HEALTHY MINDS | HEALTHY CAMPUSES

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A guide to peer support programs on post-secondary campuses

Ideas and considerations

Contents

Introduction

Peer support for mental health is a growing area of interest for many post-secondary institutions in British Columbia. Peer support programs offer a variety of services that connect students with a community of their peers, and use several different methods of support to meet the needs of their diverse campus populations.

To assist new and existing campus peer support programs in meeting the unique demands of a campus population, Healthy Minds | Healthy Campuses (HM|HC) interviewed 11 peer support organizers on the current culture and environment of peer support at seven diverse post-secondary institutions in BC. The objective was to develop a collection of ideas and considerations for campus peer support programs and a guide based on the experiences of the 11 organizers' experiences.

Disclaimer

The ideas and considerations in this guide are based on a subset of post-secondary campuses that included a peer support program. There was a great deal of variance between programs, which reflects the diverse needs of different campus populations. The ideas and considerations of this guide aim to provide a broad structure to identify common trends between different models of peer support; however, the ideas and considerations in this guide may not be relevant or feasible for all campuses.

What is peer support?

Peer support involves at least two individuals with a shared or similar experience, engaging in a relationship for the development and growth of both parties[1]. Two defining factors of peer support are an independence from societal stigma and professional authorities. Most peer support groups address societal stigma by sharing personal stories that validate an individual's experience as normal or understandable. Often these groups are formed around a specific issue or shared challenge, such as marginalization based on race or sexual orientation.

These groups tend to focus on interacting with and improving the social structure that oppresses them.

Regardless of the identity of its members, peer support groups almost always focus on anti-labelling and the empowerment of marginalized persons[1]. Peer support is similar to other forms of support, such as self-help, professional consultation, and social networks, but differs in that it offers members of a community the opportunity to connect with others who have similar experiences and learn from them directly[1].

History of peer support in Canada

The development of peer support in Canada was the result of an anti-oppression movement. Many individuals felt that the medical system of diagnosis and treatment was incomplete, distant, and cold[2]. To avoid the stigma of medical treatment, many patients formed peer groups to support each other through a mutual aid model[1].

Following the acceptance and validation of peer support in the medical system, peer-based programs became more common in the workplace. These groups provide social support for workers facing a variety of issues, ultimately improving work environment and quality of life[3]. Peer support can take place in a group setting or one-on-one. This diversity is demonstrated by comparing Alcoholics Anonymous, which uses a mentorship model, to activist movements, such as those within the LGBTQ community[1].

The inclusion of peer support groups in the workplace has been encouraged to reduce stress. This outcome could be due to the resulting reduction of stigma for mental illness and the greater sense of understanding within the workplace culture. Peer support is now a more widely recognized and accepted form of support and has been developed in social, recreational, and academic institutions[3].

There is increasing recognition of peer support and new opportunities for Canadian programs to receive endorsement. In December 2011, Peer Support Accreditation and Certification Canada (PSACC) was created and offers an accreditation process for training programs, certification for peer support workers, standards of practice and research on the efficacy of peer support. These quality assurance processes may help to legitimize and recognize peer support work and provide support and guidance for new and existing peer support groups.[4]

Peer support in BC

Numerous peer support programs already exist in BC. Many of these programs are administered through the healthcare system and offer support within health facilities. Others are offered by community non-governmental organizations. These programs are often defined through health classifications, such as addictions, mental health, and pain. In addition, there are programs that target specific populations, such as Indigenous people, older adults, and youth[1].

The campus context

Many of BC's post-secondary institutions have some form of peer support. Campus peer support programs for mental health may decrease barriers for students accessing campus services and the demand for professional services. These programs may serve as a first stage for mental health support or more long-term, ongoing support.

The BC Ministry of Health (the Ministry) identified peer support as an important aspect to improving mental health in Healthy Minds, Healthy People, its 10-year mental health plan[5].Prior to that, the Ministry released a resource guide in 2001 to encourage the development of peer support programs in BC.

This guide could assist in the development of a peer support program on campuses, even though it was not specifically designed for a campus environment.

See www.health.gov.bc.ca/library/publications/year/2001/MHA_Peer_Support_Manual.pdf

Nine areas for consideration

There are many areas that may be considered in the implementation of a peer support program. This guide identifies nine areas for consideration: model, space, training, empowering volunteers, protecting volunteers and students, student engagement, changing campus culture, evaluation, and sharing information.

Note: Many of the programs included in this guide used unique terms for members who provided support and members who received support. In this guide, the terms "volunteer" and "student" will be used to describe providers of support and recipients of support, respectively.

1. Model of program

Organizers described several different models for how their programs offered support to students and organized their volunteers. These models were categorized using the following areas: process, roles, approach, scope, and intensity.

Process: How is support provided to students?

- **Structured:** A clear schedule or agenda for how the support is given and guidelines for when different stages of support are introduced.
- **Semi-structured:** Guidelines on how support will be provided.
- **Unstructured:** Support is given in a variety of settings, timelines, and situations. This support is very adaptive and responsive to the circumstances.

Consider:
- ☑ Providing a greater level of structure for more private or intense support.
- ☑ Providing more informal and unstructured processes for increased accessibility (fewer boundaries for participation).

Roles: How is the relationship defined between the volunteer and the student?

- **Mentor:** The program provides a trained volunteer to guide and empathize with students.
- **Advocate:** The program provides a trained volunteer to speak on behalf of a student who is not in a position to self-advocate.
- **Referral:** The program provides information and navigation support to better access services.
- **Mutual aid:** The program organizes a space where students can support one another.
- **Education:** The program provides a trained volunteer to deliver education to students.

Approach: Who initiates the support?

- **Volunteer-initiated:** The program or an individual from the program seeks out potential individuals who may need support. For example, programs with advocate or education roles often provide training for the volunteer to make contact with the student in need of support.
- **Student-initiated:** Individuals seeking support initiate their involvement in the program.

Scope: Which audience size is each session of the program designed to reach?

- **One-on-one:** These programs pair one volunteer with a student accessing the program.
- **Group:** These programs pair one volunteer with a group of students accessing the program. These programs usually repeat periodically.
- **Event:** These programs pair one or more volunteers with any number of students at a single event, such as a workshop or presentation.

Intensity: What intensity of experiences and struggles is the program designed to address? The determination of the intensity of the program will inform the training protocol for volunteers and the relationship of the program to the other mental health support services on campus. Intensity falls along a spectrum, and many organizers expressed that their programs responded to a range of intensities within that spectrum. For example, some programs focus on providing information about mental health resources on campus, while others focus on providing a space for students to discuss their mental health concerns with volunteers. In the first example, the topic is less intense and requires fewer safeguards to protect the students and volunteers.

Consider:
- ☑ Establishing the intensity boundaries of the program first, which can help determine the process, roles, scope, and approach of the program.
- ☑ Identifying the specific need for peer support on campus to avoid competing with other programs. This will help integrate the program with other campus supports.
- ☑ Most programs that attempt to be more accessible than counselling services use a one-on-one model or a mentor/ referral model to ensure the privacy of students and address higher intensity concerns.

2. Space

Organizers reported the importance of physical space. For many campuses, space is limited, so this consideration tends to be influenced by available facilities and the intensity of the program. More sensitive topics may require a more secure and private location, or the potential for one-on-one conversations. Organizers also discussed balancing accessibility with privacy. The more private a location, the less risk for a breach of confidentiality; however, more accessibility has the benefit of more awareness on campus.

Some programs incorporated peer support into the physical space of their counselling department. This shared space was identified as beneficial for the integration of peer support with professional counselling services, but also created a barrier in requiring students to register with counselling services before accessing a peer support program. This negated the accessibility appeal of many peer programs.

Other programs only had a central location for coordinating tasks. These programs tended to include advocacy or education roles, where the focus is event-oriented and these events are initiated by volunteers. Many of these programs had their volunteers engage students at campus events, offer workshops, or approach students in daily situations. These programs worked to promote mental health across campus and challenge stigma in daily interactions. Programs of this nature usually had fewer or shorter interactions, but reached a larger audience than the mentorship-based and student-initiated programs.

Consider:
☑ A space that offers the lowest barrier for users to access the program, while providing adequate privacy. Privacy needs will differ based on the intensity of the support that volunteers provide to students.

3. Training procedures

Many program organizers discussed standardizing the procedure for training volunteers. Training was usually based on the intensity of the service that volunteers provide. More intense or private sessions usually involved more comprehensive training that covered in-depth and experiential procedures, such as role-plays or supervised sessions. As programs developed, training procedures also developed and many organizers reported the desire for more documentation to help standardize their training procedures.

Many programs incorporated feedback from previous volunteers in the development of training procedures. Many programs also recruited experienced volunteers to train and provide guidance to new volunteers. The most common topics for training were: campus resources; challenging stigma; promoting mental health services; and, self-care for volunteers, including boundary-setting, safety, and crisis planning. Other topics commonly covered involved logistics of the program, such as how the program runs, what the procedures are, and expectations for volunteers.

The model of the program also influenced how volunteers were trained. For example, training for one-on-one mentor programs focused on crisis interventions, whereas training for advocacy programs focused on challenging stigma and influencing cultural change. The training for a mutual aid program was unique. For these groups, there was often limited formal training and volunteers shared their own experiences to support others. The training for these programs was typically focused on group facilitation, as opposed to direct or structured responses to student distress.

Many organizers expressed interest in sharing information about their programs to learn from and assist other programs. The most sought after areas of knowledge exchange were training, implementation recommendations, and evaluation.

Organizers did not list the importance of screening volunteers as a key recommendation, but many stated they included an application and interview process to ensure volunteers can support students while maintaining their own mental health. Programs with a mentor model that dealt with more intense material incorporated more training and a more in-depth application process to ensure volunteers can provide support for students accessing the program.

Consider:

☑ Involving previous volunteers in training so new volunteers receive relevant and relatable information.

☑ Many of the programs that participated in this guide were very interested in exchanging training manuals and procedures to help improve their understanding of available training models and improve the training they provide their volunteers.

4. Empowering volunteers

Many organizers discussed the importance of training volunteers. Volunteers were reported to be more engaged in the program when they had adequate training to engage students. How organizers trained their volunteers affected how volunteers promoted the program, and how they embodied the values inherent to their role as helpers. Many organizers stated this factor was an important tool for ongoing training and in creating a sustainable and effective volunteer base. When volunteers felt comfortable with their roles they were more likely to speak highly of the effectiveness of the program. Further, volunteers who were given training they could use beyond the program were better equipped to make connections in other areas.

For many programs, there was already a focus on outreach, challenging stigma, and advocacy. Other programs tended to incorporate these elements as additional training and responsibilities for their volunteers. In both cases, there was a growing emphasis on creating lasting education for volunteers to apply beyond the program.

Consider:

☑ Incorporating volunteer feedback to address concerns and enable the program to better serve the volunteers and students.

☑ Having experienced volunteers train new volunteers to ground their experiences in the development of the program.

☑ Including ongoing training and support through mentoring or debriefing with individual volunteers.

☑ Including specific workshops to address common concerns.

☑ Including some focus on outreach and changing campus culture to encourage volunteers to promote mental health services and challenge stigma.

5. Protecting volunteers and students

Protecting volunteers and students was a priority reported by many organizers who were concerned with safeguarding and promoting the health of both parties. A major consideration for organizers is how they equip volunteers with the means to protect themselves against distress while giving them the tools they need to support students. More intense support will require more involvement from organizers to ensure that volunteers are safe and able to handle the material being discussed in the sessions. Many organizers reported providing options for their volunteers to debrief and work through any internal struggles after supporting students.

Another consideration was the inclusion of ongoing training, workshops, or information exchanges. Many programs offered ongoing training to develop their program and provide their volunteers with more information for high-volume times of year. Some groups had mandatory training, while others had individual debriefings with more experienced volunteers or counselling staff. Some had organizational meetings to determine how the sessions are progressing and identify any concerns.

These safeguards varied depending on the model of the program, in terms of roles, approach, scope, and process. However, most programs included follow-up procedures to ensure the program was providing adequate training and support for its volunteers. These safeguards also helped to protect the students accessing peer support programs because the volunteers had more support to draw from when facilitating them.

Consider:

☑ Discussing training and referrals with counselling services to ensure training is appropriate for the intensity of services provided.

☑ Developing guidelines for when a volunteer should make a referral. This process may include the involvement of on-campus counselling services to integrate campus services for students.

☑ Having debriefing sessions with counselling coordinators or more experienced volunteers to allow for volunteers to receive their own support.

☑ Ongoing training/workshops on specific high-volume situations/concerns.

☑ Scheduling ongoing mandatory or optional training sessions to ensure volunteers are aware of the value of these sessions.

6. Student engagement

Many programs struggled with students not knowing how to access the program or services they provide. Organizers discussed their considerations on how their program engaged students and how to improve the accessibility of their program.

Each model of program had different methods of increasing its visibility and student awareness of the services available on campus. Some programs had their volunteers attend campus events to promote the program and its benefits. Other programs trained their volunteers to take on advocacy roles for the program while in other student roles. These roles included educating their network about mental health or reaching out to other students who may need support. There are many ways to engage students and the specific strategies will depend on the model of program and available resources.

Many programs also included some form of lasting education for students and volunteers to take away from the program. This information included individual insights within a mentor dynamic, the explicit information provided from an event with an educational role, and encouraged students and volunteers to promote the program and share some of their experiences.

Consider:
- ☑ Connecting with other services and their organizers. This creates a more integrated system of support where all programs can refer to one another for individual needs.
- ☑ Having representatives of the program attend campus events to raise awareness about mental health and the program.

7. Changing campus culture

There appears to be a growing movement to incorporate methods that influence positive changes to campus culture. Organizers reported many methods to challenge current stigma on campus, such as complementing other services that promote policy change. Culture change can also result from educating students who receive support from the program.

Programs with educational roles provided information on mental health that students can spread among their networks, fostering change through awareness. Similarly, programs with mentor roles also shift campus culture by providing volunteers with hands-on experience in supporting others with mental health concerns. Students accessing a mentorship may also gain new insights and challenge their own stigma associated with mental illness. Both volunteers and students can share their experiences and insights with their networks, promoting culture change on campus through individual interactions.

Programs with advocacy roles focused on creating campus-wide change by raising awareness about services that already exist and the need for more or improved services. The members of these programs also attended events or initiated conversations to provide students with the opportunity to learn more about a topic and remove barriers that may be inhibiting students from receiving the help they are looking for.

Consider:

☑ Involving some advocacy element in the training of volunteers. They will be able to promote mental health services and challenge stigma(s) in everyday campus life.

☑ Outreach initiatives that raise awareness for the program and integrate mental health into campus events.

8. Evaluation

Many organizers are currently working on methods to evaluate their programs to track the progress of individual sessions and the overall direction of the program.

These methods include incorporating feedback, tracking attendance, intake forms, and feedback forms. Feedback and any outcome data can then be given to administrative stakeholders to validate the program, and improve upon it. Evaluations may also serve to track the costs and rates of accessing other programs.

Consider:
- ☑ Keeping a record of sessions for organizers to track development of the program and find trends in high-volume concerns.
- ☑ Implementing evaluation methods to track outcomes and provide qualitative and quantitative data to organizers, campus administration, and other stakeholders.
- ☑ Performing evaluations of the program for long-term development. A documented record of strengths, challenges, lessons, opportunities, and recommendations gives future organizers access to the information and preserves the integrity of the program.

9. Sharing information

Given the need for more information on different models and promising practices for peer support on campuses, many program organizers expressed an interest in sharing their policies, training modules, and model design to help others develop their programs, and enhance their own programs. Organizers may wish to participate in a knowledge exchange community focused on peer support programs among BC post-secondary campuses, such as the HM|HC social learning platform. This online community would be able to discuss different models, policies, and procedures to learn from other programs, recommendations, and previous challenges.

Consider:
- ☑ Many organizers wanted access to existing training and program models and procedures. Many were also willing to share their models and procedures with others. The HM|HC social learning platform is a potential tool to promote this exchange of knowledge. This would also help organizers compare and evaluate their procedures based on their own requirements and outcome goals.

Final thoughts

These considerations and ideas represent the experiences and observations of multiple campuses, but needs may differ from campus to campus. Programs are also limited by campus policies and available resources. Within these limitations, several general patterns were observed:

Firstly, larger institutions have more resources and a greater number of students accessing peer support programs. As such, larger institutions may find it beneficial to have multiple programs that can offer more specific services. In contrast, smaller institutions may benefit from a single peer support program that offers multiple services. Determining the needs of the campus and available resources may help create or develop a program that can be integrated into other campus services.

Secondly, nearly all organizers expressed interest in collaborating with other campuses to develop their programs. Specifically, many organizers were interested in training models for volunteers to engage in outreach/advocacy initiatives to increase the scope and awareness of the program. Alternatively, many programs that offered more intense mentoring services were interested in how other programs trained and supervised volunteers.

This guide is only a tool to help communication. Communication between peer support programs will need to continue for peer support programs to benefit from other programs' experiences.

1. See Mental Health Commission of Canada (2010) for a more comprehensive description of peer support
2. See Kirby and Keon (2006) for a more comprehensive investigation of accessing mental health services
3. See Grenier (2002) for a more comprehensive description of different types of peer support and the needs they meet
4. See PSACC (2012) for more information on accreditation of peer support groups
5. See Ministry of Health (2010) for more details on the 10-year mental health plan

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Mental health for all

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