Integration of Psychological First Aid, Peer Counselling, Mentoring, Psychoeducation, and Coaching Online Base in Reducing Student Stress Related to Relationships, Academic Issues, and Personal Development

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Abstract. University students often face academic pressure, social challenges, and self-development demands that may trigger stress. Limited access to professional counseling underscores the need for peer-based and non-clinical interventions such as Psychological First Aid, peer counseling, and coaching. This study examines the effectiveness of an integrative intervention combining these three approaches in reducing students' stress levels. Using a quasi-experimental one-group pretest-posttest design, 38 undergraduate students reporting stress related to relationships, academics, or self-development participated in the Explore All Your Inner Soul (EARS). The intervention included 1–8 sessions lasting 45–60 minutes, and stress levels were measured using the Psychological Stress Scale. A paired sample t-test showed a significant reduction in stress from pretest ($M = 32.16$, $SD = 6.29$) to posttest ($M = 27.61$, $SD = 6.52$), $t(37) = 5.07$, $p < .001$. The findings highlight the potential of integrating PFA, peer counseling, and coaching in campus-based mental health support.

Keywords: coaching, peer counseling, psychological first aid, students, stress

1 Introduction

Stress is one of the most common psychological challenges faced by university students, especially during the transition to adulthood when they encounter complex academic demands, social dynamics, and self-development pressures [1], [2]. High academic workloads, uncertainty about future careers, and the complexity of interpersonal relationships often lead to increased levels of stress, anxiety, and emotional exhaustion [3], [4], [5], [6], [7]. When not properly

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managed, these conditions can interfere with students' academic performance, mental health, and overall well-being [8], [9], [10].

In most universities, mental health services are provided through Student Counseling Centers or Student Affairs Units, which typically offer individual counseling, psychological assessments, and crisis intervention [11], [12]. These services are often delivered by professional counselors or psychologists who handle a broad range of student concerns, including academic stress, adjustment difficulties, interpersonal issues, and emotional distress [13], [14], [15]. Some universities have also established online counseling systems or hotline services to increase accessibility, particularly following the rise of digital learning environments [16], [17].

However, despite these efforts, service utilization remains relatively low. Several systemic and cultural barriers persist, such as limited counselor availability, high counselor-to-student ratios (often exceeding 1:1000 in many institutions), and restricted operating hours [18], [19], [20]. Moreover, students' reluctance to seek formal help driven by stigma, fear of being judged, or lack of awareness about available resources further reduces the reach and impact of professional services [21], [22].

Higher education institutions around the world are beginning to expand their mental health promotion efforts beyond clinical services by adopting a tiered care model that includes preventive and peer-based interventions [23], [24], [25]. This model emphasises early identification, resilience building, and empowerment through the training of non-clinical facilitators such as peer counsellors, mentors, and student coaches [25], [26]. Programmes within this model often combine psychological education, peer support, and coaching strategies aimed at improving self-regulation, stress management, and social connectivity [27], [28].

In response to this gap, integrative peer-based support models have begun to gain attention. One promising direction involves the combination of Psychological First Aid (PFA), Peer Counselling, Mentoring, Psychoeducation, and Coaching as complementary components within a unified intervention framework. In recent years, peer-based and integrative approaches have gained attention as viable alternatives to traditional counseling. Interventions such as Psychological First Aid (PFA), Peer Counselling, Mentoring, Psychoeducation, and Coaching have individually demonstrated benefits in enhancing resilience, emotional regulation, and self-efficacy among young adults [28], [29], [30], [31], [32]. However, empirical studies exploring the integrated implementation of these approaches are still limited. Theoretical and practical evidence suggests that combining these approaches can provide a layered and comprehensive support structure [33].

Empirical studies support the partial effectiveness of each component when used individually. Peer-based counselling interventions, for instance, have been shown to reduce stress and loneliness among university students, especially when dealing with interpersonal and career issues [34]. Coaching-based interventions have also demonstrated significant effects on enhancing students' self-regulation, motivation, and engagement with academic and personal goals [35]. Meanwhile, PFA-based programs contribute to emotional stabilization and the normalization of stress responses in high-pressure environments [36]. However, these approaches tend to operate separately, with little empirical research on how they can work synergistically.

The integration of these five components is theorized to yield synergistic effects, combining the emotional depth of counseling, the informational clarity of psychoeducation, and the

motivational strength of coaching, supported by the relational trust of mentoring and the stabilizing function of PFA. Such a model aligns with positive psychology and self-determination frameworks, emphasizing empowerment, competence, and relatedness as pathways to sustainable mental health [37], [38].

In response to this need, the present study developed and implemented the Explore All Your Inner Soul (EARS) program—an integrative intervention combining PFA, Peer Counselling, Mentoring, Psychoeducation, and Coaching—to address student stress in a university setting. The study employed a quasi-experimental design with pre-test and post-test measurements to evaluate the program's effectiveness in reducing stress levels. This research contributes to the growing literature on peer-based interventions by offering empirical support for a multi-layered, holistic model that bridges immediate emotional support with long-term developmental growth, while also presenting a practical framework adaptable for higher education institutions facing resource constraints.

2 Methodology

Research Design

This study employed a quasi-experimental design using a one-group pretest–posttest model to examine the effectiveness of an integrative intervention combining Psychological First Aid (PFA), Peer Counselling, Mentoring, Psychoeducation, and Coaching on students' stress levels. This design was selected to allow for the measurement of changes in participants' psychological stress before and after the intervention, without the inclusion of a control group, due to practical and ethical considerations in providing equal access to mental health support.

Participants

The participants consisted of 38 active university students who met the inclusion criteria of experiencing stress related to academic, relational, or self-development issues. Initial screening identified 59 potential participants; however, only 38 completed both pretest and posttest assessments and maintained full participation across the intervention sessions, thereby forming the final sample for analysis. Participants were recruited through open invitations and psychological screening conducted by the university counselling service. Participation was voluntary, and all respondents provided informed consent prior to data collection.

Intervention Program

The EARS (Explore All Your Inner Soul) programme is conducted entirely online through a combination of video conferencing and chat platforms, as well as asynchronous digital tools to ensure accessibility and flexibility for participants. This format was chosen to accommodate the diverse schedules of students and overcome the geographical constraints often encountered in higher education.

1. Psychological First Aid (PFA) – provided at the beginning of the programme to provide immediate emotional stabilisation and build trust between facilitators and participants.
2. Peer Counselling – online sessions to discuss personal and academic challenges.
3. Guidance – connecting participants with individuals or institutions that can help resolve issues such as managing higher-level health processes and accessing psychologists or psychiatrists.

4. Psychological Education – interactive discussions based on scientific information in addressing issues and mental health literacy.
5. Coaching – individual online coaching sessions that focus on improving problem-solving skills.

All sessions are conducted via a secure online platform (e.g. Zoom, Google Meet, WhatsApp). The programme lasts four weeks, with weekly sessions lasting 90 minutes. Each participant attends 1 to 8 intervention sessions, with each session lasting approximately 45–60 minutes. The sessions are led by trained peer facilitators under the supervision of licensed psychologists. Data is collected through pre- and post-intervention online questionnaires that measure stress levels.

Instruments

The primary instrument used for data collection was the Psychological Stress Scale [39], which measures perceived psychological stress levels among university students. The scale has been validated for use in Indonesian populations and demonstrates good internal consistency reliability. Data were collected at two points: before the intervention (pretest) and after the completion of the final session (posttest).

Data Analysis

Data analysis was conducted using IBM SPSS Statistics. The Shapiro–Wilk test was employed to assess the normality of data distribution. Based on the results of the normality test, the paired-sample t-test was used for normally distributed data.

3 Results

Participant Characteristics and Intervention Methods
Of the 59 students who initially participated in the study, 38 met the inclusion and analysis criteria after excluding cases with incomplete pre-test, post-test, or facilitator intervention records. Participants engaged in varying intervention combinations under the Explore All Your Inner Soul (EARS) program.

As presented in Table 1, the most frequently utilized method was individual counselling (K), applied to 16 participants (42.1%). This was followed by combinations of coaching and counselling (CK) and coaching and psychoeducation (CP), each implemented with 4 participants (10.5%). Other combinations, such as coaching–mentoring (CM), counselling–mentoring–psychoeducation (KMP), and others, were used less frequently (2.6% each).

Regarding the frequency of intervention sessions, the majority of participants (36.8%) attended one session, followed by two sessions (21.1%) and three sessions (18.4%). A smaller proportion of participants received four or more sessions (ranging from 2.6% to 15.8%), depending on the level of stress and individual progress observed by facilitators.

Table 1. Problem, Methods, and Sessions

		Frequency	Percentage
Problem	**A-Pd**	7	18.4%
	A-Pd-R	2	5.3%

	Pd	7	18.4%
	Pd-R	16	42.1%
	R	5	13.2%
	PTSD- Major Depression	1	2.6%
Total		38	100%
Methods	**C**	3	7.9%
	C-K	4	10.5%
	C-K-M	1	2.6%
	C-K-M-Ps	1	2.6%
	C-K-Ps	2	5.3%
	C-M-Ps	1	2.6%
	C-Ps	4	10.5%
	K	16	42.1%
	K-M	1	2.6%
	K-M-Ps	1	2.6%
	K-Ps	2	5.3%
	M	1	2.6%
	Ps	1	2.6%
Total		38	100%
Sessions	**1**	14	36.8%
	2	8	21.1%
	3	7	18.4%
	4	6	15.8%
	5	1	2.6%
	6	1	2.6%
	8	1	2.6%
Total		38	100%

Description. A = Academic; Pd = Personal development; R = Relationships; C = Coaching; K = Counselling; M = Mentoring; Ps = Psychoeducation

Table 1 presents the distribution of client issues, intervention methods, and the number of sessions completed by participants. The most frequently reported problems were related to personal development with relational concerns (Pd-R; 42.1%), followed by personal development issues (Pd; 18.4%) and academic–personal development problems (A-Pd; 18.4%). Only one participant (2.6%) presented with a more severe psychological concern, namely post-traumatic stress disorder with major depressive symptoms (PTSD– Major Depression).

In terms of intervention methods, PFA is not included in the specific discussion because it forms the basis of session 1. Therefore, PFA is conducted in session 1 and other approaches are used if necessary. Individual counselling (K) remains the most frequently used approach (42.1%), while integrative combinations such as coaching–counselling (C–K) and coaching–psychoeducation (C–Ps) each account for 10.5%. Other combinations, including coaching–counselling–mentoring–psychoeducation (C–K–M–Ps), are less frequently used but demonstrate the flexibility of the EARS intervention model.

Regarding session frequency, 36.8% of participants received only one session, while the majority of the remaining participants engaged in 2–4 sessions (55.3%). A smaller proportion (7.8%) participated in extended sessions ranging from 5 to 8 sessions.

Effectiveness of the EARS Intervention

Prior to hypothesis testing, data normality was examined using the Shapiro–Wilk test, which indicated that both pre-test and post-test scores were normally distributed ($p > .05$). Therefore, a paired-sample t-test was conducted to evaluate the difference in stress levels before and after participation in the EARS intervention.

As shown in Table 2, the analysis revealed a statistically significant reduction in stress scores from pre-test (M = 32.16, SD = 6.29) to post-test (M = 27.61, SD = 6.52), representing an average decrease of 4.55 points (*95% CI [2.73, 6.37]*), $t(37) = 5.07$, $p < .001$. This indicates a meaningful improvement in participants' psychological condition following the intervention.

Table 2. Comparison of Pre- and Posttest Stress Scores

		M (SD)	95% CI (Lower-Upper)	t	df	p
Stress Score	Pretest	32.16 (6.29)	4.55 (2.73–6.37)	5.07	37	<.001
	Posttest	27.61 (6.52)				

Explanation. M = Mean; SD = Standard Deviation; CI = Confidence Interval

Overall, the results demonstrate that the EARS integrative intervention which combines elements of Psychological First Aid, Peer Counselling, Mentoring, Psychoeducation, and Coaching was effective in significantly reducing perceived stress among university students. Participants reported greater emotional stability, enhanced coping strategies, and improved self-regulation after completing the sessions. The findings support the potential of integrated, peer-based, and non-clinical interventions as viable alternatives for promoting student mental health in higher education settings.

4 Discussion

The findings of this study indicate that the EARS integrative intervention, which combines Psychological First Aid (PFA), Peer Counselling, Mentoring, Psychoeducation, and Coaching effectively reduces stress levels among university students. The significant decrease in stress scores from pre-test to post-test demonstrates that a layered, peer-supported, and developmentally oriented approach can address both the emotional and cognitive aspects of student stress. This aligns with previous research emphasizing the effectiveness of multi-component psychosocial interventions in enhancing emotional regulation, resilience, and academic adaptation [40], [41].

In the EARS model, Psychological First Aid (PFA) is strategically administered at the beginning of the intervention process as a stabilizing phase [42]. This stage is essential for creating a sense of psychological safety, restoring calm, and helping participants regain emotional control before progressing to deeper self-reflection and development [36]. PFA functions as the foundation for subsequent components enabling students to engage meaningfully in peer counselling, mentoring, psychoeducation, and coaching without being overwhelmed by acute distress. By ensuring emotional readiness early in the process, PFA enhances receptivity to the growth-oriented phases of the intervention [43].

Following the initial stabilization, peer counselling serves as the next layer, emphasizing empathetic listening, shared experiences, and mutual support among peers [44]. This phase provides a relational space where participants can articulate stressors, explore emotional

experiences, and feel validated within a supportive social network [45], [46]. Consistent with the principles of social support theory, peer counselling mitigates feelings of isolation and promotes belongingness both crucial protective factors for psychological well-being in academic settings [47], [48].

The mentoring component plays a transitional role between emotional support and developmental empowerment [49]. Mentors generally train adaptive adjustment behaviours and provide practical guidance related to academic, relational, and personal growth challenges [50]. Through this role-modelling process, participants develop observational learning and a sense of connectedness that strengthens self-efficacy and identity formation during emerging adulthood [51]. This finding resonates with studies showing that mentoring enhances academic persistence and mental health by fostering relational trust and developmental guidance [52].

Psychoeducation complements these relational interventions by enhancing mental health literacy and cognitive understanding of stress processes [53]. By learning about the physiological, emotional, and behavioral aspects of stress, students become more capable of recognizing early signs of distress, practicing self-regulation, and adopting adaptive coping strategies. The inclusion of psychoeducation supports preventive mental health, equipping participants not only to recover from current stress but also to manage future challenges more effectively [54].

The coaching phase, often occurring in the latter sessions, provides a structured, forward-focused process emphasizing goal-setting, action planning, and personal growth. Using reflective questioning techniques such as the GROW model, participants are guided to clarify values, identify obstacles, and take ownership of their developmental trajectories [55]. Coaching thus transforms emotional insight gained from earlier sessions into proactive behavioral change and self-directed growth [56].

The flexibility of the EARS program is reflected in the diverse combinations of intervention methods and varying numbers of sessions (ranging from 1 to 8). This adaptability allowed facilitators to tailor the process to participants' individual needs whether academic, relational, or personal. Students experiencing relational stress tended to benefit most from counselling and mentoring, while those with academic or self-developmental challenges responded well to coaching and psychoeducational strategies [57]. The combination of modalities demonstrates that integrative and personalized interventions can effectively address the multifaceted nature of student stress.

The online implementation of the EARS program highlights the potential of digital platforms as effective mediums for delivering non-clinical mental health interventions in university settings. Despite concerns about emotional distance and reduced social cues in online interactions, participants reported strong feelings of connectedness and psychological safety within the virtual group environment. This finding aligns with recent studies indicating that digital peer support programs can foster genuine empathy, self-disclosure, and belonging when structured and facilitated appropriately [58]. Moreover, the online format enabled greater inclusivity and scalability, allowing students from various regions to participate without logistical barriers. It also demonstrated that online psychological interventions can function as an accessible first line of support, particularly in contexts where on-campus counseling services are limited or students feel hesitant to seek professional help in person [59].

From an institutional perspective, these findings underscore that peer-facilitated, integrative interventions can serve as a scalable and sustainable model in university mental health services,

especially in contexts with limited access to professional psychologists or counselors. Training students as facilitators not only expands the reach of support services but also builds leadership, empathy, and mental health literacy within the campus community. This peer-based approach helps reduce stigma toward formal counseling and cultivates a culture of care and psychological openness.

Moreover, the EARS model aligns with global frameworks of positive education and mental health promotion advocated by the World Health Organization, emphasizing community-based, preventive, and empowering approaches [60]. The integration of PFA, counselling, mentoring, psychoeducation, and coaching represents a continuum of care that bridges immediate relief with long-term development, aligning with contemporary trends in holistic university counseling models.

Nevertheless, several limitations must be acknowledged. The one-group pretest–posttest design without a control group restricts causal inference. The small sample size (N = 38) and self-selection may introduce bias, and variation in facilitators' experience could have influenced outcomes. Future research should adopt randomized controlled designs, larger and more diverse samples, and longitudinal follow-ups to assess the sustainability of intervention effects. Incorporating qualitative methods would also provide deeper insights into participants' subjective experiences and mechanisms of change across different phases of the program.

5 Conclusion and Recommendations

This study demonstrates that the online implementation of the EARS program is both feasible and effective in reducing stress and enhancing self-awareness among university students. The digital format maintained the program's integrative nature while offering increased flexibility and reach. Importantly, the online structure allowed students to access mental health resources safely and privately—helping mitigate stigma and accessibility issues common in traditional campus-based services.

Practically, these findings suggest that universities can leverage digital technology to embed preventive and developmental mental health interventions into their academic environments. Online peer-based models like EARS can complement existing counseling units by providing scalable, cost-effective, and stigma-free entry points to psychological care.

For future development, hybrid models combining online and offline sessions may further strengthen engagement and relational depth. Longitudinal studies are also recommended to assess the sustainability of stress reduction and emotional growth in fully online formats.

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