





Peer Support for Student Mental Health

This report aims to provide a brief overview of peer support within a mental health setting and how it can be used safely and effectively within university settings. The report looks at what peer support is and reviews a brief history of peer support. The report outlines the benefits of peer support; considering both the benefits to those receiving support and those providing support. This is achieved by drawing on the extensive literature surrounding peer support as well as from case studies taken from existing projects and groups.

This report has been produced by Student Minds in consultation with the NUS.

Student Minds is the UK's student mental health charity. We believe that peer interventions can change the state of student mental health. Our vision is for students to take action to foster an environment where everyone has the confidence to talk and listen to each other, the skills to support one another and the knowledge to look after their own mental health.

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What is Peer Support? A Short History

'Peer support is about normalising what has been named abnormal because of other peoples' discomfort' [1]

Peer support can be defined as support provided by and for people with similar conditions, problems or experiences. It is based on the belief that people who have faced and overcome adversity can offer support, encouragement and hope to others facing similar situations.

Peer support and its core principles have, to some degree, always existed. Naturally occurring peer support takes place in the community on a daily basis with people sharing their lived experience and using it to support others in a similar circumstance. Peer support has also existed within the context of mental health, with people providing mutual support to one another in care services or naturally occurring support groups within the community.

Intentional or formalised peer support began with the establishment of Alcoholics Anonymous in 1935. This organisation operates on the principle that people who have experienced and overcome alcohol misuse will be more effective in assisting others who are also attempting to overcome addiction [5]. In terms of mental health, peer

support developed more formally with the creation of networks such as the Hearing Voices Network and The Bipolar Organisation (now Bipolar UK). These networks were established in the 1980's to provide support to people suffering from specific mental health difficulties.

The number of peer support services for mental health difficulties in the USA today is more than double that of professionally run services [6]. Public interest and enthusiasm for peer support perhaps stems from the high prevalence of mental health difficulties and the substantive associated social and economic costs.

12 core principles of peer support:

Mutuality, solidarity, synergy, sharing with safety and trust, companionship, hopefulness, a focus on strengths and potential, equality and empowerment, being able to be yourself, independence, reduction of stigma and respect and inclusiveness. [4]





The Importance of Supporting Student Mental Health:

The costs associated with mental health are significant. In 2013, 15.2 million work days were lost due to mild mental health difficulties such as stress, depression and anxiety [7]. Mental health difficulties are estimated to cost the English economy over £77 billion through the costs of care, economic losses and premature death [8]. It is estimated that only 14.2% of people who consider themselves disabled due to mental health difficulties are working; this is well below the 45.6% average of people with disabilities who are in work [9]. These costs underline the need to radically change our national approach to mental health.

Early intervention is a necessary step to improve national mental health. It is fundamental because of the significant impact that mental health difficulties have on educational, economic and social outcomes [10-15]. Tackling mental health difficulties early in life will improve educational attainment, employment opportunities and physical health, increasing economic productivity, social functioning and quality of life [16].

With approximately 50% of young people entering higher education [17, 18], and the median age of higher education students overlapping the peak age of onset for mental health difficulties [19, 20], we should expect to find high levels of first onset mental distress in universities. Indeed, in a year, a quarter of university students experience psychological distress [21, 22], associated with increased risk of anxiety, depression, substance use and personality disorders [23], as well as academic failure, job difficulties and diverse social outcomes in later life [24-27]. These mental health difficulties can have a negative impact on

Peer support is:

'The help and support that people with lived experience of a mental illness are able to give one another. It may be social, emotional or practical support, but importantly this support is mutually offered and reciprocal, allowing peers to benefit from the support whether they are giving or receiving it [3].'

students' experience of higher education, contributing to missed classes, decreased academic performance and significant interpersonal problems [28, 29].

University creates challenges that can increase stress; student life, especially during the first year, is a period of vulnerability during which young students establish, test and adjust to new psychological identities [25, 30]. Entering university for many students is a significant life change [31] and an emotional time, accompanied by excitement and exhilaration but also loss, alienation, dislocation and exclusion [32]. Students with severe mental health difficulties are at 'considerable risk' of academic failure and dropping out of university [33]. In England 7.4% of students drop out of Higher Education during their first year of study [34]. Improving student belonging is advocated as a priority for improving student retention and building supportive peer relations is one strategy towards improving student belonging [35].

Peer support programmes may be central to improving supportive peer relations on the university campus. Peer support programmes can offer an efficient and effective way of supporting students and





breaking down the isolation felt by many new students. Peer support may be most effective when integrated as part of a triaging system with existing services. Existing professional services have the time and expertise for complex cases. Using peer

support can maximise the expertise of peers in dealing with common, mild mental health difficulties, enabling professional services to focus on supporting students with more complex needs.

The Benefits of Peer Support

There are many benefits of peer support. These can be broken down into the benefits for those receiving the support, the benefits for those providing peer support (peer-supporters) and the benefits for society and the mental health system as a whole. These are discussed below.

Benefits to those receiving support:

There are a multitude of benefits for those receiving peer support, many of which focus on empowering the individual in their recovery and breaking down the social isolation felt by those with mental health difficulties.

Empowerment

Peer support can empower individuals to overcome the stigma and social isolation that reinforce cognitive and social challenges associated with mental health difficulties [36, 37]. Engaging in peer support increases ratings of self-esteem and confidence [38]. Feeling empowered and having the confidence and self-esteem to overcome difficulty is a huge advantage when dealing with mental health conditions. One of the prevailing thought processes

'The benefits of peer support are clear, with shared identity, increased self-confidence, developing and sharing skills, improved mental health and wellbeing, accompanied by less use of mental health and other services [2].'

within mental health difficult ies is the idea of

being 'good enough' to deserve recovery. Therefore being able to tackle that fallacy head-on is a significant step in the road to recovery.

Social support

Social isolation is associated with most mental health conditions and poses a significant challenge to recovery. The nature of peer support itself tackles this challenge by enabling individuals to meet and interact with peers who have experienced similar challenges and circumstances, allowing participants to create relationships and practice a new identity in a safe and supportive environment [39]. As we have already seen, engaging in peer support also raises self-confidence and self-esteem meaning that people feel more able to engage with others outside of the peer support context. Peer support therefore breaks down social isolation in two ways: by allowing people to meet and engage with others through the peer support sessions and through increasing confidence and empowerment, supporting people to widen their social circles.



Peer Support R

"The support group was absolutely amazing and I think it's the single biggest contributor to my recovery this year."

Empathy and acceptance

Peer support provides an environment in which people can discuss their struggles and emotional stresses with others who display empathy and acceptance. The sharing nature of the reciprocal peer support relationship increases feelings of acceptance and being understood and liked [40].

Reducing Stigma

Stigma presents a substantive barrier to help-seeking for people with mental health difficulties [41]. The majority of young people with depression and related disorders either do not seek, or delay seeking, professional help [20, 42] and many students are unwilling to seek help from university services despite believing that these services are likely to be helpful [41]. The fear of being judged is identified by students and university staff as the highest priority challenge for student mental health [43].

There is some evidence that engagement with peer support programmes can reduce perception of stigma. Participants involved in peer support are less likely to identify stigma as an obstacle for getting work and were more likely to be integrated in society [44]. This is related to the empathy and acceptance that people experience when accessing peer support- the feeling of acceptance reduces the fear of stigma [44].

Engaging in peer support as a peer support worker can also reduce stigma as people learn to interact with and communicate with people who are currently experiencing mental health difficulties. This interaction between people with and without current personal experience of mental health difficulties encourages integration and mutual understanding which is understood to break down stigma [45, 46].

Hope and motivation

Recovery from mental health difficulties can often take a long time. The recovery period for an eating disorder for example, is a matter of years rather than weeks or months. With such a long time frame for recovery, it can be very easy for people to lose their motivation for and hope of recovery, particularly if they are tackling their illness alone. Peer support offers the hope and motivation that people need to stay the course in recovery. A sense of hope and motivation throughout recovery, through meeting people who are recovering and people who have found ways through their difficulties and challenges, is one of the essential benefits of peer support [47]. Meeting positive role models and seeing that recovery is possible can provide people with the hope and motivation they need to commit to their own recovery [47].





Benefits to peer-supporters:

Giving peer support also has a number of benefits for the peer support worker as well as the individual seeking the support.

Empowerment and self-esteem

Being a peer support worker has been found to have the same positive effects on self-esteem and empowerment as receiving peer support does. Volunteers reported an increased sense of confidence and self-esteem and indicated that they benefitted from the feeling of being appreciated [48].

Turning difficult experiences into a positive

Engaging in a peer support programme allows peer-supporters with personal experience of mental health difficulties to turn their difficult experiences into positive ones that can benefit another person. Not

Reducing the cost to society:

Peer support has broader benefits as it works to reduce the costs of mental health to society.

Less hospital admission and access to expensive services

As outlined in the introduction, mental health poses a substantive cost to society economically both and in terms of productive capacity. Peer support has the capacity to reduce these costs efficiently and effectively through the maximisation of the expertise of peers and releasing the expensive pressure from and oversubscribed professional services [50]. Peer support has been found to aid recovery and reduce the number of symptoms displayed in those with mental health difficulties. For only can this be a cathartic and healing process for someone who is in recovery, but as The Helper-Therapy principle suggests that engaging in peer support allows those with personal experience of mental health difficulties to benefit from helping others due to developing reciprocal relationships and the ability to see the impact of mutual support [49].

Personal development and employability

Peer-supporters learn new skills through their experience, contributing to their personal development and employability. Engaging in peer support work while at university can allow students to develop and practice listening skills, leadership, and project management experience as well as self-evaluation and reflective skills, all of which will be highly beneficial to their CV and future career prospects.

instance, Chinman et al (2001) found that when comparing one peer support project to traditional outpatient care there was a 50% reduction in readmissions to hospital of people accessing peer support, with only 15% of peer support participants readmitted in the project's first year of operation.

Encouraging reintegration into society

Peer support not only reduces hospital admissions and aids recovery, but it does so while actively encouraging social integration. The group nature of peer support means that it can act as an antidote to the passivity that may result from participation in services with a hierarchical structure, and diminish the isolation and despair that many experience [5].





The benefits of peer support in the student population:

The student experience is unique. Students are all experiencing very particular life circumstances at the same time; from leaving home for the first time and coping with academic demands, to building new social networks. This shared experience of specific circumstances places the student community in a good position to deliver valuable peer support models.

It is estimated that around 29% of students experience clinical levels of psychological distress [21], associated with increased risk of anxiety, depression, substance use and personality disorders [23]. In contrast to this, university counselling services are currently reaching approximately 4% of students [51] and less than 1% of students actually disclose a mental health condition to their university [52]. This means that there are a large number of students who are experiencing clinical levels of distress but are not accessing professional support from the university. While barriers to help

seeking are likely to limit access to professional services [41] the capacity of these services provides another very real limit to their reach; university counselling services have long been recognised as overstretched and under-resourced [33].

Integrating peer support into existing service provision has the potential to increase the capacity of services in an efficient way, releasing professionals to dedicate more attention to students with complex needs while simultaneously reaching more students and providing support over a longer period of time. Peer support models fit into the university experience and can work well alongside the professional services provided by the university such as the counselling service, well-being teams, mental health advisors and student services.

"I found the comforting, relaxed environment helpful. Knowing you're not the only one struggling with an eating disorder while moving away from home, living on your own and juggling a degree is helpful, and it helps to discuss how best to cope with everyday life things that are made difficult due to the effects (both physical and psychological) of living with an eating disorder."





Different Types of Peer Support

There are many different types of peer support, each of which has its own benefits and limitations. Below we look at three types of peer support: informal and naturally occurring peer support, peer-run programmes, and the employment of service users as providers of support within traditional services.

Informal peer support:

Informal peer support has occurred naturally within society for centuries and can be seen as the original form of peer support. The informal nature of this type of peer support means that individuals are able to actively seek out those with the relevant experience who they feel most comfortable speaking to. This means that the process of seeking support can be driven and controlled by the individual in need of support [38].

Informal support can also occur in a less organic way, with specified times and locations. Projects such as the East Durham Trust's Cree Project [53] provide informal support by bringing people together who have similar life experiences. The Men's Cree project offers drop in groups to enable men to engage with each other through different activities such as

Peer-run programmes:

Peer-run support is defined as 'a process by which persons voluntarily come together to help each other address common problems or shared concerns' [38]. The term 'peer-run programmes' encompasses a wide range of different programmes, many of which can be found in the university setting. Below we look at a few working on an allotment. The chosen activity is used as a way to facilitate conversation and so the groups provide time and space for individuals to talk to each other without any explicit pressure to do so.

Despite the obvious benefits of informal peer support, it can be limited by a lack of training and knowledge of which services to signpost to. Providers of informal peer support, including family and friends, can feel under qualified to offer support and advice, or they may feel a large amount of pressure and responsibility, as though they are 'bearing the burden' of someone else's mental health difficulties. Other models of more formal peer support can combat some of these limitations, but may not offer the same ease of access or level of intimacy.

different types of peer-run support, namely: one-to-one peer support, group peer support, structured vs. unstructured peer support and remote peer support. Different models of peer-run programmes all have relative benefits and limitations and work well for different individuals and in different contexts.





One-to-one peer support

One-to-one peer support operates on the basis of one trained peer-supporter providing support to one peer at a time. This type of peer support assumes that there is a shared experience between the peer-supporter and the individual seeking support. Where models operate in universities, it is likely that this shared experience is simply that of being a student.

One of the key benefits of one-toone peer support is the level of attention received by the attendee from the peersupporter. One-to-one support gives time

Group peer support

The group peer support model focuses on bringing together students with shared experience. Trained volunteers facilitate group peer-run programmes and may have a shared experience with the attendee, for example sharing the experience of the student lifestyle or having personal experience of a mental health difficulty. The group may be run by more than one facilitator and is attended by a number of people at any one time. Groups may focus on a specific issue, for example the Student Minds Positive Minds Course is a structured peer-run programme for mild depression.

Group peer-run programmes have a range of benefits for the attendee, including the shared identity of the individuals attending the group and the motivation for recovery that a group environment can support. Groups enable those seeking peer support to also be active participants in giving support, facilitating an atmosphere where people can share and develop skills and coping strategies.

Group peer-run programmes can also relieve some pressure from the facilitators, as the group becomes a place

and space for an individual to receive specific and directed support. However, this places a large amount of responsibility on the peer-supporter and may make it difficult to maintain boundaries. A safe and effective support model must one-to-one peer therefore ensure that peer-supporters receive a high level of ongoing support and supervision. For example, The Oxford University Peer Support Service employs a full-time trained counsellor to deliver training and ongoing support and supervision to peer-supporters.

where the attendees are supporting each other through shared experiences rather than looking for specific advice from the facilitator. The time-bound framework of a group meeting also creates the opportunity for clear boundaries to be put in place. There are however challenges to group peer support: the facilitator can feel pressure and responsibility to maintain the safety of the group and the more people there are attending the group session, the more difficult this might become. It is therefore vital that student facilitators have the right training and ongoing support to ensure that group sessions are safe and effective.

Structured and unstructured peer support

Group peer support programmes can be further broken down into structured and unstructured peer support. A structured peer support group might follow a particular workbook or course, with the added benefit of the mutual support and motivation that completing a course in a group can create. Alternatively, a structured peer support group may be experiential, drawing on a specific shared experience but not necessarily working through a specific course. The structure of an experiential





group comes from having a specified theme for discussion, with conversations being guided by the student facilitators running the group.

An unstructured group is 'user-led', with the facilitators taking a back-seat role and being there to create a safe environment rather than guide the group through a resource. Alcoholics Anonymous is an example of an unstructured peer support group where people are given the opportunity to share their experiences of a particular issue in a supportive environment with others who have similar experiences.

The decision on whether to use a structured or unstructured peer support group can depend on the type of mental health difficulty the group is being used for. For example, there are benefits of using a structured approach for individuals struggling with mild depression. Rumination, defined as compulsively focused attention on the symptoms of one's distress and on its possible causes and consequences, is a core cognitive symptom of depression [54-56]. An unstructured support group may encourage the cycle of rumination, depressive aggravating symptoms. Introducing structure for individuals with mild depression can support positive, solution-focused conversation. However, structure will not be right for everyone. For

> "I leave feeling positive, not alone, worth the fight to recover and have never felt judged or ashamed"

instance, one of the main barriers for people seeking help for an eating disorder is the fear of losing control; unstructured support for individuals with eating disorders can enable a focus on motivational strategies to support students on their own journey towards recovery.

Remote peer support

Remote peer support refers to support that is received through other mediums of communication rather than face-to-face. Traditionally, remote peer support operated on a helpline basis but with the arrival of the Internet, there are now many forms of remote support. Remote support that operates online can be interactive or static.

Interactive remote support can be delivered in the form of online helplines or chat rooms where people are able to voice their struggles and receive peer support. Again, there are benefits and limitations of interactive online peer support. The main benefit of such peer support is the anonymity and instant access that it offers. However, in order to deliver safe online interactive support, the same safeguards need to be in place as for face-to-face peer support and these can often be more difficult to implement online due to the remote nature of the interaction.

Static support can also be delivered in the form of online resources and self-help, such as the workbooks on the Students Against Depression website. Again, the benefits of static online support include the anonymity and ease of access of the resources, as well as the opportunity for individuals to work through resources at their own pace. However, static online support is less capable of engendering the empathy and shared experience generated through interactive programmes.





Service-user-led programmes:

Independent consumer-run groups and programmes were originally developed as alternatives to formal mental health services [57]. These work on a similar basis to peerrun programmes but take place in a more formal setting. They commonly offer employment to consumers and service users. As with peer-run programmes, the involvement of the individuals seeking support is voluntary and intentional [38]. However, unlike peer-run programmes, service-user-led programmes have formalised structure with structured activities and interactions.

The Richmond Fellowship is a mental health charity whose philosophy is built upon the service-user-led programme. The charity involves service users at all levels, from being on the panel to interview and recruit new members of staff, to being employed to deliver peer support. The Richmond Fellowship employs service users as 'Peer Support Workers' to support people with mental health difficulties in their recovery by using their own experience of managing mental health difficulties and

recovery. Peer Support Workers at The Richmond Fellowship are given a permanent post, a full-time salary with annual leave and other employer benefits. They are responsible for all aspects of organising and delivering the peer support programme service.

Davidson et al (1999) carried out a review of such service-user-led peer support programmes and found a range of benefits and limitations. Service-user-led programmes share many of the benefits of peer-run programmes in that they are an effective way of using personal experience to inspire and motivate other people's recovery and are often delivered in a very safe and professional manner. However, unlike many peer-run programmes, serviceuser-led peer support programmes often operate on a referral basis, meaning the support may not be as easily accessible. When thinking of a student population, this could be a vital obstacle.

Managing Peer Support Safely

In order to run effective peer support, it is essential that peer support is delivered safely. Broadly speaking, running peer support safely should encompass; having a recovery-focussed session, having systems in place to effectively signpost people in need of further help and support and ensuring that adequate training and supervision is in place for peer-supporters.

Comprehensive training:

The importance of good training for peersupporters was emphasised by the Reading Resource peer support workers and the Wellness Recovery Action Plan (WRAP) training group in a consultation with service users by Together UK [4]. Not only is comprehensive training for peer-supporters essential to ensure that the peer support programme delivered safely is and effectively, but well-resourced and accredited training can also benefit the peer-supporters who are able to both put the training on their CV and can make use it in other contexts. Delivering





comprehensive training for peersupporters gives them confidence to deliver peer а support programme knowing they are doing so to the best of their ability, equipped with the correct skills set of and knowledge. Training also ensures that, if needed. peer-supporters can follow the correct procedures in emergency situations or when signposting individuals requiring further help and support. Comprehensive training ensures that the individuals receiving support are receiving safe. recovery focussed and nontriggering support.

On-going support and supervision:

Good on-going support and supervision is vital for peer-supporters [4]. Delivering peer support can be a rewarding yet sometimes difficult experience for peer-supporters. Offering on-going support and supervision provides peer-supporters with an opportunity for reflection, evaluation and can avoid rumination. Supervision delivered by professionals or someone with expertise in the area can also allow peer-supporters to constantly develop and grow their skills and therefore deliver the most effective peer support programme. Depending on the peer support model and on the structure of the organisation delivering it, supervision may also be essential for safeguarding and risk assessments.

Boundaries for peer-supporters:

Boundaries are a key component in delivering safe and effective peer support [4]. Individuals may become particularly attached to one person or may ask for further help and support from a peer-supporters outside of the peer support

"I valued the opportunity to speak without interruption in a non-judgemental environment. I find it helpful to listen to others and enjoy being able to hear another person's perspective on their issues and reaction to/thoughts on my contribution to the group."

programme. It is important that peersupporters have a set of boundaries that they feel able to enforce when needed. Boundaries, such as not providing support outside of a session, serve not only to protect the peer-supporters but also ensure that individuals do not develop unrealistic expectations of the support offered by peersupporters. Clear boundaries, set down by third party organisation, may be particularly important in close-knit university communities. They may serve to ensure that individuals adopting the role of a peersupporter do not feel pressure to constantly maintain this role.

Ground rules for conversations:

Ground rules help peer-supporters to create a safe environment for a peer support interaction and can act as a form of contract between the facilitators and individual/s engaging in peer support. Ground rules should be set to ensure that the conversation stays safe and is primarily prorecovery and non-triggering. This is particularly important in a group setting. Peer-supporters can use the ground rules to guide conversation if it is becoming





unsafe. It is important that all individuals at a group session are aware of what the ground rules are and why they are in place before the session begins.

Confidentiality:

Having a clear confidentiality policy is the cornerstone of a safe and effective peer support programme. A confidentiality policy guarantees that all individuals and peer-supporters are aware of what information might be shared with whom. The policy also sets what the procedure would be in a situation in which there is a high level of concern for an individual's welfare. It is essential that the confidentiality policy is readily available and that all participants in peer support understand what the policy means for them.

Effective signposting:

Effective signposting should be a core component of every peer support programme. Peer support can only go so far in providing help to people struggling with mental health difficulties. Many people accessing peer support services may also need professional treatment or access to professional university services. If a peer-supporter is concerned about an individual or if an individual asks for further support, it

is vital that they are signposted to professional services quickly and effectively. Effective signposting can be covered in peer-supporter training and can also be established through awareness of local services and integration with them. In order for signposting to be effective it should be immediate and comprehensive i.e. as soon as an individual asks for further support, up to date information and contact details for the appropriate professional services are delivered without a time delay.

Integration with existing services:

Peer support programmes should be joined up and integrated with existing services. For example, an informal peer-run group on a university campus should be integrated with counselling service, the student services, the well-being centre, the welfare office of the students' union, the local GP and any other relevant professional services within the university or in the local area. The most obvious benefit of having an integrated approach is in the delivery of effective signposting for individuals who are in need of professional treatment. However, integration with existing services can also benefit peer support programmes by offering further training, support and supervision opportunities to the peersupporters.

Conclusions

This report has looked at the history of peer support in mental health services and has highlighted many benefits of peer support for people who are struggling with mental health difficulties. We have also seen how peer support can have specific benefits to the student population. There are a number of different models of peer support which

can be broken down into three approaches; informal support, peer-run programmes and service-user-led programmes. Peer-run programmes can be further divided on of individual/group dimensions the structured/unstructured programmes; programmes face-to-face/remote and programmes. Informal support peer





operates organically and is driven by the individual seeking support, however the individuals providing support may lack the skills and expertise to effectively signpost further people to support. Peer-run programmes offer an informal, easily accessible place for support with peersupporters who are trained to deliver safe and effective peer support. However, a number of factors need to be considered to manage peer support programmes safely. Service-user-led peer support offers employment to consumers of mental health services and share many of the benefits of peer-run groups. Service-user-led peer support often works on a referral system reducing the ease of access which could be a barrier for the student population. For the purpose of peer support for mental health difficulties in the student population, it is suggested that peer-run programmes can provide the most effective type of peer support. This is due to their ease of access, informal nature and the feasibility of implementing strong models of training and build expertise for peersupport to supporters.

There are challenges in running safe and effective peer support. In order to counteract such challenges, safe peer support must include: comprehensive training for the peer-supporters; on-going support and supervision for peer-supporters; a set of rules/boundaries for the peer-supporters to follow; ground rules for the conversation; a comprehensive confidentiality policy; effective signposting for students in need for further support and integration of the peer support programme with other existing services.

As we have seen from the evidence cited in this report, peer support is very effective in supporting individual to manage their mental health difficulties and can be of enormous benefit to the student population. Universities wanting to engage in peer support are encouraged to think collaboratively about which model of peer support would work best on their campus and could integrate with their existing services.

Case Studies

In October 2014, universities and students' unions were invited to submit evidence for peersupport programmes run on their campus. This has been collated here to give you a view of the range of programmes running on university campuses. If you would like to let us know about an intervention running on your university campus, please contact info@studentminds.org.uk.

Brunel Buddies

Brunel buddies is a new project offering 1-2-1 support for new students joining the university. Buddies all complete a half-day training facilitated by student services.

Buddies receive support from the volunteer centre. The programme has around 100 volunteers and supports 150 students.





Lancaster University: Happy to Talk

Sabbatical officers at Lancaster Students' union have developed a partnership with the local Lancashire Mind to launch a new project in 2015. Lancashire Mind, in conjunction with the Community Coordinator at the Students' Union will train Nightline.

volunteers to facilitate the "Happy to Talk" peer support sessions. These sessions will be open to any student. The Students' Union and Lancashire Mind will provide ongoing support to the volunteers.

Nightline is a listening service providing information and support on a 1-2-1 basis over the phone. The service is facilitated by trained student volunteers. Although National Nightline provides best practice guidelines and supports the individual Nightlines across the country, each operates to its own model. Two Nightlines have submitted information about how their service operates.

Leicester University Nightline

This service is run by volunteers with and without lived experience of mental health difficulties. The service is led by students as part of a Students' Union society. New volunteers are trained by more experienced nightline volunteers using role plays of call scenarios. Support is provided by the community of like-minded people

volunteering for Nightline. Further support is provided by internal coordinators who are experienced Nightliners. At Leicester University there are approximately 70 student volunteers involved in the project which has been running for 30 years.

Oxford University Nightline

In addition to providing 1-2-1 support over the phone, the Oxford University Nightline offers students the opportunity to drop in and visit their offices, providing face-to-face support. The service has been running for 41 years and currently operates with around 150 volunteers. Training is delivered over 3 days plus mid-week meetings. The service operates a high selection standard. Training is provided by current volunteers using a mixture of their own materials and some resources adapted from the Samaritans.

Oxford University Peer Support Programme

The Peer Support Programme is run through the Oxford University Counselling Service. It was started at Oxford University 24 years ago as a response to the stated needs of students (and staff) in welfare positions and pastoral roles who wanted to help their peers, but weren't sure how to go about it. Today the programme operates with approximately 350 student volunteers and is an integral part of the College and University welfare system, aiming to complement the other welfare provision

available. The focus of the peer support is primarily on the emotional and psychosocial experience of students. The fact that emotions are recognized and spoken about, as well as the acknowledgement that we all need support at some point, underpins the role of peer support in reducing the stigma of seeking help.

The Oxford University Peer Support Programme builds on the natural tendency for students to care for each other by giving





them 30 hours of training in a range of support and communication skills, to enable them to help peers think through issues that are important to them, and to empower the person they are supporting through listening in an non-judgmental way.

Trained peer-supporters provide a friendly, confidential, informal and formal listening service to their peers. In addition to the listening service they provide, they run events to offer people a space to meet up and connect to each other. These initial connections are important in building students' trust in the peer-supporters in their colleges and departments, increase awareness of the peer support panel's existence. Peer-supporters are in a position to offer on the ground support to their peers as they live and work in close proximity to one another. They are also in a strong position to refer students, as appropriate, to professionals and other student groups both within and outside the college/department setting. There approximately 350 trained peer-supporters at any given time around the university, made up of both undergraduates and graduates.

The Peer support training, delivered by the University Counselling Service gives students a wide range of transferable skills in listening, communicating and relating to others. It aims to help the students' thinking with regard to independence and interdependence, both important developmental tasks at this stage: how they become independent in their thinking and

learn to take responsibility for their decisions, whilst at the same time learning how this fits with being part of and giving to the community in which they live. Additional skills development in areas of time management, boundary setting and self-awareness are of benefit to them both whilst at university and in future relationships and careers.

The 30-hour training programme, delivered in ten three-hour sessions, covers topics including:

- Confidentiality,
- Group boundaries,
- Getting to know a stranger,
- Welcoming and non-welcoming behaviours,
- Effective questioning,
- Identifying and labelling feelings,
- Advice giving vs active listening,
- Decision making.
- Values clarification,
- Assertive communication,
- Cultural awareness.
- Working with people in crisis,
- Suicide prevention education,
- Referrals.
- Limit-setting.

Peer-supporters are required to attend fortnightly peer support group supervision, usually with the trainer who trained them. Attendance is necessary in order to be an active peer-supporter in college. If and when difficult or emergency situations arise, they have a Senior Member who is linked to the programme and can contact their supervisor between supervision sessions.

Student Minds: Positive Minds course Oxford

The Positive Minds course provides an informal, structured peer support group for university students who are struggling with

mild depression. It functions as a series of six weekly sessions delivered by trained





student volunteers and covering the following topics:

- Session 1: Social contact
- Session 2: Active stress management
- Session 3: Tracking what works for you
- Session 4: Physical activity and exercise
- Session 5: Sleep and relaxation
- Session 6: Food and mood

The course focuses on building broader networks of social support, adopting selfcare and engaging in more activity, following simple principles of behavioural activation. The course has been written by Dr. Denise Meyer, counselling psychotherapist and founder of Students Against Depression. It follows and links in with self-help resources developed and available from Students Against Depression, using a structured workbook that allows volunteers to adopt the role of facilitator rather than course instructor.

The course focuses heavily on implementation intentions throughout. These are specific statements made about goal intentions, identifying when, where and how goals will be achieved. People generally have good intentions but often fail to act on them [58]. This is a common problem with self-help resources - they encourage individuals to set bold and intentions for positive change. Implementation intentions offer a practical strategy to turn intentions into action. While a goal intention may be stated as "I want to talk to more people on my course", an implementation intention is more specific, seeking to connect a future opportunity for goal attainment with the specific goal. As such the goal intention may be rephrased as an implementation intention: "As we wait for the lecture on Thursday I will talk to one

person". Research in social and health psychology has demonstrated that implementation intentions are effective as a strategy to support behaviour change [59-61].

In addition to implementation intentions, there is a strong focus within the course on setting small and realistic targets. Volunteers are trained to encourage students attending the course to set small and realistic goals. As explained in the course resources, this makes behaviour change easier to achieve.

Training and support for the peer support facilitators:

All Positive Minds facilitators are trained by Student Minds over two days. Training covers:

- An interactive workshop on understanding depression.
- Practice delivering the Positive Minds course.
- An overview to running a student peer support programme: understanding what students are looking for in support.
- How to ensure a safe space: confidentiality, ground rules, selfdisclosure, boundaries and feedback.
- Skills for group facilitators: listening skills and motivational interviewing.
- Discussion of how to manage difficult conversations.
- An introduction to the logistics of a peer support programme: basic organisation and publicity, how to network and integrate a support group with on-campus and local support.

Positive Minds facilitators are assigned a supervisor. Student Minds supervision is delivered by graduate Student Minds volunteers who have extensive expertise in





running Student Minds peer support groups. Supervision sessions happen after each session of the Positive Minds course, providing the facilitators with an opportunity for self-evaluation and reflection. It is a time to discuss what worked well and what didn't work so well in the group session. It allows the facilitator an opportunity to debrief Student Minds on anything concerning that may have happened in the group session so that responsibility can be handed over from the facilitator to the charity.

Ground rules and boundaries for the programme:

believes Student Minds that confidentiality is fundamental. All groups follow a precise confidentially policy, available on our website. Support sessions are run with ground rules in place, which support the Student Minds group facilitators to fulfil their key role of making sure all conversations are pro-recovery, supportive non-triggering. Facilitators and ensure that attendees are aware of the ground rules at the start of the session and must be pro-active about enforcing ground rules in the group session. At the start of the group session facilitators should:

- Explain that they have ground rules in place to keep the session safe and supportive;
- Ensure that attendees understand that the group facilitators will interrupt conversation if they feel that a ground rule is being broken or might be broken;
- Read the ground rules out to all of the attendees;
- Ask if everyone present is comfortable with the ground rules and whether anyone would like clarification or would like to add a ground rule.

The ground rules for the positive minds course are as follows

- Confidentiality and anonymity: we ask that anything said in the meeting stays in the meeting;
- The group offers a supportive and non-judgemental environment;
- The group is a place for conversation and a place for silence;
- The group adopts a pro-recovery focus;
- We encourage a focus on feelings rather than behaviours.

Boundaries are in place across all Student Minds programmes and are there to protect the group facilitator and the attendees. Facilitators must keep to the following rules to make sure that boundaries are in place:

- There must always be a minimum of two group facilitators at any one meeting- if two facilitators cannot be present, the meeting must be cancelled;
- Do not provide any form of support outside of group session;
- Do not meet group attendees outside of the group sessions;
- The peer support programme is only for adults (over 18).

Integration with other services:

All of the Positive Minds groups are encouraged to draw upon the wide range of support available at their universities to achieve success. When launching a Positive Minds course- the Student Minds staff team will liaise with a number of different services within the university to ensure that support is in place and for the programme these include: the Students' Union, the Student Advice Service, the Volunteer Centre. the University Counselling Service and Student Services.





Some universities provide on campus supervision for the group facilitators through the counselling service or mental health advisors.

Student Minds group facilitators are also encouraged to find out what relevant services there are in their local area and to arrange to meet with them to establish a relationship. Some groups manage to establish a cross-referrals procedure with

Wiltshire College

Wiltshire college runs a 'buddy' scheme which offers 1-2-1 support and mentoring for all students, FE and HE, with a particularly focus on student wardens supporting peers within the HE side of the institution. Trained Student wardens, along

other services. Being integrated with existing services not only helps the group facilitators to sign post effectively; it also allows the group to be widely advertised and gives group facilitators access to further support and training.

For more information on our peer support programmes please visit:

www.studentminds.org.uk

or contact the office on hello@studentminds.org.uk

with other trained students, deliver the scheme, which is led jointly by students and staff. Training is provided by the counselling service and a qualified mentor. The programme has been running for 5 years.

References

- 1. Dass, R. and P. Gorman, *How Can I Help?* 1985, New York: Alfred A. Knopf.
- 2. Faulkner, A. and T. Basset, A helping hand: taking peer support into the 21st century. Mental Health and Social Inclusion, 2012. **16**(1): p. 41-47.
- 3. The Mental Health Foundation, Need2Know, Peer support in mental health and learning disability, 2012
- 4. Basset, T., et al., Lived experience leading the way: peer support in mental health. London: Together UK,. See: http://www.together-uk. org/wp-content/uploads/downloads/2011/11/livedexperiencereport.pdf, 2010.
- 5. Repper, J. and T. Carter, A review of the literature on peer support in mental health services. Journal of Mental Health, 2011. **20**(4): p. 392-411.
- 6. Goldstrom, I.D., et al., National Estimates for Mental Health Mutual Support Groups, Self-Help Organizations, and Consumer-Operated Services. Administration and Policy in Mental Health and Mental Health Services Research, 2006. 33(1): p. 92-103.

- 7. Office of National Statistics, Full Report: Sickness Absence in the Labour Market, Editor 2014.
- 8. Sainsbury Centre for Mental Health, *The economic and social costs of mental illness policy paper* 3, 2003: London.
- 9. Office of National Statistics, *People with Disabilities in the Labour Market*, Editor 2011.
- Andrews, B. and J.M. Wilding, The relation of depression and anxiety to life-stress and achievement in students. Br J Psychol, 2004. 95(Pt 4): p. 509-21.
- 11. Andrews, B., J. Hejdenberg, and J. Wilding, Student anxiety and depression: comparison of questionnaire and interview assessments. Journal of Affective Disorders, 2006. **95**(1): p. 29-34.
- 12. Berndt, E.R., et al., Lost human capital from early-onset chronic depression. American Journal of Psychiatry, 2000. **157**(6): p. 940-947.
- 13. Kessler, R.C., et al., Social consequences of psychiatric disorders, I: Educational attainment. American Journal of Psychiatry, 1995. **152**(7): p. 1026-1032.

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- kessler, R.C., S. Avenevoli, and K. Reies Merikangas, Mood disorders in children and adolescents: an epidemiologic perspective. Biological Psychiatry, 2001. 49: p. 1002 -1014.
- 15. Mowbray, C.T., et al., *Campus mental health services: Recommendations for change.*American Journal of Orthopsychiatry, 2006.
- 16. Royal College of Psychiatrists, No health without mental health: the case for action, 2010.
- 17. Birrell, B. and D. Edwards, *Half of Australian* youth aged 18 20 are not in training, in *University world news*2007.
- US Department of Education, The condition of education 2009, The National Centre for Education Statistics, Editor 2009: Washington DC.
- 19. Kessler, R.C., et al., Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. World Psychiatry, 2007. **6**(3): p. 168-176.
- 20. Slade, J., W. Teesson, and P. Burgess, *The mental health of Australians 2: report on the 2007 National Survey of Mental Health and Wellbeing.* 2009.
- 21. Benwick, B.M., et al., Using electronic surveying to assess psychological distress within the UK university student population: a multi-site pilot investigation E-Journal of Applied Psychology, 2008. 4(2): p. 1 5.
- Verger, P., et al., Psychological distress in first year university students: socioeconomic and academic stressors, mastery and social support in young men and women. Social psychiatry and psychiatric epidemiology, 2009. 44(8): p. 643-650.
- 23. Dawson, D.A., et al., *Psychopathology* assoicated with drinking an alcohol use disorders in the college and general adult populations. Drug Alcohol Depend, 2005. **77**: p. 139-150.
- Best, K.M., et al., Adolescent psychiatric hospitalization and mortality, distress levels, and educational attainment: follow-up after 11 and 20 years. Archives of pediatrics & adolescent medicine, 2004. 158(8): p. 749-752.
- Dyrbye, L.N., M.R. Thomas, and T.D. Shanafelt, Systematic review of depression, anxiety, and other indicators of psychological distress among US and Canadian medical students. Academic Medicine, 2006. 81(4): p. 354-373.
- 26. Eisenberg, D., et al., Prevalence and correlates of depression, anxiety, and

- suicidality among university students. American Journal of Orthopsychiatry, 2007. 77(4): p. 534-542.
- 27. Patel, V., et al., *Mental health of young people: a global public-health challenge.* The Lancet, 2007. **369**(9569): p. 1302-1313.
- 28. American College Health Association-National College Health Assessment Spring 2007 Reference Group Data Report (Abridged). Journal of American College Health, 2008. **56**(5): p. 469-480.
- 29. Heiligenstein, E., et al., *Depression and academic impairment in college students*. Journal of American College Health, 1996. **45**(2): p. 59-64.
- Adlaf, E.M., et al., The prevalence of elevated psychological distress among Canadian undergraduates: findings from the 1998 Canadian Campus Survey. Journal of American College Health, 2001. 50(2): p. 67-72.
- 31. Mikolajczyk, R.T., et al., *Prevalence of depressive symptoms in university students from Germany, Denmark, Poland and Bulgaria.* Social Psychiatry and Psychiatric Epidemiology, 2008. **43**(2): p. 105-112.
- 32. Christie, H., et al., 'A real rollercoaster of confidence and emotions': learning to be a university student. Studies in Higher Education, 2008. 33(5): p. 567-581.
- 33. Callender, J., et al., *Mental Health of Students in Higher Education*, Royal College of Psychaitrists, Editor 2011.
- 34. McCulloch, A., Learning from Futuretrack: dropout from higher education. 2014.
- 35. Thomas, L., Building student engagement and belonging in Higher Education at a time of change. Paul Hamlyn Foundation, 2012: p. 100.
- 36. Resnick, S. and R. Rosenheck, *Integrating peer-provided services: a quasi-experimental study of recovery orientation, confidence, and empowerment.* Psychiatric Services, 2008. **59**(11): p. 1307-1314.
- 37. Dummont, J. and K. Jones, Findings from a consumer/survivor defined alternative to psychiatric hospitalisation. Outlook, 2002. Spring: p. 4-6.
- 38. Davidson, L., et al., Peer support among individuals with severe mental illness: A review of the evidence. Clinical Psychology-Science and Practice, 1999. **6**(2): p. 165-187.
- 39. Mead, S., D. Hilton, and L. Curtis, *Peer support: a theoretical perspective*. Psychiatric Rehabilitation Journal, 2001. **25**(2): p. 134.
- 40. Sells, D., et al., The treatment relationship in peer-based and regular case management for

student minds

Peer Support Report



- *clients with severe mental illness.* Psychiatric Services, 2006. **57**(8): p. 1179-1184.
- 41. Reavley, N.J., T.V. McCann, and A.F. Jorm, *Mental health literacy in higher education students*. Early intervention in psychiatry, 2012. **6**(1): p. 45-52.
- 42. Salzer, M., L. Wick, and J. Rogers, Familiarity with and use of accommodations and supports among postsecondary students with mental illnesses. Psychiatric Services, 2008. **59**(4): p. 370-375.
- 43. Byrom, N., *Grand Challenges*, 2014, Student Minds: Oxford.
- Ochocka, J., et al., A longitudinal study of mental health consumer/survivor initiatives: Part 3—A qualitative study of impacts of participation on new members. Journal of Community Psychology, 2006. 34(3): p. 273-283.
- 45. Pettigrew, T.F. and L.R. Tropp, *A meta-analytic test of intergroup contact theory.* Journal of Personality and Social Psychology, 2006. **90**(5): p. 751.
- 46. Corrigan, P.W. and D.L. Penn, Lessons from social psychology on discrediting psychiatric stigma. American Psychologist, 1999. **54**(9): p. 765.
- 47. Davidson, L., et al., Peer Support Among Individuals With Severe Mental Illness: A Review of the Evidence. Clinical Psychology: Science and Practice, 1999. **6**(2): p. 165-187.
- 48. Salzer, M.S. and S.L. Shear, *Identifying* consumer-provider benefits in evaluations of consumer-delivered services. Psychiatric Rehabilitation Journal, 2002. **25**(3): p. 281.
- 49. Riessman, F., *The" helper" therapy principle.* Social Work, 1965.
- 50. Mowbray, C.T., D.P. Moxley, and M.E. Collins, Consumers as mental health providers: First-person accounts of benefits and limitations. The journal of behavioral health services & research, 1998. **25**(4): p. 397-411.
- 51. Grant, A., The Growth and Development of Mental Health Provision in UK Higher

- Education Institutions, Universities UK, Editor 2011.
- 52. Equality Challenge Unit., Equality in higher education: statistical report 2012 2012.
- 53. East Durham Trust. *CREE project*. [cited 2014; Available from: http://www.eastdurhamtrust.org.uk/.
- 54. Law, B.M., *Probing the depression-rumination cycle*. Monitor on Psychology, 2005. **36**(10): p. 38.
- 55. Donaldson, C., D. Lam, and A. Mathews, *Rumination and attention in major depression*. Behaviour Research and Therapy, 2007. **45**(11): p. 2664-2678.
- 56. Nolen-Hoeksema, S., B.E. Wisco, and S. Lyubomirsky, *Rethinking Rumination*. Perspectives on Psychological Science, 2008. **3**(5): p. 400-424.
- 57. Chamberlin, J., *The ex-patients' movement:* Where we've been and where we're going. Journal of Mind and Behavior, 1990. **11**(3): p. 323-336.
- 58. Orbell, S. and P. Sheeran, Regulation of behaviour in pursuit of health goals. Psychology and Health, 1998. **13**(4): p. 753-758.
- 59. Gollwitzer, P.M. and P. Sheeran, Implementation intentions and goal achievement: A meta-analysis of effects and processes. Advances in experimental social psychology, 2006. **38**: p. 69-119.
- 60. Varley, R., T.L. Webb, and P. Sheeran, Making self-help more helpful: a randomized controlled trial of the impact of augmenting self-help materials with implementation intentions on promoting the effective self-management of anxiety symptoms. Journal of Consulting and Clinical Psychology, 2011. 79(1): p. 123.
- 61. Bélanger-Gravel, A., G. Godin, and S. Amireault, A meta-analytic review of the effect of implementation intentions on physical activity. Health Psychology Review, 2013. 7(1): p. 23-54.

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