



The Health Communication Pattern of BIMAWA UAD in Supporting Mental Health for Students

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ABSTRACT

The mental health of students is an issue that is increasingly receiving serious attention in higher education environments, especially after the COVID-19 pandemic which worsened students' psychological conditions due to limited social interaction, academic pressure, and adaptation crises. This study examines the health communication patterns implemented by the Student Affairs Bureau (BIMAWA) of Ahmad Dahlan University (UAD) in assisting students' mental health, as well as to identify communication barriers faced in the process. This study uses a qualitative approach with a descriptive method, where data is collected through in-depth interviews with two BIMAWA staff and one student who utilized this service, supported by program documentation. Data is analyzed using Braun and Clarke's thematic analysis with the application of source and method triangulation to ensure the validity of the findings. The results of the study identify four main themes, namely (1) the integrated use of verbal and non-verbal communication through seminars, counseling, and empathetic approaches; (2) the implementation of multi-channel communication strategies that combine digital platforms such as Instagram, Telegram, email, and face-to-face communication; (3) mental health messages that are trifunctional, namely educational, persuasive, and motivational, tailored to the learning stages of students; and (4) communication barriers that include psychological stigma, gaps in digital literacy, and limited access to information. This study concludes that BIMAWA UAD has implemented a systematic and adaptive health communication pattern, although efforts to eliminate stigma and strengthen digital literacy still need to be improved. These findings have implications for the importance of developing inclusive and sustainable health communication strategies in university environments to support students' overall mental well-being.

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1. Introduction

Mental health is an integral part of individual health and well-being. The World Health Organization defines mental health as a state of well-being in which individuals realize their potential, cope with the stresses of life, work productively, and contribute to their community. Thus, mental health is not only related to the absence of mental disorders but also encompasses an individual's ability to function psychologically and socially (Osborn et al., 2022).

Generation Z, has grown up in a rapidly evolving environment filled with social pressures. The existence of social media, academic and career demands, identity crises, and family dynamics are



some factors that influence the psychological condition of this generation (Wajdi et al., 2024). Although having wide access to information, Gen Z also includes a group that shows a high level of vulnerability to mental health issues such as anxiety, excessive stress, and depression (Park et al., 2024). Therefore, this generation needs to be encouraged to be more open about mental health issues and aware of the importance of seeking professional and social help when needed.

Students are one of the groups facing various psychological pressures, such as academic demands, changes in social environments, uncertainty about the future, and limited support (Qiang et al., 2024). Research on students' mental health shows that mental disorders are an important issue in the college population (Sao et al., 2024). This situation became even more complex during the COVID-19 pandemic as students had to adapt to online learning, reduced social interaction, and changes in academic routines. Fruehwirth et al. (2021) find that the pandemic and its accompanying stressors are related to an increase in anxiety and depression symptoms among first-year students.

In this regard, higher education institutions have a responsibility to provide adequate support for students' mental health (Byrom et al., 2026). One concrete manifestation of this concern is the existence of counseling programs or services aimed at supporting students facing psychological challenges (Cerolini et al., 2023). Ahmad Dahlan University (UAD), as one of the universities in Indonesia committed to developing student character and well-being, has initiated various programs related to mental health assistance through BIMAWA. BIMAWA not only performs administrative functions but also plays a strategic role in establishing communication patterns that support the creation of a mentally and emotionally healthy campus environment. However, the effectiveness of these programs heavily depends on the communication patterns established between BIMAWA and the students, including in terms of the strategic delivery of messages, the media used, and forms of interaction that encourage active student participation.

Campus attention to students' mental health is important because it coincides with the increase in suicide cases among students, as explained in the Asian Psychiatry journal (Fadillah et al., 2023). The article emphasizes that suicide is one of the serious mental health issues that needs to be systematically addressed in the university environment. The tendency for students to experience academic pressure, personal problems, and a lack of psychosocial support are the main factors that trigger the deterioration of mental health conditions.

This journal also states that the development of campus-based suicide prevention programs, through a collaborative approach and active communication strategies, has proven to provide meaningful assistance to students in vulnerable conditions. These findings align with the focus of this study, which highlights communication patterns and the role of BIMAWA in assisting students with mental health disorders. Therefore, this research is crucial as a scientific effort to understand and define appropriate communication patterns, as well as effective institutional strategies in addressing mental health issues among students, especially in the campus environment.

This research is important for thoroughly examining how mental health communication is conducted by BIMAWA UAD, and to what extent these patterns can meet the needs of students, particularly in the context of post-pandemic recovery and support. This study is expected to contribute theoretically to the field of health communication, as well as provide practical contributions to the development of mental health policies and programs in the campus environment (Tanjung et al., 2026; Wiedermann et al., 2023).

Author	Title	Method	Result
(Ulfah, 2023)	The impact of mental health on the academic performance of final-year students	Descriptive quantitative; mental health scale and Grade Point Average (GPA) as instruments; simple linear regression analysis	There is a positive and significant effect of mental health on the academic performance of students ($R^2 = 0.021$); the better the mental health, the higher the academic performance.
(Sari & Susmiatin, 2023)	Early detection of emotional mental health in students	Descriptive analytical quantitative; 46 final-year student respondents, purposive sampling; Self Reporting Questionnaire (SRQ-20)	Most students have good mental health; 15.2% of respondents experience anxiety symptoms; the most common symptoms are stomach aches.
(Aloysius & Salvia, 2021)	Analysis of Mental Health of X University Students at the Beginning of the COVID-19 Outbreak in Indonesia	Quantitative; primary data through surveys; ordinal logistic regression analysis	46% of students have poor mental health status; four out of ten variables have a significant effect.

The five papers above generally use a quantitative approach to measure the level of literacy, emotional symptoms, or the statistical impact of mental health on other variables, while one study uses a qualitative approach to evaluate institutional policies in Table 1. These results emphasize the importance of university attention to student mental health, but they all still focus on psychological-clinical aspects or policies in general. There has been no research specifically investigating the health communication patterns carried out by the Student Affairs Bureau in assisting student mental health. This becomes the main focus of this research. Based on this gap, this research aims to (1) describe the verbal and nonverbal health communication patterns applied by BIMAWA UAD in supporting student health, (2) identify the strategies and communication channels used, and (3) analyze the communication barriers faced in the process.

Theoretically, this research is expected to enrich the study of health communication in a context that is still rarely researched, namely student affairs units in campus environments. Practically, the findings are expected to serve as evaluation material and reference for BIMAWA UAD as well as student affairs bureaus in other higher education institutions in designing more inclusive, adaptive, and responsive mental health communication strategies to student needs, especially in the pandemic era.

2. Theoretical Framework

This research uses health communication theory as the main analytical foundation. According to Liliweri (2013); Sari et al. (2020), health communication is the process of conveying information, education, and health messages aimed at increasing the knowledge, attitudes, and behaviors of individuals and groups in maintaining health. This process not only functions as a means of delivering information but also as an effort to build awareness and encourage behavior change through the selection of media, communication styles, and message adjustments to the characteristics of the audience. In this study, the theory is used as a basis for analyzing verbal and nonverbal communication patterns, channel strategies, programs, and mental health services for students.

However, the theory [Liliweri \(2013\)](#) was formulated before the major expansion of digital health communication and has not specifically addressed the dynamics of stigma or help-seeking behavior, which are central issues in the context of student mental health. To address this, this research integrates the theory with three more contemporary theoretical perspectives. First, in analyzing multi-channel communication strategies that utilize digital platforms such as Instagram, Telegram, and email, this research refers to the ideas of [Chou et al. \(2013\)](#) about Web 2.0-based health promotion, which emphasizes that social media enables more participatory, personal, and two-way health communication compared to conventional channels, while also requiring program management to understand the specific characteristics of digital audiences. Second, to understand the psychological barriers in the form of stigma faced by students in accessing BIMAWA services, this research employs the Health Stigma and Discrimination Framework from ([Stangl et al., 2019](#)), which views stigma not merely as an individual attitude but as a process shaped by structural, social, and institutional factors, thus stigmatization strategies need to target both the message level and the campus environment level. Third, to explain how students decide to seek or avoid help, this research refers to the help-seeking behavior measurement theory from [Rickwood & Thomas, \(2012\)](#), which emphasizes that this process is influenced by sources of help, both formal and informal, the type of problem, and the individual's readiness to be open to intervention.

These three perspectives are used complementarily with the theory [Liliweri \(2013\)](#), health communication is understood as a process of conveying strategic messages, which in the digital era takes place through participatory channels [Chou et al. \(2013\)](#), and must consider the dynamics of stigma that hinder students' openness [Stangl et al. \(2019\)](#), ultimately leading to students' decisions to seek or not seek help ([Rickwood & Thomas, 2012](#)).

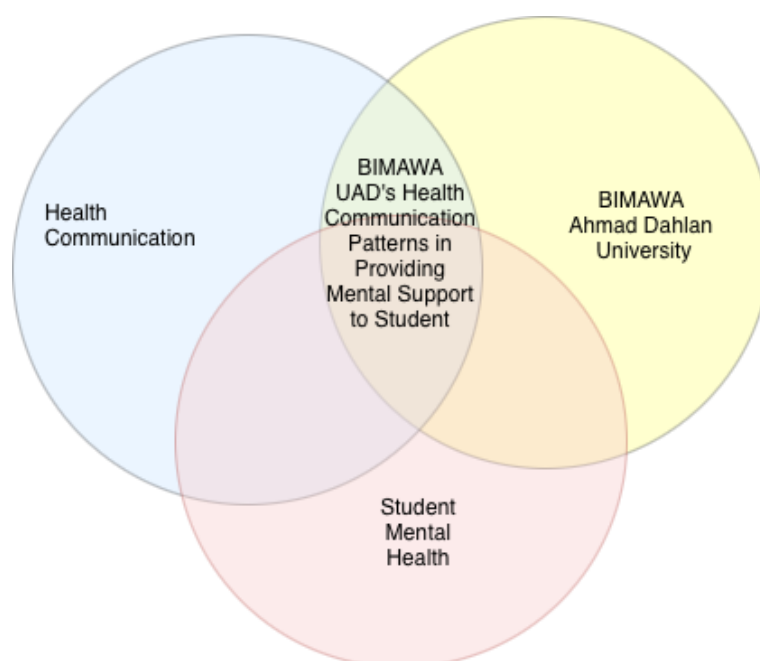


Fig. 2. Theoretical Framework Regarding Health Communication Patterns of BIMAWA in Student Assistance

This theoretical framework in [Fig. 2](#), positions health communication as a primary foundation in analyzing the communication patterns of the Student Affairs Bureau (BIMAWA) of UAD in supporting students' mental health, considering aspects of digital media utilization, mental health stigma, and help-seeking behavior as supportive perspectives for analysis.

3. Method

This research uses a qualitative approach with descriptive methods to deeply describe the health communication patterns applied by the Student Affairs Bureau (BIMAWA) of Ahmad Dahlan University (UAD) in supporting students' mental health. This approach is chosen because it can explore naturally occurring communication phenomena within the campus institution context and provide a comprehensive understanding of the communication strategies used (Sandelowski, 2000). The research was conducted at Ahmad Dahlan University, Yogyakarta, with BIMAWA as the main unit of analysis, during the period of June-October 2025.

The research informants were selected using purposive sampling techniques with criteria (Creswell & Poth, 2018). First, BIMAWA staff involved directly in the design and implementation of the mental health support program for students. Second, students who have previously used these services. Based on these criteria, the research involved three informants, namely two BIMAWA staff (N1 and N2) and one student service user (N3) in Table 2. In-depth interviews were conducted face-to-face with a duration of 45-60 minutes per session. All interviews were recorded with the informants' consent and subsequently transcribed for analysis purposes.

Table 2. Informant Data

Informant Code	Gender	Position	Length of Service/Semester
N1	M	Head of Character Development and Welfare.	Approximately 2 years 5 months
N2	F	Student Employment Peer Counseling Staff	Approximately 1 year plus
N3	M	Communication Science Student	Final semester student from the 22nd batch

In addition to interviews, data was also collected through observations of program implementers and BIMAWA's communication activities related to mental health services for students. Observations were conducted to understand the communication processes that occur and to complement the information obtained from the interview results. Data was analyzed using thematic techniques in Braun & Clarke (2006) which includes six stages: data familiarization, initial coding, theme searching, theme reviewing, theme defining and naming, and compiling research report results. The analysis was conducted by relating the research findings to the health communication theory used in this study. To maintain the validity and credibility of the data, the study applied source triangulation by comparing the information obtained from BIMAWA staff and students. In addition, the research also conducted member checking by confirming initial interpretation results with informants to ensure that the findings correspond to their experiences (Carter et al., 2014). From the ethical side of the research, all informants received an explanation regarding the purpose and gave their consent to participate voluntarily (informed consent) before the interviews were conducted. The confidentiality of the informants' identities was maintained by using codes (N1, N2, N3) and all research data was used solely for academic purposes.

4. Result and Discussion

Results

Based on the results of in-depth interviews with two BIMAWA UAD staff (N1 and N2) and one service user student (N3), this study identified four findings that describe the health communication patterns of BIMAWA in supporting students' mental health, namely: (1) the use of

verbal and nonverbal communication, (2) the use of health communication media channels, (3) the forms and characteristics of health communication messages, and (4) communication barriers in mental health support.

Use of Verbal and Nonverbal Communication in Mental Health Support

The research findings indicate that face-to-face communication remains the primary form of communication used by BIMAWA in supporting students' mental health. Verbal communication is carried out through seminars, soft skills training, Campus Life Introduction Program (P2K), peer counseling, and individual counseling services. Informant N1 explained that direct communication is still prioritized because not all students have the same level of literacy and digital access.

"For the current Generation Z, we still prefer to meet in person. Digital media can only be relied on for students who are already digitally literate. For students in remote areas, who do not have a phone or do not use an Android phone, we more often meet in person."

In addition to verbal communication, BIMAWA also implements nonverbal communication through an empathetic approach during the counseling process, the use of supportive body language, and the provision of a comfortable counseling space that maintains student privacy. Service user students (N3) stated that a comfortable counseling atmosphere makes them more open in expressing the problems they face. Based on interview results, verbal and nonverbal communication are used integratively to build a supportive relationship between students and mentors.

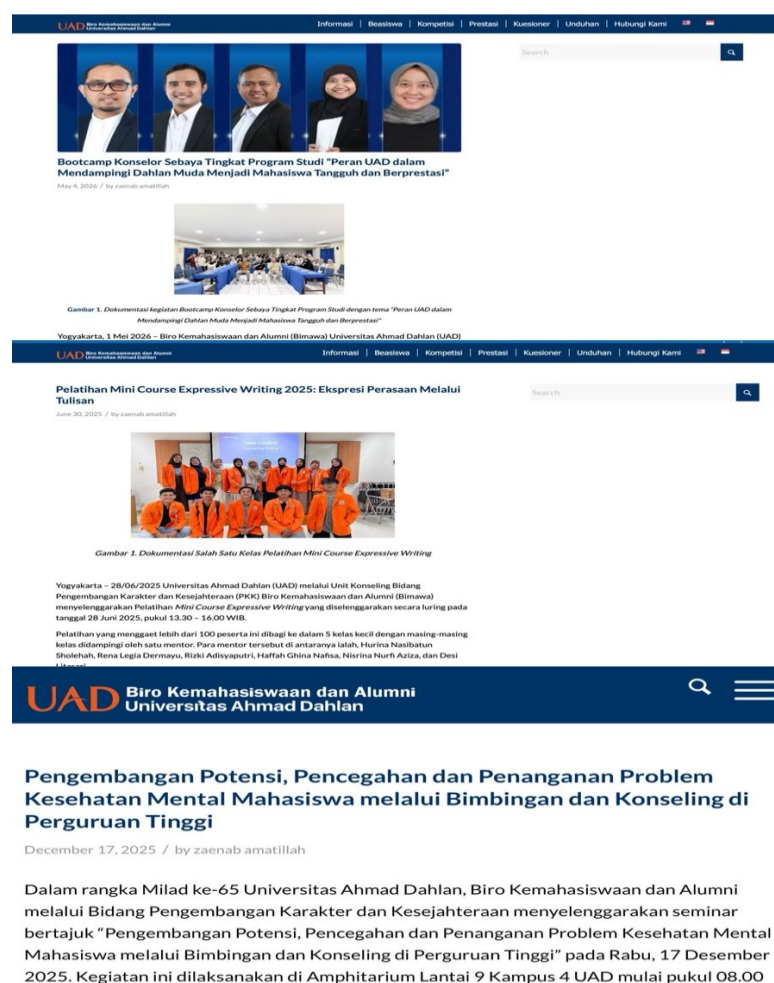


Fig. 3. Use of Verbal and Nonverbal Communication in Mental Health Support

Fig. 3 illustrates the forms of verbal and nonverbal communication implemented by BIMAWA UAD in supporting students' mental health. Verbal communication is conducted through seminars, soft skills training, Campus Life Introduction Programs (P2K), peer counseling, and individual counseling services. These activities function as channels for delivering mental health information, education, and psychological support to students. Meanwhile, nonverbal communication is reflected through empathetic attitudes, supportive body language, active listening, and the provision of a comfortable and private counseling environment. The integration of verbal and nonverbal communication helps build trust, emotional closeness, and openness between students and counselors, thereby facilitating the mental health assistance process.

Use of Media and Health Communication Channels

Research findings indicate that BIMAWA implements a multi-channel communication strategy in delivering health information and services to students. Informant N1 explained:

"Our communication method is multi-channel; for new students, we reach out via Sahabat Dahlan Muda and peer counselors. For technology or social media, we use Instagram, Telegram, and UAD email." (N1)

In addition to Instagram, Telegram, and UAD email, observational results show that BIMAWA also utilizes WhatsApp, the university website, YouTube, seminars, soft skills programs, and direct counseling services. Service user students stated that "the diversity of communication channels facilitates access to information and mental health services according to their individual needs and preferences." (N3)

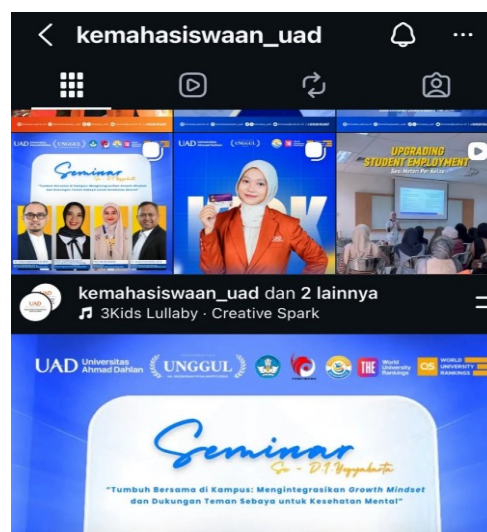


Fig. 4. Screenshots of BIMAWA's Multi-Channel Digital Communication

Fig. 4 presents examples of the digital communication channels utilized by BIMAWA UAD to disseminate mental health information and services. BIMAWA adopts a multi-channel communication strategy through various platforms, including Instagram. These channels are complemented by face-to-face activities such as seminars and counseling sessions. The use of multiple communication media enables BIMAWA to reach students with diverse preferences and communication habits, while also improving accessibility to mental health information and support services. This strategy demonstrates BIMAWA's effort to expand service coverage and ensure that mental health resources are available through both digital and direct communication approaches.

Forms and Characteristics of Health Communication Messages

Research results show that health communication messages delivered by BIMAWA have three main functions: educational, persuasive, and motivational. Educational messages focus on enhancing students' understanding of mental health, recognizing symptoms of psychological disorders, and information about available services. Persuasive messages are aimed at encouraging students to be more concerned about their mental health and not hesitate to seek help when experiencing psychological problems. Meanwhile, motivational messages aim to build students' confidence in facing academic pressures and everyday life issues. Informants explained that the material presented is tailored to the needs of students obtained through various campus activities and evaluations of programs that have been implemented. Service user students assess that the messages conveyed are easy to understand because they use language that is close to students' lives and are not judgmental.



Fig. 5. Sample Educational, Persuasive, and Motivational Materials Distributed by BIMAWA

Fig. 5 shows examples of health communication materials distributed by BIMAWA UAD to support students' mental well-being. The materials are categorized into three main message functions: educational, persuasive, and motivational. Educational messages aim to increase students' knowledge and awareness of mental health issues, psychological symptoms, and available support services. Persuasive messages encourage students to pay greater attention to their mental health and seek professional assistance when needed. Motivational messages are designed to strengthen students' confidence, resilience, and ability to cope with academic and personal challenges. The materials are presented using student-friendly language that is easy to understand, relatable, and non-judgmental, making the messages more effective in reaching the target audience.

Communication in Mental Health Support. The study found several communication barriers faced by BIMAWA in supporting students' mental health, namely psychological barriers, media barriers, barriers in message delivery, and gaps in digital literacy. Psychological barriers are mainly related to stigma surrounding mental health. Students still feel worried about attending counseling services due to fear of negative judgments from their surroundings or concern that their personal

information might be known by others. In addition, the gap in digital literacy also poses challenges in implementing mental health communication. Not all students have the same access to technology skills, so the use of digital media cannot reach all student groups evenly. Other findings show that some students who need help are not necessarily involved in the programs provided by BIMAWA, so the process of delivering mental health messages has not fully reached the target groups that most need the services.

Discussion

Research findings show that the health communication pattern implemented by BIMAWA UAD combines verbal and nonverbal communication, multi-channel strategies, educational, persuasive, and motivational messages, as well as various efforts to overcome communication barriers in supporting students' mental health.

Findings regarding the use of verbal and nonverbal communication support the concept of mental health that is proposed [Liliweri \(2013\)](#), which emphasizes the importance of conveying mental health information through various forms of communication to enhance understanding and behavioral change. This finding is also in line with research [Nutbeam & Lloyd \(2021\)](#), which shows that students need easily accessible mental health services, involving professional staff, maintaining privacy, and being supported by mental health literacy and social support. However, this study expands on Nutbeam and Lloyd's findings by showing that face-to-face communication not only serves to build emotional closeness but also becomes an inclusive strategy to reach students who have limited digital access.

In terms of multi-channel communication strategies, this research is in line with studies on optimizing the use of digital technology for students' mental health ([Kaka et al., 2026](#)). This research shows that digital platforms, such as mental health apps, online counseling, psychological chatbots, and social media-based communities, can enhance mental health literacy and expand students' access to psychological services. The findings of this study expand on those results by showing that the effectiveness of multi-channel communication is not only determined by the use of various platforms but also by the clear division of functions for each channel. Instagram is used as an educational media and service promotion [Soumena et al. \(2026\)](#), Telegram as a means of communication and counseling [Elom et al. \(2025\)](#), while face-to-face activities are utilized to build deeper interpersonal relationships ([Gruber et al., 2022](#)). Thus, multi-channel strategies need to be designed integratively based on the characteristics and functions of each medium.

Nevertheless, the research findings indicate that most digital media are still used as a means of disseminating information. This condition differs from the Web 2.0-based health concept proposed by [Chou et al. \(2013\)](#) which emphasizes the importance of two-way communication, user participation, and active audience involvement in the health communication process. Findings regarding educational, persuasive, and motivational messages support research [Permana et al. \(2023\)](#) which emphasizes the importance of mental health literacy among students. However, this study shows that merely increasing knowledge is not enough. Mental health communication must also be able to influence students' attitudes towards mental health and support help-seeking behavior when facing psychological issues. Thus, the educational, persuasive, and motivational functions complement each other in one health communication process.

In terms of communication barriers, mental health stigma is the most prominent challenge. This finding supports research [Aloysius & Salvia \(2021\)](#) which mentions that stigma remains a barrier for students in seeking psychological help. However, this study finds that stigma does not only arise from social perceptions among students but is also related to concerns about the confidentiality of

information and the level of trust in available services. This finding aligns with the Health Stigma and Discrimination Framework from [Stangl et al. \(2019\)](#), which explains that stigma is shaped by social and structural factors simultaneously.

In addition to stigma, this research also found a gap in digital literacy that affects students' access to mental health services. Unlike some previous studies that defined digital literacy as the ability to use technology [Ban et al. \(2024\)](#); [Fitzpatrick \(2023\)](#); [van Kessel et al. \(2022\)](#), this research shows that barriers also arise from limited access to devices and digital communication media. These conditions reflect the diversity of student situations that could potentially create disparities in access to services.

Taken together, the findings indicate that BIMAWA UAD has developed an adaptive health communication pattern by combining face-to-face and digital communication, delivering educational, persuasive, and motivational messages, and providing different forms of mental health support for students. At the same time, several challenges remain, particularly in encouraging student participation, addressing mental health stigma, and reducing gaps in digital literacy and access. These findings suggest that effective mental health communication in higher education requires not only the availability of information and services but also communication approaches that are accessible, trusted, and responsive to students' different needs. Based on these findings, four main aspects can be identified in the health communication pattern implemented by BIMAWA UAD to support students' mental health: the use of verbal and nonverbal communication, the use of health communication media and channels, the forms and characteristics of health communication messages, and the communication barriers encountered in providing mental health support. These aspects were analyzed using [Liliweri \(2013\)](#) health communication theory as the main theoretical framework, complemented by the concept of Web 2.0-based health promotion proposed by [Chou et al. \(2013\)](#), the Health Stigma and Discrimination Framework developed by ([Stangl et al., 2019](#)), and the help-seeking theory of ([Rickwood & Thomas, 2012](#)). The results of this analysis are presented in [Table 3](#) below.

Table 3. Discussion

Research Findings	Theories Used	Conceptual Explanation/Implications
BIMAWA uses verbal and nonverbal communication in supporting students' mental health through seminars, soft skills, counseling, empathetic approaches, and providing comfortable counseling spaces.	Health Communication Theory (Liliweri, 2013)	Health communication serves not only to convey information but also to build understanding, trust, and emotional support that encourages students to be more open in expressing the problems they face.
Face-to-face communication remains the primary form of communication in students' mental health services.	Health Communication Theory (Liliweri, 2013)	The choice of face-to-face communication indicates an adjustment of communication strategies to the characteristics of students, especially for those with limited access to digital technology.
BIMAWA implements a multi-channel communication strategy through Instagram, Telegram, UAD email, WhatsApp, website, YouTube, seminars, and direct counseling services.	Health Communication Theory (Chou et al., 2013 ; Liliweri, 2013)	The use of various communication channels expands the reach of information and mental health services so that students can access services according to their media preferences.

The digital media used by BIMAWA still functions more as a means of disseminating information rather than as participatory two-way communication.	Web-based Health Promotion 2.0 (Chou et al., 2013)	The use of digital media does not fully reflect the principles of Web 2.0, which emphasizes interaction, participation, and active user involvement in health communication processes.
The health communication messages delivered by BIMAWA are educational, persuasive, and motivational.	Health Communication Theory (Liliweri, 2013)	Health messages not only increase students' knowledge about mental health but also encourage attitude and behavior changes to seek help when experiencing psychological problems.
Mental health stigma and concerns about the confidentiality of information are the main barriers to utilizing mental health services.	Health Stigma and Discrimination Framework (Stangl et al., 2019)	Stigma not only arises from social perceptions but is also related to low trust in the confidentiality of services. This condition can hinder students from accessing available psychological assistance.
The gap in digital literacy and the suboptimal involvement of students in the BIMAWA program affect access to mental health services.	Help-Seeking Theory (Chou et al., 2013; Rickwood & Thomas, 2012)	Help-seeking behavior is influenced by access to information, individual readiness, and knowledge of sources of assistance. Therefore, more inclusive and proactive communication strategies are needed so that services can reach students in need of help.

Based on Table 3, it can be concluded that BIMAWA UAD has implemented a health communication pattern that integrates verbal and nonverbal communication in supporting students' mental health. Face-to-face communication remains the primary approach as it builds a closer relationship between the facilitator and students, while also providing a safe space for students to express their issues. These findings indicate that health communication serves not only as a means of conveying information but also as an effort to build understanding, trust, and psychological support for students.

In terms of media and communication channels, BIMAWA utilizes various digital platforms such as Instagram, Telegram, email, WhatsApp, website, and YouTube, combined with face-to-face services. This multi-channel communication strategy demonstrates BIMAWA's efforts to reach students with diverse characteristics and needs. However, the use of digital media still tends to function as a means of disseminating information, so the principles of two-way communication and active user participation, as described in the web-based health promotion concept 2.0, have not yet been fully optimally implemented.

Additionally, this study found that health communication messages that are educational, persuasive, and motivational play a role in enhancing students' understanding of mental health and encouraging help-seeking behavior. Nevertheless, mental health stigma, concerns about the confidentiality of information, and gaps in digital literacy remain barriers to utilizing available services. Therefore, there is a need to strengthen more participatory communication strategies, increase trust in services, and expand access to information so that mental health services can more effectively reach students in need.

5. Conclusion

This study shows that BIMAWA Ahmad Dahlan University applies a health communication pattern that integrates verbal and nonverbal communication, multi-channel communication strategies, as well as educational, persuasive, and motivational messages in supporting students' mental health. Face-to-face communication remains the primary approach as it builds trust and emotional closeness, while digital media is used to expand the reach of information and mental health services for students.

Theoretically, this study expands the application of health communication theory proposed [Liliweri \(2013\)](#) in the context of mental health services in higher education. Research findings indicate that the effectiveness of health communication is not only determined by the delivery of health information but also by the ability of institutions to combine various communication channels, manage mental health stigma, and encourage help-seeking behavior among students. Therefore, health communication in the context of mental health needs to be understood as a process that is not only education-oriented but also focused on building trust, openness, and access to supportive services.

Practically, the results of this study highlight the importance of strengthening participatory communication through digital media, improving mental health and digital literacy among students, and ongoing stigmatization efforts in campus environments. Higher education institutions also need to strengthen the role of peer counselors and student communities as communication channels that are closer to students. This step can increase the accessibility of mental health services and encourage students to be more proactive in seeking help when facing psychological issues.

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