

Peer Counseling Psychoeducation: Strengthening the Role of Peers as Psychosocial Support for Adolescents in Schools

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Abstract. Mental health issues, including body dysmorphia and suicidal ideation, are highly prevalent among Indonesian adolescents. A strategic response is strengthening the peer support system through a peer counseling psychoeducation program. This intervention aimed to enhance 32 high school students' knowledge of basic peer counseling skills, including concepts, role boundaries, and fundamental microskills (e.g., active listening). The study utilized a pretest-posttest design to measure the program's effectiveness subjectively (self-perception) and objectively (cognitive test). Paired sample *t*-test analysis revealed a significant increase in both subjective scores ($t(31) = -10.11$; $p < .001$) and objective scores ($t(31) = -2.52$; $p = .009$). These results confirm that peer counseling psychoeducation is effective in improving students' preparedness and understanding to provide psychological support. This suggests that such interventions are crucial for sustained promotive and preventive efforts in adolescent mental health.

Keywords: Peer counseling, Psychoeducation, Adolescents, Mental health.

1 Introduction

Adolescence is a crucial and challenging phase of development, affecting individuals physically, emotionally, and socially. During this period, adolescents are vulnerable to various psychological problems such as anxiety, academic stress, peer pressure, and even mild depression (Santrock, 2019). Based on data from the Indonesia National Adolescent Mental Health Survey (I-NAMHS), 15.5 million, or about 34.9% of adolescents, experience mental health issues [1]. According to WHO data, one in seven (14%) children aged 10-19 years old experience mental health problems [2].

Research on Indonesian adolescents in schools indicates that they experience various mental health problems with a relatively high prevalence, where body dysmorphia ranks highest at 70.6%, followed by internet addiction (49.4%), suicidal ideation (46%), prodromal psychotic syndrome (40.4%), low self-esteem (38%), psychological distress (25.2%), self-harming

behavior (23.1%), being a victim of cyberbullying (16.9%), depression (17.5%), and being a victim of traditional bullying (10.4%) [3]. This highlights an urgent need to provide adequate psychosocial support within the adolescent environment, especially in schools.

Various factors can contribute to adolescent mental health. Biological factors such as developmental hormones and genetics are among the influencing factors [4]. Furthermore, environmental factors are also considered to significantly affect adolescent mental health, especially environments closest to the adolescent, such as family and the learning/school environment [5]. Research on Indonesian adolescents shows that among the various environmental factors contributing to mental health, the two most powerful factors are the family and school environment [6]. Family relationship dynamics impact adolescent mental health, positive family relationships can mitigate the risk of depression in adolescents, and conversely, negative family relationships can trigger various mental health problems [7]. The school environment also plays a vital role, especially if the school environment is vulnerable to bullying and excessive academic pressure [8], [9], [10].

Given the high prevalence of various mental health problems among adolescents in Indonesia, relevant and easily accessible intervention strategies are needed for this age group. One approach that has proven potential is peer-based intervention, considering that adolescents tend to feel more comfortable seeking support from peers than adults [11], [12]. Peers can serve as a protective factor, helping adolescents enhance positive behaviors and avoid risky behaviors such as substance abuse, eating disorders, and suicidal thoughts and attempts [13], [14], [15], [16]. This intervention can be implemented in various forms, such as psychoeducation, group counseling, and peer support, which significantly contribute to reducing stigma and increasing psychological well-being [17], [18], [19], [20]. Therefore, based on the prevalence data and empirical evidence, peer-based mental health intervention such as peer counseling is an important approach to be systematically developed among adolescents.

However, the implementation of peer counseling in secondary schools still faces various obstacles. Many peer counselors do not fully understand what peer counseling is, the boundaries of their role as peer counselors, or the fundamental skills required in the counseling process [21]. Without adequate understanding and training, peer counseling practices risk misuse and ineffectiveness [22], [23]. Several studies emphasize the importance of knowledge of counseling microskills such as attending, empathic listening, questioning, and paraphrasing as the core skills needed by peer counselors to support the effectiveness of counseling sessions [24], [25]

According to Geldard and colleagues (2019), the mastery of counseling microskills is crucial, especially in the context of counseling with adolescents, as this age group tends to be sensitive to adult approaches. Warm, open, and non-judgmental interactions are key to creating a psychologically safe atmosphere [26]. Additionally, microskills allow counselors to help counselees recognize and express feelings more clearly, foster counselee growth, and encourage them to overcome the issues they are facing [27]. In the context of peer counseling, these skills not only serve as communication tools but also as tools for strengthening the bond between the counselor and counselee, thereby making the counseling session more effective and increasing counselee satisfaction [28].

In Padang City, although the need for an emotional support system among adolescents is quite high [29], [30], training programs or peer counseling psychoeducation in schools are not yet universally implemented. The gap between the need and the availability of training is the basis

for the urgency of this psychoeducation activity. This psychoeducation is designed to equip students with conceptual understanding and practical skills in peer counseling, including basic ethics, observation of the counselee, and active listening abilities.

This psychoeducation aims to enhance high school students' knowledge of peer counseling, with a specific emphasis on understanding the fundamental skills (microskills) required in the counseling process, such as the ability to actively listen, build empathy, and accurately observe the counselee. The psychoeducation is designed so that students gain a foundational knowledge and initial practical skills that can support their role as agents of psychosocial support in the school environment.

2 Methods

2.1 Research Participants

The psychoeducation activity involved high school students in Padang City, West Sumatera. The study sample consisted of 32 high school students selected based on teacher's recommendations. Prior to commencement of the intervention, all participants provided informed consent to ensure ethical compliance and voluntary participation in the psychoeducational activity.

2.2 Study Design

This study employed a pretest-posttest design to quantitatively assess the efficacy of the psychoeducation intervention. The intervention was structured as an interactive psychoeducation program, incorporating four key components: material presentation, group discussions, role-play simulations, and practical skill application exercises. The curriculum focused on two primary areas, conceptual understanding and skill development. The conceptual understanding component introduces the core concepts and ethical boundaries of peer counseling. Meanwhile, skill developments aimed to foster fundamental counseling microskills, specifically observation, active listening, effective questioning, providing constructive feedback, and basic problem-solving techniques.

2.3 Measurement

To provide a holistic assessment of the program's impact, both objective and subjective measures were used, consistent with prior research conducted by the same author [24]. The objective measurement in this study used assessed participant's cognitive acquisition of the material. This instrument contains 10 multiple-choice questions formulated by the researchers based on counselling microskills concepts [25], which also served as the foundation for the training curriculum. The objective test was designed to gauge the participant's theoretical understanding of the delivered microskills content.

The subjective evaluation utilized a 5-item self-report scale. This method required participants to self-evaluate their perceived understanding, experience, and confidence regarding the trained material. The inclusion of subjective measure was predicated on the understanding that an

individual's self-efficacy is a powerful predictor and motivator for actual behavioral performance [31].

2.4 Data Analysis

Quantitative analysis was performed on paired pretest and posttest scores. The paired sample *t*-test was the primary statistical method used to determine the presence of a statistically significant difference in participants' scores (both subjective and objective) following the psychoeducation intervention. All statistical computations were conducted using the Jamovi software package to ensure the reliability and validity of the evaluation findings.

3 Results

3.1 Descriptive Statistics

The descriptive statistic revealed that all participants (N = 32) completed both the pretest and posttest measurements, with no missing data (missing = 0). The descriptive statistics are summarized in Table 1.

Table 1. Descriptive statistic of Data Collection

	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>Median</i>
Pre-test A	32	13.6	2.57	15.0
Post-test A	32	20.1	3.32	20.0
Pre-test B	32	2.94	1.13	3.0
Post-test B	32	3.59	1.60	4.0

For the subjective measurement (A) which assessed participants' self-perception of their peer counselling skills, there was a notable increase in the mean score, rising from M = 12.6 (SD = 2.57) at pretest to M = 20.1 (SD = 3.32) at posttest. Similarly, the median score increased, from 15.0 to 20.0. this upward trend reflects enhanced self-perception among participants regarding their understanding and competence in peer counselling after participated in the training program.

Regarding the Objective Measurement (B), which evaluated participants' cognitive knowledge, the mean score increased from M = 2.94 (SD = 1.13) in the pretest to M = 3.59 (SD = 1.60) in the posttest. The median score also improved from 3.00 to 4.00. This indicates a general improvement in the participants' cognitive understanding of the basic counseling microskills material after the intervention.

Overall, the descriptive findings align with the inferential analysis, demonstrating a consistent increase in participants' subjective perceptions and objective knowledge following the peer counseling psychoeducation.

3.2 Inferential Analysis

A paired sample t-test was conducted to determine the statistical significance of the score changes (Table 2). The analysis confirmed a statistically significant improvement in both measures. For the subjective measurement (A), the change was highly significant, $t(31) = -10.11, p < .001$. The mean difference was -6.50 yielding *cohen's d* of -1.787, which represents a very large effect size. This indicates a substantial enhancement in participants' perceived competence, in peer counseling. The objective measurement (B) also showed a statistically significant improvement, $t(31) = -2.52, p = .009$. with a mean difference of -0.656, the resulting Cohen's *d* of -0.446 represents a medium effect size, confirming that the psychoeducation effectively increased participants' cognitive knowledge of counseling microskills.

Table 2. Paired Sample t-test Analysis

	<i>t</i>	<i>df.</i>	<i>p</i>	<i>Mean difference</i>	<i>Cohen's d</i>
Subjective measurement (A)	-10.11	31	< .001	-6.500	-1.787
Objective measurement (B)	-2.52	31	.009	-0.656	-0.446

4 Discussion

The significant post-intervention improvement in the subjective measurement confirms the program's success in bolstering participants' perceived competence, in peer counseling. Students reported increased confidence in their understanding of the peer counsellor role, ethical boundaries, and necessary basic skills. This finding suggests that the interactive psychoeducation effectively translates theoretical concepts into practical readiness of counselling microskills within the peer counsellor role. This result aligns with previous study that highlights the positive impact of counselling microskills training on participants' knowledge and understanding [24].

However, the objective knowledge demonstrates a smaller effect size. While a significant cognitive learning gain occurred, the moderate effect suggests that a deeper conceptual internalization requires more prolonged exposure and extensive practice opportunities beyond the scope of the initial training. This highlights the effectiveness of the interactive methodology (simulations, discussions, and role-play) in fostering engagement and contextual understanding, a finding supported by literature emphasizing the efficacy of contextual and participatory peer-based interventions [11], [17].

These findings collectively affirm the importance of peer counselling psychoeducation as a strategic effort to equip students with necessary counselling microskills to deliver psychological support in school environment. Through this training, students not only gain knowledge but also develop confidence and readiness to fulfil the peer counsellor role. Therefore, sustained implementation of peer counseling psychoeducation that integrated within the school curriculum and complemented by professional mentorship is essential to maximize the long-term effectiveness and continuity of the training outcomes.

5 Conclusion

The peer counseling psychoeducation activity implemented among high school students proved effective in significantly improving both participants' subjective understanding and objective

knowledge of fundamental counseling skills. The significant increase observed in self-perception scores strongly suggests that the training facilitated a process of meaningful learning. The interactive approach utilized, including lectures, discussions, and direct practice, was demonstrably successful in fostering active participant engagement. Consequently, peer counseling psychoeducation represents an effective strategy for developing student competencies and can be systematically applied as part of promotive and preventive mental health efforts within the school setting.

This study has several limitations. Firstly, the measurement was conducted only in the short term (immediately after the training), thereby failing to capture the long-term effects on participants' actual behavior in peer counseling practice. Secondly, although there was an increase in objective knowledge, the scope of the material and the number of test items were limited, which may not fully reflect the depth of participants' conceptual understanding. Finally, no observational follow-up was conducted to assess the real-world application of the acquired skills in actual counseling situations.

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