

Building a Mental Health Supportive Campus Through Psychoeducation: Collaboration Between UNJ and PCU India

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Abstract

Student mental health has become an important issue in higher education, as academic and non-academic demands can affect students' psychological well-being, learning processes, and academic performance. Limited mental health literacy highlights the need for promotive and preventive interventions. This community engagement program aimed to improve students' knowledge and awareness of mental health through a Mental Health Psychoeducation program integrating Mental Health Literacy (MHL), Psychological First Aid (PFA), and Mental Health First Aid (MHFA). The program was conducted on 5 August 2026 at Pimpri Chinchwad University (PCU), Pune, India, involving 142 undergraduate students from various academic disciplines. Program effectiveness was evaluated using a single-group pre-test–post-test design. The results showed that the mean knowledge score increased from 9.54 to 10.22 (out of a maximum score of 15), indicating an improvement in participants' understanding of the topics presented. Knowledge gains were observed across all three measured domains, with the greatest improvement in Psychological First Aid (PFA). These findings suggest that Mental Health Psychoeducation has the potential to serve as an effective promotive strategy for enhancing university students' knowledge and awareness of mental health. However, the findings should be interpreted in light of the limitations of a single-group pre-test–post-test design without a comparison group and an evaluation that assessed only short-term changes in knowledge.

Keywords: mental health psychoeducation; mental health literacy; Psychological First Aid; Mental Health First Aid; university students

1. INTRODUCTION

Mental health is an integral component of overall health and human well-being. The World Health Organization (WHO, 2022) defines mental health as a fundamental human right that enables individuals to realize their abilities, cope with everyday challenges, participate meaningfully in society, and reach their full potential. Mental health is also closely linked to the fulfillment of human rights and sustainable social development. Within the framework of the Sustainable Development Goals (SDGs), mental health is explicitly recognized under SDG 3: Good Health and Well-Being.

Higher education institutions represent an important setting for promoting mental health. University students are in a transitional stage toward adulthood and face various academic and non-academic challenges, including academic workload, competition, adaptation to new environments, social pressures, financial difficulties, and career uncertainty. These stressors may increase the risk of stress, anxiety, depression, and other psychological problems, ultimately affecting both academic performance and students' quality of life (Auerbach et al., 2018; WHO, 2022).

Student mental health has also become a significant concern in India. A large-scale study involving 8,542 university students from nine Indian states found that 33.6% experienced moderate to severe depressive symptoms, 23.2% reported moderate to severe anxiety symptoms, and 18.8% had experienced lifetime suicidal ideation (Cherian et al., 2025). The study further revealed that academic pressure is a major source of stress, with 61.9% of students reporting concerns related to education and future careers, 39.1% experiencing parental pressure regarding academic achievement, and 33.9% feeling stressed due to competition with peers. Additionally, major life events, including financial difficulties, academic failure, family conflicts, bereavement, and relationship breakups were identified as significant contributors to students' psychological distress.

On the other hand, many students recognize the importance of social support when facing psychological difficulties. Approximately 65.2% reported the need for someone who could provide guidance during times of crisis, while 59.1% expressed the need for someone they could confide in (Cherian et al., 2025). Nevertheless, professional help-seeking behavior remains relatively low because of mental health stigma, inadequate mental health literacy, and limited access to mental health services (Aguirre Velasco et al., 2022).

Limited mental health literacy is one of the key barriers preventing students from recognizing symptoms of mental health problems, understanding strategies for maintaining their mental well-being, and knowing when and where to seek appropriate help (Kutcher et al., 2016). Previous studies have demonstrated that mental health literacy programs delivered through psychoeducation can improve knowledge, reduce stigma, and increase students' willingness to seek and provide help to their peers (Reis et al., 2022; Wei et al., 2015). Furthermore, Mental Health First Aid (MHFA) training has been shown

to enhance individuals' confidence in recognizing mental health problems and providing appropriate initial support (Jorm & Kitchener, 2011).

Based on these challenges, a promotive program is needed to improve students' mental health literacy while equipping them with practical skills to maintain their own mental well-being and provide initial support to peers. Therefore, this community engagement program developed a Mental Health Psychoeducation intervention integrating the concepts of Mental Health Literacy, Psychological First Aid (PFA), and Mental Health First Aid (MHFA). The program aims to enhance students' knowledge and awareness of mental health, including an understanding of self-care strategies, Psychological First Aid, Mental Health First Aid, and appropriate help-seeking pathways.

This program was implemented through a collaboration between Universitas Negeri Jakarta (UNJ) and Pimpri Chinchwad University (PCU), India, as part of an international partnership to promote mental health in higher education. In addition to benefiting participating students, the program produced psychoeducational modules and booklets that can be sustainably utilized by the partner institution as educational resources to foster a healthier, more inclusive, and mentally supportive campus environment.

2. LITERATURE REVIEW

Psychoeducation is a structured educational intervention that provides evidence-based information about mental health while promoting understanding, self-management, and appropriate help-seeking. Rather than functioning as psychotherapy, psychoeducation aims to enhance individuals' knowledge and awareness of mental health, reduce stigma, and empower them to make informed decisions regarding their psychological well-being (Lukens & McFarlane, 2004). Meta-analytic evidence has further demonstrated that psychoeducation is effective in improving mental health knowledge and reducing symptoms of depression, anxiety, and psychological distress (Donker et al., 2009).

Student empowerment in the field of mental health involves more than simply providing information; it also focuses on enhancing students' capacity to understand psychological conditions, practice self-care, recognize signs of psychological distress, and access or refer others to appropriate support services. Psychoeducation has been widely recognized as an effective approach to achieving these goals. The Healthy Outcomes through Peer Education (HOPE) intervention among university students in Singapore significantly improved depression and anxiety literacy while reducing personal stigma toward depression (Tay et al., 2022). Similarly, a web-based psychoeducation program for Indonesian university students demonstrated improvements in mental health literacy and high levels of program acceptability (Primasari et al., 2025). In addition, psychoeducational well-being programs have been reported to enhance students' psychological well-being (Hood et al., 2021).

Student empowerment should also strengthen mental health literacy and foster positive help-seeking attitudes. Students with better mental health knowledge are more

likely to recognize their own psychological needs and those of others, enabling them to make appropriate help-seeking decisions. A personalized feedback and psychoeducation intervention among university students in Germany showed potential in increasing intentions to use mental health services (Ebert et al., 2019). Likewise, a multicomponent virtual intervention conducted among university students in Chile significantly reduced stereotypes, perceived dangerousness, avoidance, and stigma toward individuals with mental disorders (Rodríguez-Rivas et al., 2021). These findings highlight the importance of integrating education, interactive learning experiences, and information about available mental health services into student empowerment programs.

Furthermore, students should be empowered to provide appropriate initial support to peers experiencing psychological distress. Mental Health First Aid (MHFA) is an evidence-based training program first developed in Australia by Betty Kitchener and Anthony Jorm in 2000 to improve the public's ability to recognize mental health problems, provide initial support, and guide individuals toward appropriate professional help. Since its introduction, MHFA has been widely implemented across educational institutions, workplaces, healthcare settings, and community organizations in many countries as a strategy to improve mental health literacy and early intervention (Morgan et al., 2018). In higher education, MHFA is one of the most extensively evaluated approaches. A randomized controlled trial involving nursing students in Australia demonstrated that MHFA training improved mental health knowledge, helping confidence, intentions to provide support, and reduced stigma and social distance (Burns et al., 2017). Similar findings were reported among medical students in the United Kingdom, where an e-learning MHFA program improved helping intentions, knowledge, confidence, and reduced stigma (Davies et al., 2018). Comparable outcomes were also observed among university students in Switzerland, with improvements in knowledge and confidence sustained for up to 12 months after training (Dzemaili et al., 2023).

In addition to MHFA, Psychological First Aid (PFA) can strengthen students' ability to respond to psychological distress through needs assessment, supportive communication, and referral to appropriate services. Research involving nursing students found that PFA interventions reduced psychological distress while improving resilience (Eweida et al., 2022). A pilot randomized trial evaluating peer-teaching-based PFA training further demonstrated that this approach was feasible in university settings and effectively enhanced students' fundamental PFA knowledge and skills, although professional supervision remained essential (Tanto et al., 2025). More recent evidence suggests that undergraduate students can be effectively trained to provide Psychological First Aid (PFA), improving their knowledge, confidence, and readiness to offer initial psychological support. However, more complex mental health conditions and crises should continue to be managed by qualified mental health professionals (Bantjes et al., 2026).

Table 1. Comparison of Mental Health Literacy, Psychological First Aid, and Mental Health First Aid

Aspect	Mental Health Literacy (MHL)	Psychological First Aid (PFA)	Mental Health First Aid (MHFA)
Concept	Knowledge and understanding of mental health, including recognizing mental health problems and knowing when and where to seek help.	A humane, supportive response to individuals experiencing psychological distress following a crisis or traumatic event.	Initial support provided to individuals developing a mental health problem or experiencing a mental health crisis until appropriate professional help is available.
Objective	To improve mental health knowledge, reduce stigma, and promote appropriate help-seeking.	To reduce immediate distress, promote safety and calm, and connect individuals with appropriate support services.	To enable individuals to recognize mental health problems, provide initial assistance, and encourage timely professional support.
Primary Focus	Knowledge and awareness	Immediate psychosocial support (Look–Listen–Link)	Early mental health intervention (ALGEE Action Plan)

Based on this body of evidence, the present community engagement program empowers university students through an integrated approach combining mental health psychoeducation, mental health literacy, Psychological First Aid, Mental Health First Aid, peer support, and self-care. Participatory learning methods—including group discussions, reflective exercises, case analyses, and skills practice—were employed to ensure that students not only acquired theoretical knowledge but also developed practical competencies applicable to everyday campus life. This approach is consistent with previous studies demonstrating that structured and interactive interventions can enhance mental health literacy, reduce stigma, strengthen students' capacity to provide initial support, and promote better psychological well-being among university students (Tay et al., 2022; Tanto et al., 2025).

3. METHODS

This community engagement program was implemented through a Mental Health Psychoeducation program designed to enhance university students' mental health literacy

and awareness of mental health, self-care strategies, Psychological First Aid (PFA), Mental Health First Aid (MHFA), and appropriate help-seeking pathways. The program was conducted on Wednesday, 5 August 2026, at Pimpri Chinchwad University (PCU), Pune, India, involving undergraduate students from various academic disciplines. Participation in both the psychoeducation sessions and the evaluation was voluntary. Before completing the online questionnaire, participants were provided with an electronic informed consent form via Google Forms explaining the objectives of the program, the voluntary nature of participation, the use of anonymized data for academic publication. Participants could proceed to the questionnaire only after indicating their consent electronically.

The implementation consisted of three stages: preparation, implementation, and evaluation. During the preparation stage, the project team coordinated with the partner institution, developed a psychoeducational booklet, and prepared training materials integrating the concepts of mental health literacy, Psychological First Aid (PFA), Mental Health First Aid (MHFA), peer support, and self-care. The implementation stage employed participatory learning methods, including interactive lectures, group discussions, reflective activities, case study analyses, and role-play exercises. These activities enabled participants to strengthen their understanding of mental health concepts while developing practical skills in recognizing signs of psychological distress, providing empathetic initial support, and referring individuals to appropriate mental health services.

The knowledge assessment instrument consisted of 15 multiple-choice questions developed by the authors based on the contents of the Mental Health Psychoeducation module and the core concepts of Mental Health Literacy, Psychological First Aid (PFA), and Mental Health First Aid (MHFA). The questionnaire was designed as an educational evaluation tool to assess immediate changes in participants' knowledge following the psychoeducation session rather than as a standardized psychometric instrument. Future studies should include formal content validation and reliability testing to strengthen the measurement properties of the instrument.

The collected data were analyzed using descriptive, including frequencies, percentages, means, and standard deviations, to summarize participants' characteristics and pre-test and post-test scores. The findings were then presented descriptively to illustrate changes in participants' knowledge after the intervention and to evaluate the effectiveness of the psychoeducation program in improving students' understanding of mental health, Psychological First Aid, and Mental Health First Aid.

4. RESULTS AND DISCUSSION

A total of 142 undergraduate students participated in the Mental Health Psychoeducation program. The majority of participants were female ($n = 109$, 76.8%), while male participants accounted for 23.2% ($n = 33$). Participants represented four academic programs, with the largest proportion coming from Psychology ($n = 80$, 56.4%), followed by Nutrition and Dietetics ($n = 24$, 16.9%), Pharmacy ($n = 20$, 14.1%), and

Media, Design, Animation & Multimedia (n = 18, 12.6%). Regarding the year of study, most participants were first-year students (n = 64, 45.1%), followed by second-year (n = 37, 26.1%), third-year (n = 33, 23.2%), and fourth-year students (n = 8, 5.6%). The diversity of participants in terms of academic background and year of study indicates that the program successfully engaged students from various disciplines and academic levels, supporting a multidisciplinary approach to mental health promotion within the university.

The Mental Health Psychoeducation program was implemented at Pimpri Chinchwad University (PCU), Pune, India. Participants attended interactive learning sessions incorporating lectures, group discussions, reflective activities, case analyses based on Mental Health Literacy (MHL), Psychological First Aid (PFA), and Mental Health First Aid (MHFA). The effectiveness of the program was subsequently evaluated through pre-test and post-test assessments.

Table 2. Characteristic Participants

No	Characteristic	n	%
1	Gender		
	Female	109	76.8%
	Male	33	23.2%
2	Academic Program		
	Psychology	80	56.4%
	Nutrition and Dietetics	24	16.9%
	Pharmacy	20	14.1%
	Media, Design, Animation & Multimedia	18	12.6%
3	Year of Study		
	First Year	64	45.1%
	Second Year	37	26.1%
	Third Year	33	23.2%
	Fourth Year	8	5.6%



Figure 1. Mental Health Psychoeducation Program Implementation

Results

The evaluation results indicated a descriptive increase in participants' mental health knowledge following the Mental Health Psychoeducation intervention. The evaluation involved 142 participants using a 15-item instrument covering three knowledge domains: Mental Health Literacy (MHL) (8 items), Psychological First Aid (PFA) (3 items), and Mental Health First Aid (MHFA) (4 items). The mean knowledge score increased from 9.54 out of 15 on the pre-test to 10.22 out of 15 on the post-test. In percentage terms, the average proportion of correct responses increased from 63.62% to 68.12%, representing an increase of 4.50 percentage points. Across the three knowledge domains, all domains showed a descriptive increase from pre-test to post-test. The largest increase was observed in Psychological First Aid (PFA), which increased by 7.92 percentage points, followed by Mental Health Literacy (MHL), which increased by 2.80 percentage points, and Mental Health First Aid (MHFA), which increased by 1.58 percentage points. These findings suggest that participants demonstrated improved knowledge across all three domains following the intervention, with the most substantial descriptive gain observed in PFA.

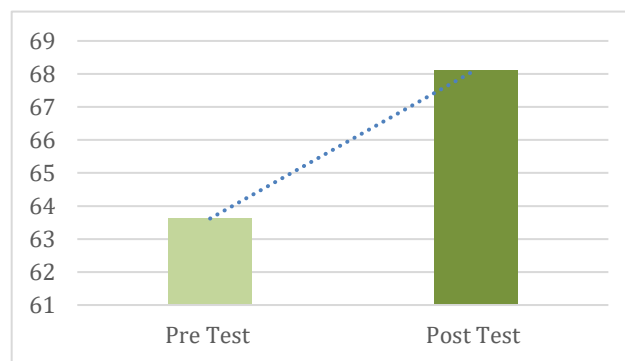


Figure 2. Overall Pre-Test and Post-Test Results

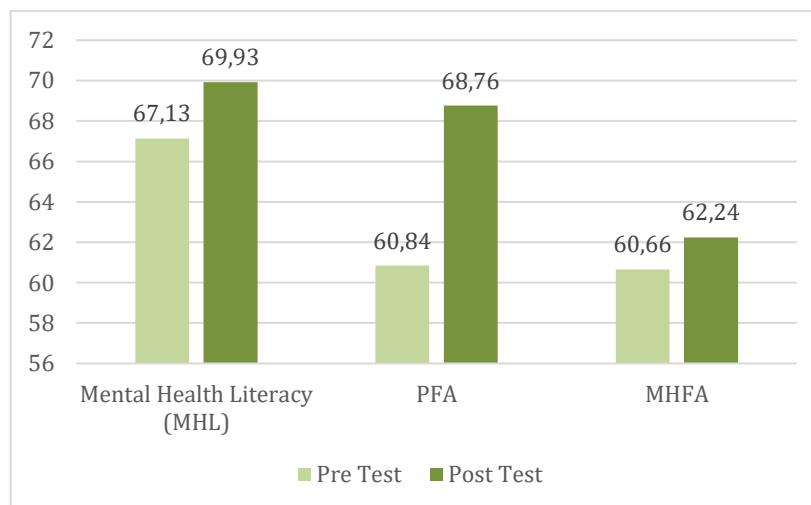


Figure 3. Pre-Test and Post-Test Results by Category

Specifically, Mental Health Literacy (MHL), comprising 8 items, increased from 67.13% at pre-test to 69.93% at post-test, representing an increase of 2.80 percentage points. This change reflects a descriptive improvement in participants' understanding of fundamental mental health concepts, including the recognition of common mental health conditions and their warning signs.

The Psychological First Aid (PFA) domain, comprising 3 items, demonstrated the largest descriptive increase, from 60.84% at pre-test to 68.76% at post-test, representing an increase of 7.92 percentage points. Compared with the other domains, PFA showed the greatest gain in the proportion of correct responses, suggesting improved understanding of key PFA principles, particularly the Look, Listen, and Link approach.

Meanwhile, Mental Health First Aid (MHFA), comprising 4 items, showed a smaller increase, from 60.66% at pre-test to 62.24% at post-test, representing an increase of 1.58 percentage points. Although the magnitude of change was smaller than that observed for MHL and PFA, the direction of change was positive, indicating a descriptive improvement in participants' understanding of appropriate initial support for individuals experiencing mental health problems.

Discussion

The findings indicate that the Mental Health Psychoeducation program effectively improved students' knowledge of mental health. The increase in overall scores suggests that combining psychoeducation with active learning strategies, including interactive lectures, group discussions, reflective activities, case analyses, and role-play facilitated participants' understanding of key mental health concepts. These findings are consistent with previous studies demonstrating that psychoeducational interventions significantly improve mental health literacy and reduce stigma among university students (Tay et al., 2022; Hood et al., 2021).

The largest improvement was observed in the Psychological First Aid (PFA) domain. This finding suggests that the practical nature of the Look, Listen, and Link framework, together with experiential learning through case simulations and role-play, enabled participants to acquire applicable helping skills more effectively. Similar results have been reported by Tanto et al. (2025), who found that peer-based PFA training enhanced students' knowledge and confidence in providing initial psychological support. In contrast, the relatively smaller improvement in the MHFA domain may be explained by the greater complexity of the ALGEE (Assess for risk of suicide or harm, Listen nonjudgmentally, Give reassurance and information, Encourage appropriate professional help, and Encourage other supports) action plan, which requires more extensive practice and repeated training to achieve competency (Burns et al., 2017).

A descriptive improvement was also observed in the Mental Health Literacy domain, indicating that the psychoeducation program enhanced participants' understanding of fundamental mental health concepts, including the recognition of

common mental health conditions and their warning signs. Although the increase was more modest than that observed for PFA, this finding suggests that psychoeducation remains an effective strategy for strengthening students' mental health knowledge and awareness. Improved mental health literacy is considered a key foundation for reducing stigma, facilitating early recognition of mental health problems, and promoting appropriate help-seeking behavior (Kutcher et al., 2016; Way et al., 2022). By increasing students' understanding of mental health concepts, psychoeducation may also contribute to creating a more supportive campus environment where students are better prepared to recognize mental health concerns in themselves and others.

Overall, the program demonstrates that integrating Mental Health Literacy, Psychological First Aid (PFA), and Mental Health First Aid (MHFA) is a promising strategy for strengthening university students' capacity to recognize mental health problems and provide appropriate support to their peers. Although the present evaluation primarily assessed short-term knowledge gains, the findings support the use of psychoeducation as a preventive and promotive approach to fostering a more mentally healthy and supportive campus environment. Future programs should incorporate follow-up evaluations and repeated skills-based training to determine the long-term effects on students' knowledge, attitudes, helping behaviors, and peer support practices.

5. CONCLUSION

The Mental Health Psychoeducation program, which integrated Mental Health Literacy, Psychological First Aid (PFA), and Mental Health First Aid (MHFA), proved to be an effective promotive strategy for enhancing university students' knowledge of mental health. The use of participatory learning methods, including interactive lectures, group discussions, reflective activities, case analyses, and role-play successfully strengthened participants' understanding of fundamental mental health concepts and their initial competencies in recognizing psychological distress and providing appropriate peer support. These findings suggest that mental health psychoeducation is an effective student empowerment approach for improving mental health literacy and fostering a more supportive and mentally healthy campus environment. Although improvements were observed across all assessed domains, the relatively smaller increase in the Mental Health First Aid (MHFA) component indicates that more advanced helping competencies require continuous training and repeated practice. Therefore, future programs should incorporate follow-up training, practical skill reinforcement, and long-term evaluation to assess sustained changes in students' knowledge, attitudes, and helping behaviors. Integrating mental health psychoeducation with university counseling services and peer support initiatives may further strengthen the effectiveness and sustainability of campus mental health promotion efforts. One limitation of this program is the use of a single-group pre-test–post-test design without a comparison group. Because the same questionnaire was administered immediately before and after the intervention, improvements in scores may have been partially influenced by testing effects. Future studies should consider including

a comparison group and a delayed post-test to better evaluate the sustained effectiveness of the psychoeducation program.

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