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# Self-Efficacy, Social Support, Educational Environment, and Mental Health among University Students in Digital Era

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***Abstract***

*This study aims to analyze the influence of self-efficacy, social support, and educational environment on students' mental health within the framework of Social Cognitive Theory. The study used a cross-sectional quantitative survey design with convenience sampling technique on 107 undergraduate students at several universities in West Java. Data were collected through a 1–5 Likert scale questionnaire and analyzed using PLS-SEM. The results showed that the model had moderate explanatory power, with an $R^2$ value of 0.423 for mental health, meaning the three predictors together explained 42.3% of the variance in students' mental health. Specifically, social support had the largest positive effect on mental health ($\beta = 0.372$), followed by the educational environment ($\beta = 0.214$) and self-efficacy ($\beta = 0.180$). All three paths were statistically significant ($p < 0.05$), indicating that the higher the social support, perception of a supportive educational environment, and self-efficacy, the better the students' mental health. These findings confirm that interventions to improve student mental health need to prioritize strengthening social support, followed by improvements in the quality of the learning environment, and programs to increase self-efficacy. This study recommends that universities develop integrated programs that strengthen peer communities, enhance the role of lecturers as sources of support, and create an inclusive and mentally health-friendly learning environtment.*

*Keyword: Self-Efficacy, Social Support, Educational Environment, Mental Health*

## 1. Introduction

Mental health problems among university students have been widely documented, with consistently high levels of stress, depression, and anxiety reported across countries, including Indonesia (Villegas-Frei et al., 2024; Sriwiyanti et al., 2022; Muchtar et al., 2023; Ekawati et al., 2025). University life represents a developmental period characterized by rapid transitions and accumulating demands—academic workload, performance pressure, financial strain, and shifting social roles—often occurring simultaneously. These stressors can become more intense when students face uncertainty about their future careers, experience academic competition, or lack stable coping resources. In the Indonesian context, these challenges may be compounded by cultural expectations related to family responsibilities, achievement orientation, and stigma surrounding mental health, which can inhibit help-seeking and make distress less visible until it becomes severe (Sriwiyanti et al., 2022; Muchtar et al., 2023; Ekawati et al., 2025).

Importantly, contemporary research is increasingly shifting beyond a deficit-based perspective that merely catalogs risks and symptoms. Instead, recent work emphasizes a resource-oriented approach that identifies protective factors and health-promoting resources—elements that help students maintain psychological functioning and well-being even when exposed to sustained pressure (Villegas-Frei et al., 2024; Sriwiyanti et al., 2022; Jamali et al., 2015). This perspective is particularly relevant for higher education settings because universities can intervene not only by providing clinical services, but also by strengthening everyday psychosocial supports and learning conditions. From this standpoint, mental health is not only the absence of distress; it is also the presence of psychological resources that enable students to manage stressors, adapt to academic demands, and preserve a sense of control and belonging (Villegas-Frei et al., 2024; Jamali et al., 2015).

One key individual-level resource is self-efficacy, defined as beliefs in one's ability to organize and execute actions required to manage prospective situations (Villegas-Frei et al., 2024; Jamali et al., 2015; Muchtar et al., 2023). In

the student context, self-efficacy is more than generic confidence—it reflects a student's perceived capability to handle deadlines, learn complex material, navigate academic setbacks, and solve problems under pressure. Students with higher self-efficacy tend to interpret stressors as manageable challenges rather than overwhelming threats. This appraisal difference matters because it influences emotional responses, persistence, and coping strategies. When self-efficacy is strong, students are more likely to engage in active coping (planning, seeking information, managing time), maintain motivation despite obstacles, and recover more quickly from academic failures or interpersonal difficulties. Accordingly, higher self-efficacy is associated with better self-rated mental health, greater psychological well-being, and more adaptive stress responses (Villegas-Frei et al., 2024; Sriwiyanti et al., 2022; Jamali et al., 2015; Muchtar et al., 2023; Yudiati et al., 2025). Conversely, low self-efficacy can intensify vulnerability: students may avoid tasks, ruminate, procrastinate, or disengage when facing demands, which can further deteriorate mental health over time.

At the interpersonal level, perceived social support from family, peers, and significant others is consistently identified as a robust protective factor. Social support functions not only as emotional reassurance but also as practical assistance, guidance, and validation—helping students feel understood, connected, and less alone in coping with academic and personal challenges. Stronger perceived social support is linked to higher mental health and well-being in both Western and Indonesian student populations (Villegas-Frei et al., 2024; Sriwiyanti et al., 2022; Jamali et al., 2015; Multahada et al., 2025; Cherewick et al., 2024). Mechanistically, social support can reduce distress by buffering the impact of stressful events, offering alternative perspectives, and encouraging adaptive coping or help-seeking. It may also protect mental health indirectly by strengthening students' sense of belonging and self-worth—two elements that are particularly important during university years when social comparison and identity development are salient. In many cases, the *perception* that support is available can be as psychologically meaningful as actual received support, because it shapes how students appraise stress and whether they feel safe to disclose difficulties (Sriwiyanti et al., 2022; Jamali et al., 2015).

Beyond individual and interpersonal resources, the educational environment—including quality of teaching, availability and accessibility of support services, and the psychosocial climate of campus life—also plays an important role in shaping student mental health. A positive educational environment is typically characterized by clear academic expectations, supportive lecturer–student interactions, fair treatment, psychological safety, and campus services that are responsive to student needs. Such environments can reduce chronic stress by minimizing ambiguity, improving students' sense of control, and fostering a learning culture where mistakes are treated as part of growth rather than as threats to identity. Empirically, supportive campuses and positive learning environments have been associated with better student well-being and lower stress levels (Albaqawi et al., 2025; Komariah et al., 2025; Ekawati et al., 2025). Conversely, environments perceived as hostile, overly competitive, unclear in academic demands, or poor in institutional support may intensify psychological strain—especially for students who already have limited coping resources.

Crucially, these three domains—self-efficacy, social support, and educational environment—are conceptually interrelated. A supportive educational environment can cultivate self-efficacy through constructive feedback, fair assessment practices, and learning experiences that build mastery. Similarly, social support can strengthen self-efficacy by providing encouragement, role modeling, and reassurance during setbacks. In turn, students with higher self-efficacy may be more likely to seek help, form healthy relationships, and engage productively with campus resources, thereby creating a reinforcing cycle that supports well-being (Villegas-Frei et al., 2024; Sriwiyanti et al., 2022; Jamali et al., 2015). Despite this interconnection, it remains important—especially in the Indonesian context—to test the unique contribution of each factor in explaining variation in student mental health, because interventions often overemphasize one domain (e.g., individual resilience training) while underinvesting in interpersonal and institutional conditions that sustain mental health in daily life (Ekawati et al., 2025; Muchtar et al., 2023).

Building on this literature, the present study tests a model in which self-efficacy (X1), perceived social support (X2), and educational environment (X3) are specified as direct predictors of students' mental health (Y) in an Indonesian sample. By evaluating these predictors simultaneously, the study aims to clarify which protective resources are most strongly associated with better mental health and to provide evidence that can guide campus-level mental health strategies. This approach has practical significance because it maps potential intervention points across levels: strengthening student self-efficacy through skills and mastery-based programming, reinforcing social support through peer and family engagement, and improving educational environments through supportive teaching practices and accessible services (Villegas-Frei et al., 2024; Sriwiyanti et al., 2022; Komariah et al., 2025; Ekawati et al., 2025). Ultimately, a multi-level understanding of these determinants is critical for

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designing mental health interventions that are not only remedial, but also preventive and sustainable within university systems.

## 2. Methods

### Design and Participants

This study employed a quantitative cross-sectional survey design to examine the associations between self-efficacy, perceived social support, educational environment, and students' mental health. A cross-sectional approach is widely used in student mental health research to test relationships among psychosocial resources and well-being outcomes in a single measurement point (Villegas-Frei et al., 2024; Sriwiyanti et al., 2022; Jamali et al., 2015; Muchtar et al., 2023; Ekawati et al., 2025). The sample consisted of 107 undergraduate students enrolled at universities in West Java, Indonesia. Participants were recruited using non-probability convenience/accidental sampling through university mailing lists, student groups/communities, and social media channels, a recruitment approach commonly adopted in student mental health online surveys due to feasibility and broad access to students across institutions (Villegas-Frei et al., 2024; Sriwiyanti et al., 2022; Ekawati et al., 2025).

### Measures

All constructs were assessed via self-report measures administered through an online questionnaire. Items were rated on Likert-type response formats (as specified in the survey instrument), with higher values indicating higher levels of each construct. Scale scores were computed by aggregating item responses (e.g., mean scores) so that the resulting measures remained interpretable in the original metric. Prior to analysis, the dataset was screened for missing responses and atypical response patterns to ensure data quality.

Self-efficacy (X1). Self-efficacy was conceptualized as students' beliefs in their capability to manage academic responsibilities and achieve study-related goals despite obstacles. In the university context, this includes perceived ability to complete assignments, handle academic challenges, manage time effectively, and persist when faced with setbacks. Higher scores represent stronger academic self-efficacy, which is consistently linked to better coping and psychological well-being among students (Villegas-Frei et al., 2024; Jamali et al., 2015; Muchtar et al., 2023).

Perceived social support (X2). Perceived social support refers to students' perceptions that emotional, informational, and instrumental assistance is available from key sources, including family, peers, and significant others (e.g., lecturers or close relationships). This construct emphasizes perceived availability and adequacy of support, which can buffer the negative effects of stressors and contribute to psychological well-being (Villegas-Frei et al., 2024; Sriwiyanti et al., 2022; Jamali et al., 2015; Multahada et al., 2025; Cherewick et al., 2024). Higher scores indicate stronger perceived social support.

Educational environment (X3). Educational environment was operationalized as students' perceptions of how supportive, inclusive, and facilitate their campus environment is. This includes experiences related to teaching quality, clarity and fairness of academic processes, accessibility of support services, and psychosocial climate (e.g., whether students feel respected and safe to seek help). Positive educational environments have been associated with lower stress and improved student well-being (Albaqawi et al., 2025; Komariah et al., 2025; Ekawati et al., 2025).

Mental health (Y). Mental health was defined as students' perceived psychological well-being, including their ability to manage academic demands and their general satisfaction with mental functioning. Higher scores indicate better perceived mental health and well-being, consistent with student mental health measurement approaches in prior research (Villegas-Frei et al., 2024; Sriwiyanti et al., 2022; Jamali et al., 2015; Muchtar et al., 2023).

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Table 1. Operationalization Variable

| Variabel | Code | Definition | Reference |
|---|---|---|---|
| Self-Efficacy | X1 | Students' belief that they are capable of managing academic responsibilities and achieving goals despite obstacles | (Ge, 2025) |
| Social Support | X2 | Students' perceptions of emotional, informational, and instrumental support from peers, family, and faculty in the academic context | (Ge, 2025) |
| Educational Environment | X3 | Students' perceptions of how supportive, inclusive, and facilitating their campus environment is | (Ge, 2025) |
| Mental Health | Y | Students' perceptions of psychological well-being, ability to manage academic demands, and satisfaction with general mental health | (Ge, 2025) |

Source: Author

All items used a 5-point Likert scale from 1 (strongly disagree/poor) to 5 (strongly agree/excellent), adapting established instruments:

**Procedure**

The questionnaire was translated into Indonesian and back-translated to ensure conceptual equivalence, following procedures commonly used for student health and mental health surveys in Indonesia (Sriwiyanti et al., 2022; Ekawati et al., 2025). The online survey link was distributed through recruitment channels described above. Prior to participation, students received an information sheet describing the study's purpose, voluntary nature, anonymity, estimated completion time, and their right to withdraw at any time without consequences. Participants then provided electronic informed consent before proceeding to the questionnaire. Data were collected anonymously via an online platform, and no personally identifying information was recorded. This procedure aimed to reduce social desirability concerns and encourage honest responses, which is particularly important in mental health-related self-report surveys.

**Data Analysis**

Descriptive statistics (e.g., mean, standard deviation, minimum/maximum where relevant) were computed for all study variables to summarize overall levels of self-efficacy, social support, educational environment, and mental health in the sample. Internal consistency reliability for each multi-item construct was assessed using Cronbach's alpha, consistent with typical psychometric evaluation practices in studies involving self-efficacy, social support, and mental health scales (Villegas-Frei et al., 2024; Sriwiyanti et al., 2022; Jamali et al., 2015; Muchtar et al., 2023). Reliability estimates were interpreted using conventional thresholds to determine whether the scale scores were sufficiently consistent for further analysis.

To test the study model, Partial Least Squares Structural Equation Modeling (PLS-SEM) was used to examine the joint and unique contributions of self-efficacy (X1), social support (X2), and educational environment (X3) to mental health (Y). PLS-SEM was chosen because it is suitable for predictive modeling with multiple latent constructs and can be applied effectively in studies with relatively modest sample sizes, particularly when the main objective is to estimate explained variance and assess the relative strength of predictors in the structural model. The analysis proceeded in two stages: (1) evaluation of the measurement model (including reliability and construct validity), and (2) evaluation of the structural model to test the hypothesized paths from X1, X2, and X3 to Y. Assumptions and diagnostic checks—normality, linearity, multicollinearity, and homoscedasticity—were examined prior to hypothesis testing to ensure the robustness of estimates. The structural model results were interpreted using path coefficients and their statistical significance, alongside explanatory power indicators (e.g., variance explained in mental health).

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## 3. Results and discussion

The measurement model indicates that the indicators generally represented their intended constructs well. Outer loadings for most indicators were in the acceptable-to-strong range (≥ .70), suggesting adequate convergent representation of the latent variables.

For Self-efficacy (SE), the three indicators showed strong loadings (SE1 = 0.849; SE2 = 0.857; SE3 = 0.794), indicating that the items consistently captured students' perceived capability to manage academic demands. Educational Environment (EE) was also measured reliably, with loadings ranging from moderate to strong (EE1 = 0.775; EE2 = 0.838; EE3 = 0.724), suggesting that students' perceptions of campus supportiveness and inclusiveness were captured adequately by the indicators. Similarly, Mental Health (MH) showed strong measurement performance (MH1 = 0.829; MH2 = 0.875; MH3 = 0.722), implying that the indicators coherently reflected students' perceived psychological well-being.

For Social Support (SS), two indicators demonstrated satisfactory loadings (SS2 = 0.792; SS3 = 0.751), while one indicator was comparatively low (SS1 = 0.601). Although a loading around 0.60 can be considered borderline, it may still be retained in predictive and exploratory contexts when the item has strong theoretical relevance and when overall construct reliability and validity remain acceptable. Substantively, the lower loading may indicate that SS1 captures a distinct facet of support (e.g., instrumental vs. emotional support) or that the item was interpreted less consistently by respondents. Future research could revisit the wording of SS1 in Indonesian or expand the indicator set to better represent the multidimensional nature of social support.

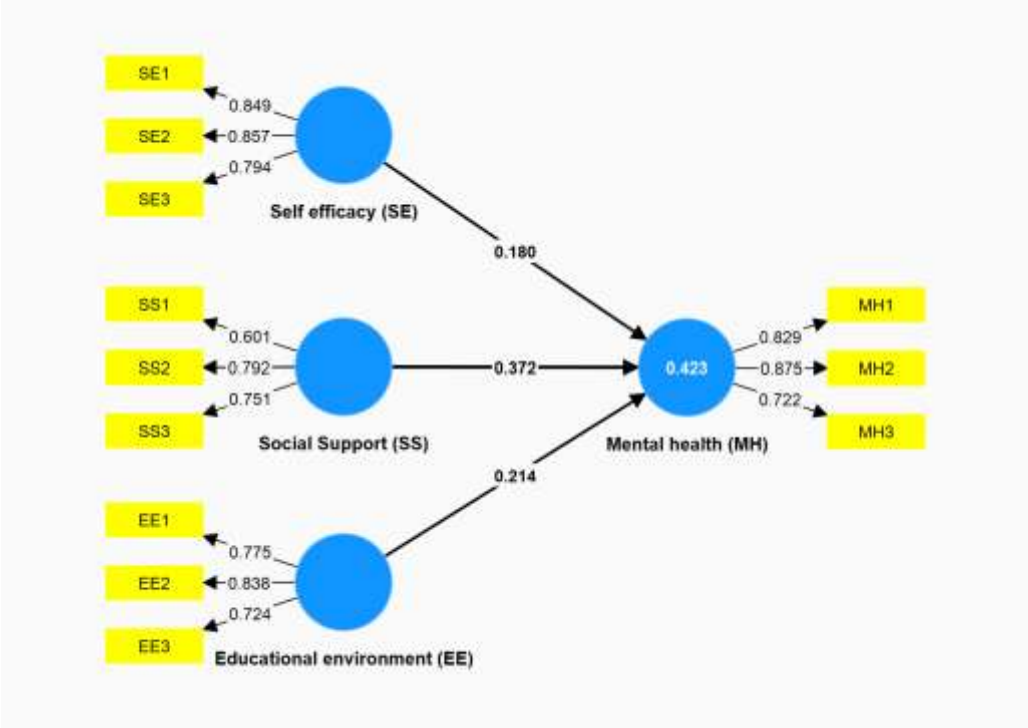


Figure 1. Graphical output from Smart-PLS
Source: Author

The structural model examined the direct effects of self-efficacy (SE), social support (SS), and educational environment (EE) on mental health (MH). The model explained a substantial proportion of variance in mental health, with $R^2 = 0.423$, indicating that the three predictors jointly accounted for 42.3% of the variability in students' mental health. In student well-being research, where outcomes are influenced by numerous contextual and personal factors, an $R^2$ of this magnitude is typically interpreted as moderate explanatory power and suggests that these psychosocial resources constitute meaningful determinants of mental health in this sample.

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Partially, all pathways had a positive effect on MH:

• SE → MH: $\beta = 0.180$

• EE → MH: $\beta = 0.214$

• SS → MH: $\beta = 0.372$

The dominant effect of social support ($\beta = 0.372$) reinforces the literature that support from family, friends, and professors serves as a buffer against academic stress and psychological problems (Ge, 2025). Strong social support is associated with reduced depressive symptoms and somatic complaints, as well as increased resilience and well-being (Ge, 2025). This aligns with previous research that concluded that social support enhances well-being and reduces stress in students. The positive effect of EE on MH supports the view that a positive educational environment can strengthen self-efficacy and social support and act as a protective factor for mental health (Ge, 2025).

Self-efficacy also positively contributes to mental health ($\beta = 0.180$), consistent with findings that higher academic self-efficacy is associated with lower stress and better coping skills (Ge, 2025). Other studies have also shown that higher self-efficacy and perceived social support are positively associated with better self-rated mental health and psychological well-being in samples of college students and adolescents (Villegas-Frei et al., 2024; Sriwiyanti et al., 2022; Jamali et al., 2015; Muchtar et al., 2023; Cherewick et al., 2024; Kleppang et al., 2023). Furthermore, research in Indonesia has also shown that self-efficacy and social support contribute significantly to students' mental health and resilience (Sriwiyanti et al., 2022; Islam et al., 2023; Muchtar et al., 2023; Yudiati et al., 2025; Julaihah et al., 2024). Within the framework of Social Cognitive Theory, the interaction between self-efficacy, the educational environment, and social support collectively shapes students' mental health outcomes (Ge, 2025).

The positive influence of the educational environment on mental health is consistent with evidence that supportive learning environments increase self-efficacy and social support, while reducing academic stress (Ge, 2025). Such environments provide a sense of psychological safety and belonging, which previous research has linked to better academic engagement and well-being. Other research has also found that the educational environment is an important contextual factor: a supportive learning climate, access to services, and a positive campus microsystem are associated with better mental health and lower stress levels among students (Albaqawi et al., 2025; Multahada et al., 2025; Komariah et al., 2025; Ekawati et al., 2025).

A moderate $R^2$ value indicates that other factors (e.g., academic stress, personal characteristics, or economic factors) outside the model influence mental health, as highlighted by research that included academic stress and social support as additional mediators (Ge, 2025).

## 4. Conclusion

This study demonstrates that social support, a positive educational environment, and self-efficacy collectively play a meaningful role in explaining variations in students' mental health, with social support emerging as the strongest predictor. In practical terms, this suggests that students' psychological well-being is not only shaped by individual capacities (such as confidence in managing academic and daily demands), but also—more importantly—by the quality of their relational and institutional ecosystems. The dominance of social support indicates that access to caring, reliable, and responsive relationships can function as a key protective factor that helps students buffer stress, sustain motivation, and maintain emotional stability during challenging academic periods. These findings reinforce prior evidence highlighting that student mental health is closely linked to the presence of supportive interpersonal networks and an educational climate that promotes belonging, fairness, and psychological safety. A positive educational environment likely contributes by reducing feelings of isolation and threat, improving students' sense of acceptance, and creating clearer pathways for help-seeking—conditions that are widely recognized as important for well-being. Meanwhile, self-efficacy appears to complement these contextual factors by strengthening students' perceived agency: students who believe they can cope and problem-solve effectively may be more resilient when facing academic pressures, more proactive in seeking support, and more capable of using available resources. The implications for higher education are therefore multi-layered. First, mental health initiatives should not be limited to individual-level programs (e.g., short seminars or one-off counseling campaigns), but should also prioritize strengthening sustained social support systems. This includes peer support

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and mentoring structures, family engagement approaches where appropriate, and lecturer–student interactions that are approachable and non-stigmatizing. Second, institutions should invest in improving the educational environment as a whole by embedding inclusive teaching practices, ensuring respectful and non-discriminatory classroom climates, and enhancing institutional responsiveness—such as accessible academic advising, clear referral pathways, and supportive policies for students experiencing difficulties. Third, self-efficacy enhancement can be integrated into curricula and student services through skills-building interventions (e.g., coping skills, academic self-management, goal setting, and feedback practices that build competence), ensuring students develop confidence and strategies to navigate academic and personal challenges. Overall, the results underscore that supporting student mental health requires an integrated approach: strengthening interpersonal support networks, cultivating a supportive and inclusive educational climate, and fostering students' self-efficacy as a personal resource. Such a layered strategy is more likely to produce sustainable benefits because it addresses both the social conditions that protect students from distress and the psychological capacities that help them manage demands effectively.

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