

PEER PROGRAMS IN COLLEGE STUDENT MENTAL HEALTH

An Essential Approach to Student Well-Being In Need of Structure and Support

Commissioned by the Ruderman Family Foundation and the Mary Christie Institute



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INTRODUCTION

Peer support for mental health issues is becoming an increasingly utilized practice on college campuses. While not new, its resurgence as a desired mode of mental health support aligns closely with a number of social and political factors, including the alarming increases in mental health concerns being reported by college students (Lipson et al, 2022) and the limited capacity within traditional counseling services to meet the demand for services. There is also a strong sense of shared humanity and altruism within the Gen Z student population spurred by their experiences during the global pandemic and the widening of disparities it caused and exposed. Students want, and perhaps need, to help ease the suffering that surrounds them, and peer-to-peer support is a natural response.

In early 2022, the Ruderman Family Foundation commissioned the Mary Christie Institute (MCI) to examine the practice of peer support in a college setting. The goal is to provide the field with more information upon which to consider adding or enhancing these services to what they currently

offer on campus; and to provide student leaders working within peer support with information on comparative programs and lessons learned.

Through expert interviews, a review of the literature, a new survey of counseling center directors, and case studies on well-known peer programs, we report on the history of peer support in college, the ways peer support is currently used on campuses, the benefits and drawbacks of common programs, and the student experiences that compel the field to move forward in strengthening this practice.

Peer support is an essential part of a public health approach to college student mental health, not only in addressing the unrelenting issues students are facing, but in helping all students flourish. However, there is much work to be done to ensure these practices are safe and effective; most importantly, that they are fortified by shared definitions, sufficient evidence for effectiveness, and agreed-upon best practices that are needed to mitigate risks and encourage expansion.



EXECUTIVE SUMMARY

In July 2022, the Mary Christie Institute conducted a survey with the membership of the Association of University College Counseling Center Directors (AUCCCD) that indicated near universal support for some type of peer support program, challenging the notion that professional counselors are reluctant to experiment with this methodology. The survey follows [previous research](#) by MCI and its partners, which showed strong usage and keen interest in the practice, higher still since the pandemic, and highest among students with minoritized identities.

The heightened interest in peer support can be tied to the reported benefits of the practice, as well as its potential in helping to address the campus mental health crisis where demand for service is outpacing capacity. Our research suggests that peer support in a college setting has the potential to help students with sub-clinical issues and may be an appropriate alternative to professional counseling for some subset of students. But embracing paraprofessional services as part of mental health programming on campus needs to be more than a reaction to a service delivery challenge.

Colleges and universities are increasingly acknowledging that the ubiquitous prevalence of reported mental health issues among college students requires population-based, public health strategies, including widening the circle of care and support. It is well documented that, when in distress, students will turn first to each other, making it incumbent on colleges and universities to respond to this inclination with training and support. With modalities that are targeted to students along the behavioral health continuum, peer support has the potential to help all students on campus with a range of issues that impact their ability to thrive. Peer support can be a “bridge” to professional counseling services and may help to bring reluctant students into a community of care. This is especially true for international students, students of color, and first-generation students who seek help less frequently than their white peers, yet report higher levels

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of distress (Hyun et al, 2007; Lipson et al, 2022). It can also address mental health issues before they escalate and become more difficult to treat.

Despite these promising benefits, peer support programs are not without risk, including liability concerns with interventions resembling counseling that are not protected by licensure, inconsistent training protocols, and concern for student supporters who may become overwhelmed in difficult situations. Providing peer support as part of institutional offerings can also be costly and time-consuming for administrators, who are already challenged by high demand and limited resources. As well-established peer programs demonstrate, there are a number of avenues schools can take to avoid risk and minimize cost, though ensuring that the programs are safe and effective will take an investment both at the institution level and within the field at large.

Given the enormous need, and the reported benefits, the practice of mental health peer support for college students merits an academy-wide initiative involving research leading to guidelines that will address major gaps in knowledge and practice. These include the lack of shared definitions that make programs difficult to measure and compare; the lack

of outcome data to assess the efficacy of the practice as well as individual programs; and the lack of agreed upon best practices that can be shared widely among the field.

We call on higher education, and the philanthropic community, to engage in a multi-institutional effort to provide the evidence-based guidance the field is currently lacking, including:

- » Defining various peer support types with greater specificity and differentiating properties of each;
- » Establishing standardized metrics to allow for greater comparison and benchmarking between programs;
- » Directing a coordinated research effort with the purpose of providing evidence for standards and best practices; and
- » Elevating best practices within the domain of peer support and for each of its categories.

We conclude with recommendations for colleges and universities that include: integrating peer support programs into campus wellness plans; coordinating and communicating the many programs that may exist for mental health and well-being; and encouraging students who lead peer programs to seek institutional support and guidance even as they maintain their grassroots approaches.



METHODOLOGY

From April to July 2022, the Mary Christie Institute conducted 22, hour-long interviews with experts in peer support and mental health, researchers, counseling center directors, student affairs administrators, leaders of peer support programs, and students involved in programs on campus. Interviews focused on experts' and stakeholders' perspectives on peer support generally and specifically about different types of support, important dynamics to consider within the practice, how it might best be utilized within the context of college life, and concerns about the practice. Interviews were recorded and transcribed, and transcripts were analyzed for similar and overarching themes.

MCI conducted a brief online survey of counseling center directors on their views and beliefs about peer support, including concerns regarding prevalent types of support and their likelihood to support those variations at their own institutions. The survey, which was distributed through the Association for University and College Counseling Center Directors listserv, was in the field from June 2022 to July 2022. Two brief survey participation requests were sent through the AUCCCD listserv.

The survey garnered 57 responses, yielding a response rate of 6%. Survey respondents were members of the AUCCCD; the respondents were representative of the membership of the AUCCCD. Race and gender demographics were very similar to those of the AUCCCD's 2021 annual survey. Eighty three percent of respondents were white, 9% were Black, 4% were Asian/Asian American and 2% were Latino(a)/Latinx. Demographics in this survey were more heavily weighted towards mid-sized private colleges and universities than the AUCCCD's 2021 annual survey and AUCCCD membership (as reported in the 2021 annual survey). Fifty two percent of counseling center directors who responded to this survey worked for a private college or university; 43% worked for a public college or university. Only 2% worked for a community college (e.g., 2-year). Additionally, respondents were more likely to be mid-to-late career than respondents to the AUCCCD survey. Thirty one percent of respondents had been a director for 0-5 years; 28% for 5-10 years; 19% for 10-15 years; 13% for 15-20 years; and 9% for 20 or more years. Data were analyzed using descriptive statistics.

HISTORY OF MENTAL HEALTH PEER SUPPORT IN A COLLEGE SETTING

Peer support in mental health and in addiction and recovery services in this country is long established. From the founding of Alcoholics Anonymous in the 1930s, to the mental health consumer movement of the 1970s, to the move to community-based mental health care in the 1980s, the engagement of peers as a way to empower people with lived experience to help each other has been widely used in these fields and others, such as in providing support to individuals facing challenges related to chronic diseases.

Organized mental health peer support in a college setting emerged in the late 1960s and early 1970s at the height of the anti-establishment movement. Counter-culture practices, including psychedelic drug use, sit-ins, protests, and “consciousness raising,” were pervasive on college campuses. Students seeking to support one another, and distrustful of formal authorities, began alternatives to whatever professional counseling existed on campuses, often for good reason. According to experts, students experiencing any kind of mental health or substance use concerns would be routinely hospitalized, likely with police involvement. Early peer support work provided a more humane way to address students’ issues. It also introduced the paraprofessional approach to students helping one another where young people would turn to a trained peer – not a friend – for support. As the literature indicates, a distinction in peer support in the college space is that, in most cases, those initiating peer support share lived experiences with individuals seeking services, though they do not necessarily share a mental health condition.

In 1970, three students at the University of Albany started Crisis 5300 (later named Middle Earth), which was a room, a telephone, and a number to call if you wanted to discuss your concerns

with another student who could be trusted. As a student at Harvard, Maggie McKenna, who is now a psychiatrist, founded “Room 13” named for the room students were allowed to use to speak to one another about mental health and substance use. In 1975, students at the University of Florida started a peer program in response to the need for alcohol awareness and abuse prevention on college campuses, addressing prevailing issues like drunk driving. It would become BACCHUS (Boosting Alcohol Consciousness Concerning the Health of University Students), a non-profit organization incorporated in 1980, offering services, educational materials, and training conferences to a growing network of campuses across the country.





ORGANIZED MENTAL HEALTH PEER SUPPORT IN A COLLEGE SETTING EMERGED IN THE LATE 1960S AND EARLY 1970S AT THE HEIGHT OF THE ANTI-ESTABLISHMENT MOVEMENT."

With BACCHUS, inter-institutional peer education was launched, though without the definitions or standardized guidelines that might have given the practice the “lanes” it continues to lack. David Arnold, Assistant Vice President for Health, Safety and Well-Being Initiatives at NASPA (National Association of Student Personnel Administrators), worked at BACCHUS and views its creation and growth as the foundation of this methodology. “It codified the idea that when student peers talk to student peers, positive change can occur,” he said. In 1993, volunteer leaders of the organization recognized the need for a training program and created a certification for peer educators. BACCHUS was eventually absorbed by NASPA, and continues providing resources, training, and an annual conference.

The peer movement in college mental health grew larger before it compressed, with resident assistants and other paraprofessionals actively discussing mental health with students well into the 1990s. It was then that the growth of the peer support programs slowed as counseling centers grew and became more professionalized. The 2007 mass shootings at Virginia Tech accelerated the trend toward risk mitigation first in college student mental health, restricting interventions strictly to the clinical domain. Some experts now question whether insulating the provision of clinical services and removing all of the specified types of non-clinical interventions that paraprofessionals might have provided has contributed to the college mental health crisis, where demand from increasingly distressed students is causing long wait times for traditional therapy sessions.

From 2009 to 2019, the number of students reporting distress including suicidal thoughts and depressive and anxiety symptoms approximately

doubled. (Duffy et al., 2019) The 2015 Annual Report from the Center for Collegiate Mental Health noted that between fall 2009 and spring 2015, counseling center utilization increased by an average of 30-40%, while enrollment increased by only 5%. (Center for Collegiate Mental Health Annual Report, 2016). The pandemic and racial reckoning of 2021 and 2022 has diminished students’ mental well-being further. The Healthy Minds Network and the American College Health Association reported an increase in depression from 36% to 41% from fall 2019 to spring 2019. Suicide risk also increased from 25% to 27% during that time period (The Impact of COVID-19 on College Student Well-Being, 2020). The fallout from the pandemic also increased their interest in turning to a peer for help (Peer Counseling in College Mental Health, 2022). Given this urgent need, practitioners, experts and advocates envision the pendulum swinging back again, but just enough so that well-trained students and the right amount of resources will allow peer support to flourish.

STATE OF RESEARCH

Young adults have been shown to have a powerful impact on one another, specifically on well-being measures (Kirsch et al, 2014, Reniers et al, 2017). Multiple studies have shown that young people turn to each other when experiencing distress (Healthy Minds Study, 2021, Dooley & Fitzgerald, 2012) and report having been helped by their friends (Davis & Fritze, 2020).

There is a substantial body of research on peer support across a wide range of settings and population groups. Meta-analyses and systematic reviews on peer support interventions generally show effectiveness across a range of mental well-being-related outcomes (Davidson et al, 1999; Pistrang, et al, 2008; Fuhr et al, 2014; Lloyd-Evans, 2014; Pfeiffer, 2011; Bryan, A. E., & Arkowitz, H., 2015; Repper and Carter, 2011), though in a 2014 paper, Brynmor Lloyd-Evans et al noted that there was “little evidence” for the effectiveness of peer support for people with severe mental illness (Lloyd-Evans, B et al, 2014).

A meta-analysis of the reviews (Topping, K., 2022) found that peer education and peer counseling are, in recent years, showing evidence of more effectiveness, including changes in both knowledge and behavior. The paper noted that “The quality of program structure, management, initial training, supervision, support, monitoring, and retention are all factors which require not only planning, but also resourcing.” Evidence for peer support in recovery for individuals with substance use is also well-documented (Tracy, K et al, 2011; Jones, N et al, 2013; Reif et al, 2014; Bassuk, E et al, 2016; Tracy, K & Wallace, 2016).

Most of the research in mental health peer support focuses on mutual support, consumer-provided care, or self-help, in which peers with similar lived experience of a mental health concern are the care providers (or help each other). There is less exploration of “college peer support” investigated in this paper, in which “peerness” is defined as sharing a similar age and college experience, rather than a similar mental health issue. Evidence for mutual

support or consumer-provided care cannot automatically be applied to college student peer support. In his 2004 paper, Solomon called personal experience with mental illness a “critical ingredient” to peer support for someone with a psychiatric disorder (Solomon, 2004).

Evidence for effectiveness of college-based peer support yields inconsistent results. One meta-analysis of all types of interventions for college mental health found peer support had among the highest effect sizes for treating depression and general anxiety disorder (Huang, J. et al, 2018). However, a 2018 systematic review of interventions that incorporated peer support found “no evidence that peer support improves mental well-being among college students.” (John et al, 2018). A review of online peer-to-peer supports for young people in which some randomized control trials (RCTs) were found to be effective while others were not



pointed to an “overall lack of high-quality studies” on the topic (Ali, K, et al, 2915).

Evaluations of school or program-specific interventions also demonstrate variable outcomes, with many showing effectiveness, though some do not (Moir, F. et al, 2016). Evidence for effectiveness of peer support groups is generally positive (Pratt, M.W. et al, 2000; Mattanah, JF, 2012), which is also bolstered by the substantial body of research showing effectiveness for mutual support. Several studies show effectiveness for college-based peer coaching programs (Warner, N and Budd, M. 2018 Short, E. et al, 2010) though Fried, R. et al found no statistically significant effects. Peer mentorship studies have documented positive effects on well-being measures (DuBois et al, 2011; Collings, R. et al, 2014; Rawana et al, 2015; Kazerooni, AR, 2020). Evaluations of peer education programs largely focus on knowledge gained by student participants (Tsong et al, 2018) and the peer educators themselves (Wawrzynski, M. R., & Lemon, J. D. (2021); O'Reilly, A. et al, 2016), and measuring well-being outcomes are often thought to be more challenging for peer education programs.

However, one study of a six-part peer-led class for mild depression found a significant improvement in well-being for students who attended the classes (Byrom, N., 2018). Additionally, a 2018 study examining the effect of the peer-led mental health advocacy and awareness organization Active Minds across 12 California colleges observed that knowledge and positive attitudes about mental health in the general student body (not just those

involved in the organization) improved with the presence of a chapter, which could contribute to creating a more supportive campus climate.

There is also ample evidence showing well-being-related benefits to peer providers, both when using the historical definition of peer support (lived experience) (Salzer, M. S., & Shear, S. L., 2002), and in college peer support (Lemon, J. D., & Wawrzynski, M. R. (2020); Johnson B. & Riley, J., 2021).

There is tremendous variability in the peer support literature with regards to outcome measures, both generally and specifically within the college setting. Some studies assess well-being more directly, with outcomes like depressive symptoms, resilience, and loneliness, while others report outcomes such as satisfaction, perceived helpfulness of a program, knowledge gained in a training program, or willingness to intervene to help a friend. This variability causes difficulty in comparison and benchmarking between individual programs or program type, structure or other specific characteristics.

There is also significant inconsistency in proof of effectiveness for programs individually and the practice overall, possibly caused by variability between programs in elements such as their structure, management, training, supervision, support, etc. Together, inability to compare evidence between programs and inconsistent evidence for effectiveness leads to ambiguity that could be inhibiting the widespread adoption and support of the practice on college campuses.

COUNSELING CENTER SURVEY FINDINGS

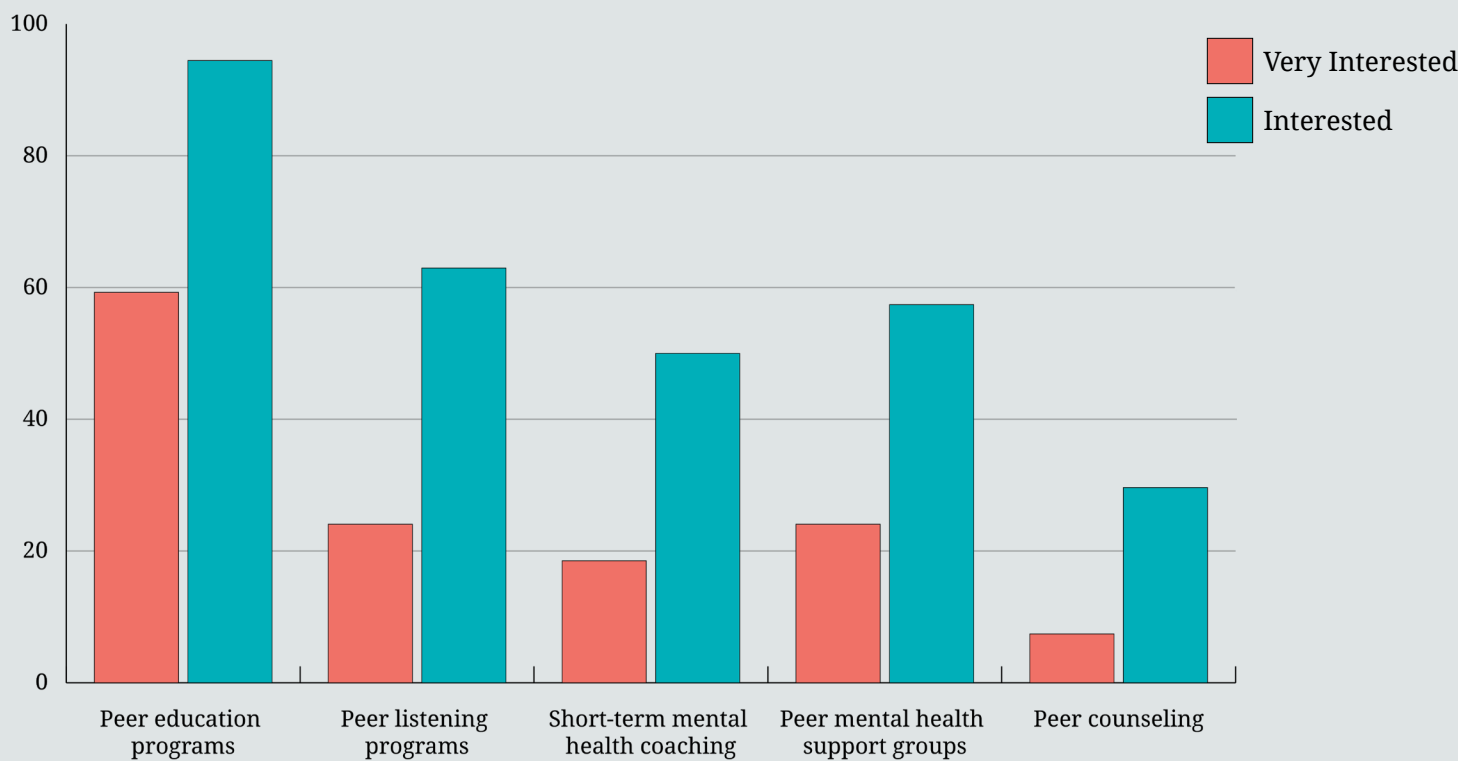
The Mary Christie Institute conducted a survey of counseling center directors' views on peer support in June and July of 2022. Distributed through the Association for University and College Counseling Center Directors listserv, the survey garnered 57 responses, yielding a response rate of 6%.

The survey indicated near-universal interest (95%) in some type of peer support program, though there was significant variation in interest between the five types of peer support programs explored: peer education; peer listening; peer support groups; peer coaching; and peer counseling. (Peer education category types are defined (as they were in the survey) in the glossary in Appendix 1.)

Peer education was the most popular of the five types of programs studied. Almost all counseling center directors (94%) expressed interest in peer education programs including 59% who indicated they were “very interested.” Eighty percent of respondents rated it as the easiest to implement (considering the need for financial and human resources). A strong majority (78%) reported that of the five categories of peer support, they were most likely to support a peer education program on their campus.

Sixty three percent of respondents said they were interested in peer listening programs, including 24% who indicated they were “very interested.” Counselors appeared to be more

COUNSELING CENTER DIRECTORS' LEVEL OF INTEREST IN
VARIOUS TYPES OF PEER MENTAL HEALTH SUPPORT

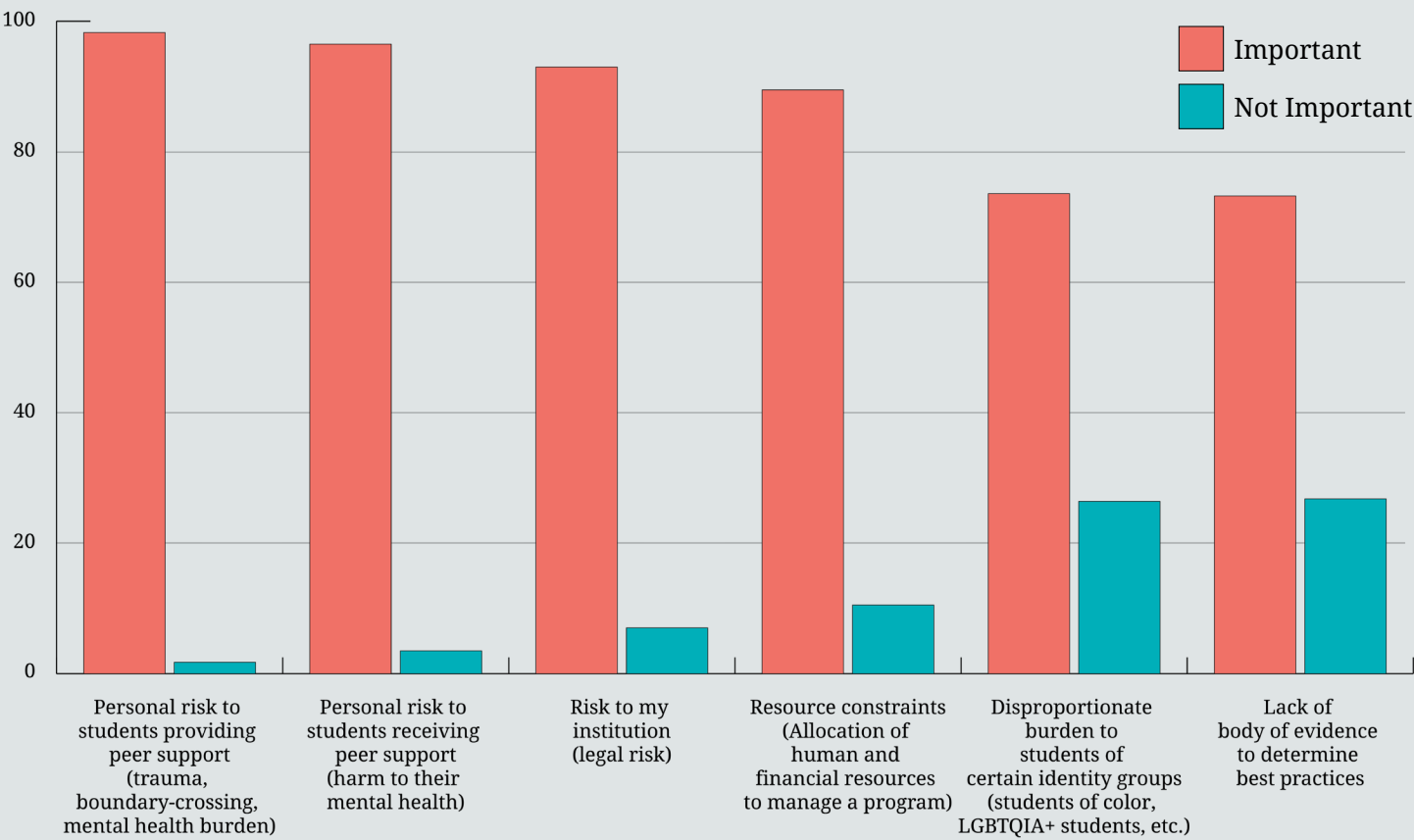


comfortable with peer listening programs than peer counseling programs, perhaps because it is considered to be lower risk and easier to implement. Overall, survey respondents rated peer listening programs as the second easiest to implement after peer education programs.

Fifty-seven percent of counseling center directors in this survey reported that they were interested in peer support groups, including 24% who indicated they were “very interested.” Half were interested in short term peer mental health coaching, and 30% expressed interest in peer counseling, with only 7% indicating they were “very interested.” Eighty-one percent of respondents rated peer counseling as the most challenging to implement of the five categories.

The survey also explored counseling center directors’ concerns about peer support. Almost all respondents said personal risk to students providing peer support (98%), receiving peer support (96%), and risk to the institutions (93%) were important, with majorities calling each concern “very important” (70%, 79% and 61% respectively). Strong majorities believed resource constraints (89%) and a lack of a body of evidence to determine best practices (73%), disproportionate burden to students of some identity groups (73%), and lack of standardized guidelines for peer support options (69%) were important when considering peer mental health support groups. Nearly half said they believed that lack of standardized guidelines for peer support options were very important (47%).

IMPORTANCE OF VARIOUS CONCERNS WHEN CONSIDERING A PEER MENTAL HEALTH SUPPORT PROGRAM



CURRENT LANDSCAPE OF PEER SUPPORT PROGRAMS

Peer support is a powerful, widely applied, yet loosely defined practice. “It can most appropriately be viewed as an umbrella term used to describe a range of interventions where the educators and the educated are seen to share something that creates an affinity between them,” Shiner, M., 1999. Programs are often termed subjectively by school or organization, some closely tied to whatever original definition may have existed; other terms emerged in response to concerns about level of intensity, as in the case of moving away from the term “peer counseling.” “Peer education” has historically been used to describe the entire practice of peer support (as noted in the background), including both information sharing and consultancy.

For the purposes of analysis, this section organizes well-established peer support program types into five categories and then provides in-depth examples of current programs that fall within these definitions. Understanding why these programs were started, how they are being used, and what concerns and benefits exist for them is instructive to strengthen the practice.

Peer Education Programs

In this context, peer education programs are a public health strategy utilized in many sectors of higher education, including mental health. The term encompasses many different types of programs and behaviors which can range from “tabling” with informational materials to educational sessions with specific groups on campus (such as athletics, residences, or Greek life) to gatekeeper programs. At its core, peer education for mental health can be defined as trained peers providing education and information to students on mental health topics and responding to students seeking help for their mental health with resources and referrals.

Peer education programs can be part of a multi-pronged effort as is the case at The Middle Earth Peer Assistance Program at the University at Albany, which has a peer-based and professionally supervised hotline, peer wellness coaching, as

well as peer education. Many schools choose to have peer education only, as part of health promotion and/or as a bridge to clinical services.

Peer education programs are being increasingly utilized at colleges and universities as they are fairly low-cost interventions that focus on prevention. The MCI counseling center director survey revealed that directors were most interested in peer education programs, perceived them to be the easiest to implement of all five categories, and were by far most likely to support peer education programs on their campus in relation to the other types of peer support.

These programs are used for a variety of sensitive topics due to the understanding that undergraduate peers are more likely to listen to information from their peers, finding it more credible than information provided by someone outside their peer group who they may not relate to. Studies have noted that young people have a powerful impact on one another in relation to well-being (Kirsch et al, 2014, Reniers et al, 2017) and that undergraduate peers are the most powerful source of influence on undergraduate student growth and development in college (Astin, 1993; Kuh, 1993; Whitt, Edison, Pascarella, Nora, & Terenzini, 1999). Peer educators can communicate about issues in their own language in ways faculty and staff cannot.

While few would argue that prevention-focused, population-based peer education programs are a sound preventative strategy, peer education, as defined here, is also the least intensive and interactive, thereby making it quite difficult to measure and perhaps the least effective in terms of improved mental health absent a personal intervention. Also, in many of these examples, peer support programs originated as alternatives to traditional counseling services that, for various reasons, were not meeting students’ needs. This is still the case for many students. When using a risk-mitigation strategy that is heavily weighted to referrals only, administrators must ask themselves, “are students referring peers to services they do not want – or have access to?” Davis. K., 2021.

SPOTLIGHT: ASHOKA CENTRE FOR WELL-BEING

Trained and supervised “befrienders” guide and support other students

Ashoka University, in Sonapat, Haryana, India, utilizes peer education programs, along with mentoring and peer listening, as part of a community-based, mental health and well-being strategy sourced at the Ashoka Centre for Well-Being. Directed by Dr. Arvinder Singh, the programs include student “befrienders” and “gatekeepers,” resident life training, student-led help lines and group sessions – all aimed at addressing what Singh describes as the enormous gap between the number of professionals that are available and the student population in need of mental health services and supports.

Singh enlists students in upper classes as “cohort leaders” who connect with first year students and become part of the welcoming process on campus. These relationships can be helpful for a variety of reasons, from decoding campus procedures and policies to normalizing home sickness. The cohort leaders are trained in how to detect signs of distress in younger students while understanding the limits of their role. The counselors/instructors are clear with their tasks: as paraprofessionals, their job is to listen and guide students to resources at the Centre. After the first month, the resident assistants (RAs) take over from the cohort leaders in supporting all students throughout the year. A similar, yet more robust training instructs the RAs in how to listen and educate students about resources, including counseling at the Centre.

The Centre also runs a very successful gatekeeper training program involving student volunteers. The student supporters are screened for issues like overloaded schedules or mental health concerns that could arise and are sometimes advised to wait to enlist. Those who complete the training are considered campus mental health ambassadors, with some wearing badges that identify them as someone to reach out to if you need help, whether you are experiencing anxiety or just need someone to talk to. A student-led help line and group sessions, along with student-created mental health promotion campaigns, round out the current peer offerings.

Singh emphasizes the supervision of these programs as critical to minimizing the risk to



Dr. Arvinder Singh, Director of the Ashoka Centre for Well-Being

both the peer user and the student supporter. It is a time and resource allocation Singh believes is well worth the investment. She describes the peer education work at Ashoka as “having made a difference,” primarily in opening up safe spaces for students to talk about their mental health. The significant toll the Covid-19 pandemic has taken on the world makes the emphasis on open dialogue around mental health all the more urgent. While acknowledging that stigma and cultural norms have been barriers to mental health support in India, Singh points to an advantage for the Ashoka campus in the absence of the litigious rules around disclosure and liability American colleges and universities often fear. As part of a community encouraged to discuss their feelings, Ashoka faculty regularly ask students about their mental health and willingly discuss their own.

But like most peer programs in the United States, Ashoka lacks clear outcome data on improvement in student mental health as a result of these peer programs or data on whether or not they have any positive effect on the limited capacity within the Wellness Centre. Student surveys pre and post utilization are helpful, but low participation makes them little more than an indication of their benefit. While the aggressive referral nature of the programs would logically increase demand for counseling, Singh believes that the preventative underpinning to the initiatives have helped students cope in the day-to-day, meeting some of the needs for which counseling is often sought.

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Peer Listening Programs

Peer listening is a one-to-one interaction where trained peers practice empathetic, active listening and direct students to resources or referrals when appropriate. Peer listeners are not directed to offer advice or provide coaching or counseling, but can be an outlet for students who want to confide in a peer (who is not their friend) on topics including relationship concerns, friendships, stress, etc. Peer listeners may receive training on listening skills, crisis interventions, referral practices, boundary-setting and more. These confidential interactions can take place in person or by conversation via phone, text, or app.

Peer listening programs are preventative in the sense that they may help avoid the need to seek professional help (if students' needs are subclinical and met by the support provided). Peer listening is considered to be especially appropriate for loneliness and isolation, as the interaction itself can alleviate those issues. Peer listening is discouraged in crisis situations, and students are trained to refer the individual to professional services or emergency services during the interaction.

In the MCI survey of counseling center directors, a strong majority indicated interest in peer listening programs, behind only peer education. Counselors may feel more comfortable with a peer listening program than a peer counseling or peer coaching program as it is thought of as lower risk and fairly easy to implement. However, in interviews, counseling center directors and other mental health practitioners often expressed concerns over the potential burden to students offering the service, as they may feel overwhelmed or triggered by the conversations they have.



I'm struggling.



I'm listening.

SPOTLIGHT: LEAN ON ME

National group provides anonymous peer text line infrastructure for school chapters

Lean On Me is a national non-profit organization offering a customized, school-specific, encrypted peer-to-peer text line that provides access to confidential non-clinical, mental health support. Peer supporters are anonymous students at a person's own school, whose primary job is to empathetically and actively listen to the person seeking help. It is a number, not an app or a website, and there are no requirements to create an account, making the barriers to access as low as possible.

Lean On Me was started in 2016 at Massachusetts Institute of Technology (MIT) by a group of technology students as part of a “hackathon” – an exhibition of MIT projects geared towards addressing some of today's most relevant societal challenges. That same school year, MIT was reeling from a series of suicides that Lean On Me founders say left many students searching for comfort. They developed the text line in an attempt to help the student community heal by talking to one another, anonymously, and to provide an outlet for mental health support that they believed filled a void on campus, despite a well-resourced counseling center.

Lean On Me's CEO, and an early team member, is Daniel Mirny, who was a freshman at MIT when he developed the training for the peer supporters. A neuroscience major who is now a PhD candidate, Mirny points to the drivers he believes led to the development of a peer-to-peer option at MIT. While citing low stigma in discussing mental health among each other, Mirny remembers students fearing counseling center sessions would be shared with parents or administrators or might be part of their permanent record. Many felt their problems did not warrant professional attention; others wanted a more immediate option as significant waiting periods existed at the counseling center. Mirny says the more important driver was the need to connect with someone who was experiencing the same suffering, “not someone throwing you a lifejacket, but someone who is in the same sinking ship.”

Mirny says the founders had no intention of scaling Lean On Me to serve other schools, yet requests for the text line flooded in from students at institutions across the country. Lean On Me is now available at 12 schools and has 400 student volunteers across all campuses in addition to their non-paid leadership team. In exchange for a \$2,000 members' fee, the organization provides each school the brand, training curriculum, a school-specific hotline number (with technology behind it) as well as an interesting model around liability, which Lean On Me takes on as long as members agree to follow the training, and requirements such as not involving anyone outside of the school community. It has proven to be a significant advantage in their growth given the risk-averse nature of colleges and universities.

Mirny says the limits of the supporter's role is well-documented in the training, which reminds peer supporters to be “shelter in the storm, not provide solutions.” They have a partnership with the Samaritans organization which added a suicide text line to their hotline that connects with Lean On Me for crisis transfers if necessary. With currently no salaries to fund, Mirny says the organization's only significant costs are technical and legal-related, with the biggest being insurance. Mirny says the safety nets and legal infrastructure are there because “we need them, not because it's a frequent issue.” Crisis transfers make up less than half a percent of the conversations.

While originally committed to a “bottom up” approach to implementation, Mirny says the Lean On Me leadership team now sees a connection to campus resources as an advantage if the service can retain its peer-to-peer sensitivity. They willingly meet with risk management offices and encourage counseling staff to help with training. At Boston College, Dr. Craig Burns was supportive of Lean On Me when the student president asked for his advice and cooperation in starting a chapter, not long after it was developed at MIT. Burns continues to consider



Massachusetts Institute of Technology, where Lean On Me was founded in 2016.

Lean On Me a complement to the counseling center and meets periodically with the student leaders, though he views it as a student-driven, semi-autonomous resource and says their “non-crisis” description is important to him.

Despite its “plug and play” model, Lean On Me looks different at different schools, depending on each school’s distinct culture – and Mirny admits it has not always worked. Sometimes the community does not respond, sometimes the implementation can be an extremely heavy lift for the campus organizers. One of their major concerns is the lack of meaningful data that exist for their own program as well as the entire practice of peer support in college mental health.

Tesia Shi, a student at the University of Maryland College Park (UMD), founded a chapter of Lean On Me at her school in September 2020. The group was initially met with resistance from the school’s counseling service, which, according to Shi, had concerns about the cost and usage of the service, and about using an unknown third party. Shi was surprised by the difficulties she

faced in starting the text line, comparing it to launching a startup company, “with so much front-end work that needs to be put in.”

Shi felt a lot of pressure to make sure the launch went well, though she acknowledges some of that was self-created. She was determined for the student body at UMD to have trust in the service, and worried that if there were issues during their “first impression,” students wouldn’t use the service. But they did. She also admits that when running an organization that deals with difficult topics, in a role supporting others, it’s easy to overlook your own wellbeing and need for support. Asked if she would do it all again, Shi said “absolutely,” primarily, because students want it and use it.

[Learn more »](#)

Short-term Mental Health Coaching

Peer mental health coaching is a process through which trained peers offer students support, provide guidance and tools to improve mental well-being, and together with a student, identify and set goals for behavior change. Coaching is differentiated by its action-oriented philosophy and utilizes practices and techniques including motivational interviewing, goal-setting, active listening, and mirroring. The process of coaching indicates an ongoing relationship that would not typically occur on a one-time basis so that a student could set and act on small, achievable goals over a period of time and enter into a feedback loop with their coach. Peer mental

health coaching may be well-suited for issues like stress and academic worries, as they can be addressed by a goal-oriented practice.

Half of the counseling center directors surveyed said they were interested in short-term mental health coaching programs, with nearly half of those expressing strong interest. A small minority said they were most likely to support a short-term mental health coaching program on their campus over other options. Short term mental health coaching was the fourth most popular category of peer support, ahead of only peer counseling. In fact, counseling center directors' views of short-term mental health coaching was most similar to peer counseling, perhaps due to their similarities (peer counselors and peer coaches both offer mental health guidance).

SPOTLIGHT: THE MIDDLE EARTH PEER ASSISTANCE PROGRAM

UNIVERSITY OF ALBANY, STATE UNIVERSITY OF NEW YORK

Gold standard peer support program requires extensive training for peer supporters, offers a variety of services

With the longest running professionally-supervised peer hotline service in the country, Middle Earth is considered the standard bearer in college student mental health peer support. Well-resourced and solidly structured, Middle Earth offers peer hotline assistance, peer wellness ambassador services and peer wellness coaching services to its 13,000 undergraduates and 4,000 graduate students. Since its founding in 1970, its primary focus has been on mental health and alcohol and drug prevention. An additional mission is to meet the needs and experiences of the widest cross section of students on the university's diverse campus.

Middle Earth's longest-serving director is Dr. Dolores Cimini, a licensed psychologist and faculty member in the school of education at the University at Albany. She has been managing the program since 1992, twenty-two years after it was started as an alternative to traditional counseling. The program now sits squarely in student affairs yet retains its grassroots credibility as an official student organization on campus, funded with \$86,000 from the student government and advised by a student executive board.

Middle Earth has two alumni-funded endowments and a constituent group of more than 2,000 alumni.

Cimini provides sage advice to other schools considering starting peer to peer support. She writes and speaks of the “7 considerations,” (versions of which we use in this analysis):

1. Focus of service;
2. Staffing and resources;
3. Training and supervision;
4. Recruitment and retention;
5. Marketing the program;
6. Liability issues;
7. Evaluating effectiveness.

The guide remains a useful resource though diversity of institutions will force some major differences in how the programs can be implemented school by school.)

Middle Earth has 120 student members. In its peer coaching program, students are trained to use motivational interviewing and face-to-face, one-on-one, strength-based contact with other students that want to enhance their well-being across a variety of areas. Before doing so, staffing the hotline, or becoming a peer wellness ambassador, they must complete one semester of an academic, credit-bearing undergraduate course offered through the University at Albany school of education, department of educational and counseling psychology. The curriculum covers listening skills, crisis intervention, motivational interviewing, diversity and inclusion training as well as suicide prevention, alcohol and substance use, sexual assault, self-care and advocacy. They then go on to participate in up to eight 3-credit courses offered in the Middle Earth program, qualifying them for either a minor in educational studies at the university or a major in human development.

Cimini notes that despite the rigor of the curriculum, students who participate in the



Source: Middle Earth Peer Assistance Program

Middle Earth program understand they are being trained as paraprofessionals. Any intervention they deliver is along the lines of motivational interviewing to connect students in distress to clinical services. Sixty student volunteers staff the hotline which receives an average of 5 calls a day. Of the last 800 calls, only 44 (5.5%) required backup from supervisors and just seven (fewer than 1%) resulted in emergency action.

Cimini says students know that with regard to protocols and service delivery, the licensed professionals are the bottom line but there are some grey areas that need to be repeatedly communicated. As the hotline workers and peer wellness coaches work under Cimini's license, they are a confidential source as a result and therefore do not engage in mandated reporting, except to program supervisors in the context of training and supervisory operations.

Interest in becoming a Middle Earth supporter is high and entry into the program is competitive, with less than one third of applicants accepted for training based on skill, leadership, and commitment to prevention. Cimini says students report that what they love most about Middle Earth is they can provide services that help their peers while at the same time support their own sense of belonging on campus. More than 50% of the students in the program are representative of historically marginalized identities, including students of color, LGBTQ+ students and disabled students, representing a higher rate than the school's general population.

[Learn more »](#)

Peer Mental Health Support Groups

Peer support groups are a common intervention on college campuses where students gather in a formalized setting to share their experiences and feelings and promote their own and others' mental well-being. Groups are usually led by a trained peer who facilitates the discussion and can intervene when necessary as in the case of a crisis or if a student speaks about something requiring a referral, such as suicidal ideation. Groups can have a specific topic, such as substance use, eating disorders, anxiety, or they can be open for any mental well-being-related topic.

Some peer mental health support groups are created for students with mental health concerns or established diagnoses, while others are designed for all students to share their feelings and experiences and therefore act more on a population level as a preventative measure. Peer support groups are bolstered by the significant body of research on "mutual support." Concerns exist regarding disclosure of sensitive topics, confidentiality, and whether or not students will attend once a group is set up. Peer mental health support groups usually occur in person (or on Zoom, especially during the pandemic), but there are examples of support groups through group text or on an app.

At Texas Christian University (TCU), counseling center director, Dr. Eric Wood, integrates peer support communities into counseling center options, using them as both preventative strategies and follow up to more intensive treatment. The TCU peer communities were

formed to help prevent students from relapsing after substance use treatment. While designed for after care, Wood says they are now used for a variety of purposes, focused on sub-clinical needs like homesickness and loneliness. FrogConnect is a student-led community that uses GroupMe to foster connections between TCU students based on shared interests with the goal of creating relationships and gaining a sense of belonging with other "Horned Frogs." Wood says the magic occurs outside the meeting and "within the community." Regarding their therapeutic benefit, Wood says students at TCU report having joined a peer community instead of counseling; and those who went to counseling first and then went to the peer community were less likely to go back to counseling.

Another institution-wide, digital resource is "Togetherall," a for-profit product, that allows users to communicate around mental health by anonymously posting feelings and concerns that encourage reaction and connection from an online community. Togetherall does have a trained student peer component and is considered a low-touch, low-cost, population-based solution.

Over half the counseling center directors surveyed in the MCI Counseling Center Directors Survey said they were interested in peer mental health support groups, third in popularity behind peer education and peer listening programs. A small minority reported that they were most likely to support a peer mental health support group program on their campus over the other types of peer support options.

SPOTLIGHT: THE SUPPORT NETWORK

Growing network of peer support groups share a model and framework; collaborate across campuses

The Support Network (TSN) is a non-profit organization that acts as an umbrella over school-based chapters throughout the country that offer peer-led support groups. It began at the University of Michigan and grew out of Michigan's Wolverine Support Network, which was started in response to two student suicides on campus in 2014. Sam Orley is on TSN's Board of Directors and served as the Wolverine Support Network's Executive Director while he was getting his business degree at the school. He says that while the suicides were the catalyst for the group, there was also a recognition of several "dynamics at play within student mental health," including the acknowledgement that students are the most potent source of influence on their peers; "the number one place that students prefer to turn to, whether it's in times of crisis or celebration."

Before the Wolverine Support Network, Orley said the institution lacked formalized spaces where students felt comfortable talking about their mental health and wellbeing with other students. The organization was well received on campus and soon became a model for this type of peer work. The success of the Wolverine Support Network led to a flood of inquiries from other schools, which prompted the small team to incorporate and grow its program as a national non-profit. Orley remains part of its non-paid leadership team.

The Support Network identifies three main barriers to seeking mental health that it attempts to overcome while providing a student-centric resource: social and cultural stigma; financial burdens; and access issues, like time and transportation. TSN support groups offer honest, open, genuine connections with other students. The groups are designed to be approachable and inclusive – the model is not specifically catered towards students with a mental illness – it is "intended to be for the whole student and for all students." Students who want to join a Support Network support group commit to attending one session per week for an entire semester, joining

6-15 other students and a trained facilitator. Regular attendance is expected and encouraged, as inconsistencies can disrupt group dynamics. Often, the Weekly Groups begin with an open-ended, ice-breaker question, and the conversation "popcorns" around to anyone who wants to talk. From there, the conversation usually gravitates towards topics that are meaningful to students.

The Support Network puts in place an expansion license agreement with each chapter that helps "maintain the model's integrity" and ensure strong partnerships between students and administrators. TSN is somewhat unique in its requirement for administrative buy-in. They require that each school's group have a dedicated staff advisor. According to Orley, one reason for this is that TSN does not administer or monitor the training modules they provide; they depend on a representative from counseling services or a similar department to execute their training.

The Support Network has required training modules to maintain a "baseline consistency of the facilitation skills for weekly group," as well as QPR suicide intervention training (to identify and address red flag scenarios). Each group may develop its own training modules in addition, as each develops its own identity. It provides school chapters with launch materials (including guides and resources) and a blueprint for setup. They also have check-in calls every



Source: The Support Network

month with both students and administrators. Each school is added to a collaborative Slack channel where they can communicate with leaders from other schools and “share best practices.” In the spring 2022 semester, Orley says that at one of the campuses there were more than 20 instances where students utilized their suicide intervention training.

Meghna Singh is an undergraduate at the University of Michigan and participated in the Wolverine Support Network her first year. She says she liked having the hour scheduled

every week to focus on her mental health. She appreciated being in a group with the same people regularly because it allowed for the group members to build trust with each other over time. And while her peers in the group might have “completely different views” or experiences, she found there was something relatable about each interaction. Singh also described a mental benefit to supporting the other people in the group.

[*Learn more »*](#)

Peer Counseling Programs

Peer counseling can be defined as confidential counseling by a trained peer who helps students work through mental and emotional concerns which may include clinical concerns such as depression, anxiety, a condition like bipolar disorder, or suicidal ideation. Peer counseling can occur in person or by conversation via phone, text, or app. It is the most direct, individual intervention of the peer support options that most aligns with the treatment nature of the medical model.

Peer counseling programs are rare due to serious concerns about risks — both institutional and personal — and the considerable time and financial resource needed to start and maintain a school-specific peer counseling program. Peer counseling programs were the least popular programs in MCI’s Counseling Center Director Survey, likely due to their perception as risky and resource-intensive (a strong majority rated it as the most challenging program to implement).

Much of the discomfort around peer counseling can be attributed to the name — as peer counselors are not trained or licensed in the way that professional counselors are. Different peer counseling programs may provide different types of support which can range from listening, to coaching, to advising (varying by program, peer counselor, or interaction).

One example of peer counseling is Project RISE, a service that was established in 2006 by a group of Black students serving Black students at the University of Virginia (UVA). It is a university-sponsored program that provides free, one-on-one, confidential services for a range of mental health challenges, including those unique to students of color.

Like Lean on Me, Project RISE began in response to perceived gaps in the system. Its founding director and advisor, Dr. Michael Gerard Mason recalls that at the time of its launch, Black students felt alienated from the formal mental health channels on campus. Not only did they not feel represented in the counseling center, they feared they would be made to feel responsible for their own problems, having to bear what Mason calls “the pathology of the system.” Mason says Black students, like other minoritized groups, started their own peer counseling so they would be better equipped to help themselves. The program is robust, with high demand for entry from altruistic students attracted by the ability to help their community and the receipt of academic credit. Project RISE has also helped significantly to reduce stigma and increase help-seeking among Black students at UVA, almost tripling the percentage who now go to the counseling center, indicating it provides affinity-based mental health support as well as eases the barriers to access.

SPOTLIGHT: PROJECT LETS

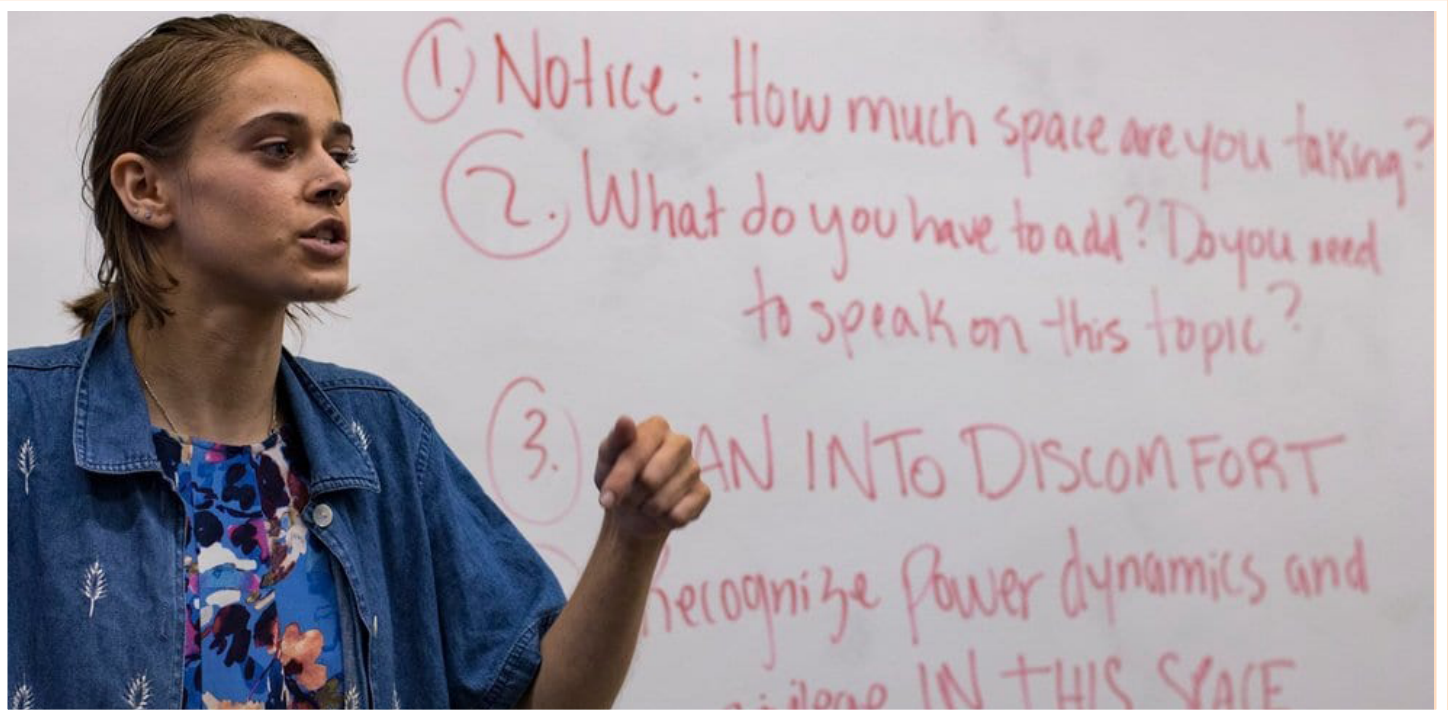
A Non-Carceral Model run by students with lived experience

Project LETS is a grassroots, non-profit organization led by and for students who have lived experience with disability, trauma, mental illness, madness, and neurodivergence. It's founder and Executive Director is Stefanie Lyn Kaufman-Mthimkhulu who began the program as a student at Brown University in reaction to what she experienced as a person with neurodivergence within a traditional college mental health context. The organization now has chapters at 11 schools, mostly elite institutions like Brown University, University of Pennsylvania, Northwestern University, and Cornell University.

While some of these chapters have a relationship with their school's counseling center, Kaufman-Mthimkhulu says it is not necessary nor sought-after. In fact, Kaufman-Mthimkhulu describes the organization's mission as "building peer support collectives" – community mental health care structures that exist outside of clinical or traditional mental health care systems. The description is an indication of the organization's driving purpose: to provide students with mental health conditions varying

levels of support absent what they perceive to be the overly-carceral, ableist approaches that currently exist on college campuses. There is a strong disability justice underpinning to its work which, in addition to mental health support, includes self-advocacy coaching.

The Project LETS example exists within the standard definition of peer-to-peer support in that student providers and users identify as sharing the experience of living with a mental illness. Of all the common peer support programs for college students, the "mutual support" model does have a body of evidence regarding its effectiveness, noted in the literature review. It most resembles "counseling," which Kaufman-Mthimkhulu says is "part of what we do." In fact, she says the term itself does not aptly describe all they provide, which goes beyond the individual approach to mental health to include a systems-wide one where co-partners are jointly navigating the social and political dynamics that are contributing to a person's distress, yet not always discussed in the medical space.



Stefanie Lyn Kaufman-Mthimkhulu, Founder and Executive Director of Project LETS

Peer providers at Project LETS are Peer Mental Health Advocates (PMHAs), described as college students with lived experience of mental illness trained to provide confidential, free peer counseling and advocacy services. PMHAs provide assistance with daily management, social and emotional support, coping skills, linkages to clinical and community resources, and crisis services. A significant draw for students who use the service is its ability to match users with peer providers of similar identities. Names, faces, and backgrounds of PMHAs are plainly presented on the LETS website, allowing those seeking a PMHA to consider one with similar race, gender, sexuality, or diagnosis, although students don't have to have a formal diagnosis to request a PMHA.

These relationships can be short or long-term. Often, matched peers work together on goal-setting and remain paired throughout the college years, even while many students continue seeing a professional therapist. The timing of PMHA matches take, on average, one week, which Kaufman-Mthimkhulu notes can be quicker than many appointments at college counseling centers. While most other peer programs are careful to kick crisis situations up the clinical chain, Kaufman-Mthimkhulu says LETS can be a much-needed option when individuals are in crisis, as their model was built to avoid forced hospitalizations. PMHAs “show up differently” for individuals in intense mental health situations and can often

avoid a carceral response. Since 2015, she says there have only been two incidences across all LETS chapters where police have had to be called.

Crisis response is a major part of the LETS training program, an eight-week course, with live classes and self-paced materials, created by Kaufman-Mthimkhulu, based on the certified peer recovery specialist curriculum. Support for the PMHAs own mental health is a part of it, as is setting clear boundaries for the peer-to-peer relationship so that no party feels overwhelmed. While these components exist in most peer support programs, it is an even higher priority for Project LETS which, Kaufman-Mthimkhulu says is “something they plan for.”

There are clear distinctions between Project LETS and other peer support programs for college students, namely its independence from institutions, its focus on higher acuity levels, and its participation in crisis situations, that may cause a high level of concern for administrators. But to dismiss Project LETS as too marginal to consider is to ignore the benefit it may hold for students with serious mental health conditions, a growing sector of the college student population. As Kaufman-Mthimkhulu said, “We are a very different kind of tool in the tool box.”

[Learn more »](#)

CONSIDERATIONS

As these descriptions and examples reflect, there is significant variation within peer mental health support in college, not just in program type but also in terms of dynamics such as: relationship to the counseling center, status as school-specific or national organization, anonymity, training and supervision, and addressment of liability issues. The lack of formal definitions and objective outcome measures makes it difficult to provide concrete comparisons among them.

However, in seeking to start or sanction a peer support program, administrators should consider the following elements:

- » The program's ability to help a certain percentage of students with specific concerns;
- » The ability to reach students who otherwise wouldn't seek help, including marginalized groups;
- » Ease and cost of implementation;
- » Least risk of adverse outcome for student supporter and user;
- » Influence on capacity within the counseling center.

All of the program examples shared within this report have the potential to “help students in the moment,” which could ease the distress students are continuing to report, particularly for sub-clinical issues like loneliness and lack of belonging. Peer listening programs hold significant appeal for students who want to connect with someone who knows what they are going through. Peer coaching and peer counseling, though considered heavier on the risk scale, may have more potential of helping students work through mental health issues and can have deeper interventions and goal setting. As the literature indicates, peer support provided by those with lived experience – like Project LETS and Project RISE, as well as support groups like The Support Network – has shown to improve outcomes.

A consistent theme in each example, expert interview, and survey data, is the need to mitigate risk to the student seeking support, the student providing support, and the institution itself. The primary fear is a suicide occurring, the ideation for which was not detected by a peer supporter who was interacting with the individual. This tragic outcome is also a potentially damaging liability issue for colleges and universities. While risk exists in professional situations as well, peer support is particularly feared by institutions' legal offices as students lack the level of education, training, or licenses of counselors, which can be used to make a case against the institution if faced with a lawsuit. It is why most programs are quick to point out their services are not “clinical” and why “counseling” is rarely used.

It is important to note that while fear of adverse outcomes is a legitimate concern in utilizing peers, there is currently no evidence to show that tragic incidences such as suicides are more associated with peer support than any other influence. The program leaders highlighted here report low percentages of crisis transfers, though more universal documentation would



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help the field better understand the actual risk. Liability concerns can be mitigated even among the most downstream programs, starting with documentation specifying who accepts the liability for the program and being aware of the university's malpractice policies. Regarding licensure, those working in coordination with counseling centers should understand that their conversations are confidential and, if covered through the professional license of a supervising staff member, exempt from mandatory reporting.

The clinicians and students we spoke to point to ample training for peer supporters as the most important element of risk mitigation, with knowing the limits of the service and understanding protocols for urgent situations being of highest priority. As these examples reflect, training for the variety of programs that exist is entirely unique; even trainings for the same program type do not share common protocols. This is clearly an area that can be strengthened, starting with standardizing a level of training generally and by program type.

Supervision of peer counselors is a less concrete element to peer support and is often determined by where the program sits within the institution, or outside of it. It is also independent from the issue of training which, as is the case with Project LETS, can be just as robust in entirely student-run organizations. Lean on Me chapters are sometimes associated with their institutions, with school supervision an option but not a determinant in the model. Some experts suggest peer programs should reside outside of the counseling center so there can be no confusing them with clinical services. Others, particularly those who see them as complementary to counseling services, wish to have at least an arms-length relationship. Still others, like Middle Earth, are closely supervised within Counseling and Psychological Services (CAPS).

How and if these programs are supervised by administrators needs to be considered from the perspectives of risk, utilization, and effectiveness. Would Lean on Me receive the

level of participation and interest it did had it been housed within counseling at MIT? Or is the grassroots, independent nature of the program primary to its appeal to students and thus its ability to help them? The strong interest on the part of counseling center directors indicates they may play a larger role going forward. Is there a way to do so while also keeping the agency of the student peer top of mind to avoid these efforts moving underground?

Another major factor in understanding the benefit of peer support is the influence it has on the student provider, be it positive or negative. Many supervisors of peer support programs say they are concerned that the person providing support may become unwell as a result, in some cases, re-traumatized by information they receive within the peer domain. Experts recommend providing up-front information and support for all providers. In the case of peer support provided by students with lived experience like Project LETS, making sure the PMHAs are well-supported and acting within their expressed capacity is built into the model. Additionally, training can help peer supporters set appropriate boundaries and learn to provide support without experiencing an undue negative burden on their own mental health.

The MCI Peer Counseling Survey of College Students found that, contrary to a long-held belief by many in the field, students who provide peer counseling are largely mentally and emotionally strong and do so with appropriate motives — mainly a sense of altruism (Peer Counseling in College Mental Health, 2022). Several studies show a correlation between providing peer support and positive outcomes, as noted above (Lemon, J. D., & Wawrzynski, M. R. (2020); Johnson B. & Riley, J., 2021). The Peer Educator study by Jacob Lemon and Matthew Wawrzynski at the University of Michigan measures the effectiveness of training for peer supporters, and found that after training, peer educators experienced improvements in outcomes like: Feeling a part of the campus community; Having a positive self-concept (self-

confidence, self-esteem, independence, and determination); and Having a sense of purpose.

To the extent there is agreement on the right type of programs to consider, implementing them will depend on the allocation of time and resources an institution has or is willing to use. There is an argument to be made for the chapter model of peer support where a national organization delivers an established product, eliminating start up and training costs, that could provide a good return on investment. That begs the question: How can ROI be determined if there are no metrics by which to measure it?

An important consideration is how many students actually use the programs, with many schools saying they have tried peer programs that students did not participate in. All mentioned the importance of marketing the programs to increase utilization via channels students drive and use. Daniel Mirna of Lean on Me says chapters now promote the text line using Tiktok, a social media platform that did not exist when he was a student at MIT, further indicating the importance of letting students lead.

Perhaps the biggest variable in the resource category is the impact peer-to-peer work has on capacity within college counseling centers. Freeing up clinical time that can be applied to students for whom professional counseling is the best option is a major driver in administrators' interest in peer support programs, though it may not be the best reason to use them. Though some evidence may exist within institutions (Eric Wood at TCU says it has definitely helped with capacity), there is not enough practice-wide evidence to know if this can be the case across the academy, or even among schools of similar profiles. And for every student who may be helped in the moment by a peer supporter, thus avoiding a clinical session, another has been referred to therapy by a peer supporter.

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CONCLUSIONS

Peer Mental Health Support is an Essential Part of a Comprehensive Mental Health and Well-being Strategy in a Higher Education Setting

As these examples illustrate, there is strong indication that students are seeking solutions within the community for their mental health. The reasons for this include the increased levels of mental health issues they are experiencing and the gaps within traditional services to meet their needs. But the stronger driver is no doubt the well-documented inclination for humans to draw comfort from those who share their experiences and place in the world. It is why students turn first to one another when in distress and why their propensity to do so should not be ignored, but rather, supported.

Encouraged by the need to address the college mental health crisis, colleges and universities are increasingly expanding their focus beyond service delivery to environmental, population-based, preventative approaches. Peer support can be an ideal part of these strategies in that it promises to help students across the behavioral health continuum and can ease barriers to access for those who need a higher level of treatment. Peer support programs can inoculate against worsening health problems that, like in physical health, become acute if left unaddressed.

Equity remains a formidable issue on college campuses in many domains, including mental health. Mental health-oriented affinity groups, such as those within peer support, can help students of minoritized identities feel understood and validated, while increasing their sense of belonging on campus. Strengthening cultural sensitivity and representation in the counseling center is a different, important priority. While increasing diversity among counselors is a necessary pathway to alleviating the disconnect marginalized students report, seeking support from peers with similar identities is not always a response to lack of diversity in the clinical setting, indicating it is an independent need.

Taken in context, the major concerns around peer support can be addressed with the right level of attention and commitment. Improved training and documentation, appropriate supervision, built-in support for peer providers, and liability mitigation efforts can all be achieved. The perceived drawbacks and concerns about peer support from administrators may come down to how comfortable they are generally with paraprofessional services in mental health. From



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our interviews, it is clear that trepidation around sanctioning or starting peer support programs stems from a concern for students, not just in the risks involved, but in asking students to take on a need and a role that counselors feel they should be filling. While this is understandable, it only works to fortify the unhelpful notion that only people with professional degrees can help people struggling with mental health issues.

Given what we know about the power of peers, and other paraprofessionals, we need to avoid the “either/or” approach to mental health on college campuses, and replace it with an understanding of how these programs can be part of a multi-component strategy for community-wide well-being. As one expert says, “We need to get to a place where not everyone goes to counseling and not everyone thinks they are a counselor.”

Peer Support in College Mental Health Merits an Investment in Research and Guidance

Risks inherent in peer support would be significantly lowered if appropriate guidance is developed. In order to do so, the following will need to be addressed:

Lack of Definitions

Experts consistently point to the lack of formal definitions in college mental health peer support programs as the preclusion to its growth as a practice. “The lack of clarity that surrounds peer education brings with it a number of potential problems. Project workers and peer educators may be unclear about what exactly it is that they should be doing, and funders may be unclear about what it is they are supporting,” Shiner, M., 1999. Without such clarity, programs are difficult to measure and compare. While there is a concern that definitions will lead to over-standardizing programs that are meant to be organic, providing common terms would help codify and scale the programs and eliminate the issue of individual interpretation of terms. An understanding of the common elements within program types and

differentiation between programs will lead to clearer research that can be put into practice. It is an argument for supporting inter-institutional organizations like Lean on Me and The Support Network that have common elements among several school-based chapters, providing some level of standardization around training, documentation and, potentially, measurement.

Lack of Outcome Data

The different ways peer support programs are implemented in each setting, the context of each setting (culture of college, demographics of each campus, etc.), the differences in the programs themselves, and the fact that individual programs are not collecting data in any standardized format or using similar metrics all lead to significant variability in outcomes. It is therefore not possible to state whether, for example, all peer support groups are effective or if they are only effective at a given time or place, or if they are implemented with certain characteristics such as support from the administration, connection to the counseling center, or proper marketing support. To understand whether peer support programs are effective, a larger body of research is needed, as is a research effort that will compare program types and program elements.

Lack of Agreement on Best Practice

A larger body of research that reports on the effectiveness of peer support programs through established, instructive, well-being outcomes will lead to a better understanding of best practices within the field. Not only will it strengthen the case for peer support overall, but stakeholders will be better able to compare programs and program types. Additional research may also help tease out best-practice elements of college peer support that could advise on the benefits of presence of a staff advisor, or the type of training or support for the peer provider available. Stakeholders including student leaders, student affairs administrators, counseling center staff, and those interested in starting support programs would benefit from the development of best practice programs.

RECOMMENDATIONS

For the Field

Provide greater definitions and guidelines within which peer support can be offered safely and effectively. This can be accomplished through an inter-disciplinary task force of non-profit organizations, higher education leaders, and philanthropy partners.

- » Define various peer support types with greater specificity and differentiating properties of each;
- » Establish standardized metrics to allow for greater comparison and benchmarking between programs;
- » Direct a coordinated research effort with the purpose of providing evidence for standards and best practices;
- » Elevate best practices within the domain of peer support and for categories of peer support.

The goal of this effort will be to determine evidence-based best practices for the field of college mental health peer support that will help schools, administrators, and students choose programs to support and/or build their own best practice programs from the ground up, mitigating risk of liability, and easing some of the burden of founding a program. Information about programs' resource-intensity, strain on the counseling center, and reach within the student population would also be helpful.

While the promotion of best practices can be a helpful tool for students and administrators alike, it is critical that guidance to the field is not overly prescriptive, respecting and encouraging the creative energy and grassroots spirit that is essential to its success. Overburdening the practice with rigid guidelines or a hierarchical ranking system would diminish its value as a vital peer-led resource.

For Colleges and Universities

Make student-facilitated peer support programs part of a larger public health approach to promoting and supporting mental health and well-being for all college students at an institution. If possible, include a range of program options that can serve students along the behavioral health continuum.

- » Conduct an institution-wide audit of peer-involved programs both within and outside of the counseling center (e.g., those offered by student affairs or student clubs). Once identified, communicate broadly what is available.
- » Coordinate peer support efforts with diversity and inclusion offices on campus to support these programs in their benefit to students of marginalized groups.
- » Let students lead. Connect with groups such as Active Minds to understand what kinds of support students are seeking, before and during the implementation of these programs. Engage students throughout the process if implementing a school-based program and acknowledge those leading independent efforts.
- » Encourage the altruism students are demonstrating as part of an established culture of caring on campus.

For Students Interested in Starting Peer Support Programs

- 1 Tackle the challenge with the understanding that others have succeeded.** While starting a student organization, especially one that is focused on supporting others, can be challenging, take encouragement from the successes of programs around the country today. The examples listed in this paper are just those – examples of a much larger body of work in this area.
- 2 Create a supportive team.** Identify and collaborate with a team of students who are interested in peer support. Prioritize your own mental health and that of your team by creating a support system for everyone involved in the group leadership.
- 3 Seek training.** It is imperative to learn the skills associated with peer mental health support, whether provided or using local and national resources.
- 4 Find a staff champion.** Identify a faculty or staff member at your institution who is supportive of the idea and willing to be an advisor to the group. Staff members may be able to help students get administrative buy-in and/or better advocate for the program.
- 5 Advocate for the practice.** Approach your administration with a detailed plan backed by evidence. Utilize some of the data cited in this report, complete a needs assessment on your campus, and/or survey the student body about their interest in peer support.
- 6 Use available resources.** Be collaborative with other peer support groups (both on your campus and on other campuses). Use their experience and knowledge when launching your own program. Consider creating a chapter of a national group already in practice.

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ABOUT MARY CHRISTIE INSTITUTE

The **Mary Christie Institute** is a national thought leadership organization dedicated to improving the emotional and behavioral health of teens and young adults with a particular focus on American college students. Through convening, research, journalism and advocacy, The Mary Christie Institute has become the inter-institutional epicenter for new ideas and initiatives in college-age behavioral health.



ABOUT RUDERMAN FAMILY FOUNDATION

The Ruderman Family Foundation is an internationally recognized organization that works to end the stigma associated with mental health. The Foundation does this by identifying gaps in mental health resources and programs within the high school and higher education communities as well as by organizing other local and national programming and initiatives that raise greater awareness around the stigma. The Ruderman Family Foundation believes that inclusion and understanding of all people is essential to a fair and flourishing community and imposes these values within its leadership and funding. For more information, please visit www.rudermanfoundation.org

APPENDICES

Appendix 1. Glossary

Peer education: Programs through which trained peers provide education and information to students on mental health topics; promoting healthy behaviors on campus; and responding to students seeking help for their mental health with resources and referrals when needed. Includes peer ambassador programs, gatekeeper training, etc.

Peer listening: Programs through which trained peers, on a one-to-one basis with a student, practice active listening and direct to resources or referrals when needed (in person, or via phone or text). Peer listeners are not directed to offer advice or provide any form of coaching or counseling.

Short-term mental health coaching: A system in which trained peers, on a one-to-one basis with another student, provide guidance and tools to improve or maintain mental wellbeing, identify and set goals for change, and receive support in making change

Peer mental health support groups: Groups led and/or facilitated by a trained peer that offer students an opportunity to share their experiences and feelings and promote their own and others' mental wellbeing. Can take place in person or via text or phone.

Peer counseling: Counseling by a trained peer who helps students work through mental and emotional concerns.

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