

School of Medicine,
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**THE IMPACT OF SOCIAL SUPPORT AND COUNSELING ON STUDENT MENTAL
HEALTH: A SYSTEMATIC REVIEW**

Master of Public Health Integrating Experience Project Professional Publication Framework

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Abstract

Background: The general wellness and education performance of students is affected by mental health issues such as stress, anxiety and depression. The two important approaches to combat these problems are counseling services and social support networks. The implementation of structured counseling and social support intervention in this systematic review evaluated their beneficial effects on improving students' mental health outcomes.

Aims: The aim of this study is to assess the impact of counseling and social services on mental health among university students. It also includes a comparison of how these treatments differ from each other and how they can complement each other to provide a more comprehensive system of mental health care.

Methods: The literature search was exhaustive in nature and conducted across a variety of databases-about research published between 2000 and between 2024. The sources include Google Scholar, PsycINFO, and PubMed. Studies reflected on the effect of counselling and social support upon stress, anxiety, and depression in college students. The quality of the included studies was determined by the Effective Public Health Practice Project (EPHPP) instrument and findings summarized narratively.

Results: The findings indicate that interventions through social support, especially for students having mild to severe mental health issues, are effective in minimizing stress, anxiety, and depression. Long-term improvements regarding serious mental health problems have been achieved through counseling programs like ACT and CBT. Merging these two therapies creates a complete mental wellness management system meeting students' need, as well as providing a long-term care plan for them.

Conclusion: Social interventions and counseling services are indispensable regarding the mental health issues of students. While social support can be acquired quickly, being offered at once and being very accessible, counseling programs should cater to students needing assistance with more serious mental concerns. Therefore, there is a need to mix various interventions into a comprehensive mental health system that addresses both the immediate and long-term needs of students. Such studies down the line might be directed towards finding ways to increase resilience, engagement, and accessibility among university students.

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Abbreviations:

ACT: Acceptance and Commitment Therapy

AUCCCD: Association of University and College Counseling Center Directors

BSI: Brief Symptom Inventory

CBGT: Cognitive Behavioral Group Therapy

CBT: Cognitive Behavioral Therapy

CCMH: Center for University Mental Health

CD-RISC: Connor-Davidson Resilience Scale

CORE-OM: Clinical Outcomes in Routine Evaluation – Outcome Measure

CSQ-8: Client Satisfaction Questionnaire

CSRS: Crowdsourcing Mental Health Session Reaction Scale

DASS-21: Depression, Anxiety, and Stress Scale

EI: Emotional Intelligence

EPHPP: Effective Public Health Practice Project

GAD-7: Generalized Anxiety Disorder 7-item scale

GCM: Growth Curve Modeling

GSES: General Self-Efficacy Scale

ICBT: Internet-Based Cognitive Behavioral Therapy

ITT: Intention-to-Treat

MASQ-D30: Mood and Anxiety Symptom Questionnaire – Depression subscale

MBSR: Mindfulness-Based Stress Reduction

MeSH: Medical Subject Headings

PDT: Psychodynamic Therapy

PHQ-9: Patient Health Questionnaire 9-item scale

PP: Per-Protocol

PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses

PROSPERO: International Prospective Register of Systematic Reviews

PSS: Perceived Stress Scale

PSS-10: Perceived Stress Scale 10-item

RCT: Randomized Controlled Trial

RS-25: Resilience Scale 25-item

SAD: Social Anxiety Disorder

SCL-90: Symptom Checklist-90

SIAS-6: Social Interaction Anxiety Scale 6-item

SKY: Sudarshan Kriya Yoga

SWEMWBS: Warwick–Edinburgh Mental Wellbeing Scale

WHO: World Health Organization

Introduction

Mental disorders are a leading public health problem because they stand among the leading causes of disability in the world's burden of disease lists (Whiteford et al., 2010). Anxiety and depressive disorders are common conditions affecting the sufferer's mood and emotional states. They change their mood, attitude, and lifestyle overall, and even the way they perceive the world and reality as such (Baxter et al., 2012; Ferrari et al., 2012). In 2015, according to the WHO, 322 million people in the world had depression, while 264 million people suffered from anxiety disorders (World Health Organization, 2017a). These findings imply that suicidal thoughts and attempts may be linked to anxiety and depression disorders because any diagnosis of poor mental health is considered a risk factor (World Health Organization, 2017b). Including suicide attempts, it is estimated that 788,000 persons died by suicide in 2015 (World Health Organization, 2017a). These figures indicate the massive global burden on mental health, especially among college students.

In an international study, 35% of 14,000 students from 19 universities across eight countries met the diagnostic criteria for at least one common mental health problem (Auerbach et al., 2016). These rates are appreciably higher than for the general population, for whom the prevalence of depression was reported as 12.9%. (Eisenberg et al., 2007; Ibrahim et al., 2012). According to Kessler et al. (2005), leaving home and settling into the pressures of higher education are major life course transitions that generally commence prior to age 24. For many students, coming to university is often a period of stress as one has to cope with social expectations, academic pressures, and the stress linked to adjustment in a current environment. These issues particularly affect freshmen because they must navigate a complex balance of social, academic, and personal demands (Lenz, 2001). The quick change in mind, emotion, and

body happens in adolescents, a period in life most critical for humans (Delisle, 2005). According to the World Health Organization (WHO), a period in life between 10 and 19 years, one creates one's independence and individuality (Delisle, 2005). Environmental factors, social needs, and biological changes make one most susceptible during this period to mental disease. Adolescent behavior and attitude have a long-term consequence for an individual's morbidity and mortality (Henriksson et al., 2017).

Adolescence is most at risk for psychological distress at this period in life, with factors including peer relations, family structures, and school-related stress. Inadequate social networks and problem-solving capabilities also predispose towards a high probability of mental disorder (Kar et al., 2015).

Consequently, mental health issues such as depression and suicidal ideation and behaviour have become common among university students in many countries. China is one such country, where prevalence estimates are reportedly lying in the range of 20-30 percent of the total college student population (Lei et al., 2016). Likewise, students in higher educational institutions in the US along with other industrialised nations show increased psychological distress. Research evidences a sharp rise in suicidal ideation, anxiety, as well as feelings of depressed among these students (Twenge et al., 2020; Auerbach et al., 2016). Moreover, the rising incidences of student suicide make treatment of mental disorders a must. In the UK, the rates of suicide increased by 15% since the 2009–10 academic year, from 3 per 100,000 in the 2000–01 academic year to 4.7 per 100,000 in 2016 (Gunnell et al., 2020). Adolescents who don't comply with such requirements have a high propensity to develop unhealthy habits including cigarette consumption, alcohol intake, aggressiveness, and unhealthy diets (Özdemir et al., 2016). They will have a high propensity to develop mental complications including anxiety and

depression (Bernaras et al., 2019). Identification of such relations is significant in that they can shape adolescents' life paths in both positive and negative directions (Sawyer et al., 2018).

The psychological stressors among students significantly influence not only the general condition of students but also the academic performances of the students themselves. For instance, some studies show that adolescents having mental health problems are those who perform poorly and eventually drop out of school (Hysenbegasi et al., 2005). Furthermore, it has been documented that the number of pupils leaving school due to poor mental fitness increased by 210% lately (Hubble & Bolton, 2020). Mental health disorders contribute negatively to academic success through increase in stress, loneliness, and failure. These findings vividly prove that mental health ailments affect not only the learners' lives but also the actual academic performance-as for sure, untreated mental illness will decrease students' learning competence and working potential.

Mental disorders affect everyone regardless of cultures, demographics, and/or socioeconomic statuses, and therefore, it is most important to monitor mental wellness (Edwards et al., 2016). Teenagers with mental ailments not only have a direct impact in one's life, but in family and carers' lives, as well. Having a teenager with a mental disorder is most stressful and exhausting for family members. Peer groups, family, and society in general suffer at a loss with these expenses, and these can be financial, psychological, and even physical (Souza et al., 2017). In an attempt to avert future mental and physical ailments, one of the most important concerns for communities worldwide is offering mental wellness and care for adolescents.

2 Interventions: Counseling Services and Social Support

The necessity to improve students' wellness calls for such initiatives due to the prevalence of mental health problems that do have a significant impact on students across universities

worldwide. Amongst the significant therapies to prove successful in the management of mental health difficulties are counseling services and social support networks. These are very necessary therapies in the provision of immediate support promotion towards long-term healing that will help in the improvement of general mental health.

2.1 University Counseling Services: A Key Intervention

Counseling services offered by universities are a valuable resource for students dealing with emotional and psychological issues. By offering both preventative care and psychological assistance, these services aim to assist students in managing personal issues, academic expectations, and the stress of growing up. By offering prompt intervention when students are dealing with stress and persistent psychological issues, they help to prevent the onset of mental health diseases (Eisenberg et al., 2013; Hunt & Eisenberg, 2010).

Many universities in the world, especially those in the US, Canada, and Europe, have set up counseling centers that provide group and individual therapies, as well as workshops, on the aspects of mental health (Kim et al., 2016). The counseling centers offer a confidential safe place where students can share their concerns and seek professional advice. Cognitive behavioral treatment (CBT) and psychodynamic therapy (PDT), which had evidence of efficacy for the most prevalent mental health disorders of stress, anxiety, and depression, were the most frequently delivered treatment modalities in university counseling services (Cuijpers et al., 2015; Baskin et al., 2010).

Furthermore, early adulthood is most susceptible to mental illness, and 31% of first-year university students have a mental illness in one year, and 35% have a positive screen for one mental illness in a lifetime, according to current studies (Auerbach et al., 2018). Besides, studies have revealed 22.3% of college students have a history of suicidal ideation. According to Mortier

et al. (2017), such statistics reveal the value of university mental health service in delivering care on an immediate basis.

However, it is increasingly clear that a growing divide between demand for mental health care and availability of counseling services is emerging (Prince, 2015; Oswald et al., 2018). National college counseling center surveys report a growing number of students with severe mental illness and emotional distress in need of more intensive psychological interventions (Gallagher, 2011, 2014). In response, many have hired additional counselors, extended crisis intervention, and incorporated web-based mental health screenings to identify students under stress (Gallagher, 2014). Despite such additions, demand outpaces availability, and long wait lists and delayed access to care have followed.

Even as counseling services have been proved effective, several challenges still hamper its wide application. One major challenge is the growing demand for mental health services that in most cases outpaces the capacity of the counseling facilities. Counseling centers face staff shortages, wait lists, and underfunded programs as more students come for help (Benton et al., 2004). This can make it even harder for students to get the care that will help them and may make their mental health issues worse.

In addition to long waits, increasingly, students require immediate crisis intervention. There have been an increased number of college students with heightened hospitalization, suicide attempts, and admissions for a crisis, according to both the Association of University and College Counseling Center Directors (AUCCCD) and the Center for University Mental Health (CCMH) (Center for Collegiate Mental Health, 2018, 2019). There has been a 590% increase in admissions for a crisis at some universities since 2011 and a 367% increase in psychiatric emergency room transports since 2014 (Adelphi University Student Counseling Center, 2020).

Counseling centers have become psychiatric emergency clinics, taking routine therapy and acute psychiatry cases, overburdening overworked staff (Kafka, 2019).

Limited awareness and access to mental care is a problem in and of itself. In studies, many college students have little awareness about, and no knowledge of, such care (Cuijpers et al., 2021). In addition, mental care continues to face a big hurdle in terms of its social stigma. Fear of being judged, and considered weak, keeps students away from professionals (Bird et al., 2020). Consequently, mental care centers that are accessible to them don't see a considerable proportion of students with depression, anxiety, and other mental illnesses (Bruffaerts et al., 2017).

Along with this, increased demand for crisis intervention has disrupted routine therapy sessions, with cancelled sessions and waits for students in ongoing therapy (Coulter et al., 2003; Locke et al., 2016; Pinder-Amaker et al., 2012). Burnout, emotional exhaustion, and compassion fatigue have even been experienced in mental health professionals in university settings with excessive workloads in dealing with high-risk cases (Hardy et al., 2011; Randall et al., 1989). Apart from that, universities have mounting pressure from society and the press to prevent violent outbursts and student suicides. As a result, students have started requesting that counseling centers function not only for treatment but also as a risk management center (Kafka, 2019; Monahan et al., 2011).

Moreover, the academic environment itself puts a stigma on mental issues that acts as a stumbling block to students getting the much-needed help. Many of them are afraid to show up and think it makes them appear lower in status both socially and academically, as Eisenberg et al. 2007 explains. These challenges outline the need for the extension of both the scope and the strategies of university mental health interventions and result in underutilization of the existing

services. Digital mental therapies have increasingly been adopted in universities to address such concerns. Those students who would not have access to traditional face-to-face care for mental well-being have been effective in using mobile health programs, web therapy, and virtual therapy sessions (Lattie et al., 2019; Oliveira et al., 2021). Those students with concerns regarding privacy, geographical location, and long waits will benefit immensely with such interventions. Because they can be contacted, can be delivered at a low cost, and can be scaled, university mental wellness programs can reach a larger group through mental health technology. Additionally, research identifies certain groups of students at heightened vulnerability for mental health crises. For example, students with a mental disorder history, students who use psychotropics, and students with a suicidal ideation history have a high chance of requiring an intervention in a state of crisis, such as medical institution transportation and admission to a clinic for psychiatry (Mitchell et al., 2013). On the other hand, international students have been found to have a high chance of accessing mental care during a state of crisis compared to domestic students but a low chance of accessing general university guidance (Hyun et al., 2007; Mori, 2000). Identification of high-risk students can allow universities to implement specific preventive programs that can avert interventions in a state of crisis. Despite these challenges, it is well documented that university counseling services are effective in promoting students' well-being. It has been evidenced that counseling therapies improve the mental health of individuals, reduce levels of stress among students, and improve their general well-being (Monti et al., 2013; Baskin et al., 2010). Good counseling can benefit young ones in solving mental health concerns that lower academic performance and focus, along with academic success.

2.2 Social Support: Effective Intervention for Student Mental Health

Social support is important in solving mental health challenges faced by university students because it positively impacts university students' psychological, emotional, and intellectual welfare. According to Awang et al. (2014), perceived social support from friends and family can enhance emotional stability and general academic performance. Moreover, Emadpour et al. (2015) showed that such support increases academic motivation and psychological well-being, explaining 13% of the variance in motivational level. Rees and Freeman (2009) emphasized the benefits of social support in decreasing stress and added that social support can promote well-being through positive influences on self-efficacy and self-esteem since social support increases self-efficacy and thus improves performance under pressure.

Facilitating wellbeing and academic achievement, social support, both familial and friendly, and academic community can have a direct impact in students' academic lives (Brailovskaia et al., 2017; Maymon et al., 2019; McCoy et al., 2014). On the other hand, even when, in its presence, school life, stress is a part, it can have a negative bearing on mental wellbeing, wellbeing, and academic performance (Wu et al., 2021; Berwick & Finkelstein, 2010; Conley et al., 2018; Poots & Cassidy, 2020). Reduced stress and a heightened capacity for managing stresses have been consistently linked with heightened social support (Jun et al., 2018; Yildirim et al., 2017).

Resilience is also partially determined through social networks of support, specifically in transition between emerging and traditional age, and high social connectivity has been proven to produce a feeling of belonging, to counteract feelings of loneliness, and both practically and emotionally to support an individual during times of stress, all contributing positively to mental wellbeing (Cai et al., 2017; Kong et al., 2015). They can overcome obstacles in interpersonal relations, work-related issues, and academic achievement when a supportive social infrastructure is in place (Bilgin & Taş, 2018; Zhou & Lin, 2016). Besides, those with a larger social circle

report being psychologically healthy, happy, and less stressed and less depressed (Guo et al., 2018).

The theory that social support is a critical external variable for reducing academic consequences of stress has been recently confirmed through longitudinal studies. Perceived social support positively impacts resilience, and in return, it promotes strengthening of coping and mental state (Eisman et al., 2015; Koelmel et al., 2016). There is a two-way relationship between social support and a healthy mental state, and happy persons have a high probability of developing and sustaining strong social networks (Vaingankar et al., 2018). To promote students' welfare, such studies present the necessity for developing university programs that promote peer mentoring, social integration, and faculty mentoring (Danielsen et al., 2009; Siddall et al., 2013). On the other hand, poor perceived social support levels may lead to serious mental health issues such as stress, anxiety, and depression. This is evidenced in the writings of Jibeen (2015) and Wang et al. (2014), poor perceived social support levels may lead to serious mental health issues such as stress, anxiety, and depression. Further, Cohen and Wills (1985) categorized social support into four types, including informational, which pertains to direction and advice; practical, which involves the provision of tangible assistance; emotional, which covers empathy and concern; and comradely, which is the act of working together. Each one plays a different role in the process of stress mitigation and resilience development. Among college students away from home, peer support is particularly supportive and often more influential than family support (Bernardon et al., 2011). Peer groups, according to Mead et al. (2001), foster mutual understanding and trust and can assist students in managing social and academic challenges more skillfully.

For instance, Ramsey, Jones, and Barker (2007) reported that a supportive environment reduced the psychological effects of stress and improved academic performance, thus demonstrating that the beneficial effects of social support extend to influence academic performance beyond mental health. Getting support also gives the student pride, which is a necessary element toward helping build resiliency and achievement in higher education. Combined, these results evidence that the incorporation of social support programs onto the campus can play an integral role, and one which completes existing offerings and mental health resources for campus students.

Aim

The purpose of this systematic review is therefore to assess how effectively peer support and counseling services may improve the mental health outcomes of university students on stress, anxiety, and depression. Additionally, this analysis looks at how these interventions complement each other in addressing mental health problems and the way of doing so can improve the overall efficacy of student mental health support systems.

3 Methods

3.1 Protocol and Registration

This present systematic review followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines (Page et al., 2021), and this review procedure can be found in the database PROSPERO publicly available through <https://www.crd.york.ac.uk/PROSPERO/> , with registered number CRD42024607061 in PROSPERO.

3.2 Information Sources

Searches of major relevant electronic databases, including Google Scholar, PsycINFO, and PubMed, were conducted to retrieve published papers. These databases had been selected in order to ensure broad coverage of the literature on peer support and counseling services and the resultant university student mental health outcomes. The review will focus on studies published between 2000 and 2024 to get the most recent data on these therapies. Key search phrases, including "social support," "peer support," "counselling services," and "mental health outcomes," along with associated MeSH terms, were incorporated into a comprehensive search strategy. The search phrases used were adapted to each database to return the maximum results of the query. Full-text screening and citation chaining in reverse were also followed to ensure the inclusion of every relevant study. Reference lists of earlier reviews were also examined for further studies.

Table 1 depicts the complete PsycINFO, Google Scholar and PubMed search strategy.

Table 1: Search Strategy for Social Support and Counseling Services Interventions

Intervention	Database	Search Terms
Social Support	PubMed	("Social Support"[MeSH] OR "Peer Support"[MeSH] OR "Family Support"[MeSH] OR ("Students"[MeSH] AND "University Students") AND ("Mental Health"[MeSH] OR "Stress" OR "Resilience"))
	PsycINFO	("Social Support" OR "Peer Support" OR "Family Support" OR "Emotional Support" AND ("University Students" AND "Mental Health" OR "Stress" OR "Resilience"))
	Google Scholar	1. "Social Support" "University Students" "Mental Health"; 2. "Peer Support" "Psychological Distress" "University Students"; 3. "Family Support" "University Students" "Emotional Well-being"
Counseling Services	PubMed	("Counseling"[MeSH] OR "Mental Health Services"[MeSH] OR "Therapy" AND ("Students"[MeSH] OR "University Students") AND ("Mental Health"[MeSH] OR "Stress" OR "Resilience"))
	PsycINFO	("Counseling" OR "Mental Health Services" OR "Therapy" AND ("University Students" AND "Mental Health" OR "Stress" OR "Resilience"))
	Google Scholar	1. "Counseling Services" "University Students" "Mental Health"; 2. "Mental Health Services" "Psychological Distress" "University Students"; 3. "Therapy" "University Students" "Emotional Well-being"

3.3 Eligibility Criteria

For studies to be eligible for this review, they had to meet several key criteria. In order for a proper examination of the impact of either counseling services or social support on the mental health of college students, the research study must take the form of either a quantitative or qualitative study. The target population consisted of college students from any country aged between 17 and 65 years and targeted mental health outcomes related to stress, anxiety, depression, and emotional wellbeing. It aimed at examining various therapies that included the aspects of social support-peer or family support-or some sort of counseling services, whether it be online counseling or in one-on-one or group therapies. Examples of research designs include RCTs, observational studies, quasi-experimental studies, and qualitative studies. Only relevant, English language, peer-review articles were included. This excludes conference abstracts, editor letters, and gray literature. The works and studies have actually been done with evidence of a release date or publication date, starting from 2000 through 2024.

3.4 Data Extraction

Data extraction is done by the lead reviewer using a standard form developed for this systematic review. The data extraction form implemented in Google Sheets to offer ease of data management and manipulation. Extracted data includes authors of the study, year of publication, objectives, design, and characteristics of the population. Other information includes sample size, description of participants' background, the type of intervention, whether counseling or social support, duration of the intervention, and mode of delivery. The presentation of mental health outcomes measured by including symptomatology of depression, anxiety, and stress. Where possible, the effect size and confidence ranges for findings presented. These data extracted independently by the lead investigator and verified by one supervisor to ensure accuracy and

homogeneity. Direct comparison among the extracted data is unnecessary since this is a single investigator process; however, at the peer review stage, the accuracy and completeness of the data checked twice.

3.5 Quality Appraisal

The quality of the included studies was assessed using the Effective Public Health Practice Project (EPHPP) quality evaluation tool. The tool considers six key components: selection bias, study design, pertinent factors, data collection techniques, blinding, and withdrawal or attrition. Each of these domains receives a judgment of "strong," "moderate," or "weak" in quality. Indeed, EPHPP elaborates on an in-depth, consistent review across different study designs. Where the nature or type of study design or design variation is inconsistent, as the review at hand intends, the tool will be put to use consistently and constantly, as nature would have it. Discussion will be used to resolve any disagreements in the reviewers' quality assessment to come up with an agreed final quality assessment for each study.

3.6 Synthesis of Results

Due to diversity between the studies, a narrative synthesis was undertaken following Popay et al. (2006). Studies were classified according to intervention type (social support or counselling services) as well as student characteristics, delivery mode, and mental health outcomes (stress, anxiety, and depression). A table was created to summarize designs and effect sizes. Patterns of effectiveness were contrasted between those based on mindfulness and forms of organized therapy such as CBT or ACT and peer-led informal social support. These results were put together into a text narrative, incorporating descriptive data regarding the relative

effectiveness of the interventions.

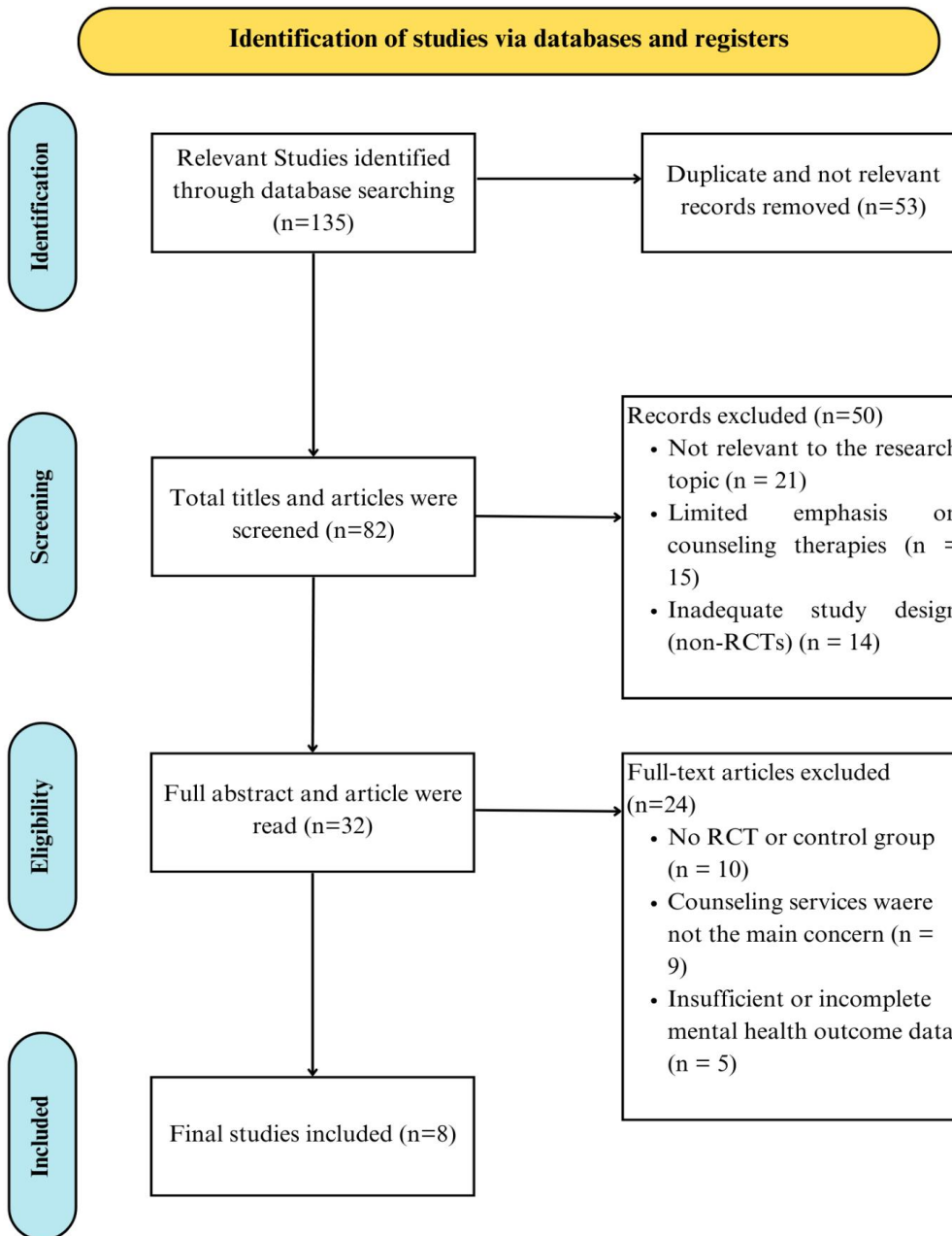


Figure 1. PRISMA flow diagram for Social Support Interventions (Page et al., 2021).

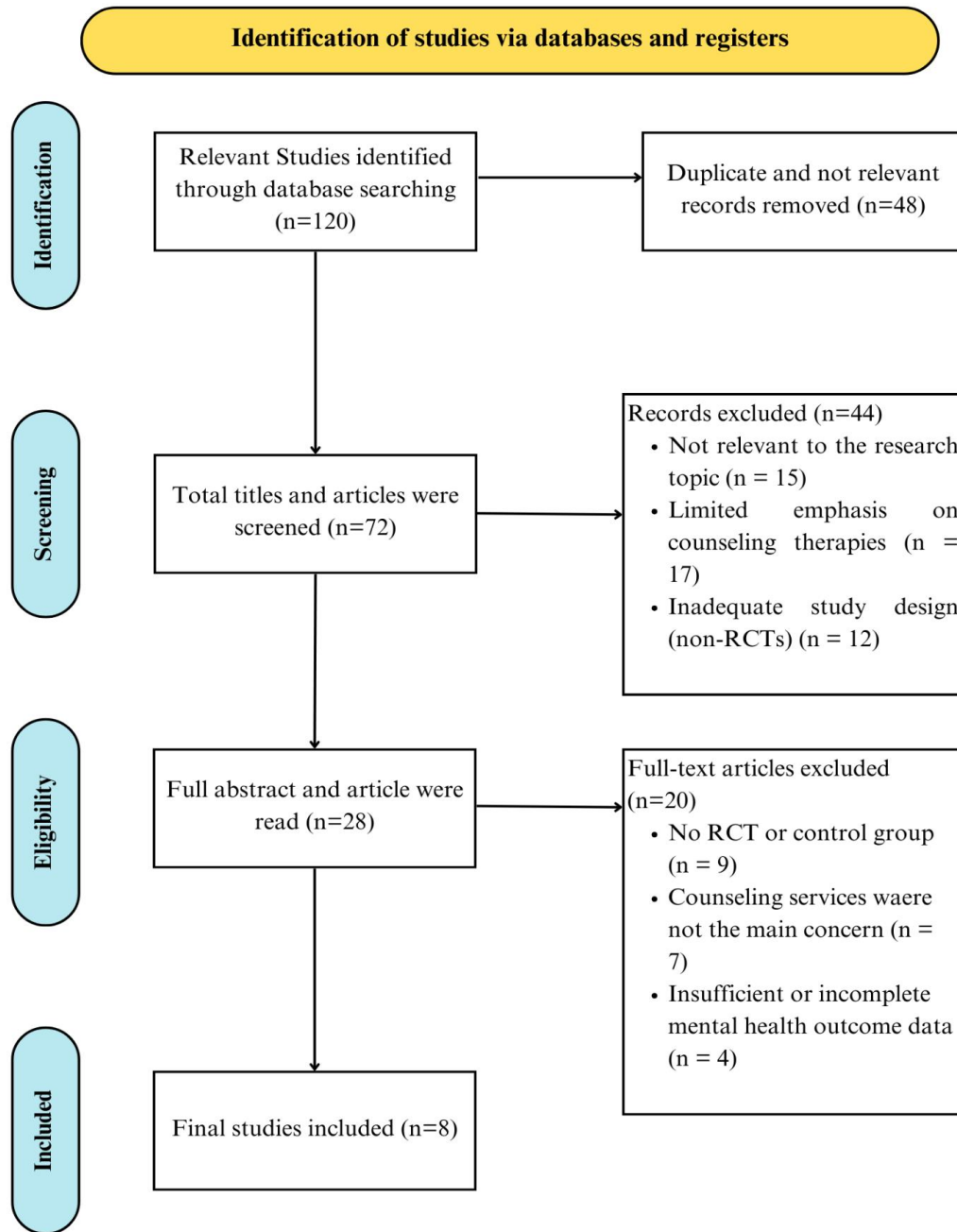


Figure 2. PRISMA flow diagram for Counseling Services Interventions (Page et al., 2021).

4 Results

Randomized controlled trials and quasi-experiments were included in a systematic review of the literature for the purpose of examining the impact of social support and counseling on mental health issues among university students.

4.1 Study Selection Process & Participant Data

4.2 Social Support Interventions

135 records of social support intervention were found in the initial search. 82 records were left for title and abstract screening after removing duplicates (53). 50 records were excluded after screening for lacking a focus on social support treatments, poor study design (non-RCTs), or being irrelevant.

For evaluation, the remaining 32 full-text papers were obtained. 24 of these articles were excluded based on the reasons cited below:

- Not being an RCT or lacking a control group (n = 10).
- Not prioritizing social support interventions with most attention (n = 9)
- Incomplete or missing reports of mental health outcomes (n = 5)

Finally, the overall analysis of social support interventions included eight studies. The PRISMA intervention flow chart (Figure 1) illustrates this process.

Quality Assessment of Included Studies

The methodological quality of the included studies was assessed using the Effective Public Health Practice Project (EPHPP) tool. The studies were assessed on a total of six items; these included: blinding, data collection techniques, confounders, research design, attrition and

withdrawal, and selection bias. Each of the studies was assigned a score of strong, moderate, or weak based on these criteria.

Of the eight social support intervention studies trials, two were rated as strong, five were rated moderate, and one weak. Strong investigations in the well randomized RCTs had confirmed good retention rates within the strong investigations (Grégoire, 2022; Bernecker et al., 2020). The moderate studies were found to have retention and blinding difficulties (Nozawa, 2019; Klimczak, 2022; Bastien, 2022; Ekore et al., 2016; Bautista, 2022). One study was rated weak to moderate due to high attrition, lack of blinding, and inadequate control of confounders (Byrom, 2018).

Study Characteristics and Participant Data (Social Support Interventions)

A total of 1,057 participants were involved in eight social support intervention studies. Most of the participants were undergraduates, with 67.4% being female and 96.8% undergraduate university students.

The mean age of the participants was 22.6 years (mean = 3.02), with ages ranging from 18 to 54 years. There were various mental health challenges frequently discussed by the participants in the studies. The most frequently discussed challenges included stress, anxiety, depression, and low self-efficacy. Coping difficulties, resilience, and emotional distress were also assessed in some studies.

Additional features of the studies on social support intervention research are presented in Table 2.

Table 2: Key Characteristics of Included Studies (Social Support Interventions)

#	Author(s), Year, Country	Study Design	N	Age Range	Mental Health Outcome / Inclusion Criteria	Sources of Support Discussed	Outcome Measure Tools	Key Findings
1	Bautista et al., 2022, USA	RCT	35	19–24	Social anxiety	Peer-supported ICBT for social anxiety	SIAS-6 (Social Anxiety reduction)	Significant reduction in social anxiety
2	Nozawa et al., 2019, Japan	RCT	23	21–23	Self-efficacy improvement	Peer counseling for mental health in young people	General Self-Efficacy Scale (GSES)	Improved self-efficacy post-intervention
3	Bastien et al., 2022, Canada	RCT	217	18–29	Mental health resilience and stress management	Peer support mental health service providers	Resilience Scale (RS-25), Perceived Stress Scale (PSS)	Improved mental resilience, stress
4	Klimczak et al., 2022, USA	RCT	230	18–35	Psychological distress, anxiety, stress	Peer-support coaching for adherence to online self-help	DASS-21, psychological program satisfaction	Significant improvement in distress, more modules completed
5	Grégoire et al., 2022, Canada	RCT	107	17–54	Anxiety reduction	Online peer support intervention	DASS-21 (Anxiety), ACT program satisfaction	Significant reduction in anxiety
6	Bernecker et al., 2020, USA	RCT	60	18–62	Web-based peer counseling course	Peer-support training, mental health awareness	CSRS Task Reactions, BSL, PSS-10, Crowdsourcing Mental Health Session Reaction Scale (CSRS)	Significant increase in counseling adherence, perceived session helpfulness
7	Byrom, 2018, UK	RCT	65	18–25	Depression, anxiety, and mental well-being	Peer support for depression and anxiety	Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)	Significant improvement in mental well-being
8	Ekore et al., 2016, Nigeria	Quasi-Experimental (Pretest-Posttest Study)	20	16–30	Mental health peer counseling training for undergraduate students	Peer-support training, mental health awareness	Pretest-Posttest Knowledge Scores (WHO-QoLQoB ^a)	Significant improvement in mental health knowledge

4.3 Counseling Services Interventions

120 records of counselling services interventions were found in the initial search. 72 records were left for title and abstract screening after removing 48 duplicates. 44 records were excluded after screening because they were irrelevant, lacked sufficient focus on counselling therapies, or were poorly designed (not RCTs).

We collected the most recent 28 full-text papers for further close analysis. Twenty papers were excluded due to the following reasons:

- No RCT or control group (n = 9)

- Counselling therapies were not the main concern (n = 7).
- Offers false or incomplete information on mental health effects (n = 4).

Finally, the analysis of counselling services interventions included eight studies. The process described in the PRISMA flow chart for counselling services interventions is shown in Figure 2.

Quality Assessment of Included Studies

Research quality for counseling services was measured with the EPHPP, Evaluative Public Health Practice Project. Changes to the selection, research, processes such as design and blinding, confounding factors, data gathering, and even dropout rates constituted the understory of these evaluations.

Moderate rating was awarded to five of the eight included trials, one was rated weak and the others strong. The strongest ratings were given to Grégoire et al. (2017) and Seppälä et al. (2020) because of their well-executed RCTs with blinding and verified outcomes. Moderate but well executed (Bernhardsdóttir, 2013; Vescovelli, 2017; Räsänen, 2016; Viskovich & Pakenham, 2019; Houston, 2016) had shortcomings in blinding and control of confounding variables. A failing rating was given to the Almahaireh (2018) trial due to its quasi-experimental design not incorporating randomization or headroom for generalization.

Study Characteristics and Participant Data

Data on 1,843 participants were gathered from the eight counseling services intervention trials that were included. The majority of the participants were students, with 95.4% being undergraduates and 71.2% being female.

The students' average age was 23.1 years (mean = 3.15), with an age range of 17 to 65 years.

Students routinely reported a range of mental health issues in these studies. The most frequent

issues were coping issues, stress, anxiety, and depression. Some studies also measured self-compassion, mindfulness, and emotional well-being as secondary outcomes.

Additional features of the counseling services intervention studies are given in Table 3.

Table 3: Key Characteristics of Included Studies (Counseling Interventions)

#	Author(s), Year, Country	Study Design	N	Age Range	Mental Health Outcome / Inclusion Criteria	Intervention	Outcome Measure Tools	Key Findings
1	Houston et al., 2016, USA	RCT	129	18–23	Stress, anxiety, depression, coping, resilience	Resilience and Coping Intervention (RCI)	Connor-Davidson Resilience Scale (CD-RISC), Brief COPE, Hope Scale, Stress and Anxiety Measures	Improved resilience and coping skills, reduced stress and anxiety
2	Bernhardsdottir et al., 2013, Iceland	Quasi-experimental	30	18–24	Depression, anxiety symptoms	Cognitive Behavioral Group Therapy (CBGT)	SCL-90 Depression & Anxiety subscales	Significant reduction in depression and anxiety symptoms
3	Seppälä et al., 2020, USA	RCT	131	18–25	Depression, stress, well-being, mindfulness, positive affect, social connectedness	SKY Campus Happiness, Emotional Intelligence (EI), MBSR	Perceived Stress Scale (PSS-10), MASQ-D30, Life Satisfaction Scale	SKY program had the strongest impact on reducing stress, depression, and improving social connectedness
4	Vescovelli et al., 2017, Italy	RCT	149	19–37	Psychological distress (stress, anxiety, depression)	CBT, Psychodynamic Therapy (PDT)	Clinical Outcomes in Routine Evaluation (CORE-OM)	Both CBT and PDT significantly reduced psychological distress
5	Räsänen et al., 2016, Finland	RCT	68	19–32	Stress, anxiety, depression, life satisfaction, mindfulness	Online ACT (Student Compass)	DASS-21, Life Satisfaction Scale, Mindfulness Scale	Online ACT reduced depression and stress, improved mindfulness and life satisfaction
6	Viskovich & Pakenham, 2019, Australia	RCT	1,162	18–65	Depression, anxiety, stress, well-being, life satisfaction, academic performance	Web-based ACT (YOLO Program)	DASS-21, Satisfaction with Life Scale, Self-compassion Scale	Improved well-being, life satisfaction, and academic performance
7	Grégoire et al., 2017, Canada	RCT	144	18–32	Stress, anxiety, depression, school engagement	ACT workshops (KORSA Program)	Acceptance and Action Questionnaire (AAQ), DASS-21, School Engagement Scale	ACT workshops improved school engagement and psychological flexibility
8	Almahaireh et al., 2018, Jordan	Quasi-experimental	30	17–19	Stress, psychological distress, resilience	Preventive Counseling Program for Psychological Hardiness	Psychological Hardiness Scale, Stress Scale, Resilience Scale	Increased psychological hardiness and resilience, reduced stress

This narrative synthesis explores the findings from multiple studies evaluating the effectiveness of social support interventions on mental health outcomes in university students.

The analysis integrates studies utilizing structured peer support programs, digital platforms, and structured counseling interventions. Adhering to the framework proposed by Popay et al. (2006) for narrative synthesis, key elements such as student type, mental health status, social support types, and intervention designs were categorized. The key characteristics of the included studies for both social support and counseling interventions are summarized in Table 2 and Table 3.

Impact of Social Support Interventions on Student Mental Health

The research assessed to what degree varied forms of social support interventions were effective in addressing mental health problems. They consisted of internet-based cognitive behavior therapy (ICBT), peer-led programs, and structured counseling services. All of these therapies demonstrated consistent improvement in students' mental health in terms of lower stress, anxiety, and depression, and overall better well-being.

Peer-Supported Internet-Based Cognitive Behavioral Therapy (ICBT)

Bautista et al. (2022) conducted a randomized control trial to assess whether or not peer-assisted Internet-Based cognitive behavior therapy (ICBT) is effective in college students with social anxiety disorder (SAD). Students were assigned a peer coach in treatment to provide added support for six weeks of ICBT to improve engagement and outcomes.

Students in treatment who received ICBT with a peer coach demonstrated statistically significant social anxiety symptom reduction compared to a wait-list control condition. More specifically, the therapy group demonstrated a faster rate of social anxiety reduction on the Social Interaction Anxiety Scale-6 (SIAS-6). The therapy group's mean SIAS-6 score dropped dramatically to 7.5 at six weeks ($SD = 3.78$) from 12.4 pretreatment ($SD = 4.65$). By contrast,

waitlist group scores, 11.4 (SD = 5.00) pretreatment and 10.92 (SD = 5.15) at six weeks after waitlist, changed scarcely at all.

Growth curve modeling (GCM) was used and revealed a statistically significant social anxiety trajectory between groups across time. Social anxiety in participants reduced significantly in the treatment condition as opposed to waitlist condition (unadjusted coefficient = -1.54, $p = 0.001$).

Model fit overall supported this finding; p -value between treatment and control groups was 0.004, which reflects a large treatment effect.

Consistent with this research, the intervention increased customer satisfaction and symptom reduction. Treatment participants scored a mean of 25.60 (SD = 3.94) on the Client Satisfaction Questionnaire (CSQ-8), which is approximately in line with levels reported in typical face-to-face therapy. The intervention's effectiveness and efficiency were borne out in participants reporting increased confidence to refer others to undergo it. This came to our attention this week via a report in one of our favorite resources for news, Science Daily, and it adds to the growing evidence that online therapies with peer support, specifically, can be very helpful in reducing social anxiety in college students. It further provides statistical evidence that even in online ICBT with peer support can substantially reduce anxiety symptoms while maintaining high levels of satisfaction and engagement.

Nozawa et al. (2019) described the positive effects of peer counseling interventions on mental health outcomes in their randomized clinical trial. The intervention group demonstrated significant gains in self-efficacy ($F [2,42] = 3.750, p = 0.033$) along with increased confidence to manage stress and personal issues. Moreover, the study found a significant decrease in anger-hostility scores ($F [2,42] = 4.692, p = 0.015$), which indicates that organized peer support can improve emotional control. Unfortunately, these improvements were fleeting, as listening and

self-efficacy scores returned to baseline within one week. This suggests that follow-up or continuation sessions may be necessary to achieve sustained long-term benefits. Despite the brevity of the intervention, participants rated it highly, averaging 4.5 out of 5 for the self-reported usefulness and ease of understanding. This proved the effectiveness and practicability of structured peer counseling as a student aid system.

Peer Support Coaching for Digital Mental Health Programs

Klimczak (2022) investigated in a randomized control trial whether or not peer support coaching could affect adherence to online mental health self-help programs. Peer support coaching was used to improve the rate of completing an online self-help Acceptance and Commitment Therapy (ACT) program. Three groups were formed: one for text coaching on a weekly basis, one for telephone coaching on a weekly basis, and one for a control condition with no further support. Completion rate for modules in the ACT Guide was the primary outcome, and psychological distress, mental health gains, and psychological flexibility were the secondary measures.

The telephone-coaching group had the highest level of engagement, and text-coaching participants completed a far larger number of modules than control participants, according to findings. Specifically, participants who were text-coached completed a mean of 5.7 modules, and participants who were telephone-coached completed a mean of 7.1 modules ($M = 7.1$, $SD = 4.9$). Control participants completed a mean of 1.6 modules ($M = 1.6$, $SD = 3.3$). According to these findings, peer support—most notably phone-coaching—can greatly increase engagement in online mental health interventions.

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Furthermore, Bernecker et al. (2020) provided strong evidence for the efficacy of nonprofessional peer support in improving mental health through a scalable web-based intervention. In a randomized controlled trial, participants who completed a structured peer counseling training course demonstrated increased adherence to counseling guidelines and reported significantly higher stress relief ($d = 1.1$). Additionally, those who received training improved in their use of therapeutic skills, including active listening and reflective responses ($ds = 0.8 - 1.6$).

Also, Bernecker et al. (2020) had shown the effectiveness of peer assistance by non-professionals in promoting well-being through an online integrated intervention. The participants in a guided peer counseling course had greater stress reduction and greater adherence to counseling guidance ($d = 1.1$) in a randomized trial. In addition, students' frequencies of using therapeutic techniques such as reflective listening and active listening increased ($ds = 0.8-1.6$).

In addition, the study found that trained peer counselors who raised the frequency of beneficial counseling behaviors like open-ended questioning and talkative commentary simultaneously showed a marked decrease in overall speaking time. These shifts indicate that the intervention increased peers' ability to engage in supportive conversations while also enabling them to assist one another more effectively. While the intervention improved counseling skills, it did not necessarily enhance the quality of relations among peers as there were no statistically significant

increases in reported closeness or peer support scores ($d = 0.3$). This shows the importance of structured peer support interventions for improving students' emotional and physical health, especially when delivered online.

Online Peer Support Programs Based on ACT

Numerous studies have established that interventions with peer support enhance college students' mental health and more so when combined with acceptance and commitment therapy (ACT). Bautista et al. (2022) in a randomized control trial explored whether an internet-based cognitive behavior treatment (ICBT) software for social anxiety disorder (SAD) was effective in students who were given peer support. The study included 35 undergraduate students who participated in the six-week ICBT program, which involved additional, weekly sessions with peer mentors. Results showed a notable reduction in social anxiety symptoms ($\beta = -1.96$, $SE = 0.63$, $p = .004$). In addition, 95% found the program useful and 95% said they would recommend other people to do it, and the intervention was well retained (83%). These results indicate the advantages of using a combination of peer support and digital cognitive behavior therapy in combating mental illness like social anxiety.

Similar to this, Grégoire et al (2022) initiated a peer support scheme based on ACT for the purposes of managing stress, psychological inflexibility, and anxiety. Findings from a randomized control trial indicated that participants from the peers' program reported lower levels of psychological inflexibility and higher levels of well-being and psychological flexibility. The peer support approach applied in this trial was notably effective in decreasing psychological stress. Such results replicate those of Bautista et al. (2022), who proved peer support to improve mental health. The worth of peer support in internet-based mental health interventions was then investigated by Klimczak (2022) with emphasis on a telephone coaching method to increase

uptake in internet-based self-help programs. Those who received peer support exhibited remarkably greater self-help module completion ($M = 7.1$, $SD = 4.9$) than those who did not ($M = 1.6$, $SD = 3.3$, $p = .001$). Furthermore, other than demonstrating improved psychological flexibility, participants who were coached also demonstrated increased engagement. This shows just how much peer support is needed to enhance participation levels in online mental health interventions.

All of this research proves that ACT-based online peer support programs can significantly improve the mental health of college students with specific regard to stress, anxiety, and depressive symptoms. These results outline how certain peer support programs positively improve the mental health of students from different universities, proving the universality of these programs. Support provided by peers is known to be most effective when accompanied by formal psychological support, such as ACT, which is a reasonable and practical solution to mental health issues on college campuses. One new consideration for broadening the effectiveness of peer support in digital mental health therapies is the provision by program participants of support, encouragement, and assistance for completion of the online modules.

Comparison of Structured Peer Support Programs vs. Informal Support Networks

For informal support networks, the results emphasize the necessity of supervision. With formally established peer support programs, plans must be drafted regarding how the diagnosis compares with the peer support system. All the studies focus on the comparison between informal support networks and formally established networks. Byrom (2018) evaluated a peer support program that aimed at improving mood and well-being using a skills-based structured model throughout six sessions with mild depressed students. Results showed that students' mental health had greatly improved following their attendance of two sessions ($p < 0.01$, $d = 0.66$). The major

hurdle, though, is the low completion rate of 34%. This suggests that although programs of support that are structured can help, student engagement indeed poses a challenge particularly for poor students who are more susceptible to withdrawing. Byrom's studies must encourage the design of forms that yield constant participation.

Bastien et al. (2022), instead, differed between peer resilience programs and video-module professional-led programs. Although both methods resulted in almost equal enhancements in well-being, the participants' means in both groups were not significantly different. This means that the interventions carried out by peers may work as well as those carried out by specialists. Based on the results of this study, peer assistance may prove to be a cost-effective and efficient resource for mental health services at the university level. The findings also suggest that it is the planning and implementation of the program that matters more than who the intervening facilitator is.

Impact of Counseling and Therapeutic Interventions on Student Mental Health

Face-to-Face Counseling (Individual and Group):

It has been shown that the counseling strategies are helpful in reducing the stress, anxiety, and depression levels of university students. Their therapy includes individual counseling and group therapist-led sessions. For example, Bernhardsdottir et al. (2013) evaluated a four-session cognitive behavioral group therapy (CBGT) program for adolescents in mild to moderate distress. Even though the program was short, the amount of anxiety and depression reported by participants improved significantly compared with the control group who became worse during that time. After the intervention, the mean baseline depression scores of the treatment group dropped from 12.26 (SD = 9.07) to 6.95 (SD=7.94) ($F = 9.646$, $p = 0.004$). Also, the level of

anxiety reported also improved greatly signifying the success of the organized therapy. This highlights the importance of structured, short-term therapy during times of stress such as examinations or other instances where there is need for rapid alleviation of stress.

On the other hand, long-term care provides an even greater impact. Grégoire et al (2018) assessed the results of a four-week acceptance and commitment therapy (ACT) program which showed marked improvement in academic engagement and well-being, along with a remarkable reduction in stress, anxiety, or depression. Participants reported increased psychological flexibility as well as life satisfaction with moderate to large effect size ($d = 0.8$) for well-being. This study suggests that long term counseling programs have benefits by improving mental health but also supporting academic performance by increasing psychological flexibility and better emotional regulation which are vital for maintaining engagement in academic activities.

The major aim of Almahaireh's (2018) research is prevention among students who undergo psychological stress. There was a significant increase in coping strategies and psychological resilience due to a specially designed program on psychological resilience. This study suggests that the building of psychological resilience among students in college is an important intervening strategy on the health and emotional wellbeing of students.

Mindfulness and Acceptance-Based Interventions:

In relation to the acceptance and commitment therapy (ACT) approach, mindfulness-based counseling techniques tend to become more popular in counseling programs because of the focus on mindfulness and roundabout psychology. Räsänen et al. introduced a blended version of ACT called The Student Compass in which a face-to-face lecture open is followed by a five-week online course. Many domains of the outcomes were astonishingly positive; for example, effect

sizes in stress ($d = 0.54$) and depression ($d = 0.69$) showed reduction and psychological flexibility ($d = 0.46$), emotional well-being ($d = 0.65$), and mindfulness ($d = 0.49$) all registered improvement. These results were evident at a follow-up of 22 months, indicating that online ACT might serve as an effective means of increasing enduring psychological resilience among students.

This speaks the same way that Grégoire et al. (2022) looked at the results of acceptance and commitment therapy (ACT) workshops among students, focusing on the psychological flexibility, academic participation, and general well-being. The results were that, relative to the control group, children who completed the ACT program showed much stronger results.

The intention-to-treat (ITT) and per-protocol (PP) analyses showed that the treated participants had moderate effects regarding psychological flexibility with $d = 0.47$ in ITT and $d = 0.57$ in PP. This suggests that those who utilized ACT were psychologically flexible.

As for mental health, the ACT intervention was associated with marked reductions of stress, anxiety, and depression. Notably, the PSM-9-derived stress values of $d = -0.46$ (ITT) and $d = -0.52$ (PP) displayed moderate to significant variations. The GAD-7 was used to quantify stress, and the corresponding scores were $d = -0.44$ (ITT) and $d = -0.45$ (PP). As a result, depression as assessed by the PHQ-9 significantly decreased. $d = -0.41$ (ITT) and $d = -0.46$ (PP). These results demonstrate the effectiveness of ACT for reducing stress, anxiety, depression and other mental health problems among college students. In addition, the intervention had a positive effect on the students' general health with $d = 0.61$ (ITT) and $d = 0.81$ (PP) which shows marked improvement. ACT also showed a moderate effect on school engagement, with effect sizes of d

= 0.37 (ITT) and $d = 0.46$ (PP), indicating that the intervention improved children's academic performance in addition to their mental health.

These findings were further supported by Seppälä et al. (2020) who tested whether the effectiveness of the SKY (Sudarshan Kriya Yoga) Campus Happiness program, with a focus on resilience and stress management skills, would be effective. SKY led to significant increase in mental health, mindfulness, positive affect, social connectedness, and melancholy. The largest benefits were in terms of self-confidence ($d = 0.63$), adaptive coping ($d = 0.26$), and stress reduction ($d = 0.56$) and these were strongly influenced by emotional resilience. Both MBSR and EI did have beneficial effects, however. MBSR decreased depression ($d = 0.69$) and anxiety ($d = 0.42$) and EI increased life satisfaction ($d = 0.63$) and decreased stress ($d = 0.44$). It was, however, established that SKY had the strongest and most consistent effects across a variety of mental health factors.

By showing how well mindfulness-based therapies improve academic engagement and mental health, especially for SKY, these data show how beneficial they can be in university counseling clinics.

Comparing Traditional vs. Online Counseling Approaches:

As educational settings experience increasing mental health demands, digital counseling treatments have come to be a suitable and low-cost option compared to conventional therapy. Viscovich and Pakenham (2019) implemented a large-scale randomized trial to assess an online four-week ACT program. Long-term effects were observed in their trial, with substantial reductions in stress ($d=0.56$, $p=0.001$), anxiety ($d=0.52$, $p=0.001$), and depression ($d=0.54$, $p=0.001$). Effectiveness in these self-help digital treatments was also increased when supported

with individualized coaching or feedback, and it can be concluded that human assistance improves online treatments.

Later, Räsänen et al. (2016) tested a guided online ACT intervention with feedback from field experts. Results with effect sizes $d=0.46$, $d=0.65$, $d.49$, $d.54$, and $d.69$, respectively, indicated statistically significant increases in awareness, emotional well-being, stress, and depression, and in psychological flexibility. The results achieved statistical significance with a p-value under 0.001 and remained consistent throughout a two-year period. Guided digital interventions deliver similar outcomes to traditional treatments while offering scalable and flexible mental health support within educational settings.

4.4 Contrast Between Social Support and Counseling Services Interventions

The disparities that exist between counseling services and social support programs are evident in their efficiency and the long-term impacts on the mental health of students. Both methods have been proven to work in reducing the levels of stress, anxiety, and depression of university students. Peer counseling, peer coaching, and Internet peer-focused cognitive behavioral therapy (ICBT) have proven to be viable low-cost easy-access supportive therapies that may have an impact on mild to moderate mental health concerns. These techniques are quite useful for early intervention and future prevention. For instance, peer-facilitated ICBT significantly reduces social anxiety among university students (Bautista et al., 2022). Treatment participants demonstrate significant changes on Social Interaction Anxiety Scale 6 (SIAS-6) scores, which means quick fixes for anxiety symptomatology via peer-facilitate therapies. As highlighted by Klimchak (2022), peer support functions to improve engagement with mental health resources; peer-supported-demanding coaching improved student engagement in an ACT-

based online mental health program in which students receiving telephone coaching finished more modules than students in the control condition.

These interventions, however, are not without disadvantages. In most cases, even intervention programs that may involve students and provide temporary respite are less permanent than those of clinical professional therapy. For instance, the self-efficacy and emotional regulation benefits of peer counseling disappeared one week later among the participants in the study conducted by Nozawa et al. (2019). Thus, it must be stated that peer support usually does not guarantee the permanence that professional counseling does, although minor problems could be dealt with quite a bit well. Not to mention, peer counselors may be ineffective for students who have mental health conditions such as clinical depression or severe anxiety.

In contrast, it is clear that counseling programs based on cognitive behavioral therapy and acceptance and commitment therapy stand out as well-structured, scientifically validated interventions for learners with moderate to severe mental health problems; consequently, thereby, the assumption will be that it would have a gradually incremental effect toward the eventualities of mental health and emotional regulation that arise from the psychological suffering. For example, ACT proved to cause a significantly lower level of stress, anxiety, and depression along with a greater level of psychological flexibility and academic engagement, as stated by Grégoire et al. (2017). Such results from professional counseling improvement directly affect mental health and not just academic performance. Mindfulness-based therapies such as SKY Campus Happiness were really good at improving one's ability to tolerate stress, build resilience, and experience an increase in general happiness, as noted by Seppälä et al. (2020). These results indicate that counseling services provide solutions of longer duration that facilitate

an increasing response of students to emotional resilience and mental health management within themselves.

However, counseling services have inherent disadvantages. They are ideally suited to the treatment of serious ailments in mental health but are difficult to access due to delayed waiting and few resources. Therefore, an online counseling intervention may yield some results; however, for it to work best, it should be supplemented with individual support (like coaching or feedback), which may weigh heavily on resources, according to Seppälä et al. (2020). Stigmatization of mental health treatment in school settings is one of the reasons discouraging some students from seeking professional help, even though counseling services are proven to be beneficial.

Social support interventions are certainly better in terms of accessibility, cost-effectiveness, and engagement as compared to any other intervention. Such interventions offer instant support along with assistance for those students who are afraid to seek formal guidance as revealed in the research of Bautista et al. (2022) and Klimczak (2022). Peer-supported interventions are quite attractive and available without stigma, yet paired lack direct supervision with professional help, they generally do not bring about long-term changes and are pretty much ineffective for mild to moderate mental health problems. Short-term gains are less likely to be linked with long-term transformation, while their ineffectiveness with complex psychological issues comes from the lack of professional experience.

While counseling services provide structured expert assistance, they are quite effective in treating serious mental health disorders. They offer long-term remedies to these problems, where these problems encompass the roots of depression, stress, and anxiety. These, in turn, lead to a

better mental health state and improved academic performance. Due to resource implications and the potential for accessibility constraints, counseling services may not lend themselves to scaling or extending their reach to all students, however.

5 Discussion

Counseling services and social support treatments can both have a significant effect on university students' mental health outcomes, although these two methods do so in very different ways. Counseling services provide a deeper and more structured level of support when dealing with serious mental health issues; social support, whereas provides students with easy affordability and accessibility to take the first steps in addressing mental health problems. But instead of being utterly opposing, these two strategies form a partnership to create a cohesive system of mental health support in order to cater to a wider range of student needs.

Peer-facilitated cognitive-behavioral therapy, also known as ICBT, involves peer coaching and peer counseling, which are types of social therapy with a host of considerable advantages. These therapies are fun and quite accessible, which is indispensable for students who, because of shame or lack of financial resources, might avoid formal therapy. Peer support decreases anxiety and increases the participation of people in mental health programs, as shown by studies like Bautista et al. (2022) and Klimczak (2022). The peer connection invites students in whatever form of treatment-whether self-help online or in-person-to stay committed through therapy. This is vital for online interventions since peer support programs help students feel much more comfortable asking for help and participating. Peer coaching is an example; here, much higher engagement rates and tremendous decreases in social anxiety among participants bear testimony.

Social support therapy, however, fails in some conditions where serious mental health issues are concerned. According to Nozawa et al. (2019), peer counseling purely improves self-efficacy and emotional control. Unfortunately, its influence was only short-lived. Therefore, their findings exhibit the advantages of such temporized use of social support as applicable for the preemptive stage, with a very small chance of development in these aspects without broadening professional support. They can be nourished with emotional support, but peer counselors usually lack the professional training to be able to manage deeper and more multifaceted psychological problems. In this regard, social assistance is most appropriate for minor problems leaving the need for further professional treatments in order to achieve long-term sustained efficacy.

And on the other hand, behavioral therapies, such as Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT), offer a much more thorough, professional way of treating the disorder clinically with acute mental illnesses. In the long term, such programs allow students to manage their anxiety, emotional, and psychological health by treating not only the symptoms of stress, anxiety, and depression but also the causative factors. According to the studies done by Grégoire et al. (2017) and Seppälä et al. (2020), ACT manages to bring down stress levels, increase psychological flexibility, and provide a boost in academic engagement. Mindfulness-based interventions such as SKY Campus Happiness have been shown to sustain the long-term advantages of resilience and stress management for students with serious mental health problems.

The benefits one enjoys from counseling services can also be outweighed by a few disadvantages. For example, there is the resource limitation. Hence, there are long waiting periods for appointments, and overbooked educational institutions keep limiting access to professional counseling. Furthermore, there is this stigma attached to the utilization of mental

health professional services that prevent students from accessing these services. Thankfully, these services still provide holistic individualized treatment for students who require more intensive interventions. The most important services, therefore, are for the treatments of those affected by severe mental health disorders, even though they are likely to improve their efficiency with social support treatments.

The two approaches complement each other so completely that they are their own best strength. Professional therapy has the long-term support people require for help with their more complicated mental health problems, whereas social support interventions can offer immediate short-term reprieve and make counseling services more accessible. The results from Klimczak's (2022) study that peer support coaching in ACT-based programs improved participation and motivation are evidence for the fact that peer support could really boost adherence to programs in a professional setting. Therefore, it is especially important to make the link between professional and peer support; counseling is intensive long-term planning needed for consistent growth in mental health, while peer support promotes active positive participation.

Peer support helps students train their coping mechanisms and techniques in real life, furthering their treatment progress. This continuing support also acts as a preventive measure to assist the students in actively managing their mental health and reducing the chances of relapsing into more severe problems. Studies by Grégoire et al. (2022) and Bastien et al. (2022) indicate that peer-based programs can produce positive results, but these same results last longer when peer communication and systematic follow-up extend beyond program involvement.

Social support and counseling services tend to intertwine to form a complete system of mental health support. While social support helps students to become only the most alluring entry point to initiating a mental health strategy, counseling programs provide the profound long-

lasting assistance required for very serious issues. The universities may combine the two approaches to a comprehensive mental health system that caters both to immediate needs and future goals in order to provide students a range of support about their academic careers.

Numerous limitations of this review deserve consideration. The heterogeneity of the included studies, the interventions provided, and the kind of study designs, as well as the mental health outcomes that were studied, precluded the performing of a meta-analysis and called for a narrative synthesis, possibly compromising the accuracy of comparative effectiveness estimates. It is also probable that selection bias may have arisen from the exclusion of relevant literature published in languages other than English or grey literature due to the predominant reliance on peer-reviewed studies published in English. Some interpretation bias could have also been introduced due to the single investigator carrying out data extraction, although definitely some level of subjective bias was kept to the minimum following the approval of the supervisor. Lastly, the dependency on published studies with the possibility of revealing incorrect results increases chances of bias against the less favorable or inconclusive findings. All above-mentioned limitations clearly indicate a need for more studies to address these issues and urge caution in the interpretation of findings.

6 Conclusion

In conclusion, counseling services and social interventions, such as peer coaching, peer counseling, and peer-facilitated ICBT, are effective therapies for mild-to-moderate mental health afflictions, thus improving the mental health-emphasis of university students. Accessibility, instant connection, and an initial helpful point of care are desired for those students who may feel inhibited to seek professional help because of stigma and perhaps lack of finances. Peer

support drastically reduces anxiety and mobilizes participation in mental health programs so that it encourages students to seek help, as Bautista et al. (2022) and Klimczak (2022) showed.

These interventions are helpful but only for a short time. Even while the peer counselors provide great emotional support, they are not trained to deal with more complicated psychiatric issues.

The peer counseling benefits were often short lived, therefore requiring professional help for sustained effect (Nozawa et al. 2019).

ACT and CBT work in a systematic and professional way to tackle serious mental issues. The programs equip people with long-term strategies to deal with stress, anxiety, and depression, thereby increasing their psychological flexibility and academic engagement (Grégoire et al., 2017; Seppälä et al., 2020). However, their reach is limited further by accessibility issues such as stigma and long wait times.

The complementarity of the two interventions forms their real strength. Counselling services consider more complicated matters of mental health, while therapeutic support begins the process by establishing social support interventions. Studies like Klimczak (2022) state that peer support helps ACT programs in showing to their clients how effective collaboration can be in improving mental health outcomes. This strategy encompasses immediate and long-term assistance to students with improved academic performance and general well-being.

Social assistance and services for counseling ultimately come together to produce a unified basis for a mental health system, which will attend to needs-provisioning and resolutions. Peer support, combined with professional help offered by counseling services, can achieve that comprehensive support for students required to foster one's mental and academic success during the course of their studies.

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