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The Peer Counselling Corner (PCC) and Self-Help Digital Bibliotherapy as Psychoeducational Interventions in Improving Mental Health Literacy among University Students

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Abstract
The university students often face various mental health challenges, yet barriers such as stigma and limited access to resources hinder their ability to seek support; thus, highlighting the need for innovative and effective interventions. This study aims to evaluate the effectiveness of a synergistic approach combining Peer Counseling Corner (PCC) and Self-Help Digital Bibliotherapy in improving students' mental health literacy. The study employed a quasi-experimental design with a pretest-posttest approach, whereby the research involved an experimental group receiving both PCC and Self-Help Digital Bibliotherapy interventions and a control group provided only with basic bibliotherapy. Mental health literacy was measured using the validated Mental Health Continuum-Short Form (MHC-SF), and data was analyzed using the statistical analysis software known as JASP. Results indicated a significant improvement in mental health literacy among the experimental group compared to the control group, as demonstrated by higher post-test scores. These findings suggest that integrating peer-based emotional support with accessible digital resources can effectively enhance mental health literacy. The study underscores the importance of adopting comprehensive, scalable mental health strategies in higher education, combining interpersonal and digital solutions to address the diverse needs of university students.

Keywords: Digital bibliotherapy, mental health literacy, peer counselling, psychoeducation, university students

Introduction

Improving mental health literacy is an important priority, especially among students who face various challenges and pressures, both academic and non-academic (Jivraj, 2024; Peach, 2023; Sampson et al., 2022). Students face multiple challenges that can affect their mental health, including academic pressure, financial problems, social problems, and difficulties adapting to new environments (Amran, Bakar & Ifdil, 2021; Sheldon, et al., 2021). The high prevalence of mental health problems, such as 43.1% of students in the Universitas Negeri Malang (UM) accounting department experiencing insomnia (Salsabila et al., 2021) and 33% of students struggling with loneliness, depression, and stress (Albab, Zen & Fauzan, 2022) indicates an urgent need for effective interventions. Students do not seek help due to a lack of awareness and stigma related to mental health problems. Therefore, universities must provide services to improve mental health literacy among students. Adequate mental health literacy not only helps students recognize and manage their mental health problems but also supports peers who may be experiencing similar difficulties.

Peer Counseling Corner (PCC) is a student organization under the guidance of the Center for Counseling, Career and Entrepreneurship Guidance (PBK3) of Malang State University that focuses on providing emotional support through trained peers, offering a safe space for students to share and get support regarding their mental health problems. When students experience problems, peers are the first people they contact before telling their parents, lecturers, and counselors (Kaiser et al., 2024; Frei-Landau, Mirsky & Sabar-Ben-Yehoshua, 2024). However, PCC alone is insufficient to reach all students needing support. Another service that universities can provide is bibliotherapy. Bibliotherapy is known as "book therapy," utilizing reading to support individual problem-solving, offer insight and comfort, and is considered a method of healing through self-expression, in which one of the modern bibliotherapy currently known as digital biblio-education (Attayanake, 2024; Martinec, 2022).

Digital biblio-education is designed to increase individual awareness and capacity in dealing with psychological problems, focusing on changing behavior, emotions, and thinking skills. This approach has been effective in improving students' mental health literacy (Chen & Baram, 2016; Mcluckie et al. 2014), while also supporting mental health, well-being, and emotional adjustment (Maddock, 2024; Lever et al., 2024). However, one of its limitations is the lack of interpersonal support obtained from direct interaction between peers. Therefore, the synergy between PCC and Self-Help Digital biblio-education offers a holistic solution, overcoming the limitations of both methods when applied separately by providing more personalized emotional support and access to accurate mental health information. The synergy between Peer Counseling Corner (PCC) and self-help digital biblio-education presents a holistic approach that can effectively answer the need for students' health support among study-based organizations. PCC allows students to share experiences and get emotional support in a comfortable and stigma-free. On the other hand, self-help biblio-education Digital provides access to comprehensive mental health information anytime and anywhere, allowing students to understand the mental issues they face independently. Combining these

two services can increase students' awareness of the importance of mental health and enrich their understanding of appropriate strategies for maintaining mental well-being.

This synergistic model is highly relevant given the high demand for accessible and cost-effective intervention approaches. Using digital media, self-help biblio-education allows universities to reach more students without requiring many human or physical resources. Students who may not feel comfortable seeking direct help from counselors or do not have time to meet in person can benefit from this digital biblio-education. On the other hand, the presence of PCC provides a dimension of human interaction that is very important in the process of mental health recovery. By getting emotional support from peers, students get information and feel heard and understood, which are the elements of psychological interventions (Andersson et al., 2019).

Research Background

Mental health literacy (MHL) refers to the knowledge and understanding that enable individuals to recognize, manage, and seek appropriate support for mental health challenges (Zeng et al., 2024; Soria-Martínez et al., 2024). Among students, MHL is crucial due to the unique pressures that they face, such as academic stress, financial difficulties, and the transition to adulthood. By enhancing MHL, students can better recognize the symptoms of mental health issues, encourage timely interventions, and reduce the stigma that often prevents them from seeking help. Mental health challenges are highly prevalent among students, with insomnia, depression, and loneliness being the most common issues (Mulyadi et al., 2021; Bartoszek et al., 2020). Around 60% of students report experiencing insomnia, often linked to academic pressures and lifestyle changes. Additionally, approximately 40% of students experience symptoms of depression annually, ranging from mild to severe. Loneliness is another significant concern, especially during major life transitions such as starting college or moving away from family and friends (Sundqvist et al., 2024). Despite the growing recognition of these mental health challenges, many students are reluctant to seek help due to various barriers. Stigma is a primary factor, as students often fear being judged or labeled as weak for discussing their mental health struggles. A lack of awareness also plays a significant role; many students are unaware of the symptoms of mental health conditions or the resources available to them. Cultural factors further complicate the situation, particularly for international students or those from conservative backgrounds, where cultural norms discourage seeking professional help. To address these issues, targeted interventions are essential. Effective strategies include educational workshops that equip students with tools to understand and manage mental health challenges, peer support programs that foster a sense of community and mutual encouragement, and awareness campaigns that promote mental health resources and aim to eliminate stigma. By improving mental health literacy, educational institutions can empower students to understand their mental health better, seek timely assistance, and support one another, ultimately creating a healthier and more inclusive environment for all students.

Peer counseling is an informal yet effective mental health support system where individuals are guided and supported by their peers rather than professionals (Saad et al., 2024). Peer counseling programs aim to create a safe and stigma-free environment where students can share their emotions and challenges without fear of judgment. These programs are designed to foster open communication and understanding, often making it easier for students to relate to and trust their peers, as they share similar experiences and challenges. One notable initiative in this context is the Peer Counseling Corner (PCC), which provides emotional support through trained peer counselors. PCC programs emphasize the importance of relatability and trust in addressing mental health concerns. Trained peer counselors are equipped with active listening skills, empathy, and basic mental health knowledge, allowing them to provide support that feels approachable and non-intimidating. Research has shown that peer counseling initiatives like PCC effectively reduce feelings of isolation, improve emotional well-being, and encourage help-seeking behaviors among students (Terekhin, 2024). However, peer counseling does have its limitations. One key challenge is limited scalability, as peer counselors may not be able to reach the entire student population effectively. Additionally, while peer counselors are trained to offer emotional support, they lack the professional expertise to handle severe mental health cases or crisis situations. This limitation underscores the importance of integrating peer counseling programs with professional mental health services, ensuring a more comprehensive and accessible support system. In conclusion, peer counseling is a valuable component of mental health support systems, providing a relatable and stigma-free platform for students to share their emotions (Oghenekaro & Okoro, 2024). While it is not a replacement for professional care, initiatives like the Peer Counseling Corner play a crucial role in promoting mental well-being, fostering trust, and reducing stigma in educational settings. To maximize its impact, peer counseling should be complemented with broader mental health resources and services to ensure that the needs of all students are met.

Bibliotherapy is a therapeutic approach that utilizes reading as a tool to provide comfort, insight, and coping strategies for individuals dealing with psychological challenges (Fakkiew et al., 2024). By engaging with carefully selected books, articles, or literary materials, individuals can gain a deeper understanding of their emotions, explore different perspectives, and discover constructive ways to address their difficulties. Traditionally, bibliotherapy has been used in clinical or educational settings, guided by therapists or counselors who recommend specific texts tailored to an individual's needs. In recent years, bibliotherapy has evolved with the rise of digital platforms, transitioning into digital bibliotherapy. This modern adaptation leverages technology to deliver reading materials and mental health resources online, making them accessible to a broader audience. Digital bibliotherapy offers users the flexibility to engage with therapeutic reading materials at their own pace and in the privacy of their preferred environment (Hoover, Bernstein-Ellis & Meyerson, 2023). Platforms range from dedicated bibliotherapy apps to curated online libraries that provide self-help guides, therapeutic stories, and interactive reading experiences. The benefits of digital bibliotherapy are significant. It is highly accessible, enabling individuals

from diverse geographical locations and backgrounds to access resources with minimal cost or effort. Furthermore, its scalability allows a large number of users to benefit simultaneously, making it a practical solution for addressing widespread mental health challenges. However, digital bibliotherapy also has its limitations. Unlike traditional bibliotherapy, which may involve guidance from a therapist, the digital format often lacks interpersonal emotional support, which can be critical for individuals dealing with severe or complex mental health issues (Cross & Alvarez-Jimenez, 2024; Holgersen et al., 2024). Additionally, some users may find it challenging to stay motivated or engaged without external encouragement. Bibliotherapy has also proven to be a valuable tool for promoting mental well-being, and its digital evolution has expanded its reach and accessibility. While it cannot fully replace the support of trained professionals or peer-led interventions, digital bibliotherapy serves as a flexible and scalable resource, particularly for individuals seeking self-help options or supplementary support in their mental health journey. Integrating digital bibliotherapy with other mental health services could further enhance its effectiveness and address its limitations.

Therefore, this study aims to evaluate the effectiveness of a holistic approach through the synergy of PCC and Self-Help Digital Biblio-Education in improving students' mental health literacy. By comparing the results in two groups that received different interventions, namely the group that received the synergy of PCC and Self-Help Digital Biblio-Education and the group that only received basic biblio-education, this study is expected to show how this combination approach has a more significant impact on student's mental health literacy. These findings will contribute to universities and other stakeholders designing more integrated and comprehensive mental health programs, considering students' more profound and diverse needs.

Methodology

This study employed a quasi-experimental research design with a pretest and post-test approach to evaluate the effectiveness of interventions in improving students' mental health literacy [49]. Two groups were involved: an experimental group and a control group. The experimental group received a combined intervention comprising Peer Counselling Corner (PCC) and Independent Digital Bibliotherapy, designed to synergize interpersonal emotional support with flexible, self-directed mental health education. In contrast, the control group was provided with only basic bibliotherapy, serving as a comparative baseline. This research aimed to assess whether the holistic combination of PCC and digital bibliotherapy would yield a more significant improvement in mental health literacy compared to a single-method approach, thereby addressing the diverse mental health needs of university students. The study involved 50 students from Universitas Negeri Malang, who were equally divided into two groups of 25 participants each. Participants were selected using purposive sampling, with inclusion criteria requiring students to be active, interested in improving their mental health literacy, and committed to completing all stages of the intervention. Before the study began, all participants provided informed consent, ensuring ethical compliance.

The intervention for the experimental group lasted eight weeks and included a combination of Peer Counseling Corner (PCC) and Independent Digital Bibliotherapy. In the PCC component, students received emotional support facilitated by trained peers, fostering a relatable and stigma-free environment for sharing personal experiences. The digital bibliotherapy component provided mental health materials via an accessible online platform, allowing participants to explore information and coping strategies independently. In contrast, the control group received only basic bibliotherapy in the form of reading guides related to mental health topics. To measure the outcomes, the study utilized the Mental Health Continuum-Short Form (MHC-SF), a validated and reliable instrument developed based on Keyes' theory (Keyes et al., 2008). This tool evaluates mental health across three dimensions: emotional, psychological, and social well-being. The MHC-SF comprises 14 items scored on a Likert scale, ranging from "never" to "every day," capturing the frequency of participants' positive well-being experiences. This comprehensive measurement approach provided robust insights into the effectiveness of the interventions in enhancing students' mental health literacy and overall well-being.

The data in this study were analyzed using JASP software, employing three main approaches to evaluate the effectiveness of the intervention. First, descriptive statistics were used to examine the initial data distribution and participant characteristics, providing a baseline understanding of the mental health literacy levels within the experimental and control groups before the intervention. Second, an independent t-test was conducted to compare the average pre-test and post-test scores between the experimental group, which received the combined Peer Counseling Corner (PCC) and Self-Help Digital Bibliotherapy intervention, and the control group, which only received basic bibliotherapy. This analysis highlighted significant differences in outcomes between the two groups. Third, an effect size analysis was performed based on Cohen's theory to quantify the magnitude of the intervention's impact. This measure confirmed the effectiveness of the synergistic approach, demonstrating its substantial role in improving participants' mental health literacy compared to the control condition. These combined analyses provide a robust statistical foundation for evaluating the intervention's success and its potential application in broader educational settings.

Results

With reference to Table 1, at the pre-test stage, the average score of the experimental group was 62.04, slightly higher than the control group, which reached an average of 60.20. The pre-test data showed that the median score in the experimental group (62.00) was higher than that of the control group (60.00), with a similar mode in both groups of 60. The minimum and maximum scores were 39 and 74 for the experimental group, respectively, while the control group was in the range of 40 to 69. The standard deviation of 8,677 in the experimental group and 8,010 in the control group reflects a variation in the level of initial mental health in both groups.

Table 1. Comparison of Mental Health Status in Experiment and Control Groups (Pre-Test and Post-test)

	Pre Test		Post Test	
	Experimental Group	**Control Group**	**Experimental Group**	**Control Group**
Valid	25	25	25	25
Missing	0	0	0	0
Mode	60.000	60.000	85.000	70.000
Median	62.000	60.000	80.000	70.000
Mean	62.040	60.200	78.520	66.640
Std. Error of Mean	1.735	1.602	1.654	1.134
Std. Deviation	8.677	8.010	8.272	5.671
Minimum	39.000	40.000	50.000	50.000
Maximum	74.000	69.000	88.000	72.000
Sum	1551.000	1505.000	1963.000	1666.000

After the treatment, the post-test results showed significant differences between the two groups. The experimental group that received PCC Synergy and Self-Help Digital Biblio-Education recorded an average score of 78.52. In contrast, the control group that only received basic biblio-education had an average score of 66.64. The increase in this score can also be seen from the median value in the experimental group, which reached 80.00, higher than the median of the control group at 70.00. The scoring mode in the experimental group (85) was more prominent than in the control group (70), indicating a more significant improvement in mental health in the experimental group.

The standard post-test deviation in the experimental group (8,272) was greater than that in the control group (5,671), indicating that although the PCC Synergy and Self-Help Biblio-Education interventions were generally adequate, there were individual variations in the response to these interventions. The minimum and maximum values of the experimental group were 50 and 88, respectively, indicating a more comprehensive range of achievement than the control group, which ranged from 50 to 72.

These findings show that combining PCC Synergy and independent digital biblio-education significantly impacts students' mental health. The higher average increase in the experimental group compared to the control group suggests that peer counseling-based interventions and digital education biblio-education can strengthen students' capacity to face mental health challenges. This synergistic approach provides additional support that is more effective than the basic biblio-education approach alone (refer Figure 1 for more details).

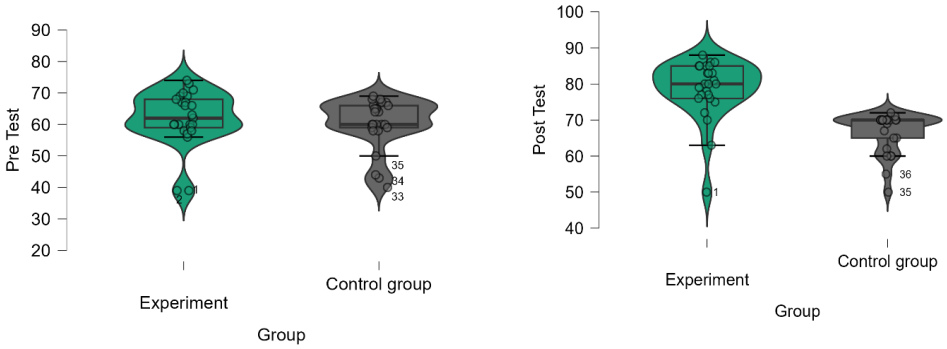

Figure 1. Violin Plot of Pre-Test and Post-test Mental Health Scores by Group

Figure 1 shows that the two groups had a relatively similar distribution of mental health scores before the treatment was administered but with some differences. In the experimental group, the pre-test score ranged from 40 to 74, with the concentration of data around the score of 60-70, which was seen in the shape of the violin widening in that range. The group mode was around a score of 60, indicating a relatively uniform initial level of mental health in the intermediate category. However, some outliers were seen with scores below 40, indicating that there were students with lower initial mental health than the group average. Meanwhile, the control group showed a slightly narrower distribution of scores, with a range between 40 to 69 and a mode around a score of 60. The denser distribution in this control group reflects a relatively stable initial mental health pattern, although there is one outlier around the 30s score.

A striking difference was seen in the post-test graph after the treatment was administered, reflecting the effects of the intervention in both groups. In the experimental group, the distribution of mental health scores showed a significant improvement, with a score range from 50 to 88 and a concentration of data in the high score range, which was 80-90. The cohort model increased dramatically to around 85, suggesting that most of the students in this group benefited greatly from the intervention. The widened shape of the violin in this high range indicates a significant improvement in post-intervention mental health. However, some outliers in lower scores (around 50) may indicate students with slower responses. In contrast, in the control group, the distribution of scores was more limited, with a range between 50 to 72 and a mode around a score of 70. A narrow, centralized distribution in the control group showed that the improvement in mental health in this group was more limited and not as significant as in the experimental group.

Overall, this violin graph provides a clear picture of the changing distribution of mental health scores between the two groups. The experimental group experienced a significant improvement after the Synergy Peer Counseling Corner (PCC) and Self-Help Biblio-Education Digital interventions, seen from a wider distribution and a higher mode in the post-test. In contrast, the control group that

received only basic biblio-education showed a minor increase, with the distribution remaining centralized in lower scores. The shape and size of this violin illustrate how community-based interventions and self-contained digital access have a more positive and varied impact on improving students' mental health than basic biblio-education methods.

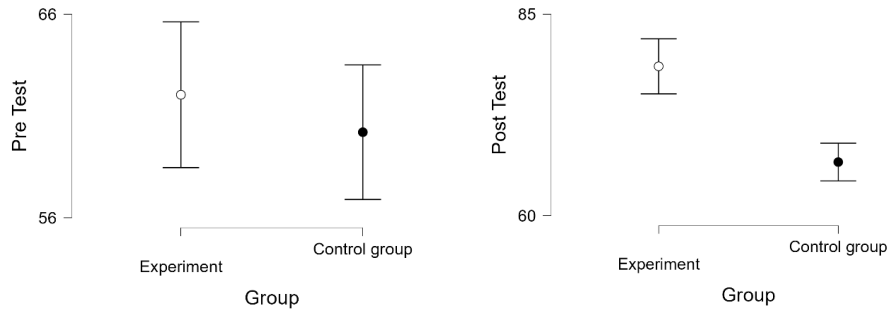

Figure 2. Mean Mental Health Scores with Error Bars for Experimental and Control Groups: Pre-Test vs. Post-Test

Figure 2 shows the difference in average mental health scores between the experimental and control groups at the pre-test and post-test stages, providing a clear visual picture of the impact of the intervention given to both groups. The pre-test chart shows that both groups have almost similar average scores, with a relatively wide range of error bars around the average of each group. The experimental group had a slightly higher median score than the control group. Still, this difference was insignificant, suggesting that the two groups' initial state of mental health was comparable before the intervention began.

The post-test graph shows a more explicit change between the two groups after the intervention. The experimental group, which received the Synergy Peer Counseling Corner (PCC) and Self-Help Digital Biblio-Education, significantly improved mental health scores with a much higher average score than the control group. The average post-test score of the experimental group was in the higher range (close to 85), while the control group only reached an average of about 70. The range of error bars in the experimental group was smaller than in the pre-test, which showed an increase in consistency in participants' responses to the intervention.

The significant differences between the two groups in this post-test indicate that community-based interventions and digital self-help applied to the experimental group substantially improved students' mental health compared to basic biblio-education applied to the control group. These findings suggest that a synergistic approach involving community support and digital access can be an effective strategy in mental health programs in higher education. The improvement in mean and consistency of scores in the experimental group reinforces the

argument that more structured and collective support-based interventions are more effective in improving students' mental well-being. These findings make an essential contribution to the development of campus mental health policies, especially in facing complex mental health challenges in students.

Moreover, the results of the Independent Samples T-Test analysis (illustrated in Table 2) a significant difference in mental health scores between the experimental group and the control group after the intervention was given. In the pre-test stage, no significant difference was found between the two groups, with t = 0.779, df = 48, p = 0.440, and a mean difference of 1.840 (SE difference = 2.362). These results showed that the two groups had relatively similar initial mental health conditions before the treatment, which was also seen from the effect of Cohen's d size of 0.220 (SE Cohen's d = 0.285), which reflected a negligible impact on the difference in early conditions between the two groups.

Table 2. Independent Samples T-Test Results for Pre-Test and Post-Test Mental Health Scores

	t	Df	p	Mean Difference	SE Difference	Cohen's d	S.E. Cohen's d
PreTest	0.779	48	0.440	1.840	2.362	0.220	0.285
PostTest	5.923	48	<.001	11.880	2.006	1.675	0.369

However, in the post-test stage, the t-test results showed a significant difference between the experimental group that received the Synergy Peer Counseling Corner (PCC) and Self-Help Digital Biblio-Education interventions and the control group that only received basic biblio-education. The t-value in the post-test was 5.923 with df = 48 and p < .001, indicating that the experimental group was significantly better than the control group after the intervention. The average difference between the two groups in the post-test reached 11,880 (SE difference = 2,006), which shows a significant increase in the experimental group. The effect of the measure calculated with Cohen's d of 1.675 (SE Cohen's d = 0.369) showed a significant effect, indicating that interventions based on PCC Synergy and Self-Help Biblio-Education Digital had a substantial impact on improving students' mental health.

Discussion

The findings of this study clearly demonstrate that combining Peer Counseling Corner (PCC) with Self-Help Digital Bibliotherapy significantly improves students' mental health literacy compared to basic bibliotherapy alone. The results show a substantial difference in pre-test and post-test scores for the experimental group, validating the hypothesis that a synergistic approach is more effective than a single intervention. This combined model leverages the strengths of peer-based emotional support and the accessibility of digital platforms to address the diverse and complex mental health needs of students (Zagni, & Van Ryzin, 2024; Horn et al., 2024). By

integrating these approaches, the intervention not only improves mental health awareness and coping strategies but also fosters a stigma-free environment that encourages help-seeking behaviors among students (Dagani et al., 2023). This highlights the potential of such interventions to serve as a comprehensive mental health support framework in higher education institutions.

The effectiveness of this approach can be attributed to the complementary roles of PCC and digital bibliotherapy. PCC offers a safe, humanistic space where students can openly share their experiences and receive support from trained peers (Bevly, Swan & Malacara, 2024; Edgar, Moroney & Wilson, 2023). This aligns with the growing body of literature that emphasizes the importance of peer support in reducing stigma and enhancing emotional connectedness. College students, in particular, are often more comfortable sharing their challenges with peers rather than seeking professional help. Peer counselors provide empathetic listening, relatability, and practical guidance, which are instrumental in helping students recognize and address mental health challenges more effectively (Smith, Hughes & Spanner, 2024). This interpersonal support creates a strong foundation for mental health interventions by breaking down barriers such as stigma and mistrust.

Digital bibliotherapy complements PCC by offering flexible, scalable, and independent access to mental health resources. Unlike traditional methods that may require direct interaction with professionals, digital bibliotherapy allows students to explore information and strategies at their own pace, making it particularly appealing to those who value autonomy or face time constraints. The accessibility of digital platforms ensures that students can engage with accurate and evidence-based mental health materials anytime and anywhere, overcoming geographical or logistical barriers (Broomfield, Wade & Yap, 2021). The literature supports the effectiveness of digital bibliotherapy in increasing mental health awareness and understanding, as well as empowering individuals to take proactive steps toward managing their mental well-being (Yoon et al., 2024). Together, PCC and digital bibliotherapy address the dual need for emotional support and self-directed learning, resulting in a more holistic improvement in mental health literacy.

The deeper impact observed in the experimental group suggests a synergistic effect arising from the interaction between PCC's interpersonal dimension and the independent, knowledge-based approach of digital bibliotherapy. While PCC provides emotional connection and empathy, digital bibliotherapy equips students with objective information and coping strategies that can be applied independently. This combination creates a balanced intervention model, catering to diverse student preferences and needs. However, the variability in responses, as indicated by the higher standard deviation in the experimental group, suggests that some students may prefer one approach over the other. For instance, students who value personal interaction may benefit more from PCC, while those who seek privacy and independence may resonate more with digital bibliotherapy. This variability underscores the need for adaptable interventions that can accommodate individual differences.

These findings carry significant implications for universities and policymakers. The synergistic model addresses several challenges in student mental health support, including stigma, limited accessibility, and resource constraints. By

combining peer-led initiatives with scalable digital solutions, institutions can expand their reach and provide more inclusive services without overburdening professional counseling resources. This approach is particularly relevant for students who may be hesitant to seek formal help due to stigma or logistical issues. Additionally, the integration of PCC and digital bibliotherapy offers a cost-effective strategy for enhancing mental health literacy on a larger scale, making it feasible for implementation in institutions with varying levels of resources (Diehl et al., 2024). Despite its promising outcomes, this study has several limitations. The relatively small sample size and the focus on a single university limit the generalizability of the findings to a broader population. The research also measured only short-term outcomes, leaving the long-term effects of the intervention unexplored. Furthermore, while individual differences in response to the interventions were noted, the study did not delve deeply into the factors influencing these variations, such as cultural background, personal preferences (Lyu, Xu & Liu, 2024) or the severity of mental health challenges. Additionally, the intervention was designed primarily for mild to moderate mental health issues, raising questions about its applicability to severe cases requiring professional clinical care. Lastly, the implementation of such combined interventions requires adequate resources for training peer counselors and developing digital platforms, which may pose challenges for institutions with limited funding.

Conclusion

This study demonstrates the significant impact of combining Peer Counseling Corner (PCC) and Self-Help Digital Bibliotherapy in enhancing students' mental health literacy, but several limitations must be addressed. The small sample size and focus on a single university limit the generalizability of the findings, while the long-term effects remain unassessed, leaving the sustainability of the results uncertain. Individual responses to the interventions varied, influenced by personal preferences, cultural backgrounds, and different levels of mental health challenges, which were not explored in detail. Additionally, the interventions were primarily designed for mild to moderate mental health issues, and their effectiveness for severe cases is yet to be determined. Implementation challenges also arise due to the need for significant resources, such as peer counselor training and digital platform development. Future research should include larger and more diverse samples, conduct longitudinal studies to assess long-term effects, and tailor interventions based on individual preferences and cultural contexts to enhance inclusivity and effectiveness. Integrating these approaches with professional mental health services, exploring emerging technologies such as artificial intelligence, and measuring broader outcomes like academic performance and quality of life could provide a more comprehensive understanding (Kar, 2024). Furthermore, implementation studies focusing on scalability and cost-effectiveness are essential to ensure these programs can be widely and sustainably adopted across various educational institutions.

All in all, this study underscores the value of a psychoeducational approach that combines both Peer Counseling Corner (PCC) and Self-Help Digital Bibliotherapy as interventions in improving mental health literacy among

university students. The results show that this the approach substantially created an informatively and comfortably supportive/stigma-free environment, while also provided flexible access to information through digital biblio-education (Diehl, et al., 2024; Kar, 2024; Lyu, Xu & Liu, 2024). By addressing the limitations and exploring future research directions, higher education institutions can develop more effective, inclusive, and sustainable mental health programs that respond to the complex needs of their student populations. This integrated model holds great promise for fostering mental well-being and resilience in academic settings, paving the way for healthier and more supportive educational environments.

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References

Albab, J. A. U., Zen, E. F., & Fauzan, L. (2022). Profil tingkat stres akademik mahasiswa Fakultas Ilmu Pendidikan dalam pembelajaran daring selama pandemi Covid-19 di Universitas Negeri Malang. *Jurnal Pembelajaran, Bimbingan, dan Pengelolaan Pendidikan*. 2(5), 422–431.

Amran, M. S., Bakar, A. Y. A., & Ifdil, I. (2021). Adolescents' anxiety during COVID-19 pandemic in Malaysia. *Acta Counseling and Humanities*. 1(2), 99–100.

Andersson, G., Titov, N., Dear, B. F., Rozental, A., & Carlbring, P. (2019). Internet-delivered psychological treatments: From innovation to implementation. *World Psychiatry*, 18(1), 20–28.

Attanayake, G. (2024). Bibliotherapy: Tracing its gobal evolution and exploring the contemporary research landscape in Sri Lanka. *Journal of the University Librarians Association of Sri Lanka*, 27(2), 318–341.

Bartoszek, A., Walkowiak, D., Bartoszek, A., & Kardas, G. (2020). Mental well-being (depression, loneliness, insomnia, daily life fatigue) during COVID-19 related home-confinement—A study from Poland," *Int J Environ Res Public Health*. 17(20), 7417.

Bevly, D., Swan, A. M., & Malacara, A. B. (2024). Opening the door to a person-centered experiential training group: a thematic analysis. *Person-Centered & Experiential Psychotherapies*, 23(2), 238–254.

Broomfield, G., Wade, C., & Yap, M. B. H. (2021). Engaging parents of lower-socioeconomic positions in internet- and mobile-based interventions for youth mental health: A qualitative investigation. *Int J Environ Res Public Health*, 18(17), 9087.

Chen, Y., & Baram, T. Z. (2016). Toward understanding how early-life stress reprograms cognitive and emotional brain networks. *Neuropsychopharmacology*, 41(1), 197–206.

Cross, S. P., & Alvarez-Jimenez, M. (2024). The digital cumulative complexity model: a framework for improving engagement in digital mental health interventions. *Front Psychiatry*, 15, 1382726.

Dagani, J., Buizza, C., Ferrari, C., & Ghilardi, A. (2023). The role of psychological distress, stigma and coping strategies on help-seeking intentions in a sample of Italian college students. *BMC Psychol*, 11(1), 177.

Diehl, K. J., Morgan, R. D., King, C. M., Ingram, P. B., & Mitchell, C. (2024). Reception to and efficacy of a serious video game for correctional intervention: Project choices. *Crim Justice Behav*, 51(11), 1635–1653.

Edgar, D., Moroney, T., & Wilson, V. (2023). Clinical supervision: A mechanism to support person-centred practice? An integrative review of the literature. *J Clin Nurs*, 32(9–10), 1935–1951.

Fakkiew, S., Teravecharoenchai, S., Khemtong, P., & Suksatan, W. (2024). Impact of a health promotion program on knowledge, physical health, mental health, and social health behaviors in individuals at risk for colorectal cancer. *Societies*, 14(9), 82.

Frei-Landau, F., Mirsky, C., & Sabar-Ben-Yehoshua, N. (2024). Supporting grieving students amidst COVID-19: Emotion- and problem-focused coping strategies of teachers who supported grieving children during the COVID-19 pandemic. *Current Psychology*, 43(29), 1–14.

Holgersen, G., Abdi-Dezfuli, S. E., Friis Darrud, S., Stornes Espeset, E. M., Bircow Elgen, I., & Nordgreen, T. (2024). Adolescents' perspectives on a novel digital treatment targeting eating disorders: a qualitative study. *BMC Psychiatry*, 24(1), 423.

Hoover, E., Bernstein-Ellis, E., & Meyerson, D. (2023). Using bibliotherapy to rebuild identity for people with aphasia: A book club experience. *J Commun Disord*, 105, 106363.

Horn, K., Mathis, S. M., Nagle, L., Hagaman, A., Dunkenberger, M. B., & Pack, R. (2024). Is peer support a tipping point for the opioid use disorder crisis in Appalachia? Research holds the answer. *Harm Reduct J*, 21(1), 122.

Jivraj, K. (2024). Navigating academic mental health and wellbeing, a case for resilience? Lessons for higher education using an 'academic-centered approach'. In Marissa S. Edwards, Angela J. Martin, Neal M. Ashkanasy & Lauren E. Cox (eds.), *Research Handbook of Academic Mental Health*, 394–408, Cheltenham, UK: Edward Elgar Publishing.

Kaiser, S., Siegemund-Johannsen, S., Schulze, G. C., & Spittel, A-M. (2024). Basic conditions for support of young carers in school: A secondary analysis of the perspectives of young carers, parents, teachers, and counsellors. *Healthcare*, 12(11), 1143.

Kar, N. (2024). Research, innovations, and ideas to facilitate mental healthcare delivery in South Asia. In S. M. Y. Arafat & S. K. Kar (Eds.). *Access to mental health care in South Asia*: *Current status, potential challenges, and ways out*. (pp. 197–227). Switzerland AG: Springer Nature.

Keyes, C. L. M., Wissing, M., Potgieter, J. P., Temane, M., Kruger, A., & van Rooy, S. (2008). Evaluation of the mental health continuum–short form (MHC–SF)

in Setswana-speaking South Africans. *Clin Psychol Psychother*, 15(3), 181–192.

Lever, N., Orenstein, S., Jaspers, L., Bohnenkamp, J., Chung, J., & Hager, E. (2024). Using the whole school, whole community, whole child model to support mental health in schools. *Journal of School Health*, 94(2), 200–203.

Lindow, J. C., Hughes, J. L., South, C., Minhajuddin, A., Gutierrez, L., Bannister, E., Trivedi, M. H., & Byerly, M. J. (2020). The youth aware of mental health intervention: Impact on help seeking, mental health knowledge, and stigma in U.S. adolescents. *Journal of Adolescent Health*. 67(1), 101–107.

Lyu, Y., Xu, Q., & Liu, J. (2024). Exploring the medical decision-making patterns and influencing factors among the general Chinese public: a binary logistic regression analysis. *BMC Public Health*, 24(1), 887.

Maddock, A. (2024). The relationships between stress, burnout, mental health and well-being in social workers. *The British Journal of Social Work*. (54)2, 668–686.

Martinec, R. (2022). Various aspects of using bibliotherapy in education and rehabilitation, *Hrvat. Rev. za Rehabil. Istraz*, 58(1), 87–103.

Mcluckie, A., Kutcher, S., Wei, Y., & Weaver, C. (2014). Sustained improvements in students' mental health literacy with use of a mental health curriculum in Canadian schools. *BMC Psychiatry*, 14(1), 379.

Mulyadi, M., Tonapa, S. I., Luneto, S., Lin, W-T. & Lee, B-O. (2021). Prevalence of mental health problems and sleep disturbances in nursing students during the COVID-19 pandemic: A systematic review and meta-analysis. *Nurse Educ Pract*, 57, 103228.

Oghenekaro, L. U., & Okoro, C. O. (2024). Artificial intelligence-based Chatbot for student mental health support. *OAlib*, 11(05), 1–16.

Peach, E. (2023). Creative mental health literacy practices: A qualitative study exploring how students use literacy to promote wellbeing and manage mental health conditions while at university. *Int J Environ Res Public Health*, 20(15), 6475.

Saad, G., Honey, A., Schaecken, P., & Scanlan, J. N. (2024). Strategies and supports used by mental health peer workers to facilitate role performance and satisfaction. *Advances in Mental Health*. 22(2), 179–195.

Salsabila, S., Syarif, V. A., Rahmah, Z. M., & Nagari, P. M. (2021). Pengaruh pembelajaran daring terhadap mental health mahasiswa jurusan Akuntansi. *Jurnal Pendidikan Akuntansi & Keuangan*. 9(2), 201–208.

Sampson, K., Priestley, M., Dodd, A. L., Broglia, E., Wykes, T., Robotham, D., Tyrrell, K., Vega, M. O., & Byrom, N. C. (2022). Key questions: Research priorities for student mental health. *BJPsych Open*, 8(3), e90.

Sheldon, E., Simmonds-Buckley, M., Bone, C., Mascarenhas, T., Chan, N., Wincott, M., Gleeson, H., Sow, K., Hind, D., & Barkham, M. (2021). Prevalence and risk factors for mental health problems in university undergraduate students: A systematic review with meta-analysis. *J Affect Disord*, 287, 282–292.

Smith, J., Hughes, G., & Spanner, L. (2024). The role of student peers in HE student mental health and well-being. *Mental Health and Social Inclusion*, 28(3), 195–207.

Soria-Martínez, M., Navarro-Pérez, C. F., Pérez-Ardanaz, B., & Martí-García, C. (2024). Conceptual framework of mental health literacy: Results from a scoping review and a Delphi survey. *Int J Ment Health Nurs*, 33(2), 281–296.

Sundqvist, A. J. E., Nyman-Kurkiala, P., Ness, O., & Hemberg, J. (2024). The influence of educational transitions on loneliness and mental health from emerging adults' perspectives. *Int J Qual Stud Health Well-Being*, 19(1), 2422142.

Terekhin, R. 2024). It takes a village: how peer coaching groups can support mental health in academia. In Marissa S. Edwards, Angela J. Martin, Neal M. Ashkanasy & Lauren E. Cox (eds.), *Research Handbook of Academic Mental Health*, 409–420, Cheltenham, UK: Edward Elgar Publishing.

Yoon, S., Goh, H., Low, X. C., Weng, J. H., & Heaukulani, C. (2024). User perceptions and utilisation of features of an AI-enabled workplace digital mental wellness platform 'mindline at work '. *BMJ Health Care Inform*, 31(1), p. e101045.

Zagni, B., & Van Ryzin, M. J. (2024). Technology-supported cooperative learning as a universal mental health intervention in middle and high school. *British Journal of Educational Psychology*, 94(3), 792–808.

Zeng, S., Bailey, R., Peng, S., & Chen, X. (2024). Defining mental health literacy: a systematic literature review and educational inspiration. *J Public Ment Health*, 23(3), 189–204.