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## One Day for Mental Health: Peer Support Education at an Islamic School in Southern Thailand

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### Abstract:

Adolescent mental health is a critical yet often overlooked issue, particularly in boarding school environments where access to mental health education is limited. This condition contributes to low mental health literacy and insufficient ability among adolescents to recognize and respond to psychological problems in themselves and their peers. This community engagement program aimed to improve mental health literacy among adolescents in Southern Thailand through a participatory peer educator training model supported by visual and contextual learning methods. The program consisted of a pre-test, interactive educational sessions using illustrative media and a local translator, reflective group discussions, and a post-test to assess learning outcomes. The results showed an improvement in understanding, with scores increasing from 74% to 80%, and a statistically significant difference based on the Wilcoxon test. The use of contextual visual materials proved effective in facilitating comprehension of sensitive mental health topics. Overall, this program demonstrates that a brief, participatory, and visually supported educational intervention can effectively enhance adolescents' mental health awareness and foster empathy within the boarding school community.

**Keywords:** contextual education, adolescent mental health, peer educator, Southern Thailand, visual storytelling.

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### Introduction

Adolescence is a dynamic developmental period marked by significant challenges. It is characterized by complex physical, biological, psychosocial, and emotional changes, making this age group more vulnerable to mental health problems such as anxiety, depression, and behavioral disorders (Backes and Bonnie 2019; Blakemore 2019). Although many adolescents appear physically healthy, a substantial number experience psychological distress that often remains invisible and undetected (World Health Organization (WHO) 2024).

Globally, adolescent mental health has become an increasingly urgent concern. WHO (2024) reports that one in seven adolescents aged 10–19 experiences a mental health disorder, with many cases going unrecognized and untreated. When left unaddressed, these conditions can lead to social exclusion, learning difficulties, stigma, and even violations of basic rights (Unicef 2021). Many adolescents report feeling lonely, emotionally exhausted, and lacking safe spaces to

express their emotions. When they attempt to seek help, they are often dismissed as overreacting or being dramatic (Abd El Salam, AbdAllah, and El Maghawry 2023). These experiences may hinder healthy problem resolution and diminish adolescents' confidence in coping with psychosocial challenges (Indari et al. 2023; Unicef 2021).

Adolescent mental health literacy remains relatively low. Many adolescents are unable to identify mental health concepts, recognize symptoms, or understand appropriate coping strategies (Arifin et al. 2022). In fact, such knowledge is essential for early detection and preventive action (Lee, Goh, and Yeo 2023; Singh et al. 2022). Within this context, peer support plays a crucial role. Adolescents are more likely to confide in peers than in adults, teachers, or professionals (Rickwood, Deane, and Wilson 2007). Therefore, educational interventions aimed at strengthening adolescents' capacity as peer supporters are highly relevant, not only to increase mental health awareness but also to foster empathy and social responsibility among youth (Lindow et al. 2020; Nobre et al. 2022).

This community engagement initiative was developed in response to the need for improved mental health literacy within Islamic boarding school environments in Southern Thailand, particularly at Eakkapap Sasanawich Islamic School. The school integrates religious values with general education and is characterized by strong community bonds (Fahmi 2022). Located in Krabi, Southern Thailand, Eakkapap Sasanawich Islamic School provides an integrated religious–academic curriculum in a socially cohesive environment defined by solidarity and communal support. Such a setting offers a strategic opportunity to introduce culturally sensitive mental health education. Although mental health has not yet been incorporated into the school's formal curriculum, the school's openness to educational innovation provides fertile ground for value-based interventions.

This program was not designed as an intensive training, but rather as an introductory session on mental health and the role of peers as an initial support system for recognizing and responding to emotional concerns among adolescents. The intervention utilized visual learning methods, simple pre- and post-tests, and reflective discussions aimed at building empathy. It was designed to be sustainable and replicable across other Islamic schools, both within and outside Thailand, contributing to culturally responsive adolescent mental health promotion.

## Method

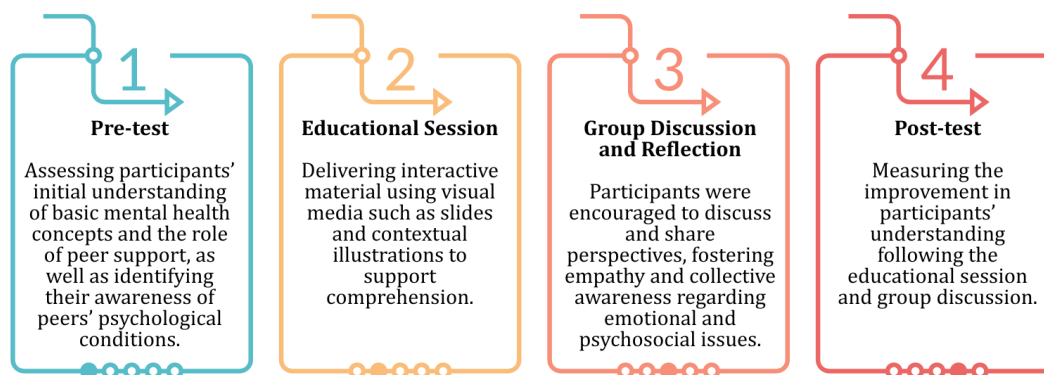
This community engagement activity was implemented in the form of a brief educational session on mental health and the role of peer support for adolescents at Eakkapap Sasanawich Islamic School in Krabi, Southern Thailand. The program was conducted in May 2025 and involved 30 adolescent students residing in the school's boarding system. As an Islamic boarding school that integrates religious values with general education, the setting provided a relevant context for value-based and socially grounded mental health education.

The activity was carried out through coordination between the Universitas 'Aisyiyah Bandung community engagement team and local partners facilitated by the Association of Education and Cultural International (AECI) Thailand. The educational materials and visual media were designed to be culturally contextual, integrating mental health literacy with social and spiritual values. The session was delivered in a face-to-face classroom setting using a participatory approach that encouraged active interaction between facilitators and students, with support from local teachers who assisted with translation.

Although the program was conducted in a single day, it was planned systematically to ensure a meaningful and participatory learning experience. The instructional design followed a

four-stage participatory education model (**Figure 1**): pre-test, interactive visual education, reflective discussion, and post-test.

The activity began with a pre-test consisting of a brief questionnaire to assess participants' initial understanding of basic mental health concepts, emotional awareness, and the role of peer support. Due to limited access to digital devices at the school, the questionnaire was administered in printed form and designed bilingually (English–Thai) to facilitate comprehension among students.



**Figure 1.** Design and Approach of the Activity

The next stage was the interactive visual education session, during which the facilitator delivered the material using visual media in the form of slides and contextual illustrations representing adolescents' psychological conditions. These illustrations were used to depict various emotional states and the types of support peers can provide to one another.

Following the presentation, participants were guided into small-group discussions and reflection sessions. In this stage, students were encouraged to share their perspectives and experiences, as well as develop empathy toward peers who might be facing emotional difficulties. This approach aimed not only to build understanding but also to strengthen collective awareness and spiritual values relevant to the boarding school context.

The activity concluded with a post-test, in which participants completed the same questionnaire to assess changes in their understanding after the educational session. Pre- and post-test data were analyzed descriptively, followed by the Wilcoxon Signed-Rank Test to examine the significance of differences in scores before and after the intervention. This comparison served to evaluate the effectiveness of the educational session in improving basic mental health literacy. In addition, observational field notes were compiled to enrich the interpretation of participants' engagement and contextual nuances.

Pre- and post-test data collection was carried out manually using printed forms, in accordance with the school's policy prohibiting the use of digital devices. The activity was conducted with permission and full support from the leadership of Eakkapap Sasanawich Islamic School. School representatives were involved in the initial communication process, participant selection, and technical coordination during implementation. All educational activities were delivered with sensitivity to local values, school culture, and the emotional needs of the students.

## Results and discussions

This educational activity was attended by 30 students, all of whom were from Class 6/1 of Eakkapap Sasanawich Islamic School. Most participants were 17 years old (67%), while the remaining were 18 years old (33%). Based on gender, the majority were male, totaling 26 students

(86.7%), and only 4 participants (13.3%) were female. Interestingly, 23 students (76.7%) reported that they had never previously received any form of mental health education. These findings highlight a substantial need for mental health literacy and peer-support-focused education, particularly in Islamic boarding school environments such as this one. The characteristics and descriptive profile of the participants are presented in **Table 1**.

**Table 1.** Respondent Characteristics

Karakteristik Responden	n	f
<b>Age</b>		
17 years	20	67
18 years	10	34
<b>Gender</b>		
Male	26	86,7
Female	4	13,3
<b>Class</b>		
6/1	30	100
<b>Previous Exposure to Mental Health Education</b>		
Yes	7	23,3
No	23	76,6

The demographic characteristics of the participants reflect the general profile of late adolescents who are in a crucial stage of psychosocial development. All 30 participants were students of Grade 6 (equivalent to the final year of senior high school), with most being 17 years old (67%) and the remaining 18 years old (33%). The ages of 17–18 fall within the late adolescence category, a developmental period marked by identity exploration, increased abstract thinking, and more complex social role engagement (Santrock 2016). At this stage, adolescents begin forming personal and social identities while experiencing heightened emotional dynamics. Therefore, mental health education interventions are highly relevant and meaningful for individuals in this age group.

Most participants were male (86.7%), which aligns with the demographic structure of male-only boarding school systems commonly found in Islamic educational institutions across Southeast Asia, including Southern Thailand (Man 1987). Dalam konteks kesehatan mental, dominasi peserta laki-laki menjadi aspek penting, mengingat sejumlah studi menunjukkan bahwa remaja laki-laki cenderung memiliki resistensi lebih tinggi untuk membicarakan isu psikologis dan menunjukkan emosi secara terbuka dibandingkan remaja perempuan (Rice, Purcell, and McGorry 2018; Rickwood et al. 2007). Dengan demikian, intervensi edukatif seperti ini memiliki urgensi tinggi dalam membangun literasi emosional dan membuka ruang komunikasi yang sehat di kalangan remaja laki-laki.

A large proportion of participants reported never having received any mental health education, indicating a significant gap in access to psychological information among students in pesantren-based schools. Kohrt et al. (2018) emphasize that within culturally cohesive and spiritually oriented communities such as Islamic boarding schools, mental health education must be culturally and religiously contextualized to be effectively understood and accepted (Kohrt et al. 2016). This condition reinforces the importance of an educational approach that not only conveys psychological or medical facts but also integrates social and spiritual values to ensure that the content resonates with students' lived experiences. In this context, visual-based education and empathetic narratives serve as bridges between scientific information and the participants' cultural worldview.

The educational session was delivered in an interactive manner, with the support of a local translator (school teacher) who helped facilitate communication from Indonesian to Thai. The learning materials covered four key topics: (1) an introduction to adolescent mental health; (2) early signs of psychological distress; (3) strategies for recognizing and managing mild stress; and (4) the value of empathy in social relationships and the concept of peer support. The core component of the activity was an interactive visual-education session designed using participatory and contextualized methods. The material was presented through visual storytelling, using illustrated images and short narratives depicting emotional experiences common among adolescents in their daily lives (**Figure 2**). Rather than relying solely on a one-way lecture, facilitators incorporated reflective mini-stories, such as:

*“When I feel angry, I don’t know who to talk to. I’m afraid people will think I am weak. So I stay quiet.”*

This approach aimed to stimulate emotional awareness, normalize help-seeking behavior, and create a supportive environment for shared reflection among students.



**Figure 2.** Illustration of adolescent emotional situations used during the mental health education session at Eakkapap Sasanawich Islamic School, Thailand

Participant responses indicated that the simple visualizations were effective in creating a warm and open dialogue. Many students nodded, smiled, or immediately raised their hands to share their experiences. This suggests that visual and emotional narratives can serve as effective ice breakers, even within cultural contexts where emotional expression is typically restrained. The delivery of the interactive visual education session, using illustrated materials and verbal narration, is presented in **Figure 3**.

This visual–narrative approach aligns with the principles of culturally grounded mental health education recommended by (Kohrt et al. 2016, 2018), which emphasize that effective education should go beyond delivering medical information and must also address emotional dimensions, social values, and the cultural context of the target audience. The use of illustrated story-based media in this session holds significant strategic value for adolescent mental health promotion. Visual media allow the conveyance of concrete emotional representations that are often difficult to communicate through verbal explanations alone. This is consistent with literature suggesting that visual storytelling facilitates emotional expression and empathy (Drew, Duncan, and Sawyer 2010; Park and Zuniga 2016).

In practice, facilitators presented illustrations depicting a student who appeared withdrawn or isolated in class, accompanied by short dialogues among peers noticing the behavioral change. These visuals were followed by prompting questions such as, “*What do you think Ainun might be feeling?*” or “*How can friends offer support?*” Such questions encouraged participants to build empathy, echoing findings by Park et al. (2016) that image-based materials help students with limited health literacy better understand abstract psychological concepts.



**Figure 3.** Interactive Visual Education Session

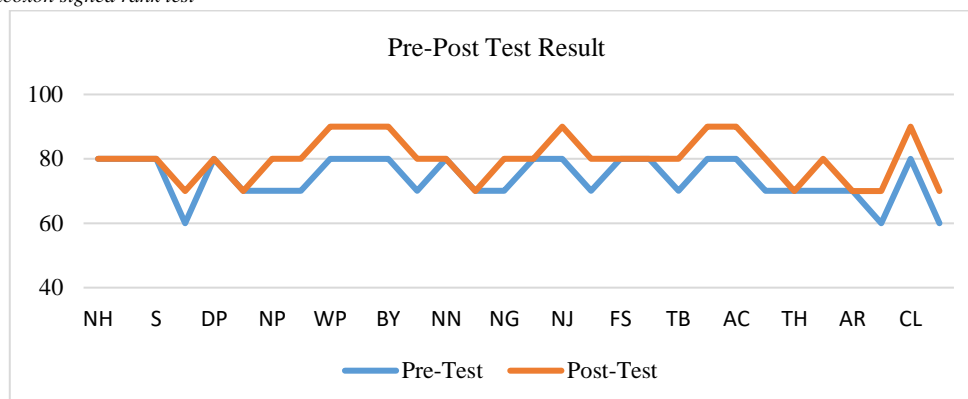
The visual media were paired with translation from a local teacher to ensure linguistic and cultural clarity. This combination of emotional narrative and visual storytelling successfully bridged language barriers and increased participant engagement. Similar outcomes were reported in the study *Wellbeing Through Remote Storytelling* (Sandepudi et al. 2025), where storytelling and arts-based interventions helped adolescents feel more connected and better able to understand their own emotions. Furthermore, integrating visuals with emotional narratives helped reduce cultural stigma and discomfort surrounding discussions of mental health. This aligns with findings from *Using Digital Storytelling to Address Mental Health Issues* (Montero Hernandez, Montero Hernandez, and García Ponce de León 2025), which demonstrated that narrative-based methods can lower resistance to sharing psychological experiences.

The effectiveness of this educational intervention can also be observed in the changes between pre-test and post-test results (**Figure 4**), administered to evaluate learning outcomes before and after the session. The assessment tool was designed to measure students' understanding of basic mental health concepts. Tests were completed manually using printed sheets, given the school's no-gadget policy. Analysis using the Wilcoxon signed-rank test on 30 participants (**Table 2**) revealed an increase in mean scores, although the difference was not statistically significant at the 5% level.

**Table 2.** Differences in Knowledge Levels Before and After the Education

Tingkat Pengetahuan	Pre Test n (%)	Post Test n (%)	p*
Kurang	13 (43)	6 (20)	0,110
Baik	17 (57)	24 (80)	
Mean, SD	74,0 (15,9)	80,0 (18,0)	
Total	100	100	

\*Uji Wilcoxon signed rank test

**Figure 4.** Graph of Pre- and Post-Test Results

The analysis showed that the mean pre-test score was 74.00 (SD  $\pm$ 15.9), whereas the mean post-test score increased to 80.00 (SD  $\pm$ 18.0). Categorically, before the intervention, 13 students (43.3%) had low levels of knowledge, and this number decreased to 6 students (20%) after the intervention. Meanwhile, the number of students with good knowledge increased from 17 students (56.7%) to 24 students (80%).

The differences observed between pre-test and post-test scores indicate a descriptively meaningful improvement in knowledge. However, the Wilcoxon Signed-Rank Test yielded a p-value of 0.1098, suggesting that the difference was not statistically significant ( $p > 0.05$ ). Several factors may explain this finding, including: (1) the relatively short duration of the educational session, which may not have been sufficient to produce a statistically significant change; (2) individual variations in students' comprehension, particularly in a bilingual learning context (Indonesian–Thai); and (3) relatively high pre-test scores, which limited the magnitude of possible score improvement (ceiling effect).

Nevertheless, from a practical and community-education perspective, the increase in scores and the shift in knowledge categories demonstrate that the contextualized educational approach supported by visual materials and a peer-support perspective had a positive impact on students' understanding.

## Conclusion

The interactive visual education program on mental health and peer empathy implemented at Eakkapap Sasanawich Islamic School had a positive impact on improving students' understanding of adolescent mental health issues. Although the increase from pre-test to post-test scores was not statistically significant, the descriptive results demonstrated a constructive trend in knowledge improvement and shifts in students' perceptions. This indicates that a visual-based educational approach, combined with contextualized delivery and support from local facilitators, is effective in building basic emotional literacy among adolescents in a pesantren-based community.

The program also successfully reached adolescents who had never received similar education before, highlighting the importance of culturally and linguistically relevant community interventions. The use of visual illustrations not only enriched the learning process but also created a safe space for students to understand and express psychosocial issues that are often considered sensitive or taboo.

This short intervention provides valuable insights for designing future community service programs focused on mental health, particularly in cross-cultural or closed-community settings. The findings underscore the importance of empathetic, participatory, and visually grounded approaches to encourage meaningful and active engagement among adolescents.

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### References

- Abd El Salam, Amira E., Amany M. AbdAllah, and Hala A. El Maghawry. 2023. "Effect of Health Education Program on Improving Knowledge and Attitude towards Mental Health Stigma and Professional Help-Seeking among Adolescents." *Middle East Current Psychiatry* 30(1):32.
- Arifin, Zaenal, Masykur H. Mansyur, Jaenal Abidin, and Umar Mukhtar. 2022. "Pendidikan Dan Kesehatan Mental Bagi Remaja Dalam Perspektif Islam." *ABDI MOESTOPO: Jurnal Pengabdian Pada Masyarakat* 5(2):188–94.
- Backes, Emily P., and Richard J. Bonnie. 2019. "The Promise of Adolescence: Realizing Opportunity for All Youth."
- Blakemore, Sarah-Jayne. 2019. "Adolescence and Mental Health." *The Lancet* 393(10185):2030–31.
- Drew, Sarah E., Rony E. Duncan, and Susan M. Sawyer. 2010. "Visual Storytelling: A Beneficial but Challenging Method for Health Research with Young People." *Qualitative Health Research* 20(12):1677–88.
- Fahmi, Faisal. 2022. "Rangkaian Kegiatan Belajar Siswa Di Sekolah Eakkapap Sasanawich School Krabi, Thailand." Retrieved June 25, 2025 (<https://www.kompasiana.com/>).
- Indari, Indari, Yuni Asri, Tien Aminah, and Alfunnafi'Fahrul Rizzal. 2023. "Peer Education: Kesehatan Mental Remaja Untuk Pencegahan Gangguan Mental Remaja Di Desa Ngadas." *Journal of Health Innovation and Community Services* 2(2):65–70.
- Kohrt, Brandon A., Mark J. D. Jordans, Elizabeth L. Turner, Kathleen J. Sikkema, Nagendra P. Luitel, Sauharda Rai, Daisy R. Singla, Jagannath Lamichhane, Crick Lund, and Vikram Patel. 2018. "Reducing Stigma among Healthcare Providers to Improve Mental Health Services (RESHAPE): Protocol for a Pilot Cluster Randomized Controlled Trial of a Stigma Reduction Intervention for Training Primary Healthcare Workers in Nepal." *Pilot and Feasibility Studies* 4(1):1–18.

- Kohrt, Brandon A., Carla B. Marienfeld, Catherine Panter-Brick, Alexander C. Tsai, and Milton L. Wainberg. 2016. "Global Mental Health: Five Areas for Value-Driven Training Innovation." *Academic Psychiatry* 40(4):650–58.
- Lee, Jia En, Mei Ling Goh, and Sook Fern Yeo. 2023. "Mental Health Awareness of Secondary Schools Students: Mediating Roles of Knowledge on Mental Health, Knowledge on Professional Help, and Attitude towards Mental Health." *Heliyon* 9(3).
- Lindow, Janet C., Jennifer L. Hughes, Charles South, Abu Minhajuddin, Luis Gutierrez, Elizabeth Bannister, Madhukar H. Trivedi, and Matthew J. Byerly. 2020. "The Youth Aware of Mental Health Intervention: Impact on Help Seeking, Mental Health Knowledge, and Stigma in US Adolescents." *Journal of Adolescent Health* 67(1):101–7.
- Man, K. Che. 1987. "Muslim Separatism: The Moros of Southern Philippines and the Malays of Southern Thailand." (*No Title*).
- Montero Hernandez, Virginia, Oscar Montero Hernandez, and Omar García Ponce de León. 2025. "Using Digital Storytelling to Address Mental Health Issues Among Latinx Undergraduate Students." *Journal of Hispanic Higher Education* 24(3):199–219.
- Nobre, Joana, Henrique Luis, Ana Paula Oliveira, Francisco Monteiro, Raul Cordeiro, Carlos Sequeira, and Carme Ferré-Grau. 2022. "Psychological Vulnerability Indices and the Adolescent's Good Mental Health Factors: A Correlational Study in a Sample of Portuguese Adolescents." *Children* 9(12):1961.
- Park, Jungmin, and Julie Zuniga. 2016. "Effectiveness of Using Picture-Based Health Education for People with Low Health Literacy: An Integrative Review." *Cogent Medicine* 3(1):1264679.
- Rice, Simon M., Rosemary Purcell, and Patrick D. McGorry. 2018. "Adolescent and Young Adult Male Mental Health: Transforming System Failures into Proactive Models of Engagement." *Journal of Adolescent Health* 62(3):S9–17.
- Rickwood, Debra J., Frank P. Deane, and Coralie J. Wilson. 2007. "When and How Do Young People Seek Professional Help for Mental Health Problems?" *Medical Journal of Australia* 187(S7):S35–39.
- Sandepudi, Shravani, Garima Sharma, Noyonika Gupta, Lavanya NK, and Poulomi Sen. 2025. "Wellbeing Through Remote Storytelling: A Digital Arts Intervention for Indian Adolescents During Pandemic Isolation." *Medical Research Archives* 13(5).
- Santrock, John W. 2016. *Adolescence*. 16th ed. McGraw-Hill Education (UK).
- Singh, Sarbhan, Rafdzah Ahmad Zaki, Nik Daliana Nik Farid, and Kushilpal Kaur. 2022. "The Determinants of Mental Health Literacy among Young Adolescents in Malaysia." *International Journal of Environmental Research and Public Health* 19(6):3242.
- Unicef. 2021. "The State of the World's Children. 2021: On My Mind—Promoting, Protecting and Caring for Children's Mental Health."
- World Health Organization (WHO). 2024. "Mental Health of Adolescents."