peer feedback from observers and guidance from the facilitator helped identify areas for improvement in applying PFA, and the small-group format increased focus. Third, the slide content from both presenters facilitated learning due to concise, point-focused visuals, and the case examples—grounded in realistic campus contexts—facilitated visualization and understanding.

Participants also provided suggestions for future improvements, including extending the duration of roleplay sessions, incorporating additional case examples, enhancing two-way interaction between facilitators and participants, assigning additional facilitators for group exercises, and improving the training environment. Nevertheless, most participants reported that the training was highly satisfactory, with clear materials, comprehensible delivery, and activities that supported practical learning. Overall, the training successfully met its objectives by enhancing participants' knowledge, practical skills, and confidence, effectively preparing them for their roles as Peer Counselors.

As additional documentation of participant engagement, a group photo was taken at the end of the training session. This illustrates the successful completion of the Peer Counselor training and the active involvement of all 22 participants (See Figure 1 and 2.)

Figure 2. Group photo with all participants at the Peer Counselor training.

Figure 3. Group photo with all participants, including the Rector, Vice Rector, and Head of BKAL, at the Peer Counselor training.

5. CONCLUSION

The findings of the present study demonstrate that the Peer Counselor Training implemented at Universitas Pembangunan Jaya (UPJ) produced a meaningful and statistically significant enhancement in the participants' knowledge of mental health, Psychological First Aid (PFA), and foundational peer counseling competencies. This improvement is particularly relevant considering the broader context of increasing mental health challenges among university students, as outlined in the literature. The college period, marked by transitions, academic pressures, social adjustments, and identity exploration, has been widely recognized as a vulnerable phase during which psychological distress is likely to emerge. The substantial prevalence rates of depression, anxiety, sleep disturbances, and chronic stress reported in international research underscore the urgency of strengthening mental health support systems in higher education institutions. This urgency is even more pronounced for students with disabilities, who face additional barriers in academic and social domains.

The quantitative results provide strong evidence that the training intervention was effective. Participants' pre–post knowledge scores showed a significant increase, with an average improvement of 24.7 points. The Wilcoxon Signed-Rank Test further supports this conclusion, indicating that gains were unlikely to be due to chance ($p < .001$). These findings demonstrate that the training materials—covering foundational mental health concepts, psychological disorders and risk factors, NSSI, suicidal ideation and attempts, suicide, dynamics of interpersonal relationship, and the practical application of PFA—were well delivered and comprehensible to the students. The knowledge gained is crucial because peer counselors act as an initial point of contact for distressed students. Their ability to recognize signs of emotional distress and respond appropriately using PFA principles determines whether students receive timely and appropriate support.

This outcome aligns with (Saviral et al., 2021) who argue that peer counseling initiatives are most effective when training equips peers with structured, research-based frameworks for early intervention. The participants' increased knowledge indicates preparedness to assist others within ethical boundaries and to perform basic supportive functions without overstepping into professional roles. In particular, improved understanding of suicide risk factors, NSSI, suicide ideation and attempts, suicide, and dynamics of interpersonal relationship enables peer counselors to recognize critical signs of psychological danger that must be addressed through immediate referral to a psychologist.

The training contributes strategically to UPJ's Counseling and Disability Services Unit. Given the increasing student population and the rising complexity of psychological issues, universities often face limitations in terms of professional counseling manpower. Peer counselors therefore act as a practical extension of the support ecosystem by offering accessible, relatable, and stigma-reducing points of contact. Students sometimes experience hesitation or fear of being judged when approaching formal psychological services. Peer counselors, who share similar backgrounds and academic contexts, can alleviate this barrier and encourage help-seeking behavior.

For students with disabilities, the presence of trained peer counselors is even more essential. These students often require a combination of emotional support, advocacy, and assistance in navigating learning environments that may not always be fully accessible. The training's emphasis on disability awareness and inclusive communication helps ensure that peer counselors respond empathetically and appropriately to their peers' diverse needs. Peer counselors can help identify challenges faced by disabled students, such as social isolation, academic fatigue, or difficulties engaging with peers and lecturers. By doing so, they contribute to early detection of psychological risks and facilitate timely referral to psychologists. This dual approach—peer-based support combined with professional intervention—reflects the model proposed by Pandya et al. (2024), who highlight collaboration as central to inclusive mental health ecosystems.

The training design, which integrated lectures, case discussions, instructional media, and roleplay, proved to be effective in facilitating participants' learning. Satisfaction survey results indicate that participants viewed the training content as clear, relevant, and applicable to real-life scenarios. The roleplay component received the highest appreciation, as it enabled the participants to practice active listening, empathetic responses, and structured PFA steps in simulated scenarios. This experiential learning aligns with adult learning theories, which emphasize that skills-based training is most effective when learners have opportunities to practice, reflect, and receive feedback.

Moreover, the use of varied instructional media—including videos, slides, and case illustrations—helped

accommodate different learning styles and supported participants' comprehension of abstract concepts such as psychological disorders or crisis intervention. These results suggest that the chosen instructional methods were well-suited to the needs of the target group and contributed significantly to the success of the training.

6. SUGGESTIONS

Despite the positive outcomes, several limitations must be acknowledged. The small sample size (n = 22), limited to psychology students only, restricts generalizability. The one-day duration may not have allowed for in-depth mastery of all materials or sufficient practice time. Additionally, although the pre–post design provides insight into immediate knowledge gains, it does not measure long-term retention, application in real contexts, or behavioral change. The absence of a control group also limits the ability to attribute outcomes solely to the training intervention.

Future trainings would benefit from extending the training over multiple days or adopting modular formats to allow deeper exploration of content and more extensive practice. Including students from other disciplines could enrich the peer counseling ecosystem and promote interdisciplinary collaboration. Follow-up evaluations should also be incorporated to assess knowledge retention and actual peer counseling performance over time. Expanding the roleplay component, as requested by participants, and integrating case supervision in subsequent months may further strengthen peer counselors' skills and confidence.

The results of this training carry important implications for mental health service development in higher education settings. A well-trained peer counseling team can increase the accessibility of mental health support, reduce stigma associated with psychological help-seeking, and complement the work of professional psychologists. Integrating disability-inclusive practices ensures that support services become more equitable and responsive to diverse student needs. Ultimately, this training aligns with Universitas Pembangunan Jaya's institutional commitment to fostering an inclusive, safe, and supportive learning environment. By building a structured collaboration between psychologists and peer counselors, the university strengthens its foundation for sustainable and comprehensive student mental health services.

7. REFERENCES

Adinia, P. (2024). Enhancing healthcare quality: The integral role of psychologists and psychological practices. *Psychol Psychiatry, 8*(4), 219. https://doi.org/10.4172/ppo.1000219

Carter, S. (2021). *Peer counseling programs*. EBSCO Research Starters. https://www.ebsco.com/research-starters/social-sciences-and-humanities/peer-counseling-programs

Cohen, L., Manion, L., & Morrison, K. (2007). *Research methods in education* (6th ed.). Routledge.

Neuman, W. L. (2014). *Social research methods: Qualitative and quantitative approaches* (7th ed.). Pearson Education Limited.

Pandya, A., Lodha, P., & Gupta, A. (2024). Technology for early detection and diagnosis of mental disorders: An evidence synthesis. In P. Ordóñez de Pablos (Ed.), *Digital healthcare in Asia and Gulf Region for healthy aging and more inclusive societies: Shaping digital future* (pp. 37–54). Academic Press. https://doi.org/10.1016/B978-0-443-23637-2.00019-9

Saviral, S., Khoiruninisa, R., Satwika, Y., Dewi, D., & Nurmalasari, S. (2021). Adopting peer educator skills: The effectiveness of basic counselling training. *Advances in Social Science, Education and Humanities Research, 618,* 1150–1154. https://doi.org/10.2991/assehr.k.211223.201

Tan, G. X. D., Soh, X. C., Hartanto, A., Goh, A. Y. H., & Majeed, N. M. (2023). Prevalence of anxiety in college and university students: An umbrella review. *Journal of Affective Disorders Reports, 14,* 100658. https://doi.org/10.1016/j.jadr.2023.100658

Wu, F., Freeman, G., Wang, S., & Flores, I. (2024). The future of college student mental health: Student perspectives. *Journal of College Student Mental Health, 38*(4), 975–1010. https://doi.org/10.1080/28367138.2024.2400612

Xiong, W., Radunz, M., Ali, K., King, D. L., Kyrios, M., Zhao, Y., & Fassnacht, D. B. (2024). Comparing the mental health and wellbeing of domestic and international tertiary students: A systematic review and meta-analysis. *Journal of International Students, 14*(4), 702–740. https://files.eric.ed.gov/fulltext/EJ1445731.pdf