Quality of Life, Peer Social Support, and Mental Health among Students with Disabilities in Indonesia

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ABSTRACT: Although research on student Mental Health has been widely conducted, there is still a gap in studies that specifically examine the relationship between Quality of Life and Peer Social Support on the Mental Health of students with disabilities in the context of higher education in Indonesia. Students with disabilities in higher education often face significant psychological challenges, such as accessibility barriers, social stigma, and academic pressure that can affect their Mental Health. This study aims to investigate the role of Quality of Life and Peer Social Support in influencing the Mental Health of students with disabilities in Indonesia. The research method uses a quantitative approach with multiple linear regression analysis. The research sample consisted of 104 students with disabilities aged 19-23 years, obtained using accidental sampling techniques. The research instruments consist of the Indonesian Quality of Life Scale ($\alpha = 0.942$), the Peer Support Questionnaire ($\alpha = 0.858$), and the Azira Mental Health Scales ($\alpha = 0.929$). The research results indicate that Quality of Life and Peer Social Support together are a significant predictor of Mental Health ($F = 78.163$; $p = 0.000$). Partially, Quality of Life is a significant predictor of Mental Health ($t = -12.503$; $p = 0.000$), whereas Peer Social Support does not show a significant predictor of Mental Health ($t = -0.030$; $p = 0.976$). These findings emphasize the importance of improving the Quality of Life for students with disabilities as a key strategy in Mental Health interventions, while Peer Social Support needs to be optimized to be more effective in providing a positive impact.

INTRODUCTION

Students with disabilities in higher education face various complex challenges. Physical barriers, limited access to inclusive facilities, as well as academic and social pressures, are the main factors that weaken the adaptability of students with disabilities (Devi & Huwae, 2023). García et al., (2024) study shows that students with disabilities have a higher risk of experiencing Mental Health issues such as anxiety, academic stress, and suicidal ideation compared to students without disabilities. The limited access to disability-friendly psychological services and the lack of competent professional staff worsens this condition (Lipson, Lattie, & Eisenberg, 2022).

Mental Health issues among students with disabilities are receiving increasing global scholarly attention. Sarkar (2022) emphasizes that insufficient social support, internalized stigma, and limited structural support systems exacerbate the psychological Well-being challenges faced by students

with disabilities. Social stigma and internalized ableism also contribute to feelings of isolation and difficulties in establishing healthy social relationships (Marrone & Ferri, 2021). Findings from a study involving 28 students with disabilities revealed that 89.3% of respondents felt they were at the lowest point in their lives, and 75% reported feeling unappreciated by their peers, indicating a significant lack of social support, and compromised psychological Well-being.

Mental Health reflects an individual's capacity to cope with life's stresses, regulate emotions, and develop healthy social relationships (Veit & Ware, 1983). Students with disabilities often experience additional stress due to stigma and limited accessibility, thereby requiring supportive and inclusive social and environmental conditions (U.S. Department of Education, 2021). Poor Mental Health may result in reduced motivation to learn, academic burnout, and even an increased likelihood of dropping out (Vaccaro et al., 2015). Moreover, inadequate access to inclusive psychological services further exacerbates these challenges (McGregor et al., 2016).

A growing body of research indicates that social support plays a crucial role in reducing stress levels and enhancing the Quality of Life among students with disabilities (Al-Shaer et al., 2024). Students with stronger Mental Health tend to demonstrate higher levels of academic resilience and motivation (Cox et al., 2021). Factors such as academic stress, financial challenges, social adjustment, and limited social support have been identified as significant predictors of Mental Health outcomes in this population (Forbes-Mewett & Sawyer, 2016; Devita, 2020).

Two factors that have been identified as significantly influencing the Mental Health of students with disabilities are Quality of Life and Peer Social Support. Quality of Life reflects an individual's overall level of Well-being, while Peer Social Support serves as a primary source of emotional and social reinforcement within the campus environment (Huwae & Novita, 2022). The presence of strong peer connections has been shown to reduce social isolation and enhance students' sense of belonging and acceptance in academic settings (Al-Ali & Al-Zoubi, 2023).

According to WHOQOL-Bref (2012), Quality of Life comprises four domains: physical, psychological, social, and environmental. Students with disabilities who report a low Quality of Life are more likely to experience chronic stress, depression, and anxiety (Wehman et al., 2018). Conversely, those with a more positive perception of their Quality of Life demonstrate greater self-determination and academic adaptability (Shogren et al., 2015). Research by Bartolo et al., (2025) further reinforces that a higher Quality of Life enhances meaning in life and fosters stronger social engagement among students with disabilities.

Quality of Life and Mental Health are closely interconnected, as psychological disorders such as depression can negatively affect an individual's Quality of Life, whereas access to social support and an inclusive environment can improve it (Vancampfort et al., 2017). Peer Social Support, which encompasses emotional, informational, and companionship dimensions, has been demonstrated to enhance students' psychological resilience (Wills & Shinar, 2000). Conversely, insufficient social support may increase the risk of social isolation and reduced academic participation (Suraida & Leonardi, 2021).

Numerous studies emphasize the importance of peer support interventions for students with disabilities. Van der Meulen et al., (2021) found that emotional support among peers enhances self-esteem and social acceptance. Similarly, Fadda et al., (2024) reported that social support within educational settings can improve students' motivation and overall Well-being. However, Al-Shaer et al., (2023) argued that emotional support alone is insufficient to reduce symptoms of depression, indicating the need for a more comprehensive psychosocial intervention approach.

Conceptually, the Mental Health of students with disabilities cannot be optimally developed without the synergy between a positive Quality of Life and adequate Peer Social Support (Marrone & Ferri, 2021; Shogren et al., 2015). These two factors play a pivotal role in enhancing emotional stability, psychological resilience, and social integration within the higher education environment.

The significance of this study lies in the high prevalence of Mental Health disorders among students with disabilities, an issue that has not received sufficient attention in higher education policies in Indonesia. Previous research has primarily focused on physical accessibility, while psychosocial dimensions such as Quality of Life and Peer Social Support have been relatively understudied. Therefore, this study aims to analyze the extent to which Quality of Life and Peer Social Support serve as predictors of Mental Health among students with disabilities in Indonesia.

Study Rationale

Based on the findings of García et al., (2024), students with disabilities report higher rates of Mental Health disorders compared to their non-disabled peers, with 67% experiencing psychological problems compared to 45% of students without disabilities, and being three times more likely to attempt suicide. In addition, Al-Shaer et al., (2024) showed that Quality of Life is significantly associated with Mental Health, where higher levels of Quality of Life reduce the risk of depression, anxiety, and stress among students with disabilities. These findings align with Bartolo et al., (2025), who emphasized that an optimal Quality of Life enables students with disabilities to feel more meaningful, valued, and actively engaged in campus social life. Furthermore, the results of this study indicate that Quality of Life and Peer Social Support jointly serve as significant predictors of Mental Health ($F = 78.163$; $p = 0.000$). In partial analysis, Quality of Life demonstrated a significant predictor ($t = -12.503$; $p = 0.000$), whereas Peer Social Support was not statistically significant ($t = -0.030$; $p = 0.976$).

Given the urgency of this issue, previous studies have highlighted several factors influencing the Mental Health of students with disabilities, including Quality of Life and Peer Social Support. However, limited research has examined these two variables simultaneously as predictors of Mental Health among students with disabilities in Indonesia. Therefore, this study aims to analyze these dynamics. The findings are expected to provide not only theoretical contributions but also practical insights for students, researchers, and policymakers in addressing Mental Health issues among students with disabilities.

Research Objectives

This study aims to determine the predictors of Quality of Life and Peer Social Support on Mental Health among students with disabilities.

Research Hypothesis

The central hypothesis of this study states that Quality of Life and Peer Social Support jointly serve as predictors of the Mental Health of students with disabilities. In addition, the minor hypothesis proposes that each variable individually functions as a partial predictor of the Mental Health of students with disabilities.

METHODS
Research Participants

The population of this study consisted of all students with disabilities in Indonesia. The research sample was selected using an accidental sampling technique with inclusive criteria, namely, students with disabilities such as blindness, deafness, physical disabilities, autism spectrum disorders, emotional and behavioral disorders, and specific learning difficulties. The exclusive criterion was students without disabilities. A total of 104 participants met the inclusion criteria. Prior to participation, all respondents were required to complete an informed consent form describing the research procedures and the purpose of their involvement. Participants were then asked to

indicate their agreement or refusal to participate. Demographic data of the participants are presented in Table 1.

Table 1. Research Participant Demographics

No	Participant Classification	Information	Frequency	Percentage
1	Gender	Male	44	42,3%
		Female	60	57,7%
		Total	104	100%
2	Age	19 years old	11	10,6%
		20 years	28	26,9%
		21 years	29	27,9%
		22 years	27	26%
		23 years	9	8,6%
		Total	104	100%
3	Disability Category	Blind	28	26,9%
		Deaf	19	18,3%
		Physically disabled	52	50%
		Behavioral Disabilities	5	4,8%
		Total	104	100%

Research Procedures

This study employed three psychological instruments: the Indonesian Quality of Life Scale, the Peer Support Questionnaire, and the Azira Mental Health Scales. Prior to distribution, construct and content validity were assessed by three expert judges. The research design was then presented to a review team for feasibility evaluation, followed by pilot testing of the scales on 30 students with disabilities who were not included in the main study sample. Subsequently, ethical clearance was obtained, and informed consent procedures were prepared.

This research received ethical approval from the Ethics Committee of Muhammadiyah University Malang (No. E.6.m/332/KE-FPsi-UMM/VI/2025). Data collection was conducted using an online questionnaire distributed via Google Forms from June 14 to August 1, 2025. Before completing the questionnaire, participants were provided with an informed consent form to confirm their voluntary participation.

Research Instruments
Quality of Life Scale

Quality of Life was measured using the Indonesian Quality of Life Scale developed by Resmiya and Misbach (2019), which was adapted from the WHOQOL-BREF (2012). The instrument measures nine dimensions: religiousness and spirituality, meaning of life, life achievements, learning ethic, education, prosocial behavior, social relationships, physical Health, and psychological Well-being. The scale consists of 30 items rated on a five-point Likert scale ranging from Very Appropriate to Very Not Appropriate. The validity assessment demonstrated satisfactory psychometric quality, with all items retained and a Cronbach's Alpha coefficient of 0.942.

Peer Social Support Scale

Peer Social Support was measured using the Peer Support Questionnaire (PSQ) developed by Alaei and Hosseinnezhad (2020), based on the five dimensions of social support proposed by Wills and Shinar (2000): informational support, emotional support, instrumental support, feedback, and companionship support. The instrument consists of 15 items rated on a four-point Likert scale ranging from Very Unsuitable to Very Suitable. The psychometric testing indicated that all items were retained, with a Cronbach's Alpha coefficient of 0.858.

Mental Health Scale

Mental Health was measured using the Azira Mental Health Scales (AMHS-24) developed by Aziz and Mangestuti (2025), based on the dual-continuum model of Veit and Ware (1983). The scale consists of two dimensions: psychological Well-being and psychological distress. It contains 24 items rated on a five-point Likert scale ranging from Very Unsuitable to Very Suitable. The psychometric testing showed that all items were retained, with a Cronbach's Alpha coefficient of 0.929.

Data Analysis Techniques

The data analysis in this study used multiple linear regression. Before hypothesis testing, assumption checks were conducted, including tests of normality, linearity, multicollinearity, and heteroscedasticity. All analyses were performed using SPSS version 25 for Windows.

RESULTS AND DISCUSSION
Results
Descriptive Statistical Analysis

Descriptive statistical results from 104 participants, as shown in Table 2, indicate that the Quality-of-Life variable has a minimum score of 38, a maximum of 107, a mean of 71.92, and a standard deviation of 12.996. The Peer Social Support variable has a minimum score of 39, a maximum of 60, a mean of 54.15, and a standard deviation of 4.088. Meanwhile, the Mental Health variable has a minimum score of 60, a maximum of 92, a mean of 77.34, and a standard deviation of 8.038.

Table 2. Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Quality of Life	104	38	107	71,92	12,996
Peer Social Support	104	39	60	54,15	4,088
Mental Health	104	60	92	77,34	8,038

Normality Assumption Test

The normality test results showed that the Kolmogorov Smirnov unstandardized residual value was 1.098 with a significance level of 0.180 ($p > 0.05$), indicating that the data in this study were usually distributed.

Linearity Assumption Test

Based on the linearity test, the relationship between Quality of Life and Mental Health showed an $F_{difference}$ value of 0.580 with a significance level of 0.968 ($p > 0.05$), indicating a linear relationship. Similarly, the linearity test between Peer Social Support and Mental Health produced an $F_{difference}$ value of 1.062 with a significance level of 0.402 ($p > 0.05$), also demonstrating a linear relationship.

Multicollinearity Test

The multicollinearity test results showed that the variables of Quality of Life and Peer Social Support had tolerance values greater than 0.10 and VIF values less than 10, indicating that multicollinearity was not present in the model.

Heteroscedasticity Assumption Test

The test results show that the points are scattered randomly and do not form a clear pattern, and are distributed above and below the value of 0 on the Y axis. This indicates that heteroscedasticity is not present. Therefore, the regression model is suitable for predicting Mental Health in students with disabilities based on the variables of Quality of Life and Peer Social Support.

Hypothesis Testing

The results of the hypothesis test in Table 3 show that Quality of Life is significantly negatively related to Mental Health (r = -0.779; p < 0.01). Meanwhile, Peer Social Support is not significantly related to Mental Health (r = -0.003; p > 0.01).

Table 3. Correlation Test Between Variables

	1	2	3
Quality of Life	1		
Peer Social Support		1	
Mental Health	-0,779**	-0,003	1

**. Correlation is significant at the 0,01 level (1-tailed).

Based on Table 4, there is a joint predictor between Peer Social Support and Quality of Life on Mental Health.

Table 4. Simple Regression Test Results

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0,779ª	0,608	0,600	5,086

Based on Table 5, the calculated F value is 78.163 with a significance level of 0.000 (p < 0.05), indicating that the variables of Quality of Life and Peer Social Support together are a significant predictor of Mental Health in students with disabilities in Indonesia.

Table 5. Simple Regression Test Results Significance F Value

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	404,.059	2	2021,530	78,163	0,000ª
	Residual	2612,162	101	25,863		
	Total	6655,221	103			

Based on Table 6, the predictor coefficient between Quality of Life and Mental Health was -12.503 with a significance value of 0.000 (p < 0.05), indicating that Quality of Life is a significant predictor of Mental Health. Meanwhile, the regression coefficient of Peer Social Support on Mental Health was -0.030 with a significance value of 0.976 (p > 0.05), indicating that Peer Social Support does not significantly predict Mental Health.

Table 6. Regression Test Results Beta Coefficient Value and t Value

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	β		
1	(Constant)	112,211	7,208		15,568	0,000
	Social Support	-0,482	0,039	-0,779	-12,503	0,000
	Mental Health	-0,004	0,123	-0,002	-0,030	0,976

Discussion

The results of this study indicate that the central hypothesis is accepted, showing that Quality of Life and Peer Social Support simultaneously serve as significant predictors of Mental Health among students with disabilities in Indonesia. This finding is consistent with Al-Shaer et al., (2024), who reported that a higher Quality of Life, accompanied by adequate social support, reduces symptoms of depression, anxiety, and stress among students with disabilities. This suggests that

mental Well-being is influenced not only by internal individual factors but also by the quality of social relationships.

The predictive dynamics of the two variables are reflected in the dominant role of Quality of Life. Students with disabilities who experience a higher Quality of Life tend to have better access to resources, a more supportive environment, and a stronger sense of autonomy, enabling them to manage psychological distress more effectively (Defar et al., 2023). Previous studies also indicate that Quality of Life is a significant predictor of reduced depression and anxiety among academic populations with disabilities (Hohls et al., 2021; Aryal et al., 2024). Peer Social Support acts as an external factor that can strengthen the positive impact of Quality of Life, particularly when it aligns with students' emotional and academic needs. However, the relatively low proportion of students reporting strong peer support in this study indicates that the potential influence of this variable has not yet been fully realized.

In the context of students with disabilities, these findings are particularly significant. This population often encounters physical barriers, limited access, and social discrimination, all of which may reduce Quality of Life and adversely affect Mental Health (Lund et al., 2018). Prior research also indicates that students with disabilities who face stigma and social isolation on campus are more likely to experience psychological distress (Wang et al., 2021). Therefore, a deeper understanding of the interaction between Quality of Life and social support is essential. These findings highlight the need for a holistic approach in developing support programs that go beyond physical facilities by reinforcing inclusive and empowering social networks.

The results of the first minor hypothesis analysis showed that Quality of Life was a significant predictor of Mental Health among students with disabilities. This finding aligns with the WHOQOL-Bref (2012), which defines Quality of Life covering physical, psychological, social, and environmental dimensions as a key indicator of positive Mental Health. Students who are satisfied with their living conditions tend to experience lower levels of stress and anxiety and be able to maintain strong learning motivation. Conversely, a low Quality of Life may contribute to social isolation and increase the risk of Mental Health problems.

In contrast, the second minor hypothesis indicates that Peer Social Support does not play a significant role in the Mental Health of students with disabilities. This finding may be attributed to the quality of support received. Pointon-Haas et al., (2023) note that social support that is unstructured or not aligned with the recipient's needs may fail to influence Mental Health outcomes. Another possibility is the presence of communication barriers or stigma that prevent students with disabilities from fully utilizing available peer support.

This condition can be explained by the quality of support received, where support that is unstructured or not tailored to the recipient's needs is less likely to have a meaningful impact on mental Well-being (Gillard et al., 2021). Smit et al., (2022) similarly noted that the effectiveness of peer support depends heavily on the structure, quality, and relevance of the program to the recipients' context. Support that is general, insufficiently targeted, or hindered by factors such as ineffective communication, social stigma, or limited understanding of disabilities is unlikely to produce significant improvements.

Based on the presented results, this study makes an important contribution to understanding the Mental Health of students with disabilities in Indonesia. The main novelty lies in the confirmation that although Peer Social Support is not independently significant, its role can be maximized when combined with improvements in Quality of Life. This challenges the linear assumption that social support always has a positive impact and highlights the importance of considering the interaction between internal and external factors in maintaining Mental Health.

However, this study has several limitations. The number of respondents was only 104, so it may not necessarily represent all students with disabilities in Indonesia. The study also did not

differentiate the analysis based on disability type, so differences in predictors of Quality of Life and Peer Social Support for each disability group are not clearly illustrated.

CONCLUSION

This study demonstrates that Quality of Life and Peer Social Support play significant roles in the Mental Health of students with disabilities in Indonesia. Overall, a higher Quality of Life contributes to improved psychological Well-being and better coping with mental stress. Although Peer Social Support is not an independently significant predictor of Mental Health, its impact can be strengthened when the support provided is relevant, structured, and tailored to the needs of the recipients. These findings confirm that the Mental Health of students with disabilities is more strongly predicted by internal factors such as satisfaction with living conditions, whereas Peer Social Support is not a direct predictor when examined independently. However, the combination of a high Quality of Life and appropriate social support can form a strong predictor of environments that foster psychological resilience and improved Well-being. Therefore, strategies aimed at enhancing Mental Health among students with disabilities should integrate efforts to strengthen Quality of Life with inclusive and sustainable social support systems.

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AUTHOR CONTRIBUTION STATEMENT

All authors were directly involved in this study, including the development of the research design, data collection and analysis, and the preparation of the final manuscript. All authors have read and approved the final version of the paper.

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